

Non-offending Guardian Support and Protection in Cases of Child Sexual Abuse: The Role of Risk Perception

by

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Abstract

Research has shown that the reaction of the non-offending guardian following disclosure of child sexual abuse (CSA) is an important factor related to the adjustment of the victim. However, to date, comparatively little research has examined the characteristics of non-offending guardians, specifically factors related to their ability to support and protect their child in the aftermath of disclosure.

The current thesis firstly guides the reader through a systematic review of the existing literature, specifically a review of primary studies of intervening variables for guardian belief, support and protection, or various combinations thereof. This review highlights the lack of consensus within the literature over definition of ‘guardian support’, a situation that has confounded the drawing of firm conclusions regarding associated factors. Secondly, an empirical study is presented where this area of research is broadened out to include a general population of mothers and female carers, and to specifically examine perception of future sex offending risk through the use of vignettes. It is postulated that risk perception is a mediating variable between a guardian’s belief in the occurrence of CSA and subsequent support and protection, a variable that has yet to be examined within the literature as it relates to non-offending guardians. Results showed that mothers tended to over-estimate risk of re-offending, although of concern was that, in general terms, younger offenders with male victims (rated as ‘high risk’ according to a widely-used actuarial measure of sex offender risk) were regarded to be the least risky. Finally, an existing measure of guardian support is critically appraised. It is hypothesised that this type of instrument, that only measures a narrow aspect of a non-offending guardian’s post-disclosure functioning, might be usefully employed within an overall ‘risk of failure to protect’ assessment framework. Drawing upon

the current findings, a model upon which to base this type of assessment is outlined in the discussion.

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Chapter 1. Introduction

Much research has focussed on the aetiology of child sexual abuse (CSA) as well as the psychological characteristics of sex offenders over the years, specifically child abusers (e.g. Hall & Hirschman, 1992; Hanson & Bussière, 1998; Knight & Prentky, 1990; Manderville-Norden & Beech, 2009; Marshall & Barbaree, 1990; Ward & Siegert, 2002). However, comparatively little has been written about the psychological attributes of the partners of sex offenders, particularly those women who continue in a relationship with an abuser despite disclosure of abuse by their own or other children.

Since the early days of research into CSA, the association between parental belief and support with the adjustment of sexually abused children has been consistently identified (Brière & Elliott, 1994; Conte & Schuerman, 1987; Elliott & Carnes, 2001; Gomes-Schwartz et al., 1985). Furthermore, clinical experience shows that psychologists undertaking expert witness work in the Family Court are frequently asked to comment upon a non-offending parent's ability to safeguard their child(ren) from a partner who has committed a past sexual offence or where there are allegations of sexual offending/sexually inappropriate behaviour. In this arena, the non-offending parent becomes the focal point rather than the sex offender himself, from a child protection point of view.

However, psychological assessments within this context have suffered from a paucity of research in this area, and consequently lacked the theoretical underpinnings of other types of evaluation. In the same way as forensic risk assessments (specifically predictions of future violent or sex offending) have evolved from unstructured clinical judgement, which has generally been found to have low reliability (e.g. Hanson & Bussière, 1996; Hood, Shute, Feilzer, & Wilcox, 2002) to third generation Structured Clinical Judgements (SCJ), predictions of future capacity to protect need to be theory-driven and underpinned by a body of empirical research. The decision to remove a child from its family is potentially life-changing and one that cannot be taken lightly. Research suggests that children typically fair

poorly in the care system in terms of their mental health (e.g. McCann, James, Wilson, & Dunn, 1996; Richardson & Lelliott, 2003), with care leavers being significantly over-represented among some of society's most disadvantaged groups (The Guardian, 2012). Consequently, the move in recent years has been to try and keep the child with their family of origin wherever possible. However, in many cases, the child is ultimately removed because the primary non-offending carer, usually the child's mother, is deemed unable to provide adequate protection in the future.

Historically, in cases of CSA, this decision has all too often been based on a perception of the mother as being complicit in some way in the abuse or even actively facilitating the abuse through some sort of cultural imperative to find alternative outlets for their husband's 'insatiable sexual drive' when they themselves rejected their husband sexually (Lustig, Dresser, Spellman, & Murray, 1966). Howard (1993) suggests that, from such a perspective, mothers are seen as at least obliquely responsible and possibly colluding with the perpetrator in their child's molestation.

A feminist backlash to this prevailing culture occurred in subsequent years, with researchers warning against this prejudiced view of the non-offending mother, demonstrating, for example, how they are not a homogenous group (Myer, 1985) and that maternal responses could vary considerably (Deblinger, Hathaway, Lippman, & Steer, 1993; Everson, Hunter, Runyon, Edelsohn, & Coulter, 1989). In fact, more recent research has shown that the vast majority of women respond to their child's CSA disclosure with belief and support (Bolen, 2002; Elliott & Carnes, 2001; Knott, 2008; Leifer, Kilbane, & Grossman, 2001; Sirles & Franke, 1989) and that it is only a minority of women that cause concern and perhaps find themselves the focus of Child Protection services and in-depth assessments.

Further, there has been a recent broadening of the focus in the literature from the non-offending ‘mother’ to the non-offending ‘guardian’. Bolen (2002), for example, showed that historically the responsibility for the support and protection of the victimised child had been placed almost exclusively on the non-offending mother, reporting that at least 75 studies and theoretical papers published in peer-reviewed journals or books had a primary focus on the non-offending mother. In contrast, Bolen (2002) found no known paper that focussed on the non-offending father, for example. Although, in the majority of cases it is the child’s mother that agencies look to to afford protection, there is a need to recognise that women can sometimes be the perpetrators (Fergusson & Mullen, 1999) and that fathers and other family members or carers can take on the role of primary protectors. Smith (1995) further points out that the term ‘non-abusing parent’ can be applied to both mother and father when the sexual abuse is extra-familial, or where the perpetrator is a juvenile (as in the case of brother-to-sister incest, for example). Hence, research should broaden out to examine potential protectors other than the mother. Notwithstanding all of this, however, it must be acknowledged that, in the vast majority of cases, the non-abusing guardian will be the mother and thus mothers form the focus of the current thesis. Where the term ‘guardian’ is used, this generally refers to the mother unless otherwise specified.

Whilst there appears to be a general consensus amongst child protection workers that maternal or guardian support following disclosure of CSA is extremely important in terms of outcome for the child, there is a concurrent lack of agreement within the literature over operational definition of ‘Guardian support’. In some cases, this has meant belief alone in the child’s disclosure (De Jong, 1988; Sirles & Franke, 1989), whereas in others, belief, emotional support, acting as advocate for the child, compliance, and implementing protective behaviours, or various combinations thereof have been included in the definition (e.g. Deblinger, Stauffer, & Landsberg, 1994; Knott, 2008; Pintello & Zuravin, 2001). Bolen

(2002) concludes that the method by which the construct of 'guardian support' has been measured within the empirical literature has been rudimentary and has lacked any theoretical basis. Knott (2008) argues that "the concept of maternal response is not, at this time, grounded in a body of theoretical literature, but rather exists as a concept driven by the investigatory procedures of child welfare authorities" (p.26). Consequently, findings from studies examining variables related to guardian support have been mixed and often contradictory.

Theoretical perspective

Although to date, no comprehensive theoretical framework or model exists for conceptualising non-offending guardians' reactions to CSA disclosure, several researchers have drawn on existing theories to try and explain its variability. For example, Knott (2008) proposed that variations in maternal response could be usefully viewed from a coping theory perspective. Here, mothers who responded with less than optimal functioning may do so because of an avoidant coping style. Roth and Cohen (1986) classify coping styles as either 'Approach' or 'Avoidant'. Approach coping is generally considered to facilitate problem-solving and to allow the individual to master distressing thoughts and emotions. In contrast, individuals with an avoidant coping style cognitively filter out distressing stimuli in order to avoid having to experience negative emotions. Mothers with an avoidant coping style may fail to implement protective behaviours because, in order to do so, they would have to confront the reality of the abuse and thus experience emotional distress originating from a number of sources, such as betrayal by their partner, damage to the child, guilt, and prospect of family break-down.

Knott (2008) further proposes that Attachment Theory (Bowlby, 1969) can provide a useful framework in which to understand negative emotional reaction from the non-offending guardian. For example, it is suggested that a mother with an Insecure Attachment style, specifically an Ambivalent/Pre-occupied adult attachment style may find it hard to support her child post-disclosure because of a fear of separation from her adult partner, on whom she is overly-dependent and excessively 'clingly'. Bartholomew, Henderson and Dutton (2001) note, for example, a typical quote of a preoccupied individual as follows: 'I scare away partners. I want to be so close, all the time, and they get nervous' (p.47).

