

Child Sexual Abuse, Early Family Risk, and Childhood Parentification: Pathways to Current Psychosocial Adjustment

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In this study, the authors examined the role of parentification (children assuming adult-like roles in the family) as it relates to family risk (parental psychopathology, parental illness, and domestic violence), child sexual abuse (CSA), and psychosocial adjustment in 499 college women. Structural equation modeling was used to test a model of direct, indirect, and mediational pathways through which CSA, family risk, and parentification contributed to later psychosocial maladjustment. Results indicate that CSA and family risk independently and directly predicted higher levels of maladjustment, but only family risk positively predicted parentification in childhood. Parentification was unexpectedly related to less maladjustment. Parentification failed to mediate the relation between early family risk and maladjustment. Findings suggest that family risk factors may contribute to parentification and that parentification is not always related to poorer psychosocial outcomes. Future research should examine the impact of parentification on other aspects of functioning and should assess how individual, familial, and cultural variables (e.g., age, gender, duration, perceived fairness, ethnicity, and family support) moderate the impact of parentification on long-term adjustment.

Keywords: parentification, child sexual abuse, family risk, psychosocial adjustment

Mika, Bergner, and Baum (1987) defined *parentification* as “a family interactional pattern in which children and adolescents are assigned roles and responsibilities normally the province of adults in a given culture, but which parents in a particular family have abdicated” (p. 229). Parentified children often fulfill instrumental caretaking roles within the family system, such as paying the bills and caring for younger siblings, and emotional caregiving roles, such as

providing comfort, advice, and protection to family members (Jurkovic, 1997; Mika et al., 1987). Although parentification may promote the development of desirable attributes, such as responsible behavior and resourcefulness (Barnett & Parker, 1998; Chase, 2001), a majority of research documents the adverse consequences of childhood parentification, including internalized emotional distress, externalizing behavior problems, and interpersonal difficulties (see Earley & Cushway, 2002).

Preliminary research suggests that child sexual abuse (CSA), which involves children fulfilling the sexual needs of adults, may relate to the premature assumption of other types of parentified roles and caretaking behaviors within family and peer relationships (e.g., Alexander, Teti, & Anderson, 2000; Green & Jurkovic, 2002). There is also growing evidence that parentification often occurs within families that experience major stressors or family dysfunction, such as parental illness and psychopathology, divorce, and marital conflict (Barnett & Parker, 1998; Earley & Cushway, 2002; Mayseless, Bartholomew, Henderson, & Trinke, 2004). Additionally, the experience of CSA tends to co-occur with familial dysfunction, such as parental psychopathology, substance use, and spousal violence (e.g.,

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Long & Jackson, 1994). These family dysfunction variables are considered *family risk factors* because they consistently predict subsequent adverse psychosocial outcomes, such as internalizing problems, decreased self-esteem, and interpersonal problems (e.g., El-Sheikh & Flanagan, 2001).

From a developmental psychopathology perspective (Cicchetti & Toth, 1995), an important area of research is identifying familial processes, such as parentification, that may interfere with or promote psychosocial adjustment in children exposed to adverse life experiences. Assuming adult-like roles within certain contexts (e.g., parental divorce, illness) may serve an adaptive, protective function—such as ensuring family cohesion and personal well-being—but possibly with a cost to the youth's socioemotional functioning (Hetherington, 1999). In the present study, we tested a model examining relations among CSA, family risk, parentification, and long-term adjustment. We hypothesized that family risk and CSA would be directly related to increased psychosocial maladjustment and higher levels of parentification. It was also expected that parentification would, in turn, be related to higher levels of psychosocial maladjustment and that parentification might partially mediate the relations between CSA and psychosocial outcomes (see Figure 1).

Method

Participants

Participants were 565 undergraduate students enrolled in psychology classes at a southeastern university. Data from

66 participants who reported CSA by a peer were excluded from analyses. The final sample included 499 women, ranging from 17 to 42 years of age ($M = 19.29$, $SD = 1.95$). Ethnicity was 82% White, 11% African American, 4% Asian American, 1% Hispanic, and 2% other. Average socioeconomic status was upper middle class. The Institutional Review Board of the University of Georgia granted approval to conduct this study.

