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STRESS REACTIONS AND PTSD OF SEXUALLY ABUSED CHILDREN AND THEIR PARENTS.

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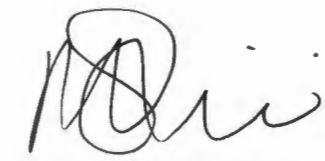
23295023

Mini-Dissertation (article format) submitted in partial fulfilment of the requirements for the degree of Masters in Social Sciences in Clinical Psychology at the North West University (Mafikeng Campus)

Supervisor: Professor E.S Idemudia

DECLARATION

I declare that the Mini-Dissertation for the Degree of Masters in Social Sciences in Clinical Psychology at the North West University (Mafikeng Campus) hereby has not yet previously been submitted by me for a degree at this or any other university, that it is my own work in design and execution. Sources quoted have been duly acknowledged and indicated by means of a comprehensive list of references.



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Masana Shivuri

DEDICATION

This study is dedicated to my parents,

Hasani Albert Shivuri

And

NKhensani Magreth Shivuri

ACKNOWLEDGEMENTS

I would like to thank God for the grace that he showed me in my career.

- "The special one," Professor E.S Idemudia, for his guidance and support in my research.
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- Limpopo Province Department of Education and Mountain View High School for allowing me to collect data in their institution.
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SUMMARY

Stress Reactions and PTSD of Sexually abused Children and their Parents.

Keywords:stress, post traumatic stress disorder, sexually abused children, non-abused children, parents, emotional distance.

The literature shows that sexually abused children develop stress and PTSD (Hornor, 2009). Furthermore, Pretorius, Chauke and Morgan (2011) stated that parents of sexually abused children develop stress and PTSD. According to attachment theory, children with close attachment to their parents respond better to anxiety provoking stimulus (Bretherton, 1992). Stitt and Gibbs (2007) believe that very few studies have been conducted on parental reaction after child sexual abuse. This study investigates stress reactions and PTSD of sexually abused children and their parents.

The aim of the study was to investigate stress reactions and PTSD of sexually abused children and compare it with non-abused children. It also compared stress and PTSD of parents of sexually abused children and parents of non-abused children. In addition, it investigated the influence of emotional distance, age and gender on stress reaction and PTSD of sexually abused children and their parents.

A cross-sectional research design was used for this study. One hundred and sixty-four participants were selected using purposive sampling. Thirty-nine sexually abused children (male= 5, female= 34) and thirty-nine of their parents (male= 7, female= 32) were selected from Thuthuzela Care Centre at Mankweng hospital in Limpopo Province, South Africa.

In comparison, forty-three non-abused children (male= 8, female= 35) and forty-three of their parents (male= 6, female= 37) were selected fromMountain View Secondary School in Limpopo, South Africa. The age of children participants ranged between 7 and 18 years, with mean age ($\bar{x}$= 12.9 years, SD= 4.12).

A questionnaire with subsections A and B was used to collect data: Section A contained Stress Perception Scale and the Posttraumatic Stress Disorder Checklist. Section B consists of the following scales:Depression Self-Rating Scale for Children, Parent-Child Relationship Survey Scale and Child Behaviour Checklist Post Traumatic Stress Disorder scale.Psychometric properties of all the scales used are valid and reliable.

Four hypotheses were stated for the study: Hypothesis one stated thatthere would be a significant difference on stress and PTSD between sexually abused children and non-sexually abused children. Hypothesis two stated that there would be a significant difference on stress and PTSD between parents of sexually abused children and parents of non-sexually abused children. Hypothesis three stated that there would be a significant independent and joint influence of emotional distance, age and gender on stress and PTSD of sexually abused children. Finally, the fourth hypothesis stated that there would be a significant independent and joint influence of age and gender on stress and PTSD of parents of sexually abused children.The first two hypotheses were tested with a t- test and the final two were tested with multiple regression analysis.

The results of the study indicate that there is a significant main effect for stress ($t = (73) = 2.041$, $p< .05$) with sexually abused children scoring higher ($\bar{x}$= 35.94) than non-abused ($\bar{x}$= 34.2) and PTSD ($t = (73) = 4.408$, $p< .01$) with sexually abused children scoring higher ($\bar{x}$= 12.10) than non-abused children ($\bar{x}$= 8.27).

The study also indicates that there is a significant main effect for stress (t = (73) = 1.823, $p< .05$) with parents of sexually abused children scoring higher ($\bar{x}$= 23.14) than parents non-abused children ($\bar{x}$= 21.02) and PTSD(t = (60) = 4.849, $p< .01$) with parents of sexually abused children scoring higher ($\bar{x}$= 52.77) than parents of non-abused children ($\bar{x}$= 36.31) respectively.

Further results showed that emotional distance, age and gender did not have significant joint influence on stress (R= .32, R^2= .10, P> .05) and PTSD (R= .31, R^2= .09, P> .05) of sexually abused children. Emotional distance (β= -.23), age (β= .16) and gender (β= -.28) did not independently predict stress. Similarly, emotional distance (β= -.25), age (β= .22) and gender (β= -.09) did not independently predict PTSD. Finally, age and gender did not have significant joint influence on stress (R= .08, R^2= .01, P> .05) and PTSD (R= .07, R^2= .01, P> .05) of parents of sexually abused children. Age (β= .07) and gender (β= -.06) did not independently predict stress. Similarly, age (β= .06) and gender (β= .02) did not independently predict PTSD. Based on the findings of the study, it is recommended that parentsof sexually abused children be provided with psychotherapy.

PREFACE

Article format

For the purpose of this min-dissertation, which is part of the requirements for a professional master's degree (Msoc Sc Clinical Psychology), the article format as described by the General Regulation A.7.5.1.6 of the North-West University was chosen.

Selected journal

The target journal for submission of the current manuscript is the Journal of Psychology. For the purpose of examination, tables will be included in the text.

Letter of consent

The letter of consent from the co-author, in which permission is granted that the manuscript "Stress Reactions and PTSD of Sexually Abused Children and their Parents" may be submitted for purposes of mini-dissertations, is attached.

Page numbering

In the mini-dissertation, page numbering is from the first page to the last. For submission to the above-mentioned journal, the manuscript is numbered according to the requirements of the Journal of Psychology. Therefore, numbering starts on the title page of the manuscript.

Referencing

In the mini-dissertation, the referencing is done according to the instructions of the Journal of Psychology.

LETTER OF CONSENT

I, the undersigned, hereby give consent that Masana Shivuri may submit the manuscript entitled "Stress Reactions and PTSD of Sexually Abused Children and their Parents" for the purpose of a mini-dissertation in partial fulfilment for a master's degree.

Prof. E.S. Idemudia

Supervisor

INSTRUCTIONS TO AUTHORS: KRE JOURNALS ON-LINE. JOURNAL OF PSYCHOLOGY

AIM: The *Journal of Psychology (J Psychology)* is designed for the prompt publications of original and important articles related to contemporary society.

EDITORIAL POLICY: it contains original papers on current research and practical programmes, short notes, news items, book reviews, reports of meetings and professional announcements. Constructive critiques and discussions of published papers and letters which are of relevance and of interest to the readership are published at the discretion of the *EDITOR*. The journal is published in English; spelling and usage conforms to the Oxford English Dictionary; for consistency and simplicity in style because for many subscribers English is a second language. Place names should be spelled in the form officially used in the country under discussion; where this differs from the commonly known name of the English-language name, the other name should be written in parentheses. For practical purposes, accents may be omitted on non-English names.

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TITLE: The paper title, author's name, affiliation, complete address, fax number, and e-mail address should appear on the first page of the article. When there is more than one author, the correspondence will be sent to the first author, unless otherwise requested.

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TABLE: Each table should be typed separately and marked in the text in numerical order.

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REFERENCES IN THE TEXT: References citations in the text should be in parentheses and include author name(s) and year of publication. Text citations of two or more works at the time should be given in chronological order. When citing a paper written by three or more authors, write the name of the first author plus "et al". (However, all authors must be given in the Reference section). Where there are two or more papers by the same author in one year, distinguished letter (a, b, c....) should be added to year. All references should be carefully crosschecked; it is the author's responsibility to ensure that references are correct.

MANUSCRIPT

STRESS REACTIONS AND PTSD OF SEXUALLY ABUSED CHILDREN AND THEIR PARENTS.

STRESS REACTIONS AND PTSD OF SEXUALLY ABUSED CHILDREN AND THEIR PARENTS.

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ABSTRACT

Aim: Child sexual abuse is one of the traumatic events that can lead to stress and PTSD for survivors and their parents. Many studies have been conducted on stress and PTSD of sexually abused children, however very few have been conducted on their parents. The paper investigates stress reactions and PTSD of sexually abused children and their parents and compares it with non-abused children and their parents. It also investigated the influence of emotional distance, gender and age on stress and PTSD of sexually abused children and their parents.

