Mother-child relationship: A potential resource for young people disclosing harmful sexual experiences

Brigid Teevan
Queen’s University Belfast
Background

• “Sexual intimacy is not a simple matter, it is imbued with a multiplicity of expectations about gender, varying desires and motivations” (Carmody, 2005, p.478)

• Non-verbal cues and body language

• Penetrative sex

• Adolescents use of Alcohol
  – confuses young people’s understanding of, what is, or is not, consensual sex (MacNeela et al., 2014; Coleman and Carter, 2005).
Sexual Violence in Adolescent Relationships

- Culture of protecting children from sexual abuse by adults/authority
- Less attention on abuse in adolescent relationships (peer-to-peer abuse)
Survivors of sexual violence

- Girls are at greater risk of experiencing sexual harassment, negative effects from sexting, sexual bullying and coercion (Ringrose et al., 2014; Maxwell et al., 2010; Maxwell, 2006; McGee et al.)
- Low self-esteem, guilt and self-blaming
- Confusion and PTSD
- Increased externalizing symptoms,
- Greater number of sexual partners (Sprecher et al., 1995; Meirer, 2007; Young et al., 2012; Hackett, 2016).
Disclosure

• Is commonly delayed, occurring in a piecemeal fashion
• Young people can be confused -
  • -- they don’t know if they gave consent
  • - they were drunk when the abuse took place
  • - the abuse was carried out by a friend or partner
  • -- they blame themselves for what happened.
• Yet it is important that young people can safely tell someone about their experience so they can receive help and support and stop it from happening again (Allnock, 2010).
Hypothesis 1, 2 and 3:

• “when I have problems, I can usually talk to”, my “mother”; my “father” and “another adult” and gender differences.

Hypothesis 4:

• Mothers “intimacy” levels are examined against young people’s choice of who they would talk to and their level of ease or difficulty

Hypothesis 5:

• Mothers “intimacy” and Young peoples levels of talking “openly about sex with their mothers”.

Hypothesis 6a, b, c:

• The sexual topic’s mothers report they have spoken personally about with their children while examining if there is any gender bias to these conversations.
Methodology

**DATA SET**
- GUI Wave 3 of the Child Cohort (Cohort’98) Anonymised Microdata Files (AMF)
  - Young people aged 17/18 years
  - Which took place between April 2015 and August 2016.
  - And represent 74% retention of the original sample (n = 8,568)
- This analysis n = 6,216

**WEIGHTS**

<table>
<thead>
<tr>
<th>FILE OPTIONS</th>
<th>PARTICIPATED AT:</th>
<th>NUMBER OF STUDY YOUNG PEOPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>9 years, 13 years and 17/18 years</td>
<td>6,039</td>
</tr>
<tr>
<td>B</td>
<td>9 years and 17/18 years only</td>
<td>177</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>6,216</td>
</tr>
</tbody>
</table>
Measures

- **Sex** (Male/Female)
- “When I have problems, I can usually talk to …”
  - my Mother/my Father/Another Adult
- How easy or difficult they felt it was to talk openly about sex with their mother
- **Intimacy subscale** – (Thonnissen et al, 2014).
- Have you spoken personally to the <young person> about sexual health issues?
  - Sex and sexual intercourse
  - Sexual feelings, relationships and emotions
  - Contraception
Hypotheses 1, 2 and 3

• Hypothesis: There is no significant gender differences in young people stating when they have problems they can usually talk to:

  • L5a) their Mother? (Yes/No/Don’t know)
  • L5b) their Father? (Yes/No/Don’t know)
  • L5c) Another Adult? (Yes/No/Don’t know)

All tests were run using weighting factor 17-years (WGT_17YRa, full sample 9yrs & 17yrs)
## Crosstab results: Gender and “When I have a problem..”

<table>
<thead>
<tr>
<th></th>
<th>When I have problems, I can usually talk to my mother</th>
<th>When I have problems, I can usually talk to my father</th>
<th>When I have problems, I can usually talk to another person</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Don't know</td>
</tr>
<tr>
<td><strong>Males</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>79.6%</td>
<td>20.2%</td>
<td>0.2%</td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>84.5%</td>
<td>15.3%</td>
<td>0.2%</td>
</tr>
<tr>
<td><strong>Total Count</strong></td>
<td>4874</td>
<td>1054</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total %</strong></td>
<td>82%</td>
<td>17.7%</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

**Null Hypothesis 1, 2 & 3 – Rejected**
17/18yr olds Gendered Responses to Questions “When they have problems…”

- **Hypothesis 1 (Mothers)**
  - F = 84%, M = 79%
  - (Chi-square = 24.439, df = 2, p < 0.001).
  - Small effect size \(\Phi = 0.064\)

- **Hypothesis 2 (Fathers)**
  - F = 59%, M = 66%
  - (Chi-Square = 26.884, df = 2, p < 0.001).
  - \(\Phi = 0.069\)

- **Hypothesis 3 (Another Adult)** rejected
  - F = 55%, M = 52%
  - (Chi-Square = 6.836, df = 2, p < 0.033).
  - \(\Phi = 0.035\)

All tests were run using weighting factor 17-years (WGT_17YRa, full sample 9yrs & 17yrs)
Hypothesis 4:

