Personality traits and parenting styles in boys victims of sexual abuse: a pilot study

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ABSTRACT

Objective: We examined the association between personality traits and parenting styles in boys victims of sexual abuse (SA). **Methods:** Sixty-two (62) boys were divided into two groups: 32 (Victims of SA group, age 11.7±1.28) and 30 non-victims of SA (Comparison group, age 11.6±1.22). All participants completed the Eysenck Personality Questionnaire (EPQ-J) and the Parenting Styles Inventory (PSI). The intelligence quotient (IQ) was also assessed. **Results:** Both groups did not differ in terms of IQ. In the SA group, men (97%) were the biggest abusers, 85% of the parents were divorced and the father was the biggest aggressor (44%). The SA victims had higher neuroticism ($p < 0.001$) and identified riskier parental practices, while the comparison group reported good parental practices ($p<0.05$). The results of the logistic regression analysis showed that higher negative paternal parental style scores increase the chance of belonging to the victims group. **Discussion:** Victims of SA present a higher risk of neuroticism and perception of dysfunctional family dynamics, with seriously reversed social roles. Further studies are needed to investigate the behavioral, cognitive, emotional, personality and parental styles, and the development of psychological intervention programs and other professional practices for victims of SA and their families in various contexts of violence.

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Introduction

The deleterious effects of childhood sexual abuse (SA) and its effect on development have been extensively documented in the literature [1]. Children and adolescent victims of SA are more prone to developing anxiety disorder, post-traumatic stress disorder (PTSD), depressive and aggressive symptoms, impaired sexual functioning, cognitive difficulties, difficulties in relationships, and differentiated central nervous system development [2-5].

Data from the literature shows that, depending on the cultural context in which the studies are conducted, the percentage of children victims of sexual abuse ranges from 5% to 18% [4].

Although children of both sexes are vulnerable to SA, girls are considered at higher risk. In this scenario, studies emphasize that the age group most at risk is between 6 and 12 years old, and that girls are more than three times as likely as boys of being abused [6]. A retrospective cohort study with 17,337 adults, identified that about 16% of men and 25% of women experienced SA during childhood [7]. A recent Brazilian study, conducted by Platt et al [8], showed that out of 489 reports of sexual violence against children, most cases were against girls. In a previous study conducted by Serafim et al [9], with 205 victims of SA, showed a higher prevalence of cases of sexual abuse in girls, with 63.4% versus 54.6% in boys.

Considering the importance of this prevalence, authors discuss the possible variables that lead to a higher percentage of abused girls than boys. Pereda et al [10] point out that aspects related to masculinity and the fear of being labeled and stigmatized may contribute to the fact that boys often do not admit to being abused, resulting in an underreporting of cases, as opposed to it not happening.

Easton [11], in a study with 487 men with a history of SA, found that most of the participants victims of SA took about 20-30 years to speak about the event and only 15% reported it to the authorities, fearing stigmatization and risk of marginalization. In another study on the prevalence of sexual abuse, with a sample of 889 boys, researchers reported that sexual abuse in the male audience is a

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problem that is still devalued and neglected in many countries [12].

What can be observed in these studies is that there is consensus that, both men and women have similar patterns related to the negative effects of sexual abuse. However, genders do differ in the way they deal with the issue; women find themselves more guilty and are more prone to ask for help, while men show a greater need to hide their symptoms, often not talking about the event or asking for help, since they feel they need to be strong [6].

Murray et al [13], highlight other variables that may be responsible for the lack of data related to SA in boys. Among them, stigmatization, feelings of guilt and taking responsibility for the event occurred, perception about the lack of credibility and parents' concerns regarding the issue. The same authors argue that the consequence of this phenomena is the development of psychiatric disorders such as depression, anxiety, drug abuse and suicide, which reveals the urgency and relevance of studies that investigate the psychological and behavioral aspects of SA in the masculine population.

Moreover, regardless of the victim's gender, the studies are consistent with the body of evidence that associates child sexual abuse with mental, emotional, cognitive and behavioral disorders. However, there is still a need for further studies on personality aspects and parenting practices in SA boys. Thus, the aim of this study is to verify possible associations between sexual abuse, personality traits, cognition and parenting styles in boys. Our hypothesis is that victims of abuse will have a worse cognitive performance and more negative perception of parental relationships than non abused boys.

