CHILDHOOD SEXUAL ABUSE HISTORY AND ROLE REVERSAL IN PARENTING

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ABSTRACT

Objective: This study explored the main and interactive effects of sexual abuse history and relationship satisfaction on self-reported parenting, controlling for histories of physical abuse and parental alcoholism.

Method: The community sample consisted of 90 mothers of 5- to 8-year-old children. The sample was limited to those mothers currently in an intimate relationship, 19 of whom reported a history of childhood sexual abuse. Participants completed the Child Behavior Checklist, the Parenting Stress Inventory, the Family Cohesion Index, and questions assessing parent-child role reversal, history of abuse and parental alcoholism, and current relationship satisfaction.

Results: Results of analyses and multivariate analyses of covariance suggested that sexual abuse survivors with an unsatisfactory intimate relationship were more likely than either sexual abuse survivors with a satisfactory relationship or nonabused women to endorse items on a questionnaire of role reversal (defined as emotional overdependence upon one’s child). Role reversal was not significantly predicted by histories of physical abuse or parental alcoholism or child’s gender. While parenting stress was inversely predicted by the significant main effect of relationship satisfaction, neither parenting stress nor child behavior problems were predicted by the main effect of sexual abuse history or by the interaction between sexual abuse history and relationship satisfaction.

Conclusions: These results suggest the unique relevance of sexual abuse history and relationship satisfaction in the prediction of a specific type of parent-child role reversal—namely, a mother’s emotional overdependence upon her child.

Key Words—Sexual abuse, Parenting, Role reversal.

RECENT ATTENTION HAS focused on the parenting problems of adult female survivors of childhood sexual abuse. Even when not abusive to their own children, women with a history of sexual abuse may exhibit certain subtle patterns of parenting behavior similar to those of their own parents. For example, Cohen (1995) observed inadequate maternal sensitivity and support among
sexual abuse survivors and Zuravin and DiBlasio (1992) noted difficulties in providing adequate care. Spieker, Bensley, McMahon, Fung, and Osslander (1996) found that mothers with a history of chronic sexual abuse were more than five times more likely than nonabused women to have Child Protective Service (CPS) contacts, even after controlling for history of physical abuse, welfare status and history of foster care. Furthermore, even mothers with only a single incident or brief duration of sexual abuse were more than twice as likely as controls to have CPS contacts.

Of particular note is a pattern of role-reversal between the abuse survivor and her child. Sroufe, Jacobvitz, Mangelsdorf, DeAngelo, and Ward (1985) observed a seductive role-reversing pattern between incest survivor mothers and their sons, and increased hostility by these women toward their daughters. In comparing sexually abused mothers’ interactions with those of nonabused mothers, Burkett (1991) found that sexual abuse survivors were significantly more likely to engage in self-focused rather than child-focused communication while their children engaged in more parental behaviors than did controls. Thus, sexual abuse survivors may depend upon their child to meet their needs for emotional support and companionship. This dynamic not only may subvert the child’s normal social development and emancipation (Burkett, 1991), but has also been associated with the development of disorganized attachment in children (Liotti, 1992).

However, role reversal may not be unique to a history of sexual abuse. Physically abusive parents tend to report a sense of entitlement that their children will meet the parents’ needs just as they themselves were expected to do with their own parents (Cotroneo, 1986). Indeed, Alexander (1990) found that college students with a history of physical abuse were significantly more likely to describe themselves as currently enmeshed with their families of origin than were nonabused controls. Parental alcoholism has similarly been associated with a pattern of generational boundary distortion (Goglia, Jurkovic, Burt, & Burge-Callaway, 1991; Protinsky & Ecker, 1990). To complicate the picture further, both incestuous abuse and extrafamilial sexual abuse overlap considerably with the occurrences of physical abuse and parental alcoholism (Araji & Finkelhor, 1986; Cole, Woolger, Power, & Smith, 1992). Therefore, it is important to clarify whether the role reversal observed in the parenting of sexual abuse survivors is due specifically to the experience of sexual abuse or alternatively, to the frequently concurrent experiences of physical abuse or parental alcoholism.

