

# Caregivers of Abused Children

*A Bibliography*



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## **Scope**

This bibliography covers many aspects of the relationship of caregivers to child victims. Publications include books, book chapters, journal articles, and theses published in English, 1991-2020. International publications are included. This bibliography is not comprehensive.

## **Organization**

Publications are listed in date-descending order. When possible, the abstracts that were included with the original publications are used in this bibliography. Links to open access publications are provided.

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## Caregivers of Abused Children

### A Bibliography

Fong, H. F., Bennett, C. E., Mondestin, V., Scribano, P. V., Mollen, C., & Wood, J. N. (2020). The impact of child sexual abuse discovery on caregivers and families: A qualitative study. *Journal of Interpersonal Violence, 35*(21-22), 4189-4215. <https://doi.org/10.1177/0886260517714437>

In this qualitative study with nonoffending caregivers of suspected child sexual abuse victims, we aimed to explore the perceived impact of sexual abuse discovery on caregivers and their families, and caregivers' attitudes about mental health services for themselves. We conducted semistructured, in-person interviews with 22 nonoffending caregivers of suspected sexual abuse victims <13 years old seen at a child advocacy center in Philadelphia. Interviews were audio-recorded, transcribed, coded, and analyzed using modified grounded theory. Recruitment continued until thematic saturation was reached. We found that caregivers experienced significant emotional and psychological distress, characterized by anger, depressed mood, and guilt, after learning that their child may have been sexually abused. We identified four specific sources of caregiver distress: concerns about their child, negative beliefs about their parenting abilities, family members' actions and behaviors, and memories of their own past maltreatment experiences. Some caregivers described worsening family relationships after discovery of their child's sexual abuse, while others reported increased family cohesion. Finally, we found that most caregivers in this study believed that mental health services for themselves were necessary or beneficial to help them cope with the impact of their child's sexual abuse. These results highlight the need for professionals working with families affected by sexual abuse to assess the emotional and psychological needs of nonoffending caregivers and offer mental health services. Helping caregivers link to mental health services, tailored to their unique needs after sexual abuse discovery, may be an acceptable strategy to improve caregiver and child outcomes after sexual abuse.

Gower, T., Rancher, C., Campbell, J., Mahoney, A., Jackson, M., McDonald, R., & Jouriles, E. N. (2020). Caregiver and divine support: Associations with resilience among adolescents following disclosure of sexual abuse. *Child Abuse & Neglect, 109*, <https://doi.org/10.1016/j.chiabu.2020.104681>

This study examines relations of caregiver support and divine support with resilience following adolescent sexual abuse. Participants were 548 adolescents aged 11–17 ( $M_{age} = 13.78$ ; 91% female) and their non-offending caregivers ( $M_{age} = 39.68$ ; 79% mothers). Families were recruited from a children’s advocacy center located in the southern United States following a disclosure of sexual abuse. Adolescents completed measures of caregiver and divine support and their social and academic functioning; caregivers and adolescents reported on adolescent psychological functioning. Resilience was operationalized as the absence of clinical levels of psychological symptoms together with the presence of adaptive levels of social and academic functioning. Both caregiver support ( $r = .19, p < .001$ ) and divine support ( $r = .14, p = .001$ ) were positively associated with resilience. Considered together in regression analyses, caregiver support ( $OR = 1.02, p = .001$ ) and divine support ( $OR = 1.06, p = .04$ ) were both associated with resilience. Clinicians and researchers should consider the potential contribution of caregiver and divine support to adolescent resilience following sexual abuse.

Loos, S., Tutus, D., Kilian, R., & Goldbeck, L. (2020). [Do caregivers’ perspectives matter? Working alliances and treatment outcomes in trauma-focused cognitive behavioural therapy with children and adolescents.](https://doi.org/10.1080/20008198.2020.1753939) *European Journal of Psychotraumatology, 11*(1), <https://doi.org/10.1080/20008198.2020.1753939>

Caregivers play a key role in the success of trauma-focused cognitive behavioural therapy (TF-CBT). Yet, the effect of their alliance on treatment outcomes besides the other parties in treatment has hardly been studied. This study examined the working alliance (WA) of therapists, patients and caregivers in TF-CBT and its contribution on treatment outcome over time.  $N = 76$  children and adolescents (mean age = 12.66 years, range 7–17, M/F ratio: .43) participated in the TF-CBT arm of a randomized controlled trial. The WA was assessed with the Working Alliance Inventory Short Version (WAI-S) at two measurement points, while symptom level of posttraumatic stress symptoms (PTSS) was assessed with the Clinician-Administered PTSD Scale for Children and Adolescents (CAPS-CA). Paired sample t-tests, intraclass correlations (ICC), and mixed-effects regression models for longitudinal data were performed. The alliance rating was high across all informants, with caregivers achieving the highest rating. The average level of cross-informant

agreement on the alliance was low between therapists and caregivers (ICC = .26) and moderate between therapists and patients (ICC = .65). A significant contribution of an alliance improvement to the reduction of PTSS over time was found in each of the two tested models: therapists with patients model (b = .682) and therapists with caregivers model (b = .807). However, these effects were not detected with all four perspectives in one comprehensive model. In summary, the potential of caregivers' views should receive more attention in the therapeutic process of trauma-focused therapy.

Serin, H. (2020). [Non-abusing mothers' agency after disclosure of the child's extra-familial sexual abuse](https://doi.org/10.1177/1350506820944432). *European Journal of Women's Studies*.  
<https://doi.org/10.1177/1350506820944432>

This qualitative study analysed the agency of eight non-abusing mothers in the Turkish Cypriot Community after disclosure that their child had been sexually abused by someone outside the family. The aim was to discover how, after disclosure, such mothers act to protect their children in the contexts of their family and community. The data were gathered via semi-structured in-depth interviews and analysed using Interpretative Phenomenological Analysis (IPA). In the nuclear family context, maternal agency emerged in the form of motherhood skills, including emotionally supporting the abused child, double-checking the child's safety or limiting the child's mobility, and controlling the actions of adult sons. In the community context, maternal agency was manifested in efforts to prevent men in the extended family or the abuser's family from concealing the abuse and to obtain informal support from others such as birth or extended family members. The women were usually successful in hiding their reactions or making decisions in their children's best interest despite frequently having to cope with the reality of living in a restrictive and patriarchal culture. The results emphasise the need for working with the general public and professionals to change the culture of silence and to improve the social support network for sexually abused children and non-abusing family members, especially mothers.

Theimer, K., Mii, A., Sonnen, E., McCoy, K., Meidlinger, K., Biles, B., ... & Hansen, D. J. (2020). [Identifying and addressing barriers to treatment for child sexual abuse survivors and their non-offending caregivers](https://doi.org/10.1016/j.avb.2020.101418). *Aggression and Violent Behavior*. <https://doi.org/10.1016/j.avb.2020.101418>

Mental health treatment is a critical part of an effective and compassionate response to the disclosure of child sexual abuse (CSA). Given the vast negative consequences for children and families following CSA, engagement in treatment can benefit youth and their non-offending caregivers. Yet, these families face unique barriers to treatment initiation, adherence, and effectiveness. The identification of these barriers allows clinicians, researchers, and policy makers to increase treatment utilization, engagement, and value. The current review and its recommendations derive from the existing literature combined with knowledge gained from a clinical research team with more than 20 years of experience offering a treatment program for CSA survivors and their non-offending family members. The review organizes barriers around factors related to individual characteristics of children and caregivers, perceptions and beliefs commonly held following CSA, and challenging family interactions in the context of individual and group treatment for CSA. Finally, barriers related to systemic and societal factors are examined given the importance of understanding the legal and cultural context in which families seek and engage in treatment. Recommendations for further research, suggestions for clinicians, and considerations for policy change to decrease the identified treatment barriers for families impacted by CSA are provided.

Vladimir, M., & Robertson, D. (2020). The lived experiences of non-offending fathers with children who survived sexual abuse. *Journal of Child Sexual Abuse*, 29(3), 312-332. <https://doi.org/10.1080/10538712.2019.1620396>

A non-offending father figure plays an integral role in the healing process of a child who survived sexual abuse. However, becoming aware of the sexual abuse can significantly affect non-offending father figures and therefore impact their ability to properly support and care for the survivor. We sought to better understand the non-offending father figures' reactions to the aftermath of sexual abuse of their children. Using an existential-phenomenological approach, we offered a platform for non-offending father figures to share their stories. Through the interviews, we found five major themes, which include: "Guilt, anguish, and stigma", "Hypervigilance and competing demands of fathering", "Who can we trust?", "Refocusing on the family", and "Picking up the pieces". Based

on this and previous studies, non-offending father figures experience psychological pain in the aftermath of the disclosure of sexual abuse, they deal with competing demands of various fatherly roles, and they prioritize supporting the family through the healing process. The findings suggest that the psychological well-being of the non-offending father figures can benefit the family. Therefore, mental health treatment protocols addressing father figures' needs can contribute to a sexual abuse treatment model that encourages paternal involvement in the care of children with a sexual abuse history.

Wamser-Nanney, R., Sager, J. C., & Campbell, C. L. (2020). Does maternal support mediate or moderate the relationship between sexual abuse severity and children's PTSD symptoms?. *Journal of Child Sexual Abuse*, 29(3), 333-350.  
<https://doi.org/10.1080/10538712.2020.1733160>

Maternal support and abuse severity are often considered to be vital factors in predicting children's functioning following childhood sexual abuse (CSA); however, much of the prior research has examined support and abuse severity as main effects, without consideration of how these factors may interrelate to predict children's post-CSA functioning. Further, even though mediators and moderators are conceptually distinct, maternal support has been theorized to be both a mediator and a moderator of symptoms, and it is unclear if support acts as either among sexually abused children. The aim of the present study was to investigate whether caregiver-reported maternal support mediates or moderates the relationships between sexual abuse severity and children's trauma-related symptoms. The study included 235 treatment-seeking children ages 3–16 ( $M = 8.85$ ,  $SD = 3.77$ ) and their non-offending mothers. Contrary to expectations, caregiver-rated maternal support did not mediate nor moderate the relationship between abuse severity and children's symptoms (range  $r^2 = .002$ – $.03$ ). Caregiver-rated maternal support may play a small role in mitigating sexually abused children's trauma symptoms. Irrespective of abuse severity, children with less supportive mothers may not be at heightened risk for experiencing higher levels of trauma-related difficulties.

Zagrodney, J. L., & Cummings, J. A. (2020). Qualitatively understanding mother fault after childhood sexual abuse. *Journal of Interpersonal Violence, 35*(23-24), 5589-5606. <https://doi.org/10.1177/0886260517723140>

Socially constructed images of motherhood suggest that a “good” mother is caring, nurturing, and selfless—the perfect maternal figure. When these standards are not met, mother blaming (i.e., assigning fault to mothers) occurs even in child sexual abuse (CSA) cases. We collected 312 open-ended responses in total from 108 community-based participants to understand contextual factors that increase and decrease in mother fault in a CSA-related vignette depicting the mother’s partner as the perpetrator. Thematic analysis revealed five main themes. Three themes were associated with decreased blame: Lack of Overt Knowledge (i.e., the mother had no direct knowledge of the CSA and thus cannot be blamed), Physical Act (i.e., the mother was not the actual perpetrator; only the perpetrator is responsible for the CSA), and Trust (i.e., the mother should be able to trust her partner). Two themes were associated with increased blame: Covert Knowledge (i.e., the mother was expected to have covert, intuitive knowledge of the CSA) and Mistrust (i.e., the mother should have known better than to trust her partner). Faulting mothers for the CSA of their child may reduce reporting of, and help seeking for, CSA, due to fear of being blamed.

Crocetto, J. (2019). The unique contribution of attachment theory in understanding the role of nonoffending fathers in the care of children who have been sexually abused: A historical lens. *Families in Society, 100*(4), 381-391. <https://doi.org/10.1177/1044389419852022>

Changing gender roles and caretaking roles in the family have resulted in increased father involvement in the day-to-day care of their children. As a result, there is a need to better understand the nature of father–child relationships within the context of multiple circumstances. One specific example is the role of nonoffending fathers in the care of children after child sexual abuse disclosure. This article first reviews how the attachment theory has evolved to include fathers and then reviews the unique contribution of paternal attachment to the care of child victims of sexual abuse. Implications for practice include enhanced engagement and intervention strategies that incorporate fathers effectively in services, better utilizing fathers as allies in the care of their children.

Cyr, M., Allard, M. A., Fernet, M., & Hébert, M. (2019). Paternal support for child sexual abuse victims: A qualitative study. *Child Abuse & Neglect*, 95. <https://doi.org/10.1016/j.chiabu.2019.104049>

The current state of knowledge regarding the role of non-offending fathers in supporting their sexually abused children is very scarce. The objective of this study is to further our understanding of fathers' roles following disclosure of their children's sexual abuse (SA) by evaluating fathers' perceptions of the impact of disclosure on their involvement and support of their children. This qualitative study relies on individual semi-structured interviews conducted with 17 fathers of allegedly abused children. Inductive thematic analysis first highlighted that some reported a period of disengagement from the child during which they put into question their role and attitudes, followed by a period of re-involvement. This period of difficulties experienced by some fathers in regard to their involvement towards their children was due to either their own important psychological distress, their ambivalence towards their child or even because of feelings of uneasiness experienced during physical contact with them. Despite this, findings indicate the presence of thoughts and attitudes that suggest children are a source of concern for fathers. The four forms of abuse-specific support previously observed among mothers (believing the child, seeking out professional services, protecting him/her from the offender, supporting him/her emotionally) were also observed among fathers. In accordance with the activation theory, a form of support specific to fathers, namely, encouraging the child to open up to and explore the world outside the family, thereby, fostering the child's self-esteem development, was observed and constitutes a relevant finding. Clinical and empirical implications are discussed.

McCarthy, A., Cyr, M., Fernet, M., & Hébert, M. (2019). Maternal emotional support following the disclosure of child sexual abuse: A qualitative study. *Journal of Child Sexual Abuse*, 28(3), 259-279. <https://doi.org/10.1080/10538712.2018.1534919>

Non-offending caregiver (NOC) support has long been considered one of the most important protective factors in facilitating better child and adult adjustment following the disclosure of child sexual abuse (CSA). However, recent findings have led authors to conclude that NOC support has yet to be properly conceptualized and operationalized within the CSA literature. Emotional support is one dimension that has consistently emerged in recent studies attempting to reconceptualize NOC support, but which also requires further theoretical investigation. This study interviewed 22 mothers about their experience and provision of emotional support following the disclosure of

CSA. Data was analyzed using a method inspired by grounded theory. Mothers reported feeling initially overwhelmed and lost about how to emotionally support their child, but described an improvement in their capacities following therapy with their child. Furthermore, three overarching categories emerged outlining maternal emotional support strategies, each serving a specific emotional function: 1) elaborating, which encouraged children to talk about their experience following CSA, 2) soothing, which attempted to comfort children's distress, and 3) orienting, which attempted to guide children's recovery process. Implications are discussed for offering improved and more rapid clinical services for NOCs following the disclosure of CSA, as well as future development in the operationalization of NOC emotional support.

