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LINKING CHILDHOOD SEXUAL ABUSE AND ABUSIVE PARENTING: THE MEDIATING ROLE OF MATERNAL ANGER

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ABSTRACT

Objective: This study had two primary objectives: First, to examine the association between childhood sexual abuse (CSA) and later parenting characteristics, particularly physical abuse potential, and second, to explore maternal anger as a mediator of the relationship between CSA and adult physical abuse potential.

Method: Utilized a community sample of low SES participants that included 138 mothers classified as having experienced CSA, and a comparison group of 152 non-sexually abused mothers. Parenting variables examined included the mothers' physical abuse potential, nurturance toward their children, unrealistic developmental expectations of children, as well as frequencies of spanking and general punishment. Data was collected via interview and other self-report measures.

Results: Even after controlling for mothers' childhood experience of physical abuse, CSA significantly predicted adult risk of physically abusing one's own children. Further, maternal anger was confirmed as a mediator of the relationship between having been sexually abused as a child and the potential for physically abusing one's own children.

Conclusions: CSA may be a risk factor for subsequent physically abusive parenting, while anger appears to play a significant role in mediating this relationship. Findings are discussed in the context of current knowledge concerning the impact of child sexual abuse and the processes contributing to abusive parenting.

Key Words: Child sexual abuse, Physical abuse, Anger, Parenting.

RATES OF CHILDHOOD sexual abuse (CSA) of females in the United States are alarmingly high. Recent national telephone and postal surveys reveal that as many as one out of three adult women report experiencing some form of sexual victimization during childhood (Elliott & Briere, 1995; Finkelhor, Hotaling, Lewis, & Smith, 1990). For many years abuse researchers have investigated the relationship between early sexual trauma and the occurrence of individual psychopathology in adulthood. With few exceptions, these studies have found an association between CSA and a variety of clinical disorders among female survivors. CSA is believed to increase survivors' vulnerability to substance abuse, depression, anxiety disorders, PTSD, somatic complaints, and eating disorders (see Browne & Finkelhor, 1986; Polusny & Follette, 1995 for reviews). The prevalence of sexual abuse and its association with later clinical symptomatology point to CSA as a tremendous social and personal burden in this country.

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As the link between CSA and individual DSM diagnoses becomes more clear, it will be increasingly important to supplement symptom classification approaches with assessments of the ways in which CSA impacts broader-and perhaps more clinically relevant-domains of functioning. For example, exposure to sexual molestation during childhood has been theorized to impact individuals on an interpersonal (as well as intrapersonal) level, through the disruption of normal developmental processes among survivors (Cole & Putnam, 1992). Recent examinations of the literature suggest that CSA is indeed associated with increased difficulties across several domains of interpersonal functioning (Davis & Petretic-Jackson, 2000; DiLillo, in press).

An important realm of interpersonal functioning that has received relatively little attention concerns survivors' parenting practices and interactions with their own children. Even under the best of circumstances, parenting can be an emotionally trying endeavor. Several empirical indicators suggest that mothers coping with a history of CSA may find the emotional demands of parenthood to be particularly overwhelming. For example, compared to daughters of alcoholic men, and a no-risk comparison group, incest survivors have reported less emotional control in interactions with their children (Cole, Woolger, Power, & Smith, 1992). Incestuously abused women have been found to prematurely promote their children's autonomy and independence from them (Cole & Woolger, 1989), and to employ greater use of physical punishment with children (Banyard, 1997)-findings that also may be interpreted as maternal attempts to distance from the emotional intensity of parenting. Burkett (1991) found that sexually abused mothers were more self-focused (as opposed to child-focused) in their interactions with children, and that they relied more heavily than nonabused mothers upon their own children for emotional support.

As a whole, these findings suggest that survivors of CSA have some degree of difficulty coping effectively with the emotional demands involved in child rearing. Of particular concern may be the ability of sexually abused mothers to regulate the anger and frustration that can be precipitated by severe or even routine child misbehavior. Appropriate expression of anger is among the most common emotional difficulties experienced by those with a history of CSA (Briere, 1992b; Briere & Runtz, 1988; Courtois, 1988; Donaldson & Gardner, 1985; Scott & Day, 1996). Given that parental anger has also been linked repeatedly to physically abusive parenting (Averill, 1982; Milner & Chilamkurti, 1991; Whiteman, Fanshel, & Grundy, 1987), it seems important to determine whether women who were sexually abused as children experience particular difficulties managing anger arising from interactions with their children. If it is true that child misbehavior provokes poorly regulated parental anger among survivors, children may become the unfortunate targets of parental aggression.