Methods: A cross sectional survey design was used for this study.One hundred and sixty-four participants were selected using purposive sampling. Thirty-nine sexually abused children and thirty-nine of their parents were selected within a hospital in Limpopo, South Africa. In comparison, forty-three non-abused children and forty-three of their parents were selected within a Secondary School in Limpopo, South Africa. Data was collected using a questionnaire with subsections A and B: Section A contains Stress Perception Scale and Posttraumatic Stress Disorder Checklist. Section B consists of Depression Self-Rating Scale for Children, Parent-Child Relationship Survey Scale and Child Behaviour Checklist Post Traumatic Stress Disorder scale.

Results: The results of the study indicate that there is a significant main effect for stress ($t = (73) = 2.041$, $p < .05$) with sexually abused children scoring higher ($\bar{x} = 35.94$) than non-abused ($\bar{x} = 34.2$) and PTSD ($t = (73) = 4.408$, $p < .01$) with sexually abused children scoring higher ($\bar{x} = 12.10$) than non-abused children ($\bar{x} = 8.27$). The study also indicates that there is a significant main effect for stress ($t = (73) = 1.823$, $p < .05$) with parents of sexually abused children scoring higher ($\bar{x} = 23.14$) than parents non-abused children ($\bar{x} = 21.02$) and PTSD(t =

(60) = 4.849, $p< .01$) with parents of sexually abused children scoring higher ($\bar{x}$= 52.77) than parents of non-abused children ($\bar{x}$= 36.31) respectively. Further results showed that emotional distance, age and gender did not have significant joint influence on stress (R= .32, R^2= .10, P> .05) and PTSD (R= .31, R^2= .09, P> .05) of sexually abused children. Emotional distance (β= -.23), age (β= .16) and gender (β= -.28) did not independently predict stress. Similarly, emotional distance (β= -.25), age (β= .22) and gender (β= -.09) did not independently predict PTSD. Finally, age and gender did not have significant joint influence on stress (R= .08, R^2= .01, P> .05) and PTSD (R= .07, R^2= .01, P> .05) of parents of sexually abused children. Age (β= .07) and gender (β= -.06) did not independently predict stress. Similarly, age (β= .06) and gender (β= .02) did not independently predict PTSD.

Conclusion: Based on the findings of the study, it is recommended that parentsof sexually abused children be provided with psychotherapy.

Keywords: Stress/ Post traumatic stress disorder/ sexually abused children/ parents/ Emotional distance/ Non-abused children.

INTRODUCTION AND PROBLEM STATEMENT

Research shows that approximately 20% of female and 5% to 10% of male children experience some form of sexual abuse during childhood (Pereda, Guilera, Forns and Gómez-Benito, 2009).According to World Health Organization (WHO, 2006), one-third of adolescent girls have their first sexual experience as forced; furthermore, about 150 million girls in Sub-Saharan Africa had experienced sexual violence in 2002.

Peer-reviewedresearch on the sexual abuse of children in Sub-Saharan Africa is limited and is largely confined to South Africa (Murray *et al.*, 2011).According to Dempster (2002), South Africa has high rates of sexual offences againstwomen and children. Furthermore, Richter and Dawes (2008) stated that child sexual abuse is common in SouthAfrican society and it is increasing dramatically. Medical Research Council (MRC) (2009) report stated that 25% of South African males had participated in rape and half of them had raped more than one person (Irin, 2009).

Child Sexual Abuse (CSA) is a process aimed at providing sexual pleasure,stimulation or gratification to an adult, who uses a child for this purpose, takingadvantage of their dominant position(Sánchez-Meca, Rosa-Alcázar and López-Soler, 2011).According to Hornor (2009), sexually abused children may experience wide variety of both short and long-term psychological difficulties. They might suffer a wide range of emotional, behavioural and social difficulties including stress and post traumatic stress disorder (PTSD).Ahmad and Nasir (2010) stated that child sexual abuse results in feelings of helplessness, hopelessness, sadness, suicidal thoughts, confusion, grief, nightmares, avoidance and anger.

Research in this field has repeatedly found that a supportive response from parents issignificantly associated with more positive post abuse adjustment in children (Smith*et al.*,2010).Pretorius, Chauke and Morgan (2011) discovered that parents of sexually abused children indicate the deep-seated emotions thatoccur in the wake of their discovery of the abuse. The emotions include shock, mistrust, disbelief, anger, guilt, depression and blame.Distress experienced by parents of sexually abused children affects them negatively in being responsive to their children (Smith*et al.*, 2010; Pretorius, Chauke and Morgan, 2011).

According to Cohen and Mannarino (2000), therapeutic attention to children's sexual abuse-related attributions and enhancing parental support maybe important factors in optimizing treatment outcome in 8- to 14-year-old sexually abused children.Corcoran and Pillai (2007) reported that after child sexual abuse, parent-involved treatment gives someadvantage over comparison conditions of a child-only treatment.

Specific demographic factors like gender and age to some extent can be used to identify children who are at increased risk for short-term post-abuse psychopathology (Yancey and Hansen, 2010). According to Ullman and Filipas (2005), after child sexual abuse, compared to men, women are more likely to report greater PTSD symptom severity.

Lewin and Bergin (2001) stated that the quality of attachment is related to many developmentaloutcomes for a child, including psychopathology. Furthermore, supportive relationships and maternalwarmth, which are components of secure attachment, are strong predictors of psychological adjustment of children. According to Bolen and Lamb (2007), children with close attachment to their parents are less likely to be stressed after being sexually abused.

According to Stitt and Gibbs (2007), very littleresearch, both internationally and in South Africa hasfocused on the experiences of parents whose children were sexually abused. This research explored the stress and PTSD of sexually abused children and their parents.

Child Sexual Abuse

A meta-analysis study of combined prevalence figures of childhood sexual abuse reported in 217 publications published between 1980 and 2008 was conducted. It discovered that the overall estimated CSA prevalence was 127/1000 in self-report studies and 4/1000 in informant studies. Self-reported CSA was more common among female, (180/1000) than among male participants (76/1000). Lowest rates for both girls (113/1000) and boys (41/1000) were found in Asia, and highest rates were found for girls in Australia (215/1000) and for boys in Africa (193/1000)(Stoltenborgh et al., 2011). The results of this meta-analysis confirmed that Child Sexual Abuse is a global problem of considerable extent, but also show that methodological issues drastically influence the self-reported prevalence of Child Sexual Abuse (Stoltenborgh *et al.*, 2011).

According to Hirschowits, Worku and Orkin (2000), it is very challenging to collect rape statistics because it is a traumatic experience and a sensitive issue, and maybe under-reported to researchers during a survey no matter how carefully designed the survey is. However, the risk can be reduced by training researchers to be more sensitive when researching this sensitive topic; the training can be offered by Psychologists. But it remains difficult to determine the extent of under-reporting in a particular survey. The validity of results in any survey can, however, be tested against other surveys with similar research designs.

Another problem concerns the interpretation of what is seen as rape by the victim. Wide qualitative research suggests that women often do not consider unwanted sexual intercourse as rape when a current partner is the perpetrator (Hirschowits, Worku and Orkin, 2000).

The extent of under-reporting of this crime remains tricky to determine throughout the world. But there is nothingtosuggest thatitishigherinSouthAfricathaninothercountries (Hirschowits, Worku and Orkin, 2000).

In South Africa, one in six of all reportedsexual abuse cases is a girl under the age of 12 years. South African society is characterised by huge gender inequality with males perceiving themselves as being more powerful than females. This leaves females being open to abuse including sexual assaults (Mathews, Loots, Sikweyiya and Jews, 2010). Uneven power relations encourageideas of male sexual entitlement and often lead toabuse without fear of its consequences. Parentingpractices, harsh discipline, as well the firm respect for elders all provide the space for such acts to occur without opposition (Mathews *et al.*, 2010).

Even though sexual violence is mostly perpetrated by men against womenand girls, sexual abuse of young boys is a growingconcern internationally. Very little is known about theextent and nature of sexual abuse of boys, however, new research in South Africa estimate that onein 10 men in adulthood, report having been sexuallyabused by other men. The consequences of sexualabuse of boys and girls can be severe, and may include Post Traumatic Stress Disorder (PTSD) symptoms,depression, suicidal notions and attempts andinappropriate sexualised behaviour (Mathews *et al.*, 2010).

The lack of anintegrated service at health facilities and insensitivecaregiver responses, as well as stigma of child sexualabuse, hinders access to effective treatment.Although South

Africa has enabling legislation, policyframeworks and guidelines, these address sexualabuse mostly from a medico-legal perspective anddo not address therapeutic responses to provide forthe psycho-social or emotional needs of the childand his/her family(Mathews *et al.*, 2010).