McElvaney, R., & Nixon, E. (2019). Parents' experiences of their child's disclosure of child sexual abuse. *Family Process*. <https://doi.org/10.1111/famp.12507>

A child's disclosure of sexual victimization is a difficult experience for parents and has been associated with traumatization, disbelief, denial, self-blame, and clinical difficulties. To date, most studies on parents' responses have been quantitative assessments of the psychological impact of disclosure on parents. A paucity of research has qualitatively explored mothers' experiences of their child's disclosure of child sexual abuse (CSA) and fathers' experiences have been even further neglected. The current study seeks to characterize parents' experiences of their child's disclosure of CSA and to uncover the process-oriented nature of parental responses. This qualitative study, using a grounded theory approach to analysis, involved interviews with 10 mothers and four fathers whose children (3–18 years) had experienced sexual abuse. Three themes emerged from the analysis. The first theme—making sense of the abuse in retrospect—captured the process through which parents sought to make sense of their child's disclosure, focusing on why their child had not disclosed the abuse to them earlier, and how they had noticed something was wrong but misattributed their child's behavior to other factors. The second theme—negotiating parental identity as protector—reflected how parents' identity as a protector was challenged, their perception of their world had been forever altered, and they now experienced themselves as hypervigilant and overprotective. The final theme—navigating the services—pertained to parents' struggle in navigating child protection and police services, and feelings of being isolated and alone. These findings highlight the need for empathy and parental support following child disclosure of sexual victimization.

Wamser-Nanney, R., Sager, J. C., & Campbell, C. L. (2019). [Maternal support as a predictor of children's sexualized behaviors following childhood sexual abuse](#). *Child Maltreatment*, 24(1), 36-44.

Although previous studies have concluded that maternal support following children's sexual abuse disclosures is an important predictor of children's symptoms, the empirical data to support this is limited. Much of the small prior literature has used measures of maternal support without adequately reported psychometric properties, which may obscure the true relationship between support and children's sexual behaviors. Further, it is unclear whether maternal support is related to children's sexual acting out in the context of known predictors of sexual behaviors. The purposes of the current study were to (1) examine the relationships between support and children's sexual behaviors and (2) determine whether support is related to sexual behaviors after controlling for known predictors among 161 treatment-seeking children (6–12 years old;  $M = 8.70$ ,  $SD = 2.69$ ) and their nonoffending mothers. In the bivariate analyses, emotional support was negatively related to children's sexual behaviors, whereas maternal blame/doubt was positively correlated with sexual behaviors. Nonetheless, after controlling for other predictors, emotional support predicted developmentally related sexual behaviors but not sexual abuse-specific sexual behaviors. Levels of emotional support and blame/doubt predicted children's total sexual behaviors, after accounting for identified predictors, suggesting that support may play a small role in understanding children's sexual behaviors.

Cabbigat, F. K., & Kangas, M. (2018). Help-seeking behaviors in non-offending caregivers of abused children in the Philippines. *Journal of Aggression, Maltreatment & Trauma*, 27(5), 555-573. <https://doi.org/10.1080/10926771.2017.1410745>

The help-seeking process among non-offending caregivers (NOCs) of abused children particularly in the non-Western context has yet to be elucidated. The objective of the current study was to investigate what proportion of Filipino NOCs of abused children sought professional support services within 12 months following child abuse disclosure (T1) and at 12 months (T2) follow-up in the Philippines. Two further aims were to investigate NOCs' preferred service providers and settings and to explore barriers to help-seeking. A comparison group of Filipino parents without an abused child were also recruited to compare preferences and potential barriers to help seeking

for child and family problems. A total of 47 NOCs and 70 comparison parents/guardians completed questionnaires, which assessed help-seeking preferences and barriers as well as parental stress. The majority of NOCs reported seeking help, which was perceived to be helpful. Almost two thirds of NOCs indicated preference for in-person counseling relative to the comparison group of parents. The majority of NOCs preferred seeking help from social workers and psychologists. Almost one third of both parental samples reported being judged as an unfit parent as a key barrier to seeking help for family problems. The findings have implications for psychological and allied health service providers in facilitating the adjustment for families of recently abused children.

Cummings, J. A. (2018). Transformational change in parenting practices after child interpersonal trauma: A grounded theory examination of parental response. *Child Abuse & Neglect*, 76, 117-128.

Child interpersonal trauma is associated with a host of negative outcomes, both concurrently and in adulthood. Parental responses following trauma can play an important role in modulating child responses, symptoms, and post-trauma functioning. However, parents themselves are also impacted after their child experiences trauma, reporting distress, psychopathology, concerns about the child's safety, changes in discipline and protectiveness, and feelings of blame. Most of this previous research, however, suffers from methodological limitations such as focusing on description and correlations, providing static "one shot" assessments of parenting after trauma, and relying mainly on results related to child sexual abuse. This project developed a comprehensive, explanatory theory of the dynamic process by which parenting changes in response to a range of child trauma, using a sample of parents whose children had experienced a range of interpersonal trauma types. Grounded theory analyses revealed a three-phase dynamic model of discontinuous transformation, in which parents experienced destabilization, recalibration, and re-stabilization of parenting practices in response to child trauma. Parents were focused on Protecting and Healing the child victim, often at the expense of their own needs. Most parents reached a phase of posttraumatic growth, labelled Thriving Recovery, but processes that hindered this recovery are also discussed. This study provides the first evidence that dynamic systems of change as well as vicarious posttraumatic growth can apply to parents of child trauma victims. Generating an explanatory theory provides important avenues for future research as well as interventions and services aimed at families who have experienced child trauma.

Cyr, M., Frappier, J. Y., Hébert, M., Tourigny, M., McDuff, P., & Turcotte, M. E. (2018). Impact of child sexual abuse disclosure on the health of nonoffending parents: A longitudinal perspective. *Journal of Child Custody*, 15(2), 147-167.  
<https://doi.org/10.1080/15379418.2018.1460649>

The impact of child sexual abuse (CSA) disclosure on parents' psychological health has been documented among samples of nonoffending parents. Much less is known about the parents' physical health. This study assesses the longitudinal impact of CSA disclosure on both the mental and physical health of parents and explores potential gender differences. Interviews with 92 mothers and 32 fathers were completed approximately 12 months and 18 months following disclosure. Generalized as well as mixed model analyses revealed that mothers reported more psychological distress, Posttraumatic Stress Disorder (PTSD) symptoms and activity limitation than fathers. With the exception of PTSD symptoms which showed a significant reduction over time, all other psychological and physical symptoms persisted. The findings highlight the importance of ensuring services for an extended period for the small proportion of parents who display especially high vulnerability.

Daignault, I. V., Hébert, M., Cyr, M., Pelletier, M., & McDuff, P. (2018). Correlates and predictors of mothers' adaptation and trauma symptoms following the unveiling of the sexual abuse of their child. *Journal of Interpersonal Violence*.  
<https://doi.org/10.1177/0886260518808849>

Child sexual abuse (CSA) can severely affect the mental health of children and their parents. While correlates of recovery have been documented in children, factors exacerbating parents' adaptation to their child's unveiling of CSA deserves further attention. Parents' history of abuse has been inconsistently identified as a predictor of their distress in reaction to their child's abuse disclosure. This study proposes a mediation model that explores various processes underlying mother's psychological distress (posttraumatic stress disorder [PTSD], dissociation, and their comorbidity) following their children's unveiling of CSA. It investigates the influence of mother's own CSA, as well as of her exposure to additional forms of past and current victimization, on her reaction to the child's CSA disclosure, while considering coping mechanisms as mediators (avoidance, problem solving, search for social support, and feeling of guilt). Data were collected through self-report measures completed by 298 mothers of children who had recently disclosed CSA. Path analyses revealed that mother's exposure to interparental violence as a child acted as a primary

predictor of dissociation and of its comorbidity with PTSD, while a history of CSA was directly and exclusively linked to dissociation. Being exposed to recent partner violence was indirectly related to trauma symptoms, with coping mechanisms acting as mediators. This study outlines the relationship between mother's psychological distress and her cumulative, past, and current exposure to various forms of victimization. Exposure to interparental violence as a child represents a particularly important factor for identifying mothers most in need of support, as it is a significant predictor of dissociation and of its comorbidity with PTSD.

Hébert, M., Daspe, M. È., & Cyr, M. (2018). An analysis of avoidant and approach coping as mediators of the relationship between paternal and maternal attachment security and outcomes in child victims of sexual abuse. *Psychological Trauma: Theory, Research, Practice, and Policy*, 10(4), 402-510. <https://doi.org/10.1037/tra0000321>

Prior studies have documented the potential role of nonoffending parent support in promoting recovery of adult survivors following sexual abuse (SA). However, few studies have distinguished the maternal and paternal role and the mechanisms by which quality of the parent-child relationship might foster more positive outcomes in child victims. The purpose of this study was to examine coping strategies as mediators of the link between mother-child and father-child relationship and outcomes following child SA. A sample of 505 children (339 girls and 166 boys) ages 6–13 years completed measures evaluating perceived attachment security to mother and father (Kerns Security Scale; Kerns, Klepac, & Cole, 1996), as well as coping strategies related to the SA experienced (Self-Reported Coping Scale; Causey & Dubow, 1992). Outcomes evaluated were posttraumatic stress symptoms (PSS; Children's Impact of Traumatic Events Scale—II [CITES-II]; Wolfe, 2002) and self-esteem (Harter, 1985). Results indicated that, in girls, both attachment security to the mother and to the father are associated with lower PSS symptoms and higher self-esteem through a lesser use of avoidant coping. Avoidance coping mediated the link between attachment security to the mother and outcomes in boys. In addition, security in the relationship with the same-sex parent was associated with approach coping, which in turn was associated with both outcomes for girls and with PSS for boys. Findings highlight the importance of involving both parents in interventions for sexually abused children as mothers and fathers appear to play different, yet complementary roles in sustaining children's recovery. (PsycInfo Database Record © 2020 APA, all rights reserved)

McGillivray, C. J., Pidgeon, A. M., Ronken, C., & Credland-Ballantyne, C. A. (2018). Resilience in non-offending mothers of children who have reported experiencing sexual abuse. *Journal of Child Sexual Abuse, 27*(7), 793-810. <https://doi.org/10.1080/10538712.2018.1477221>

Growing evidence shows that non-offending mothers experience significant loss and trauma following their child reporting experiencing sexual abuse. Maternal support offered to sexually abused children following disclosure can be a crucial factor in children's recovery. Although mothers are often seen as playing a central role in facilitating the recovery of their sexually abused child, there has been little focus on their own needs and profiles. This present study aimed to increase our understanding of the diversity of profiles of non-offending mothers of sexually abused children by exploring the differences in psychosocial traits of non-offending mothers (N = 68; age range 28–67 years) reporting higher and lower resilience. The mediating role of these psychosocial factors on the relationship between resilience and psychological distress will also be explored. Results found that non-offending mothers in the higher resilience group reported higher levels of positive reappraisal, self-compassion, social support, and significantly lower levels of psychological distress compared to non-offending mothers in the lower resilience group. Additionally, multiple mediation analysis indicated positive reappraisal, self-compassion, and social support to be significant mediators of the relationship between resilience and psychological distress. Increased levels of self-compassion and social support were found to be predictive of lowered psychological distress, while increased positive reappraisal predicted increased psychological distress. The findings of the present study provide support for the targeting of the psychosocial factors such as self-compassion, social support, and positive reappraisal in interventions for non-offending mothers in an effort to promote resilience.

Tener, D., Lusky, E., Tarshish, N., & Turjeman, S. (2018). Parental attitudes following disclosure of sibling sexual abuse: A child advocacy center intervention study. *American Journal of Orthopsychiatry, 88*(6), 661-669. <https://doi.org/10.1037/ort0000311>

Sibling sexual abuse (SSA) represents a range of childhood sexual behaviors that cannot be considered manifestations of age-appropriate curiosity. Despite being the commonest and longest lasting form of sexual abuse within the family, SSA is the least reported, treated, and researched. This qualitative study is based on a sample of 60 mostly religious Jewish families referred to a child advocacy center (CAC) in Jerusalem from 2010 to 2015. It examines parental attitudes to

SSA and their reconstruction, during and after their experience at the CAC. Analysis of case summaries and documented conversations between child protection officers and parents reveals 2 main initial parental attitudes after the disclosure SSA. The first is the attitude that no sexual acts took place at all. The second is that they did occur, with 3 different variations: the sexual acts as “not serious,” as a “rupture in the family’s ideal narrative,” and as “another tragic episode in the family’s tragic life story.” Findings also suggest that the CAC intervention is a turning point, leading most parents to reconstruct their initial attitudes from “never happened” or “not serious” to “rupture in the family image” or to “another negative event in the family.” These findings underscore the need to study the experiences of parents whose children were involved in SSA to inform policy, treatment and research. This is critical, as interventions that are not aligned with family attitudes and needs are known to exacerbate the family crisis.

Toews, K., Cummings, J. A., & Williamson, L. E. (2018). Warmth, competence, and blame: Examining mothers of sexually abused children within the stereotype content model. *Journal of Interpersonal Violence*. <https://doi.org/10.1177/0886260518805773>

Research shows that nonoffending mothers are frequently held at fault for child sexual abuse (CSA), by both society and professionals, with contradictory explanations for the fault. For example, the same maternal characteristic can be used to assign blame or alleviate blame (i.e., single mothers have been held more at fault for their child’s CSA and less at fault). The purpose of this study was to assess a theoretically based model that could account for these different reasons. We tested the stereotype content model (SCM), which examines the content of stereotypes toward target groups, by focusing on perceptions of that group’s levels of warmth and competence. We sampled 136 undergraduate participants who read a vignette describing CSA, and completed the SCM with the mother of the victim as the target, and measures of mother fault. Our results showed that participants fell into three SCM groups of mother fault: (a) Moderate Contemptuous Prejudice (i.e., low competence, low warmth); (b) Admiration (i.e., moderate competence, high warmth); and (c) Very Contemptuous Prejudice (i.e., very low competence, very low warmth). Each cluster also held unique emotions toward the mother, as predicted by the SCM. Results further showed that assigned levels of fault were significant, but that fault did not vary by SCM group, lending support to the ideas that the SCM can be applied to this group and that different participants assign fault for different reasons.

van Delft, I., Finkenauer, C., De Schipper, J. C., & Lamers-Winkelmann, F. (2018). [Talking about feelings: Mother–child emotion dialogues among sexually abused children](https://doi.org/10.1177/0886260518795176). *Journal of Interpersonal Violence*. <https://doi.org/10.1177/0886260518795176>

Mother–child dialogues about children’s emotional experiences are associated with children’s adaptive coping with stressful situations and mental health. Despite these findings, dialogues have not been examined yet in the context of child sexual abuse. This gap is surprising given that mother–child dialogues may particularly promote children’s recovery from traumatic events. The current exploratory study examined the quality of mother–child emotion dialogues, as well as the quality of child and maternal contributions to dialogues, among dyads with sexually abused children (n = 30; 60% female; M age = 8.03), as compared with dyads with nonabused children (n = 30; 60% female; M age = 8.20). Quality of dialogues was assessed using the Autobiographical Emotional Events Dialogue. Mothers reported on their own childhood maltreatment history and psychopathological symptoms. Results showed that dyads with abused children were more likely to engage in overwhelming/excessive dialogues and dialogues lacking content, as compared with dyads with nonabused children. After controlling for differences in background characteristics, mothers of abused children showed lower sensitive guidance. Although mothers of abused children had more experiences of childhood maltreatment and higher levels of psychopathology, they did not add to explain group differences in maternal sensitive guidance. Our findings suggest that the ability to discuss emotional experiences may be impaired among mother–child dyads with sexually abused children. This may be an important target in the treatment of sexually abused children and their families.