The potentially volatile relationship between maternal history of sexual abuse, maternal anger, and adult physical abuse potential constitutes the central focus of this paper. Here, low income mothers with and without sexually abusive histories were assessed to determine whether early sexual trauma is related to heightened physical abuse potential in adulthood. Several studies have documented an association between child physical abuse and later physical abuse of children (e.g., Gelles & Straus, 1987; Pianta, Egeland, & Erickson, 1989; Whipple & Webster-Stratton, 1991). Despite its conceptual plausibility, however, the potential link between child sexual abuse and adult physical abuse has yet to be explored. Furthermore, although clear empirical connections exist between CSA, maternal anger, and adult physical abuse potential, it is currently unclear whether these individual relationships form part of a more coherent whole. Thus, a mediational model is employed as a means to test the hypothesized relations among these constructs. In this model, parental anger is targeted as one mechanism likely to account for an association between a mother's history of sexual abuse and physical abuse of her own child.

Several other parenting characteristics are also assessed in relation to sexual abuse history in the present study. As noted, the literature investigating parenting characteristics of CSA survivors suggests that these mothers hold some non-normative perceptions of their own parenting and may also be lacking in important parenting skills in comparison to nonabused mothers. Nevertheless, parenting is a complex and multifaceted phenomenon involving a

variety of behavioral and emotional characteristics, many of which have yet to be examined in relation to CSA. This study builds upon previous work by examining several specific parenting behaviors including developmental expectations of children, frequency of spanking in particular and of punishment in general, and a measure of maternal nurturance.

This investigation utilizes a sample of sexually abused and non-abused low socioeconomic status (SES) *mothers*. An advantage to employing a low SES sample for a study of this nature is that the primary outcome variable of interest-child physical abuse potential-occurs at a higher rate than in a middle class population. Poverty alone is a known risk factor for the occurrence of childhood physical abuse, as well as other parenting difficulties (Garbarino, 1976; Straus, Gelles, & Steinmetz, 1980). Thus, if it is the case that CSA and parenting problems are related, then it makes sense to begin such explorations in a high risk sample.

Finally, sexual abuse researchers (e.g., Briere, 1992a; Nash, Husley, Sexton, Harralson, & Lambert, 1993; Rind, Tromovitch, & Bauserman, 1998) have recently begun to emphasize the need to assess a broad spectrum of negative family experiences, particularly forms of maltreatment other than sexual abuse, that may occur concomitantly with CSA and themselves contribute to later dysfunction. With the exception of Banyard (1997), previous work in this area has neither accounted for nor attempted to differentiate the effects of various types of abuse upon subsequent parenting practices. By one estimate, however, women sexually abused as children are twice as likely to have concurrently experienced physical abuse during childhood (Chu & Dill, 1990)-a factor itself known to predict abusive parenting (Gelles & Straus, 1987; Pianta et al., 1989; Whipple & Webster-Stratton, 1991). To address this potential confound, participants' physical, as well as sexual abuse histories are assessed in this study and included as covariates throughout statistical analyses, thus providing a more accurate estimate of the unique contribution of *mothers'* CSA to difficulties in their parenting.

METHOD

Participants

Participants were 290 women who participated in the Mom-Kid Trial (MKT) Parenting Program between June of 1994 and July of 1998. MKT is a preventive intervention that attempts to reduce the risk of child maltreatment through education concerning normative child development, training in behavior management skills, and activities designed to enhance affective bonding between mother and child (Peterson, Gable, Doyle, & Ewigman, 1997). Only women were invited to enroll in the project because it was felt that a single sex group would facilitate supportive group processes, and *mothers* rather than fathers are overwhelmingly the primary caretakers of their children.

The target population for the MKT program was defined by a constellation of factors that collectively increase the risk of child maltreatment. The first of these is low income, indexed by Medicaid eligibility of the family's children (i.e., no more than 250% of federal poverty level). Eligible women were the primary caretakers of at least one child aged 18-59 months, had fewer than 48 post-secondary education credits, reported high levels of anger during the course of routine disciplinary encounters with the target child and use of corporal punishment on at least one occasion. Women were recruited primarily through regular presentations by our staff at local Women, Infants, and Children (WIC) clinics. As part of the informed consent process, all interested women were assured that their eligibility or participation in WIC would not be affected by participation in the project. They were also notified that project personnel, like all mental health professionals in the State of Missouri, are mandated to report cases of suspected child abuse. Finally, participants were informed that spanking in a reasonable manner does not constitute child abuse in Missouri. Demographic characteristics of the resulting sample are presented in Table 1.