Limited resources and lack of skills at health facilities in South Africaimpact on the ability to deliver effective treatment.South Africa immediately requires a government-backedcoherent, multi-sectoral response based on effectivemodels of care in low economic settings to achieveeffective long-term recovery for survivors(Mathews *et al.*, 2010).

Child sexual abuse is a global phenomenon thatoccurs across cultures and socio-economic groupingswith profound long-term physical and mental health consequences (Mathews et al., 2010).Child sexual abuse usually results in stress and PTSD among the children and their parents (Ahmad and Nasir, 2010). However, stress and PTSD can be moderated by age, gender and emotional distance (Ullman *et al.*, 2007; Ditlevsen and Elklit, 2010).

The demographic characteristics of perpetrator do not make any difference on the level of stress and PTSD experienced by children. Children abused by other children and those abused byadolescents and adults report their experiences as equally negative and having equally persistent outcomes (Sperry and Gilbert, 2005). According to Shaw, Lewis, Loeb, Rosando and Rodriguez (2000), children victimized by other children manifest elevated levels of emotional and behavioral problems and are not significantly different from those who had been sexually abused by adults.

Stress and Child Sexual Abuse

Selye stress theory (1976)

Stress is an induced change in a biological system (Selye, in Krohne, 2002). It can be explained through a reaction pattern called the General Adaptation Syndrome (GAS) that proceeds in three stages. The first stage is the Alarm reaction, which consists of an initial shock and is followed by counter shock phase.

The shock phase displays autonomic excitability and an increased release in adrenaline. The counter shock phase initiates the defence process and is characterized by increased adrenocortical activity(Selye, 1976).

If the stimulation continues, the organism enters the second stage called Resistance. In this stage, the symptoms of the alarm reaction fade, which indicates the organism's adaptation to the stressor. However, while resistance to the Stimulation increases, resistance to other kinds of stressors decreases at the same time(Selye, 1976).

If that stimulus continues, an organism exhausts its ability to adapt to the stressor and enters the third stage called exhaustion. The symptoms of the first stage reappear, but resistance is no longer possible. Irreversible tissue damage appears and if the stimulation persists, the organism dies(Selye, 1976).

After sexual assault, some children struggle to adapt to the situation. Younger children struggle to comprehend the experience, this results in them struggling to adapt and develop stress and PTSD. However, the older children comprehend the experience better, hence they are less likely to develop stress and PTSD (Yancey and Hansen, 2010).

Lazarus Psychological Stress Theory (1991)

Psychological stress is a relationship with the environment that the person appraises assignificant for his or her well being and in which the demands exceed available copingresources (Lazarus, in Krohne, 2002).

According to Lazarus (1991) two concepts are central to any psychological stress theory. The first is appraisal which is individuals'evaluation of the significance of what is happening for their well-being.

The second is coping; this is an individual's efforts in thought and action to manage specific demands.Stress is regardedas a relational concept; it is not defined as a specific kind of external stimulation ora specific pattern of physiological, behavioural, or subjective reactions. Instead, stress isviewed as a relationship between individuals and their environment (Lazarus, 1991).

Appraisal is key in understanding stress-relevant transactions. It is based on the idea that emotional processes including stress are dependent on actual expectancies that persons manifest with regard to the significance and outcome of a specific encounter(Lazarus, 1991). This concept is necessary to explain individual differences in quality, intensity and duration of an elicited emotion in environments that are objectively equal for different individuals (Lazarus, 1991).

It is generally assumed that the resulting state is generated, maintained and eventually altered by a specific pattern of appraisals. These appraisals, in turn, are determined by a number of personal and situational factors. The most important factors on the personal side are motivational dispositions, goals, values and generalized expectancies. Relevant situational parameters are predictability, controllability and imminence of a potentially stressful event(Lazarus, 1991).

Lazarus theory describes stress in a relationship between individuals and their environment (Lazarus, 1991). These include the way an individual appraises a situation and the available resources that are needed to cope with that situation. People might experience a very same problem, but they appraise it differently. That is the reason some people are more likely to be stressed than others (Lazarus, 1991).

Children who do not receive enough support from their parents after sexual assault are more likely to develop stress and PTSD because they perceive their environment as hostile and not having enough resources to cope with their stressor. Their perception to the incident of assault also makes them develop stress and PTSD.

Post Traumatic Stress Disorder and Child Sexual Abuse

Bernard-Bonnin, Hebert and Allard-Danserea (2008)have found PTSD to be one of the most common psychological outcomes resulting from the experience of child sexual abuse.

According to Diagnostic and Statistical Manual of Mental Disorders IV-TR (DSM-IV-TR, American Psychiatric Association In 2000), PTSD can be diagnosed if (A) The person has been exposed to a traumatic event in which a person has experienced, witnessed or been confronted with an event that involves actual or threatened death or serious injury. A person's response involved intense fear, helplessness or horror. A child with PTSD might express it by having disorganized or agitated behaviour.

(B) A person with PTSD continues re-experiencing the traumatic event in one of the following ways: Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. In young children this may be characterized by repetitive play in which themes or aspects of the trauma are expressed(DSM-IV-TR, 2000) including

recurrent distressing dreams of the event. In children, there may be frightening dreams without recognizable content, acting or feeling as if the traumatic event were recurring.

In children, trauma-specific re-enactment may occur; intense psychological distress at exposure to internal or external cues that symbolizes or resembles an aspect of the traumatic event and also physiologic reactivity upon exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(DSM-IV-TR, 2000).

(C) Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (DSM-IV-TR, 2000). (D) Persistent symptoms of increasing arousal, indicated by at least two of the following: Difficulty in falling or staying asleep, irritability or outbursts of anger, difficulty in concentrating, hyper-vigilance, exaggerated startle response(DSM-IV-TR, 2000).

(E and F) Duration of the disturbance is more than one month and the disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning(DSM-IV-TR, 2000).

According to Davies (1995), clinically elevated symptoms of PTSD havebeen observed in both mothers and fathers followingdisclosure of their children's sexual abuse.

Gender, Age, Stress and PTSD

A number of pre-assault characteristics have been shown to influence post rape influence. Demographic factors are crucial in post abuse functioning. The role of demographic factors in the development of PTSD has been thoroughly investigated, but its role in recovery is not yet clear. The existing literature on demographic factors as predictors

of PTSD is inconsistent, with others finding correlation, but others not finding the correlation. Studies by Ullman *et al.* (2007) have found increasing age to be associated with less PTSD symptoms, however earlier studies found no correlation with age (Steketee and Foa, 1987).

Ullman *et al.* (2007) study on the role of demographic factors on predicting PTSD discovered that age predicts PTSD because the older the age during the time of assault the less PTSD symptoms. These findings suggest that older children and parents are more resilient than younger children and parents when faced with sexual assault. It is possible that as people grow up, they become experienced on dealing with traumatic situations. Older parents and older children are likely to have enough resources and better coping strategies compared to younger adults and younger children.

According to Maikovich, Karestan and Jaffee(2009),very few studies have prospectively examinedgender differences in posttraumatic stress symptoms of sexually abused children.After conducting a study on gender differences on PTSD of sexually abused children, they discovered that therewere no gender differences in victims' posttraumatic stress symptoms. However, they discovered girls' abuse to be at higher rates than boys' abuse and ratedgirls significantly higher than boys on level of harm.

Galovski,Mott, Young-Xu and Resick (2010) conducted a study that compared female survivors of rape to a sample of similarly traumatized malecounterparts on a number of variables, including PTSD-symptomseverity, depressive symptoms, anger, guilt, and health-related concerns.Results indicate that male and female rape survivorspresented similarly with respect to PTSD and depressive symptoms, reported comparable levels of guilt and that women reportedsignificantly more health-related complaints than men did. With respect tothe experience of anger, men report significant elevations on the state angersubscale of the State-Trait Anger Expression Inventory compared to women (Galovski *et al.*, 2010).

Ditlevsen and Elklit (2010) conducted a study aimed at examining the combined effect of gender and age on post traumaticstress disorder (PTSD) in order to describe possible gender differences in the lifespan distribution of PTSD. The study discovered that there is combined effect of age and gender in lifespan distribution of PTSD. Furthermore, the lifespan gender differences indicate the importance of including reproductive factors and socialresponsibilities in the understanding of the development of PTSD.

According to Cohen and Janicki-Deverts (2012), psychological stress was assessed in 3 national surveys administered in 1983, 2006and 2009. In all 3 surveys, stress was higher among women than men and increasedwith decreasing age, education, and income.All associations were independentof one another and of race/ethnicity. Although minorities generally reportedmore stress than Whites, these differences lost significance when adjusted for theother demographics. This is supported by Yamamoto, Okazakiand Ohmori (2011) who discovered that the influence of age on stress has to be a combined effect with gender.