A salient etiological factor in a sexual abuse victim’s parenting difficulties may be her own experience of poor parenting as a child (Carson, Gertz, Donaldson, & Wonderlich, 1990; Dadds, Smith, Webber, & Robinson, 1991; Lanktree, Briere, & Zaidi, 1991; Levang, 1988; Madonna, Van Scoyk, & Jones, 1991). Additionally, research on the intergenerational transmission of parenting indicates that not only child maltreatment but other forms of nonoptimal parenting, such as inconsistency, intrusiveness, rejection, and parent-child boundary dissolution, are likely to be repeated when the children who experienced these behaviors become parents themselves (Belsky, 1993; Egeland, Jacobvitz, & Sroufe, 1988; Jacobvitz, Morgan, Kretchmar, & Morgan, 1991; Main & Goldwyn, 1984; Simons, Whitbeck, Conger, & Chyi-In, 1991; Sroufe et al., 1985; Van Ijzendoorn, 1992; Whitbeck et al., 1992). Thus, many of the behaviors associated with the parents of sexual abuse victims may become part of the victim’s own parenting behavioral repertoire.

However, it is probable that in addition to the effects of modeling, the trauma of the abuse itself may interfere directly with the mother’s capacity to effectively manage her own emotional response, a scenario which becomes particularly challenging when facing the demands of parenting. In explaining this phenomenon, Liotti (1992) noted that mothers with a history of unresolved trauma (including sexual abuse; Ainsworth & Eichberg, 1991) are likely to turn to their children for comfort when certain stimuli, including their children’s presence, trigger their own attachment-related anxieties. Thus, the parent’s affective distress stemming from her own history of sexual abuse could explain some of the role reversal observed in abuse survivors’ interactions with their children.

Like much of the general research on parenting (e.g., Belsky, Youngblade, & Pensky, 1989;
Benoit, Zeanah, & Barton, 1989; Cohn, Cowan, Cowan, & Pearson, 1992; Crockenberg, 1987), research on abuse survivors suggests that their ability to adequately parent their children is affected by the nature of their relationship with their partner (Egeland et al., 1988). For example, Cole and colleagues (1992) found that an incest survivor’s parenting was predicted in part by her relationship with her partner. Burkett (1991) has also noted that role reversal between abuse survivors and their children may be partly attributable to the mother’s inability to successfully meet her needs for emotional closeness through her relationships with other adults either inside or outside the family. Therefore, in exploring the parenting of abuse survivors, it is important to consider the nature of their current intimate adult relationships.

The goal of this research was to explore the self-reported parenting of sexual abuse survivors as compared to mothers who had not experienced sexual abuse in childhood. Of particular interest in this study were the following questions: (1) What characterizes the nature of parenting problems, if any, of sexual abuse survivors? Is it specifically the dynamic of role reversal, complaints about one’s child or more generally parenting stress that best describes the parenting of sexual abuse survivors? (2) What, if any, is the effect of a supportive partner as either a main effect or interactive effect with sexual abuse history? (3) Finally, does sexual abuse history have an impact above and beyond the effects of other dysfunctional backgrounds (physical abuse and parental alcoholism) on parenting? In the exploration of these question, a sample of women was recruited from the community to complete a questionnaire on their history of stressful childhood events as well as several questionnaires regarding their experience of parenting their 5- to 8-year-old child.

METHOD

Sample

A total of 107 women was initially recruited via a newspaper announcement to participate in a study of parenting in mothers of 5- to 8-year-old children. The participants in this study were recruited from the community solely as a function of being the mother of a 5- to 8-year-old child. This recruitment strategy was used to guard against selecting for those individuals who overtly self-identify as sexual abuse survivors and who, therefore, may not be representative of the general population of sexual abuse survivors. From this sample of 107, only those women who were currently involved in an intimate relationship were investigated, in order to allow an examination of the effects of relationship satisfaction. The descriptions which follow are based on this sample of 90 women.

The mean age of participants was 36.4 years (SD = 5.4, range = 23 years to 51 years), their mean level of education was 15.8 years (SD = 2.0, range = 11 years to 20 years), and 80% were Caucasian, 11.1% were African-American, and 8.9% were Latina. With respect to marital status, 83 were married, three were currently living with a significant other, one was divorced, one was separated, and two were single. The mean age of the partners was 38.3 years (SD = 6.2, range = 23 years to 56 years) with mean level of education of 15.8 years (SD = 2.6, range = 10 to 23 years). The women in this sample had an average number of 2.4 children (SD = 1.1, range = 1 to 7). The mean age of the child on which the mother reported (the oldest child in the age range of 5 to 8 years) was 6.4 years (SD = 1.2), and of these children, 47% were male and 53% were female.