Wamser-Nanney, R. (2018). Maternal support following childhood sexual abuse: Relationships to child-reported. *Child Abuse & Neglect*, 76, 372-380.

Maternal support has been conceptualized as a key factor in predicting children’s functioning following sexual abuse; however, empirical evidence for this assumption is rather limited. Prior studies may have failed to find a relationship between maternal support and children’s outcomes due to the methodological weaknesses of the prior literature such as the use of maternal support measures without adequately reported psychometric properties. Moreover, relatively few studies have investigated whether maternal support corresponds with children’s own self-reported symptoms. The aim of the present study was to utilize the only published measure of maternal

support with sufficient psychometrics, the Maternal Self-Report Support Questionnaire (MSSQ; Smith et al., 2010), to determine if levels of pre-treatment support are associated with children's self-reported trauma-related symptoms among 165 treatment-seeking children ( $M = 10.85$ ,  $SD = 3.09$ ) and their non-offending mothers. Levels of maternal emotional support corresponded with few of children's outcomes, and when relationships were observed, emotional support was related to higher levels of symptoms. Maternal levels of blame and doubt were only associated with dissociative symptoms. Maternal support therefore appears to be an ineffective predictor of children's post-disclosure trajectories and raises the possibility that maternal support is linked with poorer functioning.

Wamser-Nanney, R., & Sager, J. C. (2018). Predictors of maternal support following children's sexual abuse disclosures. *Child Abuse & Neglect*, *81*, 39-47.  
<https://doi.org/10.1016/j.chiabu.2018.04.016>

Despite the importance of parental support following children's sexual abuse (CSA) disclosures, there is a dearth of research regarding the predictors of support. Much of the prior literature is limited by the use of small sample sizes, measures of support without adequately reported psychometric properties, and inadequate or inconsistent definitions of support, which hinders the ability to accurately identify key predictors. Further, some potentially important predictors of parental support remain unexplored, including child-reported abuse stressors (e.g., family conflict, nonsupportive disclosure responses). The present study aimed to better delineate predictors of maternal belief and emotional support by examining the links between child, maternal, and family factors, and abuse characteristics as reported by both mothers and children. Two hundred and forty-seven treatment-seeking children ( $M$  age = 9.24,  $SD = 3.74$ ) and their non-offending mothers were included in the study. Select demographic factors (i.e., child's age, minority status), abuse characteristics (i.e., use of penetration, repeated CSA incidents, and amount of CSA characteristics known), and child-reported abuse stressors were tied to levels of maternal belief and/or emotional support. Maternal and family characteristics were unrelated to support. The child's age and whether the abuse occurred more than once remained robust predictors of both aspects of support in multivariate analyses. The amount of CSA information known to the mother predicted emotional support, which may signal the utility of increasing parental knowledge of the abuse to bolster their emotional support. Findings indicate that there are several factors that may influence

levels of maternal support, and children who experience certain types of CSA may be at greater risk for lower levels of belief and support.

Lai, B. S., Tiwari, A., Self-Brown, S., Cronholm, P., & Kinnish, K. (2017). Patterns of caregiver factors predicting participation in Trauma-Focused Cognitive Behavioral Therapy. *Journal of Child & Adolescent Trauma*, 1-10. DOI 10.1007/s40653-017-0177-5

This study examined patterns of caregiver factors associated with Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) utilization among trauma-exposed youth. This study included 41 caregivers (caregiver age  $M = 36.1$ ,  $SD = 9.88$ ; 93% African American) of youth referred for TFCBT, following a substantiated forensic assessment of youth trauma exposure. Prior to enrolling in TF-CBT, caregivers reported on measures for parenting stress, attitudes towards treatment, functional impairment, caregiver mental health diagnosis, and caregiver trauma experiences. Classification and regression tree methodology were used to address study aims. Predictors of enrollment and completion included: attitudes towards treatment, caregiver trauma experiences, and parenting stress. Several caregiver factors predicting youth service utilization were identified. Findings suggest screening for caregivers' attitudes towards therapy, parenting stress, and trauma history is warranted to guide providers in offering caregiver-youth dyads appropriate resources at intake that can lead to increased engagement in treatment services.

Simon, V. A., Barnett, D., Smith, E., Mucka, L., & Willis, D. (2017). Caregivers' abuse stigmatization and their views of mental health treatment following child sexual abuse. *Child Abuse & Neglect*, 70, 331-341.

Many families do not utilize mental health services after the discovery of child sexual abuse (CSA), even when trauma-focused treatments are offered at low or no cost. Non-offending caregivers frequently serve as gatekeepers to youths' treatment, and their reactions to CSA may figure into decisions about treatment engagement. The current study examined caregivers' abuse stigmatization (i.e., self-blame and shame about their children's CSA) and associations with two factors predictive of treatment engagement (motivation, obstacles). Participants were recruited from a Child Advocacy Center where they received forensic interviews and were offered services following CSA discovery. Participating caregiver-child dyads included 52 non-offending caregivers (83% biological parents) and their children (69% girls;  $M_{age} = 10.94$ ,  $SD_{age} = 2.62$ ).

Caregiver abuse stigmatization was associated with higher motivation for treatment but also more obstacles to treatment. Further, abuse stigmatization moderated associations between children's PTSD symptoms and perceived obstacles to treatment. Among caregivers experiencing high abuse stigmatization, greater child PTSD symptoms were associated with more obstacles to treatment. Among caregivers experiencing low stigmatization, child PTSD was either associated with fewer treatment obstacles or was unrelated to treatment obstacles. Results highlight the potential significance of reducing parents' abuse stigmatization for increasing mental health service utilization following CSA discovery, especially for more symptomatic youth.

Tebbett, A. A., Brown, E. J., & Chaplin, W. F. (2017). Caregiver report of child symptoms predicts attrition in abuse-specific cognitive behavioral therapies. *Child Maltreatment*, 1077559517724542.

A common critique of empirically supported treatments for abuse-related psychopathology is attrition during critical phases of therapy (i.e., exposure). The goal of this study was to examine whether child and caregiver symptoms were predictive of attrition among families in abuse-specific cognitive-behavioral therapies (CBTs). Children (N = 104) and their caregivers completed baseline assessments of internalizing symptoms, externalizing problems, and post-traumatic stress disorder (PTSD) and were enrolled in abuse-specific CBTs. Logistic regressions were conducted with baseline symptoms as predictor variables and treatment status (attrition vs. completion) as the criterion variable. Caregiver report of child internalizing symptoms showed the predicted quadratic relation to attrition. Caregiver report of child externalizing symptoms at moderate and high (vs. low) levels was associated with attrition. Child self-report and caregiver self-report of symptoms were not associated with the dyad's attrition. These results underscore the importance of attending to caregivers' initial perceptions of children's symptoms in abuse specific therapy.

Thompson, A. J. (2017). [The lived experience of non-offending mothers in cases of intrafamilial child sexual abuse: Towards a preliminary model of loss, trauma and recovery.](#) (Thesis). Edith Cowan University.

The non-offending mother in cases of intrafamilial child sexual abuse has received limited empirical attention in comparative to the considerable body of literature examining victims and

perpetrators of child sexual abuse. There is growing evidence that demonstrates that nonoffending mothers' experience significant loss and trauma following the discovery of their children's sexual victimisation by a family member, particularly where the perpetrators are their partners. An understanding of the non-offending mother's experience is crucial to guiding statutory agencies and therapeutic interventions when working with these families. However, there is currently not a model or framework that conceptualises mothers' post-discovery experience, and the factors that might impede or facilitate their recovery. The aim with the present study was to address the gap in the existing literature, by conducting an exploratory investigation of the lived experience of non-offending mothers in order to generate a preliminary model outlining their recovery journey in the aftermath of discovery, drawing from existing theories of loss and trauma. The present study comprises two stages; in the first stage, qualitative interviews were conducted with a sample of eleven mothers. Data derived from the interviews were analysed using qualitative thematic analysis, from which a preliminary model was generated. The model proposed the non-offending mother's recovery journey comprises three primary phases; the Acute Phase (Discovery and Destabilisation), the Transition Phase (Loss and Disempowerment), and the Transformative Phase (Taking Control and Accommodation). The preliminary model identified unique aspects of the maternal experience not sufficiently accounted for by many of the existing theoretical conceptualisations. The second stage of the study utilised a Delphi methodology to seek feedback on the proposed model from a panel of 18 key experts in the field of intrafamilial child sexual abuse. The input from the Delphi panel was utilised to further refine and validate the preliminary model. The panel confirmed the preliminary model provided a valid representation of the non-offending mother's post-discovery experience with minor alterations. The findings of the present study are an important progression towards developing a more comprehensive and unified conceptualisation of the experiences of the non-offending mother in the aftermath of discovery. This in turn has important implications for the intervening professionals from both statutory and therapeutic orientations who work with this population.

Wamser-Nanney, R. (2017). Maternal support following childhood sexual abuse: Links to parent-reported children's outcomes. *Child Abuse & Neglect*, 67, 44-53.

Maternal support is touted to play a critical role in predicting children's symptom trajectories following sexual abuse disclosure. Yet, a recent meta-analysis indicates that this widely held belief may actually have limited empirical support. The lack of correspondence between maternal support and children's symptoms may be the result of the limitations of the prior literature including the use of maternal support measures with inadequate psychometric properties. The aim of the present study was to utilize the only published measure with sufficient psychometrics properties, the Maternal Self-Report Support Questionnaire (MSSQ; Smith et al., 2010), to determine the relationships between maternal support and demographic and family characteristics, parent-reported children's symptoms, and aspects of the traumatic event in a treatment-seeking sample. The sample included 252 treatment-seeking children ( $M = 8.86$ ,  $SD = 3.85$ ; 67.5% female, 59.5% White) and their mothers, who completed the MSSQ and other measures at pre-treatment. Mothers of older children, White children, and mothers with greater educational attainment reported higher levels of Emotional Support. Single mothers were more likely to report higher levels of Blame/Doubt than married mothers. Characteristics of the traumatic event, such as sexual abuse duration and number of sexual abuse incidents were negatively correlated with Emotional Support. Maternal support was related to relatively few of children's symptoms and was not associated with levels of posttraumatic stress disorder (PTSD) symptoms. Although several demographic and family characteristics may be related to maternal support, it is a relatively weak predictor of children's outcomes. © 2017 Elsevier Ltd. All rights reserved.

Baril, K., Tourigny, M., Paillé, P., & Pauzé, R. (2016). Characteristics of sexually abused children and their nonoffending mothers followed by child welfare services: The role of a maternal history of child sexual abuse. *Journal of Child Sexual Abuse*, 25(5), 504-523.

Considering the importance of mother's support in the adaptation of a sexually abused child, it is relevant to determine if the mothers and children involved in an intergenerational cycle of child sexual victimization differ from dyads in which only the child has been abused. The purpose of this study was to compare mother-child dyads with sexually abused children according to whether the mother had herself been victim of child sexual abuse. The sample included 87 dyads with sexually abused children aged 3-18 years old and their mothers (44 reporting maternal and child

abuse), followed by social welfare services of the province of Quebec (Canada). The two groups of mothers were compared on their past family abuse experiences and past family relations, their mental health history, their current psychological distress, their parenting behaviors, and their current levels of family functioning. Children were compared on their adaptation. Multivariate analyses indicated that mothers reporting child sexual abuse were more likely to report more other maltreatments in their childhood and greater prevalence of lifetime history of alcohol abuse disorders, dysthymia, and panic disorder compared with mothers who had not experienced CSA. Compared to children whose mothers had not experienced CSA, those whose mothers had experienced CSA showed higher rates of problems behaviors and were more likely to report having been sexually abused by a trusted person. These results highlight the specific clinical needs for the assessment and treatment for sexually abused children whose mothers experienced child sexual abuse.

Bux, W., Cartwright, D. J., & Collings, S. J. (2016). The experience of non-offending caregivers following the disclosure of child sexual abuse: Understanding the aftermath. *South African Journal of Psychology, 46*(1), 88-100.

Non-offending caregivers play a critical role in mediating the child survivor's recovery from child sexual abuse. Despite this, little has been documented about their experiences in the South African context. This exploratory qualitative study investigates the experiences of 10 caregivers following the disclosure of sexual abuse of a child under their care. Thematic analysis of the data revealed that caregivers experienced multiple forms of emotional, psychological, and situational difficulties following the disclosure of child sexual abuse. Five core themes were identified: distress, concern for the child, alienation, coping style, and grief. The findings suggest that not only do caregivers experience vicarious traumatization but also that caregiver distress impacted their parenting abilities.

Cyr, M., Frappier, J. Y., Hébert, M., Tourigny, M., McDuff, P., & Turcotte, M. È. (2016). Psychological and physical health of nonoffending parents after disclosure of sexual abuse of their child. *Journal of Child Sexual Abuse, 25*(7), 757-776.

Disclosure of child sexual abuse can be traumatic for nonoffending parents. Research has shown its impact on mothers' mental health, which includes heightened psychological distress,

depression, and post-traumatic stress disorder. Very little is known, however, about its impact on their physical health or on fathers' health. The self-perceived mental and physical health of nonoffending parents after child sexual abuse disclosure was compared to determine gender-related differences in this regard. Interviews were conducted with 109 mothers and 43 fathers of 6- to 13-year-old sexually abused children. Bivariate analyses revealed that a fair proportion of parents reported psychological and physical problems after disclosure. However, proportionally more mothers than fathers reported psychological distress, depression, and use of professional services. Fathers were more likely to resort to health services instead of social services and to use medication for depression. Study findings provide leads for health and social service providers for the development of intervention protocols and referral procedures sensitive to gender issues, and they shed new light on specific needs of nonoffending parents.

Fong, H. F., Bennett, C. E., Mondestin, V., Scribano, P. V., Mollen, C., & Wood, J. N. (2016). Caregiver perceptions about mental health services after child sexual abuse. *Child Abuse & Neglect, 51*, 284-294.