BOWLBY AND AINSWORTHATTACHMENT THEORY

Attachment is an emotional tone between parents and their caregivers that is characterised by children clinging to their caregivers(Sadock and Sadock, 2007).Attachment theory was developed by John Bowlby, who discovered that attachment constituted a central role and that mother-child attachment was an important human interaction that has important consequences for later development (Bretherton, 1992).

Bowlby also stated that attachment develops gradually with a child identifying a person that they perceive as reliable, strong and reduce anxiety. Through this, the child

develops feelings of security. This process is facilitated by the amount of time and activities that a parent and a child are involved and the reliability of a parent (Bretherton, 1992).

According to Ainsworth, attachment has the secure base effect. It helps to reduce anxiety when children are exploring the environment. Children with close attachment to their parents respond better to anxiety provoking stimulus (Bretherton, 1992).Therefore, sexually abused children with close attachment to their parents are less likely to respond with stress.

Emotional distance between children and their parents can also be influenced by abusive behaviours by parents, this usually result in serious cognitive and emotional challenges (Trickett, Mennen, Kim, and Sang, 2009). Emotional distance is created by parents' failure to create conducive environment for their children to fully develop, this kind of environment lacks love and is characterized by rejection (Krug, Dahlberg, Mercy, Zwi and Lozano, 2002).

Bowen Family Systems Theory

Bowen family systems theory is a theory of human behaviour that views the family as an emotional unit and uses systems thinking to describe the complex interactions in the unit. It is the nature of a family that its members are intensely connected emotionally. Often people feel distant or disconnected from their families, but this is more of a feeling than fact (Brown, 1999).Therefore, when one family member has stress, other family members are also stressed. When a child is sexually assaulted, parents are likely to develop stress and PTSD.

Bowen Family Systems Theory focuses on behaviours that develop in families in order to neutralize anxiety. The main source of anxiety in families is their perception of either too much closeness or too great a distance in a relationship (Brown, 1999).

The degree of anxiety in any one family will be determined by the current level of external stress and the sensitiveness to particular themes that have been transmitted down the generations. If family members are not able to think through their responses to relationship dilemmas, but rather react anxiously to perceived emotional demands, they will end up having chronic anxiety (Brown, 1999).

Emotional fusion and differentiation of self are very important concepts of Bowen's theory; this is the extent to which people are able to separate their emotional and intellectual functioning. People with high emotional fusion function automatically and respond emotionally to life situations. They set aside individual choices as a way of achieving harmony within the system and have extreme sense of responsibility on other people's reactions on stressful situations (Brown, 1999). When a child is sexually abused, fused family members are more likely to develop stress and PTSD.

In contrast are highly differentiated people who have an autonomous intellectual system that can keep control over their emotional system. They respond better to life's stresses. Adequate thinking controls emotionality, but still allows human emotions. High differentiation allows both the intellectual and emotional systems to function appropriately, but fusion lets the emotional system take control all actions. Differentiated people make self directed choices while remaining emotionally connected to the family system (Brown, 1999). Differentiated family members are less likely to be stressed after disclosure of child sexual abuse within their families.

Triangle:According to Bowen, all people in this world seek closeness and that to maintain that closeness and still handle anxiety, they form triangles. This is a situation in a family where anxiety is relieved by involving a vulnerable third party who either takes sides or provides a detour for the anxiety (Brown, 1999).

Nuclear Family Emotional System: Differentiation is very important in the functioning of a single generation family, this is a family of siblings; however, relationship fusion causes dysfunction in families because it results in the formation of triangling. This results in the symptoms that can be observed in one of the three categories (Brown, 1999).

(a) Marital conflict- As family tension increases and the spouses get more anxious, each spouse externalizes his or her anxiety into the marital relationship. Each focuses on what is wrong with the other, each tries to control the other, and each resists the other's efforts at control (Brown, 1999).

(b) Dysfunction in one spouse- One spouse pressures the other to think and act in certain ways and the other yields to the pressure. Both spouses accommodate the prevention of disharmony, but one does more of it. The interaction is comfortable for both people up to a point, but if family tension rises further, the subordinate spouse may yield so much self-control that his or her anxiety increases significantly. The anxiety fuels, if other necessary factors are present, the development of a psychiatric, medical, or social dysfunction (Brown, 1999).

(c) Impairment of one or more children- The spouses focuse their anxieties on one or more of their children. They worry excessively and usually have an idealized or negative view of the child. The more the parents focus on the child the more the child focuses on them. He is more reactive than his siblings to the attitudes, needs, and expectations of the parents.

The process undercuts the child's differentiation from the family and makes him vulnerable to act out or internalize family tensions. The child's anxiety can impair his school performance, social relationships, and even his health (Brown, 1999).

Family projection process: Unresolved emotional differences and anxiety cause psychopathology. If the parents do not resolve the energy imbalance unto themselves it is projected onto the children. Some children might have the symptoms while other do not have as children are treated differently in some families. Children who are likely to develop the symptoms are the ones who are directly involved in the emotional field.

The child's emotional field revolves around the mother as she is the one responsible for attachment; the father is only responsible in supporting the projection process (1999).

Emotional cut off: This pattern is consistently associated with the others. People distance themselves from each other to reduce the intensity of the relationship, but risk becoming too isolated. The basic relationship patterns result in family tensions coming to rest in certain parts of the family. The more anxiety one person or one relationship absorbs, the less other people must absorb. This means that some family members maintain their functioning at the expense of others. People do not want to hurt each other, but when anxiety chronically dictates behaviour, someone usually suffers for it (Brown, 1999).

Multigenerational transmission process:Each dysfunctional family that triangulates the children will carry it on to the next generation because the family patterns are repeated (Brown, 1999). Sibling position:According to Bowen, sibling position is very important in understanding roles that people play in relationships. He was also interested in the sibling position that parents are more likely to triangle with.

Parents are more likely to triangle with a child who shares a sibling position with them or previous cross generational triangle is repeated. According to Bowen, it is very important to help people understand and think beyond their sibling positions (Brown, 1999).

THEORETICAL BACKGROUND

The study was conceptualized within Selye and Lazarus stress theories, Bowen Murray's family system theory and Bowlby and Ainsworth attachment theory. According to Neville *et al.* (2003), sexually abused children are likely to develop stress and PTSD; DSM-IV-TR (2000) indicated that sexual assault is one of the traumatic events that can cause stress and PTSD. According to Bowen Murray's family system, when a person within a family is stressed, all members of the family are more likely to be stressed. Therefore, when a child is sexually abused, parents are more likely to be stressed. *Ullman et al.* (2007) stated that demographic factors like age and gender influences stress reactions and PTSD after child sexual abuse.

According to the attachment theory, children with close attachment to their parents are less likely to be stressed after traumatic events.Lewin and Bergin (2001) discovered that children with close attachment with their parents are not likely to be stressed after being sexually assaulted.

In summary, from the literature and theoretical statements reviewed above, it is expected that sexually abused children and parents will report high levels of stress and PTSD more often than the general population. Furthermore, emotional distance, gender and age will influence stress and PTSD of sexually abused children and their parents.

Aim of study

The aim of the study was to evaluate stress reactions and PTSD of sexually abused children and their parents compared with non-sexually abused children and their parents.

Objectives

- To compare stress and PTSD between sexually abused children and non-sexually abused children.
- To compare stress and PTSD between parents of sexually abused children and parents of non-sexually abused children.
- To assess the influence ofemotional distance, age and gender on stress reactions and PTSD of sexually abused children.
- To assess the influence of age and gender on stress reactions and PTSD among parents of sexually abused children.

Significance of the study

According to Lewin and Bergin (2001), after the disclosure of sexual abuse, measures are taken for psychological adjustment of the child, however, mostly parental psychological adjustment is hardly considered. The study will help health care practitioners to structure their interventions regarding those who are directly and indirectly affected by sexual abuse.

This study will also assist parents in practising appropriate parenting styles that can serve as protective to their children when they encounter traumatic events. The study will add more knowledge to the current theories in the field.

Hypotheses

1. There would be a significant difference on stress and PTSD between sexually abused children and non-sexually abused children.
2. There would be a significant difference on stress and PTSD between parents of sexually abused children and parents of non-sexually abused children.
3. There would be a significant independent and joint influence of emotional distance, age and gender on stress and PTSD of sexually abused children.
4. There would be a significant independent and joint influence of age and gender on stress and PTSD of parents of sexually abused children.

METHODOLOGY

Study Design

A cross-sectional design was used in the study to compare two groups on similar variables (Gravetter and Forzano, 2009). It compared stress and PTSD of sexually abused children and non-abused children; it further compared stress and PTSD of parents of sexually abused children and parents of non-abused children. The study also wanted to explore whether emotional distance, age and gender will predict stress and PTSD of sexually abused children and their parents.

