

**THE ASSESSMENT OF CAPACITY TO SUPPORT AND PROTECT IN NON-
OFFENDING GUARDIANS IN CASES OF CHILD SEXUAL ABUSE**

by

MANON VAN ELST

A thesis submitted to the University of Birmingham for the degree of
DOCTORATE IN FORENSIC PSYCHOLOGY PRACTICE (ForenPsyD)

Centre for Applied Psychology

School of Psychology

College of Life and Environmental Science

University of Birmingham

October 2023

UNIVERSITY OF
BIRMINGHAM

University of Birmingham Research Archive

e-theses repository

This unpublished thesis/dissertation is copyright of the author and/or third parties. The intellectual property rights of the author or third parties in respect of this work are as defined by The Copyright Designs and Patents Act 1988 or as modified by any successor legislation.

Any use made of information contained in this thesis/dissertation must be in accordance with that legislation and must be properly acknowledged. Further distribution or reproduction in any format is prohibited without the permission of the copyright holder.

Abstract

The experience of child sexual abuse can have devastating consequences for the child. Research has shown that non-offending guardian support can mitigate the negative impact abuse can have on the child. In practice, it is important for the non-offending guardian to provide support to their child following abuse, but also protection to prevent abuse from happening (again) in the future. In cases like these, expert witnesses may be asked to conduct an assessment to ascertain the non-offending guardian's ability to provide support and protection to their child. This thesis first explores the current state of literature concerning variables associated with a non-offending guardian's ability to support and/or protect. This is done using a systematic literature review methodology. Findings reported outline a large list of factors related to either or both the ability to support and protect. Secondly, the thesis explores current practices of expert witness assessments of non-offending guardians' ability to support and protect their child/ren in cases of child sexual abuse. This chapter also aims to explore to what extent expert witnesses assess some of the factors listed in the preceding chapter. This is done using a qualitative methodology and the data are analysed using template analysis. The findings explore five main themes identified and compare the factors discussed in the literature with current practice. Lastly, one of the psychometric measures used by expert witnesses to aid their decision-making when assessing a non-offending guardian, as reported in the previous chapter, is critically appraised. The Child Abuse Potential Inventory is reviewed and its psychometric properties are discussed. Limitations, implications for practice, and recommendations for future research are discussed in the final chapter of the thesis.

Keywords: Child sexual abuse, non-offending guardian, expert witness assessment, ability to support, ability to protect, child abuse potential, CAPI

Résumé

Subir une agression sexuelle dans l'enfance peut avoir des conséquences dévastatrices pour l'enfant victime. Les travaux de recherche ont démontré que le soutien d'un tuteur non-coupable peut atténuer l'impact négatif de l'abus envers l'enfant. En pratique, il est essentiel que le tuteur non-coupable non seulement soutienne l'enfant suite à l'abus, mais aussi qu'il/elle protège l'enfant pour prévenir un abus futur potentiel. Dans des situations telles que celles-ci, un expert en justice peut être désigné afin de déterminer la capacité du tuteur non-coupable à soutenir et protéger l'enfant. La thèse actuelle explore d'abord les connaissances les plus récentes concernant les variables associées à la capacité d'un tuteur non-coupable à soutenir ou protéger son enfant, sur la base d'une revue systématique de la littérature. Les résultats rapportés explorent une liste de facteurs ayant un lien avec soit la capacité de soutenir, soit la capacité de protéger, soit les deux. Deuxièmement, la thèse étudie les pratiques actuelles d'experts en justice quant à l'évaluation de tuteurs non-coupables dans leur capacité à soutenir et protéger leur enfant en cas d'un risque d'abus sexuels envers l'enfant. Ce chapitre vise également à analyser dans quelle mesure les experts en justice prennent en compte les facteurs énumérés dans le chapitre précédent, ce par le biais d'une méthodologie qualitative dont les données sont analysées en utilisant une 'analyse de modèle' (Template Analysis). Les résultats obtenus sont ensuite divisés en cinq thèmes principaux et les variables trouvées dans la littérature sont comparées à ce qui est utilisé en pratique. Enfin, l'une des mesures psychométriques rapportées dans le chapitre précédent par les experts en justice comme étant utilisée pour aider leur prise de décision lors de l'évaluation d'un tuteur non-coupable est évaluée de manière critique. Le 'Child Abuse Potential Inventory' est examiné et ses propriétés psychométriques sont discutées.

Les limitations et implications de la thèse, ainsi que les recommandations pour recherche future sont abordés dans le chapitre final de la thèse.

Mots clés : abus sexuel de l'enfant, tuteur non-coupable, évaluation d'expert en justice, capacité à protéger, capacité à soutenir, Child Abuse Potential, CAPI

Acknowledgements

I would like to take this opportunity to thank my supervisors, Dr Caroline Oliver and Professor Leam Craig, for their ongoing support throughout the development of this thesis and the course. Your feedback has been thoroughly appreciated and made this thesis what it is today. I would also like to thank Dr Andrew Fox and Dr Zoe Stephenson for the time they spared to offer me additional support around qualitative research.

Thank you to all the people who were involved in my research project in some way, all the organisations who agreed to disseminate my emails, everyone who helped me recruit participants, and of course all the participants who agreed to meet with me so I could gain insight into the work that you do.

I would also like to thank all the people who supported me in getting through the last three years. Thank you to my amazing family who always believed in me. Thank you for the support given by my friends throughout the entirety of this course, even though writing this thesis limited the time we could spend together. Thank you to everyone who welcomed me in England and helped me not feel too homesick. Thank you for the support of all my colleagues and my incredible manager at work who allowed me to take some time when I was feeling stressed to get some additional university work done. And last, but not least, thank you to everyone in my cohort who made the stress manageable and even enjoyable with moral support, long discussions, practical help, and for making me feel like we were all going through this together. You have all become dear friends of mine, and I appreciate you all.

This thesis was partially proofread for conventions of language, spelling, and grammar by Dr Nicola Schaum, who I would like to thank as well.

Table of Contents

Abstract.....	2
Résumé	3
Acknowledgements	5
Table of Contents.....	6
Table of Appendices	10
List of Tables	11
List of Figures.....	12
Glossary of Abbreviations	13
 CHAPTER 1	
Introduction	14
Background.....	15
Prevalence of Child Sexual Abuse	15
Impact of Child Sexual Abuse.....	16
Risk Assessment Frameworks	17
Definitions	21
Ability to Support and Protect.....	21
Non-Offending Guardian	23
The Current Thesis	23
 CHAPTER 2	
Systematic Literature Review: Factors Which Predict Non-Offending Guardians' Ability to Support and Protect in Cases of Child Sexual Abuse.....	25
Abstract.....	26
Résumé	28
Introduction	30

Background	30
Scoping Search	30
The Current Review	37
Method.....	38
Sources of Literature	38
Search Strategy.....	41
Study Selection.....	43
Results	48
Description of the Studies	48
Intervening Variables	72
Discussion.....	96
Summary of Main Findings.....	96
Strengths and Limitations of Current Review	101
Conclusion and Recommendations for Practice and Future Research	104
 CHAPTER 3	
The Assessment of Capacity to Support and Protect in Non-offending Guardians, in Cases of Child Sexual Abuse: The Views of Psychologist Expert Witnesses.....	106
Abstract.....	107
Résumé	108
Introduction	110
Role of Expert Witnesses	110
Current Research	112
Methodology.....	112

Participants and Recruitment.....	113
Ethical Considerations	115
Data Collection and Analysis	116
Results	118
Theme 1 – Ability to Support and Ability to Protect	120
Theme 2 – Broader Context and Attributes.....	127
Theme 3 – Expert Witnesses and Their Work.....	137
Theme 4 – Process of Conducting an Assessment and Logistics.....	140
Theme 5 – Feelings of Expert Witnesses Towards Their Work	153
Discussion.....	161
Limitations of the Study	169
Implications for Practice.....	170
Directions for Future Research.....	172
Conclusion	173
 CHAPTER 4	
Critique of a Psychometric Measure: The Child Abuse Potential Inventory (CAPI; Milner, 1986).....	174
Abstract.....	175
Résumé	176
Introduction	177
Overview of the Tool.....	178
Development of the CAP Inventory	179
Scales.....	179

Translations	181
Characteristics of the Tool.....	181
Level of Measurement	181
Reliability	182
Validity	185
Appropriate Norms	193
Conclusion	195
CHAPTER 5	
Discussion.....	197
Summary	198
Ethical Reflections	200
Concepts of Ability to Support and Ability to Protect	203
Implications for Practice and Recommendations for Further Research	204
Limitations of the Current Thesis	206
Conclusions	206
List of References	207

Table of Appendices

Appendix A Search Terms Variations	221
Appendix B Search Syntax	227
Appendix C Papers Unable to Access in Full-Text.....	238
Appendix D Papers Excluded After Applying Inclusion/Exclusion Criteria	239
Appendix E Quality Assessment Checklists	257
Appendix F Quality Assessment of Selected Quantitative Studies.....	259
Appendix G Quality Assessment of Full-Text Qualitative Studies Using the CASP Qualitative Checklist (CASP; 2018).....	269
Appendix H Data Extraction Form.....	274
Appendix I Characteristics of Included Quantitative Studies (n = 18)	275
Appendix J Characteristics of Included Qualitative Studies (n = 4)	308
Appendix K Organisation of the Intervening Variables Discussed.....	313
Appendix L Recruitment Email.....	317
Appendix M Recruitment Notice	318
Appendix N Participant Information Sheet	319
Appendix O Study Consent Form	323
Appendix P Interview Questions.....	325
Appendix Q Transcription Key	328
Appendix R Template Development	329

List of Tables

Table 1 Summary of Findings Showing Intervening Variables Related to Nonoffending Guardians' Ability to Support	51
Table 2 Summary of Findings Showing Intervening Variables Related to Nonoffending Guardians' Ability to Protect.....	64
Table 3 Participant Characteristics	114
Table 4 Identified Themes and Subthemes	119
Table 5 Subthemes for the First Theme: Ability to Support and Ability to Protect	120
Table 6 Summary of Intervening Variables Discussed by Participants.....	124
Table 7 Subthemes for the Second Theme: Broader Context and Attributes	128
Table 8 Types of Abuse Encountered in the Assessment of NOGs	132
Table 9 Subthemes of Third Theme: EWs and Their Work	138
Table 10 Subthemes for Fourth Theme: Process of Conducting an Assessment and Logistics.....	140
Table 11 Subthemes of the Fifth Theme: Feelings of EWs Towards Their Work	153
Table 12 Intervening Variables as Reported by EWs and Discussed in the Literature	163
Table 13 CAPI Predictive Validity Results	189

List of Figures

Figure 1 PRISMA 2009 Flow Diagram (Moher et al., 2009).....	47
Figure 2 Representation of Approximated Percentages of Types of Offences Encountered	133

Glossary of Abbreviations

Abbreviation	Term
ACE	Adverse Childhood Experiences
BPS	British Psychological Society
CAP or CAPI	Child Abuse Potential (Inventory)
CASP	Critical Appraisal Skills Programme
CASP-R	Capacity and Ability to Supervise and Protect – Risk Framework
CDC	Centres for Disease Control and Prevention
CJS	Criminal Justice System
CPR	Civil Procedures
CSA	Child Sexual Abuse
CTS	Conflict Tactics Scale
EW	Expert Witness
FES	Family Environment Scale
GLM	Good Lives Model
HCPC	Health and Care Professions Council
IPV	Intimate Partner Violence
KR-20	Kuder-Richardson-20
LOI	Letter of Instruction
MSQ-CR	Maternal Support Questionnaire – Child Report
MSSQ	Maternal Self-Report Support Questionnaire
NAPS	Needs-Based Assessment of Parental Support
NOCRA	Non-Offending Carers Risk Assessment
NOG	Non-Offending Guardian
NSPCC	National Society for the Prevention of Cruelty to Children
ONS	Office for National Statistics
PRADS	Parental Reaction to Abuse Disclosure Scale
PRIDS	Parental Reaction to Incest Disclosure Scale
PSI	Parenting Stress Index
SPJ	Structured Professional Judgment
WHO	World Health Organisation

CHAPTER 1

Introduction

Background

Prevalence of Child Sexual Abuse

Child sexual abuse (CSA) is defined as the engagement in sexual acts with a child. By definition, for developmental reasons, the child is unable to provide consent for the act (World Health Organisation [WHO], 2022). The Office for National Statistics (ONS; 2020) found that between March 2018 and March 2019, over 73,000 CSA offences were recorded in England and Wales, with 27% having been rape offences. Radford et al. (2011) asked children, aged 17 years or younger, or their parents about the child's experience of abuse and found that one in twenty children in the United Kingdom (UK) had been abused in the past year and that around 5.5% of their participants (aged up to 24 years old) experienced contact CSA. In March 2021, the National Society for the Prevention of Cruelty to Children (NSPCC) looked at the circumstances under which a child is made subject to a child protection plan or put on a child protection register. In the UK, in 2019, CSA was either the sole concern or one of the concerns for protection measures being put in place for approximately 5% of the cases reviewed (over 2,800 children). Karsna and Kelly (2021) found that 37.7% of CSA involving physical contact are perpetrated by a friend or acquaintance of the family, 23.4% by a family member (excluding parental figures), and 21% by a stranger. They also found that, in 2019 and 2020, out of all the CSA offences recorded, only 10% resulted in the perpetrator being charged. Looking at non-offending guardians' (NOG) ability to support/protect their child is an important area of research, especially as the rates of abuse committed by someone known to the family are high.

Impact of Child Sexual Abuse

CSA impact a child's life in various ways, carrying the effects into adulthood. For example, sexually abused children are more likely to suffer from mental health difficulties, both in their childhood and adulthood (Hillberg et al., 2011; Spataro et al., 2004), and are at higher risk of completing suicide (Joiner et al., 2007). They are more likely to suffer re-victimisation later in life (Classen et al., 2005; Hébert et al., 2016; Walker et al., 2019) and to experience difficulties in adult relationships, such as fear of intimacy, difficulties with setting boundaries, or entering abusive relationships (Ratican, 1992). However, mediating factors can increase the psychological adjustment of the child post-abuse. One of these factors is emotional support from a NOG, most commonly, the child's mother. Several studies have shown that parental/guardian support provided to the child after CSA disclosure is a protective factor regarding the child's emotional and behavioural adjustment, both in childhood and adulthood (Bick et al. 2014; Eisenberg et al., 2007; Elliott & Carnes, 2001; Godbout et al., 2014; Hébert et al., 2016; Johnson & Kenkel, 1991; Tremblay et al., 1999). For example, Bick et al. (2014) looked at the impact of maternal support on a victim's trauma symptoms and later substance misuse. Maternal support was measured by looking at both the child's and the mother's perceptions of whether the mother believed the abuse happened and whether what happened was discussed between them. When the child perceived not having discussed the abuse with their mother, they experienced more pronounced trauma symptoms: anger, anxiety, depression, dissociation, PTSD, and sexual difficulties. When both mother and child reported discussing the abuse together, the lowest rates of trauma symptoms were observed, showing that it is important for children to feel listened to and for mothers to actively engage with their child (providing an attuned response). Similarly, they found that when both agreed on whether

the mother believed the disclosure, the children reported lower rates of illicit drug use. Another study by Godbout et al. (2014) looked at whether perceived parental support played a role in mediating the negative effect CSA can have on psychiatric symptoms, attachment, and adjustment in future romantic relationships, and concluded that it does counteract the negative impact CSA has on those domains. These studies highlight the importance of emotional support following abuse.

In cases of CSA, Children's Services are likely to become involved if there are concerns that the child continues to be at risk of harm (ONS, 2020), mostly when the perpetrator is a family member or friend. Children's Services are responsible for assessing whether the NOG can protect the child from future harm. If needed, other professionals, such as expert witnesses (EWs), may become involved and conduct an assessment of the NOG's protective/supportive abilities. Some frameworks exist to aid these assessments (e.g., Calder et al., 2001); however, they tend to rely on the expert's clinical judgment and are not systematic or structured. The outcome of those assessments is potentially life-changing for the child and the family. It is, therefore, important to base these assessments on factors that have been shown in the literature to be empirically related to NOG support and protective behaviours.

Risk Assessment Frameworks

Evolution of Forensic Risk Assessments

Over the years, the most accurate method of assessing risk has evolved. In the early 1900s, risk assessments relied on unstructured clinical judgment. This type of assessment does not rely on guidelines, but rather on the clinician's professional judgment formed through training, experience, and qualifications (Douglas & Kropp, 2002). This

approach has been criticised for not being based on factors related to the risk assessed; lacking content and predictive validity; not relying on guidelines; and lacking reliability (Litwack & Schlesinger, 1999; Quinsey et al., 1998). It has been considered to be prone to human error and cognitive biases (Einhorn & Hogarth, 1978), and as a result, a second generation of risk assessments was developed: actuarial assessments.

Actuarial assessments assess risk based on static risk factors that have been empirically identified. They are considered to be more accurate, and reliable, and to have better predictive validity than the unstructured professional judgment approach (Grove et al., 2000; Meehl, 1954). However, they do not take into account dynamic factors that may change over time (Douglas et al., 2003). Therefore, actuarial measures cannot account for unique, context-specific, or individual variables (Hart, 1998) that a prevention programme would look to target to reduce risk. Consequently, a third generation of risk assessment was developed: structured professional judgment (SPJ).

SPJ risk assessments were developed in the mid-1990s (Hart et al., 2016) and are based on the most up-to-date research and clinical knowledge on the subject at any given time (Douglas & Kropp, 2002). They have attempted to reconcile actuarial assessments and clinical judgment approaches as they take into account static and dynamic risk factors (De Bortoli et al., 2017). Their reliability and validity have been demonstrated by various studies (e.g. Douglas & Kropp, 2002; Guy, 2008). However, SPJ measures also have limitations. First, they assume the person using the measure has a certain level of professional competence in the field. Second, being based on empirical data, they assume that the research base the measure was developed from is kept up-to-date (Hart et al., 2016). This means that they would need to be reviewed and updated as the knowledge about risk evolves. To date, SPJ is the most widely used method for assessing risk (Hart et

al., 2016).

As previously discussed, SPJs have been the preferred method to assess presented risk. However, there is currently a need for SPJ risk assessment to measure someone's risk of failing to support and protect another person. The issue of assessing this particular risk is a sensitive one as the assessment would be conducted on someone who has not done anything *wrong* as such. An assessment in this area would be looking at the *absence* of something (protection, support), rather than the *presence* of something (e.g., risk of violence). It would need to be carefully developed and perhaps consider a strengths-based approach to the assessment (i.e., assessing the *presence* of factors related to the ability to support/protect).

Current Frameworks

Several frameworks have been developed to assess a NOG's ability to support/protect their child in cases of CSA. This would be needed, for example, when concerns have been raised or when a guardian has entered a relationship with an alleged CSA offender. However, these frameworks have been limited in their use and/or validity. One framework by Smith (1995) details how to assess a NOG in cases where CSA has happened. The framework requires the professional to assess the NOG on several categories relating to: belief in the disclosure, actions of the NOG, feelings towards the child, attribution of blame, cooperation with professionals, ability to talk about the abuse, history of sexual abuse, and other vulnerabilities (e.g., mental health difficulties, intellectual abilities). The clinician's judgment informs the decision made about the NOG's ability to protect and informs areas for interventions. Smith's (1995) model relies on unstructured clinical judgment, which has lacked validity and reliability.

A similar framework is the Non-Offending Carers Risk Assessment (NOCRA; Ridby & Callan, 2012), whose main focus is the NOG's ability to protect, although it also includes an assessment of the ability to support. The NOCRA is a process which includes screening for suitability for the risk assessment, and ten sessions during which a questionnaire is administered twice. The NOCRA does not appear to have been assessed for reliability and validity.

Further frameworks better underpinned by the literature include a framework by Calder et al. (2001) and another by Oliver (2012). Calder et al.'s (2001) framework aims to assess, understand, and support mothers of children who have experienced CSA. The assessment is made up of 35 factors divided into categories relating to the reaction to the discovery; relationship with the perpetrator; personal qualities, resources, and networks; capacity to parent; and work with professional agencies and support systems. Oliver's (2012) framework outlines five intervening variables for maternal belief and eleven related to the ability to support and protect, organised under: maternal factors, child factors, abuse/contextual factors, and mother/child relationship. All these factors look to appraise the NOG's ability to implement supportive/protective behaviours and are explored further in Chapter 2. However, neither framework has been developed as an SPJ tool.

The only SPJ assessment found to assess NOGs is the Capacity and Ability to Supervise and Protect – Risk Framework (CASP-R; McGibbon & Leonard, 2019). It looks at seventeen factors distributed across four domains: internal capacity, insight of harm, parenting capacity, and coping capacity. All factors are rated and an overall score determines the risk presented. This assessment is able to highlight risk and protective factors, which helps provide areas for intervention and safety planning. The only caveat is that it was not developed exclusively to assess NOGs in cases of CSA as it assesses a

carer's ability to protect a child from sexual *and* domestic violence. There have been no studies yet assessing the reliability and predictive validity of the CASP-R.

Overall, little research exists on the factors associated with the ability to support or protect in NOGs. A limited number of frameworks have been developed, most of which have tended to rely on (unstructured) professional judgment (e.g., Smith, 1995). This has not been the most reliable method to assess risk. As the outcome of such assessments can potentially lead to life-changing decisions for the child/ren and the family, the risk needs to be accurately assessed. Therefore, factors relied upon to support the professional's opinion need to be based on the most up-to-date literature, and assessments/frameworks drawn upon need to be valid and reliable. Only the CASP-R (McGibbon & Leonard, 2019), has used structured professional judgment; however, information regarding its validity or reliability is still outstanding. Even though it appears to have been developed in line with the literature, more research is needed.

Definitions

Ability to Support and Protect

NOG support is invaluable for a child's recovery post-CSA. NOG protection is also important to reduce future risk of abuse. In the literature, NOG support has been defined either in general terms or specifically related to CSA. For this thesis, the latter approach was adopted. Furthermore, it was identified that the two constructs of the ability to support and/or protect are often conflated or used interchangeably. Some of the definitions of NOG support have included *protective ability* within them, whilst others have not.

Three definitions of support were found to incorporate protective ability. The most common definition was provided by Everson et al. (1989)¹ as measured by the Parental Reaction to Abuse Disclosure Scale (PRADS). It states that parental support is made up of four domains: belief in the child's disclosure, ability to protect the child from the perpetrator, ability to emotionally support the child, and providing the child with access to services. A few years later, Bolen et al. (2015) defined NOG support using eight domains: basic needs; decision-making; active parenting; safety/protection; instrumental support; sensitivity to the child; availability; and affirmation. In 2017, Smith et al. developed the Maternal Support Questionnaire – Child Report (MSQ-CR) and therein defined maternal support according to three factors: belief in the disclosure, emotional support, and protective action. Conversely, two further definitions of support were found which did not include protective ability. In 2010, Smith et al. defined NOG support by measuring two factors in their Maternal Self-Report Support Questionnaire (MSSQ): emotional support and lack of blame/doubt. More recently, McCarthy et al. (2019) suggested that maternal support consists of helping the child elaborate on their emotional reactions following the abuse, helping the child soothe their emotions, and orienting the child during their recovery process.

Although the two constructs have often been conflated or collapsed into a more global *capacity to support* assessment, in practical terms, it would seem important to differentiate the NOGs' ability to support from their ability to protect. The ability to protect relates to the ability to prevent the CSA from happening in the first place, or again in the future. There may be different situations where this distinction would be needed. For example, if an alleged CSA offender joins a family (e.g., mother's new partner), the children need to be protected from potential abuse; or if a child was previously victimised,

they need to be protected from further abuse. Research has shown that the protection of a child is most effective when the responsibility of protection is shared by everyone in the child's support network, including their guardian(s) (Wurtele & Miller-Perrin, 1992). The NSPCC (2022) described several important topics when determining the NOG's ability to protect their child when their partner has a history of CSA offending: knowledge of the abuse; openness about their feelings towards their partner's behaviour; understanding of why others may raise concerns; and ability to discuss risk, sexual abuse, and safety with their child.

The varying definitions of NOG support and protection, and the varying domains taken into account to measure this, highlight a need for clarification and consensus on the topic. Related to the lack of an agreed-upon definition, there is no clearly defined measure that evaluates someone's ability to support and provide protection in cases of CSA.

Non-Offending Guardian

The term non-offending guardian, abbreviated NOG, was used throughout to discuss mothers, fathers, carers, or anyone else in the parenting role, who did not commit the offence and was not collusive in the abuse. Most research on this topic, including studies discussed in later chapters, has been conducted on non-offending mothers; however, it is increasingly recognised that perpetrators can be women and NOGs can be fathers or other carers (e.g., grandparents).

The Current Thesis

The current thesis aimed to look at the assessments of NOG for their ability to support and protect their child in cases of CSA. More specifically, it aimed to summarise

current research on this population and what is being done in practice when conducting these assessments. Chapter 2 systematically reviewed available literature on intervening variables found to impact a NOG's ability to support and protect their child in cases of CSA. This provided valuable information summarising the existing evidence base on the subject. Chapter 3 documented a qualitative research project aimed at gaining the views of Psychologist Expert Witnesses (abbreviated EW) involved in the assessment of NOG for their ability to support or protect their child. A comparison was made between what findings from the literature, as seen in Chapter 2, and what is being done in practice, as seen in Chapter 3. Chapter 4 critically reviewed a psychometric measure called the Child Abuse Potential (CAP) Inventory (Milner, 1986). This measure is sometimes used in practice by EW in their assessment of NOG, as it relates to the risk of harm to the child. Lastly, Chapter 5 summarised the main findings, discussed the practical implications and limitations of the thesis, and provided direction for future research.

CHAPTER 2

Systematic Literature Review: Factors Which Predict Non-Offending Guardians' Ability to Support and Protect in Cases of Child Sexual Abuse

Abstract

The protection and support provided by non-offending guardians to their children following disclosure of child sexual abuse (CSA) is necessary for the child's psychological, emotional, and behavioural adjustment. This systematic literature review aims to summarise the current knowledge regarding what variables are associated with non-offending guardians' ability to protect and support their child/ren following the disclosure of CSA. A systematic search of the literature was conducted on: eleven electronic databases using specific keywords; a manual search of reference lists; contact with key authors in the field; and Google and Google Scholar searches. Thirty-six papers were selected for inclusion in the review after pre-determined inclusion and exclusion criteria were applied. Studies underwent a quality assessment and twenty-two papers were ultimately included in the study. In the papers selected, a total of sixty-eight intervening variables were identified and discussed for the ability to support; and a total of forty-five intervening variables were identified and discussed for the ability to protect. The variables were placed into five categories and fifteen subcategories: non-offending guardian factors (demographics, health, victimisation, own criminal history, relationships, and attitudes and responses to abuse disclosure); child factors (demographics, health, other victimisation, relationships, and behaviours); abuse-related factors (general, discovery, and disclosure and post-disclosure); perpetrator factors; and other factors (household). Overall the results show that there are many factors associated with a NOG's ability to support. The factors associated with the ability to protect have been less researched by the literature. Several factors discussed by the studies included in the review also appear to show contradictory findings, which would require further research to explore further. The strengths and limitations of the review are discussed, as well as recommendations for future research.

Keywords: Non-offending guardian, caregiver, mother, father, support, protect, belief, child sexual abuse, CSA, variables, factors

Résumé

La protection et le soutien qu'un tuteur ou parent non-fautif peut donner à son enfant après une révélation d'abus sexuel sont nécessaires à l'ajustement et au bien-être psychologique, émotionnel et comportemental de l'enfant. L'objectif de cette recherche systématique de la littérature est de résumer les connaissances actuelles relatives aux variables associées à la capacité d'un parent non-coupable de protéger et soutenir son enfant suite à la révélation d'abus sexuel sur ce dernier. Cette revue systématique de la littérature a été réalisée sur onze bases de données de recherche scientifiques en utilisant des mots clés spécifiques, en recherchant manuellement les listes de référence des articles gardés, en contactant des auteurs-clés dans ce domaine et par le biais d'une recherche sur Google et Google Scholar. Trente-six articles ont été sélectionnés après que les critères d'inclusion et d'exclusion aient été appliqués. Ceux-ci ont fait l'objet d'une évaluation quant à leur qualité scientifique. Vingt-deux d'entre eux ont été gardés pour l'étude. Un total de soixante-huit variables importantes a été identifié et examiné quant à la capacité à soutenir l'enfant, et un total de quarante-cinq variables importantes a été identifié et examiné quant à la capacité à protéger l'enfant. Les variables ont été organisées en cinq catégories et quinze sous-catégories : facteurs liés au parent non-fautif (démographie, santé, victimisation, criminalité, relation et attitudes et réponses après révélation d'abus) ; facteurs liés à l'enfant lui-même (démographie, santé, autre victimisation, relations et comportements) ; facteurs liés à l'abus vécu (contexte général, découverte et révélation et événements après la révélation) ; facteurs liés à l'auteur de l'abus ; et autres facteurs (foyer et composition familiale). Dans l'ensemble, les résultats montrent qu'il existe de nombreux facteurs qui soient en lien avec la capacité d'un gardien non-coupable soutenir son enfant. Les facteurs associés à la capacité de protéger ont été moins étudiés dans la littérature. Plusieurs

facteurs recherchés par les études incluses dans la revue semblent également montrer des résultats contradictoires, qui nécessiteraient des recherches plus approfondies pour explorer davantage. Les points forts et les limites de cette revue de la littérature sont explorés et des recommandations de recherches futures sont proposées.

Mots clés : Tuteur non-fautif, parent non-agresseur, gardien, mère, père, soutien, protection, croire, abus sexuel sur enfant, abus sexuel sur mineur, variable, facteur

Introduction

Background

A significant number of children are victims of CSA every year. This can have a long-term impact on the child's development and well-being, and lead to significant consequences (e.g., mental health and relationship difficulties or revictimization). Guardian support/protection could mediate the negative impact of CSA (e.g., Bick et al., 2014; Eisenberg et al., 2007). The literature on NOG support/protection continues to grow as the views on non-offending mothers drift away from being seen as collusive (Bolen, 2003). The majority of NOGs are at least partially supportive of their children following CSA (Bolen, 2003). However, specific intervening variables or factors impacting guardian support remain mostly ambiguous. One reason for this lies in the problem of defining guardian support (and thus the measurement thereof) which often varies between studies, with certain papers referring to support, others to belief, others again to protection, or a combination of some or all of these; as seen in Chapter 1.

Scoping Search

A scoping search was conducted on the 8th and 14th of January 2021, and again on the 19th of March and 16th of September 2023, to determine whether the current review was justified, on the following databases:

- Cochrane Database of Systematic Reviews (CDSR);
- Centre for Reviews and Dissemination (Database of Abstracts of Reviews of Effects; DARE);
- The Campbell Collaboration Library of Systematic Reviews;
- International Prospective Register of Systematic Reviews (PROSPERO);

- APA PsycINFO;
- Ovid MEDLINE(R) and In-Process, In-Data-Review & Other Non-Indexed Citations.
- University of Birmingham E-Thesis Repository

The scoping search revealed three previous reviews (Corcoran, 1998; Elliott & Carnes, 2001; Joyce, 1997) and two systematic literature reviews (Bolen, 2002; Oliver, 2012) discussing intervening variables for guardian support/protection. A further systematic literature review was identified through later database searches (Knott & Fabre, 2014). Most reviews, summarised below, explored NOG characteristics, child/victim characteristics, and abuse characteristics.

Previous Reviews

Joyce (1997) reviewed existing literature on mothers of incest victims and discussed variables associated with mothers' *belief*, *protectiveness*, and *supportiveness* following disclosure, such as type of abuse; child's age; and relationship with the perpetrator. However, the review did not define support or what constitutes a protective action, and factors for these are discussed without much differentiation. Joyce (1997) mostly discussed the mother's belief in the disclosure. A study by Sirles and Franke (1989) is reported: they found that mothers are most likely to *believe* their child when the perpetrator is a member of the extended family and when the abuse involves digital-genital or oral-genital contact; likely to believe if the perpetrator is the biological father; and least likely to believe if the perpetrator lives with the mother, is the child's stepfather, and when the abuse involves genital-genital contact. Joyce (1997) also reported mothers believed

their child more when they were not in the home when the abuse occurred; the perpetrator does not have an alcohol problem; and the child is younger and not a victim of co-occurring physical violence. Although there was no information about study selection, Joyce (1997) provided an appropriate critique of the articles discussed and clearly summarised findings.

Corcoran (1998) reviewed non-offending mothers of sexually abused victims literature and discussed the link between factors relating to the mother, her environment, and the abuse and maternal *belief*, *protection* and *support*. They reported that support consists of both belief and protective action. Corcoran (1998) highlighted difficulties around the lack of a consistent definition of protectiveness making generalisation of findings difficult. Corcoran (1998) discussed several factors associated with mothers' supportiveness: personality variables; relationship to the perpetrator; circumstances of disclosure; characteristics of the child and the abuse; physical victimisation of the mother; problems in the home; and the mother's prior sexual abuse. Corcoran (1998) found that mothers will be more *protective* the sooner the abuse is disclosed after it happened; if it is disclosed to the mother directly; if the mother is a victim of physical violence; if the perpetrator does not abuse alcohol; and if the child is not also a victim of physical abuse. Corcoran (1998) highlighted inconsistencies with regard to how the mother's personality characteristics, relationship to the perpetrator, child's gender, child's age, and whether penetration happened related to the ability to *support*, *protect* and/or *believe* the child. The mother's sexual abuse history and the recurrence of the abuse were not significant variables. Corcoran (1998) suggested exploring other variables for their relevance, such as employment or income. Similar to Joyce (1997), the studies selection is unclear, and the terms *belief*, *support*, and *protect* are used without clear distinction.

Elliott and Carnes (2001) reported that most non-offending mothers believe the disclosure and most mothers are supportive and protective. Elliott and Carnes (2001) discussed intervening variables related to guardian *support*, *belief*, and *protection* post-disclosure, and mostly found contradicting information. With regard to *belief*, mothers were more likely to believe their younger and male child/ren; but conflicting results were found about the association with the mother's relationship with the perpetrator. With regard to *support*, conflicting results were discussed for the mother's relationship with the perpetrator; however, most studies reported mothers are least supportive when the perpetrator is a current partner, living in the house, and the mother financially depends on him. No relationship was found between the mother's history of abuse and her ability to support, apart from one study finding that mothers were *more* supportive when they have a history of abuse. The victim's age in relation to support was also inconsistent, with some studies finding no relationship and others reporting more support is given to younger children. Elliott and Carnes (2001) reported no relationship between the child's gender and parental support. With regard to *protection*, mothers were found to protect their child more if they were younger and male; however, the mother's history of abuse was not significant. Similarly, inconsistent findings were reported for the mother's relationship with the perpetrator. Elliott and Carnes (2001) also did not report on the studies' selection, but they provided possible explanations for the inconsistencies between the studies.

Although informative, none of the aforementioned reviews were systematic. Therefore, they may not be summarising all the available literature. All the reviews were also written over two decades ago. The literature on NOGs continues to develop, and new research has been conducted since. A point highlighted for all is that the terms *belief*, *protect*, and *support* are discussed without clear definition or differentiation.

Previous Systematic Literature Reviews

Bolen (2002) discussed twelve bivariate and two multivariate studies examining guardian support. Multivariate analyses allow for the comparison of several variables together, taking into consideration how they relate to one another (Blaikie, 2003), providing more robust findings. Bolen (2002) organised intervening variables into four categories: guardian, child, abuse, and perpetrator variables. One study found that mothers with fluctuating moods showed more anger but also more protectiveness towards their child. In at least one study, more guardian support or belief was associated with: children accompanied by both parents to the hospital; more secure attachments in mothers; more social support available to guardians; higher socioeconomic status; fewer worries about meeting the child's basic needs; more life stressors (which is a surprising result); less co-occurring abuse; no co-occurring child physical abuse; if the perpetrator does not abuse alcohol; if the mother was not home during the abuse; direct disclosure to the mother; and if the perpetrator confirmed the abuse happened. Bolen (2002) also highlighted contradictory findings with regard to how variables relate to the *ability to support* (mother's history of CSA; substance misuse; relationship with the child and perpetrator; severity of the abuse; and child's age); *belief in the disclosure* (child's age); and the *ability to protect* (quality of the mother's relationship with her parents; child's gender; and time of the disclosure compared to when the abuse occurred). Bolen (2002) found that the guardian's age; history with child protective services; mental health; source of income; the length of relationship with the perpetrator; financial dependence on the perpetrator; physical abuse by the perpetrator; number of children; education level; the child's race; whether the child lived with the perpetrator before the abuse; the perpetrator's reaction to

the abuse; and the frequency of the abuse were not significantly related to guardian support. Bolen (2002) gave more weight to multivariate analyses when reporting the results and provided information about the search strategy to select articles. However, Bolen (2002) only searched two databases and selected articles' reference lists and did not provide a quality assessment of the included papers.

Oliver (2012) reviewed fourteen studies selected from six databases and hand-searched reference lists. A good description of the method utilised was provided. The studies included were assessed for their methodological quality. Although no study was discarded based on the quality assessment, the studies' quality was referred to throughout. Oliver (2012) classified the variables into four categories: mother characteristics, child characteristics, abuse characteristics, and mother-child relationship characteristics. Thirty factors were reported. Oliver (2012) found one factor not significant in any of the studies: the mother's sexual abuse history. Twenty factors were found to be significantly associated with NOG support/protection. Mothers were more likely to protect their child if they had: their first child at 18 years old or older; more secure attachment styles and more stable relationships; less mental health problems; less problems with the law; adequate social support; more negative feelings towards the perpetrator; did not know about the abuse; more post-disclosure stressors and less pre-disclosure stressors; no domestic violence experience or the abuse was more physical than emotional/psychological; if the perpetrator was not the mother's current partner or a father-figure to the child (supported by six studies); if the child had less developmental delay or did not show sexualised behaviours; if more time had passed since the abuse; if the child did not experience co-occurring maltreatment; if the abuse was first disclosed to the mother; if the mother asked the child directly about the abuse and did not ask the perpetrator; if the perpetrator admitted the

abuse; and if the mother was not at home at the time of the abuse. Oliver (2012) also found nine factors with mixed evidence for their association with maternal support: the mother's attachment and relationship with her parents; the mother's substance misuse; whether the perpetrator resides in the household; the mother's dependency (e.g., financial) on the perpetrator; the child's age; the child's prior abuse experience; the mother's belief in the disclosure; the number of reported incidents; and the abuse severity. Most of these factors had a balanced number of studies showing evidence for and against a significant association, apart from the perpetrator's residency in the household. Four studies found that the mother was less supportive when the perpetrator was living in the home when the abuse occurred, and only one study, of lower quality, did not replicate these findings. Although Oliver's (2012) study was of good quality and provided a thorough summary of the literature, it is also dated from a few years ago and new research has been published since. Additionally, this study has not been peer-reviewed.

Knott and Fabre (2014) searched six databases for studies dated between 1980 and 2011 examining factors associated with maternal support. They did not specify the search terms used and the number of studies summarised. It is also unclear whether quality assessments were conducted. They found evidence that mothers are more likely to be supportive if they did not live with the perpetrator; the perpetrator was not the father or stepfather; the perpetrator was not a family member; they felt negatively towards the perpetrator; and the perpetrator admitted to the abuse. They also found that mothers are less supportive if they experienced domestic violence or have a substance abuse history, and less likely to believe if their child is older. Unlike previous reviews, Knott and Fabre (2014) discussed the relationship between culture and maternal responses in cases of CSA, although also specified that the literature on this is lacking. Two studies found that female

sexual abuse victims of Hispanic ethnicity perceived their families to be unsupportive and unresponsive when compared to participants from other ethnicities, such as African Americans. Knott and Fabre (2014) recommended further research in this area, particularly focusing on cultural differences.

The Current Review

The current review aimed to update previous findings by Bolen (2002), Oliver (2012), and Knott and Fabre (2014), to look for more recent relevant literature and see if the results remained consistent with previous knowledge. A scoping search highlighted new relevant studies, giving justification for the current review. All of the aforementioned reviews were limited to English-language papers only. The current review has the advantage of also including papers published in French.

Aim

This systematic review aimed to summarise available evidence in the current literature regarding factors associated with NOGs' ability to protect and support in cases of CSA.

Question

“What are the factors associated with non-abusing guardian support and protective behaviour in cases of child sexual abuse?”

Objectives

This review had two main objectives: 1) to summarise factors associated with NOG's ability to protect and support in cases of CSA in the current literature, and 2) to compare the findings with the ones from previous reviews.

Method

Sources of Literature

Automated searches were completed on eight electronic databases using English search terms in November 2021 and again in March 2023 to attempt to capture literature published since the initial search. One additional paper was found in the second search:

- APA PsycInfo (1806 to November week 2 2021 – completed on 22/11/21; and 1806 to March week 2 2023 – completed on 19/03/23)
- Ovid MEDLINE(R) and In-Process, In-Data-Review & Other Non-Indexed Citations (1946 to November 19, 2021 – completed on 22/11/21; and 1946 to March 17, 2023 – completed on 19/03/23)
- Embase (1974 to 2021 November 19 – completed on 22/11/21; and 1974 to 2023 March 17 – completed on 18/03/23)
- Web of Science (Core Collection – completed on 22/11/21 and 18/03/23)
- Proquest, from the Social Science Premium Collection (1914 to current – completed on 22/11/21 and 19/03/23)
 - Criminology Collection (1975 – current)
 - Social Science Database
 - Sociology Collection (1952 – current; ASSIA collection)
- APA PsycArticles Full Text (completed on 22/11/21 and 18/03/23)

- Scopus (completed on 22/11/21 and 18/03/23)
- EBSCO platform (CINAHL Plus, AMED, Child Development & Adolescent Studies, MEDLINE – completed on 22/11/21 and 19/03/23)

Automated searches were also completed on the eleven electronic databases using French search terms in March and April 2023. The three additional databases from French-speaking countries were added to capture further French articles:

- APA PsycInfo (1806 to April week 1 2023 – completed on 13/04/23)
- Ovid MEDLINE(R) and In-Process, In-Data-Review & Other Non-Indexed Citations (1946 to April 12, 2023 – completed on 13/04/23)
- Embase (1974 to 2023 April 12 – completed on 13/04/23)
- Web of Science (Core Collection – completed on 13/04/23)
- Proquest, from the Social Science Premium Collection (1914 to current – completed on 13/04/23)
 - Criminology Collection (1975 – current)
 - Social Science Database
 - Sociology Collection (1952 – current; ASSIA collection)
- APA PsycArticles Full Text (completed on 13/04/23)
- Scopus (completed on 13/04/23)
- EBSCO platform (CINAHL Plus, AMED, Child Development & Adolescent Studies, MEDLINE – completed on 13/04/23)
- Érudit Global All Journals (completed on 13/04/23)
- Gallica (completed on 13/04/23)
- Pascal et Francis (completed on 13/04/23)

Additionally, the reference lists and bibliographies of retrieved papers were searched manually for additional relevant studies meeting the inclusion criteria. This was done until saturation, meaning that relevant articles found this way would also be searched manually, until no new relevant study was found. Three key authors in this field were contacted to gain access to unpublished or additional literature not found on electronic databases: Professor Mireille Cyr contacted via email on the 4th of November 2021; Professor Rebecca Bolen contacted via email on the 4th of November 2021 and via the scientists and researchers social networking site ResearchGate on the 10th of December 2021; and Dr Myra Leifer contacted via email on the 4th of November 2021 and the 10th of December 2021. An attempt was made to contact researcher Dr Leah Lamb; however, no contact details could be found. Lastly, the search engine Google was searched using the phrases “non-offending guardian ability to protect the child”; “factors that predict the ability to protect their child in non-offending guardians in cases of child sexual abuse”; “mothers of sexually abused children”; and “non offending guardian support” on the 22nd and 29th of January 2022 and the 6th of April 2023. The same phrases were used in the search engine Google Scholar on the 6th of April 2023.

A search was also conducted with French terms on the search engines Google and Google Scholar on the 13th of April 2023, using the phrases “capacité de protéger l'enfant du parent non-coupable”; “facteurs qui prédisent la capacité de protéger leur enfant chez les tuteurs non-coupables dans les cas d'abus sexuels de l'enfant”; “mères d'enfants victimes d'abus sexuels”; “soutien des tuteurs non-coupables”; “soutien des parents non-coupables”; and “nonoffending guardian support in cases of child sexual abuse” with restriction on French results for the latter.

Search Strategy

The English search terms used in Oliver's (2012) systematic review were used and updated to encompass all the articles previously found and find papers that might have been missed or have been published since. Two search terms were taken out (woman* and women*) for adding too many irrelevant articles to the results generated. Other terms were taken out (e.g. non-offending guardian) for not contributing additional results to the search. Relevant search terms were also mapped to subject headings to explore broader or related keywords that would be relevant. Abstracts of relevant papers were scanned to account for the variety of words used to discuss similar concepts. The different search term variations tried in the process of finding the right combination can be found in Appendix A. The complete search syntax used in the different databases can be found in Appendix B. The English search terms applied to the databases listed above are as follows:

factor* OR variable* OR characteri* OR aspect* OR cause* OR reason* OR predict* OR
indicat*

AND

guardian OR maternal OR mother* OR paternal OR father* OR carer*

AND

belief OR believ* OR support* OR protect* OR reaction* OR response* OR respond* OR
ambivalen* OR behavio* OR perc* OR attitud* OR disbelie* OR unsupport* OR reject*

AND

"child* sex* abuse*" OR CSA OR "sexual* abuse*" OR "child abuse" OR "sexual
assault*" OR incest OR "child molest*"

French search terms were developed in an attempt to be thorough when selecting all relevant articles in both languages for this review. This was done to try to capture articles for which the abstract was not translated into English. The above search terms were translated into French, with certain changes to account for differences in word usage. Certain terms were also taken out for generating too many irrelevant results. Abstracts of relevant papers were scanned to verify that all different keywords used to discuss the relevant concepts were captured. Search term variations can be found in Appendix A. The use of AND and OR conjunction terms were sometimes used in English and sometimes in French depending on the database to get the greatest number of results. The complete search syntax used in the different databases can be found in Appendix B. The French search terms applied to the databases listed above are as follows:

facteur* OU variable* OU caractéris* OU aspect* OU cause* OU raison* OU prédi* OU
indicat*

ET

gardien OU maternel* OU mère OU paternel* OU père OU tuteur

ET

réaction* OU croire OU soutien OU soutenir OU protéger OU protection OU réponse* OU
ambivalence OU comportement* OU perception* OU percevoir OU attitude*

ET

“agress* sexuel*” OU "abus sexuel sur enfant" OU "abus sexuel sur mineur" OU "abus
sexuel de l'enfant" OU "abus sexuel" OU "abus sur mineur" OU inceste OU pédophilie

Study Selection

Inclusion and exclusion criteria from Oliver's (2012) systematic review were used and reviewed. As previous search terms were updated and results published in French were added to the review, no time restriction criterion was included.

Inclusion Criteria and PICO

Population. To be included, studies needed to be primary and empirical studies of NOGs in cases of CSA. NOGs could be biological/adoptive/foster parents or carers. The children needed to be under eighteen years of age. The CSA could be intrafamilial or extrafamilial, contact or non-contact sexual abuse. Studies exploring online sexual abuse were not excluded, but none were found.

Intervention. To be included, studies needed to investigate factors or intervening variables for their association with the guardian's ability to protect and/or support their child following the abuse disclosure.

Comparator. No specific comparison interventions were highlighted.

Outcome. To be included, the studies needed to include a measure of guardian support or protectiveness towards the child.

Study type. All study types could be included in the review.

Exclusion Criteria

Studies not written in English or French were excluded, due to time limitations and a lack of resources such as translators.

Studies only looking at unstructured accounts of support or protection were also excluded, to reduce the chances of the results being affected by response bias (e.g., social desirability).

Selection Process

A total of 23,506 results were found in English and French on eleven databases, from researchers, during a Google or Google Scholar search, and in the reference lists of the relevant papers. The PRISMA flow diagram (Moher et al., 2009) summarising the selection process can be found in Figure 1. The number of results found in November 2021 and in March/April 2023 were added together to provide the overall number.

After removing duplicates and studies not written in French or English, the remaining articles were first screened based on title and abstract. 287 studies were selected for full-text reading. Certain papers could not be found immediately. The library services of the University of Birmingham and the articles' journals were contacted to obtain the full-text papers. Thirteen papers could still not be accessed in full text. The list of those papers and how they were identified can be found in Appendix C. More articles were removed for being duplicates, and 160 were discarded for not meeting the inclusion or exclusion criteria. The list of excluded papers and the reason for exclusion can be found in Appendix D. 36 articles were selected for the quality assessment.

Quality Assessment

Articles selected after full-text reading were assessed for their methodological quality. Different quality assessment checklists were used for qualitative and quantitative studies (both in Appendix E).

The Critical Appraisal Skills Programme (CASP) Qualitative Checklist (CASP, 2018) was used to assess qualitative studies' quality by looking at their methodology and research design; recruitment method; data collection; researcher's relationship with participants; ethical considerations; data analysis; and report of findings. All those areas were scored depending on whether what was done was relevant to the aims of the study. The value of the research was also considered and rated as it related to practice. Each qualitative study was then rated on its overall quality based on the answers given.

For the quantitative studies, a quality assessment checklist designed by Oliver (2012) was found to be appropriate for the current systematic review. It considered appropriate aspects specific to studies on this topic, such as whether: participants are representative of the NOG population (e.g., inclusion of male, female, different cultural or ethnic backgrounds, with children or adolescents of different ages); intervening variables are measured objectively; the outcome measure is based on a structured/valid multi-dimensional measure of protectiveness; time scales are considered; multivariate analyses are used; and confounding variables are taken into account. Based on the answers, a score is given to the study out of thirteen. This fraction was later converted into percentages. Certain aspects of the study, such as the outcome measure, were given more weight in the quality assessment, due to being more relevant to the current research question. Higher rating studies were considered to be of better quality for this review. Quality assessment ratings can be found in Appendix F for the quantitative studies and Appendix G for the qualitative studies.

The review's author rated all the studies. Twenty per cent ($n = 7$) were also reviewed by a second Trainee Forensic Psychologist to look at inter-rater reliability. Out of the seven articles double-rated, the qualitative study was scored similarly, five quantitative

studies were scored with between zero and two points difference, and one quantitative study was scored with five points difference. For the six studies scored within two points difference, these differences were considered to be acceptable and an average score was computed. For the study with a five-point difference, the two raters discussed the justifications given for scoring and agreed on a final score after discussion.

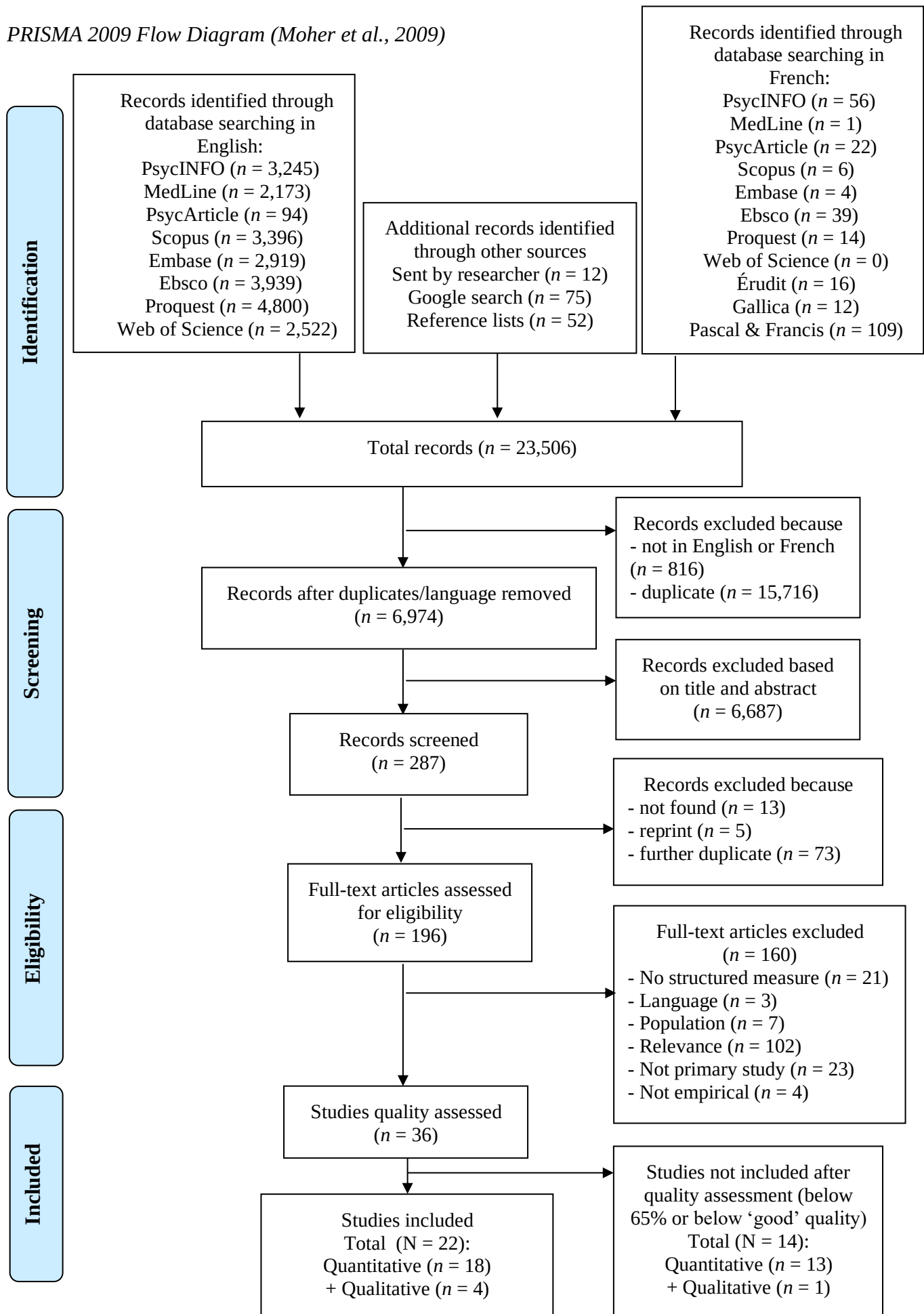
Articles found to have 65% (equivalent to 8.45/13) or above on the quality assessments were included in the final selection. This percentage was chosen to include a maximum of papers in the final review while eliminating articles of a lower methodological quality. Qualitative studies of good to excellent quality were also included in the review.

