



Contents lists available at ScienceDirect

Child Abuse & Neglect



Convergence and divergence in reports of maternal support following childhood sexual abuse: Prevalence and associations with youth psychosocial adjustment[☆]

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ARTICLE INFO

Article history:

Received 19 June 2013

Received in revised form

22 November 2013

Accepted 28 November 2013

Available online xxx

Keywords:

Childhood sexual abuse

Maternal support

Parent–child report

ABSTRACT

This study examined the convergence and divergence in mothers' and children's reports of maternal support following disclosures of childhood sexual abuse (CSA). One hundred and twenty mothers and their children (ages 7–17 years) reported on two aspects of support following CSA disclosures: mothers' belief in the child's disclosure and parent–child discussion of the abuse incident. Whereas 62% of mothers' and children's reports on mothers' belief of the disclosure positively converged (i.e., both reported that mothers "completely believed" the child's disclosure), 37% of mothers' and children's reports diverged, and the remaining 1% negatively converged (i.e., both reported that the mother only believed the child "somewhat"). Positively convergent responses were associated with youths' lower risk for tobacco and illicit drug use. Forty-four percent of mothers' and children's reports on whether details of the CSA were discussed positively converged (i.e., both reported that details were discussed), 33% diverged, and 23% negatively converged (i.e., both reported that details were not discussed). Relative to other patterns of reporting, negatively convergent responses were associated with higher levels of trauma symptoms. Findings have implications for identifying high-risk mother–child dyads based on patterns of informant reporting following CSA.

Published by Elsevier Ltd.

Introduction

Maternal support is a strong predictor of children's recovery and healthy development following CSA disclosures (Everson, Hunter, Runyon, Edelsohn, & Coulter, 1991; Fromuth, 1986; Johnson & Kenkel, 1991; Spaccarelli & Kim, 1995; Tremblay, Hébert, & Piché, 2000). In fact, maternal support is more predictive of children's outcomes than the actual characteristics of the abuse, including the type or duration of the abuse or the child's relationship with the perpetrator (Deblinger, Steer, & Lippmann, 1999; Everson et al., 1991; Fromuth, 1986; Johnson & Kenkel, 1991; Spaccarelli & Kim, 1995; Tremblay et al., 2000). Parents and children often differ in their perceptions of the quality and amount of maternal support provided following CSA disclosures (Bolen & Lamb, 2007; Bolen, 1998; Deblinger et al., 1999; Morrison & Clavenna-Valleroy, 1998). However, to our

[☆] Preparation of this article was supported by T32 MH018869 (Dean G. Kilpatrick, PI). The original research was supported by funding from the US Department of Health and Human Services Administration on Children and Families (Daniel W. Smith, PI).

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knowledge, the actual convergence or divergence in parent–child perceptions of maternal support following CSA has not been systematically examined. The current study adopts methods for detecting informant discrepancies from the larger body of literature on child mental health and psychosocial adjustment (i.e., Chi & Hinshaw, 2002; De Los Reyes, Goodman, Kliewer, & Reid-Quinones, 2010). In this study, we investigated the prevalence of convergent and divergent ratings of maternal support following CSA disclosure and the degree to which they predicted youth psychosocial functioning.

Maternal support following CSA disclosure

Converging evidence suggests that maternal support following CSA disclosure is critical for children's healthy psychosocial adjustment (Conte & Schuerman, 1987a, 1987b; Elliot & Carnes, 2001; Kendall-Tackett, Williams, & Finkelhor, 1993; Paredes, Leifer, & Kilbane, 2001; Tufts New England Medical Center, 1984). CSA victims who receive high levels of maternal support following CSA disclosure respond more adaptively to stress (Esparza, 1993), exhibit fewer sexual behavior problems (Adams-Tucker, 1982; Friedrich, Urquiza, & Beilke, 1986; Leifer, Shapiro, & Kassem, 1993), show lower internalizing and externalizing symptoms (Bolen & Lamb, 2007; Deblinger et al., 1999; Feiring, Coates, & Taska, 2001; Gold, Milan, Mayall, & Johnson, 1994; Gries et al., 2000), and are less likely to engage in cigarette smoking or drug use (Chen, Tyler, Whitbeck, & Hoyt, 2004; Hadland et al., 2012), than youth who receive insufficient support. Parental support following CSA is not only critical for optimal psychosocial development during childhood and adolescence, but has also been associated with interpersonal adjustment in adulthood (Adams & Bukowski, 2007; Liang, Williams, & Siegel, 2006).