Methods

Participants

Participants in this study derived from referrals made by the Court of Justice associated to the Criminal Court for the Protection of Children and Adolescents and to the Psychology and Psychiatry Unit from a public hospital in the city of São Paulo. Referrals were made mainly in order to obtain general psychological evaluation in children and adolescents victims of SA.

Aiming to make a pilot study on the effects of SA in boys, participants were selected from a larger pool with different demands. A first triage was made by a careful screening of the criminal process. This way we were able to get together a group of 32 boys between the ages of 10 and 14 with a history of sexual abuse (Victims group; M age = 11.7, SD = 1.28), who were later compared to a group of 30 boys, among the same age gap, with no history of violence of any kind (Comparison group; M age = 11.6, SD = 1.22).

A psychiatrist and a neuropsychologist at the Program of Forensic Psychiatry and Legal Psychology from the Institute of Psychiatry of the University of São Paulo Faculty of Medicine evaluated the sixty-two participants individually. Recruitment of the non-victim group included children and adolescents evaluated in state public schools in the metropolitan region of São Paulo and in the Psychological Assessment Laboratory of the Health Psychology Program of the Methodist University of São Paulo.

The exclusion criteria used were: participants younger than 10 and older than 14 years of age; presence of delays in neuropsychomotor development or genetic syndromes; and a history of accident/trauma that caused neuropsychiatric disorders. This information was collected by reading court proceedings and interviewing parents or guardians.

Ethics

The study protocol was approved by the Research Ethics Committee of the Methodist University of São Paulo (protocol: 42813315.7.0000.5508) before administering the questionnaires. Sessions were held to explain the purposes of the present study, both for those responsible and for the children and adolescents in the comparison and clinical groups. Informed consent was obtained from all parents or guardians, children and adolescents. To be eligible for this study, parents and their legal guardians signed the consent form.

Measures and Instruments

The data collection procedure took place individually during two different sessions. The first session lasted for approximately 120 minutes, and consisted at collection of data with the participant. In addition, a second session of approximately 80-minutes was made, with the child's parents or guardians, in order to apply the sociodemographic questionnaire.

Sociodemographic Questionnaire: The sociodemographic questionnaire contains four different blocks of question, containing ten alternatives each. It was developed by our research group in order to obtain information such as age, sex, civil state, sex of the aggressor and relationship between the aggressor and the victim. It also includes questions regarding behavioral, physiological, emotional and cognitive changes in consequence of the abuse The data was organized in terms of frequency.

Abbreviated Wechsler Intelligence Scale (WASI): designed to assess specific and overall cognitive capabilities and is individually administered to children, adolescents and adults (ages 6-89). It is a battery of four subtests: Vocabulary (31-item), Block Design (13-item), Similarities (24-item) and Matrix Reasoning. The results for both groups were corrected according to Brazilian Abbreviated Wechsler Intelligence Scale, normative data [14].

Personality Assessment

I. Eysenck Personality Questionnaire (EPQ-J):

Measures personality dimensions based on the model of the three big factors: Neuroticism (N), Psychoticism (P) and Extroversion (E). It is composed of 60 items, and destined for children and adolescents between 10 and 16 years of age, with a minimum level of education corresponding to the third year of school or that present reading comprehension skills [15].

Parenting Practices

II. Parenting Styles Inventory (PSI):

Evaluates the strategies used by parents to educate their children. It consists of an assessment with 42 questions that correspond to the seven maternal and paternal educational practices, including two positive parenting practices: (A) positive monitoring and (B) moral behavior; and five negative parenting practices: (C) inconsistent punishment, (D) neglect, (E) relaxed discipline, (F) negative monitoring and (G) physical abuse. The answers are obtained through 3-point Likert scale, consisting of: never (0), sometimes (1) and always (2). Each parental practice had a maximum possible score of 12 points and the minimum of zero.

The calculation of the Parental Style Index was done by adding positive practices (A + B) and subtracting it from (C + D + E + F + G). The values obtained varied from +24 (optimal parental style), to -60 (high risk parental style). The negative parenting index indicated the prevalence of negative practices, with children more likely to develop antisocial behaviors [16].

Statistical analyses

In order to statistically analyze the data, the Statistical Package for the Social Sciences (SPSS), version 25 was used. The Kolmogorov-Smirnov test was used to verify normality for the distribution of demographic variables (age, years of study and IQ). Once the normality of the sample was accepted, Student's t-tests were employed to verify the equality of means between the interest groups.