Bolen (2001) argues for the reaction of a non-offending guardian following disclosure of their child's sexual victimisation to be viewed from the perspective of a 'trauma response' to an extreme life stressor. Here, fluctuations in belief and emotional support for the victim or 'maternal ambivalence', can be viewed as a more normative response and something akin to the classic 'Approach/Avoidance' cycle typically seen in cases of post-traumatic stress disorder (PTSD). Further, Bolen, Lamb, and Gradante (2002) suggest that access to resources should also be factored into the equation, offering a Humanistic framework, specifically Maslow's (1987) Hierarchy of Needs, that recognises the role of resource acquisition as a motivating factor for human behaviour, as a way of understanding maternal responses. Here, mothers who are financially dependent upon the perpetrator, for example, may struggle to prioritise the emotional needs of their child and behave protectively (e.g. separate from the abuser) because of a need to ensure 'basic' needs for food, housing, clothes, etc., are met before 'higher order' needs can be attended to.

Coohey and O'Leary (2008) draw on the work of Crittenden (1993) in suggesting that non-offending guardian response can be viewed from a cognitive information-processing perspective. Here, disclosure of sexual abuse is conceptualised in terms of an environmental signal, and represents the first of four stages of information-processing through which the

mother must progress in order to operationalise protective behaviours. She must first appropriately attend to the signal as representing an unmet need for the child. The meaning of the stimulus must then be interpreted, in this case, that the child has been harmed and may well be harmed again. In the third stage, the mother must select an appropriate response from a repertoire of behaviours and in the fourth, effectively implement this response. Other, individual background and contextual factors might interfere at any stage of this process, thus affecting her ability to act protectively. For example, a woman may successfully attend to a signal that CSA has taken place (e.g. where her child discloses to her directly, or where she receives this information via a third party), yet fail to progress through the subsequent stages because she does not perceive a need to take action, perhaps because of pre-existing beliefs about sex offenders and the likelihood of reoccurrence.

Coohey and O'Leary's (2008) study focussed on mothers whose own children were the victims of CSA. No known studies have examined mothers whose child(ren) are not the victims of the CSA, but who might be vulnerable to future sexual exploitation. For example, this might include women who form a new relationship and discover (through whatever means) that their new partner has a history of sexual offending. Here, the mother finds herself in a position where she must first appraise this information, then make decisions and implement behavioural responses based on this appraisal. For example, she may immediately end the relationship and distance herself from the offender. Alternatively, she may continue in the relationship, but become more vigilant. Other women may continue in the relationship and fail to implement protective behaviours towards their own child(ren) because they do not perceive an on-going risk. This type of scenario is not uncommon in child protection cases, where women find themselves subject to scrutiny because of an on-going relationship with a sex offender where it does not appear that protective measures are being undertaken in order to safeguard their children.

Aims of the thesis

Therefore, the aims of this thesis are as follows:

1. Firstly, to explore what the literature has already identified as being associated with failure to support and protect in non-offending guardians, whose own children are the victims of CSA.

Chapter 2 – Systematic Literature Review

Chapter 2 is an attempt to systematically review the existing literature base to investigate factors associated with non-abusing guardian support and protective behaviours in cases of child sexual abuse. Tentative findings are presented that firstly highlight the previously-identified problems of defining the construct of guardian support.

Empirically-derived findings related to intervening variables for guardian support will better inform assessments of women referred in the context of Family Court proceedings, for example.

2. Secondly, the thesis aims to explore the issue of accuracy of sex offender risk appraisal in a general population of mothers and female carers, in order to determine whether a lack of knowledge about child sex offenders plays a role in women's perception of future risk and, therefore by implication, ability to protect.

All studies in the systematic literature review (Chapter 2) were based on families who had come to the attention of Child Protection/Law Enforcement agencies because their

own child(ren) had been sexually abused. The question remains to what degree the findings are representative of families who fall 'below the radar', where sexual abuse is discovered but not reported to outside agencies. Further, little is known about women whose own child(ren) are not necessarily the victims of CSA but who may find themselves in a relationship where they must make decisions about degree of protection required for their own children(ren).

Chapter 3 – Empirical Paper

A research study is presented that broadens out this area to a general population of mothers and female carers, to include those women whose children may be vulnerable to sexual abuse in the future. The basic tenet of the study is that risk perception is a mediating variable between belief in the occurrence of CSA and perception of a need to protect. This study represents a starting point for research in this area and is exploratory in nature, so no hypotheses are specified.

No previous studies have examined mothers' ability to judge future risk in the case of child sexual offenders. Previous studies have shown that belief does not necessarily translate into protective behaviour towards the child (Heriot, 1996). One element that has been missing from previous research has been an examination of risk appraisal. Thus, the intention of the current study was to emulate a situation where a mother may form a new relationship but have only minimal information about her partner's past offending. In real-life situations, this information may be volunteered by the offender himself, but perhaps more likely be conveyed to the mother by Child Protection Services who may have been informed of the new relationship by the offender's Probation Officer, for example.

Examining general mothers' and female carers' risk perception in cases of CSA is intended to bridge the gap between belief and support/protection, within the conceptual framework proposed by Coohey and O'Leary (2008). If general mothers and female carers struggle to accurately infer risk from basic offender and offence details (presented here in the form of vignettes), then this firstly has implications for mothers in real CSA cases who must operationalise protective behaviours when faced with the shock of discovering their new partner has a sexual offending history. When the victim is their own child, the capacity to make an accurate appraisal of future risk is likely to be further compromised by the emotional trauma resulting from disclosure, as well as other concomitant factors as outlined in Chapter 2.

3. Finally, the thesis reviews an existing, recently developed, measure of guardian support in the context of the problems identified in the literature relating to the definition of the construct. The measure is critically appraised to determine the extent to which it can be usefully employed in assessments of non-offending guardians' capacity to protect.

Chapter 4 – Critique of a Psychometric Measure: The Maternal Self-report Support Questionnaire (MSSQ)

Chapter 4 critiques the Maternal Self-report Support Questionnaire (MSSQ [Smith et al., 2010]), a measure that separates out belief and support, which is considered important in view of the findings from both the systematic literature review and the empirical study. Further, the MSSQ does not attempt to measure 'protection' as such, which arguably is the 'end product' as opposed to the starting point. Chapter 4 critically appraises this instrument as it relates to the assessment of mothers whose children have been victims of sexual abuse by intra- or extra-familial perpetrators,

drawing conclusions about its utility as a measure of guardian support, and by implication, its usefulness as an instrument to predict failure to protect.

The instrument was chosen on the basis that it did not include a measure of maternal protective behaviour, as this was considered to be somewhat tautological. Further, although assessment of a mother's protective behaviour immediately post-disclosure is clearly important, it can unduly penalise women who have not yet had the opportunity to implement some of the behaviours specified.

Chapter 5 – General Discussion

Chapter 5 summarises the findings from the systematic review of the literature, the current study and the critique of the MSSQ. A model of guardian support and protection is presented based on the findings from the primary and secondary research.

Chapter 2.

Factors associated with non-abusing guardian support and protective behaviour in cases of child sexual abuse: A systematic review

ABSTRACT

Aim: To systematically review the existing literature base to investigate individual /psychological and contextual factors associated with non-abusing guardian support and protective behaviour in cases of child sexual abuse.

Method: Scoping methods were employed to assess the need for the current review. A literature review was subsequently carried out, utilising strict inclusion/exclusion criteria and quality control protocols. Studies of non-abusing guardians, where intervening variables in guardian support and/or protective behaviour were examined and where at least a clinician/child protection worker-rated measure was employed, were included. Data were extracted and synthesised from included studies using a qualitative approach and the findings presented.

Results: 14 studies that met the inclusion criteria were included in the final review. These were then systematically examined for quality. A synthesis of reported findings showed that significant intervening variables could be grouped into the following areas: Factors associated with the mother's past history of family attachments and relationships with primary carers; her current functioning, in terms of adult attachment style, mental health, substance misuse, problems with the law and level of social support; the nature of the mother's relationship with the abuser; characteristics of the child; characteristics of the abuse and circumstances of the disclosure; and the quality of the mother/child attachment/relationship. Overall, results suggest that mothers with an insecure adult attachment style whose intimate relationships are unstable and transient, are less supportive

and protective of their child following a disclosure of sexual abuse, particularly when the perpetrator is her current partner on whom she is financially dependent, is resident within the household and is emotionally/psychologically abusive towards her.

Conclusions: It is hypothesised that the quality of a non-offending mother's adult attachments is one of the single most important intervening variables in determining her capacity to support and protect her child following a disclosure of child sexual abuse. Related problems such as substance misuse, mental health problems, domestic violence within her relationship with the abuser, and inadequate social support are likely to further undermine her ability to support her child. The capacity to offer emotional support to her child and ensure adequate protection from further abuse in the future is clearly the result of a complex interplay between a multitude of factors. Psychological theories such as attachment theory may help inform the development of models of guardian support.

BACKGROUND

Child victims of sexual abuse are known to cope better with the abuse when they have a non-abusing parent who believes and supports them through the resulting trauma (Brière & Elliott, 1994; Conte & Schuerman, 1987; Elliott & Carnes, 2001; Gomes-Schwartz, Horowitz, & Sauzier, 1985). When it comes to child protection, Local Authority Children's Services not only have to be mindful of this (in terms of ensuring that the non-abusing parent supports the child through the resulting trauma of prosecution, family break-down, etc.) but also that the non-abusing guardian can be relied upon to afford protection to the child in the future. Children's Services need to know that a victimised child is going to be adequately protected by the non-abusing guardian from both the perpetrator and other risky adults in the future, and therefore is deemed safe to remain in or return to their care.