Measures

Family risk and child abuse history. The Life Experiences Questionnaire (Jackson, Calhoun, Amick, Maddever, & Habif, 1990) assessed family risk (i.e., witnessing domestic violence, parental impairment) and CSA. Witnessing domestic violence was assessed with the following item rated on a 5-point scale (ranging from 1 = *never* to 5 = *very frequently*): “Did you ever witness any physical violence in your home between your parents, stepparents, or between your parent and a dating partner? (i.e., pushing, shoving, slapping, hitting, punching, etc.)” Mother and father impairment were measured by summing four items with 5-point scale ratings (1 = *never* to 5 = *almost always*) assessing parental substance use, anxiety, depression, and illness (total scores ranged from 4 to 20; mother impairment $\alpha = .67$, father impairment $\alpha = .64$). CSA history was assessed with a behaviorally specific item (i.e., “As a child or adolescent [under age 18 years] did anyone who was at least 5 years or older than you involve you in any kind of sexual contact with him/her?”). The Life Experiences Ques-

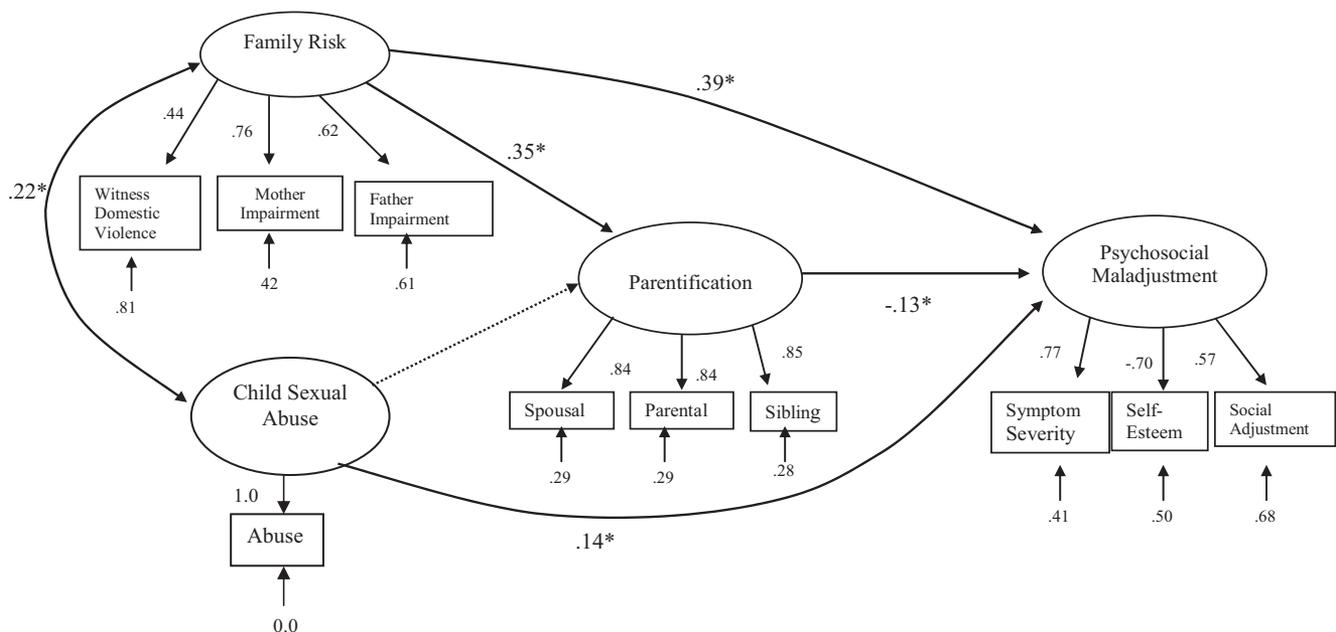


Figure 1. Final model for family risk, child sexual abuse, parentification, and psychosocial maladjustment. Latent constructs are shown in ellipses, and observed variables are shown in rectangles: $\chi^2(30, N = 499) = 61.15$, $p < .05$, root-mean-square error of approximation = .05, nonnormed fit index = .96, standardized root-mean-square residual = .04. Standardized path coefficients are shown for paths that are statistically significant; dashed lines indicate hypothesized paths that are not significant. * $p < .05$.

tionnaire includes examples of sexual contact and follow-up questions about the victim–perpetrator relationship, the onset of abuse, and the type of contact and frequency of abuse, regarding up to three separate incidences.

