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The effects of childhood abuse on parenting

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Abstract

Childhood abuse has been associated with a broad range of problems in adulthood, including disruptions in parent-child relationships. The majority of research has focused on the effects of childhood sexual abuse on mothers, but it is also important to better understand the effects of childhood abuse on fathers. The current study examined the effect of various forms of childhood abuse on parent-child conflict and relationship quality using the recent replication of the National Comorbidity Survey (NCS-R). The NCS-R is a nationwide household survey of 9,282 participants that included an assessment of the presence/absence of four forms of childhood abuse: physical abuse, rape, sexual molestation, and witnessing physical violence at home. In addition, victims of childhood abuse were asked to rate the level of conflict and the quality of relationships they have with their children. A series of 2(sex) X 2(exposure) MANOVAs were conducted with relationship quality and relationship conflict as dependent variables. A similar pattern of findings emerged across abuse type. Mothers with a history of childhood abuse reported more conflict with their own children than fathers but a better overall relationship. This study did not support the hypotheses that the effects of childhood abuse are similar for both males and females. Fathers with childhood abuse history may be more likely not to participate in their children's lives.

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The Effects of Childhood Abuse on Parenting

By

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Abstract

Childhood abuse has been associated with a broad range of problems in adulthood, including disruptions in parent-child relationships. The majority of research has focused on the effects of childhood sexual abuse on mothers, but it is also important to better understand the effects of childhood abuse on fathers. The current study examined the effect of various forms of childhood abuse on parent-child conflict and relationship quality using the recent replication of the National Comorbidity Survey (NCS-R). The NCS-R is a nationwide household survey of 9,282 participants that included an assessment of the presence/absence of four forms of childhood abuse: physical abuse, rape, sexual molestation, and witnessing physical violence at home. In addition, victims of childhood abuse were asked to rate the level of conflict and the quality of relationships they have with their children. A series of 2(sex) X 2(exposure) MANOVAs were conducted with relationship quality and relationship conflict as dependent variables. A similar pattern of findings emerged across abuse type. Mothers with a history of childhood abuse reported more conflict with their own children than fathers but a better overall relationship. This study did not support the hypotheses that the effects of childhood abuse are similar for both males and females. Fathers with childhood abuse history may be more likely not to participate in their children's lives.

The Effects of Childhood Abuse on Parenting

Childhood abuse (CA) has been associated with a broad range of problems in both childhood and adulthood. Recently, a number of studies have examined the effects of CA in parenting behavior. The majority of the research has focused on the effects of childhood sexual abuse (CSA) on mothers. The literature review that follows will discuss in broad terms the effects that childhood maltreatment has on parenting and parent-child relationships. Much of the literature will focus on mothers who were victims of childhood sexual abuse.

Intergenerational abuse, also known as abuse cycles, is one effect of childhood sexual abuse on parenting. The mechanism by which this occurs is unclear. However, one possibility is that this cycle of abuse occurs because CSA survivors lack incentive and strength to care for their own children (Hooper & Koprowska, 2004). The literature also suggests that CSA survivors may provide distant care or neglect that might leave their children vulnerable to abuse (Mian, Marton, Lebaron, & Birtwhistle, 1994).

Victims of childhood sexual abuse are more likely to physically abuse their own children. More than 50% of abusive mothers have been severely abused by their own fathers (Coohey & Braun, 1997). These mothers often feel they lack control in situations around them. Children's misbehavior may trigger an emotional disequilibrium, the result of which is a harsher method of discipline. Pears and Capaldi (2001) found that the probability of physically abusing one's child corresponds with the severity of sexual abuse suffered by the parent as a child. It is twice as likely that a parent who suffered child abuse will abuse his/her children.

Childhood sexual abuse survivors are more likely to adopt a permissive than an authoritative parenting style. This is noteworthy as it is the latter style that shows better outcomes on children overall (Hooper & Koprowska, 2004). According to DiLillo and Damashek (2003), some CSA survivors do not impose authority to their children because they remember the negative experiences that they had being victims of abuse. Survivors may not set limits for their children for two reasons: (a) they are focused on their inner conflicts and (b) they have no energy to limit their children. It is also suggested that they may identify crying children with their unhappy childhood.

