

RESEARCH

PARENTAL STRESS RESPONSE TO SEXUAL ABUSE AND RITUALISTIC ABUSE OF CHILDREN IN DAY CARE CENTERS

—Susan J. Kelley

The sexual abuse of a child constitutes a major crisis for child victims and their parents. It is a generally-held belief that sexually abused children incorporate their parents' reactions to the abuse (Esquilin, 1987; MacFarland and Waterman, 1986). Friedrich and Reams (1987) suggest that the symptoms seen in sexually abused children reflect not only the trauma they have experienced directly, but also their family environment, the amount of support the child feels, and the level of disruption that follows the disclosure of abuse.

While the majority of sexual abuse is committed by relatives, there has been a sharp rise in the number of reported cases of sexual abuse occurring in day care centers. In a national study of sexual abuse in day care centers (Finkelhor, Williams, and Burns, 1988), researchers identified 270 day care centers where sexual abuse occurred from 1983 to 1985, involving a total of 1,639 child victims. Thirteen percent of these cases involved ritualistic abuse.

Although existing empirical evidence indicates that sexually abused children are negatively affected by the experience, to date there has been no systematic examination of parental responses to sexual abuse. The purpose of this study was to empirically validate parental stress responses to sexual abuse and ritualistic abuse of children in day care settings.

The sample consisted of the parents of 134 children, 67 of whom were sexually abused in day care centers, 67 of whom were a carefully matched nonabused comparison group. A total of 132 mothers and 99 fathers participated, representing all 134 children. The abused subjects were from sixteen different day care centers. The mean age of the children at the time the abuse began was 2.8 years. The mean time elapsed since the abuse ended and data were collected was 2.2 years. The types of sexual abuse the children experienced ranged from fondling of the genitals to vaginal and rectal intercourse.

Parents completed the Symptom Checklist - 90 - Revised (SCL-90-R) (Derogatis, 1977), a measure of psychological distress; the Child Behavior Checklist (Achenback and Edelbrock, 1983); and the Impact of Event Scale (IES) (Horowitz, 1979), which indexes symptoms that characterize posttraumatic stress disorder. The impact of the sexual abuse on children is reported elsewhere (Kelley, 1989).

As predicted, parents of sexually abused and ritually abused children reported greater psychological distress than parents of nonabused children as indicated by their significantly higher mean scores on the General Severity Index (GSI) of the SCL-90-R ($p < .0001$). Fifty-two percent of parents of abused children had GSI scores considered to be in the clinical range. Parents of ritually abused children reported the most psychological distress, with significantly higher mean GSI scores than parents of children abused without rituals ($p < .05$). Sixty-five percent of parents whose children were abused with rituals scored in the clinical range, compared to 40 percent of parents whose children were abused without rituals. Scores obtained on the IES indicate that although an average of 2.2 years had elapsed since the sexual abuse of their child, parents continued to experience intrusive thoughts and images as well as conscious avoidance of ideas and emotions related to their child's abuse.

Parental psychological distress was moderately correlated with child behavior problems ($r = .30, p < .01$). There was a weak but significant inverse relationship between GSI scores and time elapsed since the sexual abuse ($r = -.22, p < .05$), indicating that parental stress decreases with time elapsed since their child's sexual victimization. Mothers who had themselves been sexually abused during childhood experienced increased psychological distress ($p < .05$). However, no significant difference was found between GSI scores of fathers who had been abused and those who had not been abused.

The increased psychological distress found in parents of sexually abused children in this study empirically validates the clinical literature, which asserts that sexual victimization is a major stressor for nonoffending parents. The parents of children abused in day care centers were found to be highly symptomatic and present strong evidence of experiencing post traumatic stress disorder. When parents are overwhelmed by the discovery that their child has been abused, the child may be deprived of needed emotional support.

In order to intervene effectively, professionals need to recognize sexual victimization as both an acute and chronic stressor for parents. During the acute phase, parents are dealing with feelings of shock, anger, denial, and guilt as well as entanglement in the complex legal, mental health, and social service systems. Parents also experience sexual abuse as a chronic stressor due to the long-term impact on the child, the need for extended therapy, and in many instances, lengthy legal proceedings that may prevent the family from achieving closure on the event. Even when a guilty verdict is rendered, most cases end up in a lengthy appeal process that further prolongs the stress reaction.

For mothers victimized as children, the sexual abuse of their child precipitates a twofold crisis in which they must deal simultaneously with their own unresolved trauma as well as with the knowledge that their child has been sexually abused, resulting in a compounded stress reaction. It is therefore imperative for professionals to elicit parental histories of childhood sexual abuse when assessing families of child victims and to provide appropriate support to adult survivors of sexual abuse.

Parents of ritually abused children may have experienced the greatest psychological distress for many reasons: their knowledge of the severe forms of abuse their child suffered, the increased impact on the child associated with ritualistic abuse (Kelley, 1989; Finkelhor, Williams, and Burns, 1988), lack of information currently available to parents and professionals on ritualistic abuse, and the skepticism with which reports of ritualistic abuse are often met (Kelley, 1988).

Unfortunately, attention in the past has focused almost exclusively on the treatment needs of incestuous families, while overlooking the needs of families who experience extrafamilial abuse. More extensive research needs to be conducted on the effects of extrafamilial abuse. Factors which may mediate parental reactions to sexual abuse, such as coping style, family dynamics that predate the abuse, cultural and religious influences, and social supports need to be carefully examined, so we can give these families the most effective help.

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Susan J. Kelley, R.N., Ph.D., FAAN, is Associate Professor at the Boston College School of Nursing and is Editor-in-Chief of *The Advisor*. The complete findings of this study appear in *Nursing Research*, 39, 1, pp. 25-29. A reprint of the original article can be obtained by writing to the author at Boston College School of Nursing, Chestnut Hill, MA 02167.