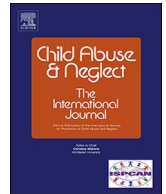




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Maternal support following childhood sexual abuse: Relationships to child-reported

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ABSTRACT

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.

Significant research has been devoted to identifying factors that are related to positive trajectories after childhood sexual abuse (CSA), and maternal support after the discovery of the abuse is a commonly examined variable. Several studies have reported that higher levels of maternal support corresponded with lower levels of children's symptoms (e.g., Elliott & Carnes, 2001; Everson et al., 1989; Spaccarelli & Kim, 1995; Spaccarelli et al., 1997; Tremblay, Hébert, & Piché, 1999) and a better response to treatment (Cohen & Mannarino, 1996). Maternal support has consequently been touted to be a key factor in predicting symptom trajectories after CSA (Elliott & Carnes, 2001; Kendall-Tackett et al., 1993) and treatment outcomes (Cohen & Mannarino, 1998; Cohen et al., 2006). However, a recent meta-analysis concluded that the evidence to support the link between parental support and children's functioning is quite sparse (Bolen & Gergely, 2015). The absence of a relationship between support and outcomes may be due to the limitations of much of the prior literature including small sample sizes and use of non-psychometrically sound measures. Further, relatively little research has investigated if maternal support corresponds with children's self-reported symptoms, which is problematic as many studies rely upon mothers' reports of their own levels of support. It is therefore critical to gain the perspective of a different reporter. The aim of the current study was to determine if higher levels of maternal support are associated with lower levels of children's self-reported trauma symptoms, utilizing a measure with sound psychometric properties, the Maternal Self-Report Support Questionnaire (MSSQ; Smith et al., 2010).

A thread of research has examined the relationship between maternal support and children's post-disclosure functioning for the

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past two decades (Everson et al., 1989; Kendall-Tackett et al., 1993) and it has been reported that sexually abused children who received greater post-disclosure support tend to have more positive outcomes including lower levels of depression (Everson et al., 1989; Gries et al., 2000), general psychopathology and negative self-image (Everson et al., 1989), fewer symptoms of posttraumatic stress disorder (PTSD) (Deblinger et al., 1999) and abuse-specific behaviors (Liefer, Shapiro, & Kassem, 1993). Related constructs such as children's perceptions of their mother and mother-child relationship quality have also been linked with short-term (Esparza, 1993; Lovett, 1995) and long-term outcomes in adulthood (Adams & Bukowski, 2007; Liang et al., 2006).

Yet, upon closer inspection of the literature, the supposedly strong association between maternal support and children's symptoms begins to unravel (Bolen & Gergely, 2015). Maternal support has not consistently been related to children's functioning in numerous studies (Wamser-Nanney, 2017; Cyr et al., 2003; Gries et al., 2000; Liefer, Kilbane, & Grossman, 2001; Liefer, Kilbane, & Skolnick, 2002; Paredas, Liefer, & Kilbane, 2001; Quas, Goodman & Jones, 2003). For instance, in one sample of treatment-seeking children, neither maternal support nor blame was correlated with any of children's symptoms, including depression, anxiety, sexualized behaviors, and internalizing and externalizing problems (Mannarino & Cohen, 1996). Other studies are cited as buttressing the assertion that maternal support is a critical factor in predicting children's outcomes; however, support was related to only a few of the numerous candidate domains examined (e.g., Bolen & Lamb, 2007; Cohen & Mannarino, 1996; Cohen & Mannarino, 1998; Everson et al., 1989; Liefer et al., 1993; Liefer & Shapiro, 1995). This point is illustrated by two of the most frequently cited studies. Everson et al. (1989) reported that support was significantly associated with three of the nine outcomes assessed and Bolen and Lamb (2007) observed that support was related to two of the seventeen symptom domains.

Parental support has also been thought to be a key factor in children's treatment success (Cohen et al., 2006), despite limited research in this area. Maternal support was found to be related to treatment outcome among sexually abused boys (Friedrich, Luecke, Beilke, & Place, 1992). In one sample of sexually abused preschoolers, parental support was unrelated to post-treatment outcomes (Cohen & Mannarino, 1996), but predicted symptoms at both 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, the two parental support subscales, Support and Blame, were significantly related to only one outcome each out of ten possible domains of functioning. Specifically, support was moderately associated with state anxiety and blame was moderately correlated with depression.