Moreover, familial boundaries are often broken in homes in which one of the parents was a victim of sexual abuse as a child. Mothers who were victims of incest are more likely to interact with their sons in a seductive manner or to treat their children as friends or companions (DiLillo & Damashek, 2003). Burkett (1991) states that “a functional family is one in which there are clear status distinctions between generations and a clear but permeable boundary around the nuclear family.” Childhood sexual abuse survivors’ families may be enmeshed and parents may over dominate their children or the children may dominate the parent. Voth and Tutty (1999) examined daughters’ perceptions of the parenting skills of their sexually abused mothers. The daughters reported that their mothers often relied on them for emotional support. These daughters also reported that their mothers’ CSA trauma made them ineffective as parents. As the CSA survivors do not establish appropriate hierarchies, and boundaries within the family are almost nonexistent, the child may assume the parent role of protecting and caring for the parent in crisis. The child may also meet the emotional needs of the parent. This parent-child relationship role-reversal may produce emotional development problems.

Children of survivors will be taking on a role for which they are not prepared and they will lack good models for parenting when they have children.

Women who have been sexually abused as children often report distress in intimate child care and affection towards their own children (Douglass, 2000). It is thought that these mothers associate intimate child care with their abuse. Douglass (2000) found that CSA mothers are anxious about the intimate situations in caring for their children – especially shower time and putting cream on “baby’s nappy area.” Consequently, most adult childhood sexual abuse survivors will attempt to avoid situations that place them in intimate contact either physically or emotionally with their children (DiLillo, Tremblay, & Peterson, 2000). Some of the CSA mothers in Douglass’ research (2000) noted that there was a habituation effect. They felt repulsion toward their first child, but by the time they had their second child the distress and anxiety they felt about intimate situations had disappeared.

A number of variables may also mediate the relationship between childhood sexual abuse and negative parenting outcomes. Common mediators include posttraumatic stress disorder (PTSD) symptoms, anger and depression. When mediators such as these are assessed and their effect measured, the apparent corrosive direct effect of CSA on parent-child relationship often disappears. Therefore, childhood sexual abuse effects are indirectly related to parenting behavior through PTSD, anger and depression, which act as mediators between CSA effects on parenting (Schuetze & Eiden, 2004).

One focus of treatment for persons with PTSD is developing the ability to express anger appropriately. However, such expressions of anger, when unmodulated, are a point of concern regarding parenting. Expression of anger is part of a “survival model”

in which interpersonal aggression may be a way in which CSA survivors defend themselves against a perceived constant threat. A variety of child misbehaviors, both severe and non-severe, might serve as triggers to CSA mothers' anger (DiLillo et al., 2000). Anger that is considered an adaptive reaction of trauma survivors may also be a potential mediator of abusive parenting behavior.

Depression is a well known disorder that may affect many functions of life. Depression often leaves individuals with little energy to do things that they enjoy. The task of parenting requires considerable energy. According to DiLillo et al. (2003), post traumatic stress disorder symptoms include depression, anxiety, and low self-esteem are related to malfunctioning of parenting and may have a negative impact on child development. Depressive mothers have shown less warmth with their children, flatter or negative affect and they tend to be less responsive with their children (DiLillo et al., 2003; Lev-Wiesel, 2006).

When taken together, CSA is associated with a broad range of negative effects on subsequent parenting. However, CSA is only one form of childhood maltreatment. Neglect is a more subtle form of abuse in which parents or care givers fail to provide and care for their children. The literature suggests that neglected mothers are emotionally unstable and fathers are likely to adopt a rejecting style of parenting. Neglect in childhood may also cause parents to neglect their own children or physically abuse them. Research indicates that approximately 8% of children in the general population have been abused or neglected in the United States (Emery & Laumann-Billings, 1998). The effects of childhood neglect on parenting behaviors have not been explored.

