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CAREGIVERS OF CHILDREN WITH SEXUAL BEHAVIOR PROBLEMS: PSYCHOLOGICAL AND FAMILIAL FUNCTIONING

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ABSTRACT

Objective: This research examined demographic and functional characteristics of parents of children with sexual behavior problems.
Method: Families of 72 children with sexual behavior problems completed a structured interview and several psychometric devices at intake into a treatment outcome study.
Results: As a group, caregivers manifested signs of a high level of life stress across a wide array of variables, including income, criminal arrest, family violence, sexual abuse, social support, modulation of emotion, and attachment to their child. Foster parents consistently reported significantly lower levels of stress than biological parents.
Conclusion: Parents and families of children with sexual behavior problems appear multiply entrapped. They are highly distressed and somewhat isolated. The data convincingly demonstrate that in order to maximize the efficacy of treatment for children with sexual behavior problems, parents must be centrally involved and receive services coordinated with those of their child. Group treatment may be advisable to foster formation of a network of peer support for caregivers of children with sexual behavior problems. © 1998 Elsevier Science Ltd

Key Words—Sexual abuse, Children, Perpetrators, Child maltreatment.

INTRODUCTION

CHILDREN WITH SEXUAL behavior problems have been named as the abuser in a significant percentage of sexual abuse cases involving other children. Over the past 10 years, there has been a 300% increase in the reported abuse performed by children less than 14. Vermont's Child Protective Services agency recently reported that more than 40% of all known child abusers are under age 20 (Social and Rehabilitation Services, 1995). In 1991, children between 6 and 12 were responsible for 13.2% of all substantiated child sexual abuse in Vermont.

Gray, Busconi, Houchens, and Pithers (1997) reported characteristics of 72 children who had engaged in sexual misconduct with other children. The children's mean age was 8.4. Most of the children were males (65%) and 35% were girls. Of the 66 children for whom maltreatment data could be collected, 95% had been sexually abused. Physical abuse was the second most common type of maltreatment, experienced by 48% of the children. A third of all the children had been emotionally abused. The least common type of abuse was neglect, present in 11% of the sample.

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Most of the children with sexual behavior problems were victims of multiple forms of abuse with the most frequent combination being sexual and physical abuse. Of the 6- to 9-year-old males, 52% were victims of multiple forms of abuse; for 6- to 9-year-old females, 63%; for 10- to 12-year-old males, 65%; and for 10- to 12-year-old females, 63%. Considering all forms of child maltreatment, the average number of victimizers per child was 2.5 (SD = 2.0). Most of the children's abusers were male (73.2%), 25% were female, and the abuser's gender was unknown in 1.8% of the cases.

While a number of publications have appeared regarding the demographic or psychological characteristics of children who have engaged in problematic sexual behaviors, no research has examined the characteristics of their parents or caregivers. The current study examined the psychological characteristics of caregivers for children with sexual behavior problems, as well as the attributes of their families.

METHOD

Subjects

To be eligible for this research, adults needed to be the primary caregiver for a 6- to 12-year-old child who had engaged in a problematic sexual behavior. The child's sexual behavior was defined as problematic if it was: (1) repetitive; (2) unresponsive to adult intervention and supervision; (3) equivalent to a criminal violation if performed by an adult; (4) pervasive, occurring across time and situations; or (5) diverse, consisting of a variety of inappropriate sexual behaviors.

Caregivers provided informed consent to participate in a treatment outcome study, involving up to 32 weeks of treatment and 2 years of follow-up. Data in this article consist of pre-treatment assessments completed primarily with the female caregivers of 72 children with sexual behavior problems. Only 5.5% (N = 4) of the primary caregivers were males. Although data from both mothers and fathers were available in some cases, only data from the female caregiver were used to facilitate comparison of their scores on psychometric measures to published norms. Most of the caregivers were biological parents (75%; N = 47) with the remainder being foster parents (25%; N = 25).

Measures

After parental consent was obtained, 2-hour interviews were conducted with children and their caregivers. In addition to the intake interview, the caregiver completed several self-report instruments. Measures completed by the parent included: the Family Environment Scale (FES; Moos & Moos, 1981), the Brief Symptom Inventory (BSI; Derogatis & Spencer, 1982), the Parenting Stress Index (PSI; Abidin, 1990), the Social Provisions Scale (SPS; Russell & Cutrona, 1984), the State-Trait Anger Expression Inventory (STAXI; Spielberger, 1988), and the State-Trait Anxiety Inventory (STAI; Spielberger, 1983).

Family environment scale (FES). The FES (Moos & Moos, 1981) is a 90-item, true-false measure that yields 10 subscales which are broken into three main domains: Relationship (with subscales for cohesion, expressiveness, conflict); Personal Growth (subscales for independence, achievement orientation, intellectual-cultural orientation, moral-religious emphasis); and System Maintenance (subscales for organization and control). The FES also enables classification of families into one of seven categories characterizing the family's functioning.

Brief symptom inventory (BSI). The BSI (Derogatis, 1993; Derogatis & Spencer, 1982) is a 53-item version of the Symptom Checklist-90. Items are rated along a 5-point scale indicating degree of distress created by each symptom within the past week. Nine primary symptom dimensions are