Table 1. Characteristics of Childhood Sexual Abuse (CSA) and Comparison (No-CSA) Samples

	Mean (SD)		Sig.
	CSA (n = 138)	No-CSA (n = 152)	
Mother Age (Years)	25.8 (6.0)	26.5 (6.4)	n.s.
Mother's Education (Years)	11.6 (1.4)	12.0 (1.2)	**
WAIS-R Vocabulary Scale Score	8.4 (2.6)	7.9 (2.7)	n.s.
Child Age (Months)	39.2 (12.5)	37.5 (12.5)	n.s.
Number of Children	2.2 (1.0)	2.4 (1.1)	n.s.
Childhood Physical Abuse	8.0 (3.0)	6.0 (3.3)	**
	Proportion of Sample		Sig.
	CSA (%)	No-CSA (%)	
Race			n.s.
African American	29	32	
Caucasian	65	58	
Other Minority	6	10	
Marital Status			n.s.
Married	32	35	
Single	43	47	
Separate or divorced	25	18	
Employed	48	46	n.s.

Note. ** = $p < .01$.

Measures

Demographics. Information concerning the women's age and race (self-identified) was gathered at the initial screening interview. During the more extensive pre-treatment assessments, participants reported whether they were employed and whether they were cohabiting with a spouse or mate. In addition, the Vocabulary subtest (scale score) of the Wechsler Adult Intelligence Scale-Revised (WAIS-R; Wechsler, 1981) was used to assess the women's verbal ability.

Childhood physical and sexual abuse. As part of our clinical interview, women were queried about their childhood relationships with caregivers and others. The severity of childhood physical abuse (CPA) was a continuous measure, defined by combining respondents' ratings of the frequency and intensity of physical punishment. First, women were asked whether they had experienced any of the following at the hands of their caregivers: spanking, slapping, punching, kicking, being thrown against things, having objects thrown at them, burning, beating, cutting, or locking in a closet. Then, they were asked how frequent and how intense the punishment was, responding on 7-point Likert scales with descriptors at several points on the scales (see Appendix A for physical abuse questions and response scales).

Childhood sexual abuse (CSA) was coded present if women indicated that they had, before the age of 18, ever experienced "sexual kissing or fondling or other sexual activity with an adult, or with another child who was more than 3 years older than you at the time." In the absence of physical contact, exposure to nudity or lewd conduct was not defined as sexual abuse for the purpose of these analyses. If the respondent indicated that sexual activity had taken place, she was presented with a numbered list of more explicit descriptors, including fondling, sexual kissing, manual stimulation, oral stimulation, vaginal or anal intercourse, and asked to identify by number which had occurred.

Intrapersonal functioning. The Brief Symptom Inventory (BSI; Derogatis, 1993), Global Severity Index was employed as a broad measure of current psychological symptomatology. In addition, the BSI Hostility dimension consists of five items intended to represent "thoughts, feelings, and actions that are characteristic of the negative affect state of anger" (Derogatis, 1993, p. 8; see Appendix B for BSI Hostility items). The BSI has demonstrated adequate psychometric properties across many studies, as well as strong predictive validity as a screen for psychological symptoms sufficient to warrant clinical diagnoses (Derogatis, 1993).

Parenting. The Child Abuse Potential Inventory (CAPI; Milner, 1986) is a standardized and widely used self-report measure of attitudes and behavior that are associated with child maltreatment. The psychometric properties of the CAPI have been widely investigated and well established (see Milner, 1994, for a review). In particular, a wealth of evidence has accumulated supporting the relationship between the 77-item Abuse score and numerous risk factors for child abuse, and for its discriminative validity with respect to distinguishing abusive from nonabusive parents. The CAPI Abuse score is used here as a continuous measure of maltreatment potential. In accordance with the manual for the CAPI (Milner, 1986), cases with a positive Faking Good index and an Abuse Potential score that fell below the clinical cutoff of 166 were considered uninterpretable. Pairwise deletion of invalid CAPI scores reduced the no-CSA group by 38%, and the CSA group by 24%, for any analyses involving the CAPL

