

THE IMPACT OF SEXUAL ABUSE IN CHILDHOOD ON THE EXERCISE OF THE MATERNAL ROLE

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Abstract: Childhood sexual abuse (CSI) is a serious public health problem, which has gained greater visibility globally since the 1970s. Serious consequences have been identified, such as depression and post-traumatic stress, that affect the normal development of the child and may also be reflected in adulthood. One of the negative effects may be the woman's ability to adequately perform the maternal role. Being a mother is one of the biggest challenges in a woman's life and requires a great capacity for adaptation. This whole process can be hampered when, at the same time, the mother is trying to deal with a childhood trauma. These mothers tend to have high levels of depressive symptoms, stress, anxiety, and less confidence in their maternal skills, which could lead to neglect and abuse. This integrative literature review had as its guiding question: "How does ASI have an impact on the exercise of the maternal role?". The main objectives were: to identify the effects of ASI; know its impact on the exercise of the maternal role. The methodology used was the PI[C]OD strategy - Participants, Interventions, Comparisons; Results (Outcomes), Study Design (Study Design) for the selection of studies and organization of results. The following scientific databases were used: B-on, Medline, Web of Science and Science Direct. After analyzing the 6 articles included in this review, it was concluded that ASI has a negative impact on mother-child bonding. There is an increased risk for these mothers to physically abuse their children, as a result of the high levels of depression potentiated by the ASI trauma. The remaining results demonstrate that there are other factors, such as sociodemographic characteristics and the experience of other adversities, which, statistically, end up having a more significant impact on the exercise of the maternal role than the history of ASI.

Keywords: Childhood sexual abuse; Parenting;

INTRODUCTION

Childhood sexual abuse (CSI) has been proving to be a current problem, which affects a growing number of children around the world and which, in their future life, could have a significant impact both on their marital relationships and on their role familiar (DILILLO et al. 2000).

The concept of Sexual Abuse, according to the International Classification for Nursing Practice (CIPE), is defined as:

"It includes abuse or sexual attacks, forced participation in caresses or sexual acts, associated with illegal or culturally prohibited behavior; legal definitions may vary between and within cultures and countries, but sexual abuse is considered illegal or culturally prohibited behavior." (ICN, 2010).

When this type of abuse occurs in childhood, the concept of Child Abuse, according to the ICNP, is defined as: "the act of violating, attacking or mistreating a child; associated with abuse within the family or illegal or culturally prohibited behavior." (ICN, 2010).

With regard to the Portuguese reality, this issue only gained prominence from 1979 onwards, after the discovery of a pedophile network in Europe, forcing debate and reflection on this reality (FÁVERO, 2003). A study carried out by the National Institute of Legal Medicine, based on the Portuguese Association for Victim Support, states that, in Portugal, in 2008 and 2009, 664 and 863 were registered, respectively, demonstrating a worrying increase in the number of registered cases, with recognition that many cases were not reported (MAGALHÃES, 2011).

Short-term and long-term consequences of ASI have been identified. Initially the most common reactions are fear, depression,

anxiety, anger, hostility and inappropriate sexual behavior. In adulthood, female survivors of ASI tend to show depression, self-destructive behavior, propensity for substance abuse, anxiety, feelings of isolation and stigmatization, low self-esteem and a greater tendency to suffer new abuses in the future (KOLLER, AMAZARRAY, 1998; ROBERTS et al., 2004).

Answers have also been sought that explain manifestations opposite to what would be expected, so aspects related to the characteristics of abuse and the context in which it occurs, during and after, have been analyzed. Some evidence indicates that short- and long-term harm is more severe when the abuse takes place over a longer period, there is penetration, and the perpetrator is the father or other parental figure included in the family (ROBERTS et al., 2004).

With regard to the long-term consequences of ASI, interest in the impact it may have on parenting has increased, especially in the exercise of the maternal role of mothers who have survived ASI (FÁVERO, 2003).

The concept of Mother's Role, according to ICNP, is defined as:

“... interact according to the responsibilities of being a mother; internalize the expectation held by family members, friends and society regarding the appropriate or inappropriate behavior of the role of pregnant women and mothers.” (ICN, 2010).

Some authors indicate that mothers who have been victims of ASI are more likely to neglect their children and feel less confident in exercising the maternal role. They also demonstrate a more negative view of their abilities as mothers and less emotional control, resorting more frequently to physical punishment of their children (ROBERT et al., 2004). In short, there are several studies that show the greater difficulty of mothers who survive ASI in dealing with the emotional

demands involved in raising a child. Of particular concern has been the ability of these women to control their anger and frustration, feelings that are often awakened by the misbehavior (even if slight) of their children (DILILLO, PETERSON, TREMBLAY, 2000).