Data Extraction

Fourteen articles were discarded based on quality assessments and 22 were included in the review: four qualitative and eighteen quantitative studies. Oliver (2012) designed a data extraction form relevant to studies examining intervening variables for NOG's ability to protect/support (Appendix H). This form was reviewed and found to be appropriate for the aims and objectives of the current systematic literature review. It was therefore utilised to extract data.

Figure 1

PRISMA 2009 Flow Diagram (Moher et al., 2009)



Results

Description of the Studies

Twenty-two studies were included in the review: eighteen quantitative and four qualitative studies. A summary of the quantitative studies' characteristics can be found in Appendix I. A summary of the qualitative studies' characteristics can be found in Appendix J. Out of the twenty-two papers, two were written in French (Cyr et al., 2002; Payer et al., 2008). All studies were conducted in North America, with fourteen studies conducted in the United States of America (USA) and the remaining eight in Canada. Seventeen papers solely utilised non-offending mothers as their participants. Two studies used a broader scope of female carers, one including grandmothers and the other looking at non-offending female caregivers (including biological mothers, grandmothers, stepmothers, foster mothers and adoptive mothers). Two studies referenced *non-offending caregivers* as their participants. The final study exclusively looked at non-offending fathers. Participants were mostly recruited from outpatient clinics around the medical or forensic examination of their sexually abused children, from Child Protective Services, Child Advocacy Centres, or therapeutic settings. Three studies utilised archival/patient-cases data (Coohey & O'Leary, 2008; Knott, 2008; Koranek, 1994). One study looked at mothers victims of CSA themselves. Most studies looked at NOGs of children in general (under eighteen years old), apart from four papers, which looked at NOGs of children under twelve years old, and one that looked at NOGs of adolescents (above twelve years old). Most victims were described as female, with a smaller proportion of male victims. The majority of participants were described as either Caucasian or African-American. Qualitative studies ranged from having eight to twenty participants ($M = 14.25$; $SD = 5.31$; total sum = 57) and quantitative studies had between 29 and 373 participants ($M =$

140.11; SD = 79.13; total sum = 2,522). Perpetrators described in the papers were mostly father figures to the children (e.g., biological fathers, step-fathers, mothers' partners, mothers' live-in boyfriends), with the second most prevalent being intrafamilial perpetrators (whether immediate or extended family). Studies also discussed perpetrators as strangers or acquaintances, siblings, or biological mothers (as perpetrators or co-perpetrators). When the mother was listed as an offender, she was not considered a NOG (and therefore not a participant). Some studies included children abused by more than one perpetrator. One study (Walsh et al., 2012) compared the NOG's supportive ability when the perpetrator was an adult or an adolescent. Three studies did not specify who the perpetrators were. In the qualitative studies, only one included an intervening variable: the mother's own experience of abuse. Three studies analysed their data with a grounded theory approach and the fourth utilised an inductive thematic analysis approach.

Fourteen studies discussed intervening variables solely with regard to the NOG's ability to *support*. Only three studies (Coohey & O'Leary, 2008; Koranek, 1994; and Wangerin, 1994) looked at the NOG's ability to *protect*. The remaining five studies (three quantitative and two qualitative) discussed both the ability to support and protect. However, of those five, one did not differentiate between those two concepts and only referred to *negative maternal responses* (Knott, 2008), and one did not make clear differences but based on known definitions, details can be inferred (Cyr et al., 2019). In the quantitative studies, the most used scale to measure the NOG's supportive abilities was the PRADS (Everson et al., 1989¹), used by six studies; four of which used the French translation and adaptation by Thériault et al. (1995) for use with the participants. Other measures used were the Parental Reaction to Incest Disclosure Scale (PRIDS; Everson et al., 1989¹; used by three papers), the Needs-Based Assessment of Parental Support scale

(NAPS; Bolen et al., 2002; used by one paper), the MSSQ (Smith et al., 2010; used by four paper), and the MSQ-CR (Smith et al., 2017; used by one paper). Of the two quantitative studies that looked at protective abilities, one (Koraneck, 1994) used a 37-item checklist (protectiveness rating scale) devised by the authors to measure protectiveness; and the other (Coohey & O’Leary, 2008) measured protectiveness using Everson et al. (1989)¹’s definition, which states that any action that reduces the amount of contact between the child and the abuser is protective.

Intervening variables examined in the studies are discussed in relation to the NOG’s protective and supportive abilities separately. Variables were organised into five categories: non-offending guardian factors; child factors; abuse-related factors; perpetrator factors; and other factors. Appendix K shows the organisation of the variables and a comparison of variables between the ability to support and the ability to protect. The main findings across the studies have been summarised in Tables 1 and 2.

Table 1

Summary of Findings Showing Intervening Variables Related to Nonoffending Guardians' Ability to Support

Variable/group of variables	Evidence for significant association with ability to support	Evidence for non-significance		Summary of evidence for ability to support	
	Studies (with quality assessment score %)	n	Studies (with quality assessment score %)		n
Non-offending guardian factors					
Demographics					
Gender		0	Bolen & Lamb (2002, 77%); Cyr et al. (2003, 85%)	2	Gender does not appear to be related to non-offending guardian support
Age	Chiaramello et al. (2018, 69%)	1	Cyr et al. (2003, 85%) ; Knott (2008, 69%)	2	Younger mothers were found to be more supportive in one study of lower quality, using bivariate analysis. However, two studies of similar or higher quality using multivariate analyses did not find the mother’s age to be related to non-offending guardian support.
Ethnicity		0	Knott (2008, 69%); Wamser-Nanney & Sager (2018, 73%)	2	Studies did not find that the non-offending guardian’s ethnic or minority status to be related to the ability to protect
Occupational status	Cyr et al. (2003, 85%)	1	Knott (2008, 69%)	1	One study of higher quality using multivariate analysis reported that non-offending mothers were more likely to be supportive when employed. This was not replicated by another study of slightly lower quality also using multivariate analysis, with the latter not differentiating between support/protect.

Variable/group of variables	Evidence for significant association with ability to support		Evidence for non-significance		Summary of evidence for ability to support
	Studies (with quality assessment score %)	n	Studies (with quality assessment score %)	n	
Education level	<i>Knott (2008, 69%)</i>	1	Everson et al. (1989 ² , 69%)	1	Female NOG with at most an elementary education were more likely to present with negative maternal responses (not differentiating between support/protect). Another study of similar quality only looking at nonoffending guardian support found education level to be unrelated to support.
Income		0	Wamser-Nanney & Sager (2018, 73%)	1	Income not found to be related to emotional support; nor levels of blame/doubt
Personality traits	Chiaramello et al. (2018, 69%)	1		0	Extraversion traits in non-offending mothers related to more support but in a study of only moderate quality
Health					
Physical Health	<i>Knott (2008, 69%)</i>	1		0	Non-offending female caregivers were more likely to exhibit negative maternal responses if they have physical health problems but in a study of only moderate quality
Mental health	Cyr et al. (2013, 81%); Heriot (1996, 85%); <i>Knott (2008, 69%)</i> ; Rakow et al. (2011, 69%)	4		0	Non-offending female caregivers less likely to be supportive if information about their mental health is unknown, if they have more PTSD symptoms, if they have more depressive symptoms. More depressive symptoms also related to more negative responses to disclosure.
Substance abuse	<i>Knott (2008, 69%)</i> ; Leifer et al. (2001, 69%)	2		0	Female NOGs with substance addictions (alcohol or drugs) were less likely to be supportive and more likely to have negative responses to the disclosure

Variable/group of variables	Evidence for significant association with ability to support	Evidence for non-significance		Summary of evidence for ability to support	
	Studies (with quality assessment score %)	n	Studies (with quality assessment score %)		n
Victimisation					
History of childhood sexual abuse	Payer et al. (2008, 85%)	1	Bolen & Lamb (2002, 77%); Leifer et al. (2001, 69%)	2	Non-offending mothers reporting positive consequence of own childhood sexual abuse (e.g., personal growth following, positive feelings of overcoming difficulties, etc.) were <i>more</i> likely to be emotionally supportive in one study. However, two studies of slightly lower quality did not find that maternal history of CSA was related to ability to support.
Other history of abuse (e.g., physical or neglect)		0	Bolen & Lamb (2002, 77%); Leifer et al. (2001, 69%)	2	No relationship found between other history of childhood abuse for nonoffending guardian (separate from sexual abuse) and ability to support
Intimate Partner Violence (current or past)	Alaggia & Turton (2005, excellent); Cyr et al. (2002, 77%); Knott (2008, 69%); Leifer et al. (2001, 69%)	4	Bolen & Lamb (2002, 77%)	1	Non-offending female caregivers more supportive when do not have a history of intimate partner violence victimisation, as shown in three studies. Differentiation between non-physical IPV which showed less support and physical IPV which led to more support (Alaggia & Turton, 2005; excellent). One study did not find a relationship between IPV victimisation and support
Own criminal history					
Criminal involvements	Knott (2008, 69%); Leifer et al. (2001, 69%)	2		0	Female NOGs with a history of being involved in criminal activities were more likely to have negative responses following disclosure and show less support

Variable/group of variables	Evidence for significant association with ability to support	Evidence for non-significance		Summary of evidence for ability to support	
	Studies (with quality assessment score %)	n	Studies (with quality assessment score %)		
Relationships					
Attachment style	Bolen & Lamb (2002, 77%); Bolen & Lamb (2007, 77%)	2	Leifer et al. (2001, 69%)	1	Two studies found that non-offending guardians with more secure attachment styles are more supportive. However, one found that attachment style is not related to support.
Relationship w/ own parents		0	Leifer et al. (2001, 69%)	1	The non-offending mother’s relationship with her own mother (prior to adolescence and current) not related to support
Dependency on the perpetrator (i.e., financial)	Leifer et al. (2001, 69%)	1	Bolen & Lamb (2002, 77%)	1	Non-offending mothers who were financially dependent on the perpetrator were less likely to be supportive. Finding not replicated in another study of slightly higher quality.
Social support	Knott (2008, 69%)	1	Leifer et al. (2001, 69%)	1	Non-offending female caregivers with inadequate social support more likely to exhibit negative responses (related to support and protection) to the disclosure. Not replicated in a study of similar quality looking specifically at ability to support.
Marital status	Wamser-Nanney & Sager (2018, 73%)	1		0	Unmarried mothers reported to show higher levels of blame and doubt towards their child than married mothers in a study using bivariate analysis
Attitudes and responses to abuse disclosure					
Suspicion	McMillan (2013, good)	1		0	Mothers who had prior suspicions that something was wrong believed their child immediately, regardless of their relationship with the perpetrator
Life-stressors					
- Pre-disclosure	Bolen & Lamb (2007, 77%)	1		0	More pre-disclosure stressors associated with less non-offending mother support

Variable/group of variables	Evidence for significant association with ability to support		Evidence for non-significance		Summary of evidence for ability to support
	Studies (with quality assessment score %)	n	Studies (with quality assessment score %)	n	
- Post-disclosure	Bolen & Lamb (2002, 77%); Bolen & Lamb (2007, 77%)	2		0	More post-disclosure stressors associated with more non-offending guardian support in two studies
<i>Feelings</i>					
- Post-disclosure	Cyr et al. (2019, good)	1		0	Confusion and anger brought by the disclosure, led to non-offending fathers doubting their child's disclosure and confronting the perpetrator
- Towards the perpetrator	Chiaramello et al. (2018, 69%); Heriot (1996, 85%)	2		0	Feelings of anger or hostility directed at the perpetrator are associated with greater non-offending maternal support
- Towards the child	Chiaramello et al. (2018, 69%); Cyr et al. (2013, 81%)	2		0	Absence of anger directed at the child is associated with greater non-offending maternal support
Discomfort	Cyr et al. (2019, good)	1		0	Non-offending fathers experienced discomfort when in the presence of their child post-disclosure, which led them to distancing themselves emotionally and physically (offering less hygienic and health care, and less physical contact)
Psychological distress	Cyr et al. (2002, 77%); Cyr et al. (2019, good)	2		0	Non-offending mothers reporting more psychological distress post-disclosure offer more support (Cyr et al., 2002, 77%). Non-offending fathers reporting more psychological distress (especially depression symptoms) post-disclosure perceived themselves as being temporarily less available or sensitive to their child's needs (Cyr et al., 2019, good).
Attribution of blame to the child	Leifer et al. (2001, 69%)	1		0	Children of non-supportive mothers are more often blamed by their mother for the abuse

Variable/group of variables	Evidence for significant association with ability to support		Evidence for non-significance		Summary of evidence for ability to support
	Studies (with quality assessment score %)	n	Studies (with quality assessment score %)	n	
Belief in the disclosure	Heriot (1996, 85%)	1		0	Non-offending mothers who believed their child are more likely to be supportive.
Coping strategies	Cyr et al. (2013, 81%)	1		0	Non-offending mothers with a higher score for avoidant coping style were less supportive
Sense of responsibility	Cyr et al. (2019, good)	1		0	A sense of responsibility led the non-offending fathers to seek professional support for their child, and increase their daily availability for the child
Amount of details known about abuse	Wamser-Nanney & Sager (2018, 73%)	1		0	The amount of details known by nonoffending caregiver is related to higher levels of emotional support
Child factors					
Demographics					
Age	Knott (2008, 69%); Payer et al. (2008, 85%) ; Rancher et al. (2023, 81%); Walsh et al. (2012, 77%); Wamser-Nanney & Sager (2018, 73%)	5	Bolen & Lamb (2002, 77%); Everson et al. (1989 ² , 69%)	2	Five studies reported that younger children are more likely to receive non-offending female caregiver support (including less blame/doubt) and less likely to experience negative maternal responses. One of them reported that older children received more blame and doubt from their nonoffending caregiver, which is consistent. However, it also found that older children received higher levels of emotional support; which is inconsistent with the other studies (Wamser-Nanney & Sager, 2018; 73%). Two additional studies found no relation between the child's age and the amount of support received.

Variable/group of variables	Evidence for significant association with ability to support		Evidence for non-significance		Summary of evidence for ability to support
	Studies (with quality assessment score %)	n	Studies (with quality assessment score %)	n	
Gender	Bolen & Lamb (2002, 77%); Wamser-Nanney & Sager (2018, 73%)	2	Everson et al. (1989 ² , 69%); <i>Knott (2008, 69%)</i>	2	One study found that non-offending guardians are more supportive when the victim is male (Bolen & Lamb, 2002; 77%). Another one of similar quality found that non-offending guardians are more emotionally supportive when the child is female, but that the child's gender is unrelated to levels of blame or doubt (Wamser-Nanney & Sager, 2018; 73%). Two other studies of lower quality did not find a relationship between the child's gender and level of support.
Ethnicity	Walsh et al. (2012, 77%)	1	Bolen & Lamb (2002, 77%); Everson et al. (1989 ² , 69%)	2	Parents of Black children showed greater levels of blame/doubt than parents of child of White or Hispanic or other ethnicity. Two other studies of similar quality did not find ethnicity to be related to support.
Developmental delay	<i>Knott (2008, 69%)</i>	1		0	Children with developmental delay more likely to experience negative female caregiver response
Health					
Physical health	Leifer et al. (2001, 69%)	1		0	Supportive mothers' children reported more physical problems such as stomach-aches and loss of appetite
Depression	<i>Knott (2008, 69%)</i>	1		0	Children who reported more depression symptoms were more likely to experience negative responses from their female NOG

Variable/group of variables	Evidence for significant association with ability to support		Evidence for non-significance		Summary of evidence for ability to support
	Studies (with quality assessment score %)	n	Studies (with quality assessment score %)	n	
Self-harm	<i>Knott (2008, 69%)</i>	1		0	Children who reported self-harm behaviours were more likely to be exposed to negative responses from their non-offending female caregivers
Other victimisation					
Prior sexual victimisation		0	Cyr et al. (2003, 85%)	1	Prior sexual victimisation of the child not found to be related to nonoffending guardian support
Other experiences of abuse (e.g., physical, neglect)	Bolen & Lamb (2002, 77%); <i>Knott (2008, 69%)</i> ; Leifer et al. (2001, 69%)	3		0	Three studies found that children who experienced more types of abuse (e.g., neglect), witnessed violence, or experienced neglect or co-occurring maltreatment were less likely to be supported by their non-offending guardian
Relationships					
Quality of the relationship with their non-offending guardian	Bolen & Lamb (2002, 77%); Chiaramello et al. (2018, 69%); Cyr et al. (2013, 81%); Cyr et al. (2003, 85%); Leifer et al. (2001, 69%)	5		0	More positive emotional quality relationship between child and their non-offending guardian associated with greater support in five studies
Behaviours					
Presence of sexualised behaviours	<i>Knott (2008, 69%)</i>	1		0	Children presenting with sexualised behaviours more likely to experience negative female caregiver response
Other					
Involvement of Child Protective Services		0	Wamser-Nanney & Sager (2018, 73%)	1	Involvement of Child Protective Service not related to either blame/doubt, or emotional support
Placement out of the home		0	Wamser-Nanney & Sager (2018, 73%)	1	Placement of the child out of the home not related to either blame/doubt, or emotional support

Variable/group of variables	Evidence for significant association with ability to support	Evidence for non-significance		Summary of evidence for ability to support	
	Studies (with quality assessment score %)	n	Studies (with quality assessment score %)		n
Abuse-related factors					
Location		0	Walsh et al. (2012, 77%)	1	No difference in levels of blame/doubt observed depending on location within country (USA)
Duration		0	Bolen & Lamb (2002, 77%)	1	Duration of abuse not found to be related to nonoffending guardian support
Frequency	Knott (2008, 69%); Wamser-Nanney & Sager (2018, 73%)	2	Bolen & Lamb (2002, 77%)	1	One study found that children abused on more than one occasion by the perpetrator are more likely to receive negative female caregiver responses (Knott, 2008; 69%). Another looking only at nonoffending guardian support found that when the abuse occurs more than once, it is related to more emotional support and geater levels of blame/doubt (Wamser-Nanney & Sager, 2018; 73%) A third study found that the frequency of abuse is unrelated to the level of support received.

Variable/group of variables	Evidence for significant association with ability to support		Evidence for non-significance		Summary of evidence for ability to support
	Studies (with quality assessment score %)	n	Studies (with quality assessment score %)	n	
Severity	Walsh et al. (2012, 77%); Wamser-Nanney & Sager (2018, 73%)	2	Bolen & Lamb (2002, 77%); Cyr et al. (2003, 85%); <i>Knott</i> (2008, 69%); Payer et al. (2008, 85%) ; Wamser-Nanney & Sager (2018, 73%)	5	Walsh et al. (2012, 77%) reported a moderate relationship between higher parental blame or doubt and the fact that the abuse included penetration, as well as the fact that the child sustained physical injuries during. However, this relationship was not significant due to their sample size (N = 161). Another study found that penetration by itself is not related to support, nor blame/doubt. However, they found that the severity of the abuse (total abuse stress) is related to higher levels of blame/doubt (Wamser-Nanney & Sager, 2018; 73%) Another five studies, some of higher quality did not find that severity of abuse is related to ability to support.
- Physical violence during CSA	Chiaramello et al. (2018, 69%)	1		0	Involvement of physical violence during the child sexual abuse was related to more non-offending maternal support following disclosure
Multiple perpetrators		0	Bolen & Lamb (2002, 77%)	1	The fact that multiple perpetrators were involved in the abuse was not related to support
Disclosure and post-disclosure					
Disclosure made to non-offending guardian	Bolen & Lamb (2002, 77%); Cyr et al. (2003, 85%)	2		0	Non-offending guardians were more supportive if the abuse was disclosed directly to them by the child

Variable/group of variables	Evidence for significant association with ability to support	Evidence for non-significance		Summary of evidence for ability to support	
	Studies (with quality assessment score %)	n	Studies (with quality assessment score %)		n
Time					
- Of disclosure	Cyr et al. (2003, 85%)	1	Bolen & Lamb (2002, 77%)	1	One study found that more support was provided from non-offending mothers when the abuse is disclosed while the offence is still ongoing. Another of lower quality did not replicate this finding.
- Since disclosure	Cyr et al. (2019, good); McMillan (2013, good)	2		0	Non-offending guardians who showed ambivalence after disclosure of their child believed their child’s disclosure more after a few days. Time helped non-offending fathers re-engage with their child and believe the disclosure more.
- Since abuse	Bolen & Lamb (2002, 77%)	1	Rancher et al. (2023, 81%)	1	One study found that non-offending guardians are more supportive the more time has passed since the abuse. Another of slightly higher quality found that, on average, maternal support is stable over time. However, the latter also discussed factors which impact maternal support over time: low maternal psychological distress, low child blame, belief in disclosure, and positive relationship with child all related to increase in maternal support over time.
- Between disclosure and examination		0	Heriot (1996, 85%)	1	No evidence that time between disclosure and examination is related to nonoffending guardian support
Sources of information confirming abuse	McMillan (2013, good)	1		0	Mothers who showed ambivalence after the disclosure believed their child more after gaining more information post-disclosure.

Variable/group of variables	Evidence for significant association with ability to support		Evidence for non-significance		Summary of evidence for ability to support
	Studies (with quality assessment score %)	n	Studies (with quality assessment score %)	n	
- Presence of medical proof		0	Cyr et al. (2003, 85%)	1	Medical proof that abuse took place is unrelated to nonoffending guardian support
Guardian involvement in examination	Bolen & Lamb (2002, 77%)	1		0	Non-offending guardian more supportive when child is accompanied by both parents to post-abuse examination
Perpetrator factors					
Relationship with the non-offending guardian/child	Bolen & Lamb (2002, 77%); Cyr et al. (2019, good); Cyr et al. (2002, 77%); Cyr et al. (2003, 85%); Everson et al. (1989 ² , 69%); Knott (2008, 69%); Leifer et al. (2001, 69%); McMillan (2013, good); Walsh et al. (2012, 77%)	9	Rakow et al. (2011, 69%); Wamser-Nanney & Sager (2018, 73%)	2	Non-offending guardian more supportive if the perpetrator is not a father figure (especially not the step-father or the mother's current boyfriend) and separated, and most supportive and exhibit less negative responses if perpetrator is not part of the family. Inverse relationship found between the level of maternal support and how recent and intense the relationship with offender was. Non-offending fathers expressed affective ambivalence towards their child, especially when the perpetrator is an immediate family member. However, two studies found that the relationship between the perpetrator and the child is unrelated to support (one of lower quality and the other one using bivariate analysis).
Living situation	Bolen & Lamb (2002, 77%); Cyr et al. (2003, 85%)	2	Payer et al. (2008, 85%)	1	Non-offending guardian more supportive if perpetrator did not live at home when the abuse occurred, as reported in two studies. However, one found that the living situation was unrelated to support (of similar quality but using correlations).

Variable/group of variables	Evidence for significant association with ability to support		Evidence for non-significance		Summary of evidence for ability to support
	Studies (with quality assessment score %)	n	Studies (with quality assessment score %)	n	
Response to the abuse	Cyr et al. (2003, 85%); Everson et al. (1989 ² , 69%); Hunter et al. (1990, 77%)	3	Wamser-Nanney & Sager (2018, 73%)	1	Three studies found that non-offending mothers are more supportive when the perpetrator admits to the offence. However, one study using bivariate analysis did not find that this was related to support.
Criminal justice system involvement	Leifer et al. (2001, 69%)	1		0	In cases with non-supportive mothers, the perpetrator is less likely to be involved in the criminal justice system post-disclosure
Age	Walsh et al. (2012, 77%)	1		0	Higher blame and doubt from the non-offending guardian when the perpetrator is an adolescent compared to an adult
Gender	Walsh et al. (2012, 77%)	1		0	Small (but not significant due to sample size; N = 161) relationship between: higher levels of blame/doubt and victim and suspect being same gender
Other factors					
Household					
Structure	<i>Knott (2008, 69%)</i>	1		0	Children from household with step-parents or unmarried parents were more likely to receive a negative responses from their female NOG
Home tenure		0	<i>Knott (2008, 69%)</i>	1	No relationship found between the home tenure and the caregiver responses to disclosure
Family conflict	Wamser-Nanney & Sager (2018, 73%)	1		0	Higher levels of family conflict as reported by the child related to greater levels of blame/doubt from nonoffending guardian

Table 2

Summary of Findings Showing Intervening Variables Related to Nonoffending Guardians' Ability to Protect

Variable/group of variables	Evidence for significant association with ability to protect		Evidence for non-significance		Summary of evidence for ability to protect
	Studies (with quality assessment score %)	n	Studies (with quality assessment score %)	n	
Non-offending guardian factors					
Demographics					
Age		0	Knott (2008, 69%)	1	One study reporting that non-offending female caregiver’s age is unrelated to negative maternal responses (relating both to support and protection)
Ethnicity		0	Knott (2008, 69%)	1	One study reporting that non-offending female caregiver’s ethnicity is unrelated to negative maternal responses (relating both to support and protection)
Number of children		0	Koraneck (1994, 73%)	1	One study reporting that the number of children the non-offending guardian has is not related to ability to protect
Occupational status		0	Knott (2008, 69%)	1	No evidence that nonoffending female caregiver’s employment is related to negative maternal response (relating both to support and protection)
Education level	Knott (2008, 69%)	1		0	Non-offending female caregivers with at most elementary education were more likely to present with negative maternal responses (not differentiating between support/protect)
Income		0	Koraneck (1994, 73%)	1	Mother’s income not significantly associated with protectiveness

Variable/group of variables	Evidence for significant association with ability to protect		Evidence for non-significance		Summary of evidence for ability to protect
	Studies (with quality assessment score %)	n	Studies (with quality assessment score %)	n	
Personality traits		0	Koraneck (1994, 73%)	1	Mother's personality traits not significantly associated with protectiveness
Intelligence		0	Koraneck (1994, 73%)	1	Maternal intelligence not significantly associated with protectiveness
Health					
Physical Health	<i>Knott (2008, 69%)</i>	1		0	Non-offending female caregivers were more likely to exhibit negative maternal responses if they have physical health problems
Mental health	Coohey & O'Leary (2008, 85%); <i>Knott (2008, 69%)</i>	2		0	NOGs with mental health problems were two times more likely to show negative responses (related to support and protection). Mothers who protect their child are also more likely to not have mental health problems.
Substance abuse	<i>Knott (2008, 69%); Wangerin (1994, very good)</i>	2	Coohey & O'Leary (2008, 85%)	1	Two studies report that maternal caregivers who fail to protect their child are more likely to engage in substance abuse. One did not find that substance use is related to ability to protect.
Self-injury	Wangerin (1994, very good)	1		0	Mothers who failed to protect their children reported engaging in self-abusing or risk taking behaviours

Variable/group of variables	Evidence for significant association with ability to protect		Evidence for non-significance		Summary of evidence for ability to protect
	Studies (with quality assessment score %)	n	Studies (with quality assessment score %)	n	
Victimisation					
History of childhood sexual abuse	Payer et al. (2008, 85%)	1	Koraneck (1994, 73%)	1	Non-offending mothers reporting positive consequence of own childhood sexual abuse (e.g., personal growth following, positive feelings of overcoming difficulties, etc.) were more likely to protect their child and take protective action against the child’s perpetrator. Another study of slightly lower quality did not find a relationship between maternal history of abuse and protectiveness.
- Disclosure of their own childhood sexual abuse history	Wangerin (1994, very good)	1		0	Mothers who experienced sexual abuse were more protective of their own child if they had themselves attempted early and repeated disclosures of their own abuse as children
Other history of abuse (e.g., neglect, physical)		0	Koraneck (1994, 73%)	1	One study did not find a relationship between maternal history of abuse and protectiveness
Intimate Partner Violence (current or past)	Alaggia & Turton (2005, excellent); Coohey & O’Leary (2008, 85%); Knott (2008, 69%); Wangerin (1994, very good)	4	Koraneck (1994, 73%)	1	When a non-offending caregiver is protective, less likely to be or have been in a violent domestic relationship. One study reported that when the nonoffending carer suffered physical intimate partner violence (compared to psychological or emotional), showed less ambivalence about separating from the perpetrator. Only one study reported no link between current domestic violence and ability to protect.

Variable/group of variables	Evidence for significant association with ability to protect	Evidence for non-significance		Summary of evidence for ability to protect	
	Studies (with quality assessment score %)	n	Studies (with quality assessment score %)		n
Own criminal history					
Criminal involvements	Knott (2008, 69%)	1	0	Female NOGs with a history of criminal involvement responded more negatively to the disclosure from their child	
Relationships					
Dependency on the perpetrator (i.e., financial)	Wangerin (1994, very good)	1	0	Mothers demonstrating ineffective patterns of protection were not financially self-supporting	
Social support	Knott (2008, 69%)	1	0	Non-offending female caregivers with inadequate social support more likely to exhibit negative responses (related to support and protection) to the disclosure	
History of caregiver problems		0	Koraneck (1994, 73%)	1	No relationship found between history of caregiver problems and ability to protect
Attitudes and responses to abuse disclosure					
Feelings towards the perpetrator	Heriot (1996, 85%)	1	0	Mother who felt hostility and rejection for the perpetrator (as opposed to warmth and acceptance) were more likely to implement protective actions	
Attribution of blame to the perpetrator	Coohey & O’Leary (2008, 85%)	1	0	Non-offending mothers almost five times more likely to protect their child consistently if attributes the blame to the perpetrator	
Belief in the disclosure	Coohey & O’Leary (2008, 85%); Heriot (1996, 85%)	2	0	Non-offending mothers who consistently believe their child are more likely to protect (>eight times) and take action against the perpetrator	
Sense of responsibility	Cyr et al. (2019, good)	1	0	Sense of responsibility led non-offending fathers to search for professional services’ help	

Variable/group of variables	Evidence for significant association with ability to protect		Evidence for non-significance		Summary of evidence for ability to protect
	Studies (with quality assessment score %)	n	Studies (with quality assessment score %)	n	
Presence in house	Coohey & O'Leary (2008, 85%)	1		0	Mothers more likely to protect their child if not home at the time of the abuse
Child factors					
Demographics					
Age	Knott (2008, 69%); Koranek (1994, 73%); Payer et al. (2008, 85%)	3		0	Younger children are less likely to experience negative female caregiver responses and more likely to receive protection from their mother
Gender		0	Knott (2008, 69%); Koranek (1994, 73%)	2	Child's gender not found to be related to protectiveness.
Developmental delay	Knott (2008, 69%)	1		0	Children experiencing developmental delay more likely to receive negative responses
Health					
Depression	Knott (2008, 69%)	1		0	Children who reported more depression symptoms were more likely to receive negative responses from their non-offending female caregivers
Self-harm	Knott (2008, 69%)	1		0	Children who reported self-harm behaviours were more likely to be exposed to negative responses from their non-offending female caregivers
Other victimisation					
Other experiences of abuse (e.g., physical, neglect)	Knott (2008, 69%); Koranek (1994, 73%)	2		0	Child physical abuse and child neglect in family is associated with lack of maternal protectiveness. When maltreatment co-occurs, over eight times more likely to experience negative response.

Variable/group of variables	Evidence for significant association with ability to protect	Evidence for non-significance		Summary of evidence for ability to protect	
	Studies (with quality assessment score %)	n	Studies (with quality assessment score %)		n
Relationships					
Quality of the relationship with their non-offending guardian	Wangerin (1994, very good)	1		0	Mothers unable to protect their child reported conflicted relationships with their children
Behaviours					
Presence of sexualised behaviours	Knott (2008, 69%)	1		0	Children presenting with sexualised behaviours more likely to experience negative female caregiver response
Abuse-related factors					
Duration	Coohey & O’Leary (2008, 85%)	1		0	Consistently protective non-offending mothers were more likely to have children who were abused for one year or less
Frequency	Knott (2008, 69%)	1	Coohey & O’Leary (2008, 85%)	1	One study found that children abused on more than one occasion by the perpetrator are more likely to receive negative female caregiver responses. Another one did not find a relationship between frequency and protectiveness.
Severity	Heriot (1996, 85%)	1	Coohey & O’Leary (2008, 85%); Knott (2008, 69%)	2	One study found that when abuse involves penetration, the non-offending mothers are less likely to take protective action against the perpetrator. However, this was not significant when maternal belief is added to the equation, which is consistent with the two other studies reporting no link between protectiveness and severity of abuse.

Variable/group of variables	Evidence for significant association with ability to protect	Evidence for non-significance		Summary of evidence for ability to protect	
	Studies (with quality assessment score %)	n	Studies (with quality assessment score %)		n
Discovery					
Discovered by non-offending guardian (e.g., heard or seen)	Coohey & O’Leary (2008, 85%)	1	Koraneck (1994, 73%)	1	Mothers were five times more likely to be consistently protective if they did not see or hear the abuse. Finding not replicated by a study of lower quality which found that discovery of abuse by mother is unrelated to protectiveness
Disclosure and post-disclosure					
Time					
- Since disclosure	Cyr et al. (2019, good)	1		0	Time passed since disclosure led to non-offending fathers taking more protective actions
- Between disclosure and examination	Coohey & O’Leary (2008, 85%); Koraneck (1994, 73%)	2	Heriot (1996, 85%)	1	The less time passes between the disclosure and the forensic examination, the more likely the non-offending mothers were to be consistently protective. Finding not replicated by one study of similar quality.
Guardian asked					
- Child about the abuse	Coohey & O’Leary (2008, 85%)	1		0	Mothers almost six times more likely to protect their child consistently if asked child about the abuse
- Perpetrator about abuse	Coohey & O’Leary (2008, 85%)	1		0	Non-offending mothers who asked the perpetrator about the abuse were less likely to be consistently protective towards their child
Sources of information confirming abuse	Coohey & O’Leary (2008, 85%)	1		0	Information from fewer sources was related to consistent protection from non-offending mothers.

Variable/group of variables	Evidence for significant association with ability to protect		Evidence for non-significance		Summary of evidence for ability to protect
	Studies (with quality assessment score %)	n	Studies (with quality assessment score %)	n	
Perpetrator factors					
Relationship with the non-offending guardian/child	Heriot (1996, 85%); Knott (2008, 69%); Koranek (1994, 73%); Payer et al. (2008, 85%)	4	Coohey & O’Leary (2008, 85%)	1	Guardian more likely to take protective action if the perpetrator is not a current partner, not a live-in partner, or unrelated to the guardian. Surprisingly, one study reported that more protection is given in cases of intrafamilial abuse (Payer et al., 2008; 85%). One study found that whether the perpetrator is the child’s biological father or not is unrelated to protection.
Other factors					
Household					
Structure	Knott (2008, 69%)	1		0	Children from households with unmarried parents or step-parent were more likely to receive a negative female caregiver response to disclosure
Home tenure		0	Knott (2008, 69%)	1	Home tenure not related to maternal responses following disclosure of abuse (neither support nor protection)

Intervening Variables

A total of 78 intervening variables were explored to see if they were significantly related to NOG's ability to support and/or ability to protect. Of those, 68 were explored concerning NOG support and 45 concerning NOG protection. 35 variables were explored concerning both. As seen in Tables 1 and 2, the factors described in the various studies were summarised and organised into five categories (non-offending guardian, child, abuse, perpetrator, and other):

Factors Related to the Ability to Support

Out of the 68 variables explored about NOGs' ability to support their child, 54 had evidence of an association with the ability to support. The majority of variables (36) did not show contradictory evidence, but the remaining eighteen had both evidence for and against this association. Results are summarised in Table 1 (page 51) and expanded upon below:

Non-Offending Guardian Variables. 27 factors were identified as relating to the NOGs and being significantly related to the ability to support. They were divided into five sub-categories: demographics; health; victimisation; own criminal history; relationships; and attitudes and responses to abuse disclosure.

Demographics. Four intervening variables were classed in this category. Three studies looked at *age* and reported different results. Chiaramello et al. (2018) found that younger mothers were more supportive following their child's disclosure of CSA, using bivariate analyses. However, these results were not replicated by Cyr et al. (2003) and Knott (2008), who did not find that age was significantly related to NOG support, using multivariate analysis. Cyr et al.'s (2003) study was also of higher quality. These findings

suggest that when taking other potentially confounding variables into account, the NOG's age may not be related to their supportive abilities. *Occupational status* and *education level* showed contradictory results. Cyr et al. (2003) found that employed non-offending mothers were more likely to be supportive. Knott (2008) did not find employment to relate to maternal responses. However, the latter study is of lower quality and did not clearly differentiate between support and protection. This might indicate that employment could be related to support but not protection. Similarly, Knott (2008) reported that non-offending female caregivers with an education level higher than elementary education were more likely to have positive responses (supportive or protective). However, Everson et al. (1989)² did not find education to be related to support. The two studies are of similar quality, but the latter specifically looked at support, providing stronger evidence for a relationship between education level and support. Chiaramello et al. (2018) examined the last variable: *personality traits*. They found that non-offending mothers who showed extraversion traits were more supportive.

Health. Three intervening variables were classified under 'health', all showing evidence for a significant association. Knott (2008) found *physical health* to be related to maternal responses. Specifically, non-offending female caregivers with physical health problems were more likely to display negative maternal responses (relating to both support and protection). As there is no other evidence for the link between physical health difficulties and support, this result may need to be interpreted with caution. Although it might be that a NOG preoccupied with their own health is less able to provide support/protection to their child. Four studies discussed *mental health* (Cyr et al., 2013; Heriot, 1996; Knott, 2008; Rakow et al., 2011). Non-offending female caregivers were found to be less supportive if information about their mental health was recorded as

unknown, and if they had more post-traumatic stress disorder or depression symptoms. The latter was also related to more negative maternal responses. NOGs with alcohol or drug addictions were less likely to be supportive or to have positive responses to the disclosure (Knott, 2008; Leifer et al., 2001). This factor is perhaps related to the other two as there is a higher prevalence of *substance misuse* among individuals with mental and physical health difficulties (NIDA, 2020). These findings suggest that NOGs with health difficulties may be less supportive of their abused child; perhaps because they might struggle to provide attention to their child whilst looking after themselves, whether due to a lack of time or emotional resources.

Victimisation. Two intervening factors were categorised as relating to the NOG's victimisation. Even though NOGs' history of non-sexual abuse is not related to support, as explored in two studies; a *history of sexual abuse* is not as clearly unrelated. Two studies did not find a significant association (Bolen & Lamb, 2002; Leifer et al., 2001), but one stronger quality study found significant evidence for the association with the ability to support. Non-offending mothers who reported positive consequences of their own CSA (e.g., developed a better ability to identify unhealthy relationships and stay away from them) were more likely to protect their child, be emotionally supportive towards them, and take protective actions against the child's perpetrators (Payer et al., 2008). One of the studies reporting no significance is of lower quality (Leifer et al., 2001) and the other was unable to calculate significance due to a low sample size ($N = 92$; Bolen & Lamb, 2002). Therefore, this area would seem more nuanced, in that having a history of sexual abuse itself may not be related to the ability to support, but how this history affected the NOG might be. The NOG's experience of (*current or past*) *intimate partner violence (IPV)* victimisation is discussed by five studies, with four reporting evidence for a significant

association with supportiveness and one not replicating this. Female NOGs were reported to be more supportive if they did *not* have a history of IPV victimisation (Cyr et al., 2002; Knott, 2008; Leifer et al., 2001). Alaggia and Turton (2005) differentiated non-offending mothers with a history of physical or non-physical (i.e., emotional or psychological) IPV victimisation. Consistently with the other studies, mothers with a non-physical IPV victimisation history were less supportive. However, contradictory to what may be expected, mothers with a physical IPV victimisation history were more supportive. This may be because physical abuse can be more easily recognised and the perpetrator therefore labelled as being abusive; whereas emotional or psychological abuse is more difficult to label as such. The study not replicating the findings is of similar quality to the others but is older than some of the other studies providing evidence for the association and utilised a small sample size making significance calculation not possible ($N = 92$; Bolen & Lamb, 2002).

Own Criminal History. *Criminal involvement* is discussed in two studies. They reported that female NOGs with a history of criminal involvement are more likely to have negative responses to the disclosure and be less supportive (Knott, 2008; Leifer et al., 2001).

Relationships. Four variables classed under NOG's relationships were found to relate to NOG support. Three of these were found to have both evidence for and against a significant association. *Attachment style* was reported by two studies from Bolen & Lamb (2002; 2007) to be significantly related to support, with NOGs being more supportive when they had more secure adult attachment styles. Leifer et al. (2001), in a lower-quality study, did not find that attachment style is related to support. This is perhaps not a surprising finding if the perpetrator is the NOG's current partner. NOGs with an insecure

attachment style may find it more difficult to distance themselves from their partner or take necessary actions because of their own attachment needs. Regarding the variable *dependency on the perpetrator*, Leifer et al. (2001) reported that non-offending mothers were more likely to be supportive following disclosure of abuse if they were *not* financially dependent on the perpetrator. In a study of stronger quality, Bolen & Lamb (2002) did not find that financial dependency was related to support; however, due to a small sample size (N = 92), they did not measure statistical significance. It is interesting that the variable of NOG's income, which would seem related to financial dependence with higher income leading to lower dependence, was not found to be related to support (Wamser-Nanney & Sager, 2018). Two studies of identical qualities discussed *social support*. Knott (2008) reported that female NOGs with inadequate social support were more likely to show negative responses to their child's disclosure of abuse, but Leifer et al. (2001) did not find a significant association. As previously mentioned, Knott (2008) did not differentiate support and protection in their results, indicating that social support may be more related to the ability to protect. The last variable of this category refers to *marital status*. One study found that unmarried mothers showed higher levels of blame and doubt towards their children than married mothers. In one of the definitions of support, blame and doubt are considered to be dimensions of support (with emotional support being another). Nothing was reported about the mother's marital status and emotional support. This finding is only reported from bivariate analyses, indicating that it may need to be investigated more regarding its significance. It could be speculated that, in some cases, and with an older child, the unmarried mother sees the child as a rival for the relationship (when the perpetrator is the mother's partner).

Attitudes and Responses to Abuse Disclosure. Thirteen variables classified into this category were significantly related to NOG support. Heriot (1996) found a significant relationship between the non-offending mother's *belief in the disclosure* and support offered, as well as protective actions taken against the perpetrator (further discussed below). However, Heriot (1996) further specified that belief on its own did not guarantee protective action, and other factors (e.g., relationship with the perpetrator) can have more influence on the ability to protect than maternal belief. A similar finding was reported by Cyr et al. (2002) about the ability to support, suggesting that belief on its own should not be considered a determinant of the ability to support or protect. McMillan (2013) reported that mothers with *prior suspicions* that something was wrong tended to believe their child immediately, regardless of their relationship with the perpetrator. However, as it is a qualitative study, no statistical significance was calculated. Cyr et al. (2019) found that non-offending fathers who experienced *discomfort* in the presence of their child after the disclosure (due to fear that their actions might be misinterpreted as abuse or fear of making their child uncomfortable by recreating actions the abuser might have done) would distance themselves from their child, both emotionally and physically (by offering less personal and health care and avoiding physical contact) suggesting less emotional availability and hence support. Cyr et al. (2002) and Cyr et al. (2019) both found a relationship between NOG support and *psychological distress* exploring two different groups of NOGs (mothers and fathers, respectively). The findings differed: Cyr et al. (2002) found that non-offending mothers were *more* supportive if they reported more psychological distress after the disclosure; whereas Cyr et al. (2019) found that non-offending fathers who reported more psychological distress (in particular depression symptoms) perceived themselves as being temporarily *less* available and less sensitive to

their child's needs in their qualitative study. This difference may be due to the methodological differences between the studies (quantitative versus qualitative) or that Cyr et al. (2019) looked at the father's perception of support. It is also possible that this difference relates to gender factors and this variable may differentiate maternal and paternal responses post-disclosure; although NOG's gender was not found to be related to support by studies of similar quality (Bolen & Lamb, 2002; Cyr et al., 2003). This gender difference may also be explained by differences in how males and females respond to stress, with men using more fight-or-flight responses and women using more "tend-and-befriend" (Taylor et al., 2000; p.411) responses because stress can activate attachment or caregiving processes in women (Taylor et al., 2000). It was suggested that this difference has both psychological and biological underpinnings (Verma et al., 2011), with women having evolved to protect their children: needed to *tend* to their offspring to protect them and reduce distress and *befriend* others to build a stronger social network that might support this process (Taylor et al., 2000). *Coping strategies* were found by Cyr et al. (2013) to be related to maternal support, with more supportive non-offending mothers scoring very low on avoidant coping. In their qualitative study, Cyr et al. (2019) reported that non-offending fathers who felt a *sense of responsibility* towards their child after the disclosure sought more professional support and increased their daily availability for the child; prioritising their child's needs over their own. This needs to be explored in a quantitative study. Leifer et al. (2001) reported that non-supportive non-offending mothers are more likely to *blame their child* for the abuse, perhaps unsurprisingly. Wamser-Nanney and Sager (2018) found that when the NOG *knows more details* about the abuse, they provide more emotional support. They speculated that this could show that more details known relate to a higher likelihood of providing support, or that more supportive guardians

would be more determined to learn details about what happened. The remaining five variables were further grouped into three subcategories: life stressors (two variables) and feelings (three variables). Bolen and Lamb (2007) found that non-offending mothers who reported more *pre-disclosure life stressors* were less supportive; whereas Bolen and Lamb (2002, 2007) found that guardians who reported more *post-disclosure life stressors* were more supportive. The initial finding would make sense: a NOG who is already overwhelmed by other difficulties would likely find the child's disclosure too much to handle. The second finding relates to another from Cyr et al. (2002) who reported more support if more psychological distress is felt post-abuse. It could be interpreted as a NOG who feels distressed by the abuse may be empathetically relating to the child, imagining what it must have been like, and as a result, providing more support. The three variables classed under feelings are *feelings post-disclosure*, *feelings towards the perpetrator* and *feelings towards the child*. In their qualitative study, Cyr et al. (2019) found that non-offending fathers who felt confused and angry after the disclosure doubted their child and confronted the perpetrator. Chiaramello et al. (2018) and Heriot (1996) found that feelings of anger and hostility towards the perpetrator related to greater non-offending maternal support. Chiaramello et al. (2018) and Cyr et al. (2013) reported that non-offending mothers who felt angry towards their children after the disclosure were less supportive.

Child Variables. Ten factors were identified as relating to the child victim of abuse and being significantly related to the ability to support. These variables were divided into five categories: demographics, health, other victimisation, relationships, and behaviours.

Demographics. Four variables were classified as demographic. *Developmental delay* was evaluated by Knott (2008), who found that children with developmental delay (i.e., delays in areas of functioning) were more likely to receive negative responses (related to support and protection) from female caregivers. Children experiencing developmental delays are at higher risk of maltreatment or negative parental responses in general (Bottoms et al., 2003; Verdugo & Bermejo, 1997). The higher likelihood of negative responses following disclosure may be related to a higher risk of negative responses in general. More research around this variable and more explorations of different types of developmental delays would be useful. The other three variables all had mixed evidence. The child's *age* was discussed in seven studies. Two reported non-significant results (Bolen & Lamb, 2002; Everson et al., 1989²). The other five more recent studies, of similar or higher quality, found that younger children were more likely to receive support and less likely to experience negative responses from female NOGs (Knott, 2008; Payer et al., 2008; Rancher et al., 2023; Walsh et al., 2012; Wamser-Nanney & Sager, 2018). Wamser-Nanney and Sager (2018) looked at levels of blame and doubt compared to emotional support. They reported that older children receive more blame and doubt from their non-offending caregiver, which is consistent with other findings; but that older children also receive higher levels of emotional support. Older children may be seen as more mature or able to make decisions around sexual acts, and therefore be blamed more and receive negative responses following the disclosure. The finding that they also receive more emotional support contradicts other studies. However, since this was the only study to have differentiated two facets of support, more research may be needed. The child's *gender* was analysed by two studies of lower quality which reported no relationship with support or maternal responses (Everson et al., 1989²; Knott, 2008). Two other studies found an

association with NOG's support, but the findings are conflicting. Bolen and Lamb (2002) found that NOGs were more supportive towards male children; whereas Wamser-Nanney and Sager (2018) found that NOGs were more emotionally supportive of female children, but that the child's gender is not related to levels of blame or doubt. Both studies are of similar quality, but the latter used a larger sample (respectively N = 92 and N = 247). Three studies analysed the child's *ethnicity*. Two did not find a significant relationship with NOG's support. One study, of similar quality, found that parents of Black children showed higher levels of blame or doubt than parents of White children, Hispanic children, or children of other ethnicity. The NOG's ethnicity is not reported in the study.

Health. Three variables relate to the child's health: *physical health*, *depression*, and *self-harm*. All three have only been analysed by one study each and found to be significantly related to NOG support. Leifer et al. (2001) reported that children with supportive mothers reported more physical health problems post-disclosure (e.g., loss of appetite or stomach ache). It is unclear whether mothers provide more support to children who also experience physical health problems; or if children feel comfortable reporting more physical health problems to their already supportive mothers. More research is needed to confirm the direction of this relationship and whether physical health problems reported by the child are an intervening variable of NOG support. Knott (2008) explored the last two variables. She found that NOGs were more likely to respond negatively (relating to both support and protection) to their child when the child experienced depression symptoms or self-harming behaviours. This could be in part because a child's mental health difficulties can impact the parent's mental health and well-being and lead to feelings of inefficacy in the parent (Townsend et al., 2021). Therefore the reaction to the

self-harm or mental health difficulties in addition to feelings of distress following abuse might lead to more negative responses from the NOG.

Other Victimisation. Only one variable relating to the child's other experiences of victimisation was found to be significantly associated with NOG support: the *child's experience of non-sexual abuse*. Children who have experienced or witnessed more types of abuse other than CSA (e.g., physical abuse or neglect) were less likely to receive NOG support (Bolen & Lamb, 2002; Knott, 2008; Leifer et al., 2001). This could be because the guardian may not believe the child as much if they know other abuse is also taking place. Previous sexual victimisation was not related to NOG support (Cyr et al., 2003).

Relationships. Perhaps unsurprisingly, five studies found that a more positive *relationship between the child and NOG* was associated with more support from the guardian (Bolen & Lamb, 2002; Chiaramello et al., 2018; Cyr et al., 2013; Cyr et al., 2003; Leifer et al., 2001).

Behaviours. The *presence of sexualised behaviours* in the child was reported by Knott (2008): children exhibiting more sexualised behaviours were more likely to experience negative female caregiver responses (relating to both support and protection). The child's sexualised behaviours (often a consequence of abuse) might be seen as having led to the abuse, therefore leading to the NOG perceiving the child as at least partially responsible for what happened. It may also be because sexualised behaviours can be difficult to comprehend in a child, creating mixed NOG responses. Similar to other factors only explored by this study, more research would need to investigate whether this intervening variable relates to support and/or protection.

Abuse-Related Variables. A total of nine abuse-related factors were associated with support. These were further divided into two categories: general and disclosure/post-disclosure.

General. Three factors relate to the abuse itself. Two studies found a significant association between the *frequency* of the abuse and support but with contradictory findings, and one study of higher quality did not. Knott (2008) found that children abused more than once by the same perpetrator were more likely to experience negative responses from female caregivers. This study did not differentiate between support and protection. In a study of slightly higher quality, Wamser-Nanney and Sager (2018) reported that when the abuse occurred more than once, NOGs showed more blame/doubt – which is consistent; but also showed more emotional support. Six studies looked at the *severity* of the abuse and found contradictory findings. Walsh et al. (2012) reported that the NOG showed more blame/doubt when the abuse involved penetration and when the child sustained physical injuries following the abuse. However, these relationships were not statistically significant, which may be due to the sample size (N = 161). This feels like a counter-intuitive finding. One possible explanation could be that when the abuse is more severe, the NOG's blame/doubt might act as a coping mechanism to manage the distress experienced. More research is required to explore this finding. A study with a higher sample size (N = 247) did not find that penetration by itself was related to support (Wamser-Nanney & Sager, 2018). However, they found that the severity of the abuse (defined as *total abuse stress* measured by adding up the number of stressful factors around the abuse) was related to more blame/doubt. Another five studies of similar or higher quality did not find the severity of abuse related to NOG support. The last variable investigated by Chiaramello et al. (2018) is closely related to this: *physical violence during*

the CSA. They found that if physical violence was involved in the abuse, non-offending mothers were more supportive. Perhaps, when the abuse involves physical violence, doubts about where the blame lies are more easily addressed. It would be interesting to research this variable further, looking into support when injuries are sustained and/or visible on the child's body.

Disclosure and Post-Disclosure. Six variables linked to either the disclosure or the post-disclosure were found to be related to NOGs' ability to support. Using multiple regression analyses, Bolen and Lamb (2002) and Cyr et al. (2003) found that if the abuse is directly *disclosed to the NOG* by the child, they are more supportive. Both studies concluded that children seemed more likely to disclose the abuse to the NOG if they expected to receive a supportive response. Three factors were identified to relate to a further subcategory of time. One study analysed the *time of disclosure* and reported that more support is given when the abuse is disclosed whilst still ongoing (as opposed to abuse that ceased before the disclosure; Cyr et al., 2003). From the study, it is not clear whether the latter related to historical abuse that ended several years prior or how single-event abuse was categorised. Another study of lower quality using a small sample did not find that time of disclosure was significantly related to support. In qualitative studies, Cyr et al. (2019) and McMillan (2013) reported NOGs were more supportive, showed more belief, and engaged more with their child *after a few days had passed post-disclosure*. This might be because NOGs may need a few days to process the disclosure of CSA from their child and any emotions associated with this. Similarly, Bolen and Lamb (2002) found that NOGs were more supportive the more *time had passed since the abuse*. Another study of slightly higher quality reported that on average NOG support is stable over time (Rancher et al., 2023). However, they also discussed factors impacting support over time, with low

psychological distress, low child blame, belief in disclosure, and positive relationship with the child all related to increased maternal support over time. In a qualitative study, McMillan (2013) looked at *sources of information confirming the abuse* and found that when mothers were ambivalent post-disclosure, their belief was more likely to increase if they gained more information about the abuse. This may indicate that mothers who are immediately supportive may not need further information, but mothers who are not can enhance their supportiveness by seeking more information. The last variable relating to the abuse itself is the *guardian's involvement in the examination* post-disclosure. Bolen and Lamb (2002) reported that children accompanied by both (non-offending) parents to the examination had more supportive NOGs compared to children only accompanied by one parent. It is not clear whether there is a difference between children who were abused by the other parent and children who were not abused by a parent.