Beyond this global indicator of the propensity for child maltreatment, we examined more specific indices of parental expectations, maternal punitiveness, and nurturance. The Parent Opinion Questionnaire (POQ; Azar, Robinson, Hekimian, & Twentyman, 1984) is a well-known measure of unrealistic developmental expectations parents hold concerning children. The 80 items ask parents to agree or disagree with statements regarding child behaviors (e.g., "Most of the time a 4-year-old can choose the right clothing for the weather and then get him or herself off to school"). Higher scores indicate more age inappropriate beliefs. Two questions from the pre-treatment clinical interview asked the mother to estimate the frequency with which she found it necessary to spank and, more broadly, to punish her child each week; these questions were examined as potential indicators of a punitive behavior management strategy. Finally, the Maternal Child Interaction Scale (MCIS) has been found to differentiate abusive from nonabusive mothers' styles of communication and control, emotional tone, and responsiveness toward the child during a 10 minute structured task (Tutuer, Ewigman, Peterson, & Hosokawa, 1995). The nine items are scored along 3-point scales, and summed to yield a total score believed to represent a nurturant style of interaction. Observers are initially trained to a criterion of Kappa = .8 with "test bank" protocols, and subsequently, approximately 80% of all protocols are coded by two observers. Kappas for the double coded protocols ranged from .52-.96, with a mean of .82.

RESULTS

Demographic Characteristics of CSA and No-CSA Groups

One-way analyses of variance or chi-square values (for categorical data) were examined for differences between the CSA and no-CSA groups in mother's age, race, education level, marital status, W AIS-R Vocabulary subtest score, and level of childhood physical abuse (see Table 1). Among the demographic variables, only mother's education level demonstrated a significant difference between the groups, averaging 12.0 years for the CSA group and 11.6 years for the no-CSA group [$t(286) = 2.7, p = .01$]. In addition, as predicted, the level of reported childhood physical abuse was substantially greater in the CSA than the no-CSA group [$t(288) = 5.29, p = .001$].

Table 2. Parameters of Sexual Abuse

	Mean (SD)
Age of Survivor at time of abuse	8.9 (4.1)
	Proportion of Abused Sample (%)
Incest	60
Multiple Perpetrators	38
Identity of Perpetrator ^a	
Biological father	13
Grandfather	3
Other related male	18
Related female	1
Stepfather or other surrogate father	30
Other unrelated male	30
Information unavailable	5
Age Difference Between Perpetrator and Victim ^a	
4–6 Years	23
7–10 Years	7
11–14 Years	5
15+ Years	50
Information unavailable	15
Abuse Experienced	
Intercourse (vaginal or anal)	46
Fondling (includes oral-genital contact)	46
Information unavailable	8
Duration of Abuse ^a	
One occasion	36
Less than 6 months	19
6 Months–2 years	7
More than 2 years	30
Information unavailable	8

^a Data based on the first abuse incident, for participants who were abused on multiple occasions.

Characteristics of Childhood sexual Abuse

The mean age of women at the time of onset of their abuse was 8.9 years. This figure reflects the reports of 132 of 138 (96%) victimized women who were able to recall this information. The duration of abuse, based upon reports of 127 (92%) of the victimized women, was bimodally distributed, with peaks at extremes of one occasion and longer than 2 years. Sixty percent were survivors of incest at some time during childhood. The first perpetrator was most likely to be an unrelated male (60%), though half of these were stepfathers or other surrogate father figures in the home, and thus are included in the incest count. The perpetrator was also most likely to be 15 or more years older than the survivor (50%). In only one case was a female abuser identified. Thirty-eight percent of the CSA group listed multiple perpetrators. Finally, 49% of survivors of CSA reported experiencing direct genital stimulation, and 46% oral, vaginal, or anal penetration. Table 2 summarizes parameters of the sexual abuse experienced described by this sample.

Relations Between CSA and Adult Functioning

Indices of parenting behavior and adult psychological symptomatology were examined for relations with a history of childhood sexual abuse, using ANOVA to compare CSA and no-CSA groups. Means and standard deviations are presented in Table 3.

Table 3. Means and Standard Deviations for All Dependent Measures

Measure	History of Sexual Abuse Mean (<i>SD</i>)	No Sexual Abuse Mean (<i>SD</i>)	Sig.
Parenting Measures			
CAPI ABUSE	181.3 (98.2)	138.6 (88.1)	**
POQ	8.2 (4.3)	8.7 (5.9)	n.s.
Spanking	5.7 (8.1)	8.7 (5.9)	n.s.
Punishment	21.6 (29.4)	16.7 (19.8)	n.s.
MCIS	22.9 (3.3)	23.1 (3.3)	n.s.
Intrapersonal Functioning Measures			
BSI GSI	.66 (.48)	.48 (.44)	**
BSI HOST	.83 (.67)	.55 (.52)	**

Note. CAPI ABUSE = Child Abuse Potential Inventory, Abuse Potential Score; POQ = Parent Opinion Questionnaire, total unrealistic expectations; Spanking = self-reported weekly spanking frequency; Punishment = self-reported weekly punishment frequency; MCIS = Maternal Child Interaction Scale; observational measure of nurturing maternal behavior; BSI GSI = Brief Symptom Inventory, Global Severity Index; BSI HOST = Brief Symptom Inventory, Hostility subscale.