Twenty-two percent of the mothers (N = 19) reported a history of childhood sexual abuse. Sexual abuse was defined as unwanted sexual touching by someone who was at least 5 years older than the child or who had used threat or force. Of these women, the average age of onset of the abuse was 7.5 years (SD = 3.9, range = 3 to 16 years), the average duration was 33.7 months (SD = 40.3 months, range = one time to 114 months), the average number of perpetrators was 2.7 (SD = 3.6, range = 1 to 15), and the type of sexual abuse ranged from fondling only (47.4%) to
oral/genital contact (15.8%) to vaginal or anal intercourse (36.8%). With respect to the primary perpetrator, 25% reported abuse by a father figure, 12.5% reported abuse by a brother, 25% reported abuse by another relative, 25% reported abuse by a family friend or acquaintance, and 12.5% reported abuse by a stranger.

As can be seen in Table 1, sexually abused women did not differ from nonabused women with respect to their age, the age of their partner, their child's age, their child's gender, the education of their partner, or their degree of partner satisfaction. However, sexually abused women had significantly more children ($t = 2.5, p = .015$), and had fewer years of education ($t = -2.5, p = .013$). Furthermore, while groups did not differ with respect to physical abuse by mother or alcohol abuse by either father or mother, sexually abused women were significantly more likely to have experienced physical abuse by father ($t = -2.82, p = .006$).

Measures

Role reversal. The construct of role reversal was measured by developing questions based on Burkett’s (1991) structured interview administered to incestuously abused mothers and controls. The following three items were meant to capture the sense of the parent’s emotional dependence upon the child: (1) “Some mothers feel that their child is their whole life. They feel that they may not have anyone else, but at least they have their child;” (2) “Some mothers think of their child as a close partner to them, like a teammate or best friend;” and (3) “Some mothers rely on their child to comfort them when they are upset.” Each item was rated on a four-point scale (ranging from never to usually) reflecting the degree to which each woman endorsed the item as pertaining to her relationship with her child. While the overall alpha (degree of intercorrelation of the items) for this scale was only .45, the alpha was .71 for the group of sexual abuse survivors and .24 for the nonabused women. This difference in alphas is significant ($p < .01$; cf., Feldt, 1969), suggesting that these three items comprise a meaningful or unified construct for sexual abuse survivors while they do not for women in general.

Parenting Stress Inventory. Developed by Abidin (1995), the Parenting Stress Inventory (PSI) was designed to measure facets of the parent-child system which may contribute to stress in the
parenting system. The Total Stress score of the PSI/Short Form assesses the overall level of parenting stress resulting from personal parental distress, from the parent’s interaction with the child and from the child’s behavioral characteristics. The overall alpha for the Total Stress score is .91 and the PSI/SF Total Stress score correlates at .94 with Total Stress on the full-length PSI, for which substantial validity data exist (Abidin, 1995).

Child behavior problems. Using Cole, Zahn-Waxler, and Smith’s (1994) scoring system based on parent’s report only, items from the Child Behavior Checklist (Achenbach & Edelbrock, 1983) were selected and summed to reflect the parent’s description of specific symptoms of the child during the past 12 months. Scores were created to reflect the symptoms of conduct, oppositional, attention deficit, depressive, and anxiety disorders as described in the Diagnostic and Statistical Manual of Mental Disorders-III-R. One benefit of this system of scoring is that it allows comparison of symptoms across gender.

History of abuse and parental alcoholism. Childhood sexual abuse was assessed in response to the following question: “When you were a child or adolescent, did anyone ever actually touch private parts of your body or make you touch theirs against your wishes or when you were asleep, drugged or in some other way helpless?” Subsequent questions inquired about the age of onset, the age and role of the perpetrator, the nature of the touching, the frequency of occurrence, and the use of threat or force. Childhood physical abuse was assessed in response to the following question: “When you were a child or adolescent, did your primary father figure/primary mother figure ever repeatedly slap you in the face, strike, beat or otherwise physically attack or harm you?” Parental alcoholism was assessed in response to the following three questions: (1) “Did your father/mother drink more than most other people?”; (2) “Did you or any near relative ever worry or complain about your father’s/mother’s drinking?”; and (3) “Did your father/mother ever get into trouble because of drinking?” Responses to these three questions were then summed for father and mother, respectively.

Relationship satisfaction. Respondents answered the question “How satisfied are you with your relationship with your partner?” using a 5-point scale ranging from very dissatisfied to very satisfied. Responses were subsequently dichotomized into satisfied (somewhat satisfied and very satisfied) and not satisfied (very dissatisfied, somewhat dissatisfied, and mixed).