Perpetrator Variables. Six perpetrator factors were related to NOG, three of which did not have conflicting results. Leifer et al. (2001) considered the perpetrator's *involvement in the criminal justice system*: when the mother was not supportive, the perpetrator was less likely to end up in the Criminal Justice System (CJS). This is not a surprising result as supportive mothers might be more likely to report the abuse and support their child through difficult court proceedings. This variable is arguably not an intervening factor in NOG's ability to support, and more a consequence of non-support. However, if the NOG is being evaluated, this could provide information as to whether the mother is supportive or not. It therefore felt important to include. Walsh et al. (2012) investigated the perpetrator's *age* and *gender* and found that when the perpetrator is an adolescent (compared to an adult), the NOG will have higher levels of blame/doubt

towards the child. It may be because it is easier and less painful for the NOG to perceive a sexual act between their child and someone close(r) in age as ‘consensual’ or because it might be harder to imagine a younger person as capable of such a crime. Walsh et al. (2012) also found that when the perpetrator is the same gender as the victim, the NOG will show more blame and doubt; however, this was not significant, possibly due to their small sample size ($N = 161$). The last three variables relating to the perpetrator both have evidence for and against a significant association with NOG support. However, all have more studies showing a significant association. Three studies looked at the perpetrator’s *response to the abuse* and found that non-offending mothers were more supportive of their child when the perpetrator admitted to the offence (Cyr et al., 2003; Everson et al., 1989²; Hunter et al., 1990). Using bivariate analyses, one study of lower quality did not find that this factor was related to support. Thinking about the definition of support, which includes belief in the disclosure, if the perpetrator admits that the abuse took place, it could reduce the NOG’s ambivalence in this regard, possibly leading to more support. Two studies looked at the *living situation* and reported that NOGs are more supportive if the perpetrator was not living with the child at the time of the offence (Bolen & Lamb, 2002; Cyr et al., 2003). In a study of similar quality, Payer et al. (2008) did not replicate this finding. However, they used correlations as opposed to multivariate analyses. There may be fewer barriers to providing support when the perpetrator is not embedded in the NOG’s daily living. *Relationship with the NOG and child* is the factor that was investigated by the most studies. Nine studies found that NOGs were more supportive when the perpetrator was *not* a father figure (especially not the stepfather or the mother’s current boyfriend) and was separated from the guardian. NOGs were most supportive and showed less negative responses when the perpetrator was not part of the family (Bolen & Lamb, 2002; Cyr et al.,

2019; Cyr et al., 2002; Cyr et al., 2003; Everson et al., 1989²; Knott, 2008; Leifer et al., 2001; McMillan, 2013; Walsh et al., 2012). It was specified that the more recent and serious (e.g., married) the NOG's relationship with the perpetrator was, the less maternal support would be offered to the child (Everson et al., 1989²). Non-offending fathers were reported to express more affective ambivalence towards their child when the perpetrator was an immediate family member (Cyr et al., 2019). However, Rakow et al. (2011) and Wamser-Nanney and Sager (2018) did not find that the relationship with the perpetrator is related to NOG support, in a study of lower quality or using bivariate analysis to conclude this finding, respectively. These findings would make sense: if the NOG does not have to break up their relationship, or does not have to deal with their ambivalence towards the offender, it might be easier to provide support.

Other Variables. The last two factors relate to household characteristics and have been classed as 'other'.

Household. Knott (2008) looked at household *structure*. Children households with unmarried parents or step-parent were found to be more likely to be faced with negative responses (both relating to protection and support) from their female caregiver. Wamser-Nanney and Sager (2018) found that higher levels of *family conflict*, as reported by the abuse victim, are related to higher levels of blame or doubt from the NOG. Perhaps, in a family where conflict happens a lot, members of the family may be less able to manage their emotions in difficult situations, leading to less support being provided when abuse occurs.

The remaining fourteen variables were not found to be significantly related to the ability to support: NOG's history of non-sexual abuse; ethnicity; income; gender; relationship with own parents; the child's prior sexual victimisation; child's placement out of the home; abuse location; abuse duration; involvement of multiple perpetrators; time between disclosure and forensic examination; presence of medical proof that abuse occurred; involvement of Child Protective Services; and home tenure (whether the NOG owns their own house, or is renting).

Factors Related to the Ability to Protect

As seen in Chapter 1, the ability to protect and support are defined differently. Because these are different concepts, they may be associated differently with the factors explored above. Furthermore, when Children's Services make a decision regarding the child's safety, whether the child can be *protected* from harm is considered (Children Act, 1989). It is therefore important to consider intervening variables separately.

Out of the 45 variables explored in the studies concerning the NOG's ability to *protect*, 34 were found to have an association with the ability to protect, with eight variables having both evidence for and against a significant association. These results were summarised in Table 2 (on page 64) and expanded upon below.

Knott (2008) did not differentiate the ability to support from the ability to protect. They looked at *negative responses* from the NOG, which could be either a lack of support, a lack of protection, or both. Therefore all variables researched by this study could be related to either or both the ability to support or protect. More research would be needed to explore this further. The variables Knott (2008) found significantly related to negative maternal responses are the NOG's *education level; physical health; mental health;*

substance abuse; history of IPV victimisation; own criminal involvements; and social support; the child's age; developmental delay; depression; self-harm; other experiences of abuse; sexualised behaviours; and frequency of abuse; the perpetrator's relationship with the NOG/child; and structure of the household. Some of these factors were explored by other studies concerning the ability to protect and were discussed below; however, factors that were not researched by another study were not explored further below.

Non-Offending Guardian Variables. Sixteen factors were identified as relating to the NOGs and being significantly related to the ability to protect. This includes the NOG's *education level, physical health, own criminal involvements, and social support* discussed by Knott (2008).

Health. Three additional health-related variables were found to be significantly related to the ability to protect. Similar to the ability to support, *mental health* and *substance abuse* were relevant factors. Two studies found that NOGs with mental health problems were less likely to be protective (Coohey & O'Leary, 2008; Knott, 2008). Knott (2008) reported that maternal caregivers who failed to protect were more likely to engage in substance abuse. This finding was also reported and expanded upon by Wangerin (1994) in a qualitative study who found *self-injury* to be related to maternal protectiveness; that is, mothers who failed to protect their children had reported self-abusing (e.g., self-harm or substance misuse) or risk-taking behaviours. However, one study of higher quality did not find that substance use was related to protectiveness (Coohey & O'Leary, 2008). Similar reflections around the use of substances when mental health or physical health problems are experienced could be made here.

Victimisation. Three variables related to the ability to protect were discussed in this category. Two of those were also compared to the ability to support: NOG's *history of CSA* and *IPV* (current or past) victimisation. Payer et al. (2008) found that non-offending mothers who reported positive consequences of their own CSA (e.g., personal growth as a result, positive feelings towards overcoming difficulties) were more likely to protect their child and take protective actions against the perpetrator. However, Koranek (1994) did not find that any history of abuse (e.g., sexual, neglect, physical) was related to protectiveness. Their study is of slightly lower quality, but they may be looking at different themes as Payer et al. (2008) looked at perceived consequences of abuse as opposed to a history of abuse. It is possible that NOGs who experienced positive consequences following their own abuse were given the right support and protection, therefore providing them with the resources to be able to meet their own child's needs when this occurs. Closely related to this variable, Wangerin (1994) reports on the NOG's *disclosure of their own history of CSA*. In a qualitative study, they found that mothers who attempted to disclose their own CSA soon after it happened and who disclosed it multiple times if necessary (e.g., if abuse was not stopped following initial disclosure) showed more protective capabilities. Five studies explored the relationship between a *history of IPV victimisation* and protective abilities. Koranek (1994) did not find a significant relationship but studies of similar or higher quality reported that protective NOGs are less likely to have been in violent relationships (Alaggia & Turton, 2005; Coohey & O'Leary, 2008; Knott, 2008; Wangerin, 1994). Similar to the ability to support, Allagias and Turton (2005) further specified NOGs are more protective when they have experienced physical IPV victimisation compared to psychological or emotional as there is less ambivalence about separating from the perpetrator. This might be because physical violence is more easily labelled as abusive.

Relationships. One additional relationship variable was related to the ability to protect: *financial dependency on the perpetrator*. In a qualitative study, Wangerin (1994) found that mothers who were not effectively protective were also not financially independent. This finding may be related to Knott (2008) stating that NOGs with a lower education level have lower protective/supportive abilities. NOGs who are not financially independent may rely more on and therefore feel less able to distance themselves from the perpetrator. NOGs who are not financially independent may also not have the financial resources to protect their child (e.g., unable to afford to move or take time off work).

Attitudes and Responses to Abuse Disclosure. All five variables of this category were only reported as being significantly related to the ability to protect. Heriot (1996) looked at *feelings towards the perpetrator* and reported that mothers who felt hostile and rejecting (as opposed to warm and accepting) towards the perpetrator were more likely to take protective actions. This is a fairly predictable finding. Coohey and O’Leary (2008) reported that when non-offending mothers *attributed the blame to the perpetrator* and *were not home at the time of the abuse*, they were more likely to consistently protect their child. This may indicate that NOGs who are home at the time of the abuse may feel conflicting feelings around it and may find it more difficult to accept it happened in the first place; in turn leading to inconsistent protection of their child. Additionally, NOGs who do not blame the perpetrator might not be able to implement consistent protective measures as they may not believe these are necessary. In their qualitative study, Cyr et al. (2019) found that a *sense of responsibility* led non-offending fathers to seek professional help following the disclosure. Two studies looked at the NOG’s *belief in the disclosure* and reported that non-offending mothers who consistently believed their child were more likely to be protective and take action against the perpetrator (Coohey & O’Leary, 2008; Heriot, 1996).

Coohey and O’Leary (2008) further specified that they were over eight times more likely to protect their child. However, as mentioned when discussing the ability to support, belief in the disclosure should not be considered as a sole predictor of the ability to protect (Heriot, 1996).

Child Variables. Seven variables were identified as being related to the child and significantly associated with the NOG’s ability to protect. This includes whether the child has a *developmental delay*, experiences *depression*, engages in *self-harm* behaviours, or presents with *sexualised behaviours* discussed by Knott (2008).

Demographics. One additional variable, also discussed concerning the ability to support, was reported to be associated with the ability to protect: the child’s *age*. Three studies reported that younger children were less likely to experience negative responses and more likely to receive protection from their female caregivers compared to older children (Knott, 2008; Koranek, 1994; Payer et al., 2008). This is consistent with findings for the ability to support.

Other Victimization. The same factor that was explored regarding the ability to support was explored concerning the ability to protect, with similar findings. Two studies reported that if the child experienced *other types of abuse* (e.g., physical, neglect), the mother was less likely to be protective (Koranek, 1994), and over eight times more likely to exhibit negative maternal responses (Knott, 2008). Similar to the above, the disclosure of sexual abuse could be seen as an attempt to end the other types of abuse experienced.

Relationships. Similar to the results reported for the ability to support, only one variable from this category is related to the ability to protect. Wangerin (1994) reported, in a qualitative study, that mothers who were not able to protect their children reported

conflicted relationships with them. If a NOG is not attuned to the needs of their child or experiencing negative feelings before the abuse, it would make sense that these difficulties continue and may be exacerbated following the abuse, leading to less protection.

Abuse-Related Variables. Nine abuse-related variables were discussed as being associated with the NOG's ability to protect.

General. Three variables were significantly related to the ability to protect in reviewed studies, including one that was not explored for the ability to support: *duration* of abuse. Coohey and O'Leary (2008) reported that consistently protective non-offending mothers were more likely to have a child who was abused for one year or less. It is possible that children of supportive mothers feel able to disclose the abuse earlier on. Regarding the *severity* of abuse, Heriot (1996) reported that when the abuse involved penetration, the non-offending mothers were less likely to take protective actions against the perpetrator. However, this finding was not significant when 'maternal belief' was added to the equation (regression analysis); which would be consistent with two other studies reporting no significant relationship between severity and protectiveness (Coohey & O'Leary, 2008; Knott, 2008). The last variable is the *frequency* of the abuse. Knott (2008) reported that children abused on more than one occasion were more likely to receive negative responses from their female caregiver. However, another study of higher quality, looking specifically at the ability to protect, did not find a significant relationship between the frequency of abuse and the ability to protect (Coohey & O'Leary, 2008).

Discovery. This category was not discussed concerning the ability to support, but one variable relating to the discovery of abuse was significantly associated with the ability to protect. Coohey and O'Leary (2008) reported that if the abuse was *discovered by the*

NOG (e.g., *heard or seen*), the mothers were five times less likely to be consistently protective. This is perhaps a surprising finding, but it might be related to their other finding that when the mother was present in the house at the time of the abuse, she was less likely to be protective following the abuse. Both of these variables could be related to feelings associated with having failed to protect the child that the mothers may feel if they were present when the abuse happened, impacting their ability to protect consistently. However, Koranek (1994) did not replicate this finding in their study of slightly lower quality.

Disclosure and Post-Disclosure. Five variables were reviewed as being significantly related to the ability to protect; with two also examined concerning the ability to support: *sources of information confirming the abuse* and *time passed since disclosure*. Coohey and O’Leary (2008) reported that when the non-offending mother received information from fewer sources about the abuse, more consistent protection was provided. This may be because a protective mother would not require information to confirm the abuse and may therefore not seek any. In their qualitative study, Cyr et al. (2019) found that non-offending fathers reported taking more protective actions when some *time had passed since the disclosure*. As previously discussed, this may be because there is a need to overcome the initial shock or wave of emotions which would follow a disclosure. Also related to the concept of time, Coohey and O’Leary (2008) and Koranek (1994) found that the less *time between the disclosure and the forensic examination*, the more likely the non-offending mothers were to be consistently protective towards their child. This is most likely because a protective mother would take protective action immediately after disclosure. However, this was not replicated in a third study of similar quality (Heriot, 1996). The last two variables are closely related: whether the guardian *asked the child about the abuse*, or *asked the perpetrator about the abuse* were both found to be

significant by Coohey and O’Leary (2008). They reported that non-offending mothers were almost six times more likely to protect their child consistently if they had asked the child about the abuse; and less likely to be consistently protective if they had asked the perpetrator about the abuse. Perhaps this is because NOGs who feel the need to ask the perpetrator about the abuse might not have believed the child’s disclosure.

Perpetrator Variables. Only one perpetrator variable was reported to be associated with the NOG’s ability to protect: *the perpetrator’s relationship with the NOG or the child victim of the abuse*. Four studies reported a significant association, with three reporting that NOGs were more likely to take protective action if the perpetrator was not a current partner, not a live-in partner, and unrelated to the guardian (Heriot, 1996; Knott, 2008; Koranek, 1994). Perhaps surprisingly, one study reported that more protection was given in cases of intrafamilial abuse (Payer et al., 2008). These findings may appear contradictory at first; however, it can be understood that: more protective actions need to be taken when the perpetrator is a member of the family, as the child is more likely to be in future contact with the perpetrator. These actions might be easier to take for the NOG when they are not romantically involved with the perpetrator, or when they do not have to evict someone out of their home or make arrangements to leave the home themselves. Only one study of similar quality found that whether the perpetrator is the child’s biological father or not is unrelated to protection (Coohey & O’Leary, 2008).

The remaining eleven variables explored in the studies were not found to be significantly related to the ability to protect. Four of those were also found to be unrelated to the ability to support: the NOG’s *ethnicity; income; history of non-sexual abuse; and*

home tenure (whether the house is owned or rented). Four were found to be related to the ability to support, but were not significant for the ability to protect: NOG's *age*; *occupational status*; *personality traits*; and the *child's gender*. The remaining three were unrelated to the ability to protect and were not explored for NOG support: NOG's *number of children*; *intelligence*; and *history of caregiver problems*. The fact that NOG's intelligence is unrelated to the ability to protect (Koranek, 1994) raises an interesting question about NOGs with an intellectual disability, as one may expect that it could impact their ability to take protective measures. However, none of the studies reviewed explored this factor further and further research would be needed.

Discussion

Summary of Main Findings

This systematic literature review aimed to summarise the current knowledge on factors associated with the ability to protect and support in NOGs in cases of CSA. The review had two objectives: to summarise the evidence available to date and compare the findings with previous reviews. Data were extracted from twenty-two studies identified through database searches, manual searches of reference lists, contact with key authors in the field, and Google searches. This method is similar to the one used by Oliver (2012); however, five additional databases were explored, two additional key authors were contacted, and papers written in French were sought for this review. The methodological quality of all papers was assessed, and only good-quality papers were included. All studies found were conducted in North America (USA and Canada). The majority of the participants were non-offending female caregivers, mainly mothers. However, one study examined non-offending fathers (Cyr et al., 2019), and two looked at NOGs in general,

including mother and father figures (Bolen & Lamb, 2002; Walsh et al., 2012). The majority of participants were either Caucasian or African-American.

Where Oliver (2012) had identified 30 factors in her review, 78 intervening variables were identified in the current review. All factors found by Oliver (2012) were also found here, except *age at birth of first child*. Non-offending mothers were found to believe and protect their children more if they had had their first child post-eighteen years old. The variables were discussed concerning their association with the NOG's ability to support or protect. They were further organised into five categories (NOG, child, abuse, perpetrator, and other factors), similarly to Bolen (2002) and Oliver (2012), with the addition of other and the separation of perpetrator factors into a separate category. Out of these 78 factors, 54 were significantly related to the ability to support and 34 to the ability to protect. Ten were solely discussed concerning the ability to protect, with seven reporting a significant association. 33 variables were only discussed concerning the ability to support, with 25 reporting a significant association. The remaining 35 variables were discussed concerning both concepts, with four variables not found to be significantly related to either: home tenure; NOG's ethnicity; income; and history of non-sexual abuse. Four variables were associated with a NOG's ability to support but not protect: NOG's age; occupational status; personality traits; and child's gender. One variable was associated with NOG's ability to protect but not support: duration of the abuse. The remaining 26 were associated with both concepts.

The most researched variable associated with the ability to support is the relationship with the perpetrator, with twelve studies finding a significant association with NOG support and protection. Three studies did not replicate this finding. NOGs were more supportive when the perpetrator was not a father figure and was separated from them.

More support, less ambivalence, and fewer negative responses were provided when the perpetrator was not part of the family. These findings are similar to the ones found by Bolen (2002), Elliott and Carnes (2001), Knott and Fabre (2014), and Oliver (2012). It can be understood that if a NOG has a close relationship with the perpetrator, hearing the disclosure might create cognitive dissonance (Festinger, 1957), which could lead to more ambivalence and negative responses. It might also be harder to believe that someone they love would be capable of CSA. Closely related to this, the quality of the relationship between the NOG and the child was a significant factor in terms of its relationship to the NOG's ability to support (five studies) and to protect (one study). The more positive this relationship was, the more support was provided to the child. These findings were also reported by Bolen (2002) and Oliver (2012). Children who perceive a better relationship with their guardian might more easily seek their support and be more comfortable disclosing the abuse to them (related to support in two studies); might disclose the abuse sooner (related to support in one study); might not turn towards other coping behaviours such as self-harm (related to lack of support/protection in one study); and the guardian might not develop feelings of anger or blame towards their child (related to lack of support by two and one studies respectively).

The next most researched variable, with six studies finding evidence for (two for ability to protect, two for ability to support, and two for both) and two studies evidence against (one for each concept) a significant association, is the NOG's IPV victimisation. It was reported that female NOGs without a history of IPV victimisation were more supportive and protective. Alaggia and Turton (2005) further specified that NOGs who suffer from physical (compared to emotional or psychological) IPV showed less ambivalence about separating from the perpetrator. This result was also reported by

Corcoran (1998), Knott and Fabre (2014), and Oliver (2012) suggesting a more nuanced approach is needed. Guardians who experience emotional/psychological violence might not see it as an abusive relationship, therefore, not viewing the perpetrator as an abuser. Whereas guardians who are physically abused might reach the limit of what they are willing to endure with the disclosure and gather the courage to leave the relationship. Interestingly, if the child is also a victim of physical violence or other types of abuse, the NOG is less likely to be supportive or protective, as reported by three and two studies respectively. This is in line with findings from Joyce (1997), Corcoran (1998), Bolen (2002), and Oliver (2012). It was hypothesised that the mother might perceive the disclosure as the child's attempt to end the physical abuse, rather than a report of factual events (Sirles & Franke, 1989). However, this variable could also be dependent on who the perpetrator is (e.g., the mother's current partner) and perhaps speak to a poorer relationship between the NOG and the child.

Six studies reported that younger children were more likely to receive support, protection, and positive responses from NOGs. One of those studies differentiated emotional support from levels of blame/doubt. Wamser-Nanney & Sager (2018) reported that older children received more blame/doubt but also received more emotional support. Two studies did not find that the victim's age was related to the ability to support. The finding that older children are less supported and protected was also reported by Joyce (1997), Oliver (2012), and Elliott and Carnes (2001). It could be argued that NOGs perceive younger children as needing more support to get through traumatic experiences, or perceive younger children as having less sexual knowledge and therefore as less able to make unfounded CSA claims. It could also be speculated that NOGs may perceive older children as being old enough to initiate an intimate relationship. The findings from

Wamser-Nanney & Sager (2018) are contradictory and the fact that older children received more emotional support appears counter-intuitive, therefore, more research is needed.

NOGs for whom information about mental health was unknown in the study (which is not made clear but appears to be differentiated from having no history of mental health difficulties), or who presented with more post-traumatic stress or depression symptoms were less supportive, less protective, and exhibited more negative responses to the disclosure in five studies. This is in line with Bolen's (2002) and Oliver's (2012) reviews. NOGs with depleted resources (such as emotional resilience) because they are dealing with their own difficulties might find it more difficult to respond to their child's needs, especially after a CSA disclosure. Regarding mental health information being unknown, it is possible that participants who saw it as a stigma would fail to provide this information. It is also possible that participants may not have a history of mental health difficulties, in which case this finding would contradict the others. Another possibility would be that they are from a background where mental health is not as readily addressed, because of access to medical settings or poor education around mental health (e.g., lower socio-economic background, marginalised groups or minority backgrounds), and their mental health was therefore never assessed.

Four studies looked at the association between the child's or NOG's culture or ethnicity and the ability to support and protect. Only Walsh et al. (2012) found that parents of Black children showed higher levels of blame/doubt than parents of other ethnic backgrounds. This study was conducted using participants from the USA. Authors suggested that more research should explore possible ethnic factors which may impact blame/doubt or look at whether other factors such as socioeconomic status may explain this finding. Perhaps this result also needs to be considered in the greater context of racial

discrimination and the perception of Black people in certain countries. Shaw and Lee (2019) conducted a systematic literature review of studies examining race's impact on the CJS's response to sexual assault. They found that the large majority (88.2%) of the studies included in their research reported that race (of either the perpetrator, the victim, or both) is an important variable in how the CJS responds to abuse. They also found that when the victim is Black, they are more likely to be perceived negatively by the police, leading to less effort being put into the investigation and fewer arrests being made. Taking all this into account, it would be essential to understand the findings from Walsh et al. (2012) better, because if the NOG and the CJS both respond to the child with more doubt/blame, it is likely to leave Black victims of abuse in a vulnerable position. None of the studies found that the ethnicity of the parent was related to these concepts. None of the studies found that the ethnicity of the child related to the ability to protect. Whilst from the results it appears that NOG's ability to support and protect is unrelated to the cultural background, none of the studies specifically recruited participants from different backgrounds. Also, all studies were conducted in North America, therefore future research should explore cultural differences by sampling more diverse populations.

Strengths and Limitations of Current Review

Strengths

A few strengths were highlighted in the current review. Firstly, studies selected following a full-text read and application of the inclusion and exclusion criteria were assessed for their methodological quality. Only papers of the highest quality (65% or above for quantitative studies and 'good' to 'excellent' quality for qualitative studies) were included in the final review. Secondly, this review included papers written both in English

and French. Additional databases from French-speaking countries were added and databases were searched with keywords in both languages to capture all relevant papers. Thirdly, the current review attempted to separate factors associated with the ability to support and those associated with the ability to protect. This was not always possible, as it relied on studies differentiating the two in their research. However, it is important to look at both concepts separately, as they will be considered differently in practice when looking at child protection and will inform what support needs to be provided.

Limitations

A few limitations were noted. Thirteen papers' full-text could not be found, despite best attempts to acquire them. These studies may have been relevant to the current review. Similarly, despite an attempt to include all relevant literature by utilising a systematic approach, it is possible that relevant papers (e.g., within the grey literature) may not have been found. This might be a consequence of publication bias. The fact that the current review excluded papers not written in French or English would be a further argument for this point.

Additionally, all of the research reviewed was conducted either in Canada or in the USA, and with mostly Caucasian or African-American participants. Perhaps the restriction to only English or French language papers led to missing studies from other parts of the world, where responses to CSA disclosure might differ. This makes the generalisation of results to non-North-American countries difficult. The findings could potentially be generalised with caution to other countries with similar cultural backgrounds, such as the UK. However, countries with inherently different cultures, for example, collectivist cultures where children might be typically looked after by more

people than just their parents, might yield very different results. There are also variations across the world regarding the age of consent or beliefs about children and/or sexuality. Societal or cultural views of gender and what is acceptable can also greatly vary and could lead to different results.

Further related to the generalisation of data, most studies sought the participant's informed consent before conducting their research, except Coohey and O'Leary (2008) and Knott (2008) who conducted archival data or secondary data analyses and did not provide any indication that consent was gained. This is a necessary step to conduct research ethically. However, it means that the samples may not be representative of the population investigated: NOGs who agreed to take part in research might present with different intervening variables related to their supportive/protective abilities than participants who would not consent to participate. It is also highly likely that many CSA cases do not get investigated. NOGs in those cases would most likely not have participated in the studies. Additionally, most participants were mothers of children victims of CSA. Although three studies considered non-offending fathers, the intervening variables that were only investigated with females could not confidently be generalised to male guardians.

Another limitation relates to the definitions of the ability to support and protect. As previously mentioned by Corcoran (1998) and Oliver (2012), the studies included do not all rely on the same definition. This means that caution is required when generalising the results as certain studies might utilise a more generally accepted definition based on a developed measure (e.g., PRADS) than others (e.g., a Likert scale designed by the author). Conversely, most studies utilise the dimensions of NOG support described by Everson et al. (1989)¹; that is, a combination of believing the child; offering emotional support; taking action against the perpetrator; and searching/using professional services. Some studies,

mainly written in French, had to be excluded from this review as they measured NOG support using seemingly different concepts, such as attachment or parental attitudes. It is worth noting that Cyr et al. (2019) reported identifying a fifth potential dimension to guardian support/protection: engaging the child in external activities, to aid the exploration and discovery of new environments/situations. This was hypothesised as creating situations for the child to develop their self-esteem and self-confidence, which may be fragile following disclosure of abuse (Spaccarelli, 1994).

Lastly, most studies recruited participants whose own children had been abused. This limits the research on NOGs of sexually abused children. In practice, a NOG may be assessed when their child has not been a victim of abuse if there are concerns about another adult present in the guardian or child's life. Research would be needed in this area.

Conclusion and Recommendations for Practice and Future Research

Although there are several limitations to this review, several factors were identified as relating to NOG's ability to support and protect their child. The most evidenced factors found to be significant were the guardian's relationship with the perpetrator; relationship with the child; experience of IPV victimisation; own mental health; the child's age; and concurrent physical abuse. The findings have implications for NOGs' assessment of their protective and supportive abilities. The results provide valuable information as to which factors should be considered relevant and explored during such assessments. The current systematic literature review can be used to aid practitioners in considering the factors that literature has highlighted as being associated with NOGs' ability to support and/or protect, to inform their assessments of NOGs.

Several areas would need to be further investigated to enhance the knowledge on this topic. Firstly, it is recommended that future research focuses on non-offending fathers'

ability to protect and support their children, as research on this population is scarce. It would also be interesting to compare non-offending fathers and mothers to see if they need to be considered differently in practice. Secondly, it is recommended that future research explores cultural differences in this area. Little research exploring different cultures or ethnicities was found. More knowledge would be beneficial as NOGs assessed for their ability to protect/support, even within a country, could be from varied cultural and ethnic backgrounds. It is important to make sure that the assessment tools used are generalisable or adapted appropriately. Thirdly, the concepts of guardian support and protection are not clearly defined. It would be beneficial for research to agree on more precise definitions with clinical utility. It is also recommended to investigate the fifth dimension of guardian support identified by Cyr et al. (2019; engaging the child in external activities) to see if it is indeed part of the construct. More research should take place around the concept of NOG's ability to protect, as most intervening variables discussed for this are only looked at by one or two studies; indicating that more evidence might be needed to confirm the findings. The latter could include research on protecting children who have not been abused, but where a risk is identified. Lastly, NOG support appears to have a dynamic aspect to it, with certain studies finding that NOG's support and ability to protect might increase over time. Only one study looked at the longitudinal aspect of this and discussed variables which could impact these concepts with time (Rancher et al., 2023). It would be recommended that this is investigated further.

CHAPTER 3

The Assessment of Capacity to Support and Protect in Non-offending Guardians, in Cases of Child Sexual Abuse: The Views of Psychologist Expert Witnesses

Abstract

In the UK, where a risk of child sexual abuse is identified, or when abuse has taken place, professionals and agencies will become involved. In this process, psychologist expert witnesses may be asked to conduct an assessment of the non-offending guardian (parent or carer who did not commit the offence or who is not a sexual risk to the child). This assessment aims to assess their ability to protect the child from being abused (again) in the future and/or to support the child in the aftermath of the abuse. The current study aims to explore the views of psychologist expert witnesses who conduct this type of assessment. As this is exploratory research, qualitative methodology is used. Eleven participants were interviewed over Zoom. Interview transcripts were analysed using Template Analysis (King & Brooks, 2017), using NVivo software. Five *a priori* themes were developed based on the researcher's knowledge of the topic and based on the available literature. For the final template, a total of five overarching themes were identified within the data set: ability to support and ability to protect; broader context and attributes; expert witnesses and their work; process of conducting an assessment and logistics; and feelings of expert witnesses towards their work. A set of subthemes was also identified for each theme, providing more details on certain aspects of the themes. This research provides good insight into the practices of expert witnesses when conducting these assessments, as well as the feelings associated with the work.

Keywords: Expert witness, assessment, non-offending guardian, child abuse, template analysis, qualitative research

Résumé

Au Royaume-Uni, lorsqu'un risque d'abus sexuel envers un enfant est identifié, ou lorsque l'abus a déjà eu lieu, certains professionnels et agences sont impliqués. Dans ce processus, un psychologue expert en justice peut recevoir une demande d'évaluation du tuteur non-coupable (parent ou gardien qui n'a pas commis le crime ou qui ne constitue pas un risque envers l'enfant). Cette évaluation a pour but d'analyser sa capacité de protéger l'enfant contre un (autre) abus sexuel futur et/ou la capacité de soutenir l'enfant à la suite de l'abus vécu. La présente étude a pour objectif d'explorer les avis de psychologues experts en justice qui exécutent, ou ont exécuté, ce type d'évaluation. Dès lors que cette étude consiste en une recherche exploratoire, une méthode qualitative a été utilisée. Onze participants ont été interviewés sur Zoom. L'audio des interviews a été enregistré et puis transcrit (et anonymisé) par le chercheur. Une fois les retranscriptions complétées, l'audio a été réécouté en lisant les transcriptions pour en vérifier l'exactitude. Les données ont ensuite été analysées en utilisant la méthode 'analyse par modèle' (Template Analysis ; King & Brooks, 2017), et en utilisant le programme NVivo. Cinq thèmes *a priori* ont été développés sur base des connaissances du chercheur sur le sujet et sur base de la littérature disponible. Toutes les interviews ont été codées et le modèle a été revu à plusieurs reprises. Pour le modèle final, un total de cinq thèmes principaux a été identifiés dans les données : capacité à soutenir et capacité à protéger; contexte général et attributs; expert en justice et leur travail; processus d'évaluation de tuteur non-coupable et logistiques; et sentiments des experts en justice envers leur travail. Plusieurs sous-thèmes ont aussi été identifiés pour chaque thème, allant plus en profondeur sur certains aspects de ces derniers. Cette étude donne un bon aperçu des pratiques d'experts en justice lorsqu'ils évaluent un tuteur non-coupable, ainsi que de leurs sentiments associés au travail.

Mots clés : Expert en justice, évaluation, tuteur non-coupable, abus d'enfant, analyse par modèle, template analysis, recherche qualitative

Introduction

Role of Expert Witnesses

In the UK, where a risk of CSA is identified, agencies and professionals will become involved, starting with the police and Children's Services. If the concerns around a child's ongoing safety are significant, legal care proceedings may be initiated. Here, expert assessments may be commissioned by the court to provide an opinion on the non-offending guardian's (NOG) capacity to protect/support. An Expert Witness (EW) is a professional with extensive knowledge or experience in a particular discipline whose role will be to provide the court or tribunal with their professional opinion on questions related to their field of expertise (The Crown Prosecution Service, 2019). In terms of family court, an expert is someone who the court instructed to provide evidence to inform the family proceeding (The Family Procedure Rules, 2010). EWs may be, for example, psychologists, psychiatrists, or independent social workers. The evidence and information they can provide are expected to be outside of the knowledge of a judge or a jury (Code for Crown Prosecutors, 2018).

In CSA cases, an EW is typically asked to assess the offender with regard to the risk presented. However, they may also be asked to assess the person in a parenting role who did not commit the abuse (referred to as a non-offending guardian) about their ability to protect the child/ren from risk. A NOG assessment may take place, as a preventative measure, if they have children and are in a relationship with a known child sex offender. An EW may also be asked to assess the NOG regarding their ability to emotionally support their child/ren after they have been a victim of CSA. The terms *support* and *protect* are used according to the definitions outlined in Chapter 1. The evidence provided usually informs the decision made by the court regarding the welfare and placement of the

child/ren. For example, the court can decide on a Care Order to be implemented. This can be interim, meaning plans are under consideration; or final, meaning the decisions have been made (Martin, 2018). If this happens, the local authority will share parental responsibility and have the final say in decisions about where the child should live, who looks after them, and how they are educated (Children Act, 1989). The child could, for example, be placed in foster care or be looked after by relatives. It also means there can be restrictions on who the child is in contact with and the level of supervision required when contact with a parent occurs (Children Act, 1989). The Court's decisions are in the child's best interest, based on the evidence provided. Making the right decision is crucial, as it could impact the long-term well-being and safety of the child/ren. Staying in a household where there is a risk of abuse or a lack of support for the child in their recovery could have devastating consequences. Similarly, being placed out of the home could also be detrimental. Via a systematic review, Gyphen et al. (2017) found that children who were in foster care were more likely to: have poorer educational outcomes; lower chances of employment; lower annual incomes; face homelessness; have more mental health difficulties; engage in alcohol or substance misuse, and be in contact with the CJS. If a child is unnecessarily placed out of the home to ensure their safety and well-being, it could do more harm than good. Therefore, when decisions such as these are made, the fact that children are best left with their family of origin, where at all possible, is taken into account. The benchmark used is whether the NOG is a *good enough parent*, which was derived from the idea of the "good enough mother" (p.10) from Winnicott (1971), who highlighted that at first, the mother will need to adapt to her child's needs fully, but as the child grows, they will be more able to cope with, and even benefit from, her "failures" (p.10). The mother does not need to be perfect, only *good enough* (Winnicott, 1971).

Given the gravity of the court's decision, it is essential that expert evidence can be relied upon, and is based on sound empirical evidence. However, EWs and their experiences in conducting such assessments have not been extensively researched. Craig and the Expert Witness Advisory Group (2021) looked at training and knowledge; procedure rules; salary; quality of reports; external pressures; and feedback in their mixed method study with psychologist EWs. However, they did not specifically look at EW assessments of NOGs in cases of CSA and the extent to which available literature is drawn upon to inform opinions. Additionally, as seen in Chapter 1, risk assessment frameworks were developed to use with NOGs, but research in this area remains limited.

Current Research

There is a paucity of research on NOG assessments. The current research was therefore exploratory and attempted to gain information about current practices by answering the following questions:

- To what degree do EWs draw on the available (albeit limited) literature base to conduct their assessments?
- Do EWs structure their assessments according to one of the existing frameworks?
- Which factors/information do EWs rely upon to make their decision about someone's ability to support and protect their child?
- What are EWs' experiences of conducting these assessments?
- How are NOG assessments conducted in terms of procedures?

Methodology

The current research was exploratory, seeking the views and practices of

psychologist EWs when conducting a specific type of assessment. A qualitative methodology was chosen to allow participants to share what they believe to be important according to their individual experiences.

Participants and Recruitment

Psychologist EWs were recruited using a set of inclusion/exclusion criteria. Participants were included if they were psychologist EWs with experience in conducting NOG assessments in the UK. The latter was to limit variability between participants and because practices around EW assessments of NOGs vary between countries. EWs from other disciplines were excluded from the study. This allowed for generalisable insight into the practices of a specific discipline rather than introducing another variable in the study. It was not specified that participants needed HCPC registration. EWs who had not conducted NOG assessments were excluded from this study. There were no restrictions on where participants had completed their professional training.

Several sampling designs/techniques were used. Firstly, EW organisations and other relevant organisations with access to EWs were contacted via email to reach participants (Appendix L). Participants were also recruited through social media (e.g., Twitter, LinkedIn, BPS Member Connect) using a message posted on relevant platforms (Appendix M). This aimed to use a volunteer sampling method, where potential participants volunteer for the research after seeing the research advert or email. Secondly, an opportunity sampling method was used where potential participants were directly contacted through social media and personal contacts. Lastly, a snowball sampling technique was used by encouraging potential participants to share the recruiting advert or email with other prospective participants. When interest in participating was expressed, a

participant information sheet was sent via email (Appendix N). Participants provided written consent before the interview (Appendix O).

The aim was to recruit between ten and fifteen participants with a range of experiences (e.g., working independently or as part of a company; working in different areas of the country). Twelve psychologist EWs expressed an interest in participating. All met the inclusion criteria. One withdrew their interest before the interview. Eleven participants were interviewed via Zoom between September 2022 and February 2023.

Participant Characteristics

Out of the eleven participants, three were men and eight were women. Six reported having had experience delivering intervention work within various settings (e.g., mental health settings, private work, forensic settings) and with various populations (e.g., young people, sex offenders, adults with an intellectual disability), including three EWs who have facilitated intervention work with NOGs. Eight participants engaged in other types of EW assessments alongside assessing NOGs, such as other family court assessments, risk assessments, or sex offender assessments. Ten participants reported some experience with intervention work and/or assessment work with sex offenders. Table 3 summarises participants' characteristics.

Table 3

Participant Characteristics

Characteristics	Details	Number of Participants
Age	30-39	3
	40-49	3
	50-59	3
	60-69	1

	70-79	1
Branch of psychology they trained in	Forensic psychology	6
	Counselling psychology	1
	Clinical psychology	2
	Clinical and forensic psychology	2
Time since qualified	< 5 years	1
	5-10 years	2
	10-15 years	2
	15-20 years	2
	> 20 years ago	4
Length of time spent working as an expert witness	< 5 years	1
	5-10 years	3
	10-15 years	1
	15-20 years	3
	> 20 years	3
Number of non-offending guardian assessments completed	0-20	2
	20-40	2
	40-60	2
	60-80	0
	80-100	2
	100-300	2
	Not quantified – ‘frequently’	1

Ethical Considerations

Ethical Approval

Ethical approval was granted by the Science, Technology, Engineering and Mathematics Ethical Review Committee on the 4th of January 2022 and again on the 18th of August 2022 following amendments made to the methodology (Ethical Review Number ERN_21-1456A). Two of the companies contacted requested to complete their own ethical review and were happy to disseminate the recruitment email following this. Every stage of this research project was conducted in line with the British Psychological Society’s Code of Ethics and Conduct (BPS, 2018) and with the Health and Care Professions Council’s Standards of Conduct, Performance, and Ethics (HCPC, 2016).

Anonymity and Confidentiality

All data relating to the participants (i.e., audio, transcripts, consent forms) were stored on an encrypted USB drive in separate folders to not link individual participant's information together whilst analysis was being conducted. The data was then stored on secure servers at the University of Birmingham (Research Data Store) and with Birmingham Environment for Academic Research (BEAR) services. All identifiable data were anonymised in the transcripts. The audio files from the interviews were deleted following transcription.

Consent

Participants were sent a consent form (Appendix O) via email and asked to return a signed version before the interview took place. At the beginning of each interview, participants were asked for verbal consent to be recorded and were offered the opportunity to ask questions about the research project. Participants were informed of their right to withdraw from the project for up to two weeks after the interview, after which the interviews would have been transcribed and data fully anonymised. No participant withdrew their data.

Data Collection and Analysis

Interview Process

A semi-structured interview schedule (Appendix P) was developed through discussion with the researcher's supervisory team and based on a review of the literature. Interviews were remotely conducted on Zoom, allowing the researcher to recruit participants from anywhere within the UK, and increasing the likelihood of participants

feeling comfortable in the wake of the COVID-19 pandemic. Even though conducting qualitative research interviews in person has previously been considered the “gold standard” (McCoyd & Kerson, 2006, p. 390), this remote method of data collection has been gaining popularity and has been found to have various benefits. It allows more flexibility for the researcher and participants when scheduling an interview and it allows participants to take part in the research from a space where they feel comfortable, potentially enhancing engagement (Keen et al., 2022). Interviews lasted between 41 minutes and 1 hour 25 minutes, with the total audio time exceeding eleven hours of recording. Audio recordings from the interviews were saved on an encrypted USB drive and deleted after transcription, as per data protection regulations.

Data Transcription and Analysis

Interviews were transcribed manually by the researcher. A transcription key was designed to make this process easier and promote consistency between transcriptions (Appendix Q). Following this, transcriptions were read through in full whilst listening to the audio to verify accuracy.

Data were analysed qualitatively using a type of thematic analysis called *template analysis* (King & Brooks, 2017). It consists of developing a template, formed of themes and subthemes identified by the researcher as relevant, and organised meaningfully. This template is applied to the data set and revised/refined with the information available (King & Brooks, 2017). This method was chosen because it allows for recognition of *a priori* knowledge held by the researcher and acknowledges that this may impact the interpretation of the data (Brooks et al., 2015). Five *a priori* themes and four subthemes were developed before starting data analysis, based on the current (limited) literature on the subject (see

Chapter 2) and knowledge held by the researcher around EW work. These *a priori* themes were applied to three interviews representative of the data. These were coded and the themes were reviewed to create the initial template. The latter was then applied to four of the remaining interviews and similarly, updated to create the revised template. This process was repeated until all interviews were coded. The last revised template was then applied to the whole dataset to create the final template. Appendix R elaborates on the different iterations the template went through.

To aid the organisation of the data and identification of relevant quotes, the software program NVivo was used.

Reflexivity

Throughout the research project, the researcher kept a reflective diary. Case summaries were also written following each interview. Reflexivity is important in qualitative research, in terms of the researcher being aware of their preconceptions, interpretations, and feelings throughout the process (Dodgson, 2019).

Results

Five overarching themes were identified within the data set: ability to support and ability to protect; broader context and attributes; EWs and their work; process of conducting an assessment and logistics; and feelings of EWs towards their work. Subthemes were also identified for each theme, providing more detail on certain aspects of the themes. All themes and subthemes are summarised in Table 4.

Table 4*Identified Themes and Subthemes*

Themes	Subthemes
Theme 1: Ability to support and ability to protect	1.1. Two different and varying concepts 1.2. Ability to protect as taking action 1.3. Ability to support as meeting the needs of the child following abuse 1.4. Impact of intervening variables or individual vulnerabilities 1.4.1. Related to the non-offending guardian 1.4.2. Attributes of the child 1.4.3. Attributes of the perpetrator 1.4.4. Contextual intervening variables
Theme 2: Broader context and attributes	2.1. Aims of the assessment 2.2. How are the aims of the assessments met 2.3. Misconceptions associated with these assessments 2.4. Similarities with other assessments 2.5. Types of offences 2.6. Timing of these assessments 2.7. Parties involved
Theme 3: Expert witnesses and their work	3.1. Who are the psychologist expert witnesses 3.1.1. Expertise of expert witnesses 3.1.2. Nature of the work and level of involvement 3.2. Awareness of socio-cultural differences
Theme 4: Process of conducting an assessment and logistics	4.1. Interview preparation 4.2. Interview process 4.2.1. Psychometric measures and clinical interview 4.2.2. Characteristics of the interview process 4.2.3. Literature relied upon 4.3. Writing report following the interview 4.3.1. Structure of the report 4.3.2. Characteristics of the report 4.3.3. Multiple sources of information to inform opinion 4.4. Giving evidence in court 4.5. Conclusions of the assessment in the report 4.6. Outcome of the case and feedback on the report
Theme 5: Feelings of expert witnesses towards their work	5.1. Enjoyment of the work 5.2. Challenges of the work 5.2.1. Difficulties with specific aspects of the work

5.2.2. Relationships with other professionals
5.2.3. Difficult feelings associated with the work
5.2.4. Issues with the larger system
5.3. Importance of the work
5.4. Confidence in opinions

Theme 1 – Ability to Support and Ability to Protect

In the interview, participants were asked to talk about the concepts of ability to support and ability to protect found in the literature, as shown in Chapter 2. There has been a lack of consensus around their definitions (see Chapter 1). One of the reasons for NOG assessments in cases of CSA is to assess their ability to support or protect their child. Four subthemes were identified, exploring EWs' definitions of these concepts and factors taken into account during the assessments: two different and varying concepts; ability to protect as taking action; ability to support as meeting the needs of the child following abuse; and impact of intervening variables or individual vulnerabilities. These are summarised in Table 5, with the number of participants contributing to each subtheme.

Table 5

Subthemes for the First Theme: Ability to Support and Ability to Protect

Subtheme	Number of Contributing Participants
1.1 Two different and varying concepts	All
1.2 Ability to protect as taking action	9
1.3 Ability to support as meeting the needs of the child following abuse	7
1.4 Impact of intervening variables or individual vulnerabilities	All
1.4.1 Related to the non-offending guardian	
1.4.2 Attributes of the child	
1.4.3 Attributes of the perpetrator	
1.4.4 Contextual intervening variables	

1.1 Two Different and Varying Concepts

Participants talked about the ability to support and the ability to protect as being two different concepts that may be understood together but also independently. They also reported these to not be static abilities but rather changeable over time. Not all experts discussed focusing on both abilities in their assessments, and one expert expressed not understanding what was meant by the ability to support. Overall, there appeared to be a lack of clarity regarding what the terms mean. The following quotes show the participants' thoughts on the differences or similarities between the two:

So the two aren't necessarily- they don't necessarily go hand in hand so it might be that mother could um you know emotionally support and be um emotionally attune to her child her children but not necessarily take protective action. (P1)

In terms of that difference- um I mean maybe this- maybe this is my lack of knowledge in this area I don't think I really understand what's meant by ability to support. Um, yes I don't think I know what you mean by that um ... Yeah I'd need more. (P5)

You can't protect somebody if you can't support them disclosing if they can't come to you um if you are not going to be looking out to check that they're emotionally okay or if something's different you know, something different in their presentation. (P11)

1.2 Ability to Protect as Taking Action

Most expert's definitions of the ability to protect included a form of action or measure put in place to prevent the child from being abused (again). This included protection from the same perpetrator or other risky adults.

Whereas the um ability to protect would be obviously um moving forward and thinking about their um, the prevention of any further offences (...) but then there's also the issue of making sure that the um non-offending guardian um is protecting them from any other risky adults within their kinda social circle. (P1)

And I think when we're thinking about ability to protect a level of consistent responses and a consistent ability to um recognise and kind of put certain structures and boundaries in place is important. (P11)

1.3 Ability to Support as Meeting the Needs of the Child Following Abuse

The ability to support was defined by participants as being able to meet the needs of the child following the experience of CSA. Most experts discussed meeting the emotional needs of the child; however, psychological and physical needs were also considered.

(...) the mother's ability (...) to emotionally support them [their children] in the aftermath of the offence. (P1)

And I think for me it's about um, whether it's ability to support I don't know if I

would kinda frame it like that, but I suppose how available is the mum to meet that-the child's emotional needs given what has happened in the family. (P5)

So can you support your child? So can you meet your child's emotional and physical needs? (P8)

1.4 Impact of Intervening Variables or Individual Vulnerabilities

Participants discussed that supportive and protective abilities are impacted by individual vulnerabilities that experts consider and look for in their assessments. These vulnerabilities may reduce someone's ability to be supportive or protective. For certain factors, participants gave examples providing further information on the direction of the association with the ability to support or protect. However, for most factors, no further information was provided. These intervening variables are usually intertwined rather than stand-alone vulnerabilities.

So I'd be looking at, well like a broad range of factors really. (P9)

While she accepts he's a risk, and you know doesn't disagree with that, she struggles to implement change because of her own difficulties. (P10)

You can't say attachment is relevant but personality isn't because personality develops as a result of attachment and early childhood experiences. (P11)

This subtheme was further divided into four additional subthemes, to provide

more detail about separate categories of intervening variables discussed by participants, relating to the context of the abuse; the NOG; the perpetrator; or the child. The variables were divided into these categories to follow a similar organisation as the one in Chapter 2. Table 6 summarises the intervening variables discussed by the participants as relevant for their assessment of NOGs, and the number of participants contributing to each.

Table 6

Summary of Intervening Variables Discussed by Participants

Area the Variable Relates to	Intervening Variable	Number of Contributing Participants
Related to the non-Offending Guardian	Perception and understanding of risk	All
	Attachment and relationship patterns	9
	Elements of personality	9
	Mental health difficulties	9
	Belief that the abuse happened and that the perpetrator is a risk	8
	Emotional availability for the child	7
	History of childhood trauma (including lack of protection, sexual abuse, and neglect)	7
	Intellectual functioning	7
	Attitudes towards working with professionals	6
	Relationship with the child	6
	Relationship with the perpetrator	6
	Social support and other relationships	6
	Post-disclosure reactions	5
	Substance misuse or addiction	5
	Victimisation of domestic violence	5
	Can the person's ability to support/protect improve with support?	4
	Dependency on the perpetrator	4
	Emotional functioning and coping	4
	Insight	4
	Developmental conditions	3
	Early childhood and how the person adapted to difficult past experiences	2
	Financial independence	2
	Life stressors	2
	Self-confidence	2

	Education and employment	1
	Lifestyle	1
	Non-offending guardian's sexual interest in children	1
Attributes of the child	Age of the child	2
	Child exhibiting sexualised behaviours	1
	Exploitative behaviours from the child	1
Attributes of the perpetrator	Living situation of the perpetrator and level of contact with the non-offending guardian	2
	Relationship to the child or non-offending guardian	2
	Level of risk presented by the perpetrator	1
Related to the context	Context around allegations	6

1.4.1 Related to the Non-Offending Guardian. All participants discussed intervening variables relating to the NOG. Only one variable was discussed by every participant: *perception and understanding of risk*. This related to the NOG's acceptance that there is a risk and need for protection, their ability to think about future risk management, or myths and stereotypes they hold about risk or sexual abuse. The factors outlined in Table 6 were discussed as barriers or vulnerabilities that impact the NOG's ability to support or protect their child.

Do they basically understand um the complexity of what abuse means? (P4)

So I suppose I'm looking at um ... factors that would mean that the person is either needy and therefore their own neediness overshadows their ability to protect, so for instance dependency. (P6)

I'll then look at whether there are any developmental concerns: accidents, illnesses, injuries, those kind of things that may have impacted on development. (P7)

Also whether they've been a victim of physical abuse in a relationship, like domestic violence. Um if they- if there's been occasions where the um mother has been ineffective because she's been a victim of abuse as an adult in a relationship and she's been unable to um safely manage the risk of the partner, usually the man, um because of her own difficulties within the relationship. (P10)

1.4.2 Attributes of the Child. Three participants discussed intervening variables that could be attributed to the NOG's child. These factors were discussed as potentially impacting the NOG's ability to support or protect because of the role they perceived the child might have played in the abuse:

(...) another problem that can come up is that where the victim is a teenage girl, um and maybe the step-daughter, and she's sexualised by the m- you know they've already you know there's been some uh maybe rebelliousness from the girl at home and so sometimes there can be- she can be seen as a rival. I mean that's unusual because often it's much younger children there [inaudible] but I think when they're a teenager that's another vulnerability. (P11)

1.4.3 Attributes of the Perpetrator. This subtheme was explored in four interviews and highlighted three variables that could be attributed to the perpetrator. All variables were discussed as being relevant because of the influence the perpetrator might have on the NOG or the level of protection that would be required to protect the child:

Obviously, all of this depends on the level of risk that the male poses. So if a male

poses a very high risk, then it might be that you know, it doesn't matter almost what the protective capacity is of the woman. (P5)

We have to think about the fact that, especially if they are still living together or seeing each other um ... the- who is talking most to this woman? Who is she most influenced by? (P11)

1.4.4 Contextual Intervening Variables. Six participants discussed contextual factors as important variables to explore when conducting their assessments:

And I think that's a really important thing to get a sense of: what was it like living in that house, at that time, when these things have happened, and how did this happen in a house when a mum was present? When a woman was present? When any adult was present? (P5)

The children from the first marriage didn't want to see him anymore, made allegations of sexual abuse. (P10)

Theme 2 – Broader Context and Attributes

This second theme was created to encompass different topics around NOG assessments described by the participants, such as the aims of the assessment, how these aims are met, misconceptions that others might have associated with these assessments, similarities with other assessments, type of offences typically observed when these assessments take place, and consideration of parties involved (i.e., offending party, non-

offending party, and victims). Table 7 summarises the seven subthemes identified here and how many participants contributed to each subtheme.

Table 7

Subthemes for the Second Theme: Broader Context and Attributes

Subtheme	Number of Contributing Participants
2.1 Aims of the assessment	7
2.2 How are the aims of the assessments met	9
2.3 Misconceptions associated with these assessments	6
2.4 Similarities with other assessments	6
2.5 Types of offences	All
2.6 Timing of these assessments	9
2.7 Parties involved	All

2.1 Aims of the Assessment

Participants discussed that one of the aims of the assessment is to gauge the NOG's ability to support/protect. Other aims mentioned were determining what is best for the child, understanding the NOG and their story, and answering the questions from the court instructions. A perhaps important aim reported by three participants was to offer an opportunity for the NOG to reflect on what happened and what they are going to have to do to ensure their child's safety and well-being. This suggested that the assessment might be considered a safe space which allows the NOG to do this:

That kinda tells them this is what you're gonna be expected to do. And that can also help them reflect and think 'Am I gonna be able to do that?' You know they may think 'You know this is just not worth it and I can't ensure he doesn't do this or he doesn't go there' or 'I'm just not gonna be able to do that it's unrealistic'. And that

might make them make a decision in terms of whether that relationship can persist.