Subjects

The study used purposive sampling. This kind of sampling takes place where a researcher uses participants who are available for participation and have characteristics the researcher is interested in (Gravetter and Forzano, 2009). The sample consisted of sexually abused children and their parents from Thuthuzela Care Center at Mankweng hospital and children who were not sexually abused and their parents from Mountain View high school. The age of children in this study ranged from 7-18 years,with mean age ($\bar{x}$= 12.9 years, SD= 4.12).

The sample of the study was one hundred and sixty-four participants (N=164). It consisted of thirty-nine (39) sexually abused children and their parents as the experimental sample. In comparison, it also included a group of forty-three (43) non-abused children and their parents.

Procedure

After the North West University (Mafikeng Campus) School of Psychology, North West University Ethics Committee, Limpopo Department of Education andThuthuzela Care Center in Mankweng hospital had approved the procedures, the study commenced.

Sexually abused children were recruited while they were undergoing therapy at Thuthuzela Care Center in Mankweng hospital on their first sessions. Those that were interested were asked to bring their parents so that they could give consent and complete the parental section of the questionnaire.

Non-sexually abused children and their parents were recruited from Mountain View Secondary School in Polokwane. One of the researchers consultedMountain View Secondary School via Limpopo Province Department of Education and recruited some learners to participate in the study. An approval letter was issued by department of education. Those who agreed were given a questionnaire to complete at home after parental consent and for parents to complete the parental section of the questionnaire. The research informed the learners that they cannot be part of the study if they have been sexually assaulted before.

For the purpose of confidentiality and anonymity, the participants were asked not to put their names on the questionnaires. They were also informed of their rights to withdraw from the study at anytime if they wish. Finally, they were informed that should they experience psychological distress, arrangements were in place for psychological intervention.

Instruments

A questionnaire with subsections A and B was used to collect data: Section A contained Stress Perception Scale and the Posttraumatic Stress Disorder Checklist. Section B consisted of the following scales:Depression Self-Rating Scale for Children, Parent-Child Relationship Survey Scale and Child Behavior Checklist Post Traumatic Stress Disorder scale.

Section A: Parental Measures.

Stress was measured using a Stress Perception Scale and PTSD was measured using the Posttraumatic Stress Disorder Checklist.

*Stress Perception Scale (SPS)*is a 10 item scale; scores are obtained by reversing responses (0 = 4, 1 = 3, 2 = 2, 3 = 1 and 4 = 0) to the four positively stated items (items 4, 5, 7, and 8) and then summing across all scale items. A short 4 item scale can be made from questions 2, 4, 5 and 10 of the PSS 10 item scale. It has the alpha coefficient of 8 and a cutoff score is 24(Cohen, Kamarak, and Mermelstein, 1983).

The *Posttraumatic Stress Disorder Checklist (PCL)*asks the respondents how much eachsymptom had bothered them in the last month. The 17 items are answered on a five-point Likert-type scale (Not at all (1), A little bit (2), Moderately (3), Quite a bit (4) and Extremely (5). A total score is computed by adding the 17 items, so that possible scores range from 17 to 85. Used as a continuous measure, the PCL has good diagnostic utility. A cut-off of 50 on the PCL is a good predictor of a PTSD diagnosis. The items were derived from the DSM-IV criteria for PTSD. The PTSD Checklist reports high estimate of reliability for the scale as a whole and the alpha is 0.94 (Weathers, Huska and Keane, 1991).

Section B: Child Measures.

Children's stress was measured using the Depression Self-Rating Scale for Children; Emotional distancebetween children and their parents was measured through Parent-Child Relationship Survey Scale (PCRS) and PTSD was measured using Child Behavior Checklist.

The *Depression Self-Rating Scale for Children (DSRSC)*is a self-rating scale which was developed for children between the ages of 8 and 14 years of age. Children are asked to tick the column that applies to them over the past week. They were told that there was no right or wrong answer and that the important thing was how they really felt. They choose whether the statement applies to them "most of the time", "sometimes" or "never" (Birleson, Hudson, Grey-Buchanan and Wolff, 1987).

Responses to items are simply scored in the direction of disturbance, i.e. depressive items score 2, "sometimes" items score 1, and non-depressive items score 0. The scores are summed up to give the total score. A score of 15 is an indication of stress. The test-retest reliability of the Scale on an independent sample showed satisfactory stability (0.80). Individual items had a reliability coefficient of 0.65-0.95. The Scale's corrected split-half reliability was 0.86 showing good internal consistency (Birleson, Hudson, Grey-Buchanan and Wolff, 1987).

Parent-Child Relationship Survey Scale (PCRS) was used to measure emotional distance. It is a 24-item instrument designed to measure adult children's perceptions of their parents after parental divorce. However, the instrument is useful for assessing the relationship of any children to their parents and even for minor children (Fine and Schwebel, 1983). The scale comes in two forms, the one assessing the relationship with the mother and the other one assessing relationship with the father.

The two forms are identical except the words mother and father (Fine and Schwebel, 1983). During data collection, the form was allocated based on the gender of the parent of a child.

The PCRS is easily scored by reverse-scoring negatively worded items (9, 13, and 14) and then summing up individual item scores and dividing them by the number of items on that factor for the subscale (mean) score; the total score is the sum of the means of the subscales. The PCRS has excellent internal consistency with alpha for the father subscales being .96 and alpha for the mother subscale being .94 (Fine and Schwebel, 1983).

Child Behavior Checklist Post Traumatic Stress Disorder scale (CBCP) was used to measure PTSD. This is a scale that has 20 items and is of a likert format. It is applicable to be used with children between the ages of 4 and 18 years. Parents tick the options that are applicable to their children based on the symptoms that they observe in their children's lives. A cut-off score of 9 on the CBCL indicates PTSD diagnosis (Achenbach and Edelbrock, 1983).

RESULTS

Demographic Characteristics

Children

	Sexually abused	none sexually abused
Males	5	8
Females	34	35
Mean age	12.9 years	
Standard Deviation	4.12	

Parents

	Sexually abused	none sexually abused
Males	7	6
Females	32	37
Mean age	43 years	
Standard Deviation	6.3	

The study was anchored on four hypotheses: the first hypothesis stated that there will be a significant difference on stress and PTSD between sexually abused children and non-sexually abused children. The second hypothesis stated that there will be a significant difference on stress and PTSD between parents of sexually abused children and parents of non-sexually abused children. The third hypothesis stated that there will be a significant independent and joint influence of emotional distance, age and gender on stress and PTSD among sexually abused children.

The fourth and final hypothesis stated that there will be a significant independent and joint influence of age and gender on stress and PTSD among parents of sexually abused children.

To test the first two hypotheses, an independent t-test showing results of sexually abused children and non-abused children on stress and PTSD measured with the Depression Self Rating Scale for Children andChild Behavior Checklist Post Traumatic Stress Disorder scale. Furthermore, it also showed the results of parents of sexually abused children and parents of non-abused children on stress and PTSD measured byStress Perception Scale and Posttraumatic Stress Disorder Checklist. The results confirmed the hypotheses. The final two hypotheses were tested using multiple regression analysis to determine whether independent variables: emotional distance, age and gender will significantly predict the dependent variables, stress and PTSD. The results did not confirm the hypotheses.

Hypothesis I

Hypothesis one which stated that sexually abused children will report more stress and PTSD than non-abused children was tested using t-test for independent sample. Table 1 shows the differences between sexually abused children and non-abused children on stress and PTSD.

Table 1:*Independent T-Test showing means, standard deviations, degrees of freedom of sexually abused children and non-sexually abused childrenon stress and PTSD measured with theDepression Self-Rating Scale for Children and Child Behavior Checklist Post Traumatic Stress Disorder scale.*

	Sexually Abused			**Non-abused**			
Variables	Mean	S.D.	df	Mean	SD	t	*P*
Stress	35.95	3.824	73	34.22	3.47	2.041	0.045*
PTSD	12.10	4.294	73	8.34	3.05	4.408	0.000**

Note: *= p< 0.05; ** = p< .01

The results showed a statistically significant mean difference for stress (t = (73) = 2.041, $p < .05$) with sexually abused children scoring higher ($\bar{x}$= 35.94) than non-abused ($\bar{x}$= 34.2) and PTSD (t = (73) = 4.408, $p < .01$)with sexually abused children scoring higher ($\bar{x}$= 12.10) than non-abused children ($\bar{x}$= 8.27).

Hypothesis II

Hypothesis two which stated that parents of sexually abused children will report more stress and PTSD than parents of non-abused children was tested using t-test for independent sample. Table 2 shows the differences between sexually abused children and non-abused children on stress and PTSD.