Frameworks for assessing protectiveness exist, but rely mainly on clinical judgement of a non-abusing parent's behaviour at the time of disclosure (e.g. Smith, 1995) rather than on examination of the characteristics of the non-abusing parent from a psychological perspective, for example. Whilst a parent's initial response to the abuse is obviously important from the child's point of view, assessing protective behaviour at only one time point in the aftermath of disclosure fails to take account of the dynamic nature of a parent's response to disclosure of sexual abuse. Predicting future protective behaviour, when the 'dust begins to settle' and the non-offending guardian is less in the spotlight, poses more of a challenge.

A mother's initial reaction to her child disclosing sexual abuse, particularly if the allegation is against her current partner, for example, may be one of shock and denial. As noted in Chapter 1, Bolen (2001) reframes the non-offending guardian's response in terms of a trauma

reaction where a child's disclosure of abuse by the mother's partner creates a situation of intense conflict for the mother, where she is caught between the need to protect her child and the competing need to sustain her affiliation with her adult partner (Elbow & Mayfield, 1991; Hooper, 1989; Summit, 1983). Thus, fluctuations in belief and maternal ambivalence might be considered more normative as opposed to an indication of a poor prognosis (Bolen, 2002). This highlights the importance of assessing a mother's attitude and feelings in relation to the abuse disclosure over more than one time point in order to make predictions about capacity to protect.

Further, as outlined in Chapter 1, a more fundamental problem has been the large variation in the way in which 'guardian support' has been conceptualised within the literature. Guardian support has variously been defined in terms of belief alone in the child's disclosure (De Jong, 1988; Elbow & Mayfield, 1991; Sirles & Franke, 1989), emotional support of the child (Adams-Tucker, 1982), blame of the child (Leifer, Shapiro, & Kassem, 1993), and protective actions taken by the guardian (Faller, 1988), and various combinations thereof. Maternal belief in the child's disclosure has generally been considered an integral component of 'guardian support' (e.g. Everson, Hunter, Runyon, Edelsohn, & Coulter, 1989; Smith et al., 2010). However, to include belief within the definition of the construct of guardian support would seem erroneous, as research suggests that the two are not necessarily related. Heriot (1996), in one of the only studies to examine belief in terms of a *predictor* of guardian support, found that close to 20% of the believing mothers in her study did not take protective action, suggesting that belief and support are two independent constructs, and that belief in the child's disclosure is not necessarily indicative of taking protective action. Equally, there are women who do not necessarily accept that the abuse took place, yet still implement protective measures on the advice of Children's Services.

Consequently, methodological problems of defining and measuring the construct of ‘guardian support’ have confounded studies that have tried to use this as an outcome measure, and there is still no globally accepted definition or agreed method of assessing for guardian support and protectiveness. Certain measures have been created, however, such as the Parental Reaction to Incest Disclosure Scale ([PRIDS]; Everson et al, 1989), more recently modified to the Parental Response to Abuse Disclosure Scale ([PRADS]; Wright et al., 1998), the Needs-Based Assessment of Parental (Guardian) Support ([NAPS]; Bolen, Lamb, & Gradante, 2001) - a theoretically-informed measure of guardian support based on Maslow’s (1987) hierarchy of needs, and the most recent Maternal Self-report Support Questionnaire ([MSSQ]; Smith et al., 2010) in an attempt to standardise and introduce uniformity into the way in which guardian support is assessed.

Notwithstanding problems of defining and measuring guardian support following child sexual abuse disclosures, clinicians continue to be charged with the task of making predictions about capacity to protect that often form the basis for life-changing decisions regarding a child’s future placement. The importance of basing these predictions upon sound empirical evidence, therefore, cannot be overstated and the task of defining unequivocally the most salient factors associated with failure to support and protect remains. The aim of this review, therefore, was to synthesise the best available evidence on intervening variables in guardian support and protective behaviour in order to inform future evaluations of non-offending guardians in court proceedings.

Existing Reviews

In order to determine whether the current review was justified, a scoping search was carried out on the 10th January 2012 on the following databases:

- The Centre for reviews and Disseminations (DARE)
- Cochrane Database of Systematic Reviews (CDSR)
- Campbell Collaboration
- Evidence for Policy and Practice Information Centre (EPPI)
- Previous years of MEDLINE bibliographic database (search limited to reviews)
- Previous years of PsychINfo (search limited to reviews)

A search of the literature revealed three previous reviews that had been carried out in this area, specifically focussing on factors associated with supportive behaviour in non-offending guardians (Bolen, 2002; Corcoran, 1998; Elliott & Carnes).

Corcoran (1998) conducted a narrative review of the clinical and empirical literature from a feminist perspective. She examined six studies (dated between 1984 and 1989) of intervening variables grouped according to the following areas: Personality variables of the mother; relationship of the mother to the alleged perpetrator; circumstances of the child's disclosure; characteristics of the child and the abuse; the mother's experience of physical victimisation by the alleged perpetrator; other problems within the home; and maternal history of child sexual abuse.

Corcoran (1998) found the following: Examination of personality variables of the mother revealed conflicting results and little evidence was found to support an association between personality traits and guardian support, although there was consistent evidence that emotional lability in the mother was related to less support. However, these findings were only based on two studies. Regarding the mother's relationship to the alleged perpetrator, Corcoran (1998) found that the level of support and protective action afforded by the mother to the victim was

inversely related to the degree of closeness between the mother and the alleged offender. Corcoran (1998) also found that the circumstances of the child's disclosure were related to the mother's response, in that if the abuse was disclosed immediately, she was more likely to act protectively. Additionally, the non-offending mother was more likely to believe the child when the child disclosed directly to her rather than to a professional first. Regarding characteristics of the child and the abuse, Corcoran's (1998) synthesised findings were that boys were more likely to be believed and protected than girls, as well as younger children compared to older children. One study found that mothers were less likely to believe that the abuse had taken place when she had been present within the home at the time, as well as when it involved intercourse, although a second study contradicted these findings.

Based on only one study of 193 mothers of intra-familial sexual abuse child victims (Sirles & Franke, 1989), Corcoran (1998) found that mothers who were themselves victims of domestic violence within the home were more likely to believe their child's allegation. However, perhaps somewhat contradictorily, the same study found that, where there was concurrent physical abuse of the child, the mother was less likely to believe the disclosure. Additionally, the child was less likely to be believed when the alleged perpetrator was an alcohol abuser. A review of three studies looking at the mother's prior history of child sexual abuse found no significant association between this and her response to her own child's disclosure.

Corcoran (1998) summarises by saying that a mother's adjustment may be a central moderating variable in ameliorating the impact of sexual abuse on the victim and that this should be viewed as a central consideration when it comes to prognosis for the child.

Corcoran's (1998) review, whilst being a valuable starting point, is now fairly dated. Further, it was not a systematic review and was based on only a very limited number of studies within

a relatively short time-period. No information was provided about search strategies or sources of literature and studies were not quality assessed.

Elliott and Carnes (2001) similarly undertook a narrative literature review that, amongst other things, looked at studies examining the factors that predict parental belief, support and protection in cases of child sexual abuse. Their review, which included 18 studies dated between 1988 and 2001 (four of which were included in Corcoran's review), identified four frequently examined variables in the literature: the non-abusing mother's relationship with the perpetrator; maternal history of sexual abuse; the victim's age; and the victim's gender. The majority of their findings were mixed, although most studies on maternal history of childhood abuse concluded that this was not associated with subsequent belief, support and protection. Findings regarding the association between the non-offending mother's relationship with the alleged perpetrator and her response to the disclosure of child sexual abuse were highly inconsistent, although studies generally showed that a mother is less supportive when the perpetrator is an intimate partner. Regarding the victim's age, Elliott and Carnes (2001)'s review yielded inconsistent results, although several studies did show that the victim's age was inversely related to the degree of emotional support and protection afforded by the non-offending mother, in that the younger the victim, the more they were believed, supported and protected. Similarly, studies examining the relationship between the victim's gender and the non-offending mother's post-disclosure response were also equivocal. Some of the studies they examined showed no relationship between these variables, whereas others suggested that male victims were believed more, and received more support and protection. The authors of this review argue for further research into the associations between these variables and non-offending guardian (to include fathers and male carers) support and protection following child sexual abuse disclosure, as well as an

examination of other pertinent factors such as the influence of perpetrator denial, circumstances surrounding disclosure, severity of abuse and attachment issues.

Elliott and Carnes (2001) drew attention to the methodological problems inherent in many of the studies they examined, suggesting that the lack of consistent findings were most likely attributable to the variations in how maternal support and protection were conceptualised as outcome measures across studies. However, although the research question was clearly stated - “what factors predict parental belief, support and protection?” this was not a systematic review and there was no evidence of studies being quality assessed or any information provided as to the types of studies included. Further, it is unclear how extensive or comprehensive the search of the literature was, no data sources were listed, and over a decade has now elapsed since this review was originally carried out.