(P2)

So it's um I suppose seeking to make sense of how it's happened before, to identify any ongoing areas of risk and to identify if there's anything that can be put in place to reduce the risk as well. (P7)

And I try and help someone to get to a point where they can acknowledge a possibility and hypothesise, you know we hypothesise: Well how might this have happened? What might, you know, what might have been the motivation? (P11)

2.2 How are the Aims of the Assessments Met

Participants described different ways of meeting the aims of the assessment. The most frequently reported method was conducting a full psychological assessment with the NOG. This includes asking about background information, intervening variables (discussed in the first theme), functioning of the family system, the risks presented, details of the offence, and any other information required to answer the questions from the instructions. Participants also discussed what the assessment is not, by talking about how it is more in-depth than just a discussion with the NOG about the offence (e.g., “I don't just kinda see someone for a few hours and just talk to them about the offence.” – P11). Further representative comments for this subtheme were:

So I would always start with doing like a comprehensive psychological assessment first. So I'd do the psychological assessment and then afterwards I'm looking at the

specific questions that I've been asked by the court let's say. (P7)

(...) if I was asked to assess the protective ability of a parent, I would do a full psychological assessment. (P9)

2.3 Misconceptions Associated With These Assessments

Misconceptions associated with this type of work were discussed by participants. They reported that there are misconceptions of NOGs being to blame for what happened to the child. This stigma is held by society. Although it has changed over the years, with the views of non-offending mothers in the literature moving away from being seen as collusive in the abuse (Bolen, 2003), there continues to be a stigma when their child is sexually abused. Non-offending mothers are sometimes blamed for the abuse endured by their children (Toews et al., 2019). Zagrodney and Cummings (2016) found that mothers received more blame when their boyfriend was the perpetrator, compared to the child's father. Participants shared that this view is sometimes held by professionals in the CJS. There have been studies supporting this. Reidy and Hochstadt (1993) found that ten per cent of their participants, mental health professionals (i.e., psychologists, psychiatrists, social workers, or counsellors), attributed blame to the non-offending mother following abuse. A more recent study by Wolfteich and Cline (2013) further specified that male social services professionals attributed more blame to the mothers than female professionals.

In the current study, one participant (P6) reported that other professionals can minimise or question the value of EW work. Participants reported perceiving a certain level of misunderstanding around risk by other professionals. For example, in a family

where the NOG smokes cannabis, this might be considered disproportionately (e.g., as reflected in the letter of instruction), whilst other risks might be overlooked or not seen as important by other professionals.

You know people in the higher echelons of the um judiciary have tried to minimise the use of experts um. People in our own profession have tried to um say negative things about expert psychologists but I think we have a really important role. (P6)

(...) there's a real sense of like stigma and shame and a sense of them having not lived up to what society's expecting mothers should be like. (P7)

I mean it's no different when there's a family where there's an issue with drugs, they focus on the drugs. Can he get off drugs or can he stay off drugs? And can she- not that. Rather than actually all of the stuff that's going on that might be impacting on anyone's ability to meet needs of children to protect them from any kind of harm. (P11)

2.4 Similarities With Other Assessments

Six participants described how conducting a NOG assessment of their ability to support/protect their child in cases of CSA was comparable to conducting other assessments. For example, similarities were drawn between these and other family court or domestic violence assessments:

And also I don't think that, maybe this is controversial, I don't think that protecting a child from a sexual offender is hugely different from protecting a child from other kinds of abuse. Because then the um non-abusing carer has the same problem to think about you know: Is this person going to hurt my child? So um I think it's actually quite similar. (P11)

2.5 Types of Offences

In the interview, participants were asked about the type of offences that typically occurred or are alleged to have happened when they are asked to assess a NOG. Table 8 and Figure 2 summarise the different offences mentioned and how often participants encountered each of them in the context of NOG assessments in cases of CSA.

Table 8

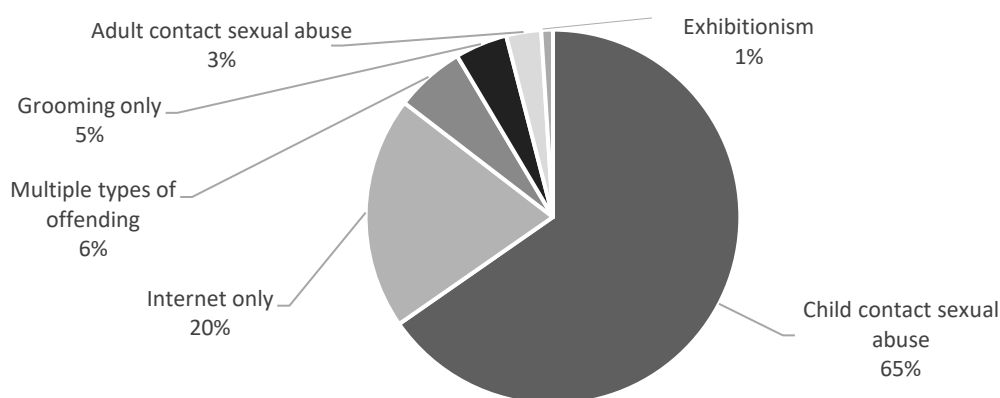
Types of Abuse Encountered in the Assessment of NOGs

Type of offence	How often was it encountered	Number of Contributing Participants
Internet only	Percentage of cases participants reported where the offence was an internet-only offences (e.g., Child Sexual Exploitation Material users): 0% (1 participant); 5% (1 participant); between 10% and 20% (3 participants); 40% (1 participant); 50% (1 participant) ⇒ Average +/- 20%	9
	Other answers given were “a couple” or “a small number”.	
Grooming only	Percentage of cases participants reported where the offence was a grooming-only offences: 0% (3 participant); 1-2% (1 participant); 5% (2 participant); 20% (1 participant) ⇒ Average +/- 4.5%	8
	Other answer given was “one or two cases”.	

Exhibitionism	Percentage of cases participants reported where the offence was a exhibitionism-only offences: 0% (3 participant); 5% (1 participant) ⇒ Average +/- 1.25%	6
Other answers given were “two cases very rare” and “some”.		
Child contact sexual abuse	Percentage of cases participants reported where the offence was a child contact sexual abuse offences: Around 50% (3 participant); between 80-85% (1 participant); between 90-95% (1 participant) ⇒ Average +/- 65%	9
Other answer given was “the vast majority”.		
Adult contact sexual abuse	Percentage of cases participants reported where the offence was an adult contact sexual abuse offences which prompted concerns towards the safety of the child: 0% (1 participant); 2-3% (1 participant); around 5% (3 participants) ⇒ Average +/- 3.5%	7
Other answers given were “one case” and “it has happened but less often”.		
Multiple types of offending	Percentage of cases participants reported where the perpetrator was accused of multiple types of offending: around 5% (4 participants); 10% (1 participant) ⇒ Average +/- 6%	6
Other answer given was “some”.		

Figure 2

Representation of Approximated Percentages of Types of Offences Encountered



2.6 Timings of These Assessments

NOG assessments in CSA cases appeared to be taking place at different times within legal proceedings or for different reasons. For example, it was suggested that they can be done during pre-proceedings or care proceedings. Pre-proceedings are when Children's Services or the Local Authority have concerns about a child's well-being and safety and are considering opening a court case (care proceedings) in the Family Court, but this has not happened yet. It can also be after allegations have been made or concerns have been raised by other professionals, when someone has a history of sexual offending, when measures or interventions put in place have not been successful, or when a situation is extremely complex. Two participants reported that these assessments do not take place when the NOG can protect. One of them added that this is likely to be in the majority of cases, but those cases would usually not come to the attention of services or EWs:

Because a lot of the cases like that uh involve uh, where there's been an allegation and there's been no conviction so the child will remember, or claims to remember, being sexually abused, but wasn't reported so there's no conviction. Um or perhaps the parent um wasn't convicted. He was tried but there was no conviction, so there's still concerns. (P2)

But it could be that they either cease contact between the parent and the child or they make arrangements for it to be supervised and so on. Those aren't the parents that I see though. So I'm sure that there are- that's probably I would imagine what happens in most cases where it doesn't end up coming to the attention of a forensic

psychologist. But it- at the point where I become involved it's typically because there's something within the family that is, to professionals, seeming like it's not making sense. (P7)

Or the father wants contact of a child from a previous relationship and he's met a new partner and they're living together and all that sort of thing but he's got a history of sexual offending. (P10)

2.7 Parties Involved

Participants discussed several parties involved when thinking about CSA cases: the perpetrator, the victim, and the NOG. The NOG is typically the biological mother of the child victim or subject of court proceedings. However, participants also encountered grandparents who were NOGs. One participant specified that a NOG could be anyone who is or will be caring for the child in a parenting role. The NOGs were described as often being vulnerable people:

But I can't think of any case where the woman has a conviction for a sexual offence for example. I can't think of any case I've worked on. (P5)

I've never done it another way around. It's always a female nonoffender and male offender. (P6)

(...) what we're looking at is whoever is in the parenting role is probably a better word that, I mean that it makes- if you're talking to forensic psychologists they'll talk about whoever has the parenting role. (P8)

In most cases, the perpetrator was reported to be the NOG's partner or husband, or the child/ren's father. However, discussions also considered any risky (typically male) adult in the NOG's social circle:

(...) protect the child from perhaps their um husband or um again generally speaking it's a male or a- um so not necessarily husband but just you know cohabiting partner. (P1)

They've always been male perpetrators and a female partner. (P10)

The child/ren subject to the court proceedings is typically the NOG's (biological) child/ren. Sometimes they might also be the perpetrator's biological child/ren. They may be the victim of the offence or they may be subject to safeguarding processes when the victim was another child.

That would generally be in the case where the um perhaps the vi- the child subject or the children who are subject to the court proceedings are the victims of the sexual offending/sexual abuse by the perpetrator. (P1)

(...) this child perhaps when the child's approaching the age of their victim: early adolescence. (P2)

(...) someone described something's happened, say uh a young person, often female, but not necessarily (...) (P8)

Six participants reported assessing both the NOG and the perpetrator when conducting NOG assessments. One also reported sometimes assessing the children to see how everyone interacts together. Participants reported assessing the NOG on their own on a few occasions only. This is usually not by choice but has been dictated by the letter of instruction.

And then commonly as well there'll be a full family assessment just to kind of see how everyone is doing/interacting you know all of that. (P3)

I would rarely do that [an assessment] in the absence of seeing the offending person as well. (P6)

Theme 3 – Expert Witnesses and Their Work

Participants talked about their individual professional experiences, past and present, and discussed characteristics of the work of an EW. They are the ones conducting the assessments to provide their expert opinion. Other professionals are also involved in the overall process, such as social workers, judges, and barristers. This theme discussed who expert witnesses are and the nature of their work. It also discussed an awareness of

differences between EWs and the people they assess. Table 9 summarises the subthemes identified and details the number of contributing participants for each.

Table 9

Subthemes of Third Theme: EWs and Their Work

Subtheme	Number of Contributing Participants
3.1 Who are the psychologists expert witnesses	7
3.1.1 Expertise of expert witnesses	
3.1.2 Nature of the work and level of involvement	
3.2 Awareness of socio-cultural differences	2

3.1 Who Are The Psychologist Expert Witnesses

Two further subthemes were identified within this subtheme, exploring the EWs' expertise and the nature of their work and the level of involvement they have.

3.1.1 Expertise of Expert Witnesses. Experts typically have different backgrounds of experience, as seen when describing participant's characteristics and in Table 3. Five participants also discussed having different fields of expertise within their role and needing to be aware of the limits of their expertise to remain within their professional remit when conducting assessments:

But I've had more sorta specialism within child development and family psychology. (P7)

But I make sure that I know as much as I can about something and I do the research I need in order to do the assessments so I never- I don't think I go beyond my level

of expertise. But I am a psychologist and I should be able to understand most of people's behaviours just because of my um professional, you know, experience and knowledge. (P11)

3.1.2 Nature of the Work and Level of Involvement. Five participants described the EW's work in this area to be a unique field to work in, which is in high demand. Some participants reported working full-time as an EW and others part-time. Another distinction made was that some participants worked for an agency, whereas others worked independently:

But when you're doing it like this as a kinda part-time work around so I jus- aside your main job it's not perhaps as easy as maybe private practices that kind you know that's their bread and butter that's what they do all the time. (P1)

(...) from the out-say, it's a prevalent issue that keeps arising um that the local authority are often looking for some guidance on um whether the nonoffending partner has protecting capacity and what should be the contact arrangements with the person who poses a potential risk. (P9)

3.2 Awareness of Socio-Cultural Differences

Two participants noted a difference between the professionals involved in these assessments (including themselves) and the people they interviewed. This difference related to coming from different social backgrounds or noting a difference in upbringing:

(...) often we come from different backgr- very different backgrounds from the people that we see. And sometimes I think there are ideas that might be normalised in a particular family or even a particular area uh or a particular generation that people- it's just normal for them and they don't necessarily have exposure to everything that we think they're exposed to. (P11)

Theme 4 – Process of Conducting an Assessment and Logistics

The process of conducting a NOG assessment was described as lengthy. EWs start with receiving instructions and reading background information and then proceed to conducting an interview and administering psychometric measures. They then write their report summarising their findings and conclusions, and sometimes they may be asked to give oral testimony in court. Participants noted rarely receiving feedback on their work from other professionals. EWs are allocated 25 hours to complete the whole assessment process for one person. Ten hours are added for each additional person to assess (e.g., 35 hours for a couple; 45 hours for two parents and one child). Eight participants reported finding it difficult to complete the assessment within the allocated 25 hours, often exceeding this by a minimum of five to ten hours, with two reporting typically spending close to double the time, and one person reporting spending 75 hours on an assessment. Seven subthemes were identified relating to the process of conducting the assessment. These are summarised in Table 10.

Table 10

Subthemes for Fourth Theme: Process of Conducting an Assessment and Logistics

Subtheme	Number of Contributing

	Participants
4.1 Interview preparation	10
4.2 Interview process	10
4.2.1 Psychometric measures and clinical interview	
4.2.2 Characteristics of the interview process	
4.2.3 Literature relied upon	
4.3 Writing report following the interview	All
4.3.1 Structure of the report	
4.3.2 Characteristics of the report	
4.3.3 Multiple sources of information to inform opinion	
4.4 Giving evidence in court	10
4.5 Conclusions of the assessment in the report	10
4.6 Outcome of the case and feedback on the report	10

4.1 Interview Preparation

The assessment process starts when an EW receives a letter of instruction (LOI) from a solicitor, if care proceedings have started, or from a social worker if the case is in pre-proceedings. This letter is a formal request to conduct the assessment and will specify the focus of the assessment by asking specific questions that need to be answered. These can focus on specific risks or be broad and cover different topics. The instructions are unique to each case. Alongside a LOI, experts receive background information about the case and the individual they are assessing. This includes any relevant documentation, such as probation reports, prison reports, social worker reports, and medical records. Reading the background information (also known as a bundle) is time-consuming but helps inform the assessment. One participant reported that it is not always clear to the expert why they have been instructed to assess someone. Part of the preparation might be to clarify the instruction questions:

Sometimes you're not- it's not made very clear why somebody's been referred for an assessment. (P4)

So I would have read the documents before and then I would be um asking them [NOG] about specific issues from the documents, uh that I've identified. (P6)

And they typically have like specific questions that they're looking to have answered um and so the assessment will vary somewhat depending on the questions that have been asked. (P7)

And there's preparation work involved. So before we even see anybody, there's the bundle to read. Um, the bundle can be up to a thousand pages, that's not unusual these days. (P10)

4.2 Interview Process

The interview process consists of meeting with the person and obtaining the required information by asking questions. It is also an opportunity to administer psychometric measures. Three further subthemes were identified: psychometric measures and clinical interview, characteristics of the interview process, and literature relied upon. All but one participant (P8) contributed to each additional subtheme.

4.2.1 Psychometric Measures and Clinical Interview. The interview process involves administering psychometric measures. All participants who contributed to this subtheme reported administering psychometric measures, usually before doing the clinical interview. During the clinical interview, various topics relevant to answering the instruction questions are discussed. This includes gaining information about the

intervening variables discussed in the first theme. Participants also reported discussing the concerns or specific offences, usually at the end of the interview. The psychometric measures administered depend on the needs/presentation of the person. The measures discussed by the participants aim to assess or screen for different things, such as the NOG's attitudes towards parenting and child-rearing; intellectual functioning; personality disorder traits; mental health difficulties; substance misuse habits; attachment style; risk of violence towards the child; coping abilities; self-esteem; or socially desirable responding. Participants described using the following measures: the Parenting Assessment Inventory, a cognitive assessment or screening tool (e.g., Wechsler Adult Intelligence Scale; Wechsler, 2008), the Millon Clinical Multiaxial Inventory (MCMI; Grossman et al., 2015), the International Personality Disorder Examination (Loranger, 1999), a substance use screening questionnaire, the Adult Attachment Interview (George et al., 1985), and the Child Abuse Potential Inventory (Milner, 1986).

One participant raised a concern about the validity of assessments, as they need to have been validated for use with the population that is being assessed. Research has evaluated the validity of the MCMI (Grossman et al., 2015) outside of clinical settings (Quinnell & Bow, 2001); however, the findings appeared to be contentious. Although it has been used in care proceedings, it was not developed or normed for use with this population. The authors of the measure discussed this and suggested that caution is taken when deciding to use the MCMI-IV in such contexts (Millon et al., 2015).

I always try to get the test done first um because I think I've always found that that generates more honest- when I say more honest answers what I mean is they

present without warning, that they haven't been warned to the sort of things that I'm asking. (P2)

(...) but if you've had somebody with a learning disability or somebody who looks like they might present with a learning disability then a cognitive assessment might be included in that as well. (P3)

I use the MCMI. Though the issue is that that hasn't been developed for um people going through care proceedings. It's for more clinical samples. Though there has been some research that has looked at its use with um parents going through care proceedings. Um, so it does require like careful consideration in terms of what the elevations are. (P7)

4.2.2 Characteristics of the Interview Process. This subtheme related to either practicalities around how the interviews are conducted (e.g., venue, length of time, recording interview) or things that experts found important for the interview process (e.g. developing rapport, tailoring the interview to the needs of the person).

Participants reported differences in time spent assessing someone (interview and psychometrics), varying between one day (three hours) to three days (12 hours), with an average of two days (six hours) spent on conducting the full interview.

The interviews are conducted face-to-face or online. Procedures changed during and after the COVID-19 pandemic, with online assessments becoming increasingly popular (first out of necessity, then out of practicality). Participants had varying views on which mode they preferred. When the assessment takes place face-to-face, it is usually

held in the office of the person who instructed the EW. Other venues are sometimes used, but participants reported never or rarely going into the NOG's home. Participants sometimes have to travel some distance to meet with the person being assessed.

So either the solicitor's office should provide a room for them to be seen, that's getting rarer. Um has completely stopped having offices really, um or the local authority will um provide a room um to be seen, but again that's completely out of our control. Um, I know colleagues who've been asked to meet with people in cafés. And um sometimes you can have arrangements in place that in reality when you turn up the rooms aren't available, those kind of things. (P4)

Some participants highlighted the importance of developing rapport with the person assessed, as this helps when more personal or difficult questions are explored. Most tailor the interview to the needs of the NOG (e.g., when the breaks are, how long to meet for). One participant (P2) reported recording the interviews to support the report write-up stage and suggested that the recording could also be used as evidence:

That's why I record my interviews. And there's no requirement for me to record them but I do. It's very helpful for me um to go back and remember direct quotes. Um, it also means people can't allege. I know I didn't say anything I shouldn't have done so I never say anything on during my assessments that I'm not prepared for it to be played in court. (P2)

4.2.3 Literature Relied Upon. Three participants did not discuss specific

literature and six participants expressed relying on knowledge developed over the years or from experience. Five talked about a lack of existing literature or assessment tools for NOG assessments. One expert discussed using the CASP-R (McGibbon & Leonard, 2019) framework and two experts discussed using Oliver's (2012) framework, both were described in Chapter 1. Other literature participants relied upon included: Gerrilyn Smith's (1995) literature; The Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (American Psychiatric Association, 2013); sex offenders literature; attachment literature; Structured Assessment of Risk and Needs (Thornton, 2002); intimate partner violence literature; theories around offending; protectiveness/desistance literature; Good Lives Model (GLM; Ward, 2002); HCR-20 (Douglas et al., 2013), Finkelhor's (1984) risk model, and Judith Herman's trauma literature [specific reference not specified].

So I'm quite sort of new to that um. Sort of reassuringly before I came across the CASP, I didn't know it existed, and my friend said 'Oh I've got this great assessment tool, it's really good, you can use it' I was like 'Oh brilliant'. And when we looked at the risk items, again reassuringly, I feel like I'd naturally gone to those items I'd naturally hold out those sorts of areas to explore. (P5)

There's not a great deal of literature on non-offending partners. (P10)

4.3 Writing Report Following the Interview

A further three subthemes were identified related to the structure and the characteristics of the report.

4.3.1 Structure of the Report. Eight participants contributed to this subtheme.

EWs appeared to have similar ways of structuring their reports: information about the author; a summary of the case; a description of the interview and the person's presentation; a summary of psychometric measures; a formulation; responding to each of the instruction questions; and finally, recommendations based on the information gathered. Most, but not all, participants also add appendices at the end of their report. It makes sense that participants use similar structures as they have to abide by certain rules and legislations, such as The Family Procedure Rules (2010) Part 25 on expert evidence.

And then you have all the instruction questions. And then what I tend to do is, I have my psychological report, which is probably thirty-forty pages, and then I do the CASP. I go through every item. Um and then I do a formulation, and then I answer the questions. And sometimes there could be fifteen questions. (P5)

4.3.2 Characteristics of the Report. All but one participant contributed to this

subtheme. They reported that writing the report takes a long time. EWs have to take their time and do things thoroughly because of the importance of the work. Participants discussed variations in the length of time taken to write the report (two days to eight full days); with the majority of participants taking around a week to finalise a report. Based on the assumption that a day of work is around 7.5 hours, participants spend on average approximately 35.5 hours to write the report (range = 47.5 hours). Eight participants described their reports to always be too long. Participants reported variation in the length of their report, between twenty to 100 pages, with appendices. Reports are long in part because the information needs to be evidenced and detailed. Nevertheless, one participant

highlighted the importance of clarity/conciseness. One participant also discussed the sharing of the report with the person assessed, and reported that the language used can be complex and technical, and therefore not easy to understand for someone without a background in this type of work:

Probably over the years that's got shorter because I think over the years I've realised that really I don't need to document absolutely everything (...) (P1)

Because it's all technical language I don't write these reports for laypeople. (P3)

4.3.3 Multiple Sources of Information to Inform Opinion. All participants contributed to this subtheme. They reported relying on various sources of information when forming their opinion and writing the report: the bundle; the clinical interview; the person's presentation; psychometric tests; and the consistency in someone's presentation over two sessions. However, participants reported the most important part to be pulling all the information together (triangulation of information) and using their clinical judgment to inform their final opinion.

And what medical records in particular I think offer is a long-term view of somebody's behaviour. So um it tells me things like whether they've tried treatment before, whether they're going to their GP and just report their problems but don't really act on them, whether they're somebody who's never been seen by a GP or very rarely, or um if they're somebody who's offered a lot of support but doesn't

always engage very reliably. Um and so those things inform my treatment planning a lot. (P4)

Now none of that is in any of the information that we'd been provided. So I say I want to know details of this actual- of what he's alleged to have done. (P8)

And also um sometimes I could see people one week and then have an appointment for the following week and their lives would change quite dramatically during that week. And um sometimes that could involve, for example, um the formation of a new relationship or reconciling with an ex-partner. And that's really useful clinical information. (P9)

4.4 Giving Evidence in Court

The process of going to court can be stressful, even if it is an important part of the job. Participants discussed questioning themselves during the process of giving evidence. They explored different things that can help, such as having a strong, evidence-based report to begin with (e.g., "(...) I take great care to make sure my report is defensible and my opinions are defensible but they're not defensive." – P9); and knowing the case well. Participants expressed that in most instances, they are not asked to give evidence in court or resolve points of contention before the hearing. During the COVID-19 pandemic, changes were made to how experts give evidence, with this process taking place online, or questions being asked via email before the hearing. These changes have been reflected in the Civil Procedures (e.g., CPR rule 3.1; Windle & Mountford, 2020). Despite all this, even the most experienced experts described that this process is always anxiety-provoking.

One expert (P10) also reported experiencing a sense of accomplishment after attending court.

Like where your mind goes blank and you can't think actually of what you really want to say. (P1)

I also find in court that barristers get really hung up on the MCMI. Like you said this then got- and I sort of think 'Oh why have I used this'. (P5)

I mean I find the whole process of giving evidence unnerving and I don't think it's ever something I would grow to enjoy. [Laugh] Um but it's part and parcel of the job and so um I kind of accept that. (P9)

Even though I've been doing it for a long time and I teach expert witness skills, um it is always nerve-wracking, always (. ...) at the end of it when you've given evidence and you've you walk away you actually then feel you know a sense of relief but also a sense of accomplishment. (P10)

Two participants highlighted the adversarial nature of the court process, with varying points being made, such as the importance of this system and the difficulties around giving evidence because of it. One participant also mentioned that in their experience, the interest of the child did not appear to be at the forefront of the court's mind:

It is brutal. Those barristers rip you apart and it's for what? Like what's the point? I just don't understand I really don't understand. Like we should be there working together for the betterment of this child or this young person but instead they're just there to win. They don't really give a shit what happens. Get in get out get paid, that's it. (P3)

Because um it is adversarial, um it can be quite aggressive. Invariably one party will like what you've written and the other people- the other side won't. So one of them will be happy and the other people won't be. Um, and you can guarantee you'll get fairly fierce in cross-examination. Um, I understand the process. I understand it's important to test the evidence because the court- the judge are making decisions based on the evidence and you the expert is part of the evidence. (P10)

4.5 Conclusions of the Assessment in the Report

Five participants reported often finding the NOG unable to protect their child. In the conclusions of their reports, participants may recommend that psychological support be provided. Eight participants discussed the need for therapy for the parties involved: the NOG, the child, and the perpetrator. Two participants also noted that the final opinions are based on clinical judgment. An important part of the report is the recommendations provided at the end, which include recommendations to reduce any identified risk to the child/ren. These need to be linked to the assessment/evidence and tailored to the needs of the person who was assessed and their experiences. Several experts talked about including the recommendation of psychoeducation and individual therapy to help the person work

through their difficulties:

Because fundamentally it depends what the risk fa- what the factors are that has meant that this mum can't protect. And if it's based in childhood trauma, relationship trauma, that's the area of need and that's where we need to target the treatment. (P5)

(...) the most important piece of advice I've ever been given in my career is a colleague, many years ago, said to me 'Let the evidence drive your conclusions'. And that is, sometimes I actually don't know (...) what I'm going to conclude as it were or recommend until very late on in the process. Because I've got to go through the process of writing up the report and then it's clear to me. (P6)

4.6 Outcome of the Case and Feedback on the Report

Nine participants discussed rarely receiving feedback or hearing about the outcome of the case, after submitting their report. They tend to infer feedback, for example, based on their reputation and receiving further requests for work (e.g., solicitors sharing their contact details with other colleagues). Nine participants stated that feedback is important and they would like to receive it, to improve their skills and to learn the outcome of the case. Five participants discussed that feedback is mostly received when they are called to court, the psychological work they recommended cannot be provided, or more information is needed. One participant expressed receiving feedback from a "quality assurance team" (P3). However, this did not seem to be something that any of the other participants had access to.

You want that feedback because you want to improve. You want to use feedback that you get to [im]prove that you, your skills you know as a report writer. And when you give evidence um- And if there are things that you're doing which aren't you know which could be improved you wanna know that. (P1)

That's [rarely hearing about the outcome of a case] one of the more frustrating things uh about this job. Um now unless you chase up the answer you don't tend to hear anything and sometimes even if you chase it you don't hear anything. (P9)

The only feedback I get is the fact that I'm still working, um that people still send me work. And I've had two emails today from two solicitors I've never heard before and they've said 'Oh such and such gave me your details cause what you did for them was really good'. (P10)

Theme 5 – Feelings of Expert Witnesses Towards Their Work

This final theme was developed to reflect the aspects of the work participants enjoy and dislike. It also reflects the level of confidence reported by the participants and the level of importance that they attribute to their work. Four subthemes were identified. These are summarised in Table 11.

Table 11

Subthemes of the Fifth Theme: Feelings of EWs Towards Their Work

Subtheme	Number of Contributing

	Participants
5.1 Enjoyment of the work	10
5.2 Challenges of the work	All
5.2.1 Difficulties with specific aspects of the work	
5.2.2 Relationships with other professionals	
5.2.3 Difficult feelings associated with the work	
5.2.4 Issues with the larger system	
5.3 Importance of the work	5
5.4 Confidence in opinions	10

5.1 Enjoyment of the Work

There were several aspects of the work that participants reported enjoying. This included feeling like they make a difference; feeling challenged by the work; feeling rewarded in what they do; feeling supported by their colleagues; enjoying making sense of complex situations; feeling invested in the lives of the NOGs assessed; and enjoying the variety of situations and backgrounds encountered during the work:

I like the intellectual kind of process of the data gathering of all the information gathering and the putting it all together because you feel a little bit like a detective I think and I quite like that. (P1)

I love the analysis the- that's why I am a psychologist (. ...) My best part of writing reports is the actual writing the answers to the questions. I love that bit of it because I feel like it's coming together. (P4)

(...) I think we have a really important role and um in he- in contributing towards the decision-making process because we've got something unique to offer. (P6)

5.2 Challenges of the Work

Participants discussed some of the difficulties associated with their work. A further four subthemes were identified: difficulties with specific aspects of the work, relationships with other professionals, difficult feelings associated with the work, and issues with the larger system.

One participant (P3) had a particularly strong negative view of the work of EWs and the larger system, which stood out from other participants. They discussed finding the process of giving evidence difficult, and more broadly, found that the justice system (e.g., adversarial system) does not act in the best interest of victims or young people and can, at times, be re-traumatising. This participant also shared frustration about feeling a lot of pressure on EWs to do their job quickly and not becoming too emotionally invested in it. The pressure reported appeared to be related to the work culture experienced by this participant at their place of work. They also talked about finding the job isolating, with a lack of support from peers and a lack of access to other professionals:

Like I think that most of these assessments should have two professionals on them.

I don't think we should be doing this alone. And we're completely isolated. (P3)

There's a massive balancing act that needs to happen with these assessments but there's no guidance on it. There's no help or support with it. (P3)

5.2.1 Difficulties with Specific Aspects of the Work. All but one participant (P8) contributed to this subtheme. This related to either specific activities that are part of the assessment (e.g., report writing or giving evidence in court), or to other issues that may

arise during an assessment such as having to gauge the accuracy of how someone presents, technical difficulties, or the pay, which all participants contributing to this subtheme commented on:

And people will um on occasions deliberately misrepresent themselves and it's not always possible to tease that out or to identify that. (P9)

I don't like the g- that we don't get paid very much, I don't like that. (P10)

5.2.2 Relationships With Other Professionals. Four participants discussed that relationships with other professionals can be strained, with an emphasis on communication sometimes being challenging:

We realised quickly throughout the pandemic, um but it's still happening, that the solicitors for these parents are appalling at trying to support them. Um, they'll literally just send us an email address and that's it. It's down to us to arrange this, they don't offer any support. (P2)

For me, that is one of the most stressful aspects of the work: the um the nature of the interaction with solicitors and so on (...) kind of hostile-ness nature of the interactions with solicitors. They'll often send emails and in the subject line in capital letters titled like extremely urgent and stuff like that. (P7)

5.2.3 Difficult Feelings Associated With the Work. All participants discussed experiencing difficult feelings, which are associated with conducting NOG assessments. Some of the cases can be disturbing and this can affect participants emotionally. They also reported feeling under pressure because of the importance of the work and the impact it could have on them to produce a subpar report. A few participants mentioned difficulties around knowing the people assessed might perceive their conclusions as ruining their lives or, in some cases, someone will be negatively impacted by the decisions made. Additionally, participants discussed fears of negative repercussions, as they felt their reputation might be on the line with every assessment undertaken.

I think there's no good outcome. Um so that if you're asking somebody either the offence has already happened, or potential offence, I think there's often a sense of somebody's gonna lose out. (P4)

People will often ask 'Do you find it emotionally difficult to do?' Um, and there are times when it feels like very sad to see what like what's happening to a family. And um particularly if you see someone's just kind of coming to a realization of what's happening. I think that can be really sad and moving. (P7)

The difficulty if you say that and then you're in court you get hold up your- the HCPC for um fitness to practice. So what's one of the other issues that you have to think about is when you're doing this work, if you say things that the person doesn't like- um they are found- they're not found to be guilty, it's dismissed because there isn't enough evidence, you're then found you'll get a fitness to

practice complaint at the HPC about you six months later. ‘Mr [name] said I’m a sex offender in court and there’s no evidence’. And that’s true. (P8)

Nobody can predict the future a hundred percent and I think that’s a really difficult part of the job. So whilst I say I’m confident, I also have to be realistic that I’m not a mind reader or a fortune teller. (P9)

(...) you can’t submit a sub-standard report because you’ll never work again. (P10)

5.2.4 Issues With the Larger System. Nine participants talked about difficulties with the wider system. For example, they reported difficulties for NOGs in accessing interventions or receiving funding for this, so even when recommendations for interventions are made, these might not always be provided. Other broader issues discussed were problems within the system such as a high social worker turnover allowing for little or inconsistent support for the NOGs; the fact that the process of taking the abuser to court is re-traumatising for victims; low rates of conviction for sex offenders; lack of communication (e.g., of recommendations made) with the person assessed; and many more.

And then because I work nationally you’ve also got huge variation in access, particularly to mental health services. I know areas where um it appears very difficult to be able to access any treatment, or the treatment that is needed. Other areas that are doing some very interesting um work that you can access really readily. (P4)

And so they try but there're no services for non-abusing male partners. There are no services for non-abusing female partners. Um, none whatsoever. (P8)

You get that sense of frustration from the people you interview when I say to them you know 'Have you seen the CAFCASS officer? Have you seen the social worker? What have they said? What have they offered?' Usually, the answer is nothing. They've offered nothing. (P10)

5.3 Importance of the Work

Throughout the interviews, and discussed more explicitly by some participants, there was a sense of importance when talking about EW work in the family court. Participants talked about the stakes being high in this line of work and the importance of protecting and safeguarding the children over whom concerns had been raised.

I think it is because it's such high stakes quite such pressured work um, carries such a burden of responsibility. (P1)

So nobody wants to write a report saying that someone has got protective capacity and then they go on to allow a harmful person into the home and offend against a child. (P9)

5.4 Confidence in Opinions

Everyone who contributed to this subtheme (10 participants) reported feeling

confident in their reports and the recommendations they had made at the time of the reports. Participants discussed that new information may come to light after submitting the report, which could contradict what they had said. However, they expressed confidence in doing the best they can with the information available to them at the time, even if they sometimes make mistakes. They reported that experience, being thorough throughout the process, being able to adapt their formulation when new evidence emerges, and learning from feedback received, impact their confidence.

Well, it comes back to being overly protective. Um, I think you know it's important that I see the nonoffending or protecting parent um and I get I feel quite- not confident- um I feel reassured if I've highlighted some significant issues. (P2)

I am confident when I write reports um in my view but also that if I've- I think that it is difficult to offer my views I can say that as well. (P4)

In terms of recommendations, this is where I can be confident in them in the sense that my formulation, I'm confident that this mum can't protect where- I wouldn't say it's confidence the issue with the recommendations for me is who does this work with the parent. (P5)

I'm confident that they're [recommendations] evidence-based and considered um and that I've spent sufficient time with the person um to inform those conclusions and um opinions but I think you always have a little bit of professional um, not

doubt's too strong um but it would be- it wouldn't be good if we'd never questioned whether we'd got everything right. (P9)

We gauge our confidence based on repeat customers. (P10)

Discussion

The current qualitative study attempted to address a gap in the literature. The emphasis was on EWs' experiences of NOG assessment for their ability to support and protect their child. This study aimed to explore EW's views on how these assessments are conducted, which factors/information are relied upon to inform decisions, what literature or frameworks are drawn upon (if any), and what their experiences are. In the findings, five themes were identified: *ability to support and ability to protect; broader context and attributes; EWs and their work; process of conducting an assessment and logistics; and feelings of EWs towards their work.*

The first theme, ability to support and ability to protect, aimed at exploring what these concepts mean to professionals and how they are evaluated in practice. It also aimed to explore which intervening variables EWs rely upon to make their decisions. Even though participants considered those concepts as being different, there was a lack of agreement around what their definitions are. This reflects the lack of definition found in the literature and across different studies (e.g., Everson et al., 1989¹; McCarthy et al., 2019; Smith et al., 2010), as highlighted in Chapter 1. Participants described the ability to support as being able to provide the child with emotional support after abuse. However, three participants also discussed meeting the physical needs of the child. In the literature, the ability to support has been defined as being multifaceted by several authors (Bolen et

al., 2015; Everson et al., 1989¹; Smith et al., 2010; Smith et al., 2017). The facets have included believing the disclosure; meeting the child's emotional needs; protecting the child from abuse; providing access to services; helping the child soothe; and adapting to new needs following abuse. Both in the literature and in the present study, supporting a child does not only relate to emotional support. Furthermore, in the literature, the ability to protect the child appears to be encompassed within the definition of the ability to support. This was not reflected in the definitions provided by the participants. Interestingly, they did encompass providing the child with emotional support as part of the definition of the ability to protect. Participants defined the ability to protect as being able to put consistent measures in place to reduce the risk of CSA and included addressing other risks posed to the child. Two participants discussed that it includes understanding professionals' concerns and protecting the child's narrative and emotional needs. It also became apparent through the data analysis that, in practice, experts are not always asked to provide an opinion on the NOG's ability to support. The focus is more often on the ability to protect and prevent future abuse from occurring. It is interesting to note that in Chapter 2, more research was found investigating NOGs' ability to support. Whereas in practice, EWs tend to focus more on the ability to protect; even though both concepts are considered, as reported by several participants.

When looking at the intervening variables participants consider, most of the factors referred to as being important were similar to those explored in the literature. Of those factors, when a direction for the association was specified by participants, it was also reflective of what was discussed in Chapter 2. For example, participants highlighted that a NOG having a history of IPV victimisation is a vulnerability that may negatively impact someone's ability to support or protect their child; and that older children may be less

likely to receive support and protection from their NOG. Only ten factors reported by participants had not been discussed in Chapter 2, which shows that some experts are taking variables into account that have not been researched and therefore not found to be related to the ability to support/protect. This would require more research to explore these factors specifically. Table 12 summarises the variables discussed by the participants, and compares them to the findings from the literature in Chapter 2.

Table 12

Intervening Variables as Reported by EWs and Discussed in the Literature

Area the Variable Relates to	Intervening Variable reported by EWs	Findings from the literature: Significant association with ability to support or protect (and how strong of an evidence)
Related to the non-Offending Guardian	Perception and understanding of risk	<i>Not discussed in literature from Chapter 2, but researched by Oliver (2012)</i>
	Attachment and relationship patterns	Mixed evidence for ability to support (stronger suggesting significance)
	Elements of personality	Significantly related to ability to support but not ability to protect
	Mental health difficulties	Significantly related to ability to support and ability to protect (strong evidence)
	Belief that the abuse happened and that the perpetrator is a risk	Mixed evidence for ability to support (stronger suggesting significance). And significant association with ability to protect.
	Emotional availability for the child	<i>Not discussed in literature</i>
	History of childhood trauma (including lack of protection, sexual abuse, and neglect)	Mixed evidence for ability to support (but stronger suggesting no significant association). Mixed evidence for ability to protect (with stronger evidence for), for history of sexual abuse but not for other abuse.
	Intellectual functioning	Not significantly related to ability to protect
	Attitudes towards working with professionals	<i>Not discussed in literature</i>
	Relationship with the child	Strongly associated with ability to support and protect
	Relationship with the	Significantly associated with ability to support

	perpetrator	and protect (mixed evidence, but more and stronger for significant association)
	Social support and other relationships	Mixed evidence for ability to support. Significant association for ability to protect.
	Post-disclosure reactions	<i>Feelings post-disclosure</i> significantly related to ability to support. <i>Sense of responsibility</i> significantly associated with protection.
	Substance misuse or addiction	Significantly associated with ability to support (strong evidence). Also significantly associated with ability to protect (but mixed results, although more for a significant association)
	Victimisation of domestic violence	Significantly associated with ability to support and ability to protect (strong evidence)
	Can the person's ability to support/protect improve with support?	<i>Not discussed in literature</i>
	Dependency on the perpetrator	Mixed evidence for ability to support (stronger suggesting no significance). Significant evidence for ability to protect.
	Emotional functioning and coping	<i>Coping strategies</i> significantly associated to support
	Insight	<i>Not discussed in literature</i>
	Developmental conditions	<i>Not discussed in literature</i>
	Early childhood and how the person adapted to difficult past experiences	<i>Coping strategies</i> significantly associated to support
	Financial independence	<i>Income</i> not significantly related to support or protection
	Life stressors	Significantly related to ability to support
	Self-confidence	<i>Not discussed in literature</i>
	Education and employment	Mixed findings for both regarding to ability to support Employment not related to ability to protect. Education significantly related to ability to protect.
	Lifestyle	<i>Not discussed in literature</i>
	Non-offending guardian's sexual interest in children	Not looked at in the literature, but <i>criminal involvements</i> significantly associated with ability to support and protect
Attributes of the child	Age of the child	Significantly associated with ability to support and protect (mixed findings for ability to support, but more and stronger evidence for significant association)
	Child exhibiting	Significantly related to ability to support and

	sexualised behaviours	ability to protect
	Exploitative behaviours from the child	<i>Not discussed in literature</i>
Attributes of the perpetrator	Living situation of the perpetrator and level of contact with the non-offending guardian	Significantly associated with ability to support (mixed findings, but more evidence for significant association)
	Relationship to the child or non-offending guardian	Significantly associated with ability to support and ability to protect (mixed findings, but more and stronger evidence for significant association)
	Level of risk presented by the perpetrator	<i>Not discussed in literature</i>
Related to the context	Context around allegations	<i>Family conflict</i> significantly associated with support
	Way the abuse is disclosed	<i>Disclosure made to the NOG</i> significantly associated with support <i>Discovered by NOG</i> mixed evidence for ability to protect (but stronger for association)

As seen in Table 12, the majority of factors (22) participants discussed have at least partial empirical evidence for a significant association with the ability to support, with more or stronger evidence supporting this association. This also includes instances whereby the variable itself was not investigated in the literature, but another similar to it was (e.g., family conflict instead of context around allegations). Eleven variables were not discussed in the literature with regard to the *ability to support*. Three variables were reported by the participants as relevant and yet found in the literature to not be related to the ability to support: history of childhood abuse; dependency on the perpetrator; and financial independence. It should be mentioned that participants mainly looked at the ability to protect, rather than the ability to support when conducting their assessments.

Findings were slightly different when looking at the *ability to protect*. Indeed, fewer variables (only sixteen) were found in the literature to have at least partial evidence for a significant association with the ability to protect, with more or stronger evidence supporting this association. This is six factors less than the ability to support. Sixteen

variables were not discussed in the literature as relating to the ability to protect, which is five more than for the ability to support. Four variables were discussed by the participants as relevant, yet found not to be significantly associated with the ability to protect in the literature: employment (discussed by one participant); elements of personality (nine participants); financial independence (two participants); and intellectual functioning (seven participants). Only financial independence was found to be neither related to the ability to support nor the ability to protect in the literature. Two variables – intellectual functioning and history of non-sexual trauma – were reported by a majority and several participants (respectively) as being relevant. In the literature, Koranek (1994) found that maternal intelligence was not significantly related to the ability to protect. This variable has not been researched further and has not been compared to the ability to support. Even though the terms intellectual functioning and intelligence are different, participants discussed using measures such as the WAIS to measure these. The American Association on Intellectual and Developmental Disabilities (n.d.) also suggested that both terms act as synonyms for one another. Similarly, Koranek (1994) did not find a significant relationship between a NOG's own history of abuse and their ability to protect. Additionally, Bolen and Lamb (2002) and Leifer et al. (2001) did not find a significant relationship between a history of non-sexual childhood abuse and the ability to support. EWs therefore appear to have been relying on factors to form their opinion that have been found to not be significantly related to the ability to support or protect in the literature.

In the theme *process of conducting an assessment and logistics*, different stages of conducting NOG assessments were explored, from receiving the LOI to providing evidence in court. Looking at what literature/framework participants rely upon for NOG assessments, two participants relied on the CASP-R (McGibbon & Leonard, 2019) and two

others relied on Oliver's (2012) framework. However, these frameworks are still in their infancy and yet to be tested and validated. Apart from four participants, EWs reported not relying on frameworks or literature discussing factors previously found to be significantly associated with the ability to support and/or protect. This is partly because of a lack of research in this area. Methods of assessment using unstructured clinical judgment have been heavily criticised over the years (e.g., Einhorn & Hogarth, 1978; Litwack & Schlesinger, 1999; Quinsey et al., 1998). EWs seem to be assessing for important areas, although in most cases, this is guided by their judgment of what feels important, rather than using a systematic approach backed by empirical research. Although frameworks such as the CASP-R (McGibbon & Leonard, 2019) have been developed, not everyone is aware that it exists or chooses to rely upon it. One participant said that it is impossible to fully know whether the right conclusion has been made at the end of the assessment; when someone is deemed unable to protect/support and the children are removed, no one can determine what would have happened had the children stayed in the home. The conclusions of EWs are educated guesses of the possibility of future risk. This would be similar to the approach taken by other risk assessments, such as the HCR-20 (Douglas et al., 2013), with the difference being that the latter relies on SPJ with good predictive validity (area under the curve = .70 to .77; Brookstein et al., 2021), whereas most EWs rely on clinical opinion formed by experience. Conversely, as discussed above, most of the factors reported by the participants as relevant are found in the literature to be related to the ability to support. However, only half are found to be related to the ability to protect, even though, in practice, EWs appear to be asked about the ability to protect more often. Very few variables used by participants were found not to be significantly related to either, indicating that participants' background, knowledge, and experience do appear to be

valuable for NOG assessment. It is also important to note that participants reported taking into account factors for which there is no empirical evidence for an association, or where the evidence is equivocal or unclear. It is not possible to say whether these factors should be considered before more research is conducted.

The themes *broader context and attributes* and *EWs and their work* both explored parties involved, such as EWs, NOGs, offending party, and victims. Similar to most of the literature in Chapter 2, participants reported that NOGs are typically women and the mother of the child (victim or subject of protection), and the (alleged) offenders are typically men. Myths and misconceptions associated with these assessments were also discussed. These were around the value that is sometimes given to EWs' assessments in the judicial system, but also society's or other professionals' perceptions of NOGs (as being to blame for the abuse or being seen as not caring), and misconceptions around sexual abuse (related to the definition or the prevalence of abuse). These are important topics to address, and it is a little surprising that misunderstandings like these continue to be observed. In the literature, the perceptions of NOGs have changed from being mother-blaming to moving towards a more supportive narrative, viewing mothers as supporters and protectors of their children, focusing on desistance (Shannon et al., 2013).

The last theme, *feelings of EWs towards their work* discussed different positive and negative feelings participants experienced conducting NOG assessments, but also more generally working as an EW. Several topics were discussed at length by most participants, including pay rates not matching the amount of work invested in each assessment, and issues with the availability of professional support. Craig and the Expert Witness Advisory Group (2021) also explored EWs' feelings towards their work. They found that participants were unhappy with the Legal Aid rates, with a quarter of

participants reporting not taking on cases paid for by Legal Aid because of it and over 60 per cent of participants expressing that the pay rates did not match the amount of work they invested. This is less than what was found in the current study, with eight of the eleven participants (over 72%) discussing the rates not matching the time invested and ten of the participants reporting negative feelings towards the pay (over 90%). Regarding problems participants observed in making treatment recommendations, Baker and Kirk-Wade (2023) reported statistics around the prevalence of mental health difficulties, funding provided for this, and available services in England. The results echoed some of the participants' concerns about a lack of available services, lengthy waiting lists to gain access to support, and differences in access based on geographical location.

Limitations of the Study

This study has several limitations. Firstly, the lack of generalisability. There is a lack of consensus around the definitions of ability to protect and support in the literature, which was reflected in this study. Therefore it is difficult to make clear distinctions in this study between assessments of the ability to support and the ability to protect. The intervening variables discussed are not specifically associated with one term or the other, making it difficult to draw conclusions. Interviews with participants highlighted the issues with defining these concepts, in that the terms appeared to be used interchangeably. The questions and aims of this study were designed around the assumption that the terms were commonly used by the courts and EWs. Future research of this nature might separate questions related to the ability to emotionally support and the ability to protect to see if there are any differences, which might allow a more direct comparison to the literature.

Secondly, the majority of participants were forensic psychologists, with a lack of

representation from other branches of psychology in the current study (i.e., clinical or counselling). There are also no other disciplines represented in the current sample. Even though this was intentional, to make the sample more homogenous, it does limit the generalisability of the results to all expert witnesses conducting these assessments. The differences in the number of participants from each background do not allow for any conclusions to be drawn between each branch of psychology. It also means that if there are differences in how these assessments are conducted based on this, the current study does not capture it.

Lastly, as this is a qualitative study, it can only explore what appears to be done in practice, without being able to draw any concrete conclusions of, for example, the exact intervening variables EWs rely upon in their assessments to make their decisions or specifically how participants consider these variables to be associated with the ability to support or protect (i.e., the direction of this relationship). Interviews aimed to gather information, which participants found important to emphasise or discuss. Even if there are many factors found in the literature which were not reported by the participants, it does not mean that these are not taken into account in practice, but only that they have not been mentioned in the interview. A quantitative methodology might be used to achieve this, for example, by analysing expert witness reports.

Implications for Practice

This is an important research area, as it explores a field that has not been extensively researched. However, as this study is exploratory and only looked at a limited number of participants, the implications for practice remain tentative and further research will need to be completed. This study identified that, for the most part, although not

relying on NOG literature, EWs look for similar intervening variables as the ones found to be relevant in Chapter 2. Importantly, however, there were some factors that EWs mentioned as being important which were not investigated in the literature or have not been found to be significant (e.g. intellectual functioning, insight, lifestyle, self-confidence, attitudes towards working with professionals). This indicates that more research is needed to explore these factors further and suggests that experts are not fully relying on evidence-based information. It would be concerning if more weight was given to an intervening variable not significantly associated with the ability to support/protect to draw conclusions. One implication for practice would be to guide EWs towards available literature around NOGs' ability to support/protect, such as Oliver's (2012) framework or the CASP-R framework (McGibbon & Leonard, 2019), and to highlight the importance of using existing literature when conducting their assessments. Risk assessments are continuously evolving. Whilst this area lags behind other assessments, such as the HCR-20 (Douglas et al., 2013) for risk of future violence, for example, it is still important to engage in evidence-based practice and to draw on what is currently available, even if the research in this specific area is in its early stages.

This research also aims to inform policy and practice of EW work, mainly around the limitations noted by participants. This relates to a lack of funding or support available in the community for NOGs; the lack of time available to conduct these assessments; inadequate financial recompense; and communication between professionals. Many difficulties and areas of need were highlighted throughout the study, which could be improved, from the assessment of NOGs to the support provided to them in the community. This is important as the well-being and safety of children are at risk, as well as the integrity of families. Furthermore, the cost of unnecessarily removing a child from their

home needs to be considered. Placing a child in care has detrimental impacts, which in some cases could be far worse than the ones the child would experience staying in the home (Trivedi, 2019). There is a potential danger to consider if an EW acts in a way that is too risk-averse or relies too much on unvalidated methods because of fear of leaving a child in a *potentially* risky situation. It is possible that mistakes may be made whereby the child is moved as a precaution, but would have suffered less detrimental effects by staying at home. It is therefore imperative that attention is turned towards practices around these assessments and cases.

Directions for Future Research

This study was exploratory and only used a small sample of participants. It would be valuable for future research to focus on a larger sample. This would allow for more conclusions to be drawn between participants, such as determining whether there are differences depending on the background of the EW, which could also look at different professions/disciplines. It would be interesting to find out if procedures and/or sources of information differ when the EW is not a psychologist. It would also provide more generalisable information about what EWs do in practice when assessing a NOG for their ability to support/protect.

Future research in this area should also aim to develop a framework or validate existing frameworks, for use in practice by EWs. As previously discussed, EWs are generally using their clinical knowledge and opinions when conducting these assessments. It is well known that this is not the best way to assess risk. It would therefore be crucial to develop a more SPJ tool to guide EWs in their work.

Conclusion

EWs working in child protection and the family court arena do an incredibly important job. Throughout this study, several areas are explored, discussing their practices when conducting NOG assessments in cases of CSA for their ability to support and protect. One thing that this research highlighted was the lack of consensus around the definitions of the terms ability to support and protect, both in the literature and in practice. It also highlighted that even though there is a lack of literature in this area and no validated SPJ tool that experts can rely upon, they seem to explore similar intervening variables as those found in the current literature. However, as there are limits to unstructured professional judgments, there continues to be a need for research to explore a framework or risk assessment to support EWs in the work that they do. This is an exploratory study and more research is needed to gain more in-depth results on this topic.

CHAPTER 4

Critique of a Psychometric Measure:

The Child Abuse Potential Inventory (CAPI; Milner, 1986)

Abstract

Being a victim of abuse in childhood can have detrimental effects on the child's well-being and development even throughout their adult life. Being able to identify abuse potential and protect children from abusive behaviour is therefore paramount. Professionals tasked with assessing risk, such as a risk of physical abuse, tend to rely on psychometric measures to aid this process. One of these measures is the Child Abuse Potential Inventory (CAPI), developed by Joel Milner in 1980. This review explores the literature around the CAPI and provides a critique of the tool and its properties (i.e., reliability, validity, population norms). More specifically, this review looks at the measure's test-retest reliability, internal consistency reliability, face validity, content validity, criterion-related validity (i.e., concurrent validity and predictive validity), and construct-related validity (i.e., convergent validity and divergent validity). Overall, research appears to endorse the CAPI as a reliable and well-validated instrument. It has been utilised with a variety of different populations and has been translated into many languages. However, there are some limitations which are discussed, such as the fact that more research is needed to use the tool with adolescents, and the fact that the scoring procedures can feel complex. As with a lot of psychometric tests, caution is recommended when administering, scoring, or interpreting the instrument.