The objective of this study was to describe caregiver perceptions about mental health services (MHS) after child sexual abuse (CSA) and to explore factors that affected whether their children linked to services. We conducted semi-structured, in-person interviews with 22 non-offending caregivers of suspected CSA victims < 13 years old seen at a child advocacy center in Philadelphia. Purposive sampling was used to recruit caregivers who had ( $n = 12$ ) and had not ( $n = 10$ ) linked their children to MHS. Guided by the Health Belief Model framework, interviews assessed perceptions about: CSA severity, the child's susceptibility for adverse outcomes, the benefits of MHS, and the facilitators and barriers to MHS. Interviews were audio-recorded, transcribed, coded, and analyzed using modified grounded theory. Recruitment ended when thematic saturation was reached. Caregivers expressed strong reactions to CSA and multiple concerns about adverse child outcomes. Most caregivers reported that MHS were generally necessary for children after CSA. Caregivers who had not linked to MHS, however, believed MHS were not necessary for their children, most commonly because they were not exhibiting behavioral symptoms. Caregivers described multiple access barriers to MHS, but caregivers who had not linked reported that they could have overcome these barriers if they believed MHS were necessary for their children. Caregivers who had not linked to services also expressed concerns about MHS being re-

traumatizing and stigmatizing. Interventions to increase MHS linkage should focus on improving communication with caregivers about the specific benefits of MHS for their children and proactively addressing caregiver concerns about MHS.

Jobe-Shields, L., Swiecicki, C. C., Fritz, D. R., Stinnette, J. S., & Hanson, R. F. (2016). Posttraumatic stress and depression in the nonoffending caregivers of sexually abused children: Associations with parenting practices. *Journal of Child Sexual Abuse, 25*(1), 110-125.

Caregiver mental health is a known correlate of parenting practices, and recent research indicated that parental depression following childhood sexual abuse disclosure is associated with concurrent parenting difficulties. The present study extended this line of research by investigating posttraumatic stress symptoms and depression in a sample of caregivers (N = 96) of children who experienced sexual abuse recruited from a child advocacy center as well as parenting practices reported by both caregivers and their children (mean age = 10.79 years, SD = 3.29; 79% female). Twenty-four percent of caregivers met criteria for presumptive clinical depression, clinically significant posttraumatic stress, or both. Results indicated elevated caregiver-reported inconsistent parenting in the context of clinically significant distress across symptom groups; children reported particularly elevated inconsistent parenting for caregivers with posttraumatic stress only. Caregiver depression was associated with low self-reported positive parenting and caregiver involvement in addition to self-reported inconsistencies. Directions for future research are offered to further elucidate the relationships between caregiver mental health and parenting practices following childhood sexual abuse.

Self-Brown, S., Tiwari, A., Lai, B., Roby, S., & Kinnish, K. (2016). Impact of caregiver factors on youth service utilization of trauma-focused cognitive behavioral therapy in a community setting. *Journal of Child and Family Studies, 25*(6), 1871-1879.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an increasingly available evidence-based therapy that targets the mental health symptoms of youth who have experienced trauma. Limited research has examined how to engage and retain families in TF-CBT services in community settings. Using a mixed-methods approach, the goal of this exploratory study was to identify caregiver factors that impact youth enrollment and completion of community-delivered

TF-CBT. The study included 41 caretakers of youth referred to therapy at a local child advocacy center following a forensic assessment substantiating youth trauma exposure. Caregiver factors examined include caregiver demographics, trauma exposure, and mental health symptomology. Results from multivariate logistic regressions indicate that caregivers reporting more children residing in the household were significantly more likely to enroll youth in therapy (OR 2.27; 95 % CI 1.02, 5.03). Qualitative analyses further explicate that parents with personal trauma or therapy experiences expressed positive opinions regarding therapy services for youth, and were more likely to enroll in or complete services. Findings suggest that caregivers with personal traumatic experience and related symptomatology view therapy as important and are more committed to their child receiving therapy. Future research on service utilization is warranted and should explore offering parental psychoeducation or engagement strategies discussing therapy benefits to parents who have not experienced trauma and related mental health symptomatology.

Toews, K., Cummings, J. A., & Zagrodny, J. L. (2016). Mother blame and the just world theory in child sexual abuse cases. *Journal of Interpersonal Violence*.  
<https://doi.org/10.1177/0886260516675922>

Mothers are blamed for a variety of negative experiences and outcomes of their children, including child sexual abuse (CSA). According to just world hypothesis (JWH), people have a need to view the world as one where there is no such thing as an innocent victim; that is, the world is fair and just. These beliefs predict victim blaming in situations such as sexual abuse, physical abuse, and robbery. However, JWH has not been applied to the examination of mother blame, a situation in which the blame target did not directly experience the traumatic event. We examined this application in two studies: (a) a thematic analysis of focus group discussions and (b) a correlational study. Across both studies, participants identified personal characteristics of the mother that either increased or decreased blame, consistent with JWH. However, when directly asked, most participants denied holding just world beliefs, particularly as related to child sexual abuse. Our results indicate that methodological choices might affect results, and that socially constructed views of “ideal mothers” influence mother blame. We discuss implications for validity of just world theory (JWT), methodological choices, and reduction of mother blame.

van Toledo, A., & Seymour, F. (2016). Caregiver needs following disclosure of child sexual abuse. *Journal of Child Sexual Abuse, 25*(4), 403-414.

Caregiver support is vital in improving outcomes for child sexual abuse victims; however, the disclosure can significantly affect caregivers, thus impacting their ability to meet their children's needs. To maximize the support from caregivers, their own needs following disclosure need to be met. This study investigated the impact of child sexual abuse disclosure and associated needs as identified by caregivers. Sixty needs assessment forms were collected from families who accessed a parenting support pilot program run in New Zealand. These forms were completed by nonoffending caregivers during an assessment session with their counselor and consisted of both open-ended and Likert scale questions focusing on both the needs of the child and the family. Caregivers identified a range of impacts of the disclosure on their children, themselves, and other families' members and the related support that may be needed. In particular, caregivers identified that they needed support with child behavior management and with their own coping. The findings suggest that interventions with caregivers following disclosure of child sexual abuse may be a valuable adjunct to therapy provided directly to the child.

Zagrodny, J. L., & Cummings, J. A. (2016). Impact of perpetrator type on attributions of mother fault in child sexual abuse. *Journal of Child Sexual Abuse, 25*(8), 827-845.

Blaming nonoffending mothers for child sexual abuse has substantial negative consequences for both the mother and child victim. Although perpetrator type has been shown to influence how much blame and responsibility is placed on nonoffending mothers in child sexual abuse cases, research to date has focused primarily on perpetrators who are strangers to the child or the child's biological father, ignoring the effect of other father-figure perpetrators. The current study examined how differences in perpetrator's relationship to the mother impacted blame, responsibility, cause, and prevention as separate constructs. One hundred and eight participants from an online community sample were randomly assigned to read a vignette describing a child sexual abuse situation with a female victim and one of two perpetrators: the victim's biological father or the mother's boyfriend. Participants assigned significantly higher levels of fault for CSA to the mother when the perpetrator was the mother's boyfriend. Implications and future directions are discussed.

Bolen, R. M., Dessel, A. B., & Sutter, J. (2015). Parents will be parents: Conceptualizing and measuring nonoffending parent and other caregiver support following disclosure of sexual abuse. *Journal of Aggression, Maltreatment & Trauma, 24*(1), 41-67.

A gap exists in the literature with regard to the theoretical conceptualization of nonoffending parental and other caregiver (NOC) support of sexually abused children. Measures need to be developed that appropriately capture this construct. The purpose of this article is to present a qualitative study that asked 17 NOCs in different ways how they supported their sexually abused children after the disclosure of the sexual abuse. The multiple different types of support were coded and, using grounded theory, the structure of NOC support emerged from the data. The final structure of NOC support had 8 dimensions, including basic needs, safety and protection, decision making, active parenting, instrumental support, availability, sensitivity to child, and affirmation.

Springer, C. I., Colorado, G., & Misurell, J. R. (2015). Structured therapeutic games for nonoffending caregivers of children who have experienced sexual abuse. *Journal of Child Sexual Abuse, 24*(4), 412-428.

Game-based cognitive-behavioral therapy group model for nonoffending caregivers utilizes structured therapeutic games to assist parents following child sexual abuse. Game-based cognitive-behavioral therapy group model is a manualized group treatment approach that integrates evidence-based cognitive-behavioral therapy components with structured play therapy to teach parenting and coping skills, provide psychoeducation, and process trauma. Structured therapeutic games were designed to allow nonoffending caregivers to process their children's abuse experiences and learn skills necessary to overcome trauma in a nonthreatening, fun, and engaging manner. The implementation of these techniques allow clinicians to address a variety of psychosocial difficulties that are commonly found among nonoffending caregivers of children who have experienced sexual abuse. In addition, structured therapeutic games help caregivers develop strengths and abilities that they can use to help their children cope with abuse and trauma and facilitates the development of positive posttraumatic growth. Techniques and procedures for treatment delivery along with a description of core components and therapeutic modules are discussed. An illustrative case study is provided.

Zajac, K., Ralston, M. E., & Smith, D. W. (2015). Maternal support following childhood sexual abuse: Associations with children's adjustment post-disclosure and at 9-month follow-up. *Child Abuse & Neglect, 44*, 66-75.

Maternal support has been widely cited as an important predictor of children's adjustment following disclosure of sexual abuse. However, few studies have examined these effects longitudinally. The current study examines the relationships between a multidimensional assessment of maternal support rated by both mothers and children and children's adjustment in various domains (internalizing, externalizing, anger, depression, and posttraumatic stress disorder symptoms) concurrently and longitudinally. Participants were 118 mother-child dyads recruited from a Child Advocacy Center where children were determined through a forensic evaluation to be victims of sexual abuse. Child and mother ratings of maternal support and child adjustment were collected shortly after the forensic evaluation and at 9-month follow-up. Results were consistent with findings from past studies that maternal support is significantly related to children's post-disclosure adjustment and extends these findings longitudinally. Additionally, the study sheds light on differential relations between dimensions of maternal support (Emotional Support, Blame/Doubt, Vengeful Arousal, and Skeptical Preoccupation) and child adjustment and suggests the importance of using both child and mother ratings of maternal support in future research. Copyright © 2015. Published by Elsevier Ltd.

Back, C., Gustafsson, P. A., & Berterö, C. (2014). Parental opinions of their child's experience in the legal process: An interpretative analysis. *Journal of Child Sexual Abuse, 23*(3), 290-303.

The aim of this study is to demonstrate how parents of children who are victims of sexual assault experience the legal process from the children's and parents' perspective. Nine parents, identified in the records of three public prosecution offices in three cities in Sweden, were interviewed. The parents described feelings of shame and guilt over what their children had experienced. They felt stigmatized and had difficulty fulfilling their parental role, perceived a lack of information and support from the professionals involved, and experienced a sense of withdrawal from their role as parents, though they felt the professionals who worked with their children were helpful and influential.

Cyr, M., Hébert, M., Frappier, J. Y., Tourigny, M., McDuff, P., & Turcotte, M. E. (2014). Parental support provided by nonoffending caregivers to sexually abused children: A comparison between mothers and fathers. *Journal of Child Custody, 11*(3), 216-236.

Parental support provided to child sexual abuse (CSA) victims is a key element in their recovery process. Yet, little is known about the extent and nature of support provided by fathers when they are not identified as the perpetrators. This study compares abuse-specific and nonspecific support provided by 92 mothers and 32 fathers after disclosure and six months later. The assessment of both types of support revealed that only the provision of nonspecific support was predicted by gender. With the exception of social support, all other dimensions increased in the months following disclosure. Implications for child protective agencies include early detection of a small group of parents who may have difficulty offering support to their child, in order to foster the development of optimal support strategies.

Godbout, N., Briere, J., Sabourin, S., & Lussier, Y. (2014). Child sexual abuse and subsequent relational and personal functioning: The role of parental support. *Child Abuse & Neglect, 38*(2), 317-325.

This study examined the role of nonoffending parental support in the relationship between child sexual abuse (CSA) and later romantic attachment, psychiatric symptoms, and couple adjustment. Of 348 adults engaged in stable romantic relationship, 59 (17%) reported sexual abuse. In this subgroup, 14% ( $n = 8$ ) reported parental intervention after the abuse was disclosed (i.e., support), 15% ( $n = 9$ ) reported a lack of parental intervention after abuse disclosure (i.e., nonsupport), and 71% ( $n = 42$ ) reported that their nonabusive parent(s) was(were) unaware of their abuse. Results indicated that, compared to other groups, CSA survivors with nonsupportive parents reported higher levels of anxious attachment, psychological symptoms, and dyadic maladjustment. In contrast, CSA survivors with supportive parent(s) expressed psychological and couple adjustment equivalent to non-abused participants, and lower attachment avoidance, relative to all other groups. Path analysis revealed that insecure attachment completely mediated the relationship between perceived parental support after CSA and later psychosocial outcomes. An actor-partner interdependence model showed different patterns for men and women and highlighted the importance of considering relational dynamics in dyads of CSA survivors. Overall, the results suggest that perceived parental support serves as a protective factor among those exposed to CSA.

Runyon, M. K., Spandorfer, E. D., & Schroeder, C. M. (2014). Cognitions and distress in caregivers after their child's sexual abuse disclosure. *Journal of Child Sexual Abuse, 23*(2), 146-159.

The impact of child sexual abuse on children is well documented, but few studies have examined the impact of a child's sexual abuse disclosure on maternal caregivers. The studies that have been conducted suggest that parental response postdisclosure is variable. The present study examined the association between maternal attributions and abuse-specific cognitions with depression and trauma symptoms postdisclosure. Participants included 68 nonoffending maternal caregivers of children between the ages of 3 and 17 years who experienced child sexual abuse. Findings indicated that caregivers' abuse-specific cognitions were the best predictor of self-reported symptoms of depression after controlling for general negative attributions. These findings suggest that in order to reduce caregivers' distress and to enhance their support of their children, it is important to assess and treat caregivers' abuse-specific cognitions.

Cyr, M., McDuff, P., & Hébert, M. (2013). Support and profiles of nonoffending mothers of sexually abused children. *Journal of Child Sexual Abuse, 22*(2), 209-230.

Maternal support offered to sexually abused children following disclosure may be a crucial factor in children's recovery. A person-centered approach was used to examine how profiles of nonoffending mothers could better describe their ability to support their children after disclosure. Cluster analyses based on a total of 226 nonoffending mothers recruited from child protective services yielded four distinctive groups of mothers: resilient, avoidant– coping, traumatized, and anger-oriented reaction. These profiles differed on measures of support, parenting, and variables related to attitude following disclosure. The discussion underscores the relevance of adopting a tailored approach to intervention with mothers of sexually abused children.

Flåm, A. M., & Haugstvedt, E. (2013). Test balloons? Small signs of big events: A qualitative study on circumstances facilitating adults' awareness of children's first signs of sexual abuse. *Child Abuse & Neglect, 37*(9), 633-642.