Table 2: *Independent T-Test showing means, standard deviations, degrees of freedom of parents of sexually abused children and parents of non-sexually abused childrenon stress and PTSD measured withStress Perception Scale and Posttraumatic Stress Disorder Checklist.*

	Parents of sexually Abused		**Parents of non-abused**			
Variables	Mean	S.D.	Mean	SD	t	*P*
Stress	23.145	3.256	21.314	5.181	1.823	0.073*
PTSD	52.777	14.455	36.314	12.261	4.849	0.000**

Note: *= p< 0.05; ** = p< .01

The results showed a statistically significant mean difference for stress (t = (73) = 1.823, $p< .05$) with parents of sexually abused children scoring higher ($\bar{x}$= 23.14) than parents of non-abused children ($\bar{x}$= 21.02)and PTSD (t = (60) = 4.849, $p< .01$) with parents of sexually abused children scoring higher ($\bar{x}$= 52.77) than parents of non-abused children ($\bar{x}$= 36.31).

Hypothesis III

Hypothesis three which stated that there will be a significant independent and joint influence of emotional distance, age and gender on stress and PTSD among sexually abused children was tested using single linear multiple regression. The results are presented in Table 3.

Table 3: *Single linear multiple regressionanalyses with Stress and PTSD as dependent variables and Emotional Distance, Age and Gender as independent variables (N=39).*

	Stress				PTSD			
Variable	B	SE (B)	β	t	B	SE (B)	β	t
ED***	-.79	.559	-.23	-1.41*	-.75	.506	-.25	-1.49*
Age	.16	.180	.16	.89	.21	.163	.22	1.27
Gender	-3.75	2.414	-.28	-1.56*	-1.08	2.185	-.09	-.49*
R	.32				.31			
R^2	.10				.09			
F	1.28				1.18			

Note: *p< .05 **p< .01 ***ED= Emotional Distance

The third hypothesis expected that emotional distance, age and gender will influence stress and PTSD of sexually abused children. According to the results, emotional distance, age and gender did not have significant joint influence on stress of sexually abused children (R= .32, R^2= .10, P> .05). In addition,emotional distance (β= -.23), age (β= .16) and gender (β= -.28) did not independently influence stress.

Emotional distance, age and gender did not have significant joint influence on PTSD of sexually abused children(R= .31, R^2= .09, P> .05). Furthermore, emotional distance (β= -.25), age (β= .22) and gender (β= -.09) did not independently influence PTSD.

Hypothesis IV

Hypothesis four which stated that there will be a significant independent and joint influence of age and gender on stress and PTSD among parents of sexually abused children was tested using single linear multiple regression. The results are presented in Table 4.

Table 4: *Single linear multiple regressionanalyses with Stress and PTSD as dependent variables and Age and Gender as independent variables (N=39).*

	Stress				PTSD			
Variable	B	SE (B)	β	t	B	SE (B)	β	t
Age	.00	.001	.07	.41	.00	.001	.06	.35
Gender	-.74	2.20	-.06	-.34 *	.22	2.12	.02	.10
R		.08				.07		
R^2		.01				.01		
F		.12				.08		

Note: *p< .05 **p< .01

The fourth hypothesis expected that age and gender will influence stress and PTSD of parents of sexually abused children. According to the results, age and gender did not have significant joint influence on stress of parents (R= .08, R^2= .01, P> .05). In addition, age (β= .07) and gender (β= -.06) did not independently predict stress. Age and gender also did not have significant joint influence on PTSD of parents(R= .07, R^2= .01, P> .05). Furthermore, age (β= .06) and gender (β= .02) did not independently predict PTSD.

DISCUSSION

The objectives of the study were to compare stress and PTSD between sexually abused children and non-abused children; furthermore, to compare stress and PTSD between parents of sexually abused children and parents of non-abused children. The study investigated the influence of emotional distance, age and gender on stress reactions and PTSD among sexually abused children. Finally, it investigated the influence of age and gender on stress reactions and PTSD among parents of sexually abused children.

According to the results, sexually abused children developed more stress and PTSD than non-abused children. This corresponds with the hypothesis of the study and DSM-IV-TR criteria for stress and PTSD that emphasizes a traumatic event as a trigger (DSM-IV-TR, 2000). This was supported by Hornor (2009) who indicated that sexually abused children experience different psychological difficulties including stress and PTSD.

The results also indicate that parents of sexually abused children developed more stress and PTSD than parents of non-abused children as it was hypothesised. According to Davies (1995), sexual abuse of one's child is often a highly stressful and disruptive experience; it is not surprising that parents frequently experience significant distress following disclosure. This is the case in this study.

Furthermore, clinically elevated symptoms of PTSD have been observed in both mothers and fathers following disclosure of their children's abuse (Davies, 1995).According to Lewin and Bergin (2001), Anecdotal reports suggest that the sexual abuse of one's child is associated with increased levels of depression and maternal hospitalizations.

The findings of the study indicate that emotional distance between parents and children does not influence stress reactions and PTSD among sexually abused children. This is contrary to emotional attachment theory that stated that emotional distance between a child and parent serves as a protective factor when a child encounters traumatic events (Bretherton, 1992). In addition, Thompson (1998) demonstrated that emotional distance determines the resilience of a child during traumatic event with children with close emotional distance less likely to be stressed and children with bigger distance more likely to be stressed.

In this study, these findings were not supported. The results of the study could have been influenced by the fact that the sexually abused children that participated in the study were already undergoing psychotherapy. According to Sánchez-Meca, Rosa-Alcázar and López-Soler (2011), psychological treatment improves post-abuse adjustment of sexually abused children.

According to the results, gender does not have significant effect on stress and PTSD of sexually abused children and their parents. This differs from the findings by Yancey and Hansen (2010) who concluded that gender is significant in determining children with high risk of developing psychopathology. Furthermore, Ullman and Filipas (2005) discovered that female children are more likely to display higher levels of PTSD symptoms after sexual abuse than male children. This might be due to small number of males who participated in the study; this influenced the result significantly indicating that the sample size was not balanced.

Age of sexually abused children does not predict the level of stress and PTSD. This contradicts the research by Yancey and Hansen (2010) that discovered that demographic factors including age determine the children at risk of developing psychopathology after sexual abuse.

The above results on age and gender also contradict the findings of Ruggiero, Mcleer and Dixon (2000) who stated that demographic and abuse related variables seem to account for significant variance in the prediction of global functioning including posttraumatic stress after child sexual abuse. The contradiction might be because there is combined effect of age and gender on stress and PTSD (Ditlevsen and Elklit, 2010).

Ruggiero, Mcleer and Dixon (2000) recommended for more studies to be conducted on the influence of demographic factors on post-abuse adjustment in order to improve mental health professionals' ability to identify South African children who are at high risk for psychopathology. Even the current study indicates a need of more studies to be conducted on demographic factors that influence stress and PTSD of sexually abused children and their parents.

Limitations of the study

- Unequal sample groups affected comparison between males and females.
- Participants were already receiving psychotherapy.
- Depression scale for children was used to measure stress for children.

CONCLUSION

From this study, the following conclusions are made:

Sexually abused children develop stress and PTSD more than non-abused children and parents of sexually abused children develop stress and PTSD more than parents of non-sexually abused children. Gender of sexually abused children and parents does not have influence on their stress reactions and PTSD, Emotional attachment between parents and children does not influence stress and PTSD after sexual abuse and Age does not have influence on stress and PTSD on children and parents.

Recommendation

Parents of sexually abused children should also receive psychotherapy (Pretorius, Chauke and Morgan, 2011).

Implication for further research

There is a need for more studies to be conducted focusing on demographic factors that influence stress and PTSD of sexually abused children (Ruggiero, Mcleer and Dixon, 2000).

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Annexures

ANNEXURE A

18 Boipelo Street
Unit 3
MMABATHO
2735

4th March 2013

CERTIFICATE OF LANGUAGE EDITING

TITLE OF DISSERTATION

Stress reactions and PTSD of sexually abused children and their parents.

SUBMITTED BY

Masana Shivuri

FOR THE DEGREE OF

Master of Social Sciences
(Clinical Psychology)

IN THE

Faculty of Human and Social Sciences

North-West University

Mafikeng Campus

Has been edited for language by:

Prof. S.A. Awudetsey

Prof. S.A. Awudetsey
0722371390

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Ethics Committee
Tel +27 18 299 4850
Fax +27 18 293 5329
Email Ethics@nwu.ac.za
2013/03/28

ETHICS APPROVAL OF PROJECT

This is to certify that the next project was approved by the NWU Ethics Committee:

Project title.
Burden of Disease Research: A Psychological Approach
Subproject title:
Stress and PTSD of Sexually Abused Children and their Parents: A Comparative Study.
Project leader: Prof. ES IDEMUDIA
Student : Mr. M Shivuri
NWU Ethics approval no: NWU-00029-13-A9

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely

Me.Marietjie Halgryn
NWU Ethics Secretariate

ANNEXURE C

LIMPOPO

PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF EDUCATION

Enquiries: Dr. Makola MC, Tel No: 015 290 9448. E-mail: MakolaMC@edu.limpopo.gov.za.