In 2002, Bolen published a systematic review of the literature on guardian support, specifically looking at the intervening variables for guardian support following child sexual abuse disclosure. Bolen (2002) chose to use the more inclusive term “guardian” so as not to perpetuate the continuing bias within the literature of focussing almost exclusively on the mother as sole protector. Bolen identified four broad domains or groups of intervening variables through examination of a final 14 studies that met the review’s criteria for inclusion, which were that included studies had to assess guardian support of sexually abused children or adolescents, and had to use multiple-item measures to capture this, specifically assessing belief, support, compliance or protective behaviour, or combinations thereof. These four broad domains were: 1) factors that related to the child’s previous abuse history; 2) the believability of the disclosure; 3) the non-offending guardian’s relationship with the alleged perpetrator; and 4) buffers or recent stressors. Bolen (2002) found considerable variation across studies in the way in which guardian support was conceptualised and measured, ranging from no definition given at all, to the use of multiple-item, multiple domain

measures, such as the recently-developed Needs-based Assessment of Parental/Guardian Support (Bolen, Lamb, & Gradante, 2001). Only one measure of guardian support, the PRIDS/PRADS (Everson et al., 1989; Wright et al., 1998) was found to be employed as an outcome measure in more than two studies. This lack of agreement over operational definition of, and means of assessing for, guardian support, as in Elliott and Carnes' (2001) study, resulted in several conflicting results. However, Bolen (2002) found that, within the aforementioned tentative domains, firstly a history of previous abuse for a child was related to less support from the guardian. Secondly, that non-offending guardians offered greater support when the allegation was more believable. Thirdly, in line with both Corcoran's (1998) and Elliott and Carnes' (2001) findings, guardians with closer relationships to the alleged perpetrator were less supportive of the victim. Finally, that a greater number of immediate life stressors was related to less support of the child. Bolen (2002) argues that factors such as the stresses and costs of disclosure, as well as differential access to resources, need to be assessed simultaneously with guardian support, or even considered integral to the factor structure of guardian support itself, and that viewing guardian support in isolation of such contextual factors may be unduly punitive to those with limited resources.

Bolen's (2002) review specified a clear research question as well as inclusion criteria, although types of studies to be included were not specified. Data sources were PsychLit, PsychINFO, as well as a hand-search of bibliographies of retrieved papers. There was no information provided regarding quality assessment of studies, although Bolen (2002) provided a critique of the various studies in her findings section, and cautioned against the inclusion and interpretation of bivariate analyses compared to multivariate analyses. However, she provided justification for this on the basis of a pressing need to develop theoretical and predictive models by which to guide treatment strategies for optimising guardian support (Bolen, 2002).

Current Review

The current review was justified on the basis that a decade had elapsed since publication of Bolen's (2002) review and thus a re-examination of the empirical literature in this area would hopefully expand a relatively sparse literature base. Evidence from the initial scoping search indicated that a number of pertinent studies had been published since this date. Further, no previous review in this area had employed a systematic quality assessment procedure.

Review objective(s)

The objective of this review was to draw together all existing empirical literature in this area in order to delineate the key individual/psychological, abuse-specific and contextual factors associated with non-abusing guardian support and protection in cases of child sexual abuse.

The Review Question

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

METHOD

Sources of literature

The following electronic data sources were utilised in the search:

- **PsychINFO** (1987 to January week 2 2012, completed on the 18/01/2012)
- **Ovid MEDLINE** (1946 to January week 1 2012, completed on the 18/01/2012)
- **EMBASE classic and EMBASE** (1974 to 2012 January 17, completed on the 18/01/2012)
- **CINAHL Plus (EBSCO)** (All years, completed on the 19/01/2012)

- **ASSIA Pro Quest** (All dates, completed on the 19/01/2012)
- **Web of Science (Web of Knowledge)** (All years, completed on the 19/01/2012)

In addition, bibliographies of retrieved papers were hand-searched for relevant studies that matched the inclusion criteria (see below) as well as electronic links to related articles displayed on results pages of searched electronic databases. A key author in this area was also contacted (Professor Rebecca Bolen contacted via email on the 16th January 2012) with regards to unpublished (e.g. papers in preparation) studies or information about pertinent studies that might only exist in the ‘grey literature’.

The internet search engine Google was also searched using phrases such as ‘non-offending guardian and support’ and ‘guardian support and child sexual abuse’.

Search terms/syntax

The following search terms were utilised in searches of the aforementioned electronic databases (these were informed by the initial examination of the empirical literature in this area, where alternative spellings or terms specific to a certain country, for example, were included):

“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 woman* OR women* OR “non-abusing partner*” OR “nonabusing*

partner” OR “non-offending partner*” OR “nonoffending partner*” OR “non-offending caretaker*” OR “non-offending caretaker*” OR “non-abusing caretaker*” OR “nonabusing caretaker*”*

AND

Belief OR believ OR support* OR protect* OR reaction* OR response* OR respond* OR ambivalen* OR behavio* OR perception* 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*”*

Inclusion criteria

Participants

Primary, empirical studies of non-abusing guardians (to include biological mothers or fathers; female or male carers such as foster or adoptive parents) whose child or children (under the age of 18 years) had been victims of (intra-familial and/or extra-familial) sexual abuse (contact and/or non-contact).

Interventions

Studies examining intervening variables in guardian support and/or protective behaviour (background/individual factors, contextual and abuse-specific factors).

Outcomes

Studies that included at least a structured clinician/child protection worker-rated measure of guardian emotional support and/or protective behaviour.

Study design

A range of study designs to be included due to the paucity of research in this area.

Exclusion criteria

Non-English language papers were excluded. This was due to time constraints and a lack of available resources with which to translate non-English papers into English.

Studies carried out prior to 1970 were excluded. This was because it is only relatively recently in the literature that research has focussed on the non-offending guardian's response to child sexual abuse disclosure and its importance in relation to the emotional and behavioural adjustment of the victim (e.g. Brière & Elliott, 1994; Deblinger, Steer, & Lippmann, 1999; Kendall-Tackett, Williams, & Finkelhor, 1993; Lovett, 1995; Spaccarelli & Kim, 1995).

Studies that only looked at unstructured maternal self-report of post-disclosure support and protective behaviour towards the victim were excluded due to the likelihood of response distortion, particularly socially desirable responding, where the victim's non-offending mother may be motivated to present herself in a more positive light. This may particularly be the case where future placement of the child is the focus of attention. Equally, studies that only examined child-report of perception of maternal support were excluded. Again, given the context in which this was assessed in most studies, where the mother accompanied the child to the clinic/medical centre, it was considered that such an assessment was too susceptible to response bias.

Study selection

Prior to the application of the formal test of inclusion/exclusion, the identified papers were manually sorted to eliminate the more obviously irrelevant studies, as judged from the title or abstract. Duplicates were then excluded. The studies still included in the search were then examined according to the inclusion/exclusion criteria that were developed based on the review of the literature and from the initial scoping searches, and those that did not meet this criteria discarded. Full text versions were then obtained for all remaining studies, where possible, and re-examined with the same inclusion/exclusion criteria in mind. A flow chart of the number of studies at each stage of the selection process can be found in Figure 1. A list of the studies that were excluded at this last stage in the process along with details of why they were excluded can be found in Appendix 1.

The final included studies were then quality assessed using a scoring protocol for quantitative studies specifically designed for this review, as well as an existing framework for qualitative studies (National CASP collaboration for qualitative methodologies, 2006). Both quality assessment protocols can be found in Appendix 2.

