



Research article

Maternal support following childhood sexual abuse: Associations with children's adjustment post-disclosure and at 9-month follow-up[☆]



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ABSTRACT

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 post-traumatic 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.

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Introduction

Maternal support following a child's sexual abuse disclosure has been widely cited as an important predictor of post-abuse adjustment. Several aspects of maternal support, including reactions to disclosure, belief of the child's report, and protection of the child have implications for subsequent development of psychopathology. Research has generally supported this link between maternal support and children's adjustment, though there have been inconsistencies across studies (see Elliott & Carnes, 2001; Lovett, 2004; Ullman, 2003 for reviews). Further, defining maternal support has been problematic, with inconsistencies in measurement techniques and types of support measured. The current study utilizes a multi-dimensional

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abuse-specific measure to examine the relation between children's and mothers' perceptions of various aspects of maternal support and children's adjustment following disclosure and at 9-month follow-up.

The Transactional Model

According to the transactional model of child development (Spaccarelli, 1994) childhood sexual abuse (CSA) is comprised of a host of potentially stressful experiences, and maternal reactions to CSA disclosure are critical in determining adjustment. If the mother does not provide adequate support, the child is at increased risk for maladaptive coping strategies such as avoidance and self-blame. However, with adequate support, the child may be more likely to seek emotional support from her and benefit from other ameliorative efforts (e.g., psychotherapy). Studies have documented the importance of social support as a general protective factor against psychopathology (e.g., Kawachi & Berkman, 2001; Moak & Agrawal, 2010). However, in the CSA literature, *maternal* support has been assigned special importance as a predictor of children's adjustment and a target for intervention. Thus, though the transactional model conceptualizes maternal support as a key variable, the challenge remains to identify behavioral aspects of maternal support that are empirically related to children's post-disclosure adjustment.

Studies of Maternal Support

In an early investigation of the relationship between maternal support and child adjustment, lack of support by a close adult predicted behavior problems such as withdrawal, suicide attempts, running away, fire-setting, and aggression (Adams-Tucker, 1982). Similarly, Conte and Schuerman (1987) found that lack of supportive relationships with siblings and the non-offending parent predicted parent-reported child psychopathology following CSA. Everson, Hunter, Runyon, Edelsohn, and Coulter (1989) found low levels of maternal support to be related to both childhood distress and behavior problems, while Feiring, Taska, and Lewis (1998) reported that high levels of generic social support (including maternal support) were associated with less depression. Similarly, several studies found an association between mother-child relationship quality and fewer parent-rated externalizing behaviors (Esparza, 1993; Smith et al., 2010; Tremblay, Hebert, & Piche, 1999). In treatment outcome studies, parental support predicted better response to intervention among preschool aged children (Cohen & Mannarino, 1998, 2000). Similarly, in a study of female adolescents in a sexual trauma inpatient unit, youth-rated maternal support was unrelated to adjustment at baseline but, at time of discharge and 3-month follow-up, support was related to better self-concept and fewer depressive symptoms (Morrison & Clavenna-Valleroy, 1998).

Several studies reported deviations from this pattern of findings. Mannarino and Cohen (1996) reported no significant relations between maternal non-support ("blaming") and children's symptoms. Another failed to find a link between maternal support and problem behaviors in a sample of sexually abused girls (Hebert, Collin-Vezina, Daigneault, Parent, & Tremblay, 2006). A third did not find a link between maternal support and children's self-blame or internalizing problems (Quas, Goodman, & Jones, 2003), but this study used a single child-rated item of maternal support. The first two studies relied solely on mother-rated maternal support, and all three used samples reporting high support. Mannarino and Cohen (1996) reported that mothers rarely endorsed responses that could be considered socially unacceptable. The other two samples likely consisted of highly supportive mothers, as one was seeking medical care for their children (Hebert et al., 2006) and the other was pursuing legal cases related to CSA (Quas et al., 2003), potentially leading to a ceiling effect. These findings highlight the importance of using multiple raters of maternal support and recruiting from diverse populations.

Limitations in Definitions and Measurement of Maternal Support

Examination of the literature reveals conceptual and methodological limitations requiring further research before firm conclusions can be drawn. For one, current definitions of maternal support lack precise and consistently utilized criteria. For example, maternal support has often been assessed without reference to the abuse itself, as reflected by overall level of support or general parent-child relationship quality (Conte & Schuerman, 1987; Esparza, 1993; Feiring et al., 1998). Further, many studies have used vague or overly inclusive definitions of maternal support. For example, studies on abuse-specific support have assessed one or more forms of protective action, verbal/emotional support following disclosure, and belief of the child's report of abuse. Some studies measure all of these factors, while others assess just one or two, making comparisons across studies difficult. In addition, studies utilizing multiple indicators of maternal support have not specified which elements are most predictive of child adjustment. Thus, it is unclear whether the benefits of maternal support are due primarily to the effects of one type of support, some combination of different types of support, or the overall quality of the relationship.

Considerable variability also exists in terms of raters of maternal support. In several studies, mental health professionals or caseworkers have provided data (Everson et al., 1989; Heriot, 1996; Sirls & Franke, 1989), which is limited to what these professionals observe in their brief interactions with families. In other studies, mothers rated their own behaviors (Hebert et al., 2006; Hsu & Smith, 2000; Mannarino & Cohen, 1996). While this is an improvement in some respects over observer reports, mothers may endorse unrealistically positive and socially desirable responses. Surprisingly, there are only four studies of children's perceptions of support, but these did not assess abuse-specific dimensions (Esparza, 1993; Feiring et al., 1998; Lovett, 1995; Tremblay et al., 1999). Another study reported adolescent ratings of maternal support but the measure

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