Keywords: Child Abuse Potential Inventory, CAP, CAPI, child abuse, psychometric critique, psychometric properties

Résumé

Être victime de maltraitance pendant l'enfance peut avoir des conséquences néfastes sur le bien-être et développement de l'enfant, même durant leur vie adulte. Être capable de déterminer la capacité abusive et protéger l'enfant de comportements abusifs est en conséquence primordial. Les professionnels chargés d'évaluer le risque présent, comme un risque de violence physique, ont tendance à se fonder sur des tests psychométriques pour faciliter ce processus. Un de ces tests est le Child Abuse Potential Inventory (CAPI), développé par Joel Milner en 1980. Cette revue explore la littérature autour du CAPI, et effectue une critique du test et ses propriétés (c'est-à-dire, fiabilité, validité, et les normes relatives à la population). Plus particulièrement, cette revue examine la fiabilité de test-retest, la consistance interne, la validité apparente, la validité de contenu/de l'attribut, la validité selon critère (c'est-à-dire validité concurrente et validité prédictive), et la validité conceptuelle (c'est-à-dire validité convergente et validité divergente). Globalement, la recherche semble appuyer le fait que le CAPI est un instrument fiable et de bonne validité. Il a été utilisé auprès de diverses populations et traduit dans plusieurs langues. Cependant, certaines limites sont abordées dans ce chapitre, tel que le fait que des recherches plus approfondies soient nécessaires pour que l'instrument puisse être utilisé avec des adolescents, et que la procédure de notation du test puisse sembler complexe. Comme avec beaucoup de mesures psychométriques, la prudence est recommandée pendant l'administration, la notation, et l'interprétation de l'instrument.

Mots clés: Child Abuse Potential Inventory, CAP, CAPI, maltraitance de l'enfant, critique de test psychométrique, propriétés psychométriques

Introduction

Human beings are affected by past experiences. This is especially true in childhood, as the brain develops rapidly and blueprints for understanding the world are built (Mustard, 2010). Adverse Childhood Experiences (ACEs) have been found to impact negatively the child's well-being and development – whether physically, emotionally, psychologically, or relationally – both in childhood and in adulthood (e.g., Anda et al., 2006; Grady et al., 2016; Herzog & Schmahl, 2018; Hughes et al., 2017; Hughes et al., 2016; Ports et al., 2020; Sheffler et al., 2020; Shonkoff, 2016; Vig et al., 2020). Therefore, to protect children, it is important to be able to identify individuals in a parenting role who pose a risk of harm to their child. This task may be assigned to professionals, such as EW, in the context of care proceedings (Laulik et al., 2015).

As discussed in Chapter 1, for a long time, risk assessments were conducted based on professionals' clinical judgment alone, which is prone to human error and biases (Munro, 1999), and has been reported to lack validity (Einhorn & Hogarth, 1978) and reliability (Litwack & Schlesinger, 1999). To assist in the process of psychological assessment and decrease the risk of biases, psychometric measures can be used.

In Chapter 3, EWs discussed using various measures to aid their assessments of NOG, including the Child Abuse Potential Inventory (CAPI), which was developed by Joel Milner in 1980 to aid with the identification of individuals at risk of perpetrating physical abuse towards children. This measure is a self-report psychometric which aims to identify individuals who share similar traits to people who have perpetrated child physical abuse. It may aid practitioners in highlighting a need for formal risk assessments, inform expert opinion relating to child protection, support re-assessment of risk following treatment programmes, or help capture evidence following allegations of abuse (Milner, 1994). The

measure contains 160 items divided into a primary physical abuse scale and three validity scales (Milner, 1980; 1986).

The CAPI was selected for this critique due to its importance in the context of child protection, and because of its use by EWs.

Overview of the Tool

The CAPI is a 160-item self-report questionnaire designed to estimate the risk of parents physically abusing a child. It was designed to serve as a screening tool for use in child protection. Respondents are asked to indicate if they agree or disagree with each item. The CAPI takes between twelve and twenty minutes to complete depending on the respondent's readability or educational level (Milner, 1986). The measure is made up of a 77-item abuse scale measuring the risk of physical abuse and three validity scales: lie scale, random response scale, and inconsistency scale (Milner, 1986). Two additional scales were later identified to measure emotional stability (ego-strength scale) and the perceived degree of isolation of the respondent (loneliness scale; Milner, 1990).

The second edition of the CAPI's manual was published by Milner in 1986. It contains information about the test development, the primary abuse scale, the validity scales, how to administer/score/interpret the measure, the applications of the inventory, psychometric properties and norms, as well as limitations of the tool. Milner (1986) recommended that the CAPI be administered by someone familiar with the instrument and its procedures. It was reported that the test does not have to be administered by a qualified professional; however, the latter is a requirement for interpretation of the score.

Development of the CAP Inventory

Milner and Williams (1978) identified a lack of (easy to use) measures assessing the defining traits of someone with the potential to be, or who is, abusive or neglectful towards their children. They conducted an extensive review of the literature (over 700 books and articles) to identify the characteristics of those individuals. In 1979, Milner and Wimberley developed a 334-item preliminary version of the CAPI, based on characteristics identified in the literature. The scale was then administered to 19 abusing and 19 matched non-abusing parents. Following this study, the instrument was revised. The new 160-item version was tested in a further study with a larger group of participants: 65 abusing and 65 matched non-abusing parents (Milner & Wimberley, 1980). Milner and Wimberley (1980) found 77 of the items significantly related to child physical abuse. Subsequently, the CAPI manual was published by Milner in 1980, and the second edition in 1986, which is the current version of the assessment.

Scales

Abuse Scale

The abuse scale is the primary scale of the CAPI (Milner, 1986). It is divided into six sub-scales, relating to factors most closely associated with a risk of perpetrating abuse: distress, rigidity (rigid parenting style), unhappiness, problems with the child and self, problems with family, and problems from others (difficulties in social relationships). It is used to calculate an abuse potential score. Scoring may be completed by hand or using a computer program called CAPSCORE. Scores range from zero to 486. A higher score on this scale shows a higher likelihood of child physical abuse perpetration. Milner (1986) discussed two cut-off scores to indicate increased risk (166 and 215), calculated using

signal detection theory and upper five per cent methods, respectively. Milner (1986) recommended using the score of 215 for most purposes as it yields fewer false positives; however, this may vary based on what the scale is used for. The author specified that an elevated score on the abuse scale highlights a need for further investigation into the risk of physical child abuse perpetration using other sources of information (Milner, 1986, 1990).

Validity Scales

The CAPI, being a self-report measure, is vulnerable to response biases. Three validity scales were developed to capture common response distortions: the lie scale (detecting socially desirable responding), the random response scale (detecting random responding), and the inconsistency scale (detecting inconsistent responding). These scales calculate three response distortion indexes. The faking-good index, computed using the lie and random response scales, represents someone's attempt to present themselves positively. The faking-bad index, computed using the random response and inconsistency scales, represents someone's attempt to present themselves negatively. The random response index, also computed using the random response and the inconsistency scales, represents someone having responded randomly and inconsistently. If any of the validity scales yield a score above their pre-determined cut-off score, the response distortion indexes need to be calculated; and if any index score is elevated, the abuse score should be discarded (Milner, 1986). An exception can be made for a low abuse score and high faking-bad index, or a high abuse score and a high faking-good index, in which case the measure may still be interpreted (Milner, 1986).

Translations

The CAPI was translated from English into several languages, for example: Chinese, Croatian, Dutch, Finnish, German, Greek, Japanese, Portuguese, Spanish, Thai, and Turkish (Milner & Crouch, 2012), Italian, French, Filipino, and Chilean (Milner, 2019). Good psychometric properties have been found for use in these languages in several countries: Argentina (Bringiotti et al., 1998), Italy (Miragoli et al., 2016), China (Chan et al., 2006), Belgium (Flanders; Grietens et al., 2007), Brazil (Bergamo et al., 2009; de Almeida Patrian et al., 2013), the Netherlands (Keuning et al., 2002), Taiwan (Huang et al., 1992), Croatia (Jakupcevic & Pecnik, 2011), Greece (Diareme et al., 1997), Spain (De Paul et al., 1991), Chile (Haz & Ramirez, 2002), Finland (Haapasalo & Aaltonen, 1999), Turkey (Kutsal et al., 2011), Germany (Spangler et al., 2009), Thailand (Sawasdiapanich et al., 2010), Japan (Kawamura et al., 2009), and Southeast Asia (Mouanoutoua, 1992). Studies have also been conducted in the USA for individuals from various cultural backgrounds, for example, Hispanic Americans (Ornelas, 2001).

Characteristics of the Tool

For a psychological test to be considered good, it needs to be measured on an interval scale, be reliable and valid, discriminate the target population from others (i.e., cases from non-cases), and have good normative data (Kline, 2015).

Level of Measurement

Abuse scale scores can range from zero to 486. It provides information on the respondent's likely capacity for physical abuse towards children. Higher scores are related to a higher risk of physical child abuse (Milner, 1986). The level of measurement used by

the CAPI is interval data. This allows for statistical analysis and comparison between people based on their scores (Field, 2018). Because there is no absolute zero on an interval scale (Dancey & Reidy, 2020), a score of zero on the CAPI does not mean the individual presents with no risk of being abusive. It means that the risk is low, or that no risk has been identified.

Reliability

Different types of reliability are looked at when examining a psychometric measure's reliability (Kline, 2015). However, not all types were relevant for the CAPI. For example, alternate forms reliability, which looks at whether the scores on different versions of the same test are consistent with one another (Middleton, 2022), was not relevant as the CAPI only has one questionnaire. Similarly, no study has been found investigating the CAPI's interrater reliability – the extent to which the same score will be given to the same respondents by different raters/practitioners administering the test (McHugh, 2012). This is most likely because the inventory is a self-report measure and the scale scores are computed based on the participant's responses. With the scoring procedures being clearly described in the test handbook (Milner, 1986), no differences should be found between practitioners administering/scoring/interpreting the scales if the recommended procedures are adhered to.

Test-Retest Reliability

This is the extent to which participants produce the same score on a test if they were to take it twice at two different points in time, and if no intervention took place in between both times (Kline, 2015). This is typically calculated using correlations

(Middleton, 2022). A preferred way to measure test-retest reliability is to use a sample of 100 subjects minimum and to separate the two time points by at least three months (Kline, 1993).

Milner (1986) computed test-retest reliability using varied intervals of time and four different samples (all $n > 100$). Participants in each condition were administered the CAPI twice and reliability coefficients were computed for each test-retest: after one day ($r = .91$), after one week ($r = .90$), after one month ($r = .83$), and after three months ($r = .75$). This shows excellent and good test-retest reliability after up to one month. Even though the reliability reduced after three months, it is still considered acceptable. Milner (1986) concluded that these results remained consistent regardless of differences in the sample related to gender, age, level of education, or ethnic/cultural background. A further study by Mollerstrom (1993) using Military Air Force participants ($N = 22$) looked at a greater test-retest interval by re-administering the test after six months. The reliability coefficient found was $r = .86$. However, the relatively small sample size and very specific characteristics of participants (i.e., Military Air Force participants) here make these findings difficult to generalise to the wider population.

Internal Consistency Reliability

This is the extent to which the test items are consistent with one another and measure the same concept (Kline, 2015). This type of reliability is often measured using a Cronbach Alpha Coefficient, which ranges from zero to one (Cronbach, 1951). The closer the coefficient is to one, the higher the scale's internal consistency (Gliem & Gliem, 2003). A Cronbach Alpha Coefficient is usually said to be acceptable if it is equal to or higher

than $\alpha = .7$ (George & Mallery, 2003). However, other methods, such as split-half reliability or Kuder-Richardson-20 (KR-20; Kuder & Richardson, 1937) are also used.

In their research, Milner (1986) discussed the internal consistency of the Abuse scale for different samples: general population, at-risk individuals, neglectful individuals, and physically abusive parents. They used split-half and KR-20 reliability estimates. Milner (1986) reported reliability estimates ranging from .96 to .98 for the first method, and from .92 to .95 for the second method for these four samples. These reliability coefficient ranges changed slightly when the authors considered gender, age, educational level, or ethnic/cultural backgrounds; although they remained high and acceptable (ranging from .93 to .98 for split-half reliability and .85 to .96 for KR-20 coefficients).

Milner and Robertson (1990) further confirmed the high internal consistency of the CAPI by looking at the KR-20 reliability estimates of six samples (all $n < 30$): child physical abusers, intrafamilial CSA abusers, child neglecters, and matched comparison control groups for the aforementioned groups. The KR-20 estimates ranged from .74 to .94 for these samples. Merrill et al. (2004) also reported good internal consistency reliability for the abuse scale in their sample ($N = 1,367$) of U.S. Navy recruits, but they did not report the method used to measure this.

Caliso and Milner (1992) used a Cronbach Alpha Coefficient to investigate internal consistency in groups of physically abusive and non-abusive mothers, and found $\alpha = .93$. Further studies reported on the internal consistency of the CAPI for various populations, for example, mothers of developmentally disabled children ($\alpha = .91$; Kirkham et al., 1986), mothers of children with a disability ($\alpha = .91$; Burrell et al., 1992), mothers with substance misuse difficulties ($\alpha = .84$; Black et al., 1994), and undergraduate students ($\alpha = .87$; Milner et al., 1990). All reported either good or excellent internal consistency.

Milner (1994) highlighted that, in general, the CAPI's internal consistency is higher for samples of physically abusive parents.

Only one study reported lower but still acceptable internal consistency for a sample of adolescent mothers ($\alpha = .65$; Blinn-Pike & Mingus, 2000). A few years later, Wells et al. (2011) reviewed larger samples of adolescent and adult participants (including at-risk and not-at-risk individuals) and reported high internal consistency estimates, including with adolescent mothers using KR-20 coefficients (between .90 and .96). As these are contradictory results, and the research on this population is sparse, further research validating the use of the CAPI in adolescent populations is required.

Validity

The validity of a psychometric measure relates to whether the test is measuring what it intends to measure (Kline, 2015).

Face Validity

Face validity refers to whether the test appears to be measuring what it says it measures. It relates to whether the measure appears to be relevant and appropriate for its purpose. For this critique, the emphasis is placed on face validity as perceived by the respondents themselves. This is not a measure of *true* validity, but it is important as it relates to whether respondents perceive the measure as testing what it should (Kline, 2015). Face validity may be judged by considering how the items are worded and whether what is asked of the respondents is clear.

The CAPI contains the main abuse scale and several validity scales, aimed at highlighting when a participant answered the items in a dishonest, random, or biased way.

Reading through the item list, it does not appear to be explicit what the scale intends to measure as it seems to be looking at different concepts. Therefore, the argument could be made that the scale lacks face validity. Researchers have reported that some items are very personal (e.g., “I have a good sex life”), others are phrased in a complex manner (e.g., “These days a person doesn’t really know on whom one can count”), and other items make statements about the respondent’s children (e.g., “I always try to check on my child when it’s crying”), therefore limiting the use of the CAPI for individuals without children (Ondersma et al., 2005). Further items appear unrelated to the scale’s purpose (e.g., “I enjoy having pets”). The lack of face validity has the advantage of preventing socially desirable responding. Indeed, if it is evident that the scale is looking at the potential for physical child abuse, this may lead to increased bias in responding.

Content Validity

This relates to whether the test is measuring all possible aspects of the construct it claims to measure (Kline, 2015). Good content validity would relate to a measure capturing all the possible facets of the construct it is measuring.

The CAPI was constructed in 1980 following meticulous procedures, which were conceptually and theoretically embedded. These were reported by Milner (1986). It was then validated using several samples of abusive and non-abusive parents (Milner, 1986). Since then, no specific research has been conducted analysing its continued content validity. However, Laulik et al. (2015) have since reported that the items continue to be in line with the current literature on risk factors for child physical abuse. The current known risk and protective factors for child abuse and neglect (CDC, 2022) also mirror the CAPI items. This would suggest appropriate content validity.

Criterion-Related Validity

Concurrent Validity. This relates to how well the psychometric measure correlates with different tests measuring the same construct (Kline, 2015). The measure under evaluation can be administered to the participants at the same time as an already validated test to compare if they produce similar results.

Holden et al. (1989) compared the CAPI with the Parenting Stress Index (PSI; Abidin, 1995) in a sample of 87 parents (separated into two groups: perpetrator or spouse of the perpetrator of abuse or neglect, or parents with no confirmed history of abuse or neglect). Pearson Product-Moment correlations and Bonferroni correction statistics were used. Their results highlighted that the CAPI and the PSI evaluate similar constructs. A positive relationship was found between the CAPI Abuse scores and most of the summary scores of the PSI, with $r(86)$ ranging from .34 ($p < .001$) to .59 ($p < .0001$). Similarly, in a study with 90 mothers (separated into three groups: physical abusers, non-abusive mothers with a history of childhood physical abuse, or non-abusive mothers without a history of childhood physical abuse), Caliso and Milner (1992) used both the CAPI and a modified version of the Conflict Tactics Scale (CTS; Straus et al., 1980). They reported that each scale for both measures correlated with one another. More specifically, they found a significant positive correlation (.48) between the physical abuse scale of the CAPI and the violence score on the CTS. They also found a positive association (.25) between the physical abuse scale of the CAPI and the verbal abuse score on the CTS. They further found an inverse relationship (-.25) between the physical abuse scale of the CAPI and the reasoning score of the CTS. Lastly, Mollerstrom et al. (1992) looked at the relationship between the Family Environment Scale (FES; Moos & Moos, 1986) and the CAPI. They

reported significant correlations between the CAPI Abuse scale and the FES scale, especially a positive relationship with the family conflict scale of the FES and a negative relationship with the family cohesion and family expressiveness scales of the FES. This suggests that the CAPI is indeed measuring similar constructs as other tests with similar aims, which is conclusive of good concurrent validity.

Predictive Validity. This relates to the measure's ability to accurately predict a future criterion or behaviour. It is measured by looking at how well the test scores correlate with the criterion (e.g., behaviour or performance) when followed up or assessed at some point in the future (Kline, 2015).

Several studies investigated the predictive validity of the CAPI. All results discussed in this section are summarised in Table 13. Milner et al. (1984) conducted a study with 200 at-risk parents. They found a significant relationship between the abuse scale scores and future abuse and future neglect. Additionally, Ayoub and Milner (1985) looked at the relationship between the abuse score and failure to thrive in a sample of 42 at-risk parents. This relationship was not significant, but they found that the CAPI score was predictive of future neglect. Valle et al. (2000) also provided further evidence for this using a sample of parents or expectant mothers ($N = 1,488$). They found that the CAPI abuse score had predicted subsequent incidents of child maltreatment when the sample was followed up.

Chaffin and Vale (2003) found similar results, with abuse scores having predicted subsequent physical child abuse using a sample of parents participating in a family support programme ($N = 459$). However, when looking at abuse scores pre- and post-intervention, they found that change in the abuse score following an intervention did not always reflect

an accurate change in the risk presented. This indicates a potential need to be cautious when using the CAPI as an outcome measure following an intervention. However, these results were not found in other studies, for example, Wolfe et al. (1988) reported that the CAPI seemed to be sensitive to changes following an intervention. In their study, Wolfe et al. (1988) recruited 30 mother-child dyads that were being supervised by Child Protective Services and where the mother scored in the at-risk range on the CAPI. The dyads were divided into two groups. The control group participated in an information session provided by Child Protective Services. The other group also participated in the information session, but additionally, engaged in an intervention facilitated by a therapist focused on what the mothers reported finding difficult in parenting and issues professionals observed. The intervention was aimed at addressing difficulties around child management and development. Only mothers who participated in the intervention in addition to the information session showed significant change in the CAPI results post-intervention and at three-months follow-up. Future research into the predictive validity of the CAPI is needed (Walker & Davies, 2010).

Table 13

CAPI Predictive Validity Results

Reference	Sample Size	Sample Characteristics	Predictive Validity Results
Ayoub and Milner (1985)	42	Parents in the 'at-risk parent child program' identified as having failure to thrive children, in USA. 95% of participants were female.	No significant relationship between abuse score and failure to thrive. CAPI score predictive of future neglect
Chaffin and Vale (2003)	459	Parents participating in one of 27 community-based family support programs in the USA between 1996 and	Pre-intervention abuse scores predicted subsequent physical child abuse. However, post-intervention, abuse scores did not

		1999. 87% of participants were female.	always reflect an accurate change in the risk presented (i.e., showing reduction in risk when there is none).
Milner et al. (1984)	200	At-risk parents for parenting difficulties, participants in the 'at risk parent child program' in the USA. 90% of participants were female.	Significant relationship between the abuse scale scores and future abuse. Significant relationship between abuse scale score and future neglect. No relationship with abuse scale score and future failure to thrive.
Valle et al. (2000)	1,488	Parents and expectant mothers from 28 family support programs	CAPI abuse score at start of programme predicted subsequent incidents of child maltreatment at follow-up.
Wolfe et al. (1988)	30	Mother-child dyads supervised by Child Protective Services in Canada; where mother scored in the at-risk range on the CAPI.	Mothers who participated in an intervention showed significant change in CAPI results post-intervention and at three-months follow-up.

Construct-Related Validity

Construct validity, initially discussed by Cronbach and Meehl (1955), relates to the quality of the measurement. It looks at how well the test measures the aspects of what it investigates (Kline, 2015). There are two sub-types of construct-related validity: convergent and divergent validity.

Convergent Validity. This looks at how well the construct measured by the test correlates with the construct itself or other variables known to correlate with the construct (Shuttleworth, 2009).

Several studies have looked at the convergent validity of the CAPI, by looking at the association between the CAPI scores and various personal and interpersonal factors known to be associated with a risk of child physical abuse. For example, a score of 215 or above has been positively correlated with a childhood abuse history; lacking social support and social isolation; coping difficulties; psychological immaturity; lower self-worth and

self-esteem in relationships; difficulties regulating emotions; lacking assertiveness; temper outbursts; insecure parent-child attachment; anxiety and depression; relationship difficulties; substance misuse; difficult family relationships; lack of child development knowledge; severe discipline; authoritarianism; lacking positive parenting skills; reduced mental/physical availability; heightened physiological susceptibility to children; and using physical punishment (Laulik et al., 2015; Milner, 1989). To remain concise in this review, only three of these factors and research relating them to the CAPI were discussed in more detail below. These were chosen as they relate to three different domains of factors known to be associated with a risk of child physical abuse perpetration: childhood abuse is an example of a historical factor; parental responses is an example of an interpersonal factor; and psychological distress is an example of a current personal factor.

Childhood Abuse. Being a victim of adverse childhood experiences, and in particular physical violence, is related to the perpetration of physical violence in adulthood (e.g., Ireland & Smith, 2009; McKinney et al., 2009; Taillieu et al., 2020). Greene et al. (2020) reviewed 97 studies and highlighted that being a victim or a witness of physical abuse in childhood increases the risk of child physical abuse perpetration as parents. Experiences of childhood abuse are therefore a risk factor when thinking about physical child abuse. Research comparing a history of childhood abuse and the CAPI yielded varied results. Haapasalo & Aaltonen (1999) found that the experience of childhood abuse did not predict the CAPI abuse scale score, whilst others showed a positive relationship (Caliso & Milner, 1992; Chan & Perry, 1981; Miller et al., 1991; Milner et al., 1990).

Parental Responses. Monroe and Schellenbach (1989) reported that CAPI scores appeared to correlate with parental responses given to a child: mothers with higher CAPI scores were found to respond to their children in more controlling, punishing, highly

aroused, and rejecting ways. Another study by Haskett et al. (1995) reported similar results. Aragona (1983) found that CAPI scores were positively correlated with high levels of anxiety and anger during parent-child interactions.

Psychological Distress. Experiences of stress or stressful life events were found in families where physical abuse took place (Pianta et al., 1989). Milner et al. (1988) found a significant positive relationship between abuse scores and a physiological distress measure. Similarly, Kolko et al. (1993) found that mothers with higher CAPI scores reported more psychological dysfunction, stressful life events, and family problems. Other studies reporting similar results were conducted by Burge (1982) and Holden et al. (1989).

The CAPI therefore appears to be correlated to variables known to be related to child abuse; such as a history of childhood abuse, parental responses, and psychological distress. This would indicate good convergent validity.

Divergent/Discriminant Validity. This looks at how well the construct measured by the test does not correlate with constructs which are different from it (Shuttleworth, 2009). Several studies reported that the CAPI successfully discriminated between individuals at risk of physical child abuse, and those not at risk. Overall, the rates of correct classification ranged between 70% and 100% (e.g., Caliso, 1986; Milner, 1986; Milner, 1989). Initial studies looked at samples of physical child abusers and matched comparison participants. Milner and Wimberley (1980) reported 90% correct classifications. Later studies utilised different samples and observed that correct classification rates appeared slightly lower, between mid-80 % and low 90% (e.g., Milner et al., 1986; Milner & Robertson, 1989).

Milner (1989) provided further information related to the CAPI cut-off score utilised to categorise the respondents. Milner (1989) compared three groups: physically abusive parents, non-abusive parents from the general population, and nurturing parents. After removing invalid protocols from their study, a cut-off score of 215 provided 81.4% of correct classification for physical child abusers, 99.0% for non-abusive parents from the general population, and 100% for nurturing parents. However, a cut-off score of 166 provided overall better rates of correct classification, with 88.4% of correct classification for physical child abusers, 98.0% for non-abusive parents from the general population, and still 100% for nurturing parents. This raises the question as to why the cut-off score of 215 is recommended (Milner, 1986). Having parents falsely self-identify as potentially abusive might be very damaging. As seen in previous chapters, the risk posed to a child within the home needs to be balanced with the risk and/or harm that may be caused by removing the child from the home. It is therefore paramount to reduce the chance of falsely identifying risk. Hence, a more cautious cut-off point is preferable – depending on the reason for using the scale; referring to Milner (1986)’s recommendation to utilise the cut-off score of 215 instead of 166 for most purposes as stated in the CAPI manual.

Appropriate Norms

Normative data provides invaluable information when a psychometric measure is used to draw conclusions or make predictions about an individual or a group. They are a set of scores which can be used as a reference to make meaningful interpretations of someone’s score. Norms are created for specific populations, so that an individual’s score may be compared to a sample of their peers (Kline, 2015).

The original normative data for the CAPI, reported by Milner (1986), was developed using a sample of 110 participants with and without known histories of child abuse. This was cross-validated by Milner et al. (1986) using a sample of 110 child abusers (physical) and matched control subjects. In the CAPI manual, normative mean abuse scores have been provided for a variety of groups: physically abusive (general population and inpatient settings); sexually abusive; abusive and neglectful; parents accused of failure-to-thrive; at-risk individuals; abused adults; people with alcohol dependency; and high school students (Milner, 1986). The normative abuse scores were based on American samples, except for one Australian sample from a study by Mee (1983). Typically, normative data allows for comparison of an individual's score with that of their peers. However, all of the studies used had relatively small sample sizes (between six and 110 participants); and apart from the study by Milner and Robertson (1985), the majority, if not the entirety of the samples, consisted of female participants. Therefore, further research on populations outside of the USA and on male respondents is needed.

Since the publication of the manual, several studies have been published, validating the CAPI for use with different populations; for example, physical child abusers (Milner et al., 1990); mothers of children with disabilities (Kirkham et al., 1986); parents with current or historical substance misuse (Ammerman et al., 1999); and at-risk adolescents (Todd & Gesten, 1999). However, studies investigating the use of the CAPI with adolescents have been contradictory. Miller et al. (1991) found that adolescents scored higher than the normative adult sample. This was not replicated by Wells et al. (2011) who found that both samples scored similarly.

It is important for the CAPI to be standardised and for normative samples to be developed for someone's country, language, and ethnic background because cultural

differences have been found between countries. For example, Greek and Chilean samples have higher abuse scores than American samples. This is unlikely to be due to Greek or Chilean parents being at greater risk of physical abuse, and more likely a result of cultural differences (Laulik et al., 2015). As highlighted in Chapter 2, the impact of culture requires further research.

Conclusion

Considerable research about the CAPI has been published between the development of the scale and the beginning of the 21st Century. Research published in the last two decades seems sparser. However, based on the available literature, the CAPI appears to be a reliable and well-validated instrument to use when looking at the risk of child physical abuse perpetration. It has been utilised with different populations, for a variety of applications, and has been translated into many languages.

That being said, the instrument is not without limitations. Data related to the predictive validity of the measure when used following interventions has been contradictory. Further research is recommended to clarify whether the CAPI can be used as an outcome measure. More research is also needed on its use with adolescents. Moreover, the CAPI scoring procedures seem complex, which may lead to human error when scoring manually. Additionally, whilst it may be considered by some as a quick measure to administer, researchers have expressed their discontentment at the length of time the CAPI takes to complete (i.e., a maximum of 20 minutes; Ondersma et al., 2005). For this reason, a Brief Child Abuse Potential Inventory was developed by Ondersma et al. (2005). Research on this shortened version remains scarce, but available literature has also reported robust psychometric properties. Furthermore, the latest edition of the CAPI

manual was published a long time ago (Milner, 1986). Since then, a multitude of research has been published. The manual would benefit from being updated, to incorporate the most up-to-date findings.

Overall, the CAPI could be classed as a good psychometric test. However, something might be said for the ethics of using an assessment looking to highlight a risk of potential physical child abuse perpetration. If no harm has yet occurred (e.g., when used with parents-to-be or in NOG assessments), would investigating a potential risk of future physical abuse set someone up to fail? Arguably, human beings have the potential to engage in (almost) any behaviour. Unless the aim is to highlight parents who require more support, within more at-risk populations, decisions made based on the outcome of the CAPI need to be carefully considered. In the case of NOG assessments, where the person assessed is not the one posing a direct risk to the child, the reasons for using a tool such as the CAPI would need to be justified. It is therefore recommended to apply great caution when administering/scoring/interpreting the CAPI and to utilise other complementary evaluative means when attempting to gather information regarding someone's potential future risk.

CHAPTER 5

Discussion

Summary

This thesis explored the assessment of non-offending guardians (NOG) for their ability to support and protect their child in cases of CSA, via three interconnected pieces of work. A systematic literature review of intervening variables significantly related to the ability to support or protect was conducted. The practices of psychologist expert witnesses (EW) engaging in these assessments were explored, including looking at the variables they rely upon for their decisions, the literature that helps inform their opinions, and the psychometrics or measures used to gather information. Lastly, the critique of a psychometric measure that more broadly looks at parents' capacity to harm and which is often administered during these types of assessments was done. In this discussion, the thesis will be summarised as a whole, strengths and limitations will be discussed, and implications for practice and areas for future research will be explored.

The assessment of NOGs is an important part of child protection, as it helps to determine whether someone can protect their child from abuse and/or support their child through the process of recovery. Chapter 2 summarised the current research around intervening variables associated with the ability to support or ability to protect a child in cases of CSA. A systematic search of the literature was conducted and data were extracted from twenty-two studies. Reviews in this area had been conducted before (i.e., Bolen, 2002; Oliver, 2012; and Knott & Fabre, 2014). However, the current review updates the findings by including papers written in French, exploring more intervening variables, and separating factors related to the ability to protect from those related to the ability to support – even though most papers research the latter. In the findings, 78 variables were discussed, with 54 having evidence for a significant association to NOG's ability to *support*, and 34 being found to have evidence for a significant association to NOG's ability to *protect*.

They were organised into five categories relating to: the NOG, the child victim of the abuse, the perpetrator, the abuse and its disclosure, and the household.

Chapter 3 looked at EWs' assessments of NOG for their ability to support/protect. Eleven psychologists EWs were interviewed via Zoom to explore areas such as: literature, frameworks, or factors relied upon by EWs; procedures around these assessments, including steps taken to inform their opinions; measures used with participants; parties involved; and experiences of EWs. This was done using a qualitative methodology called Template Analysis (King & Brooks, 2017). The final template was made of five overarching themes: ability to support and ability to protect; broader context and attributes; expert witnesses and their work; process of conducting an assessment of non-offending guardians; and feelings of expert witnesses towards their work. Subthemes were identified to explore different facets of each theme more in-depth. The factors EWs rely upon to inform their decision about someone's ability to support/protect were compared to the ones found in Chapter 2. For the most part, the intervening variables EWs found important to explore have been empirically researched, but not all. Further research is required in this area. Even though it is well known that when assessing risk, it is most accurate to not rely on clinical judgment alone (e.g., Einhorn & Hogarth, 1978; Litwack & Schlesinger, 1999; Quinsey et al., 1998), participants in the study tended to report that they do not rely on any specific literature or framework to form their final opinion. Most participants expressed they typically rely on their current knowledge and experience. A significant contributing factor for this is that there is currently no validated SPJ tool to aid the assessment of NOG in cases of CSA. But some frameworks, based on the empirical literature, do exist.

Amongst the different measures EWs reported using during their assessments, the CAPI (Milner, 1986) was mentioned. This psychometric relates more to the risk of

physical abuse to a child but remains relevant when exploring child protection/support. Chapter 4 discusses its psychometric properties and population norms. Overall, this measure appears to evidence good psychometric properties and it has been utilised with different populations in different languages. One critical point was raised around the ethical considerations of using a questionnaire to assess for a potential risk when no harm has yet been caused. On one hand, it is crucial to safeguard children who are at risk before harm is done. On the other hand, decisions made based on an assessment such as this (looking at *potential* future risk) will need to be made with great caution.

Ethical Reflections

The point made above could also be discussed regarding the idea of assessing NOGs. Even with the name chosen to describe this category of people who are in a parenting role, they are ‘non-offending’, meaning they are not the ones accused of having committed a crime. Yet, NOGs, and more particularly mothers, have for a long time been blamed for the abuse committed by the perpetrator (often their male partner). Up until the 1980s, mothers were described in the literature as being ‘collusive’ in the abuse, meaning they allowed it to happen and maybe even facilitated it (Faller, 1988). Then authors started questioning whether mothers were really to blame for the abuse of their child committed by someone else (e.g., Herman, 1981; Rush, 1980) and research started looking at the mother’s ability to protect/support their child. Furthermore, in many cases, EWs are asked to assess a NOG’s protective ability when starting a relationship with an alleged sex offender. In cases like these, it cannot be about whether the mother was collusive in the abuse as the victims were not her children. The well-being and safety of a child are paramount and it is important to ensure that they grow in a safe and supportive

environment. Otherwise, concerns may arise, as discussed in Chapter 1, including higher risks of the child being in contact with the justice system as an adult (Widom & Maxfield, 2001), and potentially repeating the cycle of abuse (Plummer & Cossins, 2018). EWs therefore have an important role when conducting these assessments, as they assess for any risk that could be posed to the child and often provide recommendations on how to reduce the risk. However, not every country agrees with the idea of assessing NOGs, as there is an ethical question around assessing someone who is not a risk to the child from their own actions (in cases where the risk comes from another person). For example, in Belgium, these assessments would only take place to assess someone who poses a direct risk themselves, and with the person's consent (Article 962 du Code Judiciaire Belge [Article 962 of the Belgian Judicial Code]), but do not usually take place if the risk is posed by someone else, even if this is legally sound (Duelz et al., 2017). The ethical dilemma comes with balancing the appropriateness of assessing someone who has not committed a crime and the need to protect the child. On one hand, not assessing NOGs might fail to highlight areas where support can be provided to reduce risk for the child. On the other hand, assessing NOGs might reinforce the perceptions and beliefs around NOGs (more specifically mothers) being to 'blame' for the abuse experienced by their child. Singh (2021) explored gender dynamics around risk and responsibility and discussed the fact that women are more easily blamed for the abuse committed by someone else, even when males are usually the ones posing the danger. The Crown Prosecution Service (2018) reported that between 2005 and 2018, more women were charged on the basis of *failure to protect* than men. McLaren (2013) further discussed that a culture where mothers are blamed for the abuse committed by someone else reduces the rates of speaking up due to feelings of shame and blame.

The above mainly refers to situations where the NOG's children are the victims of abuse. However, there are other scenarios where this is not the case. For example, if the NOG started a relationship with an alleged child sex offender and there is a need to make sure that their children do not get abused. It might be argued that in these cases, it is even less ethical to assess the NOG as there has not been a situation where their children have not been protected. It is important to protect children from harm, and if it is felt that someone is unable to do so, it is better to take measures before any harm occurs. However, when a NOG is considered unable to protect before any crime has been committed, and the children are placed for their safety, there will always be a chance that the children have been removed unfairly and the NOG would have been able to protect them when needed. They are therefore judged based on something that has not happened, but rather on something that could happen at someone else's hands. This reinforces the fact that risk assessments used to facilitate these decisions need to be based on empirical knowledge.

This leads to the next question: How do we develop a risk assessment measuring the ability to protect/support in a NOG? In this case, the assessment would not assess a deficit (i.e., *risk of failure to protect/support*). This would seem unethical again, for the points made above that the NOG is not the person presenting the direct risk to the child. It would be better for such an assessment to assess the level of support and protection that the NOG could provide the child (i.e., the *presence of protective/supportive capacity*). Therefore, rather than an SPJ such as the HCR-20 (Douglas et al., 2013) designed to assess the risk of violence, if an assessment is developed, it should be more akin to the Structured Assessment of Protective Factors for Violence Risk (SAPROF; de Vogel et al., 2012) designed to assess for the presence of protective traits (rather than risk factors). A more strength-based approach (as opposed to deficit-focused) would potentially help reduce the

stigma towards NOGs, and help think about ways they can be supported to enhance their ability to support/protect.

Concepts of Ability to Support and Ability to Protect

Throughout the thesis, one of the recurring themes was the definitions and distinctions between the ability to support and the ability to protect. It was initially discussed in Chapter 1 when exploring the definitions of both terms and highlighting the lack of consensus on the definitions. This was further discussed in Chapter 2 with studies using different ways to measure a NOG's ability to support or protect. For example, when measuring ability to support, six studies used the PRADS (Everson et al., 1989¹), four the MSSQ (Smith et al., 2010), three the PRIDS (Everson et al., 1989¹), one the NAPS (Bolen et al., 2002), one the MSQ-CR (Smith et al., 2017), and the remaining studies used their own method of measurement. When defining or measuring the ability to protect, one study used a definition from Everson et al. (1989¹) and the others used their own method of measuring protectiveness. This highlights a variety of definitions for both terms, making generalisation between studies tentative. In Chapter 3, participants reported a similar lack of clarity around the two terms. Some EWs had not heard of the term 'ability to support' and others provided different definitions for it: actions of the NOG following the abuse to meet the needs of the child; the NOG meeting the child's emotional needs; or the NOG meeting the child's psychological or physical needs. More consensus was expressed for the ability to protect, with most defining it as being able to take (consistent and independent) action to prevent future abuse from happening; however, one participant also believed it encompasses protecting the child's narrative and emotional needs.

In practice, EWs reported mostly being asked to assess a NOG's ability to protect. However, most of the literature explores the ability to support. Fewer studies have investigated factors relating to the ability to protect. However, this is as important. Children's Services may request for an assessment of a NOG when they begin a relationship with a known or alleged sex offender. In this case, only the ability to protect would be relevant as the victim of the abuse is not the NOG's child. Although the majority of NOGs will react in a protective manner (e.g., by ending the relationship on the discovery of past sexual offending or if their child does disclose abuse), some do not react protectively. In this area, there appears to be a discrepancy between the focus of research and what is emphasised in practice.

Implications for Practice and Recommendations for Further Research

The current thesis provided useful insight into the assessment of NOG for their ability to support and protect. The systematic literature review provided more information on current knowledge around factors impacting someone's protective and supportive abilities, although studies have mainly looked at support and have been conducted using parents of children who have been abused. In this thesis, current practices were explored. The implications for practice are limited as the findings from the thesis are tentative. However, it has highlighted the need for practice to rely more on empirical knowledge. This could be done via the development of a strengths-based SPJ assessment to aid EWs in their assessments of NOGs. It would be recommended for future research to focus on the development of such a measure. Future research could also focus on validating existing frameworks and assessments such as the CASP-R from McGibbon and Leonard (2019); or the frameworks from Calder et al. (2001) and Oliver (2012). Additionally, to work towards

bridging the gap between practice and research, it would be important to continue exploring intervening variables which impact NOG's ability to protect as the research in this area is more scarce. Furthermore, it would be beneficial to better define the terms ability to support and ability to protect. Being able to clearly differentiate the two and using more consistent language would allow for better conclusions to be drawn in research and would benefit professionals in practice. It may also be useful to explore differences between countries when it comes to the assessment of NOGs, as it appears that there is variation in practice. This may address some of the ethical reflections highlighted above. Lastly, so far, it appears that an assumption has been made that the factors impacting the ability to support/protect in a NOG whose child has been abused are the same as the ones impacting the ability to support/protect in a NOG whose child has not been abused (e.g. when the NOG enters a relationship with a sex offender or alleged sex offender). However, as the research is largely based on NOG of abused victims, this cannot be said with certainty. Research exploring this might be difficult to do as it would face ethical challenges, but it would be important to research the potential differences between these two groups. Another challenge would be finding an outcome measure to assess NOG's ability to protect, as most measures that have been used by previous studies include aspects around believing and supporting the child, which would not be relevant. One potential approach could be to conduct a retrospective study looking at cases where concerns were raised when the relationship with the (alleged) offender began. Another potential approach would be to design an outcome measure of protectiveness that does not include dimensions of support within it (e.g., rating protective actions taken).

Limitations of the Current Thesis

A limitation which has been highlighted throughout this thesis is the fact that it relied upon the idea that *ability to support* and *ability to protect* were well-defined concepts. However, as it has been discussed, there is a lack of consistency and agreement around their definitions, both in the literature and in practice, making generalisations difficult. Furthermore, the two concepts are not clearly separate, and both in practice and in the literature, at times overlap depending on the definition provided. Similarly, generalisations of the results from the research project also need to be considered with caution due to the small sample size ($N = 11$), the fact that only psychologist expert witnesses were recruited, and the fact that this was exploratory qualitative research.

Conclusions

The current research on NOG's ability to support and protect is limited. The current thesis addressed this gap in the literature by summarising the most up-to-date knowledge around factors impacting NOG's supportive and protective abilities in cases of CSA and by understanding the current practices of EWs when conducting these assessments. The findings have highlighted a lack of reliability on empirical evidence from EWs when conducting their assessments, as well as a lack of existing validated frameworks to support such work. However, findings also highlighted that, although EWs rely on experience/knowledge to form their opinions, they do appear to instinctively look at similar factors to the ones discussed in the literature. More research would nonetheless be required, as this is an important area in child protection, and clinical opinions on their own are known to be suboptimal. Future research should focus on the ability to protect from NOGs and on developing a strengths-based framework to aid these assessments.

List of References

- Abidin, R. R. (1995). *The Parenting Stress Index (3rd ed.) Professional Manual*. Psychological Assessment Resources, Inc.
- Alaggia, R., & Turton, J. V. (2005). Against the odds: The impact of woman abuse on maternal response to disclosure of child sexual abuse. *Journal of Child Sexual Abuse*, 14(4), 95-113. doi:10.1300/J070v14n04_05
- American Association on Intellectual and Developmental Disabilities. (n.d.). *Defining criteria for intellectual disability*. <https://www.aaidd.org/intellectual-disability/definition#:~:text=Intellectual%20functioning%E2%80%94also%20called%20intelligence,functioning%20is%20an%20IQ%20test>.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Ammerman, R. T., Kolko, D. J., Kirisci, L. Blackson, T. C., & Dawes, M. A. (1999). Child abuse potential in parents with histories of substance use disorder. *Child Abuse and Neglect*, 23(12), 1225 – 1238.
- Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience*, 256(3), 147-186. doi:10.1007/s00406-005-0624-4
- Aragona, J. A. (1983). Physical child abuse: An interactional analysis [Doctoral dissertation, University of South Florida]. *Dissertation Abstracts International*, 44, 1225B.
- Ayoub, C., & Milner, J. S. (1985). Failure-to-thrive: Parental indicators, types, and outcomes. *Child Abuse and Neglect*, 9, 491-499.
- Baker, C., & Kirk-Wade, E. (2023). Mental health statistics: Prevalence, services and funding in England. House of Commons Library.
- Bergamo, L. P. D., Pasian, S. R., Avila de Mello, I. L. M., & Bazon, M. R. (2009). O Inventário de Potencial de maus-tratos infantil: Estudo de precisão e validade [Child Abuse Potential Inventory: Study of precision and validity]. *Avaliação Psicológica*, 8, 425– 435.
- Bick, J., Zajac, K., Ralston, M. E., & Smith, D. (2014). Convergence and divergence in reports of maternal support following childhood sexual abuse: Prevalence and associations with youth psychosocial adjustment. *Child Abuse & Neglect*, 38, 479-487. doi:10.1016/j.chiabu.2013.11.010
- Black, M. M., Nair, P. Kight, C., Wachtel, R., Roby, P., & Schuler, M. (1994). Parenting and early development among children of drug-abusing women: Effects of home intervention. *Pediatrics*, 94(4), 440-448.
- Blaikie, N. (2003). *Analyzing quantitative data*. Sage Publications.
- Blinn-Pike, L., & Mingus, S. (2000). The internal consistency of the Child Abuse Potential Inventory with adolescent mothers. *Journal of Adolescence*, 23, 107-111.
- Bolen, R. M. (2002). Guardian support of sexually abused children: A definition in search of a construct. *Trauma, violence, and abuse*, 3(1), 40-67.
- Bolen, R. M. (2003). Nonoffending mothers of sexually abused children: A case of institutionalized sexism? *Violence Against Women*, 9(11), 1336-1366. doi:10.1177/1077801203256001

- 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. doi:10.1080/10926771.2015.1005267
- Bolen, R. M., & Lamb, J. L. (2002). Guardian support of sexually abused children: A study of its predictors. *Child Maltreatment*, 7(3), 265–276.
- 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. doi:10.1177/1077559507300132
- Bolen, R. M., Lamb, J. L., & Gradante, J. (2002). The needs-based assessment of parental (guardian) support: A test of its validity and reliability. *Child Abuse and Neglect*, 26, 1081–1099.
- Bottoms, B. L., Nysse-Carris, K. L., Harris, T., & Tyda, K. (2003). Jurors' perceptions of adolescent sexual assault victims who have intellectual disabilities. *Law and Human Behavior*, 27, 2, 205–226.
- Bringiotti, M. I., Barbich, A., & de Paul, J. (1998). Validacion de una version preliminar del Child Abuse Potential Inventory para su uso en Argentina [Validation of a preliminary version of the Child Abuse Potential Inventory for use in Argentina]. *Child Abuse & Neglect*, 22, 881– 888. doi:10.1016/S0145-2134(98)00067-2
- British Psychological Society (2018). *Code of Ethics and Conduct*. Leicester: Author.
- Brooks, J., McCluskey, S., Turley, E., & King, N. (2015). The utility of template analysis in qualitative psychology research. *Qualitative Research in Psychology*, 12(2), 202–222. doi:10.1080/14780887.2014.955224.
- Brookstein, D. M., Daffern, M., Ogloff, J. R. P., Campbell, R. E., & Chu, C. M. (2021). Predictive validity of the HCR-20 V3 in a sample of Australian forensic psychiatric patients. *Psychiatry, Psychology, and Law*, 28(3), 325–342. doi:10.1080/13218719.2020.1775152
- Burge, E. B. (1982). Child abusive attitudes and life changes in an overseas military environment [Doctoral dissertation, United States International University]. *Dissertation Abstracts International*, 43, 562A.
- Burrell, B. Thompson, B., & Sexton, D. (1992). The measurement integrity of data collected using the Child Abuse Potential Inventory. *Educational and Psychological Measurement*, 52, 993–1001.
- Calder, M. C., Peake, A., & Rose, K. (2001). *Mothers of sexually abused children: A framework for assessment, understanding and support*. Russell House.
- Caliso, J. A. (1986). A psychological study of mothers who do not physically abuse their children despite histories of physical abuse in their childhoods [Doctoral Dissertation, Seton Hall University]. *Dissertation Abstracts International*, 47, 1265B.
- Caliso, J. A., & Milner, J. S. (1992). Childhood history of abuse and child abuse screening. *Child Abuse and Neglect*, 16, 647–659.
- Centers for Disease Control and Prevention (CDC, 2022, April 6). Risk and Protective Factors. *Violence Prevention*.
<https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html>
- Chaffin, M. & Valle, L. A. (2003). Dynamic prediction characteristics of the Child Abuse Potential Inventory. *Child Abuse and Neglect*, 27, 463–481.

- Chan, Y. C., Lam, G. L. T., Chun, P. K. R., So, M T. E. (2006). Confirmatory factor analysis of the Child Abuse Potential Inventory: Results based on a sample of Chinese mothers in Hong Kong. *Child Abuse & Neglect*, 30, 1005 – 1016. doi:10.1016/j.chiabu.2006.05.005
- Chan, Y. C., & Perry, M. A. (1981, April). *Child abuse, discriminating factors toward a positive outcome*. Paper presented at the Biennial Convention of the Society for Research in Child Development, Boston.
- Chiaromello, S., Cyr, M., McDuff, P., Laguerre, C. E., Rodgers, R. F., Walburg, V., & Lignon, S. (2018). Effects of personality traits and characteristics of child sexual abuse on maternal reactions and support. *Revue Européenne de Psychologie Appliquée*, 68(3), 99-106. <https://doi.org/10.1016/j.erap.2018.04.003>
- Children Act [c. 41] (1989). <https://www.legislation.gov.uk/ukpga/1989/41/part/IV>
- Classen, C. C., Palesh, O. G., & Aggarwal, R. (2005). Sexual revictimization: A review of the empirical literature. *Trauma, Violence, & Abuse*, 6, 103-129. <https://doi.org/10.1177/1524838005275087>
- Code for Crown Prosecutors (2018). *Criminal Practice Direction V Evidence: 19A Expert Evidence*. <https://www.cps.gov.uk/legal-guidance/expert-evidence>
- 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: The International Journal*, 32(2), 245-259. doi:10.1016/j.chiabu.2007.06.002
- Corcoran, J. (1998). In defense of mothers of sexual abuse victims. *Families in Society*, 79(4), 358-369.
- Craig, L. A., & Expert Witness Advisory Group (2021). Psychologists as expert witnesses: Survey results from the expert witness advisory group (EWAG). *The Journal of Forensic Practice*, 23(2), 77-89. doi:10.1108/JFP-11-2020-0048
- Critical Appraisal Skills Programme (2018). CASP (Qualitative) Checklist. Available at: https://casp-uk.net/wp-content/uploads/2018/03/CASP-Qualitative-Checklist-2018_fillable_form.pdf. Accessed: 26/02/2021.
- Cronbach, L. J. (1951). Coefficient alpha and the internal structure of tests. *Psychometrika*, 16, 297-334.
- Cronbach, L. J., & Meehl, P. E. (1955). Construct validity in psychological tests. *Psychological Bulletin*, 52(4), 281–302. <https://doi.org/10.1037/h0040957>
- Crown Prosecution Service (2018). *Outcome by Offences data tool*.
- Crown Prosecution Service (2019, October 9). *Expert Evidence*. <https://www.cps.gov.uk/legal-guidance/expert-evidence>
- 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>
- 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. doi:10.1080/10538712.2013.737444
- Cyr, M., Wright, J., Toupin, J., Oxman-Martinez, J., McDuff, P., & Thériault, C. (2002). Les déterminants du soutien maternel offert par les mères à leurs enfants ayant vécu une agression sexuelle récente. *Behavior Disorders & Antisocial Behavior*, 31(2), 319-337.
- Cyr, M., Wright, J., Toupin, J., Oxman-Martinez, J., McDuff, P., & Thériault, C. (2003). Predictors of maternal support: The point of view of adolescent victims of sexual

- abuse and their mothers. *Journal of Child Sexual Abuse*, 12(1), 39-65.
doi:10.1300/J070v12n01_03
- Dancey, C., & Reidy, J. (2020). *Statistics without maths for psychology* (8th ed.). Pearson Education, Limited.
- de Almeida Patrian, A. C., de Souza Augusto Rios, K., & de Albuquerque Williams, L. C. (2013). Criterion validity of the Child Abuse Potential inventory (CAP). *Paidéia*, 23(54), 43 – 51. <http://dw.doi.org/10.1590/1982-43272354201306>
- De Bortoli, L., Ogloff, J., Coles, J., & Dolan, M. (2017). Towards best practice: Combining evidence-based research, structured assessment and professional judgement. *Child and Family Social Work*, 22, 660-669. doi:10.1111/cfs.12280
- de Paul, J., Arruabarrena, M. I., & Milner, J. S. (1991). Validacion de una version Espanola del Child Abuse Potential Inventory para su uso en Espana [Validation of a Spanish version of the Child Abuse Potential Inventory for use in Spain]. *Child Abuse & Neglect*, 15, 495–504. doi:10.1016/0145-2134(91)90033-A
- de Vogel, V., de Ruiter, C., Bouman, Y., & de Vries Robbé, M. (2012). *SAPROF. Guidelines for the assessment of protective factors for violence risk*. English version 2nd Edition. Utrecht: Forum Educatief.
- Diareme, S., Tsiantis, J., & Tsitoura, S. (1997). Cross-cultural validation of the Child Abuse Potential Inventory in Greece: A preliminary study. *Child Abuse & Neglect*, 21, 1067–1079. doi:10.1016/S0145-2134(97)00066-5
- Dodgson, J. E. (2019). Reflexivity in Qualitative Research. *Journal of Human Lactation*, 35(2), 220-222. doi:10.1177/0890334419830990
- Douglas, K. S., Hart, S. D., Webster, C. D., & Belfrage, H. (2013). *HCR-20 V3: Assessing risk of violence – User guide*. Burnaby, Canada: Mental Health, Law, and Policy Institute, Simon Fraser University.
- Douglas, K. S., & Kropp, P. R. (2002). A prevention-based paradigm for violence risk assessment: Clinical and research applications. *Criminal Justice and Behavior*, 29(5), 617-658. doi:10.1177/009385402236735
- Douglas, K. S., Ogloff, J., & Hart, S. (2003). Evaluation of a model of violence risk assessment among forensic psychiatric patients. *Psychiatric Services*, 54, 1372-1379.
- Duelz, A., Brouwers, J.-C., & Quentin, F. (2017). *Le droit du divorce* (5th edition). Larcier
- Einhorn, H. J., & Hogarth, R. M. (1978). Confidence in judgment: Persistence of the illusion of validity. *Psychological Review*, 85(5), 395–416. <https://doi.org/10.1037/0033-295X.85.5.395>
- Eisenberg, M. E., Ackard, D. M., & Resnick, M. D. (2007). Protective factors and suicide risk in adolescents with a history of sexual abuse. *The Journal of Pediatrics*, 151(5), 482-487. doi: 10.1016/j.jpeds.2007.04.033
- Elliott, A. N., & Carnes, C. N. (2001). Reactions of nonoffending parents to the sexual abuse of their child: A review of the literature. *Child Maltreatment*, 6(4), 314-331.
- Everson, M. D., Hunter, W. M., & Runyon, D. K. (1989). *Parental Reaction to Abuse Disclosure Scale*. Chapel Hill, NC: University of North Carolina.
- Everson, M. D., Hunter, W. M., Runyon, D. K., Edelson, G. A., & Coulter, M. L. (1989). Maternal support following disclosure of incest. *American Journal of Orthopsychiatry*, 59(2), 197–207. doi:10.1111/j.1939-0025.1989
- Faller, K. C. (1988). The myth of the “Collusive Mother”. *Journal of Interpersonal Violence*, 3(2), 190-196.
- Festinger, L. (1957). *A theory of cognitive dissonance*. Stanford University Press.