Research also suggests that mothers who were physically abused by their own mothers are more likely to physically abuse their children (Fergusson & Lynskey, 1997). Social learning theories suggest that children who do not have models for appropriate conflict resolution may have problems with intrapersonal relationships. Ornduff, Kelsey, and O'Leary (2001) state that one-third of physically maltreated children go on to abuse their offspring.

While considerable research has examined the sequelae of childhood sexual abuse on mothers, most studies did not include fathers. Although the prevalence of childhood abuse among men is less than that of women, men are also abused as children (Senn, Carey, Vanable, Doniger, & Urban, 2006). Men have an important role in parenting and it is unclear if early abuse affects father's parenting behaviors or if the effect of childhood abuse is similar among men and women. Due to the lack of research examining parenting behaviors of male victims of childhood abuse, much is unknown, but it has been assumed that the effects of childhood abuse are the same for men and women. The purpose of this study was to extend the knowledge about the effects of childhood abuse on parenting with an emphasis on gender differences. We anticipate that parents who have experienced physical abuse, rape, sexual molestation, and witnessed physical violence at home will report: (1) lower quality of parent-child relationships, (2) more aggressive parenting practices relative to those not experiencing these events and (3) the effects of childhood abuse do not differ among men and women.

Method

Overview of the National Comorbidity Survey-Replication

The National Comorbidity Survey Replication (NCS-R) is a nationwide household survey of 9,282 participants age 18 to 95. It included an assessment of the presence/absence of a broad range of disorders based on the DSM-IV. Trained interviewers administered the survey face-to-face in the participants' home. Interviews were aided by a computer-assisted personal interviewing (CAPI) on laptop computers (Kessler, Berglund, Chiu, Demler, Heeringa, Hiripi, Jin, Pennel, Walters, Zaslavsky, and Huizheng, 2004). The response rate for the NCS-R was 70.9%. This survey investigated participants in the 48 contiguous United States, and students living in campus group housing who have a permanent household address. The interview was administered in 2001-03.

There were two parts to the NCS-R. Part 1 was administered to all participants ($N = 9,282$) and was composed of sections assessing the participants' environment, personal/family history, and comprehensive assessments of the presence of a broad array of Axis I disorders. Part 2 consisted of sections assessing risk factors, the presence of several additional disorders, quality of parent-child relationships and level of conflict between parents and children. The diagnostic instrument was a revised and expanded version of the Diagnostic Interview Schedule (DIS) and the Composite International Diagnostic Interview (CIDI) (Kessler et al., 2004). Part 2 was administered only to a subsample ($n = 5,692$), which included all the participants from Part 1 who presented any lifetime disorder and a randomly selected subsample of the remaining Part 1 participants.

Primary Measures

Childhood abuse. The Posttraumatic Stress Disorder section initially assessed for the presence of a broad range of combat-related and civilian traumas. Of particular interest for the current study were the items assessing: (a) child physical abuse, (b) childhood rape, (c) childhood sexual molestation, and (d) witnessing physical abuse at home as a child (Kessler et al., 2004). Participants received a card with the traumatic events listed according to number. Therefore, participants did not need to verbalize the experienced trauma, which likely increased accuracy of the reporting. Rape was defined for the respondents as follows: “We define this as someone either having sexual intercourse with you or penetrating your body with a finger or object when you did not want them to, either by threatening you or using force, or when you were so young that you didn’t know what was happening.” Sexual molestation was defined for the respondents as follows: “someone touched you inappropriately, or when you did not want them to. Therefore, excluding chances of misinterpretation what it was meant by rape and sexual molestation.