A Chi-square test was employed to verify the presence of associations between groups for categorical variables. Subsequently, a logistic regression analysis (stepwise) was employed, in order to identify the predictor variables with a significant discriminant power, considering the clinical group as the dependent variable. The significance of all the tests was considered at a probability level of p=0.05.

Results

Regarding comparisons of demographic variables between groups (table 1) according to the Chi-square test analysis, there was no significant differences in the mean age of participants (p = 0.581). A similar result was observed in relation to years of schooling (p = 0.234). Regarding the parents' marital status, it was possible to observe a prevalence of separated parents, more than 85% in the victims group in comparison to the comparison group (p <0.001).

In the victims group, the reported abuser was mostly male (97%), with only one woman being reported. As for the "aggressor and victim" relationship, the father was configured as the main perpetrator of abuse (44%).

Results of the IQ and personality variables of all 62 participants are shown in table 2. The results did not show statistically significant differences for estimated IQ in the comparison between groups (p=0.254). In the personality study, the extroversion factor was higher in the comparison group (p <0.001), and neuroticism factor was higher in the victims group (p <0.001).

Table 3 shows results regarding the parental practices questionnaire of both groups.

The results from table 3 reveal that positive maternal practices, positive monitoring and moral behavior are statistically different between the groups (p = 0.0001), that is, mothers in the comparison group follow, supervise and teach moral behavior to their children more than mothers from the victims group. Mothers from the latter are more careless than the mothers in the comparison group (p = 0.001); mothers in the comparison group were shown to supervise their children more stressfully than the mothers in the victims group. The set of maternal practices revealed by the PSI is regular (3.53) for the mothers of the victims group and good (5.55) for the comparison group.

The positive paternal practices of the victims group are at risk, both in supervising the activities of the children and in the teaching of moral behavior, and are statistically different from the comparison group (p = 0.001). The group of parents of the victims presented physical abuse risk indexes and were statistically different from those in the comparison group (p = 0.0001), they punished their children more inconsistently than the comparison group (p = 0.0001). Also, parents of the comparison group supervise their children more stressfully than the mothers of the victims group. The paternal PSI of the comparison group is good and that of the victims group is at risk (-5.03).

Logistic regression is a resource that makes it possible to estimate the probability associated to the occurrence of a certain event in face of a set of explanatory variables. Thus, we tried to identify, in the set

Table 1: Sociodemographic data of the 62 participants

	Groups				MD (SD)	p
Age	Comparative				11.6 (1.22)	0.581
	Victims				11.7 (1.28)	
Years of Schooling	Comparative				6.5 (1.27)	0.234
	Victims		f	%	6.3 (1.51)	
Civil Status of Parents	Comparative	Married Separated	18 12	60.0 40.0		
	Victims	Married Separated	04 28	12,5 87.5		0.001*
Gender of the Abuser	Victims	Male Female	31 01	97 03		
Abuser	Victims	Dad Uncle Cousin Stranger	14 09 06 03	44.0 28.0 19.0 9.0		

*Chi-square test

Table 2: Intelligence quotient (IQ) and personality traits of the 62 participants

Variables	Comparative group N=30 MD (DP)	Victims group N=32 MD (DP)	p*
IQ	104.04(11)	102 (9.46)	0.254
Personality Psicoticism	1.80 (1.64)	1.81 (1.33)	0.974
Extroversion	9.66 (2.05)	7.37 (1.96)	<0.001*
Neuroticism	5.83 (3.05)	12.15 (3.19)	<0.001*

*Student´s t-test

Table 3: Comparison of mean scores of maternal and paternal practices parental for both groups - Parenting Styles Inventory (PSI)

	Mother			Father		
	Victims	Comparative	t e p*	Victims	Comparative	t e p*
PM	8.13	10.38	-3.95 (0.0001)	5.34	8.86	-5.36 (0.0001)
MB	6.63	9.55	-5.04 (0.0001)	3.97	8.34	-5.603(0.0001)
IP	2.13	2.83	-1.645(0.105)	3.25	1.48	4.932(0.0001)
NE	2.78	1.59	3.607(0.001)	2.78	1.93	2.174(0.034)
RD	2.84	2.28	1.951(0.056)	2.97	1.83	2.569(0.013)
NM	2.75	6.03	-5.691 (0.0001)	2.63	5.21	-5.011(0.0001)
PA	0.81	1.68	-2.194(0.032)	2.63	0.97	4.607(0.0001)
PSI	3.53	5.55	-1.215(0.229)	-5.03	5.97	-5.895(0.0001)