** = $p < .01$.

Within the parenting domain, the CSA group reported significantly more attitudes and behaviors associated with a propensity for child maltreatment than the no-CSA group, as indicated by the CAPI, $F(1,195) = 10.2, p = .002$. None of the measures of more narrowly defined parenting behaviors and attitudes revealed significant group differences.

Women with a history of CSA exhibited both a greater overall level of psychological distress (BSI GSI; $F(1,286) = 10.0, p = .002$) and of anger in particular (BSI HOST; $F(1,286) = 16.2, p = .0001$), than women in the no-CSA group.

Mediational Model

To evaluate our hypothesis concerning a mediating role of anger (BSI HOST) in the relationship between childhood sexual abuse (CSA) and later potential for child maltreatment (CAPI), we conducted a series of regression analyses as specified by Byron and Kenny (1986). We further hypothesized significant effects of CSA even when controlling for the level of childhood physical abuse (CPA). Thus, the conditions necessary to demonstrate such a mediating relationship are as follows: (1) significant prediction of BSI HOST by CSA, covarying out CPA; (2) significant prediction of CAPI by CSA, covarying out CPA; and (3) substantial reduction in the strength of the relation between CSA and CAPI, as specified in (2), when BSI HOST is entered into the regression equation prior to CSA.

The outcome of this series of tests, restricted to cases for which valid CAPI profiles were available ($n = 196$), is presented in table 4. Controlling for CPA, the relation between CSA and BSI HOST was significant, $t(195) = 3.14, p = .002$. Similarly, controlling for CPA, prediction of the CAPI by CSA was significant, $t(195) = 1.89, p = .004$. Finally, when CPA, BSI HOST, and CSA were sequentially entered in a regression equation predicting CAPI, BSI HOST significantly predicted CAPI, and the coefficient for CSA was no longer significant ($p = .17$). Figure 1 depicts the full mediational model, with standardized path coefficients.

DISCUSSION

Research exploring the intergenerational transmission for abuse has repeatedly found that children subjected to harsh and physically abusive parenting are more likely to become physically abusive parents (Gelles & Straus, 1987; Pianta et al., 1989; Whipple & Webster-Stratton, 1991). Early physical punishment is also known to predict heightened abuse potential as measured by the Child Abuse Potential Inventory (Milner, Robertson, & Rogers, 1990). To

Table 4. Hierarchical Regression Analyses of Medicational Model

	Predictors	Standardized Coefficient	t-value	Sig.
1. Regression with CPA and CSA as Predictors (in that order), and BSI HOST as DV	1. CPA	.005	0.7	n.s.
	2. CSA	.224	3.12	**
2. Regression with BSI HOST as Predictor, and CAPI as DV	1. BSI HOST	.573	9.77	**
3. Regression with CPA and CSA as Predictors (in that order), and CAPI as DV	1. CPA	.070	1.0	n.s.
	2. CSA	.207	2.89	**
4. Regression with CPA, BSI HOST, and CSA as Predictors, and CAPI as DV	1. CPA	.068	1.13	n.s.
	2. BSI HOST	.550	9.19	**
	3. CSA	.084	1.37	n.s.

Note. CSA = child sexual abuse; CPA = child physical abuse; BSI HOST = Brief Symptom Inventory Hostility Subscale.
** = $p < .01$

date, however, child sexual abuse has been overlooked as a possible developmental risk factor for physically abusive parenting. In our sample, mothers who reported a history of CSA scored significantly higher on the abuse potential scale of the CAPI, in a range that may be indicative of abusive parenting (Milner, 1986). In addition, consistent with a substantial body of past research, survivors in the present study also reported poorer personal adjustment than did non-abused mothers, as measured by the Global Severity Index and Hostility subscale of the Brief Symptom Inventory. Subsequent hierarchical multiple regression analyses supported the hypothesis that survivors' elevated levels of anger, to a large degree, mediated the relationship between CSA and physical abuse potential among participants. That is, when the variation in abuse potential accounted for by maternal anger was controlled, the strength of the relationship between CSA and abuse potential was attenuated by over 60%, from a strongly significant to a non-significant level. This suggests that maternal anger stemming from CSA may be an important mechanism by which CSA impacts adult abuse potential.