This research examined caregivers' awareness of children's first signs of sexual abuse. The aim was to explore circumstances that facilitate adults' awareness of first signs in every-day natural settings. Data were obtained from a Norwegian university hospital's outpatient specialty mental

health clinic. Included were all cases (N = 20) referred during a two-year period for treatment after the disclosure of sexual abuse that was reported to the police and child protective service. Non-abusing caregivers' awareness of first signs were recollected in hindsight as part of therapy. Qualitative analysis was conducted to capture caregivers' experiences. As identified by caregivers, all children gave signs. Thereafter, children either stopped, delayed, or immediately disclosed sexual abuse. At first signs, each child had time and attention from trusted adults, connection to the abuser, and exhibited signs of reservation against that person or related activities. Then, if met with closed answers, first signs were rebuffed as once-occurring events. If met with open answers and follow-up questions, children continued to tell. Unambiguous messages were prompted only in settings with intimate bodily activity or sexual abuse related content. In sum, when trusted adults provided door-openings, children used them; when carefully prompted, children talked; when thoughtfully asked, children told. The study suggests that children's signs of sexual abuse can be understood as "test balloons" to explore understanding and whether anything is to be done. A disclosing continuation hinges on the trusted adult's dialogical attunement and supplementary door-openings. Divergent from an idea of behavioural markers, or purposeful versus accidental disclosures, this study calls for a broader attention: Moments of first signs are embedded in dialogue. A uniqueness at moments of first signs appears: Both to form such moments and to transform them into moments of meeting for joint exploration and telling, hinge upon how trusted caregivers scaffold opportunities for the child to disclose. Subsequently, support offers need to be addressed not only to strengthen children to tell, but also for caregivers and professionals to take into account the necessity of a dialogically oriented sensitivity towards children, both for telling to occur and for hearing to take place.

Gilgun, J. F., & Anderson, G. (2013). Mothers' perspectives on signs of child sexual abuse in their families. *Families in Society: The Journal of Contemporary Social Services*, 94(4), 259-267.

Child sexual abuse can be difficult to detect. Most children tell no one, and they often show no signs of abuse. This article reports on interviews with mothers of survivors of child sexual abuse. The purpose of the interview research was to understand mothers' experiences of the signs, the lack of signs, and the signs that made sense once the abuse came to light. This article is relevant to practice because, first, it shows how difficult child sexual abuse can be to detect, and second, it

shows the shock and devastation that some mothers experience when child sexual abuse occurs in their families. Service provider sensitivity and attunement are shown to be key to effective practice in this area.

Mayberry, L. S., & Heflinger, C. A. (2013). How caregivers make meaning of child mental health problems: Toward understanding caregiver strain and help seeking. *Families in Society: The Journal of Contemporary Social Services*, 94(2), 105-113.

Family caregivers' conceptualizations of their child's emotional and behavioral problems (EBP) influence help seeking for the child and caregiver strain. We analyzed 21 interviews with caregivers to explore their conceptualizations about the cause of their child's EBP, their experiences of strain, and their reported Help Seeking behaviors. Caregivers had divergent conceptualizations of their child's EBP: 12 caregivers viewed the EBP as caused by a disorder and described the onset of symptoms as the central stressful event, whereas 9 caregivers described their child's problems as a response to an earlier stressor (e.g., trauma, abuse, divorce). Different patterns of caregiver strain and help seeking were associated with caregiver conceptualization. All caregivers voiced a need for peer-to-peer support for caregivers and youth with EBP.

McLaren, H. J. (2013). (Un)-blaming mothers whose partners sexually abuse children: In view of heteronormative myths, pressures and authorities. *Child & Family Social Work*, 18(4), 439-448.

Mothers of children who have been sexually abused are often shamed, blamed and held guilty for their male partners' sexual perpetrations. These feelings are constrained by the dominant heteronormative discourses, institutions and systems that devalue women, that silence them and which subsequently blame women for the abuse as well as their silence. Paradoxically, the risks for mothers speaking out are reinforced by social criticism and professional response that draw on heteronormative discourses that accuse women for 'failing to protect' their children, for being 'bad' mothers or for making poor choices in their lovers. With these issues at the forefront, this paper illuminates how heteronormative discourses may operate to not only shame and blame women unable to leave their adult relationships and protect their children, but they also strengthen the perpetrator's power as strategic actors in concealing child sexual abuse. It is argued that the heteronormative discourses that reinforce women's sense of guilt obstruct professional intervention and make service engagement of these women difficult. In light of the power of discourse, the

importance of combining an overlapping systems approach in which individualized client centred support is provided to each family member involved in child sexual abuse matters, including for the mothers in their own right, is discussed.

Santa-Sosa, E. J., Steer, R. A., Deblinger, E., & Runyon, M. K. (2013). Depression and parenting by nonoffending mothers of children who experienced sexual abuse. *Journal of Child Sexual Abuse, 22*(8), 915-930.

Parenting may be one mechanism by which depression in nonoffending mothers impacts child emotional and behavioral adjustment after sexual abuse. This study examined the relationship between self-reported maternal depression and parenting behaviors by nonoffending mothers of children who experienced sexual abuse. The participants were 204 nonoffending biological mother–child pairs recruited from a clinic providing services for children who experienced sexual abuse. The mothers completed pretreatment self-report measures of demographic information, depression, and parenting behaviors. Children (7 to 17 years) completed a measure of mothers' parenting behaviors. Mothers with clinically high levels of self-reported depression employed more inconsistent parenting behavior and provided poorer monitoring/supervision of their children than mothers without clinically high levels of self-reported depression. Implications for clinical practice and future research are discussed.

Wolfteich, P. M., & Cline, M. L. (2013). Social service professionals' perceptions of nonoffending caregivers in child sexual abuse cases. *Journal of Child Sexual Abuse, 22*(4), 429-443.

This study was designed to assess social service workers' perceptions of nonoffending caregivers in cases of child sexual abuse. Attributions of blame were examined by administering questionnaires to staff at local social service agencies. It was hypothesized that social service workers who worked in the field longer, were male, or had less education would attribute more blame to the nonoffending caregivers. The findings revealed that respondent gender was the only significant predictor of blame attribution toward nonoffending caregivers, with level of education approaching significance as a predictor. There was no relationship between attribution of blame and years in job. The findings have important contributions for informing the practice of social service professionals who work with families of child sexual abuse.

Hill, A. (2012). Help for children after child sexual abuse: Using a qualitative approach to design and test therapeutic interventions that may include non-offending parents. *Qualitative Social Work, 11*(4), 362-378.

This article is about the use of qualitative methods in the design and development of new ways of intervening to help children who have been sexually abused. Specifically, it is about ways of including non-abusing parents and carers constructively in the intervention; about the complex, triangular relationships between social workers, children and parents that result; and about the contribution of qualitative methods to the design and development of such interventions. The difficulties of defining a precise model of intervention are discussed. But despite these difficulties, this article discusses the qualitative research strategies that were used to describe causal processes leading to outcomes and to identify factors that are indicative, or counter-indicative, of constructive parental involvement in children's therapy. Using these methods it has been possible, first, to describe the dynamics of successful helping processes, second, to identify aspects of professional expertise and, finally, to identify ways in which service users are active in shaping interventions.

Kim, K., Trickett, P. K., & Putman, F. W. (2011). Attachment representations and anxiety: Differential relationships among mothers of sexually abused and comparison girls. *Journal of Interpersonal Violence, 26*(3), 498-521.

The present study sought to document an example of how childhood sexual abuse and attachment representation interact while contributing to the trait anxiety of nonoffending mothers following the disclosure of their daughters' sexual abuse. The study sample consisted of 57 ethnically diverse mothers of sexually abused girls aged 6 to 16 and 47 mothers of comparison girls who were matched with the abused girls on age, socioeconomic status, and family constellation. Results indicate that the mothers' representations of past attachment relationships with their own fathers were differentially related to their current attachment styles, depending on their daughters' childhood sexual abuse status. The representation of past attachment relationships with peers had both main and protective effects on the mothers' trait anxiety symptoms. The relevance of attachment perspectives to adjustment among these mothers and intergenerational process in childhood sexual abuse are discussed, and implications for future research and clinical practices are identified.

Masilo, G. M. (2011). Support program to mothers of sexually abused children in North West Province in South Africa: A literature review. *Journal of Human Ecology*, 36(1), 13-21. <https://doi.org/10.1080/09709274.2011.11906412>

The purpose of the study was to conduct a comprehensive literature review on existing formal and informal support system for the mothers whose children were survivors of sexual abuse. Articles published from 1990-2010 in peer review journals and books were examined from PUBMED, CINAHL, hand search of bibliographies, and reports published by World Health Organization (WHO). The search focused on: program for mothers whose children were sexually assaulted, need for the support program, experiences of the mother regarding the child's sexual trauma, mother support to the child after disclosure, existing health care policies. Original articles only were included and these articles contained key words: Mothers/parents/caregivers, child sexual abuse, support program, rape and nonabusive mothers. The articles were to (1) describe program for the mothers, (2) acknowledge a need for the support system of a mother of a sexually abused child (SAC) (3) Experiences of the mother regarding the child's sexual trauma. (4) Mother supports to the child after disclosure and (5) any existing health care policies focusing on support for mothers of sexually abused children. Articles were labeled and categorized according to inclusion criteria. Data gathered was coded according to the themes from each article that qualified for inclusion. Notes on ideas were read and documented as a means of reference. Four (25%) articles reported that mothers: experienced distress of different types and that culture contributes to mothers' inadequate support to the child when the perpetrator is a family member. Five (31%) articles reported that mothers need support systems five (31%) articles also reported that support program was needed for mother post child sexual trauma and two 13% supported the idea that sexually abused children should be supported by their mothers. Out of the same articles two (13%) articles reported an existence of support program to mothers.

Tavkar, P., & Hansen, D. J. (2011). Interventions for families victimized by child sexual abuse: Clinical issues and approaches for child advocacy center-based services. *Aggression and Violent Behavior*, 16(3), 188-199.

Child sexual abuse poses serious mental health risks, not only to child victims but also to non-offending family members. As the impact of child sexual abuse is heterogeneous, varied mental health interventions should be available in order to ensure that effective and individualized treatments are implemented. Treatment modalities for child victims and non-offending family

members are identified and described. The benefits of providing on-site mental health services at Child Advocacy Centers to better triage and provide care are discussed through a description of an existing Child Advocacy Center-based treatment program. Recommendations for research and clinical practice are provided.

Walker-Descartes, I., Sealy, Y. M., Laraque, D., & Rojas, M. (2011). Caregiver perceptions of sexual abuse and its effect on management after a disclosure. *Child Abuse & Neglect*, 35(6), 437-447.

The aim of the study was to examine caregiver management strategies for child sexual abuse (CSA) when presented with hypothetical scenarios that vary in physical invasiveness. One hundred fifty three caregivers were given 3 scenarios of CSA with 7 management strategies presented in the 21-item Taking Action Strategies (TAS) scale. Caregivers were asked to rate strategies according to their willingness to carry out each action with rating of 5 = greater likelihood of carrying out the action specified while a rating of 1 = a lower likelihood of carrying out that action. CSA scenarios included exposure to pornography/ masturbation, fondling, and penetration while management strategies including fighting the accused, blaming the child, and outreaching to the authorities. Repeated measures ANOVA was used to compare mean TAS scores for the management strategies across CSA scenarios. The difference between TAS scores across the abuse scenarios was statistically significant ( $p < .001$ ). Mean TAS scores reflected greater preference for taking action if the abusive act was perceived as more physically intrusive (exposure to pornography/masturbation-TAS 3.5, fondling-TAS 3.7, penetration-TAS 3.8). Caregivers reported being less willing to handle a disclosure of CSA without outreach (TAS 2.5 and 2.0 for fighting and blaming the child, respectively) and more willing to manage a disclosure with outreach to authorities (TAS 3.8, 4.5, and 4.7 for outreaching to Child Protective Services [CPS], to the child's healthcare provider and police, respectively). A predictor of caregiver outreach to authorities identified was the caregiver having past interactions with CPS. Perception of the physical invasiveness of CSA and demographic factors can impact caregiver management strategies after a disclosure. Results suggest that several factors influence caregiver management of sexual abuse. These factors warrant further study, as they are potential contributors to declining trends in CSA cases observed. Other implications include the need for educational efforts targeting caregivers. These interventions should focus on dispelling myths about the perceived physical invasiveness of

CSA. These perceptions should not mitigate a caregiver's decision to involve the authorities in their management after a disclosure. Lastly, despite criticisms of the child protective systems, caregivers with past encounters with CPS view these related agencies as valuable resources.

Bonach, K., Mabry, J. B., & Potss-Henry, C. (2010). Exploring nonoffending caregiver satisfaction with a children's advocacy center. *Journal of Child Sexual Abuse, 19*(6), 687-708.

This study is a case evaluation research report on one Children's Advocacy Center that provides a coordinated response to allegations of child maltreatment, particularly sexual abuse. The data come from a mailed survey of nonoffending caregivers measuring their satisfaction with services provided through the Children's Advocacy Center. The results indicate overall satisfaction with the Children's Advocacy Center; however, they also suggest that the forensic interview may be perceived or experienced as distinct from the ongoing investigative and legal processes. Recommendations are made to better assess nonoffending caregiver satisfaction with Children's Advocacy Center services and to encourage consumer driven service improvement.

Hernandez, A. et al. (2009). An integrated approach to treating non-offending parents affected by sexual abuse. *Social Work in Mental Health, 7*(6), 533-555.

Childhood sexual abuse has been associated with a number of serious physical and psychological consequences throughout childhood and into adulthood for both child victims and their families. This article describes the preliminary outcomes of a pilot group program to treat nonoffending parents of sexually abused children. This group program is integrative in its approach, combining elements of trauma-focused cognitive-behavioral and psychoeducational/supportive interventions to treat non-offending parents of sexually abused children. This study also focuses on outcomes in terms of parental posttraumatic distress and general family functioning. A small group of non-offending parents was recruited from a local child advocacy agency. Parents attended the 12-week group program and outcomes such as parent post-traumatic stress and family dysfunction were examined. Measures of overall satisfaction and intervention feasibility were also examined at the end of the group intervention. Favorable outcomes included a decrease in parent self-report of posttraumatic stress and select aspects of family dysfunction. Seventy-five percent of parents completed the group program. Satisfaction questionnaire responses demonstrated highly favorable

perceptions of the group's content, leaders, and helpfulness. This study served as an initial step in the development of larger family-focused interventions involving parallel parent and child groups and focused family sessions. Outcomes may begin to shed some light on the need for more parent- and family-focused interventions in families that have been affected by sexual abuse.

Hill, A. (2009). Factors influencing the degree and pattern of parental involvement in play therapy for sexually abused children. *Journal of Child Sexual Abuse, 18*(4), 455-474.

Although much has been written about the role of therapists in children's recovery from child sexual abuse, relatively little attention has been paid to the role of nonoffending parents. This study investigated the work of a team of therapists who sometimes included such parents in therapy sessions with children. The study sought to understand what factors were influencing the degree and pattern of parental involvement and to understand what effect these patterns of parental involvement were having on the process and outcomes of therapy. The study successfully identified a range of factors influencing the patterns of parental involvement, but more research will be needed to understand the effect on outcomes.