Conflict tactics scale-parent-child. Participants were asked to rate the frequency with which they have engaged in aggressive behaviors towards their children. Items were rated on a 4-point Likert-type scale with the following anchors: 1 = *often*, 2 = *sometimes*, 3 = *rarely*, and 4 = *never*. For ease of interpretation, items were reverse scored with item values ranging from 0 to 3. Therefore, high scores correspond with more frequent engagement in the assessed behaviors. Participants were presented with two lists of behaviors: list A and list B. Before each list participants were asked the following question, “Please think about your relationship with your child(ren) during the years you

raised them. During all that time, how often did you use any of the things in List A on your child(ren)?" This question was also asked before List B was presented. List A assesses mild forms of conflict and inquires about behaviors such as pushing, grabbing or shoving, slapping, hitting or spanking, or throwing something. List B includes harsher form of conflict such as kicking, biting, or hitting with a fist, beating up, choking, burning or scalding, threatening with a knife or a gun. Self-ratings for lists A and B behaviors were as follows: List A ($M = 0.84$, $SD = 0.77$, $N = 2,178$) and List B ($M = 0.03$, $SD = 0.20$, $N = 2,178$).

Parent-child relationship quality. The quality of parent-child relationship was assessed by a single item. Participants were asked to rate the overall relationship with their child(ren) on a scale from 0 to 10 where 0 means "*the worst possible relationship*" and 10 means "*the best possible relationship.*" ($M = 8.71$, $SD = 1.73$, range = 0-10).

Number of child(ren). The number of child(ren) each participant has was also present in the survey. Respondents were asked how many biological, stepchild(ren) and/or adopted children they have and how old they are (under 5, between 5 and 12, and over 13).

Data Analysis

The National Comorbidity Survey Replication (NCS-R) data were used to analyze the effects of childhood abuse on parenting. However, only participants who met the criteria for childhood abuse and had children were included in a series of multivariate analysis of variances (MANOVA).

All analyses were completed using SPSS 14.0. Initially four childhood trauma groups were created: (1) beaten badly by parents versus not beaten by parents; (2) raped

versus not raped; (3) sexually molested versus not sexually molested; and (4) witnessed serious physical violence at home as a child versus not witnessed serious physical violence at home. In addition, for all groups, persons were included only if the focal event occurred when they were 18 years of age or less. Four 2 (sex) X 2 (exposure) between-subjects multivariate analysis of variance (MANOVA) was conducted on three dependent variables associated with childhood abuse and its effect on parenting: (1) Conflicts Tactics Scale -list A (mild forms of conflict); (2) Conflicts Tactics Scale - list B (harsher forms of conflict); and (3) overall parent-child relationship quality.

SPSS MANOVA was used for the analyses with the hierarchical adjustment for nonorthogonality. Results of evaluation of linearity, and multicollinearity were satisfactory.

Results

Participants

Demographic data for the sample are presented in Table 1. Overall, the sample might be described as middle aged. The average ages within victim groups ranged from 39.62 (experienced rape) to 42.75 (experienced physical abuse). The percentage of men and women who reported experiencing physical violence or witnessing physical violence were comparable (45.00% and 41.80% respectively). However, fewer men reported being victims of rape and sexual molestation as children (13.70% and 19.00% respectively). Across abuse groups, less than half reported that they were currently married. Rape victims were the least likely to currently be married (40.00%) and victims of physical abuse were the most likely to be currently married (46.80%). Similarly, the rape victims were the most likely to report having never been married (27.60%).

Relationship between sex, history of abuse, and parent-child relationships

Childhood physical abuse

The first analysis (childhood physical abuse) was based on 2,178 respondents, 372 of whom reported being physically abused as a child. The majority of respondents that reported being physically abused as a child reported having biological children ($n = 266$) and the average number of children was 1.83 ($SD = 1.61$). Observed mean values for all dependent variables are presented by sex and exposure in Table 2. Results of the MANOVA revealed significant main effects for sex. Men reported significantly less mild conflict with their children than women [$F(1, 2174) = 36.89, p < .0005$]. Men and women also differed in relationship quality [$F(1, 2174) = 16.92, p < .0005$] with women reporting significantly better quality of parent-child relationships. Men and women did not differ in the harsher forms of conflict described on list B. There was a significant main effect for childhood physical abuse. Persons who reported being physically abused as children reported worse quality of parent-child relationships than people who did not report being physically abused [$F(1, 2174) = 21.74, p < .0005$]. There were no significant sex by exposure interactions. When taken together, these findings indicate that while men reported less conflict with their children, they also reported worse quality of parent-child relationships.