Family Cohesion Index. A variation of the Family Cohesion Index (Cooper, Holman, & Braithwaite, 1983; Kerig, 1995) required participants to endorse one of six prototypes of family systems, as representing the structure in their current family. In each prototype, two larger circles represent the parents and a smaller circle represents the child. When all three circles are adjacent, a cohesive family structure is implied; when the two larger circles are adjacent and separated from the smaller circle, detouring is implied; when either the larger circle representing the mother or the larger circle representing the father are adjacent to the smaller circle and separated from the other larger circle, a cross-generational alliance is implied; when all three circles are separated and the smaller circle is in the middle, triangulation is implied; and when all three circles are separated, disengagement is implied. Kerig (1995) noted that family members’ description of the family on the FCI predicted other ratings of the quality of family relationships.

Procedure

In response to the newspaper announcement, women were informed that the purpose of the study was to assess the effects of stressful childhood events (including physical and sexual abuse, neglect, parental alcoholism, and death of a parent at an early age) on their current attitudes toward
parenting as well as their experience of dealing with their 5- to 8-year-old child. They were each then mailed a series of questionnaires that required approximately 1 hour of time to complete.

RESULTS

Analyses

Analyses of covariance or multivariate analyses of covariance were used to assess the effects of the independent variables and covariates on three sets of dependent variables: (1) role reversal; (2) parenting stress; and (3) child behavior problems. The independent variables included sexual abuse history (yes/no), relationship satisfaction (no/yes) and the interaction between sexual abuse history and relationship satisfaction. The covariates included physical abuse by father (no/yes), physical abuse by mother (no/yes), alcohol abuse in father (scores ranging from 0 to 3), alcohol abuse in mother (scores ranging from 0 to 3), child’s gender (male/female), the number of children, and mother’s years of education.

Role Reversal

An analysis of covariance (ANCOVA) was conducted to assess the main effects and interactive effects of sexual abuse and relationship satisfaction on the measure of role reversal, controlling for the effects of physical abuse, parental alcoholism, child’s gender, number of children, and mother’s years of education. There was a significant interaction between sexual abuse history and relationship satisfaction ($F(1, 75) = 5.64, p < .02$), such that women with a history of sexual abuse who were dissatisfied with their relationship with their partner were significantly more likely to report engaging in an emotionally dependent role reversal relationship with their child than were either sexual abuse survivors who were satisfied with their partner or women without a history of sexual abuse. In addition, there was a significant main effect of relationship satisfaction ($F(1, 75) = 16.47, p < .001$), such that women who were in a satisfying intimate relationship were less likely to describe engaging in role reversal with their child. The only significant covariate effect was a history of physical abuse by one’s mother which was positively related to a tendency to engage in role reversal with one’s own child ($F(1, 75) = 5.94, p < .02$).

Child Behavior Problems

A multivariate analysis of covariance was conducted to assess the main and interactive effects of sexual abuse history and relationship satisfaction as well as covariate effects on the mother’s report of child behavior problems (namely, antisocial/conduct disorder, anxiety disorder, attention deficit disorder, depressive disorder, and oppositional defiant disorder). There were no main or interactive effects of sexual abuse history and relationship satisfaction or covariate effects of physical abuse history, parental alcoholism, child’s gender, number of children, or mother’s years of education on child behavior problems.

Parenting Stress

An analysis of covariance was conducted to assess the main and interactive effects of sexual abuse history and relationship satisfaction on parenting stress, controlling for the covariates of physical abuse, parental alcoholism, child’s gender, number of children, and mother’s years of education. This analysis yielded a significant main effect of relationship satisfaction ($F(1, 72) = 4.39, p = .04$), such that mothers who reported greater satisfaction with their partner relationship also reported significantly less parental stress. There were no other significant main, interactive or covariate effects on the prediction of parenting stress.
Post Hoc Analyses

Effect of specific abuse characteristics on role reversal. Given that sexual abuse history interacted with relationship satisfaction in significantly predicting role reversal, correlations between specific characteristics of the abuse and role reversal were examined. There were no significant correlations between either role reversal or relationship satisfaction and characteristics of the abuse (i.e., age of onset, use of force, abuse frequency, number of perpetrators and identity of the perpetrator).