Jones, L. M., Atoro, K. E., Walsh, W. A., Cross, T. P., Shadoin, A. L., & Magnuson, S. (2009). Nonoffending caregiver and youth experiences with child sexual abuse investigations. *Journal of Interpersonal Violence, 25*(2), 291-314.

Qualitative responses by caregivers ( $n = 203$ ) and youth (aged 8 and older;  $n = 65$ ) about their experiences with sexual abuse investigations were analyzed in conjunction with quantitative ratings of satisfaction. Respondents described mostly high levels of satisfaction, although dissatisfaction was reported with some key aspects of investigations. The features cited as worse than expected by caregivers were the investigators' commitment to prosecuting the alleged offender and the absence of clear and regular communication about the status of the case. The features mentioned most often by caregivers as better than expected were the emotional support and interviewing skills of investigators. Youth focused both praise and criticism on investigators' interviewing skills. There were relatively few complaints by either caregivers or youth about the duration of the investigation, medical exams, lack of services, or failures of interagency communication, areas of considerable reform in the past several decades. Implications for investigator training and reform initiatives are discussed.

Kouyoumdjian, H., Perry, A. R., & Hansen, D. J. (2009). Nonoffending parent expectations of sexually abused children: Predictive factors and influence on children's recovery. *Journal of Child Sexual Abuse, 18*(1), 40-60.

This study examined the influence of parental expectations on the functioning of sexually abused children. Participants included 67 sexually abused youth and 63 of their nonoffending primary caregivers. Parental expectations about how sexual abuse will impact children were predictive of parents' ratings of children's behavior at pretreatment, while parental expectations of children's overall future functioning were not predictive of parents' ratings of children's behavior. Parental expectations about how sexual abuse will impact their children and about their children's overall future functioning were not predictive of parents' ratings of children's behavior at posttreatment. Results highlight the influential role the sexual abuse label has in shaping parental expectations about children's functioning. Recommendations for research and intervention are discussed.

Alaggia, R., & Knott, T. (2008). Treatment for the nonoffending caregiver. In C. Hilarski, J. Wodarski, & M. D. Feit (Eds.), *Handbook of Social Work in Child & Adolescent Sexual Abuse* (pp 203-227). Binghamton, NY: Haworth Press.

This study is a case evaluation research report on one Children's Advocacy Center that provides a coordinated response to allegations of child maltreatment, particularly sexual abuse. The data come from a mailed survey of nonoffending caregivers measuring their satisfaction with services provided through the Children's Advocacy Center. The results indicate overall satisfaction with the Children's Advocacy Center; however, they also suggest that the forensic interview may be perceived or experienced as distinct from the ongoing investigative and legal processes. Recommendations are made to better assess nonoffending caregiver satisfaction with Children's Advocacy Center services and to encourage consumer driven service improvement.

Coohey, C., & O'Leary, P. (2008). Mothers' protection of their children after discovering they have been sexually abused: An information-processing perspective. *Child Abuse & Neglect, 32*(2), 245-59.

The purpose of this study was to understand why some non-offending mothers did not protect their children consistently after they knew they were sexually abused. The sample included 85 mothers who were involved with child protective services: 48 mothers who protected their children consistently were compared to 37 mothers who did not. Several variables explained 47% of the

variance in the multivariate analysis. If the mother did not ask the abuser whether the abuse occurred, attributed responsibility to the abuser, believed consistently that the abuse occurred, and was not a victim of domestic violence, then she was more likely to protect her child consistently. Some maternal characteristics believed to affect protectiveness, such as mothers' mental health and substance abuse, were not related to whether they protected their children consistently, whereas other variables, such as domestic violence, were. Researchers need to continue to examine these and other variables simultaneously, so that practitioners can better understand which children are most likely to receive inadequate protection. Practitioners should ask mothers whether they believe the abusers' behavior was sexual and abusive. If mothers do not perceive sexual abuse, then they will not believe abuse occurred or attribute responsibility to the abusers. Helping mothers understand the nature of sexual abuse may change their beliefs and attributions. If the abuser is the mother's partner and he has physically assaulted her, practitioners need to assess her willingness and ability, with adequate services and support, to restrict his access to her child.

Corcoran, J., & Vijavan, P. (2008). A Meta-Analysis of parent-involved treatment for child sexual abuse. *Research on Social Work Practice, 18*(5), 453-464.

Sexual abuse in children not only occurs with alarming frequency, it also potentially leads to deleterious consequences for victims. Previous narrative reviews have touted the benefits of including the nonoffending caregiver in child sexual treatment. A meta-analysis is conducted to determine the effects of parent-involved treatment in four major child symptom areas: internalizing, externalizing, sexualized behaviors, and posttraumatic stress. Only comparison/control group studies are included. Participant, treatment, and methodological characteristics of studies are coded, as well as information to calculate effect sizes. An overall effect size is calculated, though the small number of studies precluded moderator analysis. Results: Seven studies are located that met the inclusion criteria. At posttest, treatment had small effects in the four outcome domains over alternative interventions and was reduced still further at follow-up. Parent-involved treatment confers some advantage over comparison conditions (typically child-only treatment).

Smith, A. P., & Kelly, A. B. (2008). An exploratory study of group therapy for sexually abused adolescents and nonoffending guardians. *Journal of Child Sexual Abuse, 17*(2), 101-116.

Adolescent survivors of sexual abuse frequently report severe trauma, depression, anxiety, and low self-esteem. While cognitive behavioral group interventions show promise, interpreting efficacy is problematic due to commonly high attrition. This article reports promising exploratory study findings relating to a 12-week multimodal abuse-specific group intervention with a nonoffending parent/caregiver component. Participants (aged 11-16 years) consisted of six adolescents with severe abuse histories, and their caregivers. Participants completed pre-, post-, and 1-month follow-up measures. The results were consistent with the possibility that the program produced clinically meaningful reductions in abuse-related psychological sequelae, the program had excellent face validity with participants, and there were no dropouts.

Bolen, R. M., & Lamb, J. L. (2007). Can nonoffending mothers of sexually abused children be both ambivalent and supportive? *Child Maltreatment, 12*(2), 191-197.

Some nonoffending parents experience ambivalence in feelings, belief, and behavior toward their children after their children's disclosure of sexual abuse. Traditionally, it has been assumed that ambivalent nonoffending parents are not adequately supportive of their children after disclosure. In contrast, this study of 29 nonoffending mothers whose resident partners sexually abused their children tests a theoretical model of postdisclosure responses of nonoffending parents in which it is hypothesized that parental support and ambivalence can coexist. In a partial least squares analysis of this model, no relationship between postdisclosure support and ambivalence is found after controlling for variables related to ambivalence. These findings lend preliminary support to the hypothetical theoretical model, supporting a need for continuing research on the constructs of ambivalence and parental support.

Jones, L. M., Cross, T. P., Walsh, W. A., & Simone, M. (2007). Do Children's Advocacy Centers improve families' experiences of child sexual abuse investigations? *Child Abuse & Neglect, 31*(10), 1069-1085.

The Children's Advocacy Center (CAC) model of child abuse investigation is designed to be more child and family-friendly than traditional methods, but there have been no rigorous studies of their effect on children's and caregivers' experience. Data collected as part of the Multi-Site Evaluation

of Children's Advocacy Centers were used to examine whether CACs improve caregivers' and children's satisfaction with investigations. Nonoffending caregiver and child satisfaction were assessed during research interviews, including the administration of a 14-item Investigation Satisfaction Scale (ISS) for caregivers. Two hundred and twenty-nine sexual abuse cases investigated through a CAC were compared to 55 cases investigated in communities with no CAC. Hierarchical linear regression results indicated that caregivers in CAC cases were more satisfied with the investigation than those from comparison sites, even after controlling for a number of relevant variables. There were few differences between CAC and comparison samples on children's satisfaction. Children described moderate to high satisfaction with the investigation, while a minority expressed concerns about their experience. The CAC model shows promise for improving families' experiences, but to build upon this promise, agencies will need to systematize procedures for refining and adapting the model as new research becomes available.

Joyce, P. A. (2007). The production of therapy: The social process of construction of the mother of a sexually abused child. *Journal of Child Sexual Abuse, 16*(3), 1-18.

This study qualitatively examined the perspectives of clinical social workers on non-offending mothers of sexually abused children. The study examined whether clinicians still used collusion to explain mothers' behavior, despite research refuting collusion. Findings revealed that, although workers did not use collusion, they still constructed mothers negatively. Multiple contexts of agency practice influenced constructions. Administrative use of authority to implement external constraints led to workers' resistance, which involved humor with gender and ethnic components. The agency's role as a graduate social work teaching site contributed the following: Field instructors transmitted the belief that incest typified severe family difficulties and posed complex assessment and intervention problems. Implications for effective practice are discussed.

Kim, K., Noll, J. G., Putnam, F. W., & Trickett, P. K. (2007). Psychosocial characteristics of nonoffending mothers of sexually abused girls: Findings from a prospective, multigenerational study. *Child Maltreatment, 12*(4), 338-351.

This study examined psychosocial characteristics of nonoffending mothers of sexually abused girls. The sample consisted of 72 ethnically diverse mothers of sexually abused girls aged 6 to 16 years, and 55 mothers of girls who were demographically similar with the abused girls on age,

socioeconomic status, and family constellation. The variables examined included measures of the mothers' childhood developmental histories and current functioning (e.g., depression, parenting), as well as their current family environment. The specific questions addressed were (a) whether mothers of sexually abused girls could be distinguished from mothers of comparison girls on various psychosocial characteristics and (b) whether three subgroups of mothers (i.e., mother and daughter sexually abused, daughter-only abused, neither mother nor daughter abused) would exhibit different patterns of psychosocial characteristics. Results show that nonoffending mothers of sexually abused girls may confront considerable psychosocial challenges following the disclosure of their daughters' sexual abuse and that mother's own childhood abuse experiences may be an important factor to understand these challenges.

Malloy, L. C., & Lyon, T. D. (2006). Caregiver support and child sexual abuse: Why does it matter? *Journal of Child Sexual Abuse, 15*(4), 97-103.

Coohey's paper is a valuable investigation of the substantiation of mothers for failure to protect their children from child sexual abuse (CSA). Drawing on concerns regarding the possible inconsistency of decisions to substantiate, the author sought to determine the factors relied on by CPS investigators in the decision-making process. Multivariate analyses revealed the importance of maternal reactions to abuse, whether she acted in a protective or supportive manner. We will put Coohey's findings in the context of other research that has documented the importance of nonoffending caregivers' reactions to sexual abuse. It is understandable that social workers consider the non-offending caregiver's reactions to the abuse as a means of assessing the child's family, because of the importance of caregiver belief and support in ensuring the child's future safety and wellbeing. However, we would emphasize that caregiver supportiveness is not a static quality that is simply subject to measurement but a dynamic quality that may be susceptible to intervention.

Plummer, C. A. (2006). [The discovery process: What mothers see and do in gaining awareness of the sexual abuse of their children.](#) *Child Abuse & Neglect, 30*(11), 1227-1237.

The aim of this study was to explore how mothers discovered that their children had been sexually abused. The exploration included learning from whom or in what ways mothers learned about the abuse, whether there were prior suspicions, if actions were taken to determine likelihood of abuse,

and the barriers to recognizing abuse. An exploratory survey of 125 nonabusive mothers of sexually abused children in three clinical sites was used. The sample included primarily Caucasians and African Americans in a Midwestern state. A focus group study was used to develop the instrument. The survey was analyzed using descriptive statistics. Mothers first came to learn of sexual abuse from a verbal report (42%) or behaviors (15%) of their victimized child. Almost half of the mothers had a sense that something was “not quite right” prior to knowing about the abuse. Mothers took many actions to try to clarify what was occurring including talking with their child (66%) or watching things more closely (39%) Evidence most convincing mothers of the abuse included child’s disclosure (74%), child’s behavior (66%) and child’s emotions (60%). Factors increasing uncertainty included denial by the abuser (21%). This exploratory study provides initial data on how mothers come to learn of and believe the sexual abuse of their children. Educating mothers about effective ways to explore suspicions and weigh the evidence for or against abuse may enhance maternal protection and expedite investigations.

Plummer, C. A. (2006). Non-abusive mothers of sexually abused children: The role of rumination in maternal outcomes. *Journal of Child Sexual Abuse, 15*(2), 103-122.

This study of 125 mothers examined the role of rumination in maternal emotional and behavioral outcomes subsequent to discovery of the sexual abuse of their children. Abuse severity, a maternal history of child abuse experiences, and life hassles were examined as predictors of negative outcomes. The central finding was that these factors, many of which are not controllable, were less likely to predict poor maternal outcomes than was rumination, a cognitive process that may be alterable. Rumination was the strongest correlate with each outcome. Further, the effects of most predictors on outcomes in this study were mediated by a ruminative cognitive style. Abuse severity, income, ethnicity, and education lacked significant relationships with maternal outcomes. This study asserts that rumination is a central component for understanding maternal outcomes in the post-discovery phase of sexual abuse cases. It recommends that rumination be routinely assessed both for research and treatment purposes.

Sawyer, G., Tsao, E., Hansen, D., & Flood, M. (2006). Weekly problems scales: Instruments for sexually abused youth and their nonoffending parents in treatment. *Child Maltreatment, 11*(1), 34-48.

This study's purpose was to determine if efficient measures could be created to assess multiple problematic behaviors identified in youth who were sexually abused and in treatment. Because of the lack of easily administered brief instruments that assess multiple domains of interest in this population, complementary parent and child assessment measures were developed. The Weekly Problems Scale–Child Version (WPSC) and the Weekly Problems Scale–Parent Version (WPS-P) were created to monitor the weekly progress of the child and family in treatment and focus specifically on common areas of difficulties in this population. Exploratory factor analysis was conducted to assist in identifying the number of underlying dimensions in the scales. Results indicate that the WPS-C and WPS-P demonstrate adequate internal consistency, temporal stability, and construct validity. The WPS-C and WPS-P display significant promise as research and clinical assessment tools for use with youth who are sexually abused and their nonoffending parents in treatment.

Shadoin, A. L., & Carnes, C. N. (2006). Comments on how child protective services investigators decide to substantiate mothers for failure-to-protect in sexual abuse cases. *Journal of Child Sexual Abuse, 15* (4), 97-103.

This commentary discusses the decisions of child protective service (CPS) investigators to substantiate mothers for failure-to-protect (FTP) in child sexual abuse cases. Four areas are identified in which the scientific literature remains inadequate to fully inform child maltreatment researchers, CPS practitioners and child welfare policy-makers on models and outcomes for FTP substantiation decisions. Attention is called to the need for more information about how differences in statutory definitions, common guidelines, and professional education and training influence FTP substantiation decisions. Current gaps in the knowledge base on FTP and nonoffending caregivers are highlighted.

Bolen, R. M., & Lamb, J. L. (2004). Ambivalence of nonoffending guardians after child abuse disclosure. *Journal of Interpersonal Violence, 19*(2), 185-211.