- Field, A. P. (2018). *Discovering statistics using IBM SPSS statistics* (5th ed.). SAGE Publications.
- Finkelhor, D. (1984). *Child Sexual Abuse: New Theory and Research*. Free Press.
- George, C., Main, M., & Kaplan, N. (1985). *Adult Attachment Interview (AAI)*. APA PsycTests. <https://doi.org/10.1037/t02879-000>
- George, D., & Mallery, P. (2003). *SPSS for Windows step by step: A simple guide and reference. 11.0 update* (4th ed.). Allyn & Bacon.
- Gliem, J. A., & Gliem, R. R. (2003). *Calculating, interpreting, and reporting Cronbach's Alpha Reliability Coefficient for Likert-type scales* [Conference Paper]. Midwest Research-to-Practice Conference in Adults, Continuing, and Community Education, The Ohio State University, Columbus, OH.
- 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, 317-325. doi:10.1016/j.chiabu.2013.10.001
- Grady, M. D., Levenson, J. S., & Bolder, T. (2016). Linking adverse childhood effects and attachment: A theory of etiology for sexual offending. *Trauma, Violence, & Abuse*, 1-12. doi:10.1177/1524838015627147
- Greene, C. A., Haisley, L., Wallace, C., & Ford, J. D. (2020). Intergenerational effects of childhood maltreatment: A systematic review of the parenting practices of adult survivors of childhood abuse, neglect, and violence. *Clinical Psychology Review*, 80, 1-22. <https://doi.org/10.1016/j.cpr.2020.101891>
- Grietens, H., De Haene, L., & Uyttebroek, K. (2007). Cross-cultural validation of the Child Abuse Potential inventory in Belgium (Flanders): Relations with demographic characteristics and parenting problems. *Journal of Family Violence* 22, 223 – 229. doi:10.1007/s10896-007-9074-2
- Grossman, S., Millon, C., & Millon, T. (2015). *Millon Clinical Multiaxial Inventory - Fourth Edition (MCMI-IV)*. Pearson.
- Grove, W. M., Zald, D. H., Lebow, B. S., Snitz, B. E., & Nelson, C. (2000). Clinical versus mechanical prediction: A meta-analysis. *Psychological Assessment*, 12, 19-30. <https://doi.org/10.1037/1040-3590.12.1.19>
- Guy, L. S. (2008). Performance indicators of the structured professional judgement approach for assessing risk for violence to others: A meta-analytic survey. Doctoral dissertation, Department of Psychology, Simon Fraser University, Burnaby, Canada.
- Gypen, L., Vanderfaeille, J., De Maeyer, S., Belenger, L. and Van Holen, F. (2017). Outcomes of children who grew up in foster care: Systematic-review. *Children and Youth Services Review*, 76, 73–84
- Haapasalo, J., & Aaltonen, T. (1999). Child abuse potential: How persistent? *Journal of Interpersonal Violence*, 14, 571–585. doi:10.1177/088626099014006001
- Hart, S. D. (1998). The role of psychopathy in assessing risk for violence: Conceptual and methodological issues. *Legal and Criminological Psychology*, 3, 121-137.
- Hart, S. D., Douglas, K. S., & Guy, L. S. (2016). The Structured Professional Judgment Approach to violence risk assessments: Origins, nature, and advances. In L. Craig, & M. Rettenberger (Eds.), *The Wiley Handbook on the theories, assessment, treatment of sexual offending* (Vol. II., pp. 643-666). Wiley-Blackwell.
- Haskett, M. E., Scott, S. S., & Fann, K. D. (1995). Child abuse potential inventory and parenting behavior: Relationships with high-risk correlates. *Child Abuse and Neglect*, 19(12), 1483 – 1495.

- Haz, A. M., & Ramirez, V. (2002). Adaptacion del Child Abuse Potential Inventory en Chile: Analisis de la dificultades y desafios de su aplicacion a partir de dos estudios Chilenos [Adaptation of the Child Abuse Potential Inventory in Chile: Analysis of the difficulties and challenges of their application from two Chilean studies]. *Child Abuse & Neglect*, 26, 481– 495. doi:10.1016/S0145-2134(02)00324-1
- Health and Care Professions Council. (2016). *Standards of Conduct, Performance and Ethics*. <https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/>
- Hébert, M., Cénat, J. M., Blais, M., Lavoie, F., & Guerrier, M. (2016). Child sexual abuse, bullying, cyberbullying, and mental health problems among high schools students: A moderated mediated model. *Depression and Anxiety*, 33(7), 623-629. doi:10.1002/da.22504
- Heriot, J. (1996). Maternal protectiveness following the disclosure of intrafamilial child sexual abuse. *Journal of Interpersonal Violence*, 11(2), 181-194.
- Herman, J. (1981). *Father-daughter incest*. Harvard University Press.
- Herzog, J., & Schmahl, C. (2018). Adverse Childhood Experiences and the consequences on neurobiological, psychosocial, and somatic conditions across the lifespan. *Frontiers in Psychiatry*, 9(420), 1-8. doi:10.3389/fpsyt.2018.00420
- Hillberg, T., Hamilton-Giachritsis, C., & Dixon, L. (2011). Review of meta-analyses on the association between child sexual abuse and adult mental health difficulties: A systematic approach. *Trauma, Violence, & Abuse*, 12(1), 38-49. doi:10.1177/1524838010386812
- Holden, E. W., Willis, D. J., & Foltz, L. (1989). Child abuse potential and parenting stress: Relationships in maltreating parents. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, 1(1), 64-67.
- Huang, H. L., Chang, Y. Y., Chen, S. F., Tsai, C. H., & Wang, S. Y. (1992). Low social economic status family and child maltreatment. *The Kaohsiung Journal of Medical Sciences*, 8, 35– 44.
- Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *The Lancet Public Health*, 2(8), 356-366. doi:10.1016/S2468-2667(17)30118-4
- Hughes, K., Lowey, H., Quigg, Z., & Bellis, M. A. (2016). Relationships between adverse childhood experiences and adult mental well-being: Results from an English national household survey. *BMC Public Health*, 16(222), 1-11. doi:10.1186/s12889-016-2906-3
- Hunter, W. M., Coulter, M. L., Runyan, D. K., & Everson, M. D. (1990). Determinants of placement for sexually abused children. *Child Abuse & Neglect*, 14, 407-417.
- Ireland, T. O., & Smith, C. A. (2009). Living in partner-violent families: Developmental links to antisocial behavior and relationship violence. *Journal of Youth and Adolescence*, 38, 323-339. <https://doi.org/10.1007/s10964-008-9347-y>
- Jakupcevic, K. K., & Pecnik, N. (2011). Risk factors of child physical abuse by parents with mixed anxiety–depressive disorder or posttraumatic stress disorder. *Croatia Medical Journal*, 52, 25– 34. doi:10.3325/cmj.2011.52.25
- Johnson, B., & Kenkel, M. (1991). Stress, coping, and adjustment in female adolescent incest victims. *Child Abuse & Neglect*, 15, 293-305.

- Joiner, T. E., Sachs-Ericsson, N. J., Wingate, L. R., Brown, J. S., Anestis, M. D., & Selby, E. A. (2007). Childhood physical and sexual abuse and lifetime number of suicide attempts: A persistent and theoretically important relationship. *Behaviour Research and Therapy*, 45(3), 539-547. doi:10.1016/j.brat.2006.04.007
- Joyce, P. A. (1997). Mothers of sexually abused children and the concept of collusion: A literature review. *Journal of Child Sexual Abuse*, 6(2), 75-91. doi:10.1300/J070v06n02_5
- Karsna, K. & Kelly, L. (2021). *The scale and nature of child sexual abuse: Review of evidence*. Barnardo House, Essex: CSA Center.
- Kawamura, Y., Takahashi, Y., Akiyama, T., Sasaki, T., & Kako, M. (2009). Reliability and validity of the Japanese version of the Child Abuse Potential Inventory Abuse scale. *Asia-Pacific Psychiatry*, 1, 138–142.
- Keen, S., Lomeli-Rodriguez, M., & Joffe, H. (2022). From challenge to opportunity: Virtual qualitative research during COVID-19 and beyond. *International Journal of Qualitative Methods*, 21, 1-11. doi:10.1177/16094069221105075
- Keuning, M., Schulze, H., Stams, G. J., Groenewegen, I., & Schuengel, C. (2002). Marital conflict strategies predict child abuse potential in Dutch families from low socioeconomic backgrounds. *Zeitschrift für Familienforschung*, 14, 153–166.
- King, N., & Brooks, J. M. (2017). *Template analysis for business and management students*. SAGE Publications Ltd.
- Kirkham, M. A., Schinke, S. P., Schilling, R. F., Meltzer, N. J., & Norelius, K. L. (1986). Cognitive-behavioral skills, social supports, and child abuse potential among mothers of handicapped children. *Journal of Family Violence*, 1, 235-245.
- Kline, P. (1993). *The handbook of psychological testing*. Routledge.
- Kline, P. (2015). *A handbook of test construction: Introduction to psychometric design*. Taylor & Francis Group.
- Knott, T. (2008). Testing the maternal response hypothesis in cases of suspected or substantiated child sexual abuse: Secondary data analysis of the Canadian Incidence Study of Reported Child Abuse and Neglect, 1998. University of Toronto (Canada) thesis.
- Knott, T., & Fabre, A. (2014). Maternal response to the disclosure of child sexual abuse: Systematic review and critical analysis of the literature. *Issues in Child Abuse Accusations*, 20(1),
- Kolko, D. J., Kazdin, A. E., Thomas, A. M., & Day, B. (1993). Heightened child physical abuse potential: Child, parent, and family dysfunction. *Journal of Interpersonal Violence*, 8, 169-192
- Koranek, M. E. (1994). Intrafamilial Child Sexual Abuse: A Study of the Relationship Between Protectiveness in Non-Offending Mothers and their Scores on the Minnesota Multiphasic Personality Inventory and Rorschach Tests. The University of Texas at Austin dissertation.
- Kuder, G. F., & Richardson, M. W. (1937). The Theory of Estimation of Test Reliability. *Psychometrika*, 2, 151-160. <http://dx.doi.org/10.1007/BF02288391>
- Kutsal, E., Pasli, F., Isikli, S., Sahin, F., Yilmaz, G., & Beyazova, U. (2011). Preliminary validation of the Child Abuse Potential Inventory in Turkey. *Journal of Interpersonal Violence*, 26, 2856–2865. doi:10.1177/0886260510390952
- Laulik, S., Allam, J., Browne, K. (2015). The use of the Child Abuse Potential Inventory in the assessment of parents involved in care proceedings. *Child Abuse Review*, 24, 332-345. doi:10.1002/car.2294

- Leifer, M., Kilbane, T., & Grossman, G. (2001). Three-generational study comparing the families of supportive and unsupportive mothers of sexually abused children. *Child Maltreatment*, 6(4), 353-364.
- Litwack, T. R., & Schlesinger, L. B. (1999). Dangerousness risk assessments: Research, legal and clinical considerations. In A. K. Hess & I. B. Weiner (Eds.), *Handbook of forensic psychology* (2nd ed., pp. 171-217). New York: Wiley.
- Loranger, A. W. (1999). *International Personality Disorder Examination (IPDE)*. Psychological Assessment Resources.
- Martin, A. (2018, July). *Types of legal orders*. Safeguarding Network. <https://safeguarding.network/content/types-legal-order/#:~:text=Care%20Orders%20can%20either%20be,local%20authority%20th at%20make%20applications>.
- 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. doi:10.1080/10538712.2018.1534919
- McCoyd, J. L. M., & Kerson, T. S. (2006). Conducting intensive interviews using email: A serendipitous comparative opportunity. *Qualitative Social Work*, 5(3), 389-406. doi:10.1177/1473325006067367
- McGibbon, G., & Leonard, M. (2019). *The Capacity & Ability to Supervise & Protect – Risk Framework (CASP-R)*. McGibbon Consultancy & Safeguarding Services Ltd & Leonard Consultancy.
- McHugh M. L. (2012). Interrater reliability: The kappa statistic. *Biochemia Medica*, 22(3), 276–282.
- McKinney, C. M., Caetano, R., Ramisetty-Mikler, S., & Nelson, S. (2009). Childhood family violence and perpetration and victimization of intimate partner violence: Findings from a national population-based study of couples. *Annals of Epidemiology*, 19(1), 25-32. doi:10.1016/j.annepidem.2008.08.008
- 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, 439-448. doi:10.1111/j.1365-2206.2012.00863.x
- McMillan, L. (2013). *Non-Offending Mothers of Sexually Abused Children: How They Decide Whom to Believe*. University of South Carolina Dissertation.
- Mee, J. (1983). *The relationship between stress and the potential for child abuse*. [Unpublished thesis]. Macquarie University.
- Meehl, P. E. (1954). *Clinical versus statistical prediction*. Minneapolis: University of Minnesota Press.
- Merrill, L. L., Crouch, J. L., Thomsen, C. J., & Guimond, J. M. (2004). Risk for intimate partner violence and child physical abuse: Psychosocial characteristics of multirisk male and female Navy recruits. *Child Maltreatment*, 9(1), 18-29. doi:10.1177/1077559503260852
- Middleton, F. (2022, August 26). *The 4 Types of Reliability in Research: Definitions & Examples*. Scribbr. Retrieved 20 November, 2022, from <https://www.scribbr.co.uk/research-methods/reliability-explained/>
- Miller, T. R., Handal, P. J., Gilner, F. H., & Cross, J. F. (1991). The relationship of abuse and witnessing violence on the Child Abuse Potential Inventory with black adolescents. *Journal of Family Violence*, 6(4), 351-363.
- Millon, T., Grossman, S., & Million, C. (2015). *Million Clinical Multiaxial Inventory – IV (MCMI-IV)*. Pearson Publishing.

- Milner, J. S. (1980). *The Child Abuse Potential Inventory: Manual*. Psytec: Webster, NC.
- Milner, J. S. (1986). *The Child Abuse Potential Inventory: Manual*, 2nd Edition. Psytec: Webster, NC.
- Milner, J. S. (1989). Additional cross-validation of the Child Abuse Potential Inventory. *Psychological Assessment*, 1, 219-223.
- Milner, J. S. (1990). *An interpretive manual for the Child Abuse Potential Inventory*. Webster, NC: Psytec.
- Milner, J. S. (1994). Assessing physical child abuse risk: The child abuse potential inventory. *Clinical Psychology Review*, 14(6), 547-583.
[https://doi.org/10.1016/0272-7358\(94\)90017-5](https://doi.org/10.1016/0272-7358(94)90017-5)
- Milner, J. S. (2019). *Translated versions of the Child Abuse Potential (CAP) Inventory reading list by language/country*. Unpublished manuscript, Northern Illinois University.
- Milner, J. S., Charlesworth, J. R., Gold, R. G., Gold, S. R., & Friesen, M. R. (1988). Convergent validity of the Child Abuse Potential Inventory. *Journal of Clinical Psychology*, 44(2), 281-285.
- Milner, J. S., & Crouch, J. L. (2012). Psychometric characteristics of translated versions of the child abuse potential inventory. *Psychology of Violence*, 2(3), 239-259.
<https://doi.org/10.1037/a0026957>
- Milner, J. S., Gold, R. G., Ayoub, C., & Jacewitz, M. M. (1984). Predictive validity of the Child Abuse Potential Inventory. *Journal of Consulting and Clinical Psychology*, 52(5), 879-884.
- Milner, J. S., Gold, R. G., & Wimberley, R. C. (1986). Prediction and explanation of child abuse: Cross-validation of the Child Abuse Potential Inventory. *Journal of Consulting and Clinical Psychology*, 54, 865-866.
- Milner, J. S., & Robertson, K. R. (1985, May). *A comparison of physical child abusers, sexual child abusers, and child neglectors*. Paper presented at the meeting of the American Association for the Advancement of Science, Los Angeles.
- Milner, J. S., & Robertson, K. R. (1989). Inconsistent response patterns and the prediction of child maltreatment. *Child Abuse and Neglect*, 13, 59-64.
- Milner, J. S., & Robertson, K. R. (1990). Comparison of physical child abusers, intrafamilial sexual child abusers, and child neglectors. *Journal of Interpersonal Violence*, 5, 37-48.
- Milner, J. S., Robertson, K. R., & Rogers, D. L. (1990). Childhood history of abuse and adult child abuse potential. *Journal of Family Violence*, 5, 15-34.
- Milner, J. S., & Williams, P. P. (1978). Child abuse and neglect: A bibliography. *Journal Supplement Abstract Services: Catalog of Selected Documents in Psychology*, 8, 42.
- Milner, J. S., & Wimberley, R. C. (1979). An inventory for the identification of child abusers. *Journal of Clinical Psychology*, 35(1), 95-100.
- Milner, J. S., & Wimberley, R. C. (1980). Prediction and explanation of child abuse. *Journal of Clinical Psychology*, 36(4), 875-884.
- Miragoli, S., Camisasca, E., Di Blasio, P., Milani, L., Ionio, C., Gizzi, N., Cammarella, A., & Togliatti, M. M. (2016). Child abuse potential inventory in Italy: A comparative study of abusive and nonabusive parents. *Journal of Child Custody*, 13(4), 289 – 306. doi:10.1080/15379418.2016.1250145
- Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The

- PRISMA Statement. *PLoS Med*, 6(7), e1000097.
doi:10.1371/journal.pmed1000097
- Mollerstrom, W. W. (1993, January). *U.S. Air Force family advocacy program research initiative*. Paper presented at the Seventh annual meeting of the San Diego Conference on responding to child maltreatment, San Diego, CA.
- Mollerstrom, W. W., Patchner, M. A., & Milner, J. S. (1992). Family functioning and child abuse potential. *Journal of Clinical Psychology*, 48(4), 445-454.
- Monroe, L. D., & Schellenbach, C. J. (1989). Relationship of Child Abuse Potential Inventory scores to parental responses. *Child and Family Behavior Therapy*, 11(3-4), 39-58. doi:10.1300/J019v11n03_03
- Moos, R., & Moos, B. (1986). *The Family Environment Scale Manual*, 2nd Edition. Consulting Psychologists Press.
- Mouanoutoua, V. L. (1992). *Acculturation and risk for child maltreatment in the Hmong community*. [Unpublished dissertation]. California School of Professional Psychology-Fresno.
- Munro, E. (1999). Common errors of reasoning in child protection work. *Child Abuse & Neglect*, 23(8), 745-758.
- Mustard, J. F. (2010). Early brain development and human development. *Encyclopedia on Early Childhood Development*, 1-5.
- National Institute on Drug Abuse (NIDA). (2020). *Common Comorbidities with Substance Use Disorders Research Report*.
<https://www.ncbi.nlm.nih.gov/books/NBK571451/>
- National Society for the Prevention of Cruelty to Children (2021). *Statistics briefing: Child sexual abuse*. Published March 2021. <https://learning.nspcc.org.uk/research-resources/statistics-briefings/child-sexual-abuse>
- National Society for the Prevention of Cruelty to Children (2022). *Women as protectors*. NSPCC Learning. <https://learning.nspcc.org.uk/services-children-families/women-as-protectors>
- Office for National Statistics. (2020). *Child abuse in England and Wales: January 2020*. Published 14 January 2020.
<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/childabuseinenglandandwales/january2020>
- Oliver, C. J. (2012). *Non-Offending Guardian Support and Protection in Cases of Child Sexual Abuse: The Role of Risk Perception*. University of Birmingham e-thesis.
<https://core.ac.uk/download/pdf/9552848.pdf>
- Ondersma, S. J., Chaffin, M. J., Mullins, S. M., & LeBreton, J. M. (2005). A brief form of the Child Abuse Potential Inventory: Development and Validation. *Journal of Clinical Child and Adolescent Psychology*, 34(2), 301-311.
doi:10.1207/s15374424jccp3402_9
- Ornelas, S. G. (2001). A cross-cultural and intracultural comparison of child abuse potential scores and reliability estimates [Doctoral dissertation]. Arizona State University.
- Payer, M., Cyr, M., & McDuff, P. (2008). Prédicteurs du soutien maternel et des stratégies d'adaptation de mères d'enfant victime d'agression sexuelle. *Revue Québécoise de Psychologie*, 29(3), 161-173.
- Pianta, R., Egeland, B., & Erickson, M. F. (1989). The antecedents of maltreatment: Results of the Mother-Child Interaction Project. In D. Cicchetti & V. Carlson

- (Eds.), *Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect* (pp. 203-253). Cambridge University Press.
- Plummer, M., & Cossins, A. (2018). The Cycle of Abuse: When Victims Become Offenders. *Trauma, Violence, & Abuse*, 19(3), 286–304. <https://doi.org/10.1177/1524838016659487>
- Ports, K. A., Ford, D. C., Merrick, M. T., & Guinn, A. S. (2020). ACEs: Definitions, measurement, and prevalence. In J. G. Asmundson & T. O. Afifi (Eds.), *Adverse Childhood Experiences: Using evidence to advance research, practice, policy, and prevention* (pp. 17-34). Elsevier Inc. <https://doi.org/10.1016/C2017-0-03827-2>
- Quinnell, F. A., & Bow, J. N. (2001). Psychological tests used in child custody evaluations. *Behavioral Sciences and the Law*, 19, 491-501.
- Quinsey, V. L., Harris, G. T., Rice, M. E., & Cormier, C. A. (1998). *Violent offenders: Appraising and managing risk*. American Psychological Association.
- Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N., & Collishaw, S. (2011). *Child abuse and neglect in the UK today*. London: NSPCC.
- Rakow, A., Smith, D., Begle, A., & Ayer, L., (2011). The association of maternal depressive symptoms with child externalizing problems: The role of maternal support following child sexual abuse. *Journal of Child Sexual Abuse*, 20, 467-480. doi:10.1080/10538712.2011.588189
- Rancher, C., Are, F., Goodrum, N. M., & Smith, D. W. (2023). Longitudinal predictors of mother- and child-report of maternal support following child sexual abuse. *Child Maltreatment*, 28(1), 76-84. doi:10.1177/10775595211061163
- Ratican, K. (1992). Sexual abuse survivors: Identifying symptoms and special treatment considerations. *Journal of Counseling & Development*, 71(1), 33-38.
- Reidy, T. J., & Hochstadt, N. L. (1993). Attribution of blame in incest cases: A comparison of mental health professionals. *Child Abuse and Neglect*, 17, 371-381.
- Ridby, P. & Callan, T. (2012). Non-offending carers risk assessment. Family Support Project.
- Rush, F. (1980). *The best kept secret: Sexual abuse of children*. Prentice-Hall
- Sawasdipanich, N., Srisuphan, W., Yenbut, J., Tianswad, S., & Humphreys, J. (2010). Effects of a cognitive adjustment program for Thai parents. *Nursing and Health Sciences*, 12, 306 –313. doi:10.1111/j.1442-2018.2010.00531.x
- Shannon, K. L., Pearce, E., & Swarbrick, R. (2013). Factors influencing the development of an innovative service for women non-offending partners (NOPs) of male sexual offenders. *Journal of Sexual Aggression*, 19(3), 357–368. <https://doi.org/10.1080/13552600.2012.729092>
- Shaw, J., & Lee, H. (2019). Race and the criminal justice system response to sexual assault: A systematic review. *American Journal of Community Psychology*, 64, 256-278. doi:10.1002/ajcp.12334
- Sheffler, J. L., Stanley, I., & Sachs-Ericsson, N. (2020). ACEs and mental health outcomes. In J. G. Asmundson & T. O. Afifi (Eds.), *Adverse Childhood Experiences: Using evidence to advance research, practice, policy, and prevention* (pp. 47-69). Elsevier Inc. <https://doi.org/10.1016/C2017-0-03827-2>
- Shonkoff, J. P. (2016). Capitalizing on advances in science to reduce the health consequences of early childhood adversity. *JAMA Pediatrics*, 170(10), 1003-1007.

- Shuttleworth, M. (2009, August 21). *Convergent and Discriminant Validity*. Explorable. Retrieved 20 November, 2022, from <https://explorable.com/convergent-validity>
- Singh, S. (2021). Punishing mothers for men's violence: Failure to protect legislation and the criminalisation of abused women. *Feminist Legal Studies*, 29, 181-203. <https://doi.org/10.1007/s10691-021-09455-5>
- Sirles, E. A. & Franke, P. J. (1989). Factors influencing mothers' reactions to intrafamily sexual abuse. *Child Abuse and Neglect*, 13, 129-139.
- Smith, G. (1995). Assessing protectiveness in cases of child sexual abuse. In P. Reder & C. Lucey (Eds.) *Assessment of Parenting: Psychiatric and Psychological Contributions*. East Sussex: Routledge.
- Smith, D. W., Sawyer, G. K., Heck, N. C., Zajac, K., Solomon, D., Self-Brown, S., Danielson, C. K., & Ralston, M. E. (2017). Psychometrics of a child report measure of maternal support following disclosure of sexual abuse. *Journal of Child Sexual Abuse*, 26(3), 270-287. doi:10.1080/10538712.2017.1296915
- Smith, D. W., Sawyer, G. K., Jones, L. M., Cross, T., McCart, M. R., & Ralston, M. E. (2010). Mother reports of maternal support following child sexual abuse: Preliminary psychometric data on the Maternal Self-report Support Questionnaire (MSSQ). *Child Abuse & Neglect*, 34, 784-792. doi:10.1016/j.chiabu.2010.02.009
- Spaccarelli, S. (1994). Stress, appraisal, and coping in child sexual abuse: A theoretical and empirical review. *Psychological Bulletin*, 116(2), 340-362. <https://doi.org/10.1002/imhj.21676>
- Spangler, G., Bovenschen, I., Globisch, J., Krippel, M., & Ast-Scheitenberger, S. (2009). Subjektive elterliche belastung als indikator fur kindeswohlgefährdung - die rolle von emotionaler regulation und dindung [Subjective parental stress as indicator for child abuse risk - The role of emotional regulation and attachment]. *Praxis der Kinderpsychologie und Kinderpsychiatrie*, 58, 814 – 837.
- Spataro, J., Mullen, P. E., Burgess, P. M., Wells, D. L., & Moss, S. A. (2004). Impact of child sexual abuse on mental health: Prospective study in males and females. *British Journal of Psychiatry*, 184(5), 416-421.
- Strauss, M. A., Gelles, R. J., & Steinmetz, S. K. (1980). *Behind closed doors*. Doubleday.
- Taillieu, T. L., Davila, I. G., & Struck, S. (2020). ACEs and mental health outcomes. In J. G. Asmundson & T. O. Afifi (Eds.), *Adverse Childhood Experiences: Using evidence to advance research, practice, policy, and prevention* (pp. 119-142). Elsevier Inc. <https://doi.org/10.1016/C2017-0-03827-2>
- Taylor, S. E., Klein, L. C., Lewis, B. P., Gruenewald, T. L., Gurung, R. A., & Updegraff, J. A. (2000). Biobehavioral responses to stress in females: Tend-and-befriend, not fight-or-flight. *Psychological Review*, 107(3), 411-429. <https://doi.org/10.1037/0033-295X.107.3.411>
- The Family Procedure Rules 2010*, No. 2955 (L. 17), Part 25 Experts and Assessors. <https://www.legislation.gov.uk/ukxi/2010/2955/part/25>
- Thériault, C., Cyr, M., & Wright, J. (1995). Histoire Antérieure d'Abus Sexuel (Traduction et Adaptation du « Incest History Questionnaire » et du « Parental Reaction to Disclosure Scale » (Document inédit). Montréal : PRIMASE, Université de Montréal.
- Thériault, C., Cyr, M., et Wright, J. (1996). Traduction et adaptation du Parental Reaction to Disclosure Scale de Everson et al. (1989). Document inédit. Université de Montréal.

- Thornton, D. (2002). Constructing and testing a framework for dynamic risk assessment. *Sex Abuse, 14*(2), 139-53. doi: 10.1177/107906320201400205
- Todd, M. K., & Gesten, E. L. (1999). Predictors of child abuse potential in at-risk adolescents. *Journal of Family Violence, 14*, 417-436.
- Toews, K., Cummings, J. A., & Zagrodny, J. L. (2019). Mother blame and the Just World Theory in child sexual abuse cases. *Journal of Interpersonal Violence, 34*(21-22), 4661-4686. doi:10.1177/0886260516675922
- Townsend, M. L., Miller, C. E., Matthews, E. L., & Grenyer, B. F. S. (2021). Parental response style to adolescent self-harm: Psychological, social and functional impacts. *International Journal of Environmental Research and Public Health, 18*(24), 1-17. doi:10.3390/ijerph182413407
- Tremblay, C., Hebert, M., & Piche, C. (1999). Coping strategies and social support as mediators of consequences in child sexual abuse victims. *Child Abuse & Neglect, 23*, 929-945.
- Trivedi, S. (2019). *The harm of child removal. New York University Review of Law and Social Change*
- Valle, L. A., Chaffin, M., BigFoot, D. S. (2000). *Assessing parenting risk in different ethnic groups with the Child Abuse Potential Inventory*. Paper presented at the meeting of the American Professional Society on the Abuse of Children, Chicago.
- Verdugo, M. A., & Bermegio, B. G. (1997). The mentally retarded person as a victim of maltreatment. *Aggression and Violent Behavior, 2*(2), 143-165.
- Verma, R., Balhara, Y. P., Gupta, C. S. (2011). Gender differences in stress response: Role of developmental and biological determinants. *Industrial Psychiatry Journal, 20*(1), 4-10. doi:10.4103/0972-6748.98407
- Vig, K. D., Paluszek, M. M., & Asmundson, G. J. G. (2020). ACEs and physical health outcomes. In J. G. Asmundson & T. O. Afifi (Eds.), *Adverse Childhood Experiences: Using evidence to advance research, practice, policy, and prevention* (pp. 71-90). Elsevier Inc. <https://doi.org/10.1016/C2017-0-03827-2>
- Walker, C. A., & Davies, J. (2010). A critical review of the psychometric evidence base of the child abuse potential inventory. *Journal of Family Violence, 25*(2), 215-227. <https://doi.org/10.1007/s10896-009-9285-9>
- Walker, H. E., Freud, J. S., Ellis, R. A., Fraine, S. M., & Wilson, L. C. (2019). The prevalence of sexual revictimization. *Trauma, Violence, & Abuse, 20*, 67-80. <https://doi.org/10.1177/1524838017692364>
- Walsh, W., Cross, T. P., & Jones L. M. (2012). Do parents blame or doubt their child more when sexually abused by adolescents versus adults? *Journal of Interpersonal Violence, 27*(3), 453-470. doi:10.1177/0886260511421671
- Wamser-Nanney, R. & Sager, J. C. (2018). Predictors of maternal support following children's sexual abuse disclosures. *Child Abuse and Neglect, 81*, 39-47. <https://doi.org/10.1016/j.chiabu.2018.04.016>
- Wangerin, G. B. (1994). *Maternal Protective Behaviors Regarding Sexual Abuse in Women With a History of Childhood Sexual Abuse*. Boston College dissertation.
- Ward, T. (2002). Good lives and rehabilitation of offenders: Promises and problems. *Aggression and Violent Behavior, 7*, 513 – 528.
- Wechsler, D. (2008). *Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV)*. APA PsycTests. <https://doi.org/10.1037/t15169-000>
- Wells, B. M., Crouch, J. L., Schubert, R., Irwin, L. M., Risser, H. J., & Skowronski, J. J. (2011). Revisiting the issues of the Child Abuse Potential Inventory's internal

- consistency in adolescent samples. *Journal of Adolescent Health*, 48, 351-357. doi:10.1016/j.jadohealth.2010.07.023
- Widom, C. S., & Maxfield, M. G. (2001). *An update on the "Cycle of Violence"*. National Institute of Justice.
- Windle, V., & Mountford, T. (2020, April 14). *Civil procedure, litigation and the Coronavirus*. Blackstone Chambers. <https://coronavirus.blackstonechambers.com/civil-procedure-and-coronavirus/>
- Winnicott, D.W. (1971). *Playing and Reality*. Routledge.
- Wolfe, D. A., Edwards, B., Manion, I., & Koverla, C. (1988). Early interventions for parents at risk for child abuse and neglect: A preliminary investigation. *Journal of Consulting and Clinical Psychology*, 56, 40-47.
- 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. doi:10.1080/10538712.2013.781090
- World Health Organisation [WHO]. (2022). *Lifetime prevalence of child sexual abuse (%)*. World Health Organisation. [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/lifetime-prevalence-of-child-sexual-abuse\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/lifetime-prevalence-of-child-sexual-abuse(-))
- Wurtele, S. K., & Miller-Perrin, C. L. (1992). *Preventing child sexual abuse: Sharing the responsibility*. University of Nebraska Press.
- Zagrodney, 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. doi:10.1080/10538712.2016.1236870

Appendix A

Search Terms Variations

English Search Terms

Variation 1

"intervening variable*" OR "intervening factor*" OR factor* OR variable* OR characteristic* OR aspect* OR cause* OR reason*

AND

"non-offending guardian*" OR "nonoffending guardian*" OR "non-abus* guardian*" OR "nonabus* guardian*" OR guardian OR maternal OR mother* OR paternal OR father* OR parent* OR carer* OR "non-abus* partner*" OR "nonabus* partner*" OR "non-offending partner*" OR "nonoffending partner*" OR "non-offending caretaker*" OR "nonoffending caretaker*" OR "non-abus* caretaker*" OR "nonabus* caretaker*"

AND

belief OR believ* OR support* OR protect* OR reaction* OR response* OR respond* OR ambivalen* OR behavio* OR perc* OR attitud* OR disbelie* OR "failure to protect" OR unsupport* OR reject*

AND

"child* sex* abuse*" OR CSA OR "sexual abuse" OR "child abuse" OR "sexual assault*" OR incest OR "child molest*"

Variation 2

"intervening variable*" OR "intervening factor*" OR factor* OR variable* OR characteristic* OR aspect* OR cause* OR reason*

AND

"non-offending guardian*" OR "nonoffending guardian*" OR "non-abus* guardian*" OR "nonabus* guardian*" OR guardian OR maternal OR mother* OR paternal OR father* OR parent* OR carer* OR "non-abus* partner*" OR "nonabus* partner*" OR "non-offending partner*" OR "nonoffending partner*" OR "non-offending caretaker*" OR "nonoffending caretaker*" OR "non-abus* caretaker*" OR "nonabus* caretaker*"

AND

support* OR protect*

AND

"child* sex* abuse*" OR CSA OR "sexual abuse" OR "child abuse" OR "sexual assault*" OR incest OR "child molest*"

Variation 3

factor* OR variable* OR characteristic*

AND

"non-offending guardian*" OR "nonoffending guardian*" OR "non-abus* guardian*" OR "nonabus* guardian*" OR guardian OR maternal OR mother* OR paternal OR father* OR parent* OR carer* OR "non-abus* partner*" OR "nonabus* partner*" OR "non-offending partner*" OR "nonoffending partner*" OR "non-offending caretaker*" OR "nonoffending caretaker*" OR "non-abus* caretaker*" OR "nonabus* caretaker*"

AND

support* OR protect*

AND

"child* sex* abuse*" OR CSA OR "sexual abuse" OR "child abuse" OR "sexual assault*" OR incest OR "child molest*"

Variation 4

factor* OR variable* OR characteristic*

AND

("non-offending" OR "nonoffending") NEAR/2 (guardian* OR mother OR carer)

AND

support* OR protect*

AND

"child* sex* abuse*" OR CSA OR "sexual abuse" OR "child abuse" OR "sexual assault*" OR incest OR "child molest*"

Variation 5

factor* OR variable* OR characteristic*

AND

"non-offending guardian*" OR "nonoffending guardian*" OR "non-abus* guardian*" OR "nonabus* guardian*" OR "non-abus* partner*" OR "nonabus* partner*" OR "non-offending partner*" OR "nonoffending partner*" OR "non-offending caretaker*" OR "nonoffending caretaker*" OR "non-abus* caretaker*" OR "nonabus* caretaker*"

AND

support* OR protect*

AND

"child* sex* abuse*" OR CSA OR "sexual abuse" OR "child abuse" OR "sexual assault*" OR incest OR "child molest*"

Variation 6

factor* OR variable* OR characteristic*

AND

("non-offending" OR "nonoffending" OR "non-abus*" OR "nonabus*") NEAR/2 (guardian* OR partner OR caretaker* OR carer OR parent OR mother OR father)

AND

support* OR protect*

AND

"child* sex* abuse*" OR CSA OR "sexual abuse" OR "child abuse" OR "sexual assault*" OR incest OR "child molest"

Variation 7

All without ("intervening variable*" OR "intervening factor*" OR factor* OR variable* OR characteristic* OR aspect* OR cause* OR reason*)

Variation 8

All without ("non-offending guardian*" OR "nonoffending guardian*" OR "non-abus* guardian*" OR "nonabus* guardian*" OR guardian OR maternal OR mother* OR paternal OR father* OR parent* OR carer* OR "non-abus* partner*" OR "nonabus* partner*" OR "non-offending partner*" OR "nonoffending partner*" OR "non-offending caretaker*" OR "nonoffending caretaker*" OR "non-abus* caretaker*" OR "nonabus* caretaker*")

Variation 9

All without (belief OR believ* OR support* OR protect* OR reaction* OR response* OR respond* OR ambivalen* OR behavio* OR perc* OR attitud* OR disbelie* OR "failure to protect" OR unsupport* OR reject*)

Variation 10

All without ("child* sex* abuse*" OR CSA OR "sexual abuse" OR "child abuse" OR "sexual assault*" OR incest OR "child molest")

Variation 11

All the search terms without one of the words out at a time.

Variation 12

Search without all the terms that were found to not add any results to the search in variation 11:

factor* OR variable* OR characteristic* OR aspect* OR cause* OR reason*

AND

guardian OR maternal OR mother* OR paternal OR father* OR parent* OR carer*

AND

belief OR believ* OR support* OR protect* OR reaction* OR response* OR respond* OR ambivalen* OR behavio* OR perc* OR attitud* OR disbelie* OR unsupport* OR reject*

AND

"child* sex* abuse*" OR CSA OR "sexual abuse" OR "child abuse" OR "sexual assault*" OR incest OR "child molest*"

Variation 13

Search with only the terms that were found to not add any articles in variation 11, plus the last group of keywords (done with and without the third group of keywords):

"intervening variable*" OR "intervening factor*"

AND

"non-offending guardian*" OR "nonoffending guardian*" OR "non-abus* guardian*" OR "nonabus* guardian*" OR "non-abus* partner*" OR "nonabus* partner*" OR "non-offending partner*" OR "nonoffending partner*" OR "non-offending caretaker*" OR "nonoffending caretaker*" OR "non-abus* caretaker*" OR "nonabus* caretaker*"

AND

"failure to protect"

AND

"child* sex* abuse*" OR CSA OR "sexual abuse" OR "child abuse" OR "sexual assault*" OR incest OR "child molest*"

Variation 14

All, except 'factor*' and 'parent*'; then all except 'factor*' only; then all except 'parent*' only:

"intervening variable*" OR "intervening factor*" OR variable* OR characteristic* OR aspect* OR cause* OR reason*

AND

"non-offending guardian*" OR "nonoffending guardian*" OR "non-abus* guardian*" OR "nonabus* guardian*" OR guardian OR maternal OR mother* OR paternal OR father* OR carer* OR "non-abus* partner*" OR "nonabus* partner*" OR "non-offending partner*" OR "nonoffending partner*" OR "non-offending caretaker*" OR "nonoffending caretaker*" OR "non-abus* caretaker*" OR "nonabus* caretaker*"

AND

belief OR believ* OR support* OR protect* OR reaction* OR response* OR respond* OR ambivalen* OR behavio* OR perc* OR attitud* OR disbelie* OR "failure to protect" OR unsupport* OR reject*

AND

"child* sex* abuse*" OR CSA OR "sexual abuse" OR "child abuse" OR "sexual assault*" OR incest OR "child molest*"

Variation 15

factor* OR variable* OR characteristic* OR aspect* OR cause* OR reason*

AND

guardian OR maternal OR mother* OR paternal OR father* OR carer*

AND

belief OR believ* OR support* OR protect* OR reaction* OR response* OR respond* OR ambivalen* OR
 behavio* OR perc* OR attitud* OR disbelie* OR unsupport* OR reject*

AND

"child* sex* abuse*" OR CSA OR "sexual* abuse*" OR "child abuse" OR "sexual assault*" OR incest OR
 "child molest*"

Variation 16 – Final Search Terms

factor* OR variable* OR characteri* OR aspect* OR cause* OR reason* OR predict* OR indicat*

AND

guardian OR maternal OR mother* OR paternal OR father* OR carer*

AND

belief OR believ* OR support* OR protect* OR reaction* OR response* OR respond* OR ambivalen* OR
 behavio* OR perc* OR attitud* OR disbelie* OR unsupport* OR reject*

AND

"child* sex* abuse*" OR CSA OR "sexual* abuse*" OR "child abuse" OR "sexual assault*" OR incest OR
 "child molest*"

French Search Terms

Variation 1

facteur* OU variable* OU caracteri* OU aspect* OU cause* OU raison* OU predi* OU indicat*

ET

gardien OU maternel OU mère OU paternel OU père OU tuteur

ET

croyance OU croi* OU soutien OU soutenir OU protéger OU protect* OU réaction* OU répon* OU
 ambivalen* OU comportement* OU perce* OU attitude* OU non-croyance OU incroyul* OU rejet*

ET

"abus sexuel sur enfant" OU "abus sexuel sur mineur" OU "abus sexuel de l'enfant" OU "abus sexuel" OU
 "abus sur mineur" OU "agression sexuelle" OU inceste OU pédophilie

Variation 2

facteur* OU variable* OU caracteris* OU aspect* OU cause* OU raison* OU indicat*

ET

gardien OU maternel* OU mère OU paternel* OU père OU tuteur

ET

croyance OU soutien OU soutenir OU protéger OU réaction* OU répon* OU ambivalen* OU
 comportement* OU perception OU percevoir OU attitude* OU incroyul* OU rejet*

ET

"abus sexuel sur enfant" OU "abus sexuel sur mineur" OU "abus sexuel de l'enfant" OU "abus sexuel" OU "abus sur mineur" OU "aggression sexuelle" OU inceste OU pédophilie

Variation 3 – Final Search Terms

facteur* OU variable* OU caractéris* OU aspect* OU cause* OU raison* OU prédi* OU indicat*

ET

gardien OU maternel* OU mère OU paternel* OU père OU tuteur

ET

réaction* OU croire OU soutien OU soutenir OU protéger OU protection OU réponse* OU ambivalence OU comportement* OU perception* OU percevoir OU attitude*

ET

“agress* sexuel*” OU "abus sexuel sur enfant" OU "abus sexuel sur mineur" OU "abus sexuel de l'enfant" OU "abus sexuel" OU "abus sur mineur" OU inceste OU pédophilie

Appendix B

Search Syntax

In English

Web of Science (Core Collection)

Conducted on the 22nd November 2021 and 18th March 2023.

Fields: 'topic'

factor OR variable* OR characteri* OR aspect* OR cause* OR reason* OR predict* OR indicat**

AND

guardian OR maternal OR mother OR paternal OR father* OR carer**

AND

belief OR believ OR support* OR protect* OR reaction* OR response* OR respond* OR ambivalen* OR behavio* OR perc* OR attitud* OR disbelie* OR unsupport* OR reject**

AND

"child sex* abuse*" OR CSA OR "sexual* abuse*" OR "child abuse" OR "sexual assault*" OR incest OR "child molest*"*

On 22nd November 2021: 2,346 results

After applying English and French-only criteria: 2,244 results

On 18th March 2023; added date range for papers added to database between 22nd November 2021 and 18th March 2023: 176 results

After applying English and French-only criteria: 172 results

APA PsychArticles Full Text

Conducted on the 22nd November 2021 and 18th March 2023.

Fields: 'abstract'. No language or other limitations were added.

factor OR variable* OR characteri* OR aspect* OR cause* OR reason* OR predict* OR indicat**

AND

guardian OR maternal OR mother OR paternal OR father* OR carer**

AND

belief OR believ OR support* OR protect* OR reaction* OR response* OR respond* OR ambivalen* OR behavio* OR perc* OR attitud* OR disbelie* OR unsupport* OR reject**
AND

"child sex* abuse*" OR CSA OR "sexual* abuse*" OR "child abuse" OR "sexual assault*" OR incest OR "child molest*"*

On 22nd November 2021: 47 results

On 18th March 2023: 47 results. All the same, 0 new results were found.

EMBASE (1974 to 2023 March 17)

Conducted on the 22nd November 2021 and 18th March 2023.

Fields: 'abstract'. No language or other limitations were added.

factor OR variable* OR characteri* OR aspect* OR cause* OR reason* OR predict* OR indicat**

AND

guardian OR maternal OR mother OR paternal OR father* OR carer**

AND

belief OR believ OR support* OR protect* OR reaction* OR response* OR respond* OR ambivalen* OR behavio* OR perc* OR attitud* OR disbelie* OR unsupport* OR reject**
AND

"child sex* abuse*" OR CSA OR "sexual* abuse*" OR "child abuse" OR "sexual assault*" OR incest OR "child molest*"*

On 22nd November 2021: 1,396 results

On 18th March 2023: 1,523 results

After limiting to French and English papers only: 1,464 results.

After deleting duplicates from the initial search (using EndNote): 254 articles remain.

Scopus

Conducted on the 22nd November 2021 and 18th March 2023.

Field: 'abstract'

factor OR variable* OR characteri* OR aspect* OR cause* OR reason* OR predict* OR indicat**

AND

guardian OR maternal OR mother OR paternal OR father* OR carer**

AND

belief OR believ OR support* OR protect* OR reaction* OR response* OR respond* OR ambivalen* OR behavio* OR perc* OR attitud* OR disbelie* OR unsupport* OR reject**

AND

"child sex* abuse*" OR CSA OR "sexual* abuse*" OR "child abuse" OR "sexual assault*" OR incest OR "child molest*"*

On 22nd November 2021: 1,640 results

Then added limitations to French and English papers only.

On 18th March 2023: 1,756 results.

After adding limitations to French and English papers only: 1,647 results remain.

After deleting duplicates from the initial search (using EndNote): 137 results remain.

APA PsychInfo (1806 to March week 2 2023)

Conducted on the 22nd November 2021 and 19th March 2023.

Fields: 'abstract'. No language or other limitations were added.

factor OR variable* OR characteri* OR aspect* OR cause* OR reason* OR predict* OR indicat**

AND

guardian OR maternal OR mother OR paternal OR father* OR carer**

AND

belief OR believ OR support* OR protect* OR reaction* OR response* OR respond* OR ambivalen* OR behavio* OR perc* OR attitud* OR disbelie* OR unsupport* OR reject**

AND

"child sex* abuse*" OR CSA OR "sexual* abuse*" OR "child abuse" OR "sexual assault*" OR incest OR "child molest*"*

On 22nd November 2021: 1,584 results

On 19th March 2023: 1,661 results.

Added limitation for English and French papers only: 1,556 results.

After deleting duplicates from the initial search (using EndNote): 146 results remain.

ProQuest – Social Science Premium Collection (1914 – current)

Conducted on the 22nd November 2021 and 19th March 2023.

Field: 'abstract'

factor OR variable* OR characteri* OR aspect* OR cause* OR reason* OR predict* OR indicat**

AND

guardian OR maternal OR mother OR paternal OR father* OR carer**

AND

belief OR believ OR support* OR protect* OR reaction* OR response* OR respond* OR ambivalen* OR behavio* OR perc* OR attitud* OR disbelie* OR unsupport* OR reject**

AND

"child sex* abuse*" OR CSA OR "sexual* abuse*" OR "child abuse" OR "sexual assault*" OR incest OR "child molest*"*

On 22nd November 2021: 2,529 results

Then added limitations to French and English papers only.

On 19th March 2023: 2,271 results

After adding limitations to French and English papers only: 2,234 results.

After deleting duplicates from the initial search (using EndNote): 79 results remain.

Ovid MEDLINE(R) and In-Process, In-Data-Review & Other Non-Indexed Citations (1946 to March 17, 2023)

Conducted on the 22nd November 2021 and 19th March 2023.

Fields: 'abstract'. No language or other limitations were added.

factor OR variable* OR characteri* OR aspect* OR cause* OR reason* OR predict* OR indicat**

AND

guardian OR maternal OR mother OR paternal OR father* OR carer**

AND

belief OR believ OR support* OR protect* OR reaction* OR response* OR respond* OR ambivalen* OR behavio* OR perc* OR attitud* OR disbelie* OR unsupport* OR reject**

AND

"child sex* abuse*" OR CSA OR "sexual* abuse*" OR "child abuse" OR "sexual assault*" OR incest OR "child molest*"*

On 22nd November 2021: 1,044 results

On 19th March 2023: 1,129 results

After adding limitations to English and French results only: 1,081 results.

After deleting duplicates from the initial search (using EndNote): 55 results were left.

EBSCO platform (CINAHL Plus, AMED, Child Development & Adolescent Studies, MEDLINE)

Conducted on the 22nd November 2021 and 19th March 2023.

Fields: 'abstract'

factor OR variable* OR characteri* OR aspect* OR cause* OR reason* OR predict* OR indicat**

AND

guardian OR maternal OR mother OR paternal OR father* OR carer**

AND

belief OR believ OR support* OR protect* OR reaction* OR response* OR respond* OR ambivalen* OR behavio* OR perc* OR attitud* OR disbelie* OR unsupport* OR reject**

AND

"child sex* abuse*" OR CSA OR "sexual* abuse*" OR "child abuse" OR "sexual assault*" OR incest OR "child molest*"*

On 22nd November 2021: 1,720 results

Then added limitations to French and English papers only.

On 19th March 2023: 2,219 results

After adding limitations to French and English results only: 2,163 results.

After removing duplicates from the initial search (using EndNote): 89 results remain.

In French

Érudit Global All Journals

Conducted on the 13th April 2023.

Fields: 'title, abstract, and key terms'

facteur OU variable* OU caractéris* OU aspect* OU cause* OU raison* OU prédi* OU indicat**

ET

gardien OU maternel OU mère OU paternel* OU père OU tuteur*

ET

réaction OU croire OU soutien OU soutenir OU protéger OU protection OU réponse* OU ambivalence OU comportement* OU perception* OU percevoir OU attitude**

ET

"agress sexuel*" OU "abus sexuel sur enfant" OU "abus sexuel sur mineur" OU "abus sexuel de l'enfant" OU "abus sexuel" OU "abus sur mineur" OU inceste OU pédophilie*

16 results

Gallica

Conducted on the 13th April 2023.

Fields: 'title'

facteur OU variable* OU caractéris* OU aspect* OU cause* OU raison* OU prédi* OU indicat**

ET

gardien OU maternel OU mère OU paternel* OU père OU tuteur*

ET

réaction OU croire OU soutien OU soutenir OU protéger OU protection OU réponse*
OU ambivalence OU comportement* OU perception* OU percevoir OU attitude**

ET

“agress sexuel*” OU "abus sexuel sur enfant" OU "abus sexuel sur mineur" OU "abus sexuel de l'enfant" OU "abus sexuel" OU "abus sur mineur" OU inceste OU pédophilie*

12 results

Pascal et Francis

Conducted on the 13th of April 2023.

Fields: ‘mots clés’ (‘keywords’)

Refined for ‘psychopathology, psychiatry, clinical psychology, psychology, and ethology’
fields of research

facteur OU variable* OU caractéris* OU aspect* OU cause* OU raison* OU prédi* OU
indicat**

ET

gardien OU maternel OU mère OU paternel* OU père OU tuteur*

ET

réaction OU croire OU soutien OU soutenir OU protéger OU protection OU réponse*
OU ambivalence OU comportement* OU perception* OU percevoir OU attitude**

ET

“agress sexuel*” OU "abus sexuel sur enfant" OU "abus sexuel sur mineur" OU "abus sexuel de l'enfant" OU "abus sexuel" OU "abus sur mineur" OU inceste OU pédophilie*

109 results

ProQuest Social Science Premium Collection (1914 – current)

Conducted on 13th April 2023.

facteur OR variable* OR caractéris* OR aspect* OR cause* OR raison* OR prédi* OR
indicat**

AND

gardien OR maternel OR mère OR paternel* OR père OR tuteur*

AND

réaction OR croire OR soutien OR soutenir OR protéger OR protection OR réponse* OR ambivalence OR comportement* OR perception* OR percevoir OR attitude**

AND

“agress sexuel*” OR "abus sexuel sur enfant" OR "abus sexuel sur mineur" OR "abus sexuel de l'enfant" OR "abus sexuel" OR "abus sur mineur" OR inceste OR pédophilie*

14 results

Scopus

Conducted on 13th April 2023.