METHODOLOGY

An Integrative Literature Review was carried out, which allows the synthesis of scientific evidence. To shape the research question “How does childhood sexual abuse impact the exercise of the maternal role?”, the method PI[C]OD - Participants, Interventions, Comparisons was used. (Comparisons), Results (Outcomes), Study Design (Study Design), in the definition of inclusion and exclusion criteria for the selection of studies, which are presented in Chart 1.

To search for studies, the following databases were used: B-on, Medline (with Full Text), Web of Science and Science Direct (Journals with Full Text). They were used as previously validated descriptors in the DECs – Health Sciences Descriptors: Child Sexual Abuse AND Parenting AND Maternal Care. The survey was conducted on June 1, 2015.

A total of 898 articles were found: 433 in B-On, 143 in Science Direct, 35 in Medline and 287 in Web of Science. According to the predefined inclusion and exclusion criteria, six (6) articles were selected to be included in this review. Figure 1 schematically presents the flowchart for the selection of studies that were included in the review.

RESULTS

Of the studies selected for analysis, Table 1 presents the summary of the most relevant results. Most were developed in the United States of America (n=5) and Canada (n=1), between 2006 and 2013. Regarding the participants, the sample size varied between 35 and 483 women, among which there were

ASI survivors. All studies are primary with Quantitative study design.

In one of the studies, a risk of physical abuse of children due to levels of depression was found in women who survived ASI (MAPP, 2006). Another study showed higher levels of psychological aggressiveness, higher levels of recurrence of physical punishment and lower levels of parental affection. However, a direct association has not been proven. Likewise, no significant association was found when studying parental competence and stress in mothers with ASI compared to non-abused ones (BARRET, 2009). In one of the studies, which focused on the study of mother-child bonding, greater insecurity in bonding was found, and children with greater relational dysfunction and insecure bonding (KUAKO et al., 2010).

Another study did not find an association between the ASI of mothers with the functionality of the family environment, nor relevance in beliefs and feelings regarding the maternal role (HERNANDEZ, LAM, 2012). Just as another study revealed that the severity of the ASI did not influence the ability to set adequate limits for the child, but the support of the partner was considered fundamental (SELTMANN, WRIGHT, 2013). The last study revealed no statistically significant association between the ASI and maternal competence and stress levels. However, the highest percentage of mothers who survived ASI were among the group that presented low competence and high stress (RENNER, WHITNEY, 2013).

CONCLUSIONS

The results confirm the negative influence on the ability to exercise the maternal role by the woman who survived ASI, but the difficulty in proving this direct association is evident. However, the indirect effect of ASI, through consequences associated with the trauma, such as stress and depression, generates a greater risk in terms of the mother-child bond and physical abuse of the child, perpetuated by the mother. The constraints that make this direct association difficult presuppose the need for greater control in future studies, of sociodemographic, cultural and ethnic characteristics, among other adversities experienced in childhood.

Linking this phenomenon to parenting issues, a continuous study is essential, in order to identify risk situations and intervene in a timely manner. In this review, attention was focused on women/mothers who survived ASI, but it is also considered relevant to research men/fathers who were also victims of ASI.

The issues discussed here are of enormous importance, due to the high incidence of these cases in the population and the serious consequences that these abuses have on the victim and, possibly, on people close to him. Prevention, early identification, referral and follow-up are interventions that must be implemented in different contexts of intervention in health care, where Nurses can play a relevant role within the multidisciplinary team.

	Inclusion criteria	Exclusion Criteria
Participants	Women who have suffered ASI.	Women who suffered sexual abuse after childhood; teenagers.
Interventions	Studies that address ASI in the maternal role of women who have been abused.	Studies that address the ASI but do not relate to the maternal role.
Comparisons	When there is any.	Not applicable.
Results	Implications of ASI on the maternal role.	Implications of ASI not associated with the maternal role.
Study Design	Published studies available in full text. Qualitative or Quantitative primary studies, within a time horizon between 2005 and 2015.	Secondary studies (literature reviews, meta-analysis and meta-synthesis studies), opinion articles.