Informant convergence and divergence in reports of maternal support

Assessments of maternal support following CSA typically rely on either mother or child reports. However, there are often significant discrepancies in mother's and children's reports of maternal support following CSA (Bolen & Lamb, 2007; Deblinger et al., 1999; Johnson & Kenkel, 1991; Spaccarelli & Fuchs, 1997). In past studies, mothers' and children's independent reports have predicted different aspects of children's adjustment following CSA disclosure (Avery, Massat, & Lundy, 1998; Morrison & Clavenna-Valleroy, 1998). A large body of literature on child adjustment suggests that divergence in parent and child reports of parental behavior is clinically meaningful. Discordance in ratings of parental monitoring and discipline have been associated with children's heightened risk for internalizing problems (Gaylord, Kitzmann, & Coleman, 2003; Guion, Mrug, & Windle, 2009), poor social competence (Carlson, Cooper, & Spradling, 1991; Guion et al., 2009), and delinquency (De Los Reyes et al., 2010). Discrepancies in parents' and children's reports of parental quality, warmth, and family functioning have also been associated with both internalizing and externalizing problems in children (Feinberg, Howe, Reiss, & Hetherington, 2000; Guion et al., 2009; Ohannessian, Lerner, Lerner, & von Eye, 2000) and adolescents (Pelton & Forehand, 2001; Pelton, Steele, Chance, & Forehand, 2001). In addition to representing normative parent–child reporting differences, these discrepancies are considered reflective of problematic parent–child communication patterns, attachment relationship quality, and family conflict or dysfunction (Barker, Bornstein, Putnick, Hendricks, & Suwalsky, 2007; Ehrlich, Cassidy, & Dykas, 2011; Feinberg et al., 2000; Ferdinand, van der Ende, & Verhulst, 2004; Gaylord et al., 2003; Grills & Ollendick, 2003; Welsh, Galliher, & Powers, 1998). Furthermore, many consider parent–child reporting discrepancies as useful for predicting children's risk for maladjustment and for guiding treatment (Feinberg et al., 2000; Guion et al., 2009; Mounts, 2007).

Current study

Taking into account convergence and divergence in reports of maternal support at the time of CSA disclosure may offer a useful preliminary index of parent–child relationship quality and risk for child maladjustment following CSA. The current study examined the prevalence and predictive value of mother–child convergence and divergence of two forms of post-disclosure-related support among victims of CSA. The first form of support concerned mothers' belief in the child's disclosure. The second concerned mother–child discussion of the abuse incident following the disclosure. We also examined whether patterns of convergence and divergence in these aspects of maternal support were associated with children's psychosocial adjustment. We hypothesized that mothers and children whose reports positively converged (i.e., when both informants reported that mothers believed the child's disclosure and/or that details were discussed) would show more positive psychosocial adjustment (i.e., fewer post-disclosure trauma symptoms and lower frequency of substance use) than dyads whose reports diverged or whose reports negatively converged (i.e., when both informants reported that support was non-optimal).

Method

Participants

Participants were 120 children and mothers (or female guardians) who resided in the south-eastern region of the United States and who were evaluated at a child advocacy center (CAC) following reports of CSA. Inclusion criteria were that: (a) children were 7–17 years old; (b) children were victims of sexual abuse involving physical contact (e.g., fondling, penetration) as determined by a professionally conducted forensic evaluation; and (c) mothers were not complicit or involved in the

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