Fields: ‘article title, abstract, keywords’

facteur OR variable* OR caractéris* OR aspect* OR cause* OR raison* OR prédi* OR indicat**

AND

gardien OR maternel OR mère OR paternel* OR père OR tuteur*

AND

réaction OR croire OR soutien OR soutenir OR protéger OR protection OR réponse* OR ambivalence OR comportement* OR perception* OR percevoir OR attitude**

AND

“agress sexuel*” OR "abus sexuel sur enfant" OR "abus sexuel sur mineur" OR "abus sexuel de l'enfant" OR "abus sexuel" OR "abus sur mineur" OR inceste OR pédophilie*

6 results

EMBASE (1974 – 2023 April 12)

Conducted on 13th April 2023.

Fields: ‘all fields’

facteur OR variable* OR caracteris* OR aspect* OR cause* OR raison* OR predi* OR indicat**

AND

gardien OR maternel OR mere OR paternel* OR pere OR tuteur*

AND

reaction OR croire OR soutien OR soutenir OR proteger OR protection OR reponse* OR ambivalence OR comportement* OR perception* OR percevoir OR attitude**

AND

agress sexuel* OR abus sexuel sur enfant OR abus sexuel sur mineur OR abus sexuel de l'enfant OR abus sexuel OR abus sur mineur OR inceste OR pedophilie*

4 results

***Ovid MEDLINE(R) and In-Process, In-Data-Review & Other Non-Indexed Citations
(1946 to April 12, 2023)***

Conducted on 13th April 2023.

Fields: 'all fields'

facteur OR variable* OR caracteris* OR aspect* OR cause* OR raison* OR predi* OR indicat**

AND

gardien OR maternel OR mere OR paternel* OR pere OR tuteur*

AND

reaction OR croire OR soutien OR soutenir OR proteger OR protection OR reponse* OR ambivalence OR comportement* OR perception* OR percevoir OR attitude**

AND

agress sexuel* OR abus sexuel sur enfant OR abus sexuel sur mineur OR abus sexuel de l'enfant OR abus sexuel OR abus sur mineur OR inceste OR pedophilie*

1 result

APA PsychArticles Full Text

Conducted on 13th April 2023.

Fields: 'all fields'

facteur OR variable* OR caracteris* OR aspect* OR cause* OR raison* OR predi* OR indicat**

AND

gardien OR maternel OR mere OR paternel* OR pere OR tuteur*

AND

reaction OR croire OR soutien OR soutenir OR proteger OR protection OR reponse* OR ambivalence OR comportement* OR perception* OR percevoir OR attitude**

AND

agress sexuel* OR abus sexuel sur enfant OR abus sexuel sur mineur OR abus sexuel de l'enfant OR abus sexuel OR abus sur mineur OR inceste OR pedophilie*

22 results

APA PsycInfo (1806 to April week 1 2023)

Conducted on 13th April 2023.

Fields: 'all fields'

facteur OR variable* OR caracteris* OR aspect* OR cause* OR raison* OR predi* OR indicat**

AND

gardien OR maternel OR mere OR paternel* OR pere OR tuteur*

AND

reaction OR croire OR soutien OR soutenir OR proteger OR protection OR reponse* OR ambivalence OR comportement* OR perception* OR percevoir OR attitude**

AND

agress sexuel* OR abus sexuel sur enfant OR abus sexuel sur mineur OR abus sexuel de l'enfant OR abus sexuel OR abus sur mineur OR inceste OR pedophilie*

56 results

EBSCO platform (CINAHL Plus, AMED, Child Development & Adolescent Studies, MEDLINE)

Conducted on 13th April 2023.

Fields: 'all fields'

facteur OR variable* OR caractéris* OR aspect* OR cause* OR raison* OR prédi* OR indicat**

AND

gardien OR maternel OR mère OR paternel* OR père OR tuteur*

AND

réaction OR croire OR soutien OR soutenir OR protéger OR protection OR réponse* OR ambivalence OR comportement* OR perception* OR percevoir OR attitude**

AND

“agress sexuel*” OR "abus sexuel sur enfant" OR "abus sexuel sur mineur" OR "abus sexuel de l'enfant" OR "abus sexuel" OR "abus sur mineur" OR inceste OR pédophilie*

39 results

Web of Science (Core Collection)

Conducted on 13th April 2023.

Fields: ‘all fields’

facteur OR variable* OR caractéris* OR aspect* OR cause* OR raison* OR prédi* OR indicat**

AND

gardien OR maternel OR mère OR paternel* OR père OR tuteur*

AND

réaction OR croire OR soutien OR soutenir OR protéger OR protection OR réponse* OR ambivalence OR comportement* OR perception* OR percevoir OR attitude**

AND

“agress sexuel*” OR "abus sexuel sur enfant" OR "abus sexuel sur mineur" OR "abus sexuel de l'enfant" OR "abus sexuel" OR "abus sur mineur" OR inceste OR pédophilie*

0 results

Appendix C

Papers Unable to Access in Full-Text

Author (Date) of Publication	Title of Publication	How Study Identified
Holly (1996)	Variables related to maternal awareness of father/daughter incest	Database search
Honor (2023)	Nonoffending caregiver support after child sexual abuse: Essentials for the forensic nurse	Google search
Hsu (1999)	The relations among maternal support, maternal distress, and child functioning following disclosure of incest	Reference list manual search
Levenson, Tewksbury, & DiGiorgio-Miller (2012)	Experiences of nonoffending parents and caretakers in child sexual abuse cases	Reference list
McCaffery (1995)	Crisis and adaptation: Mothers of incest victims	Database search
Morton (2002)	Failure to protect	Reference list manual search
Porlier & Poitras (2022)	La sensibilité maternelle lors du placement: Associations avec la réunification familiale et les caractéristiques individuelles	Database search
Rabon (1995)	Childhood sexual abuse: The impact of family background on later psychological adjustment in African American and white American women	Database search
Runyan, Hunter, Everson, De Vos, Cross, Peeler, & Whitcomb (1992)	Maternal support for child victims of sexual abuse: Determinants and implications	Reference list manual search
Runyan, Hunter, Everson, Hitt, Porter, Shelton, & Woodstock (1989)	Determinants of maternal support and the relative contribution of maternal support to mental health functioning	Reference list manual search
Sawyer & Smith (2008)	Mother and child perceptions of maternal support following sexual abuse disclosure	Reference list
Thériault, Cyr, & Wright (1997)	Soutien maternel aux enfants victimes d'abus sexuel: Conceptualisation, effets et facteurs associés	Reference list manual search
Vaughan-Eden, LeBlanc, & Dzumaga (2020)	Succeeding with nonoffending caregivers of sexually abused children	Google search

Appendix D

Papers Excluded After Applying Inclusion/Exclusion Criteria

Author (Date) of Publication	Title of Publication	Reason for Exclusion	How Study Identified
Alaggia (2002)	Balancing acts: Reconceptualizing support in maternal response to intra-familial child sexual abuse	No structured measure of guardian emotional support and/or protective behaviour	Database search
Alaggia (2002)	Cultural and religious influences in maternal response to intrafamilial child sexual abuse: Charting new territory for research and treatment	No structured measure of NOG support and/or protectiveness	Database search
Alaggia & Knott (2008)	Treatment for the nonoffending caregiver	Not a primary study and not looking at intervening variables for ability to protect	Database search
Allard-Dansereau, Hébert, & Bernard-Bonnin (2010)	Characteristics of mothers consulting a paediatric clinic following their child's disclosure of sexual abuse	Not looking at non-offending guardian's ability to protect	Database search
Allard, Cyr, & Fernet (2011)	Impact psychologique sur des pères non-agresseurs du dévoilement d'une agression sexuelle par un enfant	Not looking at the ability to protect or at intervening variables	Researcher contacted
Asgeirsdottir, Huffhines, Sigurvinsdottir, & Wherry (2021)	Dyadic reports using the parental support after child sexual abuse measure: Psychometrics and associations with post-traumatic stress disorder symptoms	Not looking at intervening variables	Database search
Aydin, Akbas, Turla, & Dunder (2016)	Depression and posttraumatic stress disorder in child victims of sexual abuse: Perceived social support as a protection factor	Not looking at intervening variables and no measure of nonoffending guardian support	Reference list

Author (Date) of Publication	Title of Publication	Reason for Exclusion	How Study Identified
Baril & Tourigny (2016)	Facteurs maternels associés au cycle intergénérationnel de la victimisation sexuelle dans l'enfance parmi des femmes de la population générale	Not looking at nonoffending guardian support	Database search
Baril, Tourigny, Paillé, & Pauzé (2016)	Characteristics of sexually abused children and their nonoffending mothers followed by child welfare services: The role of maternal history of child sexual abuse	Not looking at the non-offending guardian's ability to support	Database search
Bavithra Devi, Dinesh Kumar, Nisha, Metha, Savarimuthu (2020)	A descriptive study to assess knowledge, attitude and practices of mothers regarding prevention of juvenile sexual abuse	Not looking at nonoffending guardian support and no measure of protectiveness/support	Database search
Becker & Coleman (1988)	Incest	Not primary study and not looking at ability to protect in non-offending guardians	Database search
Bell (2002)	Factors contributing to a mother's ability to recognise incestuous abuse of her child	Not looking at the ability to protect in non-offending guardians	Database search
Bernard (1997)	Black mothers' emotional and behavioral responses to the sexual abuse of their children	No structured measure of NOG support and/or protectiveness	Database search
Bernard-Bonnin, Hébert, Daignault, & Allard-Dansereau (2008)	Disclosure of sexual abuse, and personal and familial factors as predictors of post-traumatic stress disorder symptoms in school-aged girls	Not looking at non-offending guardians factors	Database search
Bernard-Bonnin, Amédée, Caouette, Allard-Dansereau, Pépin, & Hébert (2019)	Attachment security, self-esteem and coping strategies as potential predictors of anxiety symptoms in child sexual abuse	No structured measure of NOG support and/or protectiveness	Database search

Author (Date) of Publication	Title of Publication	Reason for Exclusion	How Study Identified
Bick, Zajac, Ralston, & Smith (2014)	Convergence and divergence in reports of maternal support following childhood sexual abuse: Prevalence and associations with youth psychosocial adjustment	Not looking at non-offending guardian's intervening variables	Database search
Bolen (2002)	Guardian support of sexually abused children: A definition in search of a construct	Not a primary study (literature review)	Database search
Bolen (2003)	Nonoffending mothers of sexually abused children: A case of institutionalized sexism?	Not empirical study	Google search
Bolen, Dessel, & Sutter (2015)	Parents will be parents: Conceptualizing and measuring nonoffending parent and other caregiver support following disclosure of sexual abuse	Not looking at intervening variables, but conceptualising guardian support	Reference list manual search
Bolen & Gergely (2015)	A meta-analytic review of the relationship between nonoffending caregiver support and postdisclosure functioning in sexually abused children	Not primary study (meta-analysis)	Reference list
Bolen & Lamb (2004)	Ambivalence of nonoffending guardians after child sexual abuse disclosure	Not looking at non-offending guardian's ability to protect	Database search
Bolen & Lamb (2007)	Parental support and outcome in sexually abused children	Not looking at non-offending guardian's intervening factors	Reference list manual search
Bolen, Lamb, & Gradante (2002)	The needs-based assessment of parental (guardian) support: A test of its validity and reliability	Not looking at intervening variables	Database search
Breckenridge (2006)	"Speaking of mothers..." How does the literature portray mothers who have a history of child sexual abuse?	Not a primary study	Database search

Author (Date) of Publication	Title of Publication	Reason for Exclusion	How Study Identified
Burnside (2009)	Child welfare decision making in intrafamilial child sexual abuse: The effect of maternal support	Not looking at intervening variables in non-offending guardians	Database search
Byerly (1985)	Mother's book – How to survive the incest of your child	Not primary study	Database search
Cabbigat & Kangas (2018)	Parental relations and family functioning in non-offending caregivers of abused children	Not looking at nonoffending guardian support and no measure of guardian support	Reference list
Cammaert (1988)	Nonoffending mother: A new conceptualization	Not a primary study (book chapter)	Reference list manual search
Clark & Nadeem (2021)	Caregiver factors in children's trauma treatment: A review of the literature	Not primary study (literature review)	Database search
Cohen & Mannarino (1996)	Factors that mediate treatment outcome of sexually abused preschool children	Not looking at non-offending guardian's ability to protect	Database search
Cohen & Mannarino (1998)	Factors that mediate treatment outcome of sexually abused preschool children: six and 12 month follow-up	Not looking at intervening variables	Database search
Coohey (2006)	How Child Protective Services investigators decide to substantiate mothers for failure-to-protect in sexual abuse cases.	Not looking at intervening variables for ability to protect	Database search
Corcoran (1998)	In defense of mothers of sexual abuse victims	Not primary study (literature review)	Database search
Counts, Buffington, Chang-Rios, Rasmussen, & Preacher (2010)	The development and validation of the protective factors survey: A self-report measure of protective factors against child maltreatment	Not looking at non-offending guardians	Database search

Author (Date) of Publication	Title of Publication	Reason for Exclusion	How Study Identified
Crevier (2003)	La personnalité et l'ajustement conjugal comme variables prévisionnelles des attitudes et des sentiments de la mère envers son enfant victime d'abus sexuel	No structured measure of NOG support and/or protectiveness	Database search
Crocetto (2018)	Non-offending fathers as caregivers in the aftermath of child sexual abuse disclosure: Applying a historical, attachment, and a case study lens	Not looking at intervening variables of non-offending guardian support (only one case study described)	Google search
Cyr, McDuff, & Wright (1999)	Profiles of mothers of sexually abused children: mental health, stress and adaptation	No structured measure of guardian emotional support and/or protective behaviour	Database search
Cyr, Pauzé, & McDuff (2004)	Les pratiques parentales de mères survivantes d'agression sexuelle	Not looking at non-offending guardian of sexually abused children	Researcher contacted
Cyr, Zuk, & Payer (2011)	Le profil des parents dont les enfants sont agressés sexuellement	Not primary study	Reference list manual search
Deblinger, Hathaway, Lippmann, & Steer (1993)	Psychosocial characteristics and correlates of symptom distress in nonoffending mothers of sexually abused children	Not looking at non-offending guardian's ability to protect, or intervening variables of	Database search
Deblinger, Steer, & Lippmann (1999)	Maternal factors associated with sexually abused children's psychosocial adjustment	Not looking at non-offending guardian's ability to protect	Database search
De Jong (1988)	Maternal responses to the sexual abuse of their children	Only uses an unstructured maternal self-report	Database search
Desgagné (2003)	Perceptions de l'enfant victime d'abus sexuel des attitudes maternelles en lien avec l'empathie et les stratégies d'adaptation de la mère	Not looking at nonoffending guardian support (looking at empathy and adaptation strategies)	Google search
deYoung (1994)	Immediate maternal reactions to the disclosure or discovery of incest	Not looking at intervening variables	Database search

Author (Date) of Publication	Title of Publication	Reason for Exclusion	How Study Identified
Dos Santos & Dell'Aglio (2008)	Understanding the mothers of children who are victims of sexual abuse: Cycles of violence	Not found in English or French	Database search
Dos Santos & Dell'Aglio (2009)	Disclosure of child sexual abuse: Mother's reactions	Not found in English or French	Database search
Dubois (2010)	Les indices d'absence de protection maternelle dans les épreuves graphiques d'enfants abusés sexuellement	Not looking at intervening variables	Google search
Elbow & Mayfield (1991)	Mothers of incest victims: Villains, victims, or protectors?	Not an empirical study, more exploratory	Reference list manual search
Elliott & Carnes (2001)	Reactions of nonoffending parents to the sexual abuse of their child: A review of the literature	Not a primary study (literature review)	Database search
Ensink, Bégin, Normandin, & Fonagy (2016)	Maternal and child reflective functioning in the context of child sexual abuse: Pathways to depression and externalising difficulties	Not looking at nonoffending guardian support	Database search
Esparza (1990)	Maternal parental support and stress response in sexually abused girls aged 6-12	Not looking at intervening variables for ability to protect	Database search
Ettinger (2022)	Children's needs during disclosures of abuse	Not primary study (literature review) and not looking at nonoffending guardian factors	Google search
Feiring, Taska, & Lewis (1998)	Social support and children's and adolescents' adaptation to sexual abuse	Not looking at intervening variables and no measure of nonoffending guardian support	Reference list

Author (Date) of Publication	Title of Publication	Reason for Exclusion	How Study Identified
Florsheim, Tolan, & Gorman-Smith (1998)	Family relationships, parenting practices, the availability of male family members, and the behavior of inner-city boys in single-mother and two-parent families	Not looking at NOGs in CSA cases	Database search
Fredland, McFarlane, Symes, Maddoux, Pennings, Paulson, Binder, & Gilroy (2016)	Modeling the intergenerational impact of partner abuse on maternal and child function at 24 months post outreach: Implications for practice and policy	Not looking at non-offending guardians of child abuse victims	Database search
Friedrich (1991)	Mothers of sexually abused children: An MMPI study	Not looking at non-offending guardian's ability to protect	Reference list manual search
Gaxiola-Romero & Frias-Armenta (2012)	Protective factors, parenting and child abuse: An ecological model	Not looking at ability to protect from sexual abuse	Database search
Godbout, Briere, Sabourin, & Lussier (2014)	Child sexual abuse and subsequent relational and personal functioning: The role of parental support	Not looking at intervening variables	Reference list
Gonzalez & Rodriguez (2023)	Psychosocial resources predicting maternal and paternal positive parenting and lower child abuse risk	Not looking at ability to protect from sexual abuse	Database search
Guelzow, Cornett, & Dougherty (2002)	Child sexual abuse victims' perception of paternal support as a significant predictor of coping style and global self-worth	Not looking at non-offending guardians factors	Database search
Guggisberg, Botha, & Barr (2021)	Child sexual abuse prevention – The strategies of protective mothers and fathers: A systematic review	Not primary study (literature review)	Database search

Author (Date) of Publication	Title of Publication	Reason for Exclusion	How Study Identified
Hébert, Daspe, & Cyr (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	Not looking at non-offending guardian's ability to protect	Database search
Hiebert-Murphy (1998)	Emotional distress among mothers whose children have been sexually abused: The role of a history of child sexual abuse, social support, and coping	Not looking at intervening variables. Also does not use a measure of guardian support	Database search
Hiebert-Murphy (2000)	Factors related to mothers' perceptions of parenting following their children's disclosures of sexual abuse	Not looking at non-offending guardian's ability to protect	Database search
Hooper (1989)	Alternative to collusion: The response of mothers to child sexual abuse in the family	Not looking at intervening variables	Database search
Hooper (1992)	Mothers surviving child sexual abuse	Not primary study (book)	Database search
Howard (1993)	Factors influencing a mother's response to her child's disclosure of incest	Not a primary study	Database search
Hunter (2015)	Perceptions of the role of mothers in the disclosure and nondisclosure of child sexual abuse: A qualitative study	Does not look at nonoffending guardians (participants are the children, and some of mothers are involved in abuse)	Reference list
Jobe-Shields, Swiecicki, Fritz, Stinnette, & Hanson (2016)	Posttraumatic stress and depression in the nonoffending caregivers of sexually abused children: Associations with parenting practices	No measure of nonoffending guardian support	Reference list
Jouriles, Gower, Rancher, Johnson, Jackson, & McDonald (2021)	Families seeking services for sexual abuse: Intimate partner violence, mothers' psychological distress, and mother-adolescent conflict	Not looking at intervening factors predictive of protectiveness	Database search

Author (Date) of Publication	Title of Publication	Reason for Exclusion	How Study Identified
Joyce (1997)	Mothers of sexually abused children and the concept of collusion: A literature review	Not primary study (literature review)	Database search
Kaplan (2016)	Parenting childhood victims of sexual abuse: A comparative study of mothers with and without histories as victims	Not looking at non-offending guardian's intervening variables for ability to protect	Database search
Kelly, Faust, Runyon, & Kenny (2002)	Behavior problems in sexually abused children of depressed versus nondepressed mothers	No structured measure of guardian emotional support and/or protective behaviour	Database search
Kim (2008)	Parenting practices among non-offending mothers of sexually abused girls and its impact on the abused girls' behavioral adjustment: Perspectives from a multigenerational, longitudinal study	Not looking at non-offending guardian's intervening factors for ability to protect	Database search
Kim, Noll, Putnam, & Trickett (2007)	Psychosocial characteristics of nonoffending mothers of sexually abused girls: Finding from a prospective, multigenerational study	Not looking at non-offending guardian's ability to protect	Database search
Kim, Trickett, & Putnam (2010)	Childhood experiences of sexual abuse and later parenting practices among non-offending mothers of sexually abused and comparison girls	Not looking at intervening variables and no structured measure of NOG support and/or protectiveness	Database search
Kinard (1996)	Social support, competence, and depression in mothers of abused children	Not looking at non-offending guardian's ability to protect	Database search
Knott (2014)	Maternal response to the disclosure of child sexual abuse: Systematic review and critical analysis of the literature	Not primary study (literature review)	Database search
Kress & Vandenberg (1998)	Depression and attribution in abused children and their nonoffending caregivers	Not looking at ability to protect in non-offending guardians	Reference list manual search

Author (Date) of Publication	Title of Publication	Reason for Exclusion	How Study Identified
La Boissonnière (2016)	L'attachement de l'enfant, l'abus sexuel et les indices psychopathologiques	Not looking at nonoffending guardian support	Database search
Lafleur (2009)	Mothers' reactions to disclosures of sibling sexual abuse	Not looking at intervening variables	Database search
Lange, Condon, & Gardner (2018)	Child sexual abuse and subsequent maternal parenting: A qualitative meta-analysis	Not primary study (meta-analysis)	Database search
Lange, Condon, & Gardner (2020)	A mixed methods investigation of the association between child sexual abuse and subsequent maternal parenting	Not looking at nonoffending guardians of children who were sexually abused. Also no measures of protectiveness	Database search
LaTreill (2020)	Bridging the gap: Understanding non-offending parental responses to their children's sexual abuse	Not primary study (literature review)	Google search
Leifer, Kilbane, & Kalick (2004)	Vulnerability or resilience to intergenerational sexual abuse: The role of maternal factors	Not looking at the non-offending guardian's ability to protect	Database search
Leifer, Kilbane, & Skolnick (2003)	Relationships between maternal adult attachment security, child perceptions of maternal support, and maternal perceptions of child responses to sexual abuse	No structured measure of NOG support and/or protectiveness	Database search
Lindros (2010)	The experience of support of the non-offending parent of child sexual abuse victims following the discovery of abuse of one or more of his/her children	Does not look at intervening variables (looks at support provided to nonoffending guardians)	Google search
Lovett (1995)	Child sexual abuse: The female victim's relationship with her nonoffending mother	Not looking at intervening variables. Also no measure of support	Database search

Author (Date) of Publication	Title of Publication	Reason for Exclusion	How Study Identified
Lovett (2004)	Child sexual abuse disclosure: Maternal response and other variables impacting the victim	Not primary study (literature review)	Database search
Lynskey & Fergusson (1997)	Factors protecting against the development of adjustment difficulties in young adults exposed to childhood sexual abuse	Not looking at intervening variables	Database search
Macey, Twohig, McNicholas, & Murray (2021)	Can parental factors moderate the outcomes of sexual abuse perpetrated against pre-school children? A systematic review	Not primary study (literature review)	Database search
Malloy & Lyon (2006)	Caregiver support and child sexual abuse: Why does it matter?	Not looking at non-offending guardian's intervening variables	Database search
Manion, Firestone, Cloutier, Ligezinska, McIntyre, & Ensom (1998)	Child extrafamilial sexual abuse: Predicting parent and child functioning	Not looking at intervening variables for ability to protect	Database search
Mannarino & Cohen (1996)	Family related variables and psychological symptom formation in sexually abused girls	Not looking at intervening variables	Reference list
Martin, Najman, Williams, Bor, Gorton, & Alati (2011)	Longitudinal analysis of maternal risk factors for childhood sexual abuse: Early attitudes and behaviours, socioeconomic status, and mental health	Not looking intervening variables for ability to protect	Database search
Mattos & Lima (2012)	Motherhood and intrafamilial child sexual abuse: To guarantee a protective embrace	Not primary study (literature review)	Database search
McCallum (2001)	Nonoffending mothers: An exploratory study of mothers whose partners sexually assaulted their children	Not looking at intervening variables for ability to protect	Database search

Author (Date) of Publication	Title of Publication	Reason for Exclusion	How Study Identified
McCarthy, Cyr, Fernet, & Hébert (2019)	Maternal emotional support following the disclosure of child sexual abuse: A qualitative study	Not looking at intervening variables	Database search
McGee (2004)	Controversial maternal roles of intrafamilial child sexual abuse cases	Not looking at non-offending guardian intervening variables for ability to protect	Database search
McGillivray, Pidgeon, Ronken, & Credland-Ballantyne (2018)	Resilience in non-offending mothers of children who have reported experiencing sexual abuse	No structured measure of NOG support and/or protectiveness	Database search
Mii, McCoy, Coffey, Fran Flood, & Hansen (2022)	Pathway to expectations of child functioning following sexual abuse: Caregiver maltreatment history and depressive symptoms	No measure of nonoffending guardian support	Database search
Monette, Tourigny, & Daigneault (2008)	Facteurs associés aux problèmes de comportement intériorisés et extériorisés chez des adolescentes agressées sexuellement	Not looking at intervening variables	Database search
Morelato, Giménez, & Colombo (2011)	Analysis of the maternal function in a clinical sample of child sexual abuse	Not found in English or French	Database search
Morrison & Clavenna-Valleroy (1998)	Perceptions of maternal support as related to self-concept and self-report of depression in sexually abused female adolescents	Not looking at intervening variables for ability to protect	Reference list manual search
Myer (1985)	A new look at mothers of incest victims	No structured measure of NOG support and/or protectiveness	Database search
Nair & Morrison (2000)	The evaluation of maternal competency	No structured measure of NOG support and/or protectiveness	Database search
Newberger, Gremy, Waternaux, & Newberger (1993)	Mothers of sexually abused children: Trauma and repair in longitudinal perspective	Not looking at nonoffending guardian support + No measure of guardian support	Google search

Author (Date) of Publication	Title of Publication	Reason for Exclusion	How Study Identified
Newberger, Newberger, & Gremy (1994)	Dual vulnerability of sexually victimized mothers and sexually victimized children: A longitudinal study	No structured measure of NOG support and/or protectiveness And not exploring intervening variables	Database search
Oates, Tebbutt, Swanston, Lynch, & O'Toole (1998)	Prior childhood sexual abuse in mothers of sexually abused children	No measure of nonoffending guardian support	Google search
Oliver (2012)	Non-offending guardian support and protection in cases of child sexual abuse: The role of risk perception	Chapter 2: Not primary study (literature review) Chapter 3: not looking at intervening variables	Google search
Paré (2013)	Caractéristiques des mères d'enfants victimes d'agression sexuelle intrafamiliale par le conjoint	No measure of nonoffending guardian support (uses the Index of Parental Attitudes to measure maternal support) Defines maternal support as the quality of the relationship between mother and child as perceived by the mother	Google search
Paredes, Leifer, & Kilbane (2001)	Maternal variable related to sexually abused children's functioning	Not looking at intervening variables for ability to protect	Database search
Parent-Boursier (2008)	L'influence de la relation père-enfant sur l'adaptation des enfants suivant le dévoilement d'une agression sexuelle	Not looking at intervening variables	Database search
Parent-Boursier & Hébert (2010)	La perception de la relation père-enfant et l'adaptation des enfants suite au dévoilement d'une agression sexuelle	Not looking at nonoffending guardian support	Database search
Parent-Boursier & Hebert (2015)	Security in father-child relationship and behavior problems in sexually abused children	Not looking at intervening variables	Reference list

Author (Date) of Publication	Title of Publication	Reason for Exclusion	How Study Identified
Pazdera, McWey, & Carbonell (2013)	Child sexual abuse and the superfluous association with negative parenting outcomes: The role of symptoms as predictors	Not looking at nonoffending guardian's ability to protect	Reference list
Pellegrin & Wagner (1990)	Child sexual abuse: Factors affecting victims' removal from home	Not looking at intervening variables and no measure of nonoffending guardian support	Google search
Pollet (2007)	Genetic relatedness and sibling relationship characteristics in a modern society	Not relevant for the topic	Database search
Proulx-Beaudet (2018)	Regard croisé sur l'expérience des pères et des mères non-agresseurs à la suite du dévoilement de l'agression sexuelle de leur enfant	Not looking at intervening variables	Google search
Rakovec-Felser & Vidovic (2016)	Maternal perceptions of and responses to child sexual abuse	Not looking at intervening variables	Database search
Rancher, Smith, Orengo-Aguayo, Jackson, & Jouriles (2022)	Measurement invariance of caregiver support following sexual abuse across age, relationship, and English-Spanish language	Not looking at intervening variables; just trying to confirm psychometrics of MSSQ	Database search
Reis & Heppner (1993)	Examination of coping resources and family adaptation in mothers and daughters of incestuous versus nonclinical families	No measure of nonoffending guardian support	Database search
Rokovec-Felser & Vidovic (2016)	Maternal perceptions of and responses to child sexual abuse	Not looking at intervening variables	Reference list
Rosenthal, Feiring, & Taska (2003)	Emotional support and adjustment over a year's time following sexual abuse discovery	Not looking at nonoffending guardian support	Reference list
Runyon, Spandorfer, & Schroeder (2014)	Cognitions and distress in caregivers after their child's sexual abuse disclosure	Not looking at nonoffending guardian support	Database search

Author (Date) of Publication	Title of Publication	Reason for Exclusion	How Study Identified
Ryan, Warren, & Weincek (1991)	Removal of the perpetrator versus removal of the victim in cases of intrafamilial child sexual abuse	Not looking at intervening variables for the ability to protect	Database search
Saewyc, O'Brien, Miller, & Edinburgh (2019)	The links between sexual abuse severity, running away, and parental connectedness among youth at a hospital-based child advocacy center	Not looking at intervening variables	Database search
Sally (2019)	Understanding nonoffending caregiver protection in child sexual abuse	Not looking at non-offending guardian's intervening variables (only the child's and abuse factors)	Google search
Salt, Meyer, Coleman, & Sauzier (1990)	The myth of the mother as "accomplice" to child sexual abuse	Only looking at the mother's reactions to abuse and not looking at the ability to protect	Reference list manual search
Santa-Sosa, Steer, Deblinger, & Runyon (2013)	Depression and parenting by nonoffending mothers of children who experienced sexual abuse	No measure of nonoffending guardian support	Reference list
Schonbucher, Maier, Mohler-Kuo, Schnyder, & Landolt (2014)	Adolescent perspective on social support received in the aftermath of sexual abuse: A qualitative study	Not looking at intervening variables	Reference list
Sela-Amit (2002)	Intra-familial child sexual abuse: The experience and effects on non-offending mothers	Not looking at the intervening variables for ability to protect	Database search
Shannon, Pearce, & Swarbrick (2013)	Factors influencing the development of an innovative service for women non-offending partners (NOPs) of male sexual offenders	Not looking at the non-offending guardian's ability to protect	Database search
Sirles & Franke (1989)	Factors influencing mothers' reactions to intrafamily sexual abuse	No structured measure of NOG support and/or protectiveness. And mothers not participants in study.	Database search
Siskind (1975)	Bias in estimating the frequency of incest	Not the relevant for the topic	Database search

Author (Date) of Publication	Title of Publication	Reason for Exclusion	How Study Identified
Smith, Sawyer, Heck, Zajac, Solomon, Self-Brown, Danielson, & Ralston (2017)	Psychometrics of a child report measure of maternal support following disclosure of sexual abuse	Not looking at intervening variables	Database search
Smith, Sawyer, Jones, Cross, McCart, & Ralston (2010)	Mother reports of maternal support following child sexual abuse: Preliminary psychometric data on the Maternal Self-report Support Questionnaire (MSSQ)	Not looking at intervening variables	Database search
Stewart (2006)	Sexual abuse of children with intellectual disabilities: Factors that aid or impede mothers in protecting their children	Not looking at intervening variables	Database search
Stitt (2007)	Non-offending mothers of sexually abused children: The hidden victims	Not looking at intervening variables	Google search
Sufredini, Moré, Krenkel, & Crepaldi (2022)	Narratives of mothers whose children had been sexually abused: Maternal reactions and comprehension regarding child and adolescent sexual abuse	Not looking at non-offending guardian's ability to support or protect (looking at non-offending guardian's reaction after disclosure)	Reference list
Svedin, Back & Soderback (2002)	Family relations, family climate and sexual abuse	Not looking at non-offending guardian factors	Database search
Swanston, Tebbutt, O'Toole, & Oates (1997)	Sexually abused children 5 years after presentation: A case-control study	Not looking at non-offending guardian's intervening variables	Database search
Tamraz (1994)	Nonoffending mothers of sexually abused children: Comparison of opinions and research	Not empirical study	Google search

Author (Date) of Publication	Title of Publication	Reason for Exclusion	How Study Identified
Terradas (2007)	La fonction réflexive chez les mères d'enfants victimes d'abus sexuel: Développement d'une échelle mesurant le fonctionnement réflexif de la mère dans un contexte d'interaction mère-enfant	Not looking at intervening variables	Database search
Thériault, Cyr, & Wright (2003)	Facteurs contextuels associés aux symptômes d'adolescentes victimes d'agression sexuelle intrafamiliale	Not looking at intervening variables	Database search
Thompson (2017)	The lived experience of non-offending mothers in cases of intrafamilial child sexual abuse: Towards a preliminary model of loss, trauma and recovery	Not looking at intervening variables	Google search
Tremblay (1967)	Évaluation de l'implication des parents dans la prévention des abus sexuels auprès des enfants	Not looking at nonoffending guardians of sexually abused children	Google search
Van Delft, Finkenauer, De Schipper, & Lamers-Winkelmann (2021)	Talking about feelings: Mother-child emotion dialogues among sexually abused children	Not looking at the ability to protect	Database search
Vladimir & Robertson (2020)	The lived experiences of non-offending fathers with children who survived sexual abuse	Not looking at intervening variables and no measure of support	Reference list
Wamser-Nanney (2021)	Maternal support and attrition from child trauma-focused therapy	Not looking at intervening variables for ability to protect	Database search
Wamser-Nanney & Campbell (2021)	Maternal support and caregiver-child symptom concordance among sexually abused children	Not looking at non-offending guardian's intervening variables	Database search
Wamser-Nanney, Sager, & Campbell (2019)	Maternal support as a predictor of children's sexualized behaviors following childhood sexual abuse	Not looking at intervening variables	Reference list

Author (Date) of Publication	Title of Publication	Reason for Exclusion	How Study Identified
Wamser-Nanney, Sager, & Campbell (2020)	Does maternal support mediate or moderate the relationship between sexual abuse severity and children's PTSD symptoms?	Not looking at non-offending guardian's intervening variables	Database search
Willingham (2008)	Maternal perceptions and responses to child sexual abuse	No structured measure of NOG support and/or protectiveness	Database search
Wright, Friedrich, Theriault, Perron, Lussier, & Sabourin (1998)	The evaluation of Franco-Quebec victims of child sexual abuse and their mothers: The implementation of a standard assessment protocol	Not looking at intervening variables for ability to protect	Database search
Yancey & Hansen (2010)	Relationship of personal, familial and abuse-specific factors with outcome following childhood sexual abuse	Not empirical study	Reference list
Zajac, Ralston, & Smith (2015)	Maternal support following childhood sexual abuse: Associations with children's adjustment post-disclosure and at 9-month follow-up	Not looking at non-offending guardian's intervening variables for ability to protect	Database search
Zephyr, Cyr, Hébert, Bernier, & Beaudoin (2014)	Problèmes de comportement chez l'enfant victime d'agression sexuelle: Le rôle de l'attachement	Not looking at nonoffending guardian support + No measure of nonoffending guardian support	Database search
Zimmerman-Hicks (2005)	Profile of female nonoffending partners of male sexual offenders	Not looking at nonoffending guardians, and no measure of ability to protect	Database search
Zuravin & Fontanella (1999)	Parenting behaviours and perceived parenting competence of child sexual abuse survivors	Not looking at intervening variables	Database search

Appendix E

Quality Assessment Checklists

For the qualitative studies, the **Critical Appraisal Skills Programme checklist for Qualitative research utilised (CASP; 2018)** was used and can be accessed at <https://casp-uk.net/casp-tools-checklists/>

Quality Assessment of Quantitative Studies (developed by Oliver, 2012)

Article:	
Participants – Representativeness of the sample/sampling bias	
	Circle Score
a) Very representative of the average non-offending guardian in society	3
b) Somewhat representative of the average non-offending guardian in society	2
c) Biased sample (e.g. self-selecting)	1
d) No description of the derivation of the sample	0
<i>Give reason/justification for score:</i>	
Intervention	Circle Score
a) Objective, reliable, measurement of intervening variables (i.e. not simply guardian self-report)	3
b) Mixture of a) and c)	2
c) Guardian self-report of intervening variables (e.g. report of DV in relationship, CSA in own history)	1
d) No clearly-defined or measured intervening variables.	0
<i>Give reason/justification for score:</i>	
Outcome measure (NB: only clinician-rated included)	Circle Score
a) Utilization of a valid, standardised, multidimensional scales to assess guardian support + protective behaviour (e.g. NAPS, PRIDS, PRADS, MSSQ)	3
b) Utilization of simpler unidimensional Likert-type scale(s)	2
c) Dichotomous ratings (e.g. supportive/non-supportive)	1
d) Unclear/vague judgments about guardian support or judgements about support and protectiveness derived from multiple sources.	0
<i>Give reason/justification for score:</i>	
Study design	Circle Score
Time-Scale	
a) Time-frame of assessing guardian support considered in analysis	1
b) Time-frame not considered	0
Analysis	
a) Multivariate analysis/logistical regression analysis	2

b) Bi-variate analysis	1
c) Inappropriate or unclear analysis	0
Confounding variables	
a) Considered and accounted for adequately in design and/or analysis	1
b) Possible confounding variables missed/not accounted for	0
Specific details/comments:	
TOTAL SCORE (total up circled scores)	/13

Appendix F

Quality Assessment of Selected Quantitative Studies

Study	Representativeness of sample	Measurement of intervening variables	Outcome measure that is valid and standardised?	Was the time-scale of assessment considered?	Type of analysis?	Were confounding variables considered or adjusted for?	Quality assessment total score (/13)
Bolen & Lamb (2002)	Somewhat, guardian of children only between 7 and 13 years old. Only guardians of children referred for medical and forensic examination	Mixture of scales and self-report	PRIDS	No	Multiple regression analyses	Yes	10/13
Bolen & Lamb (2007)	Somewhat, small sample, and mothers of children who went to medical clinic for sexual abuse	Interview and validated measures	NAPS-C	No	Partial-least squares	Yes	10/13
Chiaramello, Cyr, McDuff, Laguerre, Rodgers, Walburg, & Lignon (2018)	Somewhat, 190 mothers recruited from three Child Protective Services	Mixture of scales and self-report	PRADS	No	Multiple regression analyses	Yes, discussed	9/13

Study	Representativeness of sample	Measurement of intervening variables	Outcome measure that is valid and standardised?	Was the time-scale of assessment considered?	Type of analysis?	Were confounding variables considered or adjusted for?	Quality assessment total score (/13)
Coohey & O'Leary (2008)	Somewhat, only cases investigated by Child Protective Services	Objective measurement using a codebook to gather information from Child Protective Services investigation, and other sources (e.g. received treatment for drug and alcohol?)	Likert-scale to code mother's reactions and actions	Yes, at the beginning and at the end of the investigation. Belief and response to abuse coded up until one year prior to investigation	Logistic regression analysis	Yes	11/13
Cyr, Hébert, Frappier, Tourigny, McDuff & Turcotte (2014)	Somewhat, good diversity regarding gender, relationship status, income, ethnicity, etc. However, recruited from sites offering support (therefore only non-offending guardians seeking support)	Using gender of non-offending guardian and time as variables	PRADS ISS PBAQ	Yes, over a six-months period	Chi-squares and generalized mixed-models	No	5.5/13

Study	Representativeness of sample	Measurement of intervening variables	Outcome measure that is valid and standardised?	Was the time-scale of assessment considered?	Type of analysis?	Were confounding variables considered or adjusted for?	Quality assessment total score (/13)
Cyr, McDuff, & Hébert (2013)	Somewhat, only mothers of children referred to Child Protective Services for evaluation	Various self-report scales, but accounted for social desirability	PRADS + PBAQ APQ	No	Multivariate analysis	Yes, considered	10.5/13
Cyr, Wright, Toupin, Oxman-Martinez, McDuff, & Thériault (2002)	Somewhat, mothers of girls aged 6 to 12 years old, and from lower socio-economic status	Mixture of scales and self-report	PRADS	No	Stepwise regression analysis	Yes	10/13
Cyr, Wright, Toupin, Oxman-Martinez, McDuff, & Thériault (2003)	Somewhat, guardians of adolescents only (between 12 and 17 years old) referred to Child Protective Services	Various objective measures	PRADS	No	Multiple regression analysis	Yes	11/13
Deblinger, Stauffer, & Landsberg (1994)	Somewhat, mothers of children who went to forensic evaluation for child sexual abuse (mothers non-accompanying their child not invited to participate)	Guardian self-report in clinical interview	Dichotomous ratings of support	No	Bivariate analysis	No	4.5/13

Study	Representativeness of sample	Measurement of intervening variables	Outcome measure that is valid and standardised?	Was the time-scale of assessment considered?	Type of analysis?	Were confounding variables considered or adjusted for?	Quality assessment total score (/13)
Everson, Hunter, Runyon, Edelsohn, & Coulter (1989)	Somewhat, guardians of children between 6 and 17 years old, victims of intrafamilial abuse	Objective measurement	PRIDS	No	Bivariate analysis	No	9/13
Falerios (2000)	Somewhat, convenience sample, mothers of incest of mothers of incest victims see for treatment or evaluation	Information provided by the mother's therapist, based on intake and referral documentation	Likert-scale designed by authors	No	Bivariate analyses	No	8/13
Faller (1988)	Somewhat, only cases referred for diagnosis and treatment by Child Protection Units, courts, law enforcement and mental health facilities	Mixture of objective measures and self-report	Likert scale with 5 categories	No	Bivariate analyses	No	7/13

Study	Representativeness of sample	Measurement of intervening variables	Outcome measure that is valid and standardised?	Was the time-scale of assessment considered?	Type of analysis?	Were confounding variables considered or adjusted for?	Quality assessment total score (/13)
Heriot (1996)	Somewhat, mothers of children whose child sexual abuse was reported to Sexual Abuse Intake Units of Child Protective Services, and only children abused by family member older than 5 years than victim	Two sources of information: questionnaire completed by worker and intake form completed by worker	Protective action, maternal support, and maternal belief rated by case worker using a checklist	Yes, between time case was reported to CPS and case worker's intake	Multivariate analyses	Yes	11/13
Hunter, Coulter, Runyan, & Everson (1990)	Somewhat, guardians of children victims of intrafamilial abuse only. Good variety in terms of gender, ethnicity, socio-economic backgrounds, etc.	Measured with a semi-structured interview and psychological and behavioural instruments	PRIDS	Yes, followed for two years, three times measured	Logistic regression analysis	No	10/13
Johnson (2022)	Somewhat, cases of child sexual abuse randomly selected from four different prosecutor's offices from one state in the United States. Cases collected over a five years period.	Objective and reliable measurement. Coding forms used to gather data about victim, perpetrator, and case in general.	Dichotomous ratings (highly supportive and less supportive) of non-offending guardians.	No	Logistic regression analysis used	No	8/13

Study	Representativeness of sample	Measurement of intervening variables	Outcome measure that is valid and standardised?	Was the time-scale of assessment considered?	Type of analysis?	Were confounding variables considered or adjusted for?	Quality assessment total score (/13)
Knott (2008)	Somewhat, only female guardian with other caregiver as abuser	Objective measurement from different sources rated by the child welfare worker	Dichotomous rating, from guardian's response	No	Logistic regression analysis	Yes	9/13
Koranek (1994)	Somewhat, using archival data from Center for Children in Crisis. Mothers primarily from low socio-economic status, from different racial backgrounds	Objective measurement	'The Protectiveness Scale' designed by the author	No	Mainly correlations then MANOVA	Yes	9.5/13
Leifer, Kilbane, & Grossman (2001)	Somewhat, female guardians of children aged 4-12 years old referred to urban hospital. Also from lower socio-economic background	Mixture of structured scales and self-report	PRADS	No	MANOVA and Chi square analyses	No	9/13
Leifer, Shapiro, & Kassem (1993)	Not very representative, lower socio-economic background, and only female victims	Only semi-structured interview	Dichotomous ratings based on information from the interview and the State Department of Child and Family Service Records	No	Bivariate analysis	No	4/13

Study	Representativeness of sample	Measurement of intervening variables	Outcome measure that is valid and standardised?	Was the time-scale of assessment considered?	Type of analysis?	Were confounding variables considered or adjusted for?	Quality assessment total score (/13)
Lentine (1993)	Somewhat, 81 adult female recruited on a voluntary basis. Different ethnicities. Mostly middle socio-economic status.	Guardian self-report on a questionnaire developed by authors.	Questionnaire developed by the author based on previous definition of non-offending mother's support	No	Factor analysis with varimax rotations and multiple regressions	Yes	8/13
Lipton (1997)	Somewhat, female caretakers of sexually abused children receiving therapeutic treatment	Specific demographic and sexual abuse questionnaire completed by participant, and two additional checklists	10-items self-repot checklist	No	Multivariate analysis	No	8/13
McDonald (2004)	Somewhat, small sample (35 cases) of guardians in intrafamilial child sexual abuse reported to children and family services, received counselling	Using case files, objective measure	Dichotomous ratings based on mothers' actions following abuse discovery	No	Fisher's Exact test	Yes	8/13
Payer, Cyr, & McDuff (2008)	Somewhat, mothers from lower socio-economic background, and mothers victims of child sexual abuse themselves	Various objective measures used	PRADS	No	Multiple regression analysis	Yes	11/13

Study	Representativeness of sample	Measurement of intervening variables	Outcome measure that is valid and standardised?	Was the time-scale of assessment considered?	Type of analysis?	Were confounding variables considered or adjusted for?	Quality assessment total score (/13)
Pintello & Zuravin (2001)	Somewhat, mothers of children who were referred to Child Protective Services, and only when abuse rated as moderate or high risk of recurrence child sexual abuse	Mixture of interview data and objective ratings through case records	Dichotomous ratings: belief + protect = 1, if not one or both of them = 0	Yes, within 60 days time-frame after disclosure	Logistic regression analyses	No	8/13
Rakow, Smith, Begle, & Ayer (2011)	Somewhat, mother-child dyads who went through forensic examination. Exclusion of mothers with psychotic behaviours and significant cognitive or learning disability	Mixture of self-report and objective measurement	MSSQ	No	Linear regression analysis	Yes	9/13
Rancher, Are, Goodrum, & Smith (2023)	Somewhat, mother-child dyads recruited from one large child advocacy centre. Children between age of 7 and 17 years old. Mix of female and male victims. Only mother non-offending guardians.	Mixture of self-report through an interview and objective measures	MSSQ and MSQ-CR	Yes, at baseline and nine months later	Repeated measures multilevel modelling	Yes, considered	10.5

Study	Representativeness of sample	Measurement of intervening variables	Outcome measure that is valid and standardised?	Was the time-scale of assessment considered?	Type of analysis?	Were confounding variables considered or adjusted for?	Quality assessment total score (/13)
Rolovic (1996)	Somewhat, small sample of mothers of child sexual abuse victims. All daughters are in therapy.	Mixture of objective measure and self-report questionnaire.	Mother-PARQ	No	Pearson's correlations and Fisher's z test	No	8/13
Walsh, Cross, & Jones (2012)	Somewhat, cases of child sexual abuse from ten different communities in four different states, from Children's Advocacy Centres. Randomly selected sample. Interviewed non-offending guardian (mostly mothers)	Objective data gathered from case files	MSSQ	No	Bivariate and multivariate measures	No	10
Wamser-Nanney (2017)	Somewhat, big sample from varied background, but only participants seeking treatment	Self-report only	MSSQ	No	Spearman correlation and one-way ANOVA	Yes	8/13
Wamser-Nanney (2018)	Somewhat, non-offending mothers who were seeking treatment	Self-report demographic questionnaire and pre-treatment battery of measures	MSSQ	No	Regression analyses and ANOVA	No	7/13

Study	Representativeness of sample	Measurement of intervening variables	Outcome measure that is valid and standardised?	Was the time-scale of assessment considered?	Type of analysis?	Were confounding variables considered or adjusted for?	Quality assessment total score (/13)
Wamser-Nanney & Sager (2018)	Somewhat, good number of participants, child-mother dyads with children victim of sexual abuse and mother non-offending. Recruited from one Child Advocacy Centre. Variations in gender, race of children, and in relationship status of guardian.	Mixture of objective data using measures and casefile information, and interview to gain self-report	MSSQ	No	Bivariate and multivariate analyses (regression model)	Yes, considered	9.5

Appendix G

Quality Assessment of Full-Text Qualitative Studies Using the CASP Qualitative Checklist (CASP; 2018)

Study	Suitable research design?	Appropriate recruitment method?	Data collected to address the research question?	Researcher's relationship with participants considered?	Consideration of ethical issues?	Rigorous data analysis?	Results clearly stated?	Is the research valuable?
Alaggia & Turton (2005)	Yes, although secondary data analysis, explained why grounded theory approach was used. To examine the link between abuse and maternal response to CSA, and the barriers to supportive maternal response. Lack of research in this area.	Yes, purposively selected interview transcripts on the basis of specific characteristics. Including various forms of woman abuse and differential maternal response.	Yes, in-depth interviewing with participants (using interview guides). Transcripts from previous study used. Saturation of data discussed.	Yes, prolonged engagement with participants to ensure trustworthiness, methodological triangulation, theoretical triangulation, peer debriefing, and empathic response to participants' answers	Yes, study explained to participants beforehand, objectives outlined, participants not related to each other, follow-up calls made to participants to debrief. But no reference made to ethics approval and ethical implications from previous studies in this article.	Yes, in-depth data analysis, using quotes to support findings, comparison of two samples (mother-respondent and survivor-respondent)	Yes, findings clearly stated. Discussion of findings linked to research question and literature, used methodological and theoretical triangulation, peer-debriefing, discussed findings contradictory with literature. Mentions of limitations (e.g. sample size, exploratory nature)	Very valuable, considers contribution of study, discusses implications of each theme, considers findings in relation to relevant literature, discussed implications for practice. Also discusses briefly new research areas.
								Overall quality: Excellent

Study	Suitable research design?	Appropriate recruitment method?	Data collected to address the research question?	Researcher's relationship with participants considered?	Consideration of ethical issues?	Rigorous data analysis?	Results clearly stated?	Is the research valuable?
Burnett West	Yes, qualitative research methodology using a multiple case study design. This was justified.	Partially, only one non-offending mother (NOM) agreed to participate. Other participants are professionals. Purposeful sample used, but also maximised variation sample. Mothers referred by child advocate centres, case workers, therapists, or pastors; or using social media or flyers.	Partially, saturation discussed. Interview protocol used for semi-structured interviews. Professionals and mothers were given different forms. Interviews recorded and then sent for transcription. However, no report of how other documentation was used to collect data and information about NOM gained from someone else.	Partially, it is mentioned that the relationship would be considered during the interview, but there is no more information as to what this looked like in practice.	Yes, ethics have been discussed. Participants were informed that they may withdraw without repercussions. Data were protected. The researcher reported that biases and power imbalances would be considered (however, no further detail about what happened in practice). Impact on participants considered.	Partially, used codes, categories, and themes. Cases were reviewed with each other to identify themes. However, the process of identifying themes is not very clearly explained. Own role of researcher and bias not made explicit. Only one nonoffending mother participating, other participants were professionals.	Partially, quotes used to explore data; however, quotes not well differentiated from the text. Themes made explicit. No subthemes seem to be explored. Table provided to summarise findings. Findings also compared to literature and discussed in relation to the research question.	Somewhat valuable. Explores further research areas and provides recommendations. Considered how the findings can be used in practice. But the research relies on professionals to share their views of non-offending mother's factors. Overall quality: Fair

Study	Suitable research design?	Appropriate recruitment method?	Data collected to address the research question?	Researcher's relationship with participants considered?	Consideration of ethical issues?	Rigorous data analysis?	Results clearly stated?	Is the research valuable?
Cyr, Allard, Fernet, & Hébert (2019)	Yes, paucity of knowledge on the topic. Exploratory approach taken. Using inductive thematic analysis. Objective clearly defined.	Yes, recruited through various sources. Selection of participants explained and relevant for the research question. Purposeful sampling method to seek a variety of experiences.	Partial, interview conducted either at home, university or non-profit organisation. Reason why not specified. Saturation of data not discussed. Interview guide developed based on the current literature.	No, no information given on this.	Yes, research explained to the participants. Participants provided consent. Ethic committee approval sought. However, potential issues raised by the study not discussed.	Partial, inductive thematic analysis used. Stages of this described. Demographic questionnaire administered. Quotes supporting data. Contradictory data reported and examined. But researcher's role not examined.	Partial, findings are explicit and organised to meet the aims and objectives. However, credibility of the findings not discussed.	Very valuable. Contributes to the current literature. Future research explored. Clinical implications discussed. Area that lacks research and knowledge with important implications. Overall quality: Good

Study	Suitable research design?	Appropriate recruitment method?	Data collected to address the research question?	Researcher's relationship with participants considered?	Consideration of ethical issues?	Rigorous data analysis?	Results clearly stated?	Is the research valuable?
McMillan (2013)	Partial, research design not justified. However, it appears to be appropriate for the aims of the research. Exploratory study as the topic is relatively unexplored. Grounded theory methods used, but reason for this not explained. However, appears appropriate.	Yes, purposeful sample of mothers through various sources. Recruited from different areas to get broad range in mothers (e.g., responses, beliefs, etc.)	Partially, semi-structured interviews. Participants interviewed at various locations. Interviews audio-recorded. Interview protocol developed from literature review and experience of the author. Revision of the protocol following a pilot study. However, saturation of data not discussed. Setting utilised not justified.	Yes, research bias discussed (e.g., pre-conceived notions, anger towards non-believing mothers). Reflections on how this could affect the research and steps taken to prevent this.	Yes, research explained to participants. Biases discussed (e.g., response bias). Second reading of the transcripts. Effects of the study on the participants discussed clearly. Approval from ethical committee sought.	Yes, in-depth description of analysis process. Process clearly showed. Data supporting findings. Own role critically examined.	Yes, findings are explicit. All findings are discussed. Second reader. Respondent validation discussed. Organised in view of the research question.	Valuable. Contribution to the literature discussed, as well as implication for practice and future research. Transference of findings to other populations not clear.
								Overall quality: Good

Study	Suitable research design?	Appropriate recruitment method?	Data collected to address the research question?	Researcher's relationship with participants considered?	Consideration of ethical issues?	Rigorous data analysis?	Results clearly stated?	Is the research valuable?
Wangerin (1994)	Yes, using grounded theory approach. Justified the research design. Appropriate due to lack of research in this area. To examine patterns of paternal maternal protectiveness regarding sexual abuse in sample of mothers with history of child sexual abuse	Partially, report using a "purposive convenience sample" of women presenting for treatment (outpatient mental health counselling). Sample selection planned to include women with varying levels of functional impairment as assessed by GAF.	Yes, GAF used to assess functional impairment, semi-structured interviews over two sessions, audio-taped, reviewed, transcribed verbatim by the investigators. Theoretical saturation discussed.	Yes, therapist-client relationship between the investigator and participants discussed. Effect of impression management from the participants considered.	Yes, purpose of the study discussed with participants prior and during first interview, consent to share and limits of confidentiality explored, participants allowed to ask questions. Only women who were engaged in ongoing therapy with clinicians and who were well-verse in the treatment utilised. Safeguarding of participants discussed.	Yes, code book and interview guide utilised. Potential subjectivity discussed. Ambiguous data verified with participants	Yes, findings clearly stated and organised	Very valuable, considered contributions of the study and implications for practice
								Overall quality: Very Good

Appendix H

Data Extraction Form

Similarly to Oliver (2012), the information below was extracted from the studies included in the review. The data are summarised in Appendices I and J.