A concern in the intervention with sexually abused children is the support of their nonoffending guardians after disclosure of the abuse. Approximately a third of nonoffending guardians respond with vacillation in support, and these nonoffending guardians are at greater risk for having their children removed. This article reconceptualizes vacillation in support as an ambivalent response. Drawing on the interdisciplinary literature, this article suggests that ambivalence in support reflects the confluence between the nonoffending guardian's valence toward the child and perpetrator. This article further proposes that ambivalence is normative when the costs of disclosure are high and when the nonoffending guardian is ambivalent/ preoccupied in attachment. Ambivalence may also be both a precursor to and an effect of the traumatic experience of the disclosure on the nonoffending guardian. In a study of 30 nonoffending mothers whose partners sexually abused their children, these relationships were supported.

Corcoran, J. (2004). Treatment outcome research with the nonoffending parents of sexually abused children: A critical review. *Journal of Child Sexual Abuse, 13*(2), 59-84.

Potentially deleterious effects arise from the experience of childhood sexual abuse, but maternal supportiveness has been identified as a crucial mediator. Consequently, a body of knowledge has begun to develop on interventions designed to improve the supportiveness and adjustment of the non-offending parent. The present paper attempts to provide a critical review of the treatment outcomes reported for these new interventions. Studies have been organized according to the sexually abused child's stage of development: preschool, school-aged, and adolescence. Recommendations for service delivery and research follow.

Appleyard, K., & Osofsky, J. D. (2003). Parenting after trauma: Supporting parents and caregivers in the treatment of children impacted by violence. *Infant Mental Health Journal, 24*(2), 111-125.

The deleterious impact of trauma on parents and their capacity to parent their children seems well recognized in the clinical community, although not sufficiently studied empirically. The purposes of this article are to present an overview of current knowledge about trauma and parenting, to provide an illustrative clinical case study, and to offer recommendations for systemic

treatment modalities, multidisciplinary program design, and empirical evaluation. The preponderance of evidence from both the available literature and clinical observations indicates the crucial need for caregiver support in families who have experienced violence. The case study provides an exemplar of the overlapping and interrelated clinical needs of families experiencing trauma. The authors conclude that future empirical study should focus on delineating the processes through which parent functioning following trauma affects children, as well as establishing the effectiveness of treatment and the links between improvement in parent mental health and subsequent enhanced functioning in children.

Forbes, F., Duffy, J. C., Mok, J., & Lemvig, J. (2003). Early intervention service for nonabusing parents of victims of child sexual abuse, pilot study. *British Journal of Psychiatry*, *183*(1), 66-72.

Childhood sexual abuse is a non-specific risk factor for psychopathological disorders in childhood and later life. The response of non-abusing parents to disclosure of abuse may influence the child's outcome. To assess the level of psychopathological symptoms in parents and children following disclosure of sexual abuse and the changes following a parental treatment intervention. Parents completed standardised rating scales about their own and their child's symptoms. These were repeated following the intervention. Thirty-nine parents of 31 children completed scales at the baseline assessment; 18 repeated these following interventions. Initially, parents reported high rates of psychopathological symptoms in themselves and their children, which were reduced following the intervention. This study confirms the high rates of psychopathological symptoms found in parents of children following disclosure of sexual abuse. Children clinically identified for intervention had higher measured levels of psychopathological symptoms. Targeted treatment interventions are needed.

Hsu, E. (2003). Parallel group treatment for sexually abused children and their nonoffending parents: An examination of treatment integrity and child and family outcome and satisfaction. *Dissertation Abstracts International: Section B: The Sciences and Engineering*. 2003, pp. 2390.

This dissertation describes an examination of Project SAFE (Sexual Abuse Family Education), a parallel group treatment for 57 sexually abused children and their 55 nonoffending parents. The 12-session intervention addressed three target areas impacted by sexual abuse: the individual or

self; relationships; and sexual knowledge and abuse related issues. A program evaluation of Project SAFE was conducted by examining treatment integrity, child and family outcome, and social validity. Results indicated strong integrity ratings showing that therapists adhered well to the treatment protocols. Strong inter-rater agreement was also established. Post-treatment improvements were found in child behavior and functioning. Parents reported a reduction in child emotional and behavioral symptoms and children reported less anxiety, less post-traumatic stress symptoms, less maladaptive abuse attributions, less negative perceptions of social reactions, and increased basic sexual knowledge after treatment. In general, treatment gains were maintained 3 months after completion of treatment. Subjective evaluations revealed that the treatment goals, procedures, and outcomes were acceptable, relevant, and helpful to the families. Preliminary data were also provided about groups within this population differentiated on treatment completion and child symptomatology. Regarding treatment completion, the only demographic variable that was significant between the two groups was the parent's age such that caregivers who completed treatment were older in age than those who did not participate or terminated treatment prematurely. Results from the child's self-report of initial symptoms also showed that children who completed treatment exhibited better sexual knowledge, less feelings of loneliness, poorer attitudes about themselves, and more maladaptive thoughts and feelings about what has happened to themselves compared to children who did not complete treatment. Regarding child symptomatology, results showed that neither demographic nor abuse information was associated with children's reports of symptom severity, and only the nature of the abuse was associated with parental reports of children's symptom severity. Lastly, limitations of this dissertation and future directions were described.

Rosenthal, S., Feriring, C., & Taska, L. (2003). Emotional support and adjustment over a year's time following sexual abuse discovery. *Child Abuse & Neglect*, 27(6), 641-661.

This study investigated age and gender differences in perceived emotional support in children and adolescents who experienced sexual abuse from the time of discovery to 1 year later. Also examined were the relations among sources of support and adjustment and whether support explained resilience, defined as better adjustment over a year's time. One hundred and forty-seven sexually abused youth were interviewed at the time of discovery (T1) and 1 year later (T2). Information gathered included severity of the sexual abuse, satisfaction with support from

caregivers, same-sex and other-sex friends, feelings of shame about the abuse, and attributional style. Youth adjustment was measured using reports from the youth themselves, caregivers, and teachers. Children reported the most satisfaction with support from caregivers followed by friends whereas adolescents reported similar levels of support from friends and caregivers. Satisfaction with support was differentially related to adjustment. Youth who reported more satisfaction with caregiver support at T1, reported less depression, better self-esteem but more sexual anxiety 1 year later. More satisfaction with support from friends predicted lower self-esteem but less sexual anxiety. More satisfaction with initial caregiver support at T1 predicted better parent- and teacher-rated adjustment 1 year later, after controlling for initial adjustment. In general, initial caregiver emotional support at the time of abuse discovery predicted resilience in child and adolescent victims of sexual abuse. Findings suggested that treatment should include a focus on helping caregivers provide appropriate emotional support. © 2003 Elsevier Science Ltd.

Strople, L. A. (2003). Attachment style as a predictor of non-offending caregivers who will believe, protect, and/or support their sexually abused child upon disclosure. (Dissertation, Fielding Graduate Institute).

Attachment theory posits that early interactions with attachment figures are encoded in mental representations which guide all future interpersonal reactions. These mental constructs, referred to as internal working models (IWMs), consist of expectations, beliefs, emotional appraisals, and rules each individual uses to forecast the availability of another as a source of comfort and support. Depending on one's early experiences, various attachment styles develop. This study examined if individual differences in the IWMs of attachment were associated with a non-offending caregiver's (NOCs) likelihood to believe, protect, and/or support her victimized child upon disclosure of sexual abuse. In addition, attachment style was examined to determine if it would be predictive of the closeness of the relationship between the NOC and the alleged perpetrator (AP).

Alaggia, R. (2002). Balancing acts: Reconceptualizing support in maternal response to intrafamilial child abuse. *Clinical Social Work Journal*, 30(1), 41-56.

This article reports the findings of a grounded theory study aimed at identifying factors contributing to maternal response, and aspects of more and less supportive responses, to children who were sexually abused by the mother's intimate partner. The discovery-oriented nature of the

research revealed dimensions of maternal support that have not been clearly articulated in previous investigation. Maternal reaction, response, and support are terms that have frequently been used interchangeably. A general lack of clarity in defining support specifically in relation to maternal response has resulted in inconsistent conceptual application in research and has implications for assessment and treatment. Based on qualitative analysis of ten mothers' interview data a more comprehensive picture of support emerged. Dimensions of belief, and affective and behavioral support are expanded upon, and the notion of initial and enduring response are introduced as considerations for practice with mothers of sexually abused children. An expanded framework is offered as a tool for assessing the complexities of maternal support and changes over time therefore assisting social work clinicians in identifying specific targets for intervention.

Bolen, R., & Lamb, J. (2002). Guardian support of sexually abused children: A study of its predictors. *Child Maltreatment*, 7(3), 265-276.

The purpose of this article is to present a study of intervening variables for guardian support. It is this article's thesis that guardian support is better conceptualized as a complex reaction to the disclosure of abuse that is shaped by a number of factors, some of the most important of which are the stressors impinging on guardians and their previous patterns of relating within the family. The sample included 92 guardians of sexually abused children presenting at a medical center for a sexual abuse medical and forensic evaluation. This study found that the most important intervening variables for guardian support in multivariate analysis were the attachment/ relationship style of child and guardian and whether a second guardian accompanied the child to the hospital. This study highlights the importance of relational considerations between the child and nonoffending guardian as well as the importance of using more than a single nonoffending caregiver.

Bolen, R. M., Lamb, J., & Gradante, J. (2002). The needs-based assessment of parental(guardian) support: A test of its validity and reliability. *Child Abuse & Neglect*, 26(10), 1081-1100.

The purpose of this paper is to present a newly developed measure of guardian support, the Needs-Based Assessment of Parental (Guardian) Support (NAPS), an empirical evaluation of that measure, and its comparison with another measure of guardian support. The theoretical model that underlies this measure applies humanistic theory and Maslow's hierarchy of needs to the

understanding of guardian support. The study employed a cross-sectional nonexperimental survey design using 183 nonoffending guardians who accompanied children presenting for a medical/forensic examination for sexual abuse. The NAPS and an existing measure of guardian support were administered during the hospital outpatient visit, and basic information concerning the child and abuse situations were gathered. The NAPS had robust psychometric properties and was culturally sensitive. Tests of specific hypotheses supported the construct validity of the measure and a conceptualization of guardian support as hierarchical, with four stages of support. The brevity and ease of administration of the NAPS for both the clinician and guardian suggest that it is a viable assessment tool. The strong support for the NAPS' underlying theoretical model suggests that the nonoffending guardians' available resources need to be considered when assessing guardian support.

Walters, S. (2002). Working with the nonoffending caregiver. *Sex Offender Law Report*, 4(3), 35-38.

In the early years of child protective services, it was assumed that the nonoffending caregiver was just as culpable as the offender in cases of child abuse. The reasoning was that they must have known about the abuse but did not stop it. More research, however, led to the conclusion that not all nonoffending parents realize their child is being victimized. As such, it is important to work with the nonoffending caregiver (usually the mother) so that they can offer support to their child during the investigation and court process. Research has indicated that support from a loving caregiver can significantly lessen the experience of trauma by the child. The author describes what type of reactions mothers might have when a disclosure of child abuse occurs, including denial and guilt. Many caregivers may have been abused themselves as children and, thus, react strongly to a disclosure of child abuse. Tips on how to help caregivers meet their own needs are offered, such as providing support group information. It is imperative that the relationship between the mother and the child is observed so that correct action can be taken if the relationship is observed to be deleterious to the child. Notifying child protective agencies in the case that the relationship is viewed as negative for the child is suggested as the best course of action. Removal from the home altogether may be warranted. However, in most cases mothers are able to be supportive caregivers and should be supported in their role of protector for their child.

Banyard, V. L., Englund, D. W., & Rozelle, D. (2001). Parenting the traumatized child: Attending to the needs of nonoffending caregivers of traumatized children. *Psychotherapy, 38*(1), 74-87.

While there is a growing literature on the impact of trauma on children, there has been relatively little attention on the needs of their caregivers, who are themselves at risk for elevated levels of stress. This article draws from the broader literature on parenting under stress and the literature on interventions with parents of sexually abused children to outline the need for interventions for caregivers of multiply traumatized children. Trauma may enter the lives of children and their families in many ways, including natural disasters, accidents, physical and sexual abuse, community violence and traumatic loss. Components of an intervention model derived from the literature on general parenting interventions as well as the growing literature on trauma treatment are reviewed. Treatment needs to be expanded to include the broad array of individuals who care for children (grandparents, extended family members, and foster and adoptive parents as well as biological parents).

Deblinger, E., Stauffer, L., & Steer, R. (2001). Comparative efficacies of support and cognitive behavioral group therapy for young children who have been sexually abused and their nonoffending mothers. *Child Maltreatment, 6*(4), 332-343.

The differential efficacies of supportive and cognitive behavioral group therapy models designed for young children (ages 2 to 8) who have experienced sexual abuse and their nonoffending mother were compared. Forty-four mothers and their respective children participated in either supportive or cognitive behavioral therapy groups with the group format being randomly determined. Repeated measures indicated that compared to mothers who participated in the support groups, the mothers who participated in cognitive behavioral groups reported greater reductions at posttest in (a) their intrusive thoughts and (b) their negative partial emotional reactions regarding the sexual abuse. The children treated with cognitive behavioral therapy demonstrated greater improvement in their knowledge regarding body safety skills at posttest than did the children who received supportive therapy.

Elliott, A. E., & Carnes, C. C. (2001). Reactions of nonoffending parents to the sexual abuse of their child: A review of the literature. *Child Maltreatment*, 6(4), 314-331.

The published literature regarding reactions of nonoffending parents to the sexual abuse of their child is reviewed. Research suggests that mothers generally believe their children's allegations, either totally or in part. Although the majority of mothers are supportive/protective, a substantial number are not. Even mothers who are generally supportive and protective often exhibit inconsistent and ambivalent responses. Studies examining factors that predict parental belief, support, and protection have failed to yield consistent results. Few studies have examined nonoffending fathers' reactions following disclosure. Both nonoffending mothers and fathers often experience significant distress following their children's allegations. Parental support is consistently associated with the adjustment of sexually abused children. Few studies have examined interventions targeting nonoffending parents, although two series of well-designed studies suggest that cognitive-behavioral treatment that combines parent and child interventions may lead to better adjustment in both the child and the parent. Implications for mental health professionals are provided.

Hill, A. (2001). 'No-one else could understand': Women's experiences of a support group run by and for mothers of sexually abused children. *British Journal of Social Work*, 31(3), 385-397. <https://doi.org/10.1093/bjsw/31.3.385>

Previous studies have shown that when a woman finds out about the sexual abuse of her children the consequences for her are serious and can represent a major life crisis. Women in this position frequently report a lack of professional understanding and support. The current study explores the experiences of women attending a busy peer support group at the NSPCC in York. It demonstrates the vital role that peer support can play. It traces a variety of factors which mean that family, friends and social workers are not well placed to help. At the heart of these difficulties are the powerful feelings of guilt and failure in their role as mothers which the women experienced as a result of the sexual abuse of their children. For these women it was impossible to share with social workers their doubts about their own abilities as mothers, particularly in a context in which those workers were making judgements about their 'ability to protect'. On the other hand the support group provided a safe and non-judgemental forum in which these powerful emotions could be

expressed and dealt with. The study explores the role that social workers can play in relation to such groups.