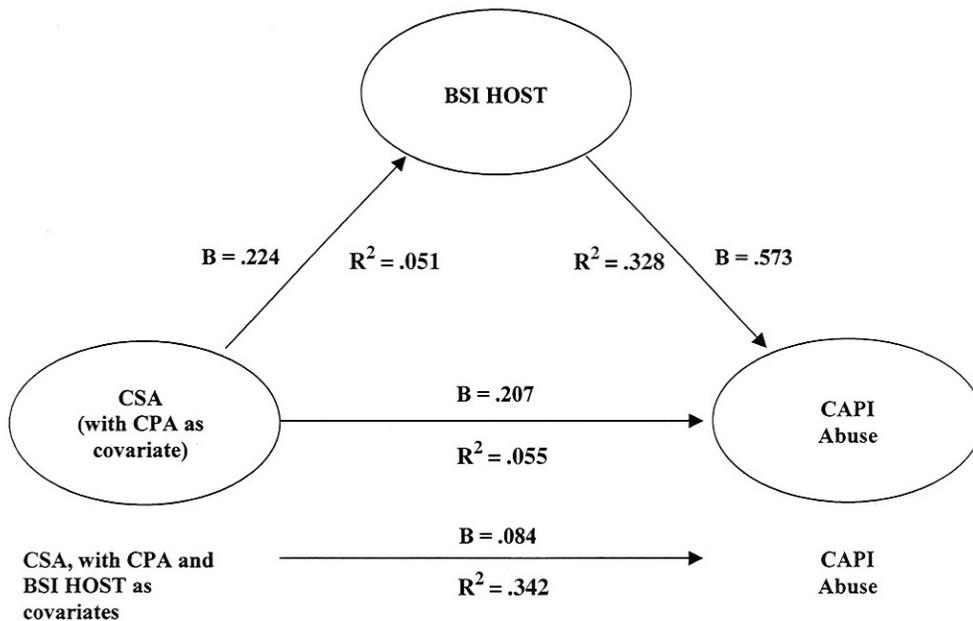


Figure 1. Full mediational model. BSI HOST = Brief Symptom Inventory Hostility Subscale, CAPI = Child Abuse Potential Inventory. Betas are for the CSA component only.

These findings are bolstered by the statistical control of the potential confounding influence of physical abuse history throughout analyses. Thus, results reflect the influence of CSA upon parenting beyond that attributable to childhood experience of physical maltreatment. Moreover, because physical abuse often occurs as part of a constellation of family dysfunction (e.g., substance abuse, increased conflict, and low cohesion), this variable may have served as a proxy measure, to some extent controlling for additional family problems related to parenting outcomes, but not specifically assessed here.

Data showing that CSA is associated with an increased risk of abusing one's own children, and that maternal anger plays a mediating role in this relationship, can be interpreted in the light of current knowledge about the long-term sequelae of CSA. Anger has long been recognized as a common and prominent reaction to various traumatic events including combat exposure and other forms of interpersonal violence (cf. Novaco & Chemtob, 1998). Clinicians and researchers have observed that intense interpersonal anger is also a common and salient issue for CSA survivors (Briere, 1996; Briere & Runtz, 1987; Herman, 1981; Scott & Day, 1996; Tsai & Wagner, 1978). It is important to note that, for many trauma survivors, anger is a logical and even adaptive response to abuse—one that fosters resilience, protects self-worth, and imparts a sense of mastery and control over one's environment (Novaco & Chemtob, 1998). However, because anger has the potential to activate aggression, it can become detrimental to survivors and their children alike.

Trauma-related anger and aggression have been conceptualized as context-inappropriate survival responses that occur in the face of a perceived threat (Novaco & Chemtob, 1998). According to this view, "survival mode" functioning among sexually traumatized women may be expressed as interpersonal aggression in an attempt to alleviate a perceived threat. For survivors of CSA, particularly those who were incestuously abused, perceptions of powerlessness may play a central role in this process. Many sexually victimized children endure repeated, unpredictable abuse at the hands of a powerful and controlling perpetrator. Prominent theorists (e.g., Briere, 1996; Finkelhor & Browne, 1985) have suggested that repetitious abuse of this nature can severely impair survivors' sense of efficacy, leaving them with a pervasive and lasting sense of helplessness. In subsequent relationships, these chronic feelings of powerlessness are thought to manifest in an increased sensitivity to issues of control in the context of interpersonal relationships (Briere, 1996; Finkelhor & Browne, 1985).