A recent meta-analysis of twenty-nine studies concluded that there is minimal evidence to support the relationship between parental support and level of children's symptoms (Bolen & Gergely, 2015). Eleven types of post-disclosure domains of functioning were examined, and only three were tied to parental support- acting out behaviors, depression, and self-concept, and the relationships were small. Anxiety, dissociation, externalizing behaviors, internalizing behaviors, PTSD, sexual problems, social competence, and total behaviors were unrelated to support. Thus, parental support may only have weak relationships to children's outcomes. While it is inaccurate to assert that parental support is a key variable in predicting children's post-disclosure functioning at this time, from the child's vantage point, it seems likely that parental support is impactful in determining their post-abuse experience.

Methodological weaknesses may obscure the relationship between support and functioning as much of the prior literature may have been undermined by small sample sizes, inadequate measurement of maternal support, and use of measures of support without sufficiently established psychometric properties. Some studies have assessed maternal support via a subjective chart review conducted by non-researchers (Heriot, 1996; Pintello & Zuravin, 2001). Many studies have established their own tools to measure maternal support or used instruments with limited or unknown psychometric properties (e.g., Bick, Zajac, Ralston, & Smith, 2014; Bolen & Lamb, 2007; Cohen & Mannarino, 1996; Cohen & Mannarino, 1998; Deblinger et al., 1999; Everson et al., 1989; Liefer et al., 2001; Pintello & Zuravin, 2001). Two commonly used measures, the Parental Reaction to Incest Disclosure Scale (PRIDS; Everson et al., 1989) and the Parental Response to Abuse Disclosure Scale (PRADS; Runyan et al., 1992) assess dimensions of support with only one item each and neither has reported psychometric properties. The Parental Support Questionnaire (PSQ), which assesses abuse-specific emotional support and blame, has also been utilized (Mannarino & Cohen, 1996). Internal consistency and test-retest reliability were reported in one study; however, other psychometrics have not been published and the PSQ has been used exclusively by the measure developers with small samples (e.g., Cohen & Mannarino, 1996; Cohen & Mannarino, 2000).

The Maternal Self-Report Support Questionnaire (MSSQ), which assesses maternal support via two seven-item subscales, Emotional Support and Blame/Doubt, was developed by Smith et al. (2010). The MSSQ is the only published measure of parental support to date with adequate psychometric properties, including being developed using a theoretically driven factor analysis and satisfactory indices of internal consistency and convergent validity. A handful of studies to date have used the MSSQ to examine trauma-exposed children's outcomes. Both MSSQ subscales were related to parent-reported generalized behavioral problems in the original paper (Smith et al., 2010). Wamser-Nanney (2017) found that levels of emotional support as measured by the MSSQ was related to only a few of the assessed symptom domains, specifically, social problems, rule-breaking behavior, and sexual concerns and levels of Blame/Doubt were associated only with social problems. Neither index of support was tied to PTSD symptoms. MSSQ maternal support predicted children's adjustment nine months following a forensic interview (Zajac, Ralston, & Smith, 2015). Two other MSSQ studies have been conducted, both of which utilized one of the subscales. Emotional Support was related to children's externalizing symptoms (Rakow, Smith, Begle, & Ayer, 2011) and higher levels of Blame/Doubt were tied to older child age, Black children, and sexual abuse that was perpetrated by an adolescent versus an adult (Walsh, Cross, & Jones, 2012).

The link between maternal support and children's reported symptoms is unclear as much of the prior research has focused on parent-reported outcomes and only a handful of studies have examined child-reported trauma symptoms, albeit with mixed results. Higher maternal support has corresponded with lower levels of depression (Cohen & Mannarino, 2000; Rosenthal et al., 2003; Spaccarelli & Fuchs, 1997); however, others did not observe such an association (Gries et al., 2000; Liefer & Shapiro, 1995; Mannarino & Cohen, 1996). Thus, the possible protective role of parental support in predicting sexually abused children's symptom trajectories merits further attention.

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