Leifer, M., Kilbane, T., & Grossman, G. (2001). A three-generational study comparing the families of supportive and unsupportive mothers of sexually abused children. *Child Maltreatment, 6*(4), 353-364.

This three-generational study investigated family histories of attachment relationships and abusive experiences as well as current functioning of family members that differentiate supportive from unsupportive mothers of sexually abused children. Interviews and standardized adult and child measures were administered to a samples, including (a) 99 nonoffending African American mothers and their children aged 4 to 12 years, of whom 61 mothers were classified as supportive and 38 were classified as unsupportive, and (b) 52 grandmothers, of whom 33 were the mothers of supportive mothers and 19 were mothers of unsupportive mothers. The authors' findings indicate that a history of conflicted and/or disrupted attachment relationships between grandmother and mother, and mother and child, and less support provided by the grandmother to the child characterize families in which sexually abused children do not receive maternal support. Also, nonsupportive mothers showed more substance abuse, criminal behaviors, and problematic relationships with male partners.

Lewin, L., & Bergin, C. (2001). Attachment behaviors, depression, and anxiety in nonoffending mothers of child sexual abuse victims. *Child Maltreatment, 6*(4), 365-375.

The purpose of this study was to examine the psychological well-being and attachment behavior of nonoffending mothers of child sexual abuse victims (CSAVs). This topic is significant because it is the mothers who most often provide support for young child victims. Two sets of data on maternal depression, state and trait anxiety, and Ainsworth's maternal attachment behaviors were analyzed. First, 38 mothers of CSAVs were compared based on the presence or absence of maternal history of abuse. Second, from the original 38 mothers of CSAVs, 27 mothers were compared o a matched group of mothers of nonabused children. Children in both data sets were 6 to 48 months. In the first data set, there were no significant differences in depression, anxiety, and attachment behaviors based on mothers' personal history of abuse. However, in the

second data set, mothers of CSAVs had heightened levels of depression and anxiety and diminished maternal attachment behaviors.

Davies, E., Seymour, F., & Read, J. (2000). Children's and primary caretakers' perceptions of sexual abuse investigation process: A New Zealand example. *Journal of Child Sexual Abuse, 13*(2), 41-56.

Children's and non-offending parents' perceptions of the child sexual abuse investigation process have received little research attention. In this study, interviews were conducted with 51 children and 124 primary carers where the children had made clear disclosures of sexual abuse. The interviews recorded their perceptions concerning social work intervention, early police responses, the evidential video units (who produce the videotaped evidence-in-chief), medical examinations, access to therapeutic services, and the way these interventions link together. While the majority reported positive experiences of the professionals involved, there were problems with delays, interagency collaboration and provision of information, support, and control.

Alaggia, R., Michalske, J., & Vine, C. (1999). The use of peer support for parents and youth living with the trauma of child sexual abuse: An innovative approach. *Journal of Child Sexual Abuse, 8*(2), 57-76.

Reports Peer Support Program (PSP), an intervention program for parents of sexually abused children and youth in Canada. Development, implementation, and evaluation of the PSP; Characteristics of service delivery and level of consumer satisfaction with PSP; Implications for interventions with the parents and victims of sexual abuse.

Jinich, S., & Latronik, A. J. (1999). Coping with sexual abuse development and evaluation of a videotape intervention for nonoffending parents. *Child Abuse & Neglect, 23*(2), 175-190.

The aims of the study were: (1) to develop, apply, and evaluate a videotape intervention that targeted the development of supportive behaviors in mothers of children who were being examined because of suspected molestation; and (2) to examine the relationship between mothers' reported responses to and beliefs about the molestation and their children's perceptions of support. Mothers (N = 87) who had children 4 to 12 years of age were recruited and randomly assigned to view either a treatment or control videotape during the time when their child was being examined. Observers who were blinded to this assignment observed and rated parent-child interactions in the

waiting room prior to and again after the mothers viewed the videotape. One week after this brief intervention, 64 of the mothers and 30 of the children (8- to 12-years-old) were interviewed. Mothers who viewed the treatment tape were more likely to engage in supportive behaviors with their child immediately after viewing the tape, and were able to identify more supportive behaviors at the 1-week follow-up. In addition, mothers' reports of how they responded to the molestation (including perceived blame) was related to child perceptions of parental support. The findings indicate that children who have been sexually molested are sensitive to the initial reactions of their nonoffending parent to the disclosure. In addition, there is some evidence that we can design and deliver cost-effective interventions during the early disclosure period that promote more positive (or supportive) responses by the nonoffending parent.

Massat, C. R., & Lundy, M. (1999). Service and support needs of non-offending parents in cases of intrafamilial sexual abuse. *Journal of Child Sexual Abuse, 8*(2), 41-56.

This article describes the helpfulness and availability of formal and informal services and supports available to 104 non-offending parents in cases of intrafamilial sexual abuse. Though findings include high overall satisfaction with the services that were provided, parents report gap between their needs and the availability of services. Two measures were used to collect the data: the Maternal Sense of Social Support (MSSI) (Pascos, Loda, Jeffries, & Earp, 1981), and the Helpfulness Index, adapted from a questionnaire used by Runyan et al. (1992). These data are from the first wave of data collection in a four-year study of non-offending parents and their sexually abused children.

Hiebert-Murphy, D. (1998). Emotional distress among mothers whose children have been sexually abused: The role of a history of child sexual abuse, social support, and coping. *Child Abuse & Neglect, 22*(5), 423-435.

The purpose of the present study was to investigate various psychosocial factors related to mothers' distress following their children's disclosures of sexual abuse. Specifically, the relationships between mothers' emotional distress and a maternal history of sexual abuse in childhood, a maternal history of sexual abuse in adolescence, social support and coping strategies were examined. Methodology: One hundred and two women whose children disclosed sexual abuse completed a sexual abuse history questionnaire, the Provision of Social Relations Scale, the

Coping Responses Inventory, the Brief Symptom Inventory, and a questionnaire requesting descriptive data. Results: As predicted, results indicated that emotional distress was related to a maternal history of childhood sexual abuse, a maternal history of adolescent sexual abuse, a lack of support from friends and family, and greater use of avoidance coping strategies. As well, reliance on avoidance coping strategies was found to predict distress after controlling for both maternal child sexual abuse history and social support. Conclusion: The findings indicate that the distress experienced by mothers following a disclosure of sexual abuse is related to mothers' personal histories of child sexual abuse, the social support they receive, and the coping strategies they employ to deal with their children's disclosures. This study suggests that greater attention be given to psychosocial variables which can assist practitioners in explaining the variability in distress experienced by mothers and which might suggest potential interventions.

Massat, C. R., & Lundy, M. (1998). Reporting costs to nonoffending parents in cases of intrafamilial child sexual abuse. *Child Welfare, 77*(4), 371-388.

Findings from a study of 104 nonoffending parents and their sexually abused children suggest four areas in which nonoffending parents experience significant change or loss as a result of the disclosure of the sexual abuse of their children. The term *reporting cost* was coined to describe these changes and losses. The four types of reporting costs found are relational, financial, vocational, and residential. Nonoffending parents experienced an average of three major costs from the disclosure of intrafamilial sexual abuse.

Kinard, E. M. (1996). Social support, self-worth, and depression in offending and nonoffending mothers of maltreated children. *Child Maltreatment, 1*(3), 272-283.

This study investigated whether offending and non-offending mothers of maltreated children differ on life stressors, social support, self-worth, or depressive symptoms. The interrelationships among life stressors, maltreatment incident characteristics, interventions, social support, and depressive symptoms were also examined. The sample comprised 166 mothers (109 offending and 57 non-offending), stratified by type of maltreatment into three subgroups: physical abuse, neglect, and sexual abuse. Mothers were assessed twice, one year apart. Data were collected from questionnaires administered to the mothers by the interviewer. Results showed that the two groups did not differ on depressive symptoms at the first interview (Time 1), but depressive symptoms

decreased more over time for nonoffending mothers than for offending mothers. Perceptions of low social support from family and friends were the strongest predictors of more negative perceptions of self-worth and greater depressive symptomatology at Time 1. At Time 2, support from friends remained a significant independent predictor of self-worth and depressive symptoms, but support from family was no longer significant. Additional findings were presented and implications for planning interventions with maltreating families were discussed.

Stauffer, L. B., & Deblinger, E. (1996). Cognitive Behavioral groups for nonoffending mothers and their young sexually abused children: A preliminary treatment outcome study. *Child Maltreatment, 1*(1), 65-76.

Evaluation included standardized assessment of maternal distress levels and maternal reports of children's behavioral functioning at initial contact, pretreatment, posttreatment, and 3-month follow up. A series of one-way repeated measures indicated significant decreases in parental distress and children's sexual behaviors across evaluations. Post-hoc analyses suggest that these improvements occurred as a function of group participation and were maintained at follow up. These group interventions are cost-effective and highly replicable, and appear to be effective in both decreasing parent and child symptomatology and improving maternal parenting practices. These interventions are worthy of further investigation. However, ethical concerns regarding no-treatment control groups suggest that they may best be conducted through an experimental design.

Tamraz, D. N. (1996). Nonoffending mothers of sexually abused children: Comparison of opinions and research. *Journal of Child Sexual Abuse, 5*(4), 75-105.

Examines literature on nonoffending mothers of sexually abused children. Physical and psychological problems of nonoffending mothers; History of sexual abuse; Reaction to incest disclosure; Comparative analysis of the opinion-based and researched-based literature on nonoffending mothers.

Davies, M. G. (1995). Parental distress and ability to cope following disclosure of extrafamilial sexual abuse. *Child Abuse & Neglect, 19*(4), 399-408.

This study is concerned with the problems experienced by parents following disclosure of extrafamilial sexual abuse where the perpetrator was known or related to the child or family. Thirty parents (including stepparents), took part and most completed a series of questionnaires, as well as participating in a semistructured interview. Data obtained related to depression, posttraumatic stress, marital satisfaction, and attitude to child victim. Other data relating to anger and loss of significant relationships was obtained from the semistructured interview. Parental distress and ability to cope is described in terms of three distinct types: Type I—Parents able to cope following initial period of distress; Type II—Parents able to cope following initial period of distress, but with significant problems; Type III—Parents unable to cope following initial period of distress.

Green, A. H., Coupe, P., Fernandez, R., & Stevens, B. (1995). Incest revisited: Delayed post-traumatic stress disorders in mothers following the sexual abuse of their children. *Child Abuse & Neglect, 19*(10), 1275-1282.

The case histories of four women who developed symptoms of post-traumatic stress disorder following the disclosure of the sexual abuse of their daughters are presented. These individuals also exhibited comorbid symptoms of depression and personality disorders. Awareness of the sexual abuse of their daughters catalyzed a reliving of their own childhood victimization. The psychodynamics operating in these cases, as well as treatment strategies are also presented. A brief follow-up of three of the four cases is included.

Lovett, B. B. (1995). Child sexual abuse: The female victims' relationship with her nonoffending mother. *Child Abuse & Neglect, 19*(6), 729-738.

The present study is an empirical analysis of 60 female victims of sexual abuse and their perceptions of their relationship with their nonoffending mothers. Contrary to much of the sexual abuse literature, which suggests a hostile and rejecting relationship, this study finds that the victims perceived a warm and accepting relationship with their mothers. The present study examines female victims of sexual abuse ages 7-12, who were interviewed within a few weeks of disclosure. Data collection includes the Parental Acceptance/Rejection Questionnaire and the Child Behavior Checklist by Achenbach. Sexual abuse variables related to the nature of the sexual abuse are also

analyzed. Results indicate that sexually abused girls who perceived lower levels of maternal rejection had higher competency ratings and fewer behavior problems as compared with victims who perceived higher levels of maternal rejection. Abuse involving force by the offender is correlated with lower competency in the victims. More violent abuse is correlated with externalizing behavior problems and sexual behavior problems.

Wilson, M. K. (1995). A preliminary report on ego development in nonoffending mothers of sexually abused children. *Child Abuse & Neglect, 19*(4), 511-518.

The article presents a study that examines ego development in nonoffending mothers of sexually abused children. In this study, a sample of 21 mothers with identified sexually abused children were assessed using the Washington University Sentence Completion Test for Measuring Ego Development. The participants were asked to identify all the types of sexual abuse that had occurred with their children. Results suggested that there is a critical need to focus on the ego strengths of these mothers and to not concentrate on perceived weaknesses.

Deblinger, E., Landsberg, C., & Stauffer, L. (1994). The impact of a history of child sexual abuse on maternal response to allegations of sexual abuse concerning her child. *Journal of Child Sexual Abuse, 3*(3), 67-75.

Study results were presented at the Annual Meeting of the Association for the Advancement of Behavior Therapy, Boston, MA, November 20-22, 1992. This study examined the impact of a personal history of sexual abuse as children on the responses of nonoffending mothers to allegations that their children were sexually abused.

Howard, C. A. (1993). Factors influencing a mother's response to her child's disclosure of incest. *Professional Psychology: Research and Practice, 24*(2), 176-181.  
<https://doi.org/10.1037/0735-7028.24.2.176>

The nonoffending parent of an incest victim, in many cases the mother, occupies a pivotal position when incest is disclosed. The response of the mother may further or hinder the future mental and emotional health and well-being of the child victim. Many factors appear to be involved in determining the reactions of the mother, and it is imperative that psychologists give thought to the dynamics involved in being in this unique position. Accurate assessment and effective intervention

with the nonoffending mother may serve to preserve or facilitate the parental support the child victim clearly needs at the time of disclosure, thus reducing the likelihood of severe repercussions from the abuse and disclosure experiences. (PsycINFO Database Record © 2016 APA, all rights reserved)

Newberger, C. M., & Gremy, I. M. (1993). Mothers of sexually abused children: Trauma and repair in longitudinal perspective. *American Journal of Orthopsychiatry*, 63(1), 93-103.

Studies the psychology of mothers of sexually abused children. Post-traumatic stress disorder (PTSD); Massachusetts Department of Social Services; Initial psychological functioning; Over 12-month period; Demographic and victimization variables; Child's victimization; Psychotherapy; Child symptomatology

Steer, R., Deblinger, E., Hathaway, C. R., & Lippmann, J. (1993). Psychosocial characteristics and correlates of symptom distress in nonoffending mothers of sexually abused children. *Journal of Interpersonal Violence*, 8(2), 155-168.

This study compared 17 psychosocial characteristics of three groups of nonoffending mothers of sexually abused children.

Elbow, M., & Mayfield, J. (1991). Mothers of incest victims: Villains, victims, or protectors? *Families in Society*, 72(2), 78-86.

Traditional theoretical explanations of father-daughter incest overlook the fact that some mothers take protective action on behalf of their daughters, influenced by evidence that many do not take such action. Drawing from life-events theory, the authors offer alternative explanations for what appears to be nonprotective behavior. Suggestions for reducing the need for family disruption are offered.