



Research article

Maternal support following childhood sexual abuse: Links to parent-reported children's outcomes



Rachel Wamser-Nanney

Department of Psychological Sciences, University of Missouri—St. Louis, 325 Stadler Hall, 1 University Boulevard, St. Louis, MO, 63121, USA

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ABSTRACT

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.

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1. Introduction

Childhood sexual abuse (CSA) is a regrettably common traumatic event that is associated with a plethora of adverse outcomes (Kendall-Tackett, Williams, & Finkelhor, 1993; Putnam, 2003). However, a subset of childhood sexual abuse survivors demonstrate remarkable resiliency in the wake of sexual abuse. Although many factors may be useful in predicting children's symptom trajectories following the discovery of sexual abuse, parental support for the child, most typically operationalized as maternal support, has received considerable attention. Post-disclosure maternal support has been associated with the severity of children's trauma-related symptoms (Elliott & Carnes, 2001; Everson, Hunter, Runyon, Edelsohn, & Coulter, 1989; Gries et al., 2000; Spaccarelli & Kim, 1995; Spaccarelli & Fuchs, 1997; Tremblay, Hébert, & Piché, 1999) and children's treatment outcomes (Cohen & Mannarino, 1998). Several studies demonstrated that CSA survivors who had positive family

E-mail address: WamserR@umsl.edu

environments and received high levels of parental support experienced less severe long-term sequelae than their peers who reported less support (Charuvastra & Cloitre, 2007; Hébert, Tourigny, Cyr, McDuff, & Joly, 2009). A few studies have reported that maternal support was related to children's functioning, whereas characteristics of the abuse such as duration, type, and relationship to perpetrator did not (Deblinger, Steer, & Lippmann, 1999; Tremblay et al., 1999). Parental support has consequently been conceptualized as a critical factor in both predicting trauma-exposed children's adjustment after sexual abuse (Elliott & Carnes, 2001; Kendall-Tackett et al., 1993) as well as resolving trauma-related symptoms (Cohen & Mannarino, 1998; Cohen, Mannarino, & Deblinger, 2006).

Yet, this conclusion may have been premature. Results from several studies indicate that parental support is actually a relatively weak predictor of children's outcomes (Bolen & Lamb, 2007; Cohen & Mannarino, 1996; Leifer, Kilbane, & Grossman, 2001; Leifer, Kilbane, & Skolnick, 2002; Mannarino & Cohen, 1996; Paredes, Leifer, & Kilbane, 2001; Quas, Goodman, & Jones, 2003). Further, a recent meta-analysis demonstrated that there is minimal evidence to support the link between parental support and children's functioning (Bolen & Gergely, 2015). It is plausible that the limited evidence for parental support may be due differences in how support was operationalized and assessed. Much of the prior literature appears to have been undermined by methodological weaknesses such as small sample sizes and use of non-psychometrically sound measures, which may result in faulty and unreliable findings. Surprisingly few studies have utilized measures with sufficiently reported psychometrics to assess these relationships, meaning that the role of parental support in predicting sexually abused children's symptom trajectories remains an under-researched area. Understanding the impact of parental support on children's symptoms may be leveraged to prevent and remediate negative outcomes among abused children. The purpose of this study was therefore to examine levels of maternal support in relation to children's trauma-related symptoms using a measure with sound psychometric properties, the Maternal Self-Report Support Questionnaire (MSSQ; Smith et al., 2010).

1.1. Maternal support and children's symptoms

For the past few decades, it has been assumed that higher levels of maternal support generally correspond with a more resilient response to sexual abuse. This belief was founded upon studies beginning in 1989 that observed that sexually abused children who received greater post-disclosure maternal support tended to have more positive outcomes (Everson et al., 1989; Kendall-Tackett et al., 1993). Post-disclosure maternal support has been linked with a range of psychological outcomes including depression (Everson et al., 1989; Gries et al., 2000), general psychopathology and self-image (Everson et al., 1989), aggression (Gomes-Schwartz, Horowitz, & Cardarelli, 1990), posttraumatic stress disorder (PTSD) symptoms (Deblinger et al., 1999), and abuse-specific behavior (Leifer et al., 1993). Relatedly, children who perceive their mothers to be rejecting evinced more negative outcomes (Lovett, 1995). Positive mother-child relationship quality has been tied to fewer externalizing problems (Esparza, 1993; Tremblay et al., 1999) as well as longer-term outcomes such as less anxiety and better interpersonal adjustment in adulthood (Adams & Bukowski, 2007; Liang, Williams, & Siegel, 2006).

However, a closer examination of the literature indicates that there are many studies that did not find associations between child outcomes and maternal support. For instance, Mannarino and Cohen (1996) reported that neither maternal support nor blame was related to children's symptoms including depressive and anxiety symptoms, sexualized behaviors, and generalized internalizing and externalizing problems. Other studies have similarly found null relationships between maternal support and children's outcomes (Cyr et al., 2003; Leifer et al., 2001, 2002; Paredes et al., 2001; Quas et al., 2003). Further, although many studies are presented as providing evidence that maternal support is an important variable in predicting children's outcomes, parental support was related to only a few of the numerous outcomes assessed. Two-often cited studies illustrate this point. Everson et al. (1989) found that post-disclosure support was related to three of the nine outcomes assessed- total psychopathology, depression, and self-image. Bolen and Lamb (2007) reported that maternal support corresponded with two (parent-reported externalizing and delinquent behaviors) of the seventeen outcomes assessed. The preponderance of non-significant findings is consistent with other studies in this area (e.g., Cohen & Mannarino, 1996, 1998; Gomes-Schwartz et al., 1990; Leifer, Shapiro, & Kassem, 1993). As importantly noted by Bolen and Gergely (2015), as Type I error was not controlled, for studies that observed only a few significant associations among many examined variables, these findings may have been the result of chance.

Although parental support has been theorized to be a key predictor of children's treatment success (Cohen, Mannarino, & Deblinger, 2006), very few studies have empirically examined this link. Friedrich et al. reported that maternal support was related to treatment outcome among sexually abused boys (Friedrich, Luecke, Beilke, & Place, 1992). Cohen and Mannarino (1996) observed that while parental abuse-related distress corresponded with outcomes at post-treatment among sexually abused preschoolers, parental support did not. Parental support became a significant predictor of outcomes at 6- and 12-month follow-ups (Cohen & Mannarino, 1998). While Cohen and Mannarino (2000) concluded that parental support was a "strong predictor" of treatment outcomes among sexually abused children, neither of the two parental support subscales (Support and Blame) were related to the majority of the assessed outcomes- including six child-reported and four parent-reported symptoms. Parental Blame was moderately correlated with child-reported depression and Support was moderately associated with state anxiety.

In a recent meta-analysis of twenty-nine studies (twenty-three non-overlapping samples), Bolen and Gergely (2015) reported that of the eleven types of post-disclosure symptoms only three were significantly, but weakly, related to parental support- acting out behaviors, depression, and self-concept. Children's PTSD, anxiety, dissociation, externalizing behaviors,

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