1. Authors of study and date
2. Location of study (town/city/state and country)
3. Description of participants and recruitment method
4. Sample size
5. Perpetrator type (e.g. relationship to victim/non-offending guardian)
6. Description of intervening variables examined in the study
7. Outcome measure(s) used in the study
8. Summary of relevant findings
9. Quality assessment score of paper (see Appendix F and G)

Appendix I

Characteristics of Included Quantitative Studies ($n = 18$)

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
Bolen & Lamb (2002)	Metropolitan centre in the Southwest, United States of America	Guardians of children referred for a medical and forensic sexual abuse examination over a period of nine months	92	12% biological father, 26.1% stepfather, 15.2% male sibling, 21.7% other male relative, 25% extrafamilial male	Quality of the relationships within family - Guardian attachment - Child/guardian relationship - Child disclosed to the guardian (Y/N) - Life stressors - Previous abuse history - Previous history of domestic violence (Y/N) - Financial dependency on offender (Y/N) - Did second guardian accompany child to hospital (Y/N) Abuse and child characteristics	Guardian support evaluated with the Parental Reaction to Incest Disclosure Scale (PRIDS; Everson et al., 1989 ¹)	<u>Bivariate analysis:</u> Non offending guardians were more supportive if - victim is male - perpetrator not a father figure - perpetrator not living at home at time of abuse <u>Multivariate analysis:</u> Associated with more support: - Child disclosing directly to guardian - Quality of child-guardian relationship - More life stressors over the past year - Both parents going to the hospital	10/13 (77%)

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
							- Guardians with more secure attachment and when children described a more positive emotional quality of relationship - If more time has passed since abuse happened	
							<u>Associated with less support</u> - If child has witnessed violence or experienced more abuse types	
							<u>Not significantly related to guardian support</u> - Guardian security in attachment - Previous abuse history or domestic violence	

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
							- Financial dependency on perpetrator - Having abusive father	
Bolen & Lamb (2007)	United States of America	Non-offending mothers of children sexually abused who went to an outpatient clinic for medical or forensic examination	29	Resident partners of the mother (i.e., residing biological father, stepfather, father figures, or boyfriends)	- Maternal ambivalence - Attachment security and type - Maternal distress - Pre-disclosure stressors - Post-disclosure stressors	Parental support measured using the Needs-Based Assessment of Parental Support (NAPS; Bolen et al., 2002)	- Maternal support unrelated to ambivalence - More security in attachment related to more pre-disclosure stressors and to more maternal support, and to less ambivalence - Attachment security related to attachment type: non-offending mothers with preoccupied attachment experienced more distress and ambivalence - Pre-disclosure stressors related to	10/13 (77%)

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
							less maternal support - Post-disclosure stressors related to more maternal support and distress - Distress related to less maternal support and more ambivalence	
Chiaramello, Cyr, McDuff, Laguerre, Rodgers, Walburg, & Lignon (2018)	Québec (Canada)	Non-offending mothers recruited from three Child Protection Services settings	190	29% biological father, 17% friend of the family, and 17% extended family member, 17% spouse or former spouse of mother, 14% child's brother, 6% friend of the child	- Maternal reactions - Feelings towards the victim - Feelings towards the offender - Relationship between the mother and the child - Mother's personality traits - Characteristics of the abuse - Socio-demographic characteristics (e.g., mother's age, education	Maternal support after disclosure of child sexual abuse assessed by the Parental Reaction to the Abuse Disclosure Scale (PRADS; Everson et al., 1989 ¹ ; translated in French and revised Thériault et al., 1995)	<u>Bivariate analysis:</u> - Maternal support showed small associations with quality mother's relationship with child, younger mothers, and mother living with offender <u>Multivariate analysis:</u> Significant predictors of maternal support: - Extraversion as personality trait	9/13 (69%)

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
					level, income, living habits)		- Anger feelings towards the perpetrator - Absence of anger towards the child - Involvement of physical violence in the child sexual abuse	
Coohey & O'Leary (2008)	Iowa (United States of America)	Mothers of children victim of sexual abuse, in substantiated Child Protective Services reports of child maltreatment that occurred over four-years	85	Not specified	- Mother's belief measured at the beginning and end of investigation + consistency - Attribution of responsibility (to perpetrator or child) - Timing: mother have information about the abuse more than one year before the investigation? - Sources of how the mother gained information	Protectiveness as per Everson et al. (1989) ¹ 's definition	<u>Bivariate analyses:</u> Mothers who protected their child were more likely to - Have received information from less sources - Have children abused for one year or less - Not have mental health problems - Not be in a violent domestic relationship - Not be in the home at time of abuse Not related	11/13 (85%)

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
					- Mother asked child or abuser about abuse? - Characteristics of abuse - Mother home at time - Relationship with abuser - Mother's abuse of substances or difficulties with mental health - Domestic violence		- Frequency and severity of sexual abuse - Mother's substance abuse <u>Multivariate analysis:</u> - Mother is 8.48 times more likely to protect if she consistently believes that her child was abused - Mother is six times more likely to be consistently protective if she is not in a relationship with domestic violence - Mother is six times more likely to consistently protect the child if asked their child about the abuse - Mother is more than five times more likely to consistently protect	

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
							the child if did not see or hear the abuse - Mothers is almost five times more likely to consistently protect her child if she attributed responsibility for the abuse to the perpetrator - Mother more likely to consistently protect her child if has known about the abuse for less long (1 year or less)	
Cyr, McDuff, & Hébert (2013)	Québec (Canada)	Non-abusive mothers of children referred to Child Protective Services for evaluation following alleged CSA	226	28% fathers, 17% mother's boyfriend, 32% other relative, 23% someone outside family	Clustering variables: - Mother's psychological resources - Mother's child maltreatment history and impact of relationships with family - Personality traits	Support and reactions to disclosure measured using the Parental Abuse Reaction to Disclosure Scale (PRADS;	<u>Mothers who provided most support to their child post-abuse:</u> Reported less life stressors; did not rely on avoidant coping strategies; reported no psychological or PTSD symptoms; reported lower scores	10.5/13 (81%)

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
					- Mother's negative attitudes towards their child - Coping strategies used to cope with child's disclosure - Perception of social support received - Number of stressful events faced in last six months - Socio-demographic information - Abuse characteristics	Everson et al., 1989 ¹)	for anger towards perpetrator; believed their children and reported a good relationship with them; did not report anger towards the child; and were more likely to be in a marital relationship and have a higher family income <u>Mothers who provided least support to their child post-abuse:</u> Reported more PTSD symptoms; reported higher scores for anger and reported anger towards their child; reported conflict relationship with their child; reported using avoidant coping strategies; reported high levels of	

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
							neuroticism traits; and reported low levels of child maltreatment experiences and low levels of negative relationships with their birth family	
Cyr, Wright, Toupin, Oxman-Martinez, McDuff, & Thériault (2002)	Québec (Canada)	Mothers of female child victims of sexual abuse recruited from centres conducting evaluations post child sexual abuse	75	32% biological father, 16% mother's new partner (so step-father), 12% brother, 21% member of the extended family (uncle, cousin, grandfather, or son of the mother's partner), 19% by another adult	- Mother's psychological distress - Familial problems experienced by mother prior to adulthood - Social support available to mother - Child's symptoms - Child's perception of quality of relationship with mother - Characteristics of the child's sexual abuse - Mother and child's socio-	Parental Reaction to Abuse Disclosure Scale (PRADS; Everson et al., 1989 ¹ ; translated Thériault et al., 1995)	<u>Factors associated with more support:</u> - Perpetrator being the child's father as opposed to the child's step-father - Mothers reporting more psychological distress - Mother being separated from the perpetrator <u>Factors associated with less support:</u> - Perpetrator being the child's step-father or the mother's current partner - Maternal family history of violence	10/13 (77%)

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
					demographic characteristics		<u>Factor not related to support:</u> - Maternal belief	
Cyr, Wright, Toupin, Oxman-Martinez, McDuff, & Thériault (2003)	Québec (Canada)	Mothers of adolescents (male and female) referred to Child Protective Services (CPS) between 1996-1999 for evaluation following alleged CSA	120	27% father, 30% other relative, and 22% mother's boyfriend	- Maternal characteristics (age, psychological distress, posttraumatic stress, employment, history of sexual abuse, alcoholism in family) - Child's characteristics (age, gender, internalised and externalised behaviours, conflicts with mother) - Abuse characteristics (second victimisation, age at onset, severity,	Parental Reaction to Abuse Disclosure Scale (PRADS; Everson et al., 1989 ¹ ; Thériault et al., 1995)	<u>Maternal characteristics</u> - Occupational status significantly related to level of support, with mothers being more likely to be supportive if they are independent financially of the perpetrator <u>Victim characteristics</u> - Quality of maternal-child relationship from maternal perspective significantly related to support; with a good relationship (and particularly absence of conflicts) being related to more support	11/13 (85%)

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
					penetration, use violence, duration) - Disclosure characteristics (told mother first, medical proof, confirmation from other sources, perpetrator admission, when disclosed) - Perpetrator relationship		<u>Abuse characteristics</u> - Mothers were more supportive when living separately from perpetrator and when the perpetrator was not the father or stepfather of the child - Duration of abuse significant predictor only from the victim's perspective <u>Disclosure characteristics</u> - Mother appeared to give more support when abuse confirmed by other sources beside CPS evaluation - Mother appeared to give more support when perpetrator admitted to offence - Mother appeared to give more support when disclosure	

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
							was made while abuse was ongoing - Mother appeared to give more support when child disclosed to them first <u>Non-significant</u> - Mother's abuse history, age, alcohol misuse and level of maternal distress - Child's age, gender, and level of internalised or externalised symptoms - Re-victimisation and severity of abuse - Presence of medical proof	
Everson, Hunter, Runyon, Edelsohn & Coulter (1989)	North Carolina (United States of America)	Mothers of substantiated victims of intrafamilial sexual abuse recruited from eleven	88	Fathers or father-figures: 30% biological fathers, 41% stepfathers, 17%	Semi-structured interview: - Abuse history - Disclosure characteristics - Family reaction to abuse allegation	Parental Reaction to Incest Disclosure Scale (PRIDS) developed by authors	- Maternal support not related significantly to child's gender, age, or race; not to mother's education level	9/13 (69%)

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
		county social service agencies over a 28-months period		mother's 'boyfriends' and 12% mixed group (brothers, cousins, uncles)	Protective service worker provided: - Abuse characteristics - Family background - Family response to CSA report Child's characteristics (age, gender, race) Mother's characteristics (education, relationship with child) Offender admits or denies post-disclosure		- Children in age group 16-18 received greater levels of maternal support than other age groups - Mothers more supportive if perpetrator is an ex-spouse than if it's a current partner - Inverse relationship between maternal support and how recent and intense the offender-mother relationship was. - Maternal support in intermediate range when perpetrator is married to mother (whether biological father or step-father) - More supportive when abuse confirmed by perpetrator	

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
Heriot (1996)	Baltimore (United States of America)	Mothers of children victims of intrafamilial child sexual abuse (substantiated cases by Child Protective Services from May 1988 to October 1989)	118	Family members: 84% mother's partners, husbands, or live-in boyfriends. Other percentage not specified.	- Maternal belief - Maternal characteristics (age, number of children, income source, own history of child sexual abuse, substance abuse, mental health difficulties, contact with child protective services past or current - Mother's relationship with the perpetrator (perpetrator identity, length of the relationship with perpetrator, physical violence of perpetrator towards mother, mother's feelings toward perpetrator at close of intake) - Child's characteristics	Consistent maternal protectiveness: consisting of protective action (based on living arrangements and the reasons why) and maternal support (measured with 37-items checklist developed by author)	- Time between date of report to close of intake not significantly related to neither support not protective action - Significant relationship between maternal belief and support; and maternal belief and action - Mother's feelings towards the perpetrator at the close of intake significantly associated with consistent maternal protectiveness: mothers who felt hostility and rejection (as opposed to warm and acceptance) towards the perpetrator were supportive of their	11/13 (85%)

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
					(age, sex, race, severity of sexual abuse-		children and took more protective action - Mothers less likely to take protect when abuse involved penetration compared to when abuse involved fondling (however, not significant anymore when maternal belief added to equation) - Perpetrator being the mother's partner (husband or live-in boyfriend) is associated with less protective action - Mothers who did not believe their children were not likely to be supportive - Mothers for whom information around mental health problems was	

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
							unknown were at less supportive	
Hunter, Coulter, Runyan, & Everson (1990)	Northcentral North Carolina (United States of America)	Children victims of substantiated intrafamilial child sexual abuse and their non-offending guardians	100	34% biological father, 37% stepfather, 15% mother's boyfriend, 11% other male relative, 3% biological mother	- Offender's residential status in the child's home - Characteristics of the disclosure of the sexual abuse - Family response to the disclosure of sexual abuse - Psychological characteristics of the child (psychopathology) - Family demographics - Nature of the sexual abuse - Time following the abuse	Placement of the child following disclosure (= removed from the home) And maternal support measured with the Parental Reaction to Incest Disclosure Scale (PRIDS; Everson et al., 1989 ¹)	- Placement found to be significantly related to the level of support the mother provided the child: children who were initially removed have less supportive mothers than the children who remained at home - Level of maternal support most influential variable in child's removal/placement, with offender's residential status as second predictor. Maternal support remained significant predictor at 24-months follow-up. - Frequent placement changes associated	10/13 (77%)

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
Knott (2008)	Canada	Female non-offending caregivers in cases where an allegation of child sexual abuse was suspected or substantiated. Secondary analysis of data collected in the Canadian Incidence Study of Reported Child Abuse and Neglect.	373	23.3% 'biological father, adoptive father, father and another perpetrator'; 33.5% 'other relative'; 43.2% 'stranger, unknown, other acquaintance, other multiple perpetrators'	Maternal belief, and: <i>Characteristics of female non-offending guardian</i> (age, education, race, caregiver functions, abused as a child, domestic violence). <i>Child characteristics</i> (age, sex/gender, inappropriate sexualised behaviour, depression, self-harm, developmental delay). <i>Household characteristics</i> (home tenure, income, family structure). <i>Abuse characteristics</i>	'Negative maternal response' and 'emotional harm' Positive maternal response = three yes; negative maternal response = one or more no Belief in child (Y/N); emotional support provided (Y/N); ability to prevent further incidents (Y/N)	with having less maternal support. - Mothers with elementary education or less more likely to show negative maternal response - NOGs with mental and physical health difficulties more likely to exhibit negative maternal response - More likely to receive negative maternal response in homes with domestic abuse - Non-offending mothers with criminal involvement history more likely to have negative responses - When inadequate social support, more negative response to disclosure	9/13 (69%)

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
					(abuse type, duration, physical harm, child's relationship to perpetrator, case previously open to child welfare). <i>Investigation characteristics</i> (maltreatment co-occurrence, substantiation level, police involvement during investigation).		<u>Multivariate analysis:</u> - NOGs with mental health problems were two times more likely to exhibit negative response (meaning not believing the child, not providing the child with emotional support following disclosure and during investigation, and/or not being able to prevent future abuse) to child sexual abuse disclosure compared to those without - Children aged 8-11 and 12-15 were more likely to experience negative maternal responses than children aged	

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
							0-7 (with over eight times more likely for children aged 12-15) - More likely to receive negative maternal response if the child is displaying sexualised behaviours - Children with developmental delay more likely to experience negative maternal support - When abuse occurred more than once, greater likelihood of experiencing negative maternal responses than when abuse occurred only once - Children abused by family member were more likely to receive negative	

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
							maternal response than children abused by non-family member - When co-occurring maltreatment, over eight times more likely to receive negative maternal response. - Mothers with drug or alcohol addiction more likely to have negative response - Mother's age, race, and employment not found to be related negative maternal response	
Koranek (1994)	Memphis, Tennessee (United States of America)	Non-offending mothers of children victims of child sexual abuse. Review of archival data in the records	146	Family members or mother's boyfriend: 25.3% father, 29.8% stepfather, 13.5% boyfriend of mother, 7.9%	- Mother's intelligence - Demographic characteristics (ethnicity, income, source of income, number of children, age, education level, substance abuse	Protectiveness of mothers towards their children using the Protectiveness Rating Scale (devised by the author, two clinical	- Younger children received more protection from their mother - Significant correlation between protection given by mother and whether the perpetrator was the ex-husband or	9.5/13 (73%)

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
		of the Centre for Children in Crisis. Subjects were selected from families seen between February 1986 and June 1993.		sibling, 18.5% other family member 19-years-old or older, 1.7% other family member 18-years-old or younger. (In 3.4% of cases a mother was co-perpetrator)	history, mental health history, abuse history, problems with caregivers history, abuse of siblings history) - Family relationships - Discovery of the abuse - Other family problems - Perpetrator's relationships with the mother and the child victims - Mother's personality traits	social workers and a psychologist)	was unrelated to the mother at the time of the abuse - Shorter period of time between discovery of abuse and forensic evaluation predicted more protectiveness from mother - Child physical abuse and child neglect in family is associated with lack of maternal protectiveness - Child's gender, perpetrator's relationship, mother's history of caregiver problems, abuse discovered by mother, mother's income, current domestic violence, mother's history of abuse, history of placement away from mother,	

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
							number of children, mother's personality traits, and mother's intelligence were not significantly associated with protectiveness	
Leifer, Kilbane, & Grossman (2001)	United States of America	Non-offending African-American mothers (and grand-mothers) of children referred by child protective services to an urban hospital	99	Established person within the family system	- Maternal history and current functioning - Child factors (incidence of prior abuse, mother's reaction to disclosure, mother's actions and feelings towards the perpetrator, mother's account of the effect of abuse on the child) - Family of origin problems - Continuity of care - Negative outcome in relationships - Adult problems	Maternal support assessed with the Parental Reaction to Abuse Disclosure (PRADS; Everson et al., 1989 ¹)	<u>Maternal grandmother factors significantly related to support in mothers:</u> - Grandmothers of supportive mothers reported more positive relationships with their daughters and reported having more contact with their grandchildren <u>Maternal factors significantly related to support in mothers:</u> - Non-supportive mothers reported more disruptions and stress in the family attachment	9/13 (69%)

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
					- Maternal social support - Psychological distress of mother - Attachment style of mother - Mother's perception of relationship with own mother - Sexual behaviours of the child - Child's behaviour problems and social competence - Child's intellectual ability - Child's attachment status - Child's psychological functioning - Child's social support - Child's perception of mother's role - Child's perception of effect of abuse		relationships during their childhood, more separation from their children, more substance misuse and legal problems, more negative outcomes in their relationships (including domestic abuse, partners with substance misuse difficulties or legal problems and frequent changes in partners) - No significant relationship between mother's support and mother's history of childhood abuse/neglect, relationship with their mother prior to their adolescence, abuse history, attachment styles,	

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
					on relationship with mother - Abuse related factors (prior abuse, abuse severity, child's relationship with perpetrator)		social support and current relationship with their mother <u>Mother's relationship with the perpetrator:</u> - Mothers were less likely to be supportive when the perpetrator was a father figure living at home. - Mothers financially dependent on the perpetrator were less likely to be supportive - In cases with non-supportive mothers, the perpetrator is less likely to be in criminal justice system post disclosure - (Only approaching significance) more supportive mothers reported no contact with perpetrator after disclosure	

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
							<u>Relationship between mother and child after abuse</u> - The majority of children with supportive mothers reported a positive emotional response from their mothers <u>Abuse-related factors:</u> - Children of non-supportive mothers were more likely to have experienced prior physical abuse - Children of non-supportive mothers blamed their mothers for the abuse more often	
Payer, Cyr, & McDuff (2008)	Québec (Canada)	Mothers of children victims of child sexual abuse who have themselves been victims	147	47% father, 19% mother's partner, 28% member of the extended family, 27% acquaintance,	- Characteristics and impact about mother's history of child sexual abuse - Coping strategies used by mother at time of disclosure	Parental Reaction to Abuse Disclosure (PRADS; Everson et al., 1989 ¹ ; translated	<u>Correlations</u> - Mothers are more likely to take action against the perpetrator in cases of intrafamilial abuse	11/13 (85%)

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
		of child sexual abuse		2% stranger (note some children were abused by more than one perpetrator)	- Characteristics of child sexual abuse experienced by child - Mother's age - Mother's education levels - Mother's income	Thériault et al., 1996)	- No significant correlation between the mother's emotional support towards their child and the fact that the perpetrator lives with the mother or that there was penetration during the abuse <u>Multiple regressions</u> - Mothers are more emotionally supportive towards their child if the child is younger and if they perceive positive consequences to their own history of childhood sexual abuse - Mothers are more likely to take action against the perpetrator if the child is younger, the perpetrator is	

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
							not part of the family, and the mother identified positive consequences to her own childhood sexual abuse	
Rancher, Are, Goodrum, & Smith (2023)	United States of America	Mother-child dyads from a large child advocacy centre. Children were victims of CSA as show by forensic evaluation. Mothers not involved in the abuse.	120	20% mother's current or former romantic partner; no further detail (others were not mother's current or former romantic partner)	- Time - Relationship to perpetrator - Mother's psychological distress - Maternal belief of disclosure - Child blame - Mother-child relationship quality - Engagement with clinical services - Child age and gender	Maternal support as evaluated by Maternal Self-Report Support Questionnaire (MSSQ; Smith et al., 2010) and Maternal Supportive Questionnaire-Child Report (MSQ-CR; Smith et al., 2017)	- Mother and child reports of maternal support were positively correlated. - Older children reported less maternal support and more child blame - On average, no change in maternal support over time observed for both mother-report and child-report - No relationship found between mother's relationship to perpetrator and maternal support	10.5/13 (81%)

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
							<u>Predictors of maternal support change over time</u> - Higher levels of mother's psychological distress lead to decrease in maternal support (for mother-report but not child-report) - Lower levels of child blame and belief in the disclosure predict increase in maternal support (mother- report and child- report) - Higher levels of mother-child relationship quality predicted increase in maternal support (mother-report but not child report) - Engagement in clinical service had	

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
							no impact on mother-report or child-report of maternal support	
Rakow, Smith, Begle, & Ayer (2011)	United States of America	Mothers of children victim of sexual abuse involving actual physical contact, who received a forensic evaluation	106	56% of perpetrators identified as intrafamilial (first degree relative or mother's residing partner)	- Demographic and abuse characteristics (child's age, gender, ethnicity, caretaker's relationship to child, maternal age, ethnicity, marital status, level of education, current employment status, household income, child's relationship with perpetrator) - Maternal depressive symptoms	Maternal self-report support questionnaire (MSSQ ; Smith et al., 2010)	- Higher levels of maternal depressive symptoms related to less maternal support - Child's relationship with perpetrator not related to level of maternal support	9/13 (69%)
Walsh, Cross, & Jones (2012)	Alabama, Pennsylvania, South	Non-offending guardians in cases with	161	Adult perpetrators: 69% family members	Case characteristics (child, suspect, and abuse characteristics)	Parental blame or doubt using the Maternal	- No difference in blame/doubt levels based on location	10/13 (77%)

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
	Carolina, and Texas (United States of America)	report of CSA in which the suspect is 12 years old or older and child victim is 5 years or older.		(including 25% biological parent, 16% mother's boyfriend, 15% other relative, 12% stepparents), 30% known adults, and 1% unknown adults Adolescents perpetrators: 53% family members (33% siblings, 20% other relative); 48% adolescents known to the victim		Self-Report Support Questionnaire (MSSQ; Smith et al., 2010)	- Small relationship between higher parental blame/doubt scores and victim/suspect being of same gender (but not significant with this sample size) - Moderate relationship with higher parental blame/doubt and perpetrator being family member, penetration was alleged, and child sustained physical injury (but not significant with this sample size) <u>Multivariate results:</u> - When victim's age increases, parent's level of blame/doubt increases	

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
							- Parents with Black, non-Hispanic children showed more blame/doubt compared to White, Hispanic, or children of other ethnicity. - Parents in cases with adolescent suspect showed more blame/doubt compared to those where suspect is adult	
Wamser-Nanney & Sager (2018)	United States of America	Non-offending biological mothers and their child between age of 2 and 17 seeking treatment from a single Child Advocacy Center.	247	Not specified	- Demographic variables about child, maternal/family information, education, family income, and involvement with child protective services - Abuse characteristics - Stressful events associated with	Maternal Self-Report Support Questionnaire (MSSQ; Smith et al., 2010)	<u>Bivariate predictors of support:</u> - Child gender related to emotional support, with female receiving more emotional support. But unrelated to blame/doubt - Maternal marital status related to level of blame/doubt	9.5/13 (73%)

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
					child sexual abuse as reported by child		(unmarried mothers having more blame/doubt than married ones) - Income, involvement with child protective services, and placement of child out of house not related to maternal support (neither blame/doubt nor emotional support on MSSQ) - Perpetrator admitting the abuse and child's relationship to the perpetrator unrelated to support <u>Multivariate predictors of maternal support:</u> - Older child, abuse occurring more than once, and amount of abuse detail	

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Outcome measures	Summary of relevant findings	Quality score (/13 and % equivalent)
							known to the NOG are all related to more emotional support. - Penetration not independently associated to emotional support - Older child, abuse occurring several times, more total abuse stress, and greater levels of family conflict all related to more blame/doubt. - Minority status, penetration, and non-supportive disclosure not unique predictors blame/doubt	

Appendix J

Characteristics of Included Qualitative Studies ($n = 4$)

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Type of analysis	Summary of relevant findings	Quality assessment
Alaggia & Turton (2005)	Canada	Secondary analysis of data. Mothers of children victims of sexual abuse who themselves experienced abuse (physical, psychological, emotional, sexual, economic or social) by the partner	8	Mother's intimate partner	The mother's experience of abuse (physical, psychological, emotional, sexual, economic or social)	Grounded theory approach to analyse the interviews using constant comparative method and open, axial, and selective coding	- Mothers who experienced non-physical domestic violence differed in their response to the disclosure from mothers who had been physically abused. - Mothers emotionally or psychologically abused showed less affective and behavioural support following disclosure. - Mothers who were physically abused showed less ambivalence about separating from the perpetrator (separating both immediately after disclosure and over long term)	Excellent
Cyr, Allard, Fernet, & Hébert (2019)	Canada	Non-offending biological fathers of one or more children under 12 victim of sexual abuse	17	24% immediate family, 57% extended family, 19% acquaintance	None	Inductive thematic analysis to analyse the participants interviews	<u>Factors related to less supportive or protective responses:</u> - Fathers' psychological distress (particularly depression symptoms) linked to being less available and less sensitive to the child's needs	Good

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Type of analysis	Summary of relevant findings	Quality assessment
		recruited from the general population through various means.					- Confusion and anger brought by the disclosure, led to non-offending fathers doubting their child's disclosure and confronting the perpetrator - Perpetrator being member of the immediate family led to fathers reporting more affective ambivalence towards their child - Discomfort when in the presence of their child post-disclosure, which led them to distancing themselves emotionally and physically (offering less hygienic and health care, and less physical contact) <u>Factors related to more supportive or protective responses:</u> - Passage of time led to fathers believing their child more (in ambivalent fathers), take protective actions and re-engage with their child emotionally - Sense of responsibility led to fathers searching for professional services' help and increased	

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Type of analysis	Summary of relevant findings	Quality assessment
							fathers' availability for their child - Law guidelines helped fathers take judicial and psychological actions for their child <u>Not related</u> - Ambivalence appeared unrelated to paternal support	
McMillan (2013)	United States of America	Mothers of minor children who disclosed CSA perpetrated by mother's current or former intimate male partner. Recruited through various sources to include broad range of participants.	20	Mother's current or former intimate male partner (i.e., the child's father, step-father, or mother's boyfriend)	None	Constructivist grounded theory methods	- Mothers reluctant to believe their children if had no prior suspicion that something was wrong - Mothers with prior suspicion that something was wrong believed their child immediately regardless of their relationship with the perpetrator. - Mothers showing ambivalent belief in disclosure were voluntarily in contact with perpetrator - Relationship with the perpetrator and prior suspicion both contributed to the mother's belief in the disclosure - For mothers who showed ambivalence, additional time and information led to a shift in belief (believing more)	Good

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Type of analysis	Summary of relevant findings	Quality assessment
							- Mothers with prior suspicion in the abuse stopped all contact with perpetrator for both themselves and their child after disclosure - Ambivalent mothers who continued to not believe after more time and information failed to act protectively towards their child	
Wangerin (1994)	United States of America	Mothers who presented to therapy with a history of CSA and who have at least one child 3 years old or above	12	Not specified	None	Two interviews per participants analysed using grounded theory approach. Qualitative data augmented by quantitative component.	<u>Mothers demonstrating ineffective patterns of maternal protection</u> - Attempts to disclose their own abuse was minimal or non-existent - All reported having engaged in self-abusive or risk-taking behaviours (e.g. self-injury or substance abuse) - All reported having been involved in abusive relationships - None of them were financially self-supporting - Reported conflicted relationship with their children <u>Mothers demonstrating “after-the-fact” patterns of maternal protection</u>	Very good

Study author and date	Study location	Participants and recruitment method	Sample Size (N)	Perpetrator type	Intervening variables examined	Type of analysis	Summary of relevant findings	Quality assessment
							- Used self-protective strategies in childhood - All attempted early and repeated disclosure of their own abuse - Described positive relationships with their children - Were at least partially self-supportive <u>Mothers demonstrating preventive patterns of protection:</u> <i>not based on mothers of children who were victims of sexual abuse (tautological)</i>	

Appendix K

Organisation of the Intervening Variables Discussed

* Refers to contradictory findings

Factors related to non-offending guardian's ability to support	Factors related to non-offending guardian's ability to protect
Non-offending guardian factors	Non-offending guardian factors
<i>Demographics</i>	<i>Demographics</i>
- Education level* - Age* - Occupational status* - Personality traits	- Education level
<i>Health</i>	<i>Health</i>
- Physical health - Mental health - Substance abuse	- Physical health - Mental health - Substance abuse* - Self-injury
<i>Victimisation</i>	<i>Victimisation</i>
- Intimate partner violence (current or past)* - History of childhood sexual abuse*	- Intimate partner violence (current or past)* - History of childhood sexual abuse* - o Disclosure of own history of sexual abuse in childhood
<i>Own criminal history</i>	<i>Own criminal history</i>
- Criminal involvements	- Criminal involvements
<i>Relationships</i>	<i>Relationships</i>
- Dependency on the perpetrator (i.e., financial)* - Social support* - Attachment style* - Marital status	- Dependency on the perpetrator (i.e., financial) - Social support
<i>Attitudes and responses to abuse disclosure</i>	<i>Attitudes and responses to abuse disclosure</i>
- Belief in the disclosure - Sense of responsibility - Attribution of blame to the child - Feelings - o Post-disclosure - o Towards the perpetrator - o Towards the child	- Belief in the disclosure - Sense of responsibility - Attribution of blame to the perpetrator - Feelings towards the perpetrator - Presence in the house

○ Since disclosure ○ Of disclosure* ○ Since abuse* - Disclosure made to non-offending guardian - Guardian involvement in examination	○ Since disclosure ○ Between disclosure and examination* - Guardian asked ○ Child about the abuse ○ Perpetrator about abuse
Perpetrator factors - Relationship with the non-offending guardian or the child* - Living situation* - Response to the abuse* - Involvement in the criminal justice system - Age - Gender	Perpetrator factors - Relationship with the non-offending guardian or child*
Other factors <i>Household</i> - Structure - Family conflict	Other factors <i>Household</i> - Structure
Factors not related to non-offending guardian's ability to support - Home tenure - Non-offending guardian's ethnicity - Non-offending guardian's income - Non-offending guardian's history of non-sexual abuse - Non-offending guardian's gender - Non-offending guardian's relationship with own parents - Child victim's prior sexual victimisation - Child victim's placement out of the home - Involvement of Child Protective Services - Abuse's location - Abuse's duration - Involvement of multiple perpetrators in the abuse - The time passed between the disclosure and examination	Factors not related to non-offending guardian's ability to protect - Home tenure - Non-offending guardian's ethnicity - Non-offending guardian's income - Non-offending guardian's history of non-sexual abuse - Non-offending guardian's age - Non-offending guardian's number of children - Non-offending guardian's occupational status - Non-offending guardian's personality traits - Non-offending guardian's intelligence - Non-offending guardian's history of caregiver problems - Child's gender

-
- Presence of medical proof that abuse occurred
-

Appendix L

Recruitment Email

To whom this may concern,

I am a Trainee Forensic Psychologist currently studying for a Doctorate in Forensic Psychology at the University of Birmingham.

As part of my thesis, I am interested in obtaining the professional opinions of psychologist expert witnesses working in the UK who are involved in the assessment of non-abusing parents.

More specifically, I am conducting a qualitative study about the experience of psychologist expert witnesses who conduct assessments of non-offending guardians for their ability to support and protect their child in cases of child sexual abuse.

I am looking for participants willing to take part in an interview on this topic. The interviews would take place online, via video-interview software, with myself.

If you are interested in participating in my research project, or if you would like more information before making your decision, you can contact me via email: [email address]

Prior to the interviews, I will provide you with a participant information sheet, providing more information about the study.

Please do not hesitate to contact me if you have any questions.

Please circulate this email to others who you think may be interested in participating in this research.

Kind regards,

[Name of the researcher]

[Email address]

Trainee Forensic Psychologist

School of Psychology

University of Birmingham

Appendix M

Recruitment Notice

Psychologists expert witnesses' experience of assessment of non-offending guardians in cases of child sexual abuse

Are you a psychologist working as an expert witness in the UK? Have you been involved in the assessment of non-offending guardians for their ability to support and/or protect their child in cases of child sexual abuse? Would you be willing to participate in an online interview discussion about your experiences of completing these assessments?

If you are interested in participating in this study or would like more information before making a decision, please contact me, [name], at [email address]

The interview will last between 45 minutes and one hour.

I am a forensic psychologist trainee in my final year of the Forensic Psychology Doctorate at the University of Birmingham. This study is being completed as part of a final thesis project.

Thank you in advance for your help!

Appendix N

Participant Information Sheet

Title of the project

The assessment of capacity to support and protect in non-offending guardians, in child sexual abuse cases: the views of psychologist expert witnesses

Researcher

This is a study conducted as part of a Doctoral thesis at the University of Birmingham. The main researcher is [name] (Trainee Forensic Psychologist). This project is being supervised by Dr [name] and Professor [name].

Description of the proposed study

This study aims to look at psychologist expert witnesses' experience of conducting the assessment of non-offending guardians regarding their ability to support and protect their child(ren) in cases of child sexual abuse. These assessments can take place for many different reasons. For example, after a child has disclosed sexual abuse; or when someone with a history of child sexual abuse joins the family. The literature on this topic is still in its infancy. This is why it is very important to gain more information about how expert witnesses experience these assessments, how they are conducting them, and what factors they are taking into account to inform their opinions in court reports.

The interviews will focus on psychologist expert witnesses' experiences and practice around the assessment of non-offending guardians around their ability to support and protect their child in cases of child sexual abuse.

Invitation to participate:

If you are a psychologist working as an expert witness (full or part-time), who has been asked to conduct an assessment of a non-offending parent in cases of child sexual abuse, I would like to invite you to participate in this study. This participation is completely voluntary and you have the right to withdraw during or after the interview has taken place (please see below for further details).

What does participation entail?

An interview will be organised online with [name] using a video-interviewing platform. During the interview, a few basic demographic questions and several questions around the experience of conducting assessments of non-offending guardians about their ability to support and protect their child in cases of child sexual abuse will be asked.

The interview will take approximately one hour to complete. Only the audio of the interviews will be recorded (not video). Once transcribed, the interview recording will be permanently deleted.

Please note that the interview questions do not seek and participants must not reveal any details of specific cases, for confidentiality purposes. Any concerns (e.g., about individuals at risk of significant harm) should be handled through established reporting mechanisms.

Do I have to participate?

No, participation is on a purely voluntary basis.

Can I change my mind?

Yes, if you have arranged an interview, or are in the process of an interview, and then decide that you do not wish to continue, you are free to exit at any time by letting the researcher know of your decision (verbally or via email). Incomplete interview recordings will be permanently deleted immediately.

You also have the right to withdraw within two weeks after having completed the interview. Please email the researcher (see below), providing a pre-agreed pseudonym, and your interview recordings/transcripts will be permanently deleted.

Are there any risks?

The topic of this study could be distressing, so if you are worried about becoming distressed, please know that participation in this study is not compulsory.

If after participation, you feel like this study has caused you any distress or if you have any concerns, please do not hesitate to contact the researchers of this study for support.

Is there any compensation?

There is no compensation for participation in this study.

Results of the study

This study is part of a Doctoral thesis in Forensic Psychology at the University of Birmingham. The results of the study will therefore be included in the final thesis. The researcher will also look to disseminate the study results through publication in a peer-reviewed journal at a later date. Although excerpts from interview transcripts may be published, care will be taken that participants cannot be identified from these quotations in the final write-up.

Feedback on the study

If you wish to receive feedback on the outcome of this study, you will be given the opportunity to provide an email address at the end of the interview. This email address will only be used to provide you with feedback on the study and for no other reason. See below for how this will be stored.

Confidentiality/anonymity and data security

Your data will be kept confidential. Whilst you will be asked for some basic demographic information, no information will be included which will allow you to be identified, and the data will be stored anonymously. At the end of the interview, you will agree with the researcher on a pseudonym to store your data under. This is so that your data is retrievable if you wish to withdraw in the set timeframe (two weeks after the interview).

During the research, only [name] (main researcher/Trainee Forensic Psychologist), Dr [name] (primary supervisor) and Professor [name] (secondary supervisor) will have access to the data. The raw data will not be shared with anyone else. They will be used only for the purpose of this research, and statistical and audit purposes. The data will then be analysed and the outcomes will be included in the results section of the final doctoral thesis. The research project will also be aimed at getting academically published, and the results of the data analysis will then also be reported for this purpose.

The data from the interviews will be stored in line with the University of Birmingham

policies, on secure servers. The recordings will be deleted as soon as the interviews have been transcribed. The remaining raw data (e.g., interview transcriptions) will be kept – in line with University of Birmingham policies – for a duration of 10 years after the end of the research. After this time, all data will be destroyed.

If you wish to receive feedback and have provided an email address, please know that this will be stored separately from the data of the interviews. Your answers to the interviews will therefore not be linked to your identifiable information. After providing you with feedback (when the study is complete), or if you change your mind regarding receiving details and inform us of this, your contact details will be deleted immediately.

Contact details

If you have any questions regarding this study, its design, or have any concerns, please feel free to get in contact with the researchers of this study.

[Name] (trainee forensic psychologist): [email address]

[Name] (primary supervisor): [email address]

Appendix O

Study Consent Form

Title of the project: The assessment of capacity to support and protect in non-offending guardians, in child sexual abuse cases: the views of psychologist expert witnesses

Fair processing statement

This information is being collected as part of a research project concerned with predictors of post-disclosure behaviour in parents of child sexual abuse victims by the Department of Psychology at the University of Birmingham. The information which you supply and that which may be collected as part of the research project will be entered into a filing system or database and will only be accessed by authorised personnel involved in this project. The information will be retained by the University of Birmingham and will only be used for the purpose of research, and statistical and audit purposes. By supplying this information you are consenting to the University storing information for the purposes stated above. The information will be processed by the University of Birmingham in accordance with the provision of the Data Protection Act 2018. No identifiable personal data will be published.

Consent

Please tick the following boxes to confirm that you agree.

- ☐ I confirm that I have received, read and understood the participant information leaflet for this study. I have had the opportunity to ask questions if necessary and have had these answered satisfactorily.
- ☐ I understand that my participation is voluntary and that I am free to withdraw at any time up two weeks after completion of the interview without giving any reason. If I withdraw, my data will be removed from the study and will be destroyed.
- ☐ I understand that my personal data will be processed for the purposes detailed above, in accordance with the Data Protection Act 2018.
- ☐ I understand that the interview will be audio recorded and then transcribed into an anonymised written transcript. The audio recordings of the interview will be deleted following transcription.

- ☐ I understand that once my data has been anonymised and the data analysis has started, it might not be possible for it to be withdrawn.
- ☐ I understand that some excerpts of the interview may be used verbatim, alongside excerpts from other participants' interviews, in the final research project write-up. These excerpts will be anonymous.
- ☐ I understand data from the interviews will be stored in line with the University of Birmingham policies, on secure servers for a duration of 10 years, after which they will be deleted.
- ☐ Based on the above, I agree to take part in this study.

Name of participant: _____ Date: _____ Signature: _____

Name of researcher: _____ Date: _____ Signature: _____

Appendix P

Interview Questions

Disclaimer: The questions may be subject to slight change during the research project, as the interview process will be fluid and the questions asked will depend on what the participants talk about.

(Inform participants that at no point during the interview are details about any specific court cases to be given)

Demographic Questions

- What is your age? (number)
- What branch of psychology did you study? (i.e.: Clinical Psychology, Forensic Psychology, Counselling Psychology, Clinical-Forensic Psychology, other)
- For how long have you been qualified (in years)?
- How long have you been undertaking expert witness assessments?
- Have you ever, as part of your job, undertaken assessments of sex offenders and/or worked with sex offenders? Please specify.
- How many assessments of non-offending guardians have you done? (approximately)
- Out of all the assessments of non-offending guardians that you have provided a report on, please estimate the percentage of cases that related to the following:
 - Internet-only CSEM offending:
 - Grooming (in person or online) of victims:
 - Non-contact (exhibitionism) offending:
 - Child Contact sexual offending (sexual assault, rape):
 - Adult contact sexual offending (sexual assault, rape):
 - Multiple types of sexual offending:

Semi-Structured Interview Schedule

- What do you understand by the ‘assessment of non-offending guardians in cases of child sexual abuse’?
- What is your experience with these types of assessments?

- What is your understanding of ‘ability to support’?
- What is your understanding of ‘ability to protect’?
- What would you consider relevant when conducting an assessment of a non-offending guardian about their ability to protect their child in cases of child sexual abuse?
 - Are there any specific factors which you would consider relevant when conducting these types of assessments? (prompting question)
 - Are there elements of personality that you would consider indicative of an inability to protect? (prompting question)
- How do you measure ‘ability to support’ and ‘ability to protect’?
 - Does your assessment of them differ? In what way? (prompting questions)
- What would you say a typical assessment of non-offending guardians about their ability to support and protect in cases of child sexual abuse looks like, in terms of process?
 - Prompting questions about venue, number of appointments, online or face-to-face, how many hours/over how many days is the assessment conducted
- During the assessment of a non-offending guardian, is there a particular framework/model or specific literature that you would use?
- Would you use any psychometric measures as standard in the course of such assessments?
- What is your experience with writing the report of such assessments?
 - How long does it take to write the report? (prompting question)
 - How long would a report typically be in pages? (prompting question)
 - How confident are you in the recommendations you have made in the past in reports like these? (prompting question)
 - How often and how important is it for you to hear about the outcome of cases you are conducting assessments for? (prompting question)
 - How often and how important is it for you to receive feedback on the impact of your report in the decision-making? (prompting question)
 - How often and how important is it for you to receive feedback on the quality of the report that you wrote? (prompting question)

- What is your experience of giving evidence in court following a report on this type of assessment?
 - How often and how important is it for you to receive feedback on your oral evidence? (prompting question)

Appendix Q

Transcription Key

,	Short pause
...	Long pause
(?)	Unsure of what was said
(Inaudible)	Inaudible
L@	Laugh or chuckle
IER	Interviewer
IEE	Interviewee
-	Incomplete word or sentence
//	Overlap in words or sentences
...	Whispering
[...]	When something has been anonymised by removing name of person or place (e.g., [city])
‘...’	When the participant is quoting someone
ALL CAPS	When the participant is raising their voice or strongly emphasising something

Appendix R

Template Development

A Priori Themes

1. Ability to support and ability to protect
 - 1.1. Differences
 - 1.2. Intervening variables
 - 1.2.1. Related to non-offending guardian
 - 1.2.2. Related to child
 - 1.2.3. Related to perpetrator
 - 1.2.4. Related to abuse
2. Measures
 - 2.1. Psychometric measures
3. Literature
 - 3.1. Framework/model
4. Writing report following assessment
5. Evidence in court

Initial Template

(Developed after 3 interview coded – all codes included, not just the ones with the most quotes or representation)

1. Ability to support and ability to protect
 - 1.1. Differences between ability to support and protect and definitions
 - 1.2. Impacted by intervening variables or vulnerabilities
 - 1.2.1. All factors related to one another
 - 1.2.2. Types of intervening variables
 - 1.2.2.1. Contextual issues
 - 1.2.2.2. Related to non-offending guardian
 - 1.2.2.3. Related to child
 - 1.2.2.4. Related to perpetrator
 - 1.2.3. Why are intervening variables relevant?
2. Characteristics of the assessment of non-offending guardians
 - 2.1. Aims of an assessment of non-offending guardian
 - 2.2. Parties involved

- 2.2.1. Who are the non-offending guardians?
 - 2.2.2. Who are the offending party?
 - 2.2.3. Who are the victims?
 - 2.2.4. Who are the psychologists expert witnesses?
 - 2.2.5. Who is being assessed?
 - 2.2.6. Gaps or difference between professional and interviewee
 - 2.2.7. Other professionals
- 2.3. Types of offences observed related to these assessments
 - 2.3.1. Different offences
 - 2.3.2. Degree of uncertainty around risk presented
- 2.4. When does an assessment of non-offending guardian takes place?
- 2.5. Misperceptions associated with these assessments
- 2.6. Similarities with other types of assessments
- 3. Processes of the assessments of non-offending guardians
 - 3.1. Time spent on an assessment altogether
 - 3.2. Instructions
 - 3.3. Reading background information
 - 3.4. Interview
 - 3.4.1. Literature
 - 3.4.2. Processes
 - 3.4.3. Measures used
 - 3.4.4. New information that comes up during the assessment
 - 3.5. Writing report
 - 3.6. Giving evidence in court
 - 3.7. Outcome and feedback
 - 3.8. Allocated time for the assessments
 - 3.9. Sources of information
 - 3.10. Changes caused by COVID-19
- 4. Feelings towards the work
 - 4.1. Difficulties of the work
 - 4.2. Confidence in the work completed

- 4.3. Enjoyment of the work
- 4.4. Importance of the work

Revised Template 1

(Revised after 4 additional interviews coded – total 7 interviews)

1. Theme 1: Ability to support and ability to protect
 - 1.1. What are the definitions of these terms and how do they differ/resemble?
 - 1.1.1. Ability to protect
 - 1.1.2. Ability to support
 - 1.1.3. Overlap between the two terms
 - 1.1.4. There is a lack of clear definition of the concepts; lack of knowledge or understanding of the concepts
 - 1.1.5. The ability to support and/or protect can change overtime
 - 1.2. Intervening variables or vulnerabilities expert witnesses look at when assessing the ability to support and protect
 - 1.2.1. All variables relate to one another
 - 1.2.2. Types of intervening variables
 - 1.2.2.1. Contextual issues
 - 1.2.2.2. Related to non-offending guardian
 - 1.2.2.3. Related to child
 - 1.2.2.4. Related to perpetrator
 - 1.2.3. Why are intervening variables relevant?
2. Theme 2: Characteristics of the assessment of non-offending guardians
 - 2.1. Aims of an assessment of non-offending guardian
 - 2.2. Parties involved
 - 2.2.1. Who are the non-offending guardians?
 - 2.2.2. Who are the offending party?
 - 2.2.3. Who are the victims?

- 2.2.4. Who are the psychologists expert witnesses?
 - 2.2.4.1. Demographic information
 - 2.2.4.2. Experience
 - 2.2.4.3. Work as expert witness for assessment of non-offending guardians
- 2.2.5. Who is being assessed?
- 2.2.6. Gaps or difference between professional and interviewee
- 2.2.7. Other professionals involved in these assessments
- 2.3. Types of offences observed related to these assessments
- 2.4. When does an assessment of non-offending guardian takes place?
- 2.5. Misperceptions associated with these assessments
- 2.6. Similarities with other types of assessments
- 3. Theme 3: Processes of the assessments of non-offending guardians
 - 3.1. Instructions
 - 3.2. Reading background information
 - 3.3. Interview
 - 3.3.1. Literature basing assessment on
 - 3.3.2. Questions asked during
 - 3.3.3. Rapport with non-offending guardian
 - 3.3.4. Practicalities
 - 3.3.5. Measures used
 - 3.3.6. New information that comes up during the assessment
 - 3.4. Writing report
 - 3.4.1. Feelings about the report writing process
 - 3.4.2. Impact of past experience on report-writing
 - 3.4.3. Practicalities
 - 3.5. Giving evidence in court
 - 3.6. Outcome and feedback
 - 3.6.1. Feedback
 - 3.6.2. Outcomes

- 3.7. Time spent on an assessment altogether
- 3.8. Sources of information
- 3.9. Changes caused by COVID-19
- 4. Theme 4: Feelings towards the work
 - 4.1. Difficulties of the work
 - 4.1.1. Cases can be quite disturbing
 - 4.1.2. (Having been working for a long time)?
 - 4.1.3. Never hearing about the outcome or receiving feedback
 - 4.1.4. No reward/pay
 - 4.1.5. Pressures of the work
 - 4.1.6. Relationships with other professionals/working alone
 - 4.1.7. Feeling sad for people/impact of assessment on people's lives
 - 4.1.8. Things don't work out like they should/unable to say what would actually happen (can't predict the future)
 - 4.1.9. Timing
 - 4.1.10. Writing the report
 - 4.1.11. Giving evidence in court
 - 4.1.12. Having to gauge the accuracy of presentations
 - 4.1.13. Nothing to dislike about the work
 - 4.1.14. Issues with the larger system
 - 4.2. Confidence in the work completed
 - 4.3. Enjoyment of the work
 - 4.3.1. Interested in people or relational aspect
 - 4.3.2. Interested in the cases
 - 4.3.3. No two cases are the same/uniqueness of the work
 - 4.3.4. Detective work
 - 4.3.5. Doing important work/rewarding job
 - 4.3.6. Support from colleagues
 - 4.3.7. Not sure why enjoys the work

4.4. Importance of the work

Revised Template 2

(Revised after all interviews reviewed – total 11 interviews)

1. Ability to support and ability to protect

- 1.1. Two different concepts which can vary and change over time
- 1.2. Ability to protect as taking action to protect the child from being abuse (again)
- 1.3. Ability to support as meeting the emotional, psychological and physical needs of the child following the experience of sexual abuse
- 1.4. The ability to protect and support are impacted by intervening variables or individual vulnerabilities
 - 1.4.1. All factors related to or feeding into one another
 - 1.4.2. There are different types of intervening variables considered together
 - 1.4.2.1. Intervening variables related to the non-offending guardian
 - 1.4.2.2. Intervening variables can be attributes of the child
 - 1.4.2.3. Intervening variables can be attributes of the perpetrator
 - 1.4.2.4. There are contextual intervening variables

2. Characteristics of the assessment of non-offending guardians

- 2.1. Aims of assessment
- 2.2. How are the aims of the assessments met
- 2.3. Misperceptions associated with these assessments
- 2.4. Similarities with other assessments
- 2.5. Types of offences
- 2.6. When do these assessments take place
- 2.7. Parties involved in this work
 - 2.7.1. Non-offending guardians are generally the mothers
 - 2.7.2. Offending party generally the male partner
 - 2.7.3. Victims can be the biological child of NOG or someone from a past

offence

2.7.4. Who are the psychologists expert witnesses

2.7.4.1. Expertise of expert witnesses

2.7.4.2. Characteristics of the work

2.7.5. Other professionals are also involved

2.7.6. Gap or difference between professional and interviewee

2.7.7. Assessment of both the perpetrator and non-offending guardian

3. Process of conducting an assessment of a non-offending guardian

3.1. Instructions

3.2. Reading background information (bundle)

3.3. Interview process

3.3.1. Different parts to an interview

3.3.2. Characteristics of the interview process

3.4. Writing report following assessment

3.4.1. Structure of the reports

3.4.2. Characteristics of the report

3.4.3. Other thoughts, reflections, and practices around writing of reports

3.5. Experts may be asked to give evidence in court

3.6. Multiple sources of information to inform opinion

3.7. Conclusions of assessment in the report

3.8. Outcome of the case and feedback on the report

3.9. Order of processes

3.10. Time spent on an assessment altogether

3.11. Changes caused by COVID

4. Feelings of expert witnesses towards their work

4.1. Experts enjoy the work

4.2. The work also comes with its own challenges

4.2.1. Finding specific aspects of the work difficult

4.2.2. Difficulties around relational aspects or the lack of

4.2.3. Difficult feelings associated with the work

4.2.4. Issue with the larger system

4.3. The work of expert witnesses in family court is very important

4.4. Experts feel pretty confident in the work they produce

Final Template

(Revised after applying template to all interviews again, and refining it based on codes)

Also revised during this process were the themes and subtheme titles.

Included in the write-up of result section.