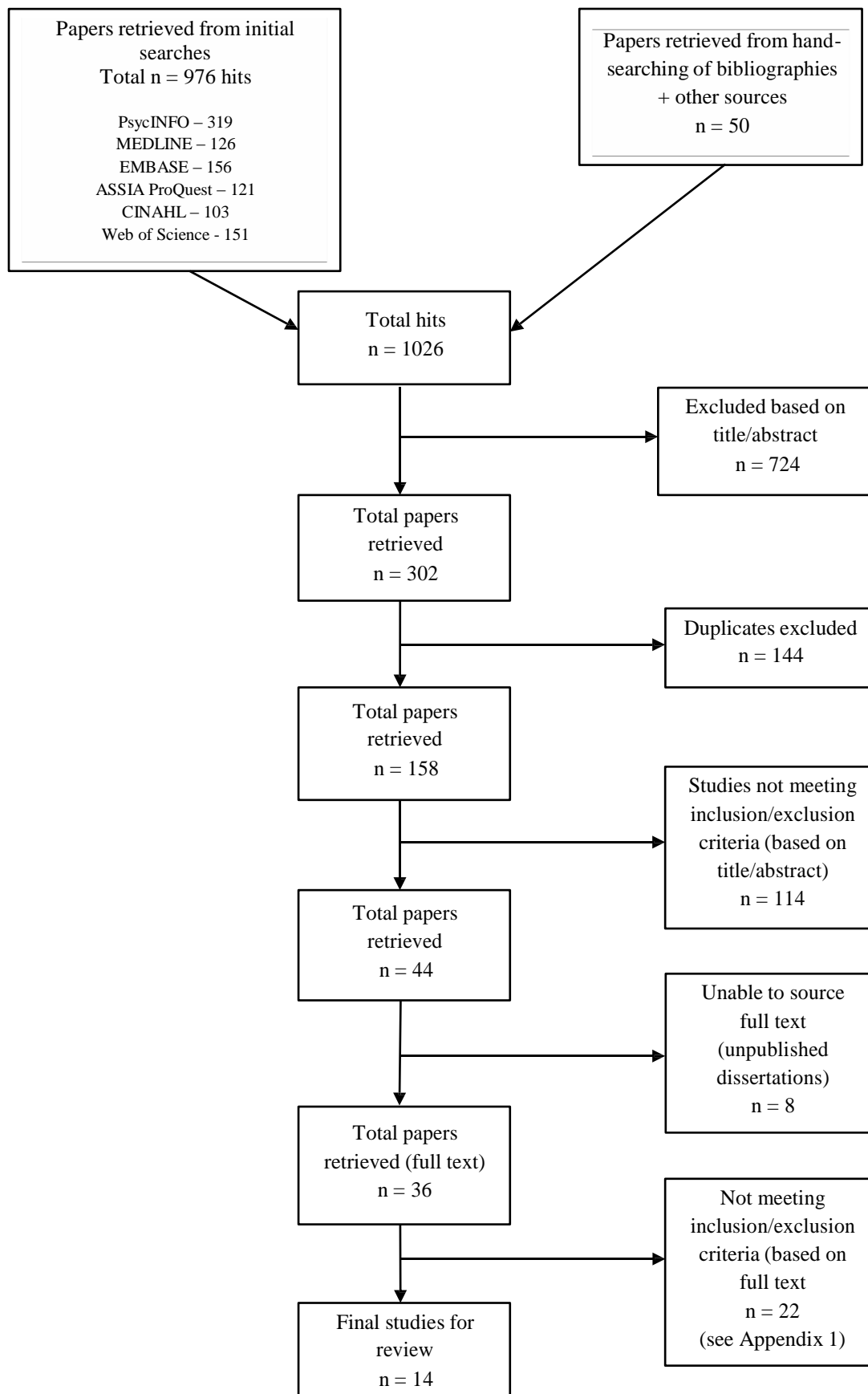


Figure 1. Flow chart of study selection process

Quality Assessment

The studies that fulfilled the inclusion criteria were assessed for their methodological quality. A scoring system that addressed aspects of the study design most important for internal validity was used for each primary study. A separate pre-existing quality assessment tool (taken from the national Critical Appraisal Skills Programme [CASP] collaboration for qualitative methodologies, Public Health Resources Unit, England, 2006) was employed for the two qualitative studies included in the review. Both quality assessment protocols can be found in Appendix 2. The rationale for the included quality assessment items for quantitative studies was as follows:

- Participants (representativeness of the sample): Participants were considered to be more representative of the wider population of non-offending guardians when they included male and female carers, were ethnically diverse, had children from birth up to the age of 18 years, and were not obviously self-selecting (e.g. volunteers for the study).
- Intervention: Intervening variables were rated highly if they appeared to be gathered systematically and objectively, and not obviously subject to response bias, for example, where a mother retrospectively reports domestic violence within the relationship (with no corroborating evidence).
- Outcome measure: Judged to be of good quality if a valid, standardised, multi-dimensional, multi-item scale was used, such as the PRIDS, PRADS, NAPS, etc.
- Study design
 - o Time scale – Time-frame of assessing guardian support was considered important. This was based on Bolen's (2001) findings, where it was hypothesised that the guardian's initial reaction to the abuse disclosure might

be best conceptualised in terms of a trauma response. Studies that gave consideration to the timing of measurement were rated more highly.

- Analysis – Multivariate analysis was rated more highly than bi-variate, as it allows for interactions between variables to be explored. Bolen (2002) cautioned against the inclusion and interpretation of bivariate analyses compared to multivariate analyses.
- Confounding variables: Had the author(s) given adequate consideration to potentially confounding variables and did they attempt to factor these into their analysis?

Two of the above items (Time-scale and Confounding variables) were rated dichotomously (1 or 0), one item (Data analysis) was rated between 0 and 2, and the remaining three items (Participants, Intervention and Outcome measure) rated on a scale of 0 to 3, thus rendering a total score of between 0 and 13 (see Appendix 2). Occasionally, where there was some ambiguity or lack of clarity, half scores were assigned. For inter-rater reliability, a sub-sample of the selected studies was independently rated by a second qualified psychologist. Here, three of the four randomly selected papers were given the same total score or rated within one point difference of each other. A discrepancy of 2.5 points was found for the remaining study. This level of agreement between raters was considered acceptable.

Using the critical appraisal tool for qualitative research as outlined in Appendix 2, qualitative studies were judged to be of 'good' quality when affirmative answers were given to most, if not all, of the eight detailed questions listed. Conversely, they were considered to be of 'low' quality when the aforementioned were answered mainly in the negative (although where the two initial screening questions (1 and 2) indicated that it was worth proceeding).

Data Extraction

A pre-determined data extraction form (see Appendix 5) was used to extract data from the included studies.

RESULTS

14 studies were eventually included in the review and subjected to quality assessment. Tables of quality assessment on each of the included studies can be found in Appendix 3 and Appendix 4 for both quantitative and qualitative studies respectively. Table 1 and 2 summarise the characteristics of each study (quantitative and qualitative respectively) along with the quality assessment score out of 13 (for quantitative studies only).

Descriptive Data Synthesis

Ten of the 14 studies were conducted in the USA. Three were Canadian and one was from Brazil. Overall, the average non-offending guardian sample size for all the included studies was 134.4 (SD = 125.8) and the number of participants ranged between 10 and 435. Of these, two were qualitative studies with ten participants in each. The mean number of participants for the included quantitative studies only was 155 (SD = 124; range 29 - 435). Twelve of the 14 studies examined non-offending biological mothers only, with the remaining two broadening the study sample to 'female carer-givers' or 'guardians', that included grandmothers, step-mothers, foster and adoptive mothers. None of the studies, however, included men. In terms of perpetrator type, five studies included fathers or father-type figures (e.g. step-father or mother's current intimate partner), two studies included father-type figures

as well as other intra-familial perpetrators, three studies examined ‘intra-familial’ cases but did not specify, one study included both intra- and extra-familial cases and three studies did not specify perpetrator type at all, although two of these examined relationship to the perpetrator as an intervening variable. Child victims were predominately female, although some studies (n = 2) only looked at mothers of girls and in five studies, perhaps surprisingly, gender of the victim was not specified. For those studies where age range of child victims was specified (n = 6), the average age of the youngest victim was 6 years (range: 2 to 12) and the average age of the oldest child was 15 (range: 12 to 17). Notably, one study (Cyr et al., 2003) only looked at mothers of adolescent sexual abuse victims (age range: 12 to 17 years).

Out of the 14 reviewed studies, six used a multi-dimensional, multi-item measure of guardian support (PRIDS/PRADS/NAPS-C), two used a simpler, uni-dimensional Likert-type scale (e.g. very unsupportive to very supportive), and the remaining six used a simple dichotomous measure (Supportive/Nonsupportive) or unstructured rating or assessment of guardian support. All ratings were made by child protection workers/clinicians.

Table 3 groups the studies according to type of intervening variables examined. The studies are listed with their quality assessment score (converted into a percentage for clarity) in bold in order to aid the evaluation and synthesis of the reported results.

Table 1. Characteristics of quantitative studies examining intervening variables in guardian support (n = 12)

Study and date	Study location	Participants and recruitment method	N	Perpetrator type	Intervening variables examined	Outcome measure	Findings	Quality score /13
Bolen & Lamb (2002)	Southwest USA	Guardians of children presenting at a medical centre for medical + forensic sexual abuse examination over a 9 month period	92	38% father-type figure; 75% other intrafamilial	<ul style="list-style-type: none"> - Guardian adult attachment status - Child perception of Child/guardian relationship - Whether child disclosed initially to guardian <u>Stressors and buffers</u> <ul style="list-style-type: none"> - life stressors within last 12 months - Maternal history of abuse - Previous history of DV - Financial dependency on abuser - Second guardian accompanied child to hospital <u>Abuse and child characteristics</u>	PRIDS	<p>Significant predictors of post-disclosure guardian support:</p> <ul style="list-style-type: none"> - Child disclosed directly to guardian - Guardians who were more secure in attachment and whose children reported a more positive quality to the child/guardian relationship - Greater length of time since the abuse - Greater number of life stressors (?) <p>Factors associated with less support:</p> <ul style="list-style-type: none"> - Children who had experienced more types of abuse or witnessed violence <p>Unrelated to guardian support:</p> <ul style="list-style-type: none"> - Financial dependence on abuser 	10.5

Table 1. Characteristics of quantitative studies examining intervening variables in guardian support (n = 12)

Study and date	Study location	Participants and recruitment method	N	Perpetrator type	Intervening variables examined	Outcome measure	Findings	Quality score /13
Bolen & Lamb (2007)	USA	Mothers whose resident partner sexually abused their child(ren). Children (predominately female, predominately Caucasian) who consecutively entered a medical clinic for an out-patient sexual abuse medical forensic examination	29	Mother's resident partner	<ul style="list-style-type: none"> - Maternal ambivalence (measured using parallel scales measuring valence with perp and child) - Attachment security + type - Maternal distress - Pre-disclosure stressors - Post-disclosure stressors 	NAPS-C (clinician-rated)	<p><i>NB: Tentative findings due to small sample size + no tests of significance undertaken</i></p> <ul style="list-style-type: none"> - Ambivalence unrelated to maternal support - Greater security in attachment related to more post-disclosure maternal support - <i>Pre</i>-disclosure stressors related to less maternal support - <i>Post</i>-disclosure stressors related to more maternal support 	10