Although a preoccupation with control is an understandable reaction to the trauma of abuse, it is also the perfect recipe for parent-child conflict. A sexually abused mother whose emotional equilibrium is easily disrupted by a child's needs, demands, or misbehavior may resort to harsh physical discipline in an effort to regain interpersonal control and establish mastery over the situation. This tactic may also represent a form of avoidance reportedly common among CSA survivors, that serves to alleviate aversive internal experiences (e.g., thoughts, memories, emotions) associated with their own abuse (Polusny & Follette, 1995). Such "experiential avoidance" is said to be operating, for example, when a mother rebuffs a child's attempt to sit on her lap, and is thereby spared sensations of physical and emotional intimacy that have become conditioned aversive stimuli by virtue of their previous association with sexual abuse. Ultimately, however, such maneuvers may set the stage for escalating coercive exchanges in a struggle for dominance between parent and child (Patterson, 1982). Mothers with a history of sexual abuse may experience particular difficulties coping with the emotional intensities of parenting during these times.

Comparisons of sexually abused and non-abused mothers on the remaining parenting variables assessing participants' developmental expectations of their children, frequency of spanking and punishment, and maternal nurturance revealed no significant differences between survivors and non-abused mothers. This outcome was unexpected considering that others (e.g., Banyard, 1997; Cohen, 1995) have found sexually abused mothers to be generally less skilled on a number of parenting dimensions and more likely to resolve parent-child conflict through physical means. The statistical similarity may reflect a lack of association between these variables (which would present a

challenge to alternative mediational hypotheses involving deficits in parenting skills), or limitations in the means of assessing one or both constructs. Regarding the latter possibility, several of the dependent variables were measured here via single interview questions. Assessment strategies more focused on the parenting skills arena would enhance tests of alternative mediational models.

Additional limitations to this study should also be acknowledged. First, given the quasi-experimental nature of this study, the mediational analyses should not be viewed as conclusively testing a causal model but only as providing preliminary evidence. Second, with the exception of the maternal-child interaction data, all information was based upon participants' self-reports of abuse histories and parenting practices, and thus method biases may have influenced the results reported here. Some control for socially desirable responding was exerted by excluding "fake good" profiles from the Child Abuse Potential Inventory from the mediational analyses. Furthermore, alternative methods of evaluating overtly abusive parenting are not readily apparent, for it is unlikely that a parent would display such behavior while under direct observation. Additional informants of parental behavior might provide a useful increment toward objective assessment in this domain. Finally, although this study accounted for the impact of one potential confound (i.e., physical abuse), other family of origin characteristics that might predict poor parenting practices could also be assessed directly and accounted for in future studies.

The data reported here support a broad outline of the developmental trajectory from CSA to maladaptive parenting. Many sections of that trajectory have yet to be elaborated. Although we have identified a link operating through anger, our supposition that a preoccupation with control activates that anger has yet to be established; more molecular analysis of that hypothesis would be helpful. In addition, relations between early sexual victimization and a wider array of maltreating parenting behavior, such as neglect, remain to be explored.

This study included only female participants. However, data concerning the rates of sexual victimization of boys (e.g., Finkelhor et al., 1990), coupled with the disproportionate lethality of child abuse inflicted by males versus females (Stiffman, Ewigman, Adams, Kruse, & Schnitzer, 1998), indicate the need for explorations of physical abuse potential among sexually victimized men as well. In comparison to women, men with a history of CSA appear more likely to externalize their abuse-related distress in the form of increased anger and aggression toward others (Lew, 1988; Urquiza & Crowley, 1986). This suggests that sexually abused males may constitute a greater threat to children than sexually abused women.

This investigation highlights a potentially important process associated with the emergence of abusive parenting behaviors, suggesting that child sexual abuse may be a significant determinant of increased risk for adult physical abuse of children, and that maternal anger may be a pathway through which this relationship exists. In the clinical realm, these results suggest the need for mental health professionals to consider that sexually abused mothers may experience greater than expected difficulties managing anger toward their children in a non-abusive manner. In the research context, findings of this nature also underscore the need for investigators to explore the long-term impact of CSA upon broad areas of social and interpersonal adjustment among survivors, as well as other potentially problematic areas of adult functioning that are not tapped by focusing exclusively upon psychological symptoms. Detailed assessment of broad areas of functioning can supplement existing data to provide a more complete and clinically useful picture of the impact of CSA in the context of women's daily lives.