Table 1 – Study selection criteria

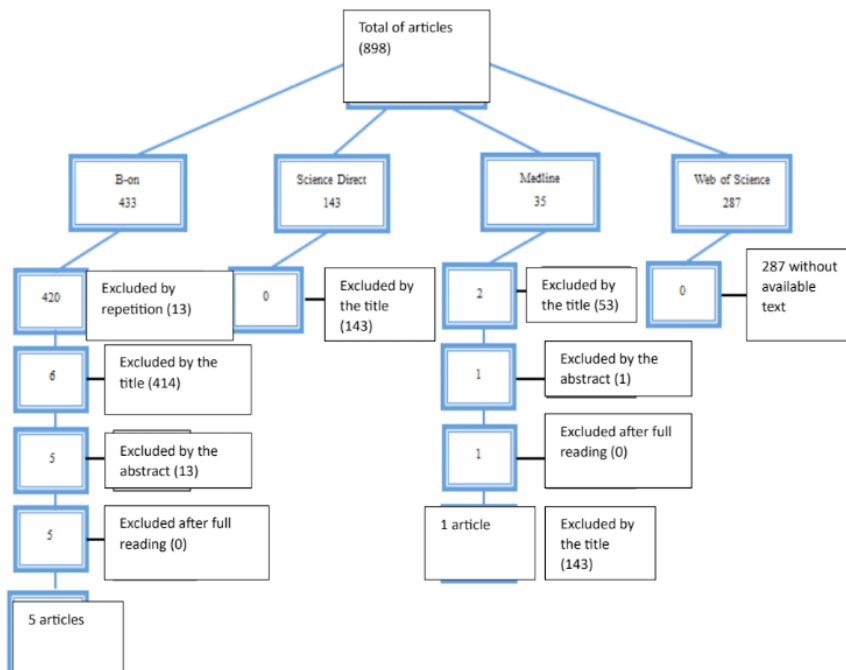


Figure 1 – Study selection flowchart

Authors, Year, Country,Participants	Interventions	Results	Study design
MAPP, 2006, USA, 265 women with children between 2 and 4 years old, mostly African American mind.	Investigate the ASI on the risk that the victim will physically abuse their children	40.4% of the women were victims of ASI. The ASI experience had a direct impact on the risk of the woman committing physical abuse to the child, associated with the levels of depression that the mothers had due to the trauma of being victims of abuse.	Quantitative
BARRET, 2009, Canada, 483 women, age 19-51, with children ages 1-8, mostly African-American.	To investigate the impact of ASI on five dimensions of adult parenting considering other forms of childhood adversity.	The history of ASI is related to higher levels of psychological aggressiveness, greater recurrence of physical punishment and lower levels of parental affection, but such results lost significance when other factors were considered, such as sociodemographic variables and other forms of adversity in childhood, and its impact was therefore not independent.	Quantitative
KWAKO, <i>et al.</i> , 2010, USA, 35 women, aged between 19-30 years, of which 16 were victims of ASI, with children between 12 and 18 years old.	To explore the impact of women's ASI on attachment relationships with their children and vice versa, compared to children of mothers with no history of abuse.	In the mothers who were victims of ASI, greater insecurity in bonding with their children was evident. It was concluded that, in the case of mothers with greater relational dysfunction, children tend to use more extreme forms of self-protection. The children of mothers who were victims of ASI showed higher levels of insecure attachment.	Quantitative
HERNANDEZ, LAM, 2012, USA. 107 women victims of ASI, all with 1 child.	To explore the relationship between family functionality and beliefs and feelings related to parenting among women victims of ASI.	The results indicate that most mothers have a family with high functionality, but about 23.6% indicated moderate family dysfunction and 9.4% severe. Most agreed that the best strategy to improve their children's behavior would be to give them attention and positive reinforcements when they did something right and that, in the opposite case, punishment through restrictions would be more correct than physical punishment. The greater the family functionality, the greater the tendency of mothers to have these positive opinions.	Quantitative
SELTMANN, WRIGHT, 2013, USA. 54 women victims of ASI.	Explore factors that may enhance or mitigate the risk of problems arising in the exercise of the maternal role of women survivors of ASI.	ASI severity did not in itself influence mothers' ability to set child-appropriate boundaries, ability to communicate effectively with children, and mother-child attachment. It was concluded that partner support and the interaction between this support and depressive symptoms were statistically more significant.	Quantitative
RENNER, WHITNEY, 2013, USA. 264 women, of which 107 victims of ASI, between 20-44 years old, with children up to 6 years old.	Examine parental profiles according to mothers' reports of parenting competence and stress levels, and link these to ASI history.	The sample of women was divided into 3 classes: Class 1- Low competence and high stress (n=55; 20.83%), History of ASI (41.82%). Class 2- Medium competence and stress (n=158; 59.85%), ASI history (40.51%). Class 3- High competence and reduced stress (n=51; 19.32%), History of ASI (39.22%). Statistically, ASI history did not influence women's class membership.	Quantitative

Table 1 – Summary of selected studies

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