Table 1. Characteristics of quantitative studies examining intervening variables in guardian support (n = 12)

Study and date	Study location	Participants and recruitment method	N	Perpetrator type	Intervening variables examined	Outcome measure	Findings	Quality score /13
Coohey & O'Leary (2008)	Midwest state USA	Mothers of children (aged 2 – 15 yrs) in substantiated CSA cases who were involved with CPS	85	Not specified but examined as intervening variable	<ul style="list-style-type: none"> - Maternal belief + attributions of responsibility (including consistency of belief) - Timing and sources of info re the CSA - Whether mother actively solicits info re CSA from abuser + the child - Characteristics of the CSA - Mother's relationship to abuser + whether abuser is child's biological father - Drug/alcohol problems of mother - Mental health problems of mother - Mother a current victim of DV? 	<p>Maternal protectiveness only</p> <p>Everson et al. (1989)'s definition of protectiveness</p>	<ul style="list-style-type: none"> - Mothers who believed their child consistently + attributed responsibility to the abuser more likely to protect their children consistently - Mothers who protected their children consistently were more likely to have asked their children directly about the abuse + less likely to have asked the abuser - DV related to lack of protection - Mothers with a mental health problem less likely to consistently protect - Bi-variate analysis showed that mothers who learned about the CSA from CPS less likely to believe and attribute responsibility to abuser <p><u>Less consistent belief and less attribution of responsibility to abuser related to:</u></p> <ul style="list-style-type: none"> - Mother being present in home at time of abuse 	10.5

Table 1. Characteristics of quantitative studies examining intervening variables in guardian support (n = 12)

Study and date	Study location	Participants and recruitment method	N	Perpetrator type	Intervening variables examined	Outcome measure	Findings	Quality score /13
							<ul style="list-style-type: none"> - Mother knowing about the abuse for more than a year - Mother currently in an intimate relationship with abuser. <p>Mother's substance abuse not related to consistent protection</p>	
Cyr et al. (2003)	Quebec Canada	Mothers of adolescent (ages 12 to 17) intrafamilial victims of CSA where victim was referred by CPS for evaluation	120	Victim's father (27%) Mother's boyfriend (22%) Some other relative (30%)	<ul style="list-style-type: none"> - Mother's psychosocial characteristics - Abuse characteristics - Victim's characteristics - Disclosure characteristics 	PRADS (Everson et al., 1989; Theriault, Cyr, & Wright, 1995)	<p>Maternal occupation status related to guardian support (less financial dependence on perp = more support)</p> <p>More support from mother when abuse disclosed to her first</p> <p>Mother living with perp = less support</p> <p>Perp admission of guilt = more support</p> <p>(when PRADS completed with mother only) quality of the mother-child relationship related to guardian support</p>	10.5

Table 1. Characteristics of quantitative studies examining intervening variables in guardian support (n = 12)

Study and date	Study location	Participants and recruitment method	N	Perpetrator type	Intervening variables examined	Outcome measure	Findings	Quality score /13
Deblinger, Stauffer, & Landsberg (1994)	New Jersey USA	Mothers of victims of CSA attending with their child for forensic examination. Recruited over a 16-month period. (Families referred by Youth and Family Services and/or New Jersey Prosecutors' Offices)	183	Not specified	Maternal self-report of childhood sexual abuse	<p>'Maternal response' to CSA disclosure, measured as follows:</p> <ul style="list-style-type: none"> - Belief in the allegations - Perceptions of people's responses as helpful or hurtful - Acting as advocate for their child - Belief in allegation in unconfirmed cases - Acting as advocate for their child in unconfirmed cases - Extent to which they feel they are facing the crisis alone <p>All dichotomously rated</p>	<p>Women with own history of CSA felt more alone in facing the crisis of their child's possible sexual abuse</p> <p>No significant associations between maternal history of CSA and any of the other outcome variables</p>	4.5

Table 1. Characteristics of quantitative studies examining intervening variables in guardian support (n = 12)

Study and date	Study location	Participants and recruitment method	N	Perpetrator type	Intervening variables examined	Outcome measure	Findings	Quality score /13
Everson, Hunter, Runyan, Edelsohn, & Coulter (1989)	North Carolina USA	Mothers of victims of CSA (age range 6 to 17 yrs) recruited from 11 social services agencies over a 28 month period	88	Predominately fathers or father-figures	Child informant/assessed: <ul style="list-style-type: none"> - Child's mental health - History of abuse - Disclosure - Family reaction (esp. maternal) CPS worker informant: <ul style="list-style-type: none"> - Info re abuse allegation - Family background - Familial response to CSA report 	PRIDS (developed for this study)	<ul style="list-style-type: none"> - Level of support related to offender's relationship with mother (current relationship = less support) - Inverse relationship between recency/intensity of mother's relationship with perp and level of support to victim - Women more likely to be supportive if perp confirmed CSA 	8
Faller (1988)	Michigan USA	Mothers of intrafamilial CSA victims – referred by CPS, the courts, police and mental health facilities	171	3 gps: Biological fathers (married to mother), step-fathers or live-in boyfriends, and non-custodial fathers (separated/divorced)	Mother's relationship with victim (rated in terms of warmth) Mother's degree of dependency on perp (both of the above based on specified behavioural indicators)	5-point Likert scale (very unprotective to very protective) based on specified behavioural indicators	Mothers who were divorced or separated from perp much more protective than other 2 perp gps	7

Table 1. Characteristics of quantitative studies examining intervening variables in guardian support (n = 12)

Study and date	Study location	Participants and recruitment method	N	Perpetrator type	Intervening variables examined	Outcome measure	Findings	Quality score /13
Heriot (1996)	Baltimore USA	Mothers of intrafamilial child sexual abuse victims (male and female) where abuse substantiated by Child Protective Services	118	Majority mother's partner, husband or live-in boyfriend	1. Maternal belief + 15 risk factors divided into following categories: - Maternal characteristics - Mother's relationship to perp - Child characteristics	1.Protective Action (based on current living arrangements + reasons given for this by mother) 2.Maternal support (based on 37-item standardised checklist)	Time frame unrelated to support or protective action Belief in disclosure related to support (lack of belief = less support) Mother's feelings towards perp related to support and protectiveness (more hostility = more support,etc) Mothers less likely to support and protect when abuse involved penetration Less protective action when perp mother's current partner Mother's with no info re MH problems = less support	12

Table 1. Characteristics of quantitative studies examining intervening variables in guardian support (n = 12)

Study and date	Study location	Participants and recruitment method	N	Perpetrator type	Intervening variables examined	Outcome measure	Findings	Quality score /13
Knott (2008)	Canada	Female carers attending with their child for CSA investigation where abuse Suspected or substantiated	373	Biological fathers, adoptive fathers and Other	<u>Maternal characteristics</u> <ul style="list-style-type: none"> - Age - Education - Race - Mental health problems - Substance misuse - Prior history of CSA - History of DV <u>Child characteristics</u> <ul style="list-style-type: none"> - Age - Gender - Sexualised behaviour - Child's depression - Self-harm - Developmental delay <u>Household characteristics</u> <ul style="list-style-type: none"> - Home tenure - Income - Family structure <u>Abuse characteristics</u> <ul style="list-style-type: none"> - Type - Duration - Child's relationship to perpetrator - Case previously open - Co-occurring maltreatment - Level of substantiation - Physical harm - Emotional harm <u>Perpetrator</u> <ul style="list-style-type: none"> - Biological father 	'Negative maternal response' (global composite dichotomously rated variable – aggregation of: - Believes the child (Y/N) - Provides emotional support (Y/N) - Protects child from further incidents of CSA (Y/N)	After logistical regression analysis: <ul style="list-style-type: none"> - Care-givers with mental health problems twice as likely to demonstrate negative maternal response - Children aged 12 – 15 yrs significantly higher odds of experiencing negative maternal response compared to lower age groups (strongest child characteristic predictor) - Children exhibiting sexualised behaviour more likely to receive negative maternal response - Children with developmental delay more likely to receive negative maternal response - Abuse occurring on more than one occasion associated with negative maternal response - Children abused by family member more than twice as likely to be exposed to negative maternal response - Children for whom there was co-occurring maltreatment over 8 X more likely to experience negative maternal response 	8

Table 1. Characteristics of quantitative studies examining intervening variables in guardian support (n = 12)