Parentification. Three subscales from the Parentification Scale (Mika et al., 1987) measured acting as a (a) parent to her parent(s) ($\alpha = .76$), (b) spouse to her parent(s) ($\alpha = .78$), and (c) parent to her sibling(s) ($\alpha = .86$). Items were rated on a 5-point scale (ranging from *very often* to *never* or *doesn't apply*) according to the frequency of the behavior before the age of 14 years and between the ages of 14 and 16 years. Items were weighted according to content and age and summed within each subscale.

Psychosocial adjustment. The global severity index of the Symptom Checklist–90–Revised (Derogatis, 1983) served as a measure of current psychological distress ($\alpha = .97$). The Social and Leisure subscale (11 items excluding 2 dating behavior items) of the Social Adjustment Scale—Self-Report version (Weissman & Bothwell, 1976) measured women's social adjustment ($\alpha = .62$). The 10-item Rosenberg Self-Esteem Scale (Rosenberg, 1979) measured global self-esteem ($\alpha = .89$).

Data Analysis

We used structural equation modeling with Mplus software (Muthén & Muthén, 1998–2004) to evaluate the proposed measurement and structural models. The direct maximum likelihood method of estimation was used to account for missing data (Allison, 2003). The following fit indices were used in conjunction with the chi-square statistic to assess model fit: (a) the root-mean-square error of approximation (RMSEA), (b) the nonnormed fit index (NNFI; Tucker–Lewis Index), and (c) the standardized root-mean-square residual (SRMR; cf. Vandenberg & Lance, 2000).

Results

Of the sample, 22% reported CSA, with an average age of onset of 11.57 years ($SD = 4.56$). With regard to the first or only victimization experience, 23% of perpetrators were family members/relatives, 44% were family friends, 29% were other known adults, and 4% were strangers.

Confirmatory factor analysis indicated that the measurement model fit the data well according to all criteria, $\chi^2(24, N = 499) = 57.82, p < .05$, RMSEA = .05, NNFI = .96, SRMR = .04. Furthermore, all indicators loaded significantly on their latent constructs ($p < .05$) in the expected

directions (see Figure 1). When the confirmed factor structures were used in the structural model analysis, the overall fit of the full model was good, $\chi^2(30, N = 499) = 61.15, p < .05$, RMSEA = .05, NNFI = .96, SRMR = .04. As hypothesized, both family risk and CSA had a significant direct effect on psychosocial maladjustment in the positive direction ($\gamma = .39, p < .05$; $\gamma = .14, p < .05$, respectively); however, only family risk had a significant, positive direct effect on parentification ($\gamma = .35, p < .05$). Contrary to the hypotheses, CSA did not have a significant direct effect on parentification ($\gamma = .01, ns$), and parentification related to psychosocial maladjustment in the negative direction ($\beta = -.13, p < .05$). Family risk failed to have a significant, indirect effect on psychosocial maladjustment through parentification (indirect effect = $-.04, ns$). As expected, family risk and CSA significantly covaried ($\varphi = .22$).