North West University (Mafikeng Campus)

Private Bag x2060

Mmabatho

2735

Dear Shivuri Masana

RE: Request for permission to Conduct Research

1. The above bears reference.
2. The Department wishes to inform you that your request to conduct a research has been approved- **Title: STRESS REACTIONS AND PTSD ON SEXUALLY ABUSED CHILDREN AND THEIR PARENTS.**

3. The following conditions should be considered:

   3.1 The research should not have any financial implications for Limpopo Department of Education.

   3.2 Arrangements should be made with both the Circuit Offices and the schools concerned.

   3.3 The conduct of research should not anyhow disrupt the academic programs at the schools.

   3.4 The research should not be conducted during the time of Examinations especially the forth term.

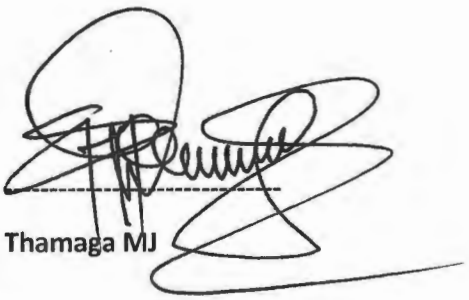
   3.5 During the study, the research ethics should be practiced, in particular the principle of voluntary participation (the people involved should be respected).

Cnr. 113 Biccard & 24 Excelsior Street, POLOKWANE, 0700, Private Bag X9489, POLOKWANE, 0700

3.6 Upon completion of research study, the researcher shall share the final product of the research with the Department.

4. Furthermore, you are expected to produce this letter at Schools/ Offices where you intend conducting your research as an evidence that you are permitted to conduct the research.
5. The department appreciates the contribution that you wish to make and wishes you success in your investigation.

Best wishes.



Thamaga MJ

Head of Department

20/06/22

Date

ANNEXURE D

PRIVATE BAG X 117, SOVENGA 0727, TEL: 015 286 1078/ 015 286 1011, FAX: 015 267 3168, Cell: 073 756 6838

Mankweng Thuthuzela Care Centre

From : Sarah Mara (Site Coordinator)

Date : 06/03/2013

To whom it may concern

Data collection at Mankweng Thuthuzela Care Centre

I hereby confirm that Masana Shivuri collected data from sexually abused children and their parents at Mankweng Thuthuzela Care Centre from 01 March 2012 to the end of June 2012. The title of the study was 'Stress and PTSD of Sexually Abused Children and their Parents'.

Hoping that the above information would be of great help.

Yours sincerely

S. Mara

.....

ANNEXURE E

North West University (Mafikeng Campus)

P/Bag X2060

Mmabatho

2735

Date: 17 June 2012

Department of Education: Limpopo Province

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I am presently doing a Masters degree in Clinical Psychology at North West University (Mafikeng Campus). The research study is entitled: Stress reactions and PTSD on Sexually Abused children and their parents.

The study will be conducted at Thuthuzela Care Center and any of the public high schools in Limpopo Province.

This study is conducted under the supervision of Prof Erhabor S. Idemudia of the department of Human Social Science in the School of Psychology.

The objectives of the study are:

- To determine nature of stress reactions among sexually abused children and compare with parental stress.
- To determine if stress reactions are more likely to develop in to PTSD.
- To determine if gender of a sexually abused child and parent influences stress reaction and PTSD.
- To determine if age of a sexually abused child and parent influences stress reaction and PTSD.
- To investigate the degree of emotional distance between sexually abused children and their parents.

- To investigate the influence of emotional distance between sexually abused children and their parents on stress reactions and PTSD.

I need to hand out questionnaires to learners and their parents. Answering the questionnaires will take about 10-15 minutes.

The name and dignity of each participant will be preserved by observing the following ethical standards throughout the research process:

- Voluntary participation and freedom to withdraw without a penalty.
- Informed consent.
- Names of participants and their community will not be mentioned during discussions.
- Raw materials will be kept under lock and key to ensure confidentiality.
- Information related to the questionnaires will only be accessible to my supervisor.
- Parents will sign informed consent forms on behalf of their children indicating that they give consent for their children to participate in the study.
- The summary of the research study will be made available to participants if they wish.

Their participation in this study is very important, because the results will assist health professionals who work with sexually abused children in knowing how far they should intervene, especially in assisting parents. Furthermore it will assist parents on practicing appropriate parenting styles that can be protective to their children when trauma happens.

Kind Regards

.....

Shivuri Masana

Researcher

ANNEXURE F

North West University (Mafikeng Campus)

P/Bag X2060

Mmabatho

2735

Date: 20 March 2012

Thuthuzela Care Center: Mankweng Hospital

REQUEST FOR PERMISSION TO COLLECT DATA

I am presently doing a Masters degree in Clinical Psychology at North West University (Mafikeng Campus). The research study is entitled: Stress reactions and PTSD of Sexually Abused children and their parents.

The targeted sample of the study is sexually abused children and their parents. I request a permission to collect data in your institution.

This study is conducted under the supervision of Prof Erhabor S. Idemudia of the department of Human Social Science in the School of Psychology.

The objectives of the study are:

- To determine nature of stress reactions among sexually abused children and compare with parental stress.
- To determine if stress reactions are more likely to develop in to PTSD.
- To determine if gender of a sexually abused child and parent influences stress reaction and PTSD.
- To determine if age of a sexually abused child and parent influences stress reaction and PTSD.
- To investigate the degree of emotional distance between sexually abused children and their parents.

- To investigate the influence of emotional distance between sexually abused children and their parents on stress reactions and PTSD.

I need to hand out questionnaires to learners and their parents. Answering the questionnaires will take about 10-15 minutes.

The name and dignity of each participant will be preserved by observing the following ethical standards throughout the research process:

- Voluntary participation and freedom to withdraw without a penalty.
- Informed consent.
- Names of participants and their community will not be mentioned during discussions.
- Raw materials will be kept under lock and key to ensure confidentiality.
- Information related to the questionnaires will only be accessible to my supervisor.
- Parents will sign informed consent forms on behalf of their children indicating that they give consent for their children to participate in the study.
- The summary of the research study will be made available to participants if they wish.

Their participation in this study is very important, because the results will assist health professionals who work with sexually abused children in knowing how far they should intervene, especially in assisting parents. Furthermore it will assist parents on practicing appropriate parenting styles that can be protective to their children when trauma happens.

Kind Regards

Shivuri Masana

Researcher

ANNEXURE G

Informed consent form for parents

Dear participant

You are warmly invited to participate in a study; the aim of the study is to evaluate stress reactions and PTSD in sexually abused children and their parents.

The objectives are to determine:

(a) Nature of stress reactions among sexually abused children and compare with parental stress.

(b) If gender of a child and parent influences stress reaction and PTSD.

(c) If age of a child and parent influences stress reaction and PTSD.

(d) If emotional distance between parents and children influence stress reaction and PTSD.

I edge you to answer as honestly as you can.

You do not need to provide your name, this will ensure anonymity. Furthermore confidentiality is assured, because no one will know how you responded to your questionnaire. In addition participation in this study is voluntary and you can withdraw at any time.

The research is conducted by:

Masana Shivuri

He is a Clinical Psychology Masters student at NWU (Mafikeng Campus).

I have read and understood the information provided. I therefore give my consent to participate in this study.

Name : ----------
Signature: ----------
Date: ----------

ANNEXURE H

Informed consent form for children

Dear participant

You are warmly invited to participate in a study; the aim of the study is to evaluate stress reactions and PTSD in sexually abused children and their parents.

The objectives are to determine:

(a) Nature of stress reactions among sexually abused children and compare with parental stress.

(b) If gender of a child and parent influences stress reaction and PTSD.

(c) If age of a child and parent influences stress reaction and PTSD.

(d) If emotional distance between parents and children influence stress reaction and PTSD.

I edge you to answer as honestly as you can.

You do not need to provide your name, this will ensure anonymity. Furthermore confidentiality is assured, because no one will know how you responded to your questionnaire. In addition participation in this study is voluntary and you can withdraw at any time.

The research is conducted by:

Masana Shivuri

He is a Clinical Psychology Masters student at NWU (Mafikeng Campus).

I have read and understood the information provided. I therefore give consent for my child to participate in this study.

Signature: ----------
Date: ----------

SECTION A OF QUESTIONNAIRE: PARENTS' SECTION

ANNEXURE I

DEMOGRAPHIC INFORMATION FOR PARENTS

Please place a tick (√) in the box containing your choice of option.