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RÉSUMÉ

Objectif: Cette étude a deux principaux objectifs: Premièrement, examiner l'association entre les abus sexuels subis dans l'enfance (CSA) et les caractéristiques ultérieures de la parentalité, en particulier le potentiel de sévices physiques et deuxièmement, explorer la colère maternelle en tant que médiateur de la relation entre les abus sexuels subis dans l'enfance et le potentiel pouvant amener à exercer des sévices physiques à l'âge adulte.

Méthode: On a utilisé un échantillon communautaire de participantes de niveau socio-économique inférieur qui incluait 138 mères considérées comme ayant eu une expérience d'abus sexuels en comparaison avec un groupe de 152 mères non abusées sexuellement. On a examiné les variables suivantes concernant la parentalité: le potentiel des mères à exercer des sévices physiques, la façon d'élever leurs enfants, les attentes sans réalisme par rapport au développement des enfants, la fréquence des fessées et des punitions en général. Les données ont été recueillies lors d'entretiens ou rapportées individuellement pour d'autres mesures.

Résultats: Au delà même de l'expérience déterminante de sévices physiques subis dans l'enfance, les sévices sexuels subis prédisent significativement le risque d'exercer à l'âge adulte des sévices physiques sur ses propres enfants. De plus, la colère maternelle a été confirmée comme étant un médiateur de la relation entre le fait d'avoir été abusée sexuellement en tant qu'enfant et le potentiel favorisant les sévices physiques sur ses propres enfants.

Conclusions: Les abus sexuels subis dans l'enfance peuvent constituer un facteur de risque pour que des sévices physiques soient exercés par un parent plus tard. D'autre part, la colère apparaît comme jouant un rôle significatif en tant que médiateur dans cette relation. Les résultats sont discutés dans le contexte des connaissances courantes concernant l'impact des abus sexuels subis dans l'enfance et des processus contribuant à devenir un parent maltraitant.

RESUMEN

Objetivo: Este estudio tiene dos objetivos básicos. Primero, examinar la relación entre abuso sexual infantil (AS) y futuras características de la conducta parental, en particular el potencial de maltrato físico. Segundo, explorar el efecto de la rabia materna como mediador entre la historia de abuso sexual infantil y el potencial de maltrato físico.

Método: Se utilizó una muestra comunitaria de bajo nivel socioeconómico formada por 138 madres con historia de abuso sexual infantil y un grupo comparación formado por 152 madres sin historia de abuso sexual infantil. Las variables de conducta parental analizadas incluyeron el potencial de maltrato físico, los cuidados hacia sus hijos, las expectativas no realistas hacia sus hijos/as así como la frecuencia de castigo físico. Los datos se recopilaron a través de entrevistas y otras medidas de autoinforme.

Resultados: Incluso después de proceder a controlar la historia de maltrato físico en la infancia, la historia de abuso sexual predijo significativamente el riesgo potencial de las madres para el maltrato físico de sus hijos/as. Además, se confirmó el efecto de la rabia materna como mediador de la relación entre haber sido víctima de abuso sexual infantil y el potencial de maltrato físico de sus hijos/as.

Conclusiones: el abuso sexual infantil puede ser considerado como un factor de riesgo para el futuro maltrato físico infantil, mientras la rabia parece jugar un papel significativo en la mediación de esta relación. Los resultados se discuten en el contexto del conocimiento actual relacionado con el impacto del abuso sexual infantil y los procesos que contribuyen al maltrato infantil.

APPENDIX A

Items Assessing Physical Abuse

History of Childhood Physical Abuse (CPA). Continuous score formed by summing responses to the following two questions from the clinical interview:

1. "How frequent was this physical punishment?"

Response Scale:

0 (if parent reported no physical punishment)

1 (only once)

3 (once or twice a year)

5 (once or twice a month)

7 (daily or almost daily)

2. "How intense was this physical punishment, usually?"

Response Scale:

0 (if parent reported no physical punishment)

1 (very mild; one light slap on hand or bottom)

3 (mild; spanking of moderate intensity, few spanks on bottom, light slap on face)

5 (harsh; striking hard with hand or object repeatedly or angrily striking face)

7 (extremely severe)

APPENDIX B

Items comprising the BSI Hostility subscale

<u>Item Number</u>	<u>Symptom</u>
6	Feeling easily annoyed or irritated
13	Temper outbursts that you could not control
40	Having urges to beat, injure, or harm someone
41	Having urges to break smash things
46	Getting into frequent arguments