Study and date	Study location	Participants and recruitment method	N	Perpetrator type	Intervening variables examined	Outcome measure	Findings	Quality score /13
					<ul style="list-style-type: none"> - Adoptive father - Other 			
Leifer, Kilbane, & Grossman (2001)	USA	African American mothers (+ grandmothers) of victims CSA entering an urban hospital for forensic exam. Referred by CPS	99 mothers	Not specified	<u>Maternal variables</u> <ul style="list-style-type: none"> - Family history of attachment relationships + adult attachment style - Mother's own history of abuse - Mother's current functioning <u>Child variables</u> <ul style="list-style-type: none"> - Child behaviour + social competence - Sexualised behaviour of child - IQ - Child's attachment status measured through SAT and child's 'family drawings' - Child's psychosocial functioning - Child's social support perception - Child's perception of the mother's role + availability in the abuse incident + other questions re attribution of blame 	PRADS	<ul style="list-style-type: none"> - Better relationship with own mother = more support - Unsupportive mothers had more disruptions (e.g. separation from caregivers) and stress in family attachment relationships during childhood. - Unsupportive mothers reported more discontinuity of care with their own child(ren) - Unsupportive mothers report more substance abuse problems and probs with the law, including more arrests + serving prison sentences - Unsupportive mothers report more negative outcomes in their heterosexual relationships, including frequent changes in partner, DV, poor long-term relationships and partners with substance abuse problems or problems with the law. 	8

Table 1. Characteristics of quantitative studies examining intervening variables in guardian support (n = 12)

Study and date	Study location	Participants and recruitment method	N	Perpetrator type	Intervening variables examined	Outcome measure	Findings	Quality score /13
					<u>Abuse related variables</u> <ul style="list-style-type: none"> - Prior abuse severity - Child's relationship with perp 		<ul style="list-style-type: none"> - Father-figure perp living in the home = less support - Unsupportive mothers = more financial dependency on perp - Children of unsupportive mothers more likely to have been victims of prior physical abuse 	
Leifer, Shapiro & Kassem (1993)	USA	African American mothers of female victims of intrafamilial CSA entering hospital for forensic exam:referred by CPS	68	Intrafamilial	1.Mother's childhood history <ul style="list-style-type: none"> - Signif loss or death - Own experience of CSA - Relationship with own parents 2.Mother's current functioning <ul style="list-style-type: none"> - substance misuse (yes/no) - Social support ('adequate'/'inadequate') 	3 components of maternal response <ol style="list-style-type: none"> 1. Overt protective action by mothers? 2.Mother believed daughter's account? 3.Mother blamed daughter? <ul style="list-style-type: none"> - All 3 combined into one composite variable 	No relationships between support and three maternal history variables Both current functioning variables related to mother's support of daughter <ul style="list-style-type: none"> - Substance misuse = less support - 'inadequate' social support = less support for daughter More reported abuse incidents = less support by mother No relationship between maternal support and either past sexual abuse of child or 'in-home' perpetrator.	4

Table 1. Characteristics of quantitative studies examining intervening variables in guardian support (n = 12)

Study and date	Study location	Participants and recruitment method	N	Perpetrator type	Intervening variables examined	Outcome measure	Findings	Quality score /13
Pintello & Zuravin (2001)	Sub-urban county in Mid-Atlantic region USA	Biological mothers of children referred to a CPS Sexual Abuse Unit during a 6 year period for intrafamilial CSA	435	'Intrafamilial' but not specified	<u>maternal variables</u> <ul style="list-style-type: none"> - age at first birth - marital status - employment status - reported history of substance misuse - in a current sexual relationship with the offender - prior knowledge of the CSA <u>child variables</u> <ul style="list-style-type: none"> - victim age - gender - prior history of child physical/sexual abuse or neglect or behavioural problems, or academic problems, or sexualised behaviour 	One composite variable ('belief and support') rated 1 or 0 - present or absent	<u>Maternal factors</u> Mothers more likely to believe and protect when they postponed birth of first child until adulthood Mothers not in a current sexual relationship with offender more likely to believe and protect Mothers with no prior knowledge of abuse more likely to believe and support <u>Child factors</u> Mothers more likely to believe and protect when child did not exhibit sexualised behaviours No significant situational factors	7

CPS = Child Protection Services

CSA = Child Sexual Abuse

DV = Domestic violence

NAPS-C = Needs-Based Assessment of Parental (Guardian) Support (Bolen, Lamb, & Gradante, 2002)

Perp = Perpetrator

PRADS = Parental Reaction to Abuse Disclosure Scale (Runyan, Hunter, & Everson, 1992)

PRIDS = Parental Reaction to Incest Disclosure Scale (Everson et al., 1989)

SAT = Separation Anxiety Test (Hansburg, 1972)

Table 2. Characteristics of qualitative studies examining intervening variables in guardian support

Study and date	Study location	Participants and recruitment method	N	Perpetrator type	Intervening variables examined	Type of analysis	Findings	Quality score
Alaggia & Turton (2005)	Canada	Mothers of child sexual abuse victims (recruitment method unclear) who were victims of DV	10	Mother's intimate partner	Woman abuse (DV)	In-depth interviews analysed using a grounded theory method (theoretical sampling) to explore emotional response and instrumental actions following CSA disclosure	Mothers victims of physical abuse = more often acted supportively to their children Mothers who were victims of non-physical DV = more ambivalent reactions and less support	Good quality
Dos Santos & Dell-Aglio (2009)	Brazil	mothers of sexually-abused girls accommodated in a specialised service for victims of domestic violence and sexual assault in a public hospital (only mothers who sought help following abuse disclosure)	10	Intra-familial	N/A	Semi-structured interviews to explore reactions to CSA disclosure. Mothers' reactions classified as 'positive' or 'ambivalent'. Content analysis employed	Maternal reactions found to centre around only two dimensions – belief and action. Maternal belief not necessarily related to supportive response + protective action	Judged to be of low quality

Table 3. Synthesised evidence from included studies of significant intervening variables for guardian support

Variable/group of variables	Evidence for significant association	Contrary evidence (no association found)	Summary of evidence
	Studies (date of study and % quality assessment score in brackets) n	Studies (date of study and % quality assessment score in brackets) n	
A. <u>Mother</u>			
Personal history			
- Own history of sexual abuse	0	Leifer, Shapiro, & Kassem (1993; 31%); Cyr et al (2003; 81%); Deblinger, Stauffer, & Landsberg (1994; 35%); Knott (2008; 62%)	4
No relationship found between own history of CSA and mother's response to her own child's victimisation			
- Age at birth of first child	Pintello & Zuravin (2001; 54%)	1	Mothers more likely to believe and protect if they postponed the birth of their first child until adulthood (i.e. 18 years +)
- Attachment/relationship with own parents	Leifer, Kilbane, & Grossman (2001; 62%)	1	1
Some evidence that mothers are more likely to support their child if they had a better relationship with/attachment to their own mother and other family members in childhood. Unsupportive mothers had more disruptions and stress in family attachment relationships. Counter-evidence derived from low quality study.		Leifer, Shapiro, & Kassem (1993; 31%)	

Table 3. Synthesised evidence from included studies of significant intervening variables for guardian support

Variable/group of variables	Evidence for significant association		Contrary evidence (no association found)		Summary of evidence
	Studies (date of study and % quality assessment score in brackets)	n	Studies (date of study and % quality assessment score in brackets)	n	
Current functioning					
- Adult attachment style + Intimate relationships in general	Bolen & Lamb (2002; 81%); Bolen & Lamb (2007; 77%); Leifer, Kilbane, & Grossman (2001; 62%)	3		0	Mothers with a more secure attachment style and whose adult heterosexual relationships are more stable are more supportive and protective towards the victim post-disclosure. (Unsupportive mothers had more negative outcomes in their adult relationships as well as frequent changes in partner.)
- Mental health problems	Heriot (1996; 92%); Coohey & O’Leary (2008; 81%); Knott (2008; 62%)	3		0	Mothers with mental health problems were less likely to protect their child consistently compared to those without a mental health problem. Heriot (1996) found that mothers for whom information concerning their mental health was <i>unknown</i> were at risk for non-support.
- Substance misuse	Liefer, Shapiro, & Kassem (1993; 31%); Leifer, Kilbane, & Grossman (2001; 62%);	2	Coohey & O’Leary (2008; 81%); Knott (2008; 62%)	2	Equivocal findings –1 higher and 1 medium quality study do not support a relationship between substance misuse problems and lack of support, whereas another medium quality study does.
- Problems with the law	Leifer, Kilbane, & Grossman (2001; 62%)	1		0	Mothers with more problems with the law, including more arrests and prison time were less supportive

Table 3. Synthesised evidence from included studies of significant intervening variables for guardian support

Variable/group of variables	Evidence for significant association		Contrary evidence (no association found)		Summary of evidence
	Studies (date of study and % quality assessment score in brackets)	n	Studies (date of study and % quality assessment score in brackets)	n	
- Degree of social support	Leifer, Shapiro, & Kassem (1993; 31%);	1		0	Some evidence that mothers with inadequate social support were less supportive towards their daughters post-disclosure, although study was of low quality.
Relationship with perpetrator					
- Perpetrator current intimate partner	Heriot (1996; 92%); Faller (1988; 54%); Pintello & Zuravin (2001; 54%); Coohey & O'Leary (2008; 81%); Everson, Hunter, Runyan, Edelsohn, & Coulter (1989; 62%); Leifer, Kilbane, & Grossman (2001; 62%)	6			Considerable evidence that where the perpetrator is the mother's current intimate/sexual partner (either husband or boyfriend) and a father-figure to the child, the mother is less likely to consistently believe the victim, or to support them and take protective action. Everson et al.'s (1989) findings suggested an inverse relationship between recency/intensity of the mother's relationship with the perpetrator and the level of support she afforded the child.
- Perpetrator resident in household	Faller (1988; 54%); Cyr et al (2003; 81%); Leifer, Kilbane, & Grossman (2001; 62%); Knott (2008; 62%)	4	Leifer, Shapiro, & Kassem (1993; 31%)	1	Mothers are less supportive when the perpetrator is living in the home at the time of the abuse. Children abused by family member more than twice as likely to be exposed to negative maternal response (Knott, 2008).
- Feelings towards perpetrator	Heriot (1996; 92%);	1			Related to the above is that the more negatively the mother feels towards the perpetrator, the more likely she is to be supportive and protective towards the victim.