Item No	Item	Response Categories				
1.	Age:					
2.	Gender:	Male	Female			
3.	What is your marital Status?	Divorced	Co-habiting	Single	Married	Separated
4.	Race	Black	White	Indian	Coloured	
5.	What is your home Settlement?	Rural	Urban	Semi urban		
6.	How would you classify the income level of your parents or guardians?	Low-class	Middle-class	Upper-class		
7.	What is your religion? (Tick all that apply)	None	Christian	Hindu	Catholic	Protestant
		Lutheran	Afrcan Traditional Religion	Muslim	Other, Specify.....	

ANNEXURE J

Perceived Stress Scale

The questions in this scale ask you about your feelings and thoughts **during the last month**. In each case, you will be asked to indicate by circling *how often* you felt or thought a certain way.

Responses		0 = Never	1 = Almost Never	2 = Sometimes	3 = Fairly Often	4 = Very Often
1.	In the last month, how often have you been upset because of something that happened unexpectedly?	0	1	2	3	4
2.	In the last month, how often have you felt that you were unable to control the important things in your life?	0	1	2	3	4
3.	In the last month, how often have you felt nervous and "stressed"?	0	1	2	3	4
4.	In the last month, how often have you felt confident about your ability to handle your personal problems?	0	1	2	3	4
5.	In the last month, how often have you felt that things were going your way?	0	1	2	3	4
6.	In the last month, how often have you found that you could not cope with all the things that you had to do?	0	1	2	3	4
7.	In the last month, how often have you been able to control irritations in your life?	0	1	2	3	4
8.	In the last month, how often have you felt that you were on top of things?	0	1	2	3	4
9.	In the last month, how often have you been angered because of things that were outside of your control?	0	1	2	3	4
10.	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4

ANNEXURE K

The Posttraumatic Stress Disorder Checklist (PCL-S)

Instructions: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem in the past month.

Response:		Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?					
2.	Repeated, disturbing dreams of a stressful experience from the past?					
3.	Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?					
4.	Feeling very upset when something reminded you of a stressful experience from the past?					
5.	Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?					
6.	Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?					
7.	Avoid activities or situations because they remind you of a					

	stressful experience from the past?					
8.	Trouble remembering important parts of a stressful experience from the past?					
9.	Loss of interest in things that you used to enjoy?					
10.	Feeling distant or cut off from other people?					
11.	Feeling emotionally numb or being unable to have loving feelings for those close to you?					
12.	Feeling as if your future will somehow be cut short?					
13.	Trouble falling or staying asleep?					
14.	Feeling irritable or having angry outbursts?					
15.	Having difficulty concentrating?					
16.	Being "super alert" or watchful on guard?					
17.	Feeling jumpy or easily startled?					

SECTION B OF QUESTIONNAIRE: CHILDRENS' SECTION

ANNEXURE L

SECTION 1: DEMOGRAPHIC INFORMATION FOR CHILDREN

Please place a tick (√) in the box containing your choice of option.

Item no	Item	Response Categories				
1.	Age:					
2.	Gender:	Male	Female			
3.	Race	Black	White	Indian	Colored	
4.	What is your home Settlement?	Rural	Urban	Semi urban		
5.	How would you classify the income level of your parents or guardians?	Low-class	Middle-class	Upper-class		
6.	What is your religion? (Tick all that apply)	None	Christian	Hindu	Catholic	Protestant
		Lutheran	Afrcan Traditional Religion	Muslim	Other, Specify.....	

ANNEXURE M

DEPRESSION SELF-RATING SCALE FOR CHILDREN

(Birleson 1978)

Instructions:

Please read these statements and tick the answer that best describes how you have felt in the past week. Answer as honestly as you can. The correct answer is to say how you really have felt.

		Mostly	Sometimes	Never	
1.	I look forward to things as much as I used to.	[ ]	[ ]	[ ]	___
2.	I sleep very well.....	[ ]	[ ]	[ ]	___
3.	I feel like crying.....	[ ]	[ ]	[ ]	___
4.	I like to go out to play.....	[ ]	[ ]	[ ]	___
5.	I feel like running away.....	[ ]	[ ]	[ ]	___
6.	I get tummy aches.....	[ ]	[ ]	[ ]	___
7.	I have lots of energy.....	[ ]	[ ]	[ ]	___
8.	I enjoy my food.....	[ ]	[ ]	[ ]	___
9.	I can stick up for myself.....	[ ]	[ ]	[ ]	___
10.	I think life isn't worth living.....	[ ]	[ ]	[ ]	___
11.	I am good at the things I do.....	[ ]	[ ]	[ ]	___
12.	I enjoy the things I do as much as I used to...	[ ]	[ ]	[ ]	___
13.	I like talking with my family.....	[ ]	[ ]	[ ]	___
14.	I have bad dreams.....	[ ]	[ ]	[ ]	___
15.	I feel very lonely.....	[ ]	[ ]	[ ]	___
16.	I am easily cheered up.....	[ ]	[ ]	[ ]	___
17.	I feel so sad I can hardly stand it.....	[ ]	[ ]	[ ]	___
18.	I feel very bored.....	[ ]	[ ]	[ ]	___

ANNEXURE N

Modified Child Behavior Checklist–Posttraumatic Stress Disorder Scale

4- to 18-year-old

Please read these statements and tick the answer that best describes your child's behavior.

	Yes	No
1. Argues a lot	[ ]	[ ]
2. Cannot concentrate or cannot pay attention for long	[ ]	[ ]
3. Cannot get his/her mind off certain thoughts, obsessions	[ ]	[ ]
4. Clings to adults or too dependent	[ ]	[ ]
5. Fears certain animals, situations, or places other than school	[ ]	[ ]
6. Feels others are out to get him/her	[ ]	[ ]
7. Nervous, high-strung, or tense	[ ]	[ ]
8. Nightmares	[ ]	[ ]
9. Too fearful or anxious	[ ]	[ ]
10. Feels too guilty	[ ]	[ ]
11. Headaches	[ ]	[ ]
12. Nausea and feels sick	[ ]	[ ]
13. Stomachaches and cramps	[ ]	[ ]
14. Vomiting and throwing up	[ ]	[ ]
15. Secretive and keeps things to self	[ ]	[ ]
16. Stubborn, sullen, or irritable	[ ]	[ ]
17. Sudden changes in mood or feelings	[ ]	[ ]
18. Trouble sleeping	[ ]	[ ]
19. Unhappy, sad, and depressed	[ ]	[ ]
20. Withdrawn and does not get involved with others	[ ]	[ ]

ANNEXURE O

PARENT-CHILD RELATIONSHIP SURVEY

Mother/Father Scale

Please complete the following items about your mother

Num Ber	Item	1	2	3	4	5	6	7
1.	How much time do you feel you spend with your mother? (1= almost none, 7= a great deal)							
2.	How well do you feel you have been able to maintain a steady relationship with your mother? (1= almost none, 7= a great deal)							
3.	How much do you trust your mother? (1=not at all, 7=a great deal)							
4.	How confident are you that your mother would not ridicule or make fun of you if you were to talk about a problem? (1= not at all, 7= extremely)							
5.	How confident are you that your mother would help you when you have a problem? (1= not at all, 7= extremely)							
6.	How close do you feel to your mother? (1= very distant, 7= very close).							
7.	How comfortable would you be approaching your mother about a romantic problem? (1= not at all, 7= extremely)							
8.	How comfortable would you be talking to your mother about a problem at school? (1= not at all, 7= extremely)							
9.	How confused are you about the exact role your mother is to have in your life? (1= not at all, 7= a great deal)							
10.	How accurately do you feel you understand your mother's feelings, thoughts and behavior? (1= not at all, 7= a great deal)							
11.	How easily do you accept the weaknesses in your							

	mother? (1= not at all, 7= extremely)							
12.	To what extent do you think of your mother as an adult with a life of his own, as opposes to thinking of him only as your father? (1= think of as only a father, 7= see as adult with life of his own)							
13.	How often do you get angry at your mother? (1= almost never, 7= quite often)							
14.	In general, how much do you resent your mother? (1= not at all, 7= a great deal)							
15.	How well do you communicate with your mother? (1= not at all, 7= extremely)							
16.	How well does your mother understand your needs, feelings and behavior? (1= not at all, 7= extremely)							
17.	How well does your mother listen to you? (1= not at all, 7= extremely)							
18.	How much do you care for your mother? (1= not at all, 7= a great deal)							
19.	When you are away from home, how much do you typically miss your mother? (1= not at all, 7= a great deal)							
20.	How much do you respect your mother? (1= not at all, 7= a great deal)							
21.	How much do you value your mother's opinion? (1= not at all, 7= a great deal)							
22.	How much do you admire your mother? (1= not at all, 7= a great deal)							
23.	How much would you like to be like your mother? (1= not at all, 7= a great deal)							
24.	How much would you be satisfied with your mother's life-style as your own? (1= not at all, 7= extremely)							