*Student´s t-test; PM (Positive monitoring), MB (Moral behaviour), IP (Inconsistent punishment), NE (Negligence), RD (Relaxed discipline), NM (Negative monitoring), PA (Physical abuse) and PSI(Total mean)

Table 4: Logistic regression including cognitive variables, personality and parental styles in the victims group (n=32)

Variables	B	S.E	Exp (B)	p
Constant	5.546	1.718	256.247	.001
NET	-.592	.182	.553	.001
PSI Mother	-.164	.082	.849	.046
PSI Father	.214	.067	1.238	.001

NET: neuroticism, PSI Mother: Maternal Style Patenting, PSI Father: Paternal Parenting Style

of cognitive variables, personality and parental style variables that could pose higher risks in the victims group. Results of the logistic regression analysis (stepwise) are shown in table 4. The neuroticism and negative maternal parental style indicate that the lower the score in this factor, the lower the probability of belonging to this group, while higher negative paternal parental style scores increase the chance of belonging to the victims group.

Discussion

Sexual abuse represents a problem that, given the strong scientific production in the literature, can be considered epidemic and, consequently, a public health issue, being associated with emotional, cognitive, clinical and behavioral repercussions in childhood and adolescence, extending into adulthood [2,3,4,17].

Although studies show boys as being statistically less prevalent victims of sexual abuse (SA), the emotional and cognitive impact of the abuse makes no gender difference. In addition, few studies have addressed personality traits and parenting practices in boys victims of SA.

The data presented is from a pilot study, and such contains an admittedly small sample, which implies a low power of data generalization. Still, we understand that it is possible to establish a positive discussion and contribution on the topic studied. In addition, the variables study here represents a gap in the literature, since few studies in the field include this kind of analysis.

In this study we sought to understand how boys victims of sexual abuse perceive parental care practices (parental styles), as well as understand if there is a prevalence of some personality trait in this population that differentiates them from boys with no history of sexual abuse. Finally, cognitive performance was compared among all participants.

Although it is not the primary purpose to discuss the prevalence of SA in boys, this study highlights the occurrence of SA in a population that is predominantly male and under-represented in the literature. According to Murray et al [13], when the abuse occurs with boys, it is often kept as a secret or silenced. In this scenario, as already pointed out earlier in the introduction, the family frequently involved in a circle of feelings of fear and shame (depending on the culture), associates abuse in boys to issues of homosexuality and consequently prevents the process of reporting the violence [18]. By dealing with the abuse in this manner, it may cause an important emotional impact on the child, with the possibility of aggravation of the effects, possibly leading to psychiatric disorders such as depression, anxiety and post-traumatic stress disorder (PTSD) [2,3,4,12,17]. Such repercussions reinforce the need for further studies regarding these specific variables.

For the demographic data, in terms of the perpetrator of violence, our results corroborate literature data, which points to the father as the main aggressor in the victim group [1,2,8]. As the father constitutes the main abuser, this data shows the occurrence of sexual violence in the intrafamily context, which can translate into the perception about the lack of a protective and supportive environment within the family context. Hohendorff, Habigzang and Koller [18] stress that when the SA happens in an environment that is shared by the aggressor and the victim, protection actions are highly necessary. As the American Psychological Association [19] states, in this segment, it is possible that the victim perceives the environment as a risk factor for violence and not as being protective. A study with 205 children and adolescents victims of SA, found that the majority of the victims were abused by the father, and showed that the victims perceived their home environment as being hostile, threatening and lacking support [9]. Another relevant point is that although boys reportedly suffer less SA when compared to girls, evidence from the literature stresses that male victims are more prone to physical acts and are more violent compared to female victims [20].

Regarding personality factors, it was possible to establish an overview distinguishing the majority of children and adolescents in the two groups. The comparison group expressed more extroversion and the victims group more neuroticism. Hence, children and adolescents that show more expression of extroversion tend to be more vigorous, active, and expressive and present a better capacity to adapt [21]; while the elevation of neuroticism in victims groups, suggests that these children and adolescents tend to experience more intense emotional hypersensitivity, levels of anxiety, excessive worry and increased emotionality. Neuroticism is a personality trait characterized by instability and emotional propensity to experience anxiety, fear, and sadness, and it is associated with transthoracic mood disorders, such as major depression and generalized anxiety disorder [22]. According to Jeronimus et al [23], children who experienced stress and adversity in early life are more likely to develop anxiety disorders, depression and higher levels of neuroticism, while some cognitive changes are also observed.