Childhood Rape

The second analysis (rape) was composed of 2,527 respondents, 395 of whom reported being raped during childhood. The majority of respondents that reported being raped as children reported having biological children ($n = 268$). The average number of children was 1.66 ($SD = 1.57$). Observed mean values for all dependent variables are

presented by sex and exposure in Table 3. The MANOVA revealed main effects for sex. Men and women differed in mild forms of conflict included in list A [$F(1, 2523) = 32.19, p < .0005$] and parent-child relationship quality [$F(1, 2523) = 15.47, p < .0005$]. Men reported less frequent engagement in mild forms of conflict but a poorer overall parent-child relationship. There were no sex differences for harsher forms of conflict. The exposure groups did not differ on levels of conflict listed in list A or B but did differ in relationship quality [$F(1, 2523) = 15.10, p < .0005$]. Subjects who were raped as children reported worse parent-child relationships than the subjects who were not raped as children. There were significant exposure by sex interactions for both levels of conflict (list A and list B). (See Figures 1 and 2.) The same pattern emerged for both levels of conflict. Among women, being raped was associated with higher level of conflict whereas among men, being raped was associated with lower conflict.

Childhood molestation

The molestation analysis was composed of 2,600 participants 559 of whom reported being sexually molested as children. The majority of respondents who reported being sexually molested reported having biological children ($n = 400$). The average number of children was 1.75 ($SD = 1.63$). Observed mean values for all dependent variables are presented by sex and exposure in Table 4. There were significant main effects for sex for mild forms of conflict [$F(1, 2596) = 18.65, p < .0005$] and parent-child relationship quality [$F(1, 2596) = 40.11, p < .0005$]. Men reported less conflict, but poorer overall parent-child relationship quality than women. Men and women did not differ in more severe forms of conflict assessed on list B. Those who did and those who did not report being sexually molested differed in levels of mild forms of conflict [$F(1,$

2596) = 7.15, $p < .0005$] and parent-child relationship quality [$F(1, 2596) = 28.60, p < .0005$]. Persons who were molested reported more conflict and poorer quality parent-child relationships. There was also a significant sex by molestation exposure interaction for list A. (See Figure 3.) Among women, sexual molestation was associated with lower levels of conflict, the same pattern occurred among men.

Witnessing violence at home as a child

The witnessing physical violence at home analysis was composed of 3,233 persons, 747 of whom reported witnessing physical violence at home. The majority of respondents who reported witnessing physical violence reported having biological children ($n = 555$). Observed mean values for all dependent variables are presented by sex and exposure in Table 5. There were significant main effects for sex for mild forms of conflict [$F(1, 3229) = 32.84, p < .0005$] and parent-child relationship quality [$F(1, 3229) = 21.39, p < .0005$]. Men reported less conflict, but poorer overall parent-child relationship quality than women. Men and women did not differ in more severe forms of conflict assessed on list B. There was also a main effect for exposure [$F(1,3229) = 12.15, p < .0005$]. Persons who reported witnessing violence at home reported worse quality of parent-child relationships. There was no sex by exposure interaction for any outcome.

Discussion

The findings from this study partially support the primary hypothesis. In the broadest of terms, participants who reported experiencing physical abuse, rape, sexual molestation, and/or witnessing physical violence at home during childhood were more likely to report using mild forms of conflict than participants who did not. They were also more likely to report worse quality parent-child relationships than participants who did

not report experiencing any form of childhood trauma mentioned above. Men and women did not differ on use of severe forms of discipline. Perhaps the non-significant finding is attributable to the low frequency with which such behaviors occur in the general population. The attenuated range of values for these events may account for this non-finding.