Relationship between role reversal and current family structure. A two-way ANOVA was conducted to explore the effects of sexual abuse history and responses on the Family Cohesion Index in the prediction of role reversal. A significant interaction between sexual abuse history and family structure \( (F(2, 74) = 4.48, p = .015) \) suggested that role reversal was most extensive in sexual abuse survivors who described a family structure characterized by mother-child cross-generational alliance. This finding thus lent some validity to the role reversal measure, as it pertains to sexual abuse survivors.

DISCUSSION

These results suggest that a mother’s history of sexual abuse predicts her emotional overdependence upon her child to the extent that she is unable to meet her needs for intimacy within her current adult relationships. This finding is consistent with the research of others (Cole et al., 1992; Egeland et al., 1988) and with the theoretical formulation of Liotti (1992). This research is also consistent with the findings of others that a supportive partner relationship can mitigate the experience of parenting stress in mothers (Belsky et al., 1989; Benoit et al., 1989; Cohn et al., 1992; Crockenberg, 1987).

The emotional overdependence reported in this study by sexual abuse survivors unsatisfied with their partner relationships was not predicted by a history of physical abuse or parental alcoholism. Thus, there appears to be something unique about the experience of sexual abuse which leads to this inappropriate emotional reliance upon one’s child in a way that is not characteristic of other indices of family dysfunction. Indeed, the fact that the three items of the role reversal scale were significantly more intercorrelated for women with a history of sexual abuse than for nonabused women suggests that the questions were tapping into experiences that were common to the former group but not systematically characteristic of women in general. Further support for this finding came from a post hoc analysis of the effects of sexual abuse history and current family structure on role reversal. Those sexual abuse survivors who described themselves as closely allied with their child and distant from their partner on the Family Cohesion Index were significantly more likely to endorse the items on the role reversal scale; this was not the case for nonabused women. The fact that this group was willing to acknowledge their lack of closeness to their partner (both on the Relationship Satisfaction item and on the Family Cohesion Index) suggests that their responses are probably not simply reflective of a misplaced social desirability.

The outcome of this study suggests that role reversal is a multifaceted and subtle construct. It therefore needs to be more well-defined and explicitly tailored to the population of interest. For example, Liotti (1992) describes a very specific pattern (common to women who are unresolved with respect to abuse or loss) of a mother relying upon her child to help her regulate her emotions and provide soothing and comfort. This dynamic may be distinct from a pattern of behavior in which the child assumes the responsibility for instrumental caretaking because of the parent’s presumed incompetence due to inebriation or mental illness. Furthermore, the overinvolvement observed in families with physical abuse (cf., Alexander, 1990) may reflect a developmentally inappropriate interpersonal sensitivity in which the child attempts to anticipate the moods and
reactions of the parent in order to avoid or avert the abusive parent’s outbursts or even to protect the other parent and younger siblings. Research has failed to explore these distinctions which, although certainly overlapping, may have very different longterm impacts upon the child.

The limitations of this study provide the context for interpretation of findings and also suggestions for future research. First, mother-child role reversal was assessed in this study by a brief self-report measure. Given that role reversal implies an unconscious interpersonal process, it would best be investigated in an observational study which would also allow an independent assessment of the child’s behavior. An observational study would also bypass the inherent limitations of a study subject to common method variance (in which the same individual completes all the measures). Second, relationship satisfaction was similarly assessed with a brief self-report measure. Given that partner relationship satisfaction appears to interact with abuse history in predicting the nature of the relationship between the mother and her child (especially among sexual abuse survivors), observation of the mother-father-child triad would best address the role of the father in either ameliorating or exacerbating the mother’s overinvolvement with her child. Third, this study focused on role reversal in terms of a mother’s dependence upon her child for emotional support. Future research should examine other potential manifestations of role reversal to explore whether different family dynamics (e.g., parental alcoholism, physical abuse, parental mental illness) are indeed associated with different types of role reversal. Finally, while analyses did not find any effect due to the child’s gender, a more thorough exploration of the construct of role reversal could reveal very different types of parental role reversing behavior towards boys and girls (cf., Sroufe et al., 1985) or towards children of different developmental stages (cf., Jacobvitz et al., 1991). It would also be interesting to explore whether different dynamics of role reversal lead to different trajectories of effects for male and female children in their subsequent intimate relationships and parenting roles.