To test for mediation, we first tested the direct effect model by removing the parentification factor to determine whether significant paths existed between family risk and psychosocial maladjustment and between CSA and psychosocial maladjustment (Holmbeck, 1997). The resulting model fit the data well, $\chi^2(12, N = 499) = 27.90, p = .00$, RMSEA = .05, NNFI = .95, SRMR = .03, and yielded significant paths from family risk to psychosocial maladjustment ($\beta = .35, p < .05$) and from CSA to psychosocial maladjustment ($\beta = .13, p < .05$). Next, these model results were compared with the full model results. An examination of path coefficients showed that when the potential mediator of parentification was excluded from the full model, the relationship between family risk and psychosocial maladjustment remained strong ($\beta = .35$ vs. $\beta = .39$), and the relationship between CSA and psychosocial maladjustment did not change ($\beta = .14$ vs. $\beta = .14$). The final step in assessing a mediational effect was to assess the fit of the model (a) when the direct paths from family risk to psychosocial maladjustment and from CSA to psychosocial maladjustment were constrained to zero and (b) when the direct paths were not constrained (i.e., full model; Holmbeck, 1997). As noted in Table 1, when the paths were fixed to zero, the model was adequate, and when these results were compared with the full model, no mediation was found. Post hoc analyses were conducted to further examine relations between the parentification indices (i.e., spousal, parental, sibling) and psychosocial maladjustment. Structural equation modeling analyses revealed that sibling parentification was negatively associated with psychosocial maladjustment ($\beta = -.11, p < .05$), whereas relations between psycho-

Table 1
Goodness of Fit Indices of Models

Model	χ^2	<i>df</i>	$\Delta\chi^2$	Δdf	RMSEA	NNFI (TLI)	SRMR
Reduced/restricted model	105.93*	32			.07	.92	.07
Full model	61.15*	30			.05	.96	.04
Comparison Models 1 and 2			44.78*	2			

Note. $N = 499$. RMSEA = root-mean-square error of approximation; NNFI = nonnormed fit index; TLI = Tucker–Lewis Index; SRMR = standardized root-mean-square residual.

* $p < .001$.

social maladjustment and the spousal ($\beta = .07$, *ns*) and parental ($\beta = .10$, *ns*) indices were nonsignificant.

Discussion

CSA and family risk independently predicted psychosocial maladjustment; however, contrary to expectations, CSA was not directly related to parentification. Relations between parentification and CSA may be specific to father-daughter incest or intrafamilial abuse. It is also likely that parentification is more common when abuse is chronic, and future research should examine how the frequency, severity, and duration of CSA and the nature of the victim-perpetrator relationship influence parentification. Family risk was positively associated with parentification, but higher levels of parentification related to less maladjustment. These findings were unexpected given that the majority of prior studies with college students have documented negative consequences of parentification (e.g., Jacobvitz & Bush, 1996). However, at least two factors may help to explain this relationship. First, because family risk and maladjustment were correlated and because the direction and magnitude of the relationship between parentification and maladjustment changed with family risk in the model, it appears that family risk is a negative suppressor variable for parentification. That is, family risk accounted for variance in maladjustment not accounted for by parentification, allowing a stronger relationship between parentification and maladjustment to emerge. Second, results of post hoc analyses also suggest that different types of parentification are associated with differential outcomes. In particular, findings suggest that the negative association between parentification and maladjustment was driven by the sibling parentification index. In particular, caring for siblings may confer skills and a sense of self-efficacy that are important to psychosocial adjustment, at least among young, female college students.

Further, the hypothesis that parentification would mediate relations between CSA or family risk and psychosocial adjustment was not supported. Future research should examine how age, gender, ethnicity, race, type and duration of parentification, and children's perceptions of fairness influence relationships between parentification and adjustment (Anderson, 1999; Jurkovic, 1997; Jurkovic et al., 2004). A cultural-ecological approach (see Jurkovic, 1997) to studying parentification and the use of multimethod assessment measures are also encouraged.

Without replication, it is premature to conclude that parentification facilitates long-term adjustment or that parentification fails to mediate psychosocial adjustment in the context of CSA or family risk. Methodological weaknesses—including a cross-sectional design and an inability to draw causal conclusions, an exclusive reliance on retrospective self-report, problems related to shared method variance, a narrow definition of psychosocial maladjustment, and the use of a predominantly White, upper middle-class college student sample—limit the generalizability of findings. Research with diverse populations and a more sophisticated definition of parentification could yield sup-

port for a mediational model. Despite limitations, however, the present study represents an important step in the attempt to understand the underlying mechanisms linking child abuse and family risk to later psychosocial difficulties.

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