Examination of the 2(sex) X 2(exposure) MANOVAs suggest that there was an interaction between sex and rape on both forms of physical abuse (list A and list B). Among women, being raped was associated with higher level of conflict whereas among men, being raped was associated with lower conflict. These data partially support the notion that childhood maltreatment may produce different effects on parent-child relationship quality/conflict among men and women. Men may be affected by childhood abuse in different ways than women. The effect of childhood abuse on fathers may be greater emotional distance from their children. In other words, childhood maltreatment may have a particularly strong effect on PTSD numbing symptoms among men. At the extreme, the consequence of these symptoms of numbing may be paternal absence, either emotionally or physically. This is consistent with previous literature with male combat veterans (Ruscio, Weathers, King, and King, 2002; Samper, Taft, King, & King, 2004) indicating that numbing is particularly corrosive to familial relationships. In contrast, the primary effect of abuse on mothers may be over reliance on their children for emotional support.

The effects of childhood abuse on parenting may differ according to the abuse suffered. It is suggested that men who had been exposed to rape during childhood are more likely to rape and/or sexually molest children. However, men rape survivors are not

likely to engage in physical conflicts with their children, as this study suggests. It is also thought that women are more likely to express their feelings physically, while men are more likely to avoid confrontations and engage in substance abuse. The effects of childhood abuse may also differ according to culture differences and expectations.

The current study had several limitations. First, all the results were based on retrospective self-reports of relationship quality and conflict. Participants may be particularly reluctant to endorse items related to engagement in more aggressive behaviors towards their children, which would be difficult to conceptualize as discipline. This is consistent with the extremely low mean scores on this variable across analyses. Second, one of the two dependent measures (CTS) was primarily an index of physical maltreatment/conflict. There is broad range of ways in which abused parents may maltreat their own children that are not assessed by this index. Third, these analyses treated those who were and those who were not victims of childhood maltreatment as if they were identical on all features, save the abusive experience. In other words, covariates were not included. Covariates such as social status, civil status, employment status, and presence/absence of mental disorders were not considered. Lastly, the current study did not examine children's views of their relationship with their parents.

The data are increasingly clear that being exposed to any form of childhood abuse is associated with impairments in parent-child relationships. However, it is unclear whether childhood abuse has the same effects on both males and females. Future research should examine whether the effects of childhood abuse on fathers is to become absent from the lives of their children. Additional work could also examine childhood abuse effects on parenting (males and females) including the covariates mentioned above.

Lastly, it will be important to examine the mediating effect that symptoms of PTSD and depression have on the relationship between the experience of childhood maltreatment and parent-child conflict and relationship quality.

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Table 1
Demographic Data for Sample Within Abuse Groups

	Abuse group							
	Physical Abuse		Rape		Molestation		Witnessed violence	
	Yes	No	Yes	No	Yes	No	Yes	No
Age (<i>M, SD</i>)	42.75	47.6	39.62	46.76	40.70	46.71	41.84	46.46
	16.21	18.00	14.76	17.79	15.20	17.83	16.04	18.03
Sex (% male)	45	55	13.7	57	19	56.2	41.8	49.3
Marital status (%)								
Married	46.8	53.3	40	52.4	46.1	51.6	43.7	51.7
Separated/ divorced/ widowed	28.1	24.5	32	24.6	26.6	25	28.5	24.5
Never married	25	22.1	27.6	22.8	27.3	23.3	27.8	23.7

Table 2
Means of Sex and Beating Exposure

	Sex		Exposure	
	Men <i>N</i> = 1,153	Women <i>N</i> = 1,025	Yes <i>N</i> = 266	No <i>N</i> = 1,912
List A	0.71	0.98	0.96	0.82
List B	0.03	0.02	0.06	0.03
Relationship Quality	8.54	8.90	8.29	8.77

Table 3
Means of Sex and Rape Exposure

	Sex		Exposure	
	Men <i>N</i> = 1,295	Women <i>N</i> = 1,232	Yes <i>N</i> = 268	No <i>N</i> = 2,259
List A	0.72	0.97	0.99	0.83
List B	0.03	0.02	0.06	0.02
Relationship Quality	8.55	8.88	8.47	8.74