According to Rothbart and Jones [24], negative emotions in children derive from two factors: the first refers to anxious distress, which encompasses anxiety, and the second refers to irritable distress, which encompasses irritability. For Shiner and Caspi [25], the anxious distress that encompasses guilt, fear, insecurity and anxiety is associated with internalizing problems, while irritable distress leads to irritability, anger, and frustration, and is characterized as externalizing problems.

These results are relevant since neuroticism is related, among other occurrences, to the individual's emotional reactivity, tendencies to worry, susceptibility to negative mood and risk for the development of mental disorders in adult life, such as depression [26]. A recent study suggests that depending on an individual's resilience, the experience of childhood abuse increases the likelihood of developing neuroticism traits later in adult life [27]. Given the above, we can observe that the results in our study corroborate the other findings [27]. Both studies argue that the higher the index of neuroticism, the greater the chances and possibilities of the person to develop PTSD.

For us it is clear, that the design of our study does not allow us to say with certainty that the personality traits observed here, resulted directly from abuse, from negative parenting practices, or if they already existed before. Even so, our results point to the relevance of personality factors in investigations of the impact of sexual abuse, since these characteristics, which are still under development when the abuse happens, are evidenced as potential variables that may contribute to the psychopathological grievances of the victims.

A differential point of this study is that the way in which children and adolescents victims and non-victims SA perceive parenting practices. This was investigated using the Parenting Styles Inventory, with the aim to verify whether or not parenting styles had any association with the occurrence of SA. Parenting styles can be summarized as a pattern of behaviors expressed by parents, with the objective to favor an emotional effect in the interaction between children and parents, which influences the quality children´s behavioral, emotional and intellectual aspects [28]. In light of this, our results showed that negative parental practices (such as mothers seen as negligent and fathers as abusive), in its majority, were perceived as risky by the children and adolescent from the victims group. The literature suggests that negative parental styles often result in several situations in which parents do not accompany the children's activities, do not teach values, physically and sexually abuse the children, and exert inconsistent punishment measures [16].

It is necessary to consider that parents can sometimes put themselves in a situation of authority and abuse of power, in which depending on their age, the child does not have emotional resources to defend themselves adequately. According to our findings, we understand that parents of victims of SA do not develop a relationship based on affective care with their offspring. This suggests that the child is removed from their role of child and son, to one in which they are seen as the object of sexual satisfaction, which created a fragile bond modulated by incestuous content. Thus, the shift in the relationship between parent and child to an incestuous relationship, creates a dysfunctional family dynamic, in which the social roles are seriously reversed. When the father perpetrates sexual abuse, the child's ability to establish intimate and confident relationships is specially impaired [1-2,13,18].

Such data is reinforced by the results of the regression analysis that showed that fathers who had higher scores in negative practices, had greater chances of having a child or adolescent victim of AS or even other types of violence. The damaging effect of the SA experience is, without a doubt, of great magnitude and when practiced by a close figure like the father, and it leaves the child in a situation of little control over what happens to their surroundings, leading to a feeling of impotence. Regarding these scenarios, we agree with Banyard, Williams and Siegel [29] who defend that the feeling of lack of control possibly acts as a stressor that effects the neuropsychological development of the child.

Strengths and Limitations

Some limitations of this study include the fact that it is a cross-sectional (pilot) and its sample is not robust, which may have impacted the lack of difference in cognitive performance of both groups in most variables, which also reduces the power of generalization of results. Another limitation refers to non-verification of the period in which the violence occurred with each child accounting for other possible neurological and / or psychiatric issues of the abuser.

This study achieved the proposed objective, which was to verify and describe the aspects of personality, parenting styles and cognition in men victims of SA, which are often not addressed in studies on this subject. Even considering a poor sample size and low data generalization power, we believe that these results indicate that children and adolescents victims of SA were at a higher risk of presenting neuroticism traits and memory impairment, as well as the perception of dysfunctional family dynamics with severely reversed social roles.

Given this context, we understand that two contributions can derive from this study. First, that there is an important need for

more studies on the behavioral, cognitive, emotional, personality and parental styles of children victims of SA, and second, the crucial need to develop effective psychological intervention programs and other professional practices for victims and families in various contexts of violence.

Conflict of Interest

The authors declare that they have no conflict of interest.

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