- There is no statistically significant relationship between the level of mother’s “intimacy” and whether young people endorse the question “when I have a problem I can usually talk to my mother”
Hypothesis 4 (1/2)

- Kolmogorov-Smirnov (KS) test
- Mann-Whitney U-Test
- Null Hypothesis was rejected
- (Mann-Whitney U = 659,771, Z = -34.331, p < 0.001)
Hypothesis 4 (2/2)

- **Null Hypothesis 4 was rejected:**
  - “mother intimacy subscale” – mean = 6.129, median = 6
  - “can you usually talk to their mother” – mean = 1.18, median = 1

- Strengthens the reliability
- (Mann-Whitney U = 659,771, Z = -34.331, p < 0.001)
- Data confirms a **moderate real-life effect size** \((r=-0.46)\)
Hypothesis 5

• There is no statistically significant relationship between the mother “intimacy” and the level of ease or difficulty young people find in talking openly about sex to their mother.
Null Hypothesis 5

• N = 4,435
• 45% of young people (n = 2,007) reported it was ‘quite easy’ or ‘very easy’
• 36% (n = 1,593) reported some level of difficulty
Hypothesis 5

- Distribution Levels

- ‘very difficult’ (n = 711, mean = 5, IQR = 2)
- ‘quite difficult’ (n = 874, mean = 6, IQR = 2)
- ‘neither’ (n = 822, mean = 6, IQR = 2)
- ‘quite easy’ (n = 1306, mean = 7, IQR = 2)
- ‘very easy’ (n = 666, mean = 8, IQR = 4)
- 75% of ‘quite easy’ and ‘very easy’ group rated mother’s intimacy level at 6 or above
Hypothesis 5

• **Null Hypothesis 5 was rejected.**

• \( r = 0.461, \ n = 4,246, \ p < 0.001 \)

• A moderate positive correlation was found
Hypothesis 6a:

- There is no statistical difference between mothers talking personally about
  - A) sex and sexual intercourse;
  - B) sexual feelings, relationships and emotions;
  - C) contraception

- with her child and the child’s gender
Hypotheses 6a,b,c

Gender differences and Mothers talking personally about sex

- **35A. HAVE YOU SPOKEN TO YP PERSONALLY ABOUT SEX AND SEXUAL INTERCOURSE**
  - YES: 67.00%
  - NO: 33.00%
  - Male: 73.60%
  - Female: 21.60%

- **35B. HAVE YOU SPOKEN TO YP PERSONALLY ABOUT SEXUAL FEELINGS, RELATIONSHIPS AND EMOTIONS**
  - YES: 78.40%
  - NO: 21.60%
  - Male: 84.40%
  - Female: 15.60%

- **35C. HAVE YOU SPOKEN TO YP PERSONALLY ABOUT CONTRACEPTION**
  - YES: 77.90%
  - NO: 22.10%
  - Male: 77.90%
  - Female: 22.10%
Discussion

• When young people have problems, mothers were reported 35% ahead of another adult and 30% ahead of fathers
• Mothers intimacy levels had a moderately positive correlation on young peoples levels of comfort in talking openly with the mother about sex
• Disclosures were made to parents, usually mothers (75%) ahead of other adults (11%) (RCNI, 2012)
• Could be significant for targeting mothers as a health resource for young people wishing to disclose negative/abusive sexual encounters

• Supports similar findings of parental connectedness and communication about sexual topics (Markham et al., 2010; McNeely et al., 2002)
Policy

• The Irish National Sexual Health Strategies (Department of Health, 2015)

• The Framework for Improved Health and Wellbeing (2013-2023)

  – Article 18

• UN Committee on the Rights of the Child (CRC), General comment No. 13 (2011): The right of the child to freedom from all forms of violence, 18 April 2011, (CRC/C/GC/13)
Limitations

• Study was cross-sectional – compares at a single point in time
• Findings are limited to only the mothers reporting she has spoken personally about sex
• Parents self professed openness about sex has been questionable (Hyde et al, 2009)
Future Research

• Gap in our knowledge as to parents (mothers) preparedness for possible disclosures

• Hackett (2011, 2016) echo’s the need for family’s preparedness and support in the area of harmful sexual behaviour in adolescent relationships

• Mothers awareness and preparedness as an emotional and health resource to young people experiencing harmful sexual encounters with peers
  – Parents of Survivors
  – Parents of Perpetrators
THANK YOU

• Any questions?


• Brakewood, B. & Poldrack, R.A. 2013, "The ethics of secondary data analysis: Considering the application of Belmont principles to the sharing of neuroimaging data", *NeuroImage*, vol. 82, pp. 671-676.


• Hackett, S., Holmes, D. & Branigan, P. 2016, "Harmful sexual behaviour framework: an evidence-informed operational framework for children and young people displaying harmful sexual behaviours.",

• Hackett, S. 2014, *Children and young people with harmful sexual behaviours*, Dartington.


• Ogden, J., Bavalia, K., Bull, M., Frankum, S., Goldie, C., Gosslau, M., Jones, A., Kumar, S. And Vasant, K. 2004, "‘I want more time with my doctor’: a quantitative study of time and the consultation. ", *Family Practice*, vol. 21, no. 5, pp. 479-483.


• Rape Crisis Network Ireland (RCNI) 2012, "Hearing child survivors of sexual violence: towards a national response", Rape Crisis Network Ireland, Dublin.