Table 4
Means of Sex and Sexual Molestation Exposure

	Sex		Exposure	
	Men <i>N</i> = 1,301	Women <i>N</i> = 1,299	Yes <i>N</i> = 399	No <i>N</i> = 2,201
List A	0.72	0.98	1.02	0.82
List B	0.03	0.02	0.03	0.03
Relationship Quality	8.55	8.89	8.49	8.76

Table 5
Means of Sex and Witnessing Violence at Home

	Sex		Exposure	
	Men <i>N</i> = 1,516	Women <i>N</i> = 1,717	Yes <i>N</i> = 553	No <i>N</i> = 2,680
List A	0.74	0.95	0.89	0.84
List B	0.03	0.02	0.04	0.02
Relationship Quality	8.58	8.93	8.56	8.81

Figure 1.

Interaction between sex and rape for list A

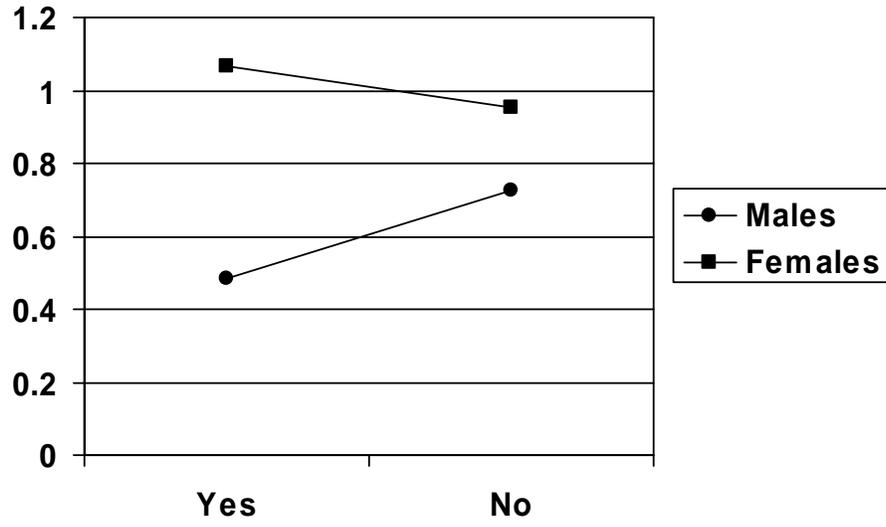


Figure 2.

Interaction between sex and rape for list B

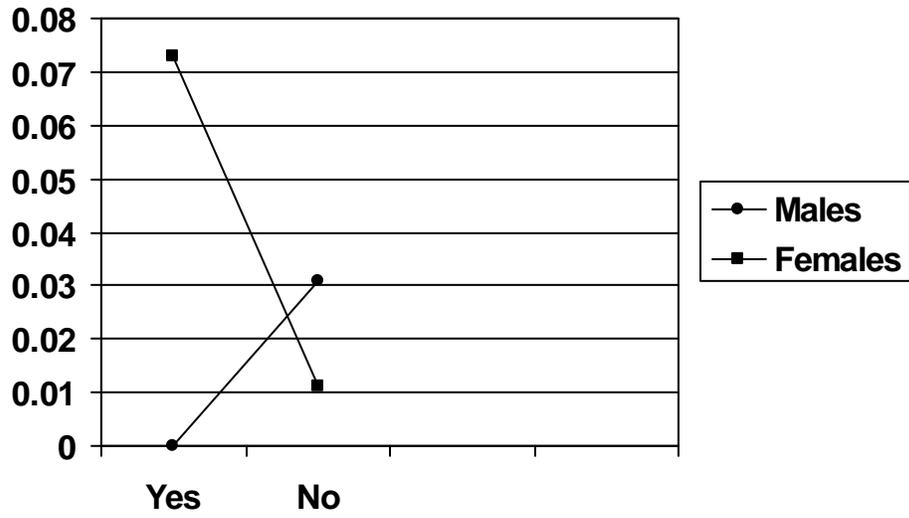


Figure 3.

Interaction between sex and molestation exposure