In conclusion, this study explores one dynamic of parenting germane to certain sexual abuse survivors—namely, those who are dissatisfied with their intimate partner relationship. Furthermore, the results of this study suggest that role reversal and boundary dissolution may not be generic to a history of family dysfunction, but may be specific to populations with distinct sets of family dynamics. Although childhood sexual abuse, physical abuse, parental alcoholism and parental mental illness are certainly comorbid, it is important for both researchers and clinicians to decipher what is unique about each of the above experiences.

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RÉSUMÉ

**Objectif:** Cette étude a exploré les effets sur l’éducation, principaux et interactifs, rapportés spontanément, d’antécédents d’abus sexuels et de la satisfaction dans la relation. On y considère comme facteur déterminant des antécédents de sévérité physiques et d’alcoolisme parental.

**Méthode:** L’échantillon communautaire a été composé de 90 mères d’enfants de 5 à 8 ans. Il a été limité aux mères habituellement dans une relation proche. 19 d’entre elles avaient rapporté des antécédents d’abus sexuels subis durant l’enfance. Les participants ont rempli le “Child Behavior Checklist,” le “Parenting Stress Inventory,” le “Family Cohesion Index.” Elles ont aussi répondu à des questions destinées à évaluer le renversement des rôles entre parents et enfants, les antécédents d’abus et l’alcoolisme parental ainsi que la satisfaction éprouvée habituellement dans leur relation.

**Résultats:** Les résultats des analyses et des analyses de covariance à plusieurs variables ont suggéré que les survivantes aux abus sexuels qui éprouvaient de l’insatisfaction dans une relation proche avaient tendance à apprécier les éléments concernant le renversement des rôles dans un questionnaire plus que les survivantes aux abus sexuels satisfaites dans la relation d’une
part et plus que les femmes non abusées (le renversement des rôles étant défini comme une dépendance exagérée à l’égard de son enfant). Le renversement des rôles n’était pas significativement prédit par des antécédents de sévices physiques ni par l’alcoolisme des parents ni par le sexe de l’enfant. Alors que le stress éprouvé en tant que parent était inversement prédit par l’effet significativement majeur de la satisfaction dans la relation, ni le stress parental ni les problèmes liés au comportement de l’enfant ne furent prédits par l’effet majeur d’antécédents d’abus sexuels ou par l’interaction entre des antécédents d’abus sexuels et la satisfaction dans la relation.

Conclusions: Ces résultats suggèrent la pertinence des antécédents d’abus sexuels et de la satisfaction dans la relation pour prédire un type spécifique de renversement des rôles entre parent et enfant, c’est-à-dire l’hyperdépendance émotionnelle d’une mère à l’égard de son enfant.

RESUMEN

Objetivo: El estudio exploró los efectos principales e interactivos de la historia de abuso sexual infantil y la satisfacción de las relaciones en los autoinformes de conducta parental, controlando los efectos de las variables de historia de maltrato físico y alcoholismo parental.

Método: La muestra comunitaria estuvo compuesta por 90 madres de niños/as con edades comprendidas entre los 5 y 8 años. La muestra se limitó a aquellas personas que tenían en dicho momento una relación personal de pareja. Un total de 19 madres informaron de haber sufrido una historia de abuso sexual infantil. Los participantes completaron el Child Behavior Checklist, el Parenting Stress Inventory, el Family Cohesion Index y una serie de preguntas que evaluaban la inversión de roles padres-hijos, la historia de maltrato, el alcoholismo parental y la satisfacción con las relaciones actuales.

Resultados: Los resultados sugieren que las víctimas de abuso sexual infantil con relaciones de pareja no satisfactorias tenían una mayor tendencia a responder afirmativamente a los ítems de un cuestionario de inversión de roles (entendida como sobredependencia emocional de los padres con respecto al niño/a) que las madres víctimas de abuso sexual con relación de pareja satisfactoria y que las madres no víctimas de abuso sexual. Ni el género del niño/a, ni la historia de maltrato físico, ni el alcoholismo parental predijeron de manera significativa la inversión de roles. La satisfacción de la relación de pareja predijo significativa y inversamente la presencia de estrés parental. Ni el estrés parental ni los problemas de conducta en el niño fueron predichos por la historia de abuso sexual o por la interacción entre la historia de abuso sexual y la satisfacción de las relaciones de pareja.

Conclusiones: Estos resultados sugieren la relevancia única de la historia de abuso sexual y de la satisfacción en las relaciones de pareja en la predicción de un tipo específico de inversión de roles padres-hijos (sobredependencia emocional materna con respecto a sus hijos/as).