Table 3. Synthesised evidence from included studies of significant intervening variables for guardian support

Variable/group of variables	Evidence for significant association	Contrary evidence (no association found)	Summary of evidence
	Studies (date of study and % quality assessment score in brackets) n	Studies (date of study and % quality assessment score in brackets) n	
<ul style="list-style-type: none"> - Current DV in relationship <ul style="list-style-type: none"> o Nature of DV 	<p>Coohey & O’Leary (2008; 81%) 1</p> <p>Alaggia & Turton (2005; good quality) 1</p>		<p>Domestic violence within the mother’s current relationship was related to less protection of the child following disclosure of CSA. Alaggia & Turton (2005)’s findings from a qualitative study suggested, however, that it was specifically emotional or psychological abuse of the mother, as opposed to physical abuse, that was related to a lack of support and protection for the child victim.</p>
<ul style="list-style-type: none"> - Dependency on perpetrator (e.g. financial) 	<p>Cyr et al (2003; 81%); Leifer, Kilbane, & Grossman (2001; 62%) 2</p>	<p>Bolen & Lamb (2002; 81%) 1</p>	<p>Some evidence that mothers who were financially dependent on the perpetrator (e.g. due to their own limited resources) were less likely to be supportive</p>
B. <u>Child</u>			
<ul style="list-style-type: none"> - Age 	<p>Heriot (1996; 92%); Knott (2008; 62%) 2</p>	<p>Everson, Hunter, Runyan, Edelsohn, & Coulter (1989; 62%); Pintello & Zuravin (2001; 54%); Cyr et al (2003; 81%) 3</p>	<p>Equivocal findings related to age. Two good quality studies showed that adolescents were at greater risk for non-protection. Knott (2008) found this to be the strongest child characteristic predictor. However, counter evidence from three moderate to good quality studies.</p>
<ul style="list-style-type: none"> - Developmental delay 	<p>Knott (2008; 62%) 1</p>		<p>Children with developmental delay more likely to be exposed to negative maternal response</p>

Table 3. Synthesised evidence from included studies of significant intervening variables for guardian support

Variable/group of variables	Evidence for significant association		Contrary evidence (no association found)		Summary of evidence
	Studies (date of study and % quality assessment score in brackets)	n	Studies (date of study and % quality assessment score in brackets)	n	
- Current sexualised behaviour	Pintello & Zuravin (2001; 54%); Knott (2008; 62%)	2			Mother more likely to believe and protect when the child did <u>not</u> exhibit sexualised behaviour
- Prior experience of abuse	Bolen & Lamb (2002; 81%); Leifer, Kilbane, & Grossman (2001; 62%)	2	Cyr et al (2003; 81%); Pintello & Zuravin (2001; 54%);	2	Some evidence that guardians whose children had already experienced more types of abuse (e.g. physical) or witnessed domestic violence were less supportive
C. <u>Abuse/contextual</u>					
- Maternal belief in disclosure	Heriot (1996; 92%); Coohey & O’Leary (2008; 81%); Dos Santos & Dell-Aglio (2009; low quality)	3	Bolen & Lamb (2002; 81%)	1	Mothers who believed their child’s disclosure consistently were more likely to protect them (although not always, so maternal belief does not necessarily equate to maternal protection). But, tentative evidence to suggest that ambivalence is not related to maternal protective behaviour (Bolen & Lamb, 2007)
- Number of reported incidents	Liefer, Shapiro, & Kassem (1993; 31%); Knott (2008; 62%)	2	Coohey & O’Leary (2008; 81%)	1	Two studies showing that the more reported abuse incidents, less support from mother. However, good quality study did not support this relationship.
- Severity of abuse	Heriot (1996; 92%);	1	Cyr et al (2003; 81%); Coohey & O’Leary (2008; 81%)	1	Some evidence that the more severe the abuse (e.g. penetration of a bodily orifice), the less supportive the reaction of the mother.
- Length of time since abuse	Bolen & Lamb (2002; 81%)	1			The greater the length of time since the abuse, the more supportive the guardian.

Table 3. Synthesised evidence from included studies of significant intervening variables for guardian support

Variable/group of variables	Evidence for significant association		Contrary evidence (no association found)		Summary of evidence
	Studies (date of study and % quality assessment score in brackets)	n	Studies (date of study and % quality assessment score in brackets)	n	
- Concurrent maltreatment	Knott (2008; 62%)	1			Children for whom there was co-occurring maltreatment over 8 times more likely to experience negative maternal response to CSA disclosure
- prior knowledge of abuse (mother)	Pintello & Zuravin (2001; 54%); Coohey & O’Leary (2008; 81%);	2			Mothers with no prior knowledge of the abuse were more likely to believe and supportive
- Child first disclosed directly to mother	Cyr et al (2003; 81%); Bolen & Lamb (2002; 81%)	2			When the abuse was first disclosed to the mother instead of another person, maternal support was more available
- Mother asked child directly + not perp	Coohey & O’Leary (2008; 81%)	1			Mothers who offered more protection were more likely to have asked the child directly about the abuse, and not the perpetrator
- Perpetrator admission of guilt	Cyr et al (2003; 81%); Everson, Hunter, Runyan, Edelsohn, & Coulter (1989; 62%)	2			Mothers were more protective when the perpetrator admitted the abuse
- Mother present within home at time of abuse	Coohey & O’Leary (2008; 81%)	1			Mothers who were present within the home at the time of the abuse showed less consistent <u>belief</u>

Table 3. Synthesised evidence from included studies of significant intervening variables for guardian support

Variable/group of variables	Evidence for significant association	Contrary evidence (no association found)	Summary of evidence
	Studies (date of study and % quality assessment score in brackets) n	Studies (date of study and % quality assessment score in brackets) n	
- Other life stressors	Bolen & Lamb (2002; 81%); Bolen & Lamb (2007; 77%) 2		Greater number of <i>pre</i> -disclosure life stressors related to less support. However, <i>post</i> -disclosure stressors related to <i>more</i> support.
D. <u>Mother/child attachment/relationship</u>			
- Quality of mother/child relationship	Cyr et al (2003; 81%); Bolen & Lamb (2002; 81%) 2		Mother's and child's perception of the quality of the mother-child relationship related to guardian support (better quality = more support)

Maternal factors

Background

Maternal factors were grouped according to personal history, current functioning and relationship to the perpetrator. Perhaps surprisingly, none of the included studies that examined the influence of the non-offending mother's own experience of child sexual abuse on her subsequent support for her own child victim of sexual abuse found a significant relationship. However, one study (Pintello & Zuravin, 2001) found that the age at which the mother had her first child was a significant predictor of post-disclosure maternal belief and protection, in that women who postponed having their first child until adulthood were more believing and protective. However, although this study used multivariate analysis, thus controlling for other variables, the outcome measure used was an aggregation of belief and protection combined, thus making it difficult to draw inferences from this finding.

Two studies examined the mother's attachment to and quality of relationships with her own parents (Leifer, Shapiro, & Kassem, 1993; Leifer, Kilbane, & Grossman, 2001). Results here were equivocal, with Leifer et al. (2001) providing evidence that mothers were more likely to support their child post-disclosure if they had a better relationship/attachment to their own primary care-givers in childhood. They found that unsupportive mothers had more disruptions and stress in family attachment relationships compared to supportive mothers. In contrast, Leifer, Shapiro, and Kassem (1993) found no relationship between the quality of the mother's relationship with her own parents and subsequent response to her own daughter's abuse, although this was based on bi-variate analysis. Further, this latter study used a somewhat rudimentary measure of guardian support, where three putative components of guardian support were rated either positively or negatively, and which notably did not include a measure of *support*. In contrast, Liefer, Kilbane, and Grossman (2001) employed the

PRADS (Runyan, Hunter, & Everson, 1992), which measures belief in the child's report, emotional support offered to the child, choice of child over perpetrator and attitudes towards professional services. Arguably, the outcome measures used in both of these studies are too qualitatively different to allow for meaningful comparison, although quality assessment of both studies indicates that greater weight should be given to the findings of the later study (Leifer et al, 2001) due to the increased methodological rigour.

Current functioning

Regarding factors associated with the mother's current functioning; Two good and one reasonable quality study (81%, 77% and 62% respectively) provided evidence for an association between the mother's current attachment style and the level of support and protection afforded by her to her child victim (Bolen & Lamb, 2007; Bolen & Lamb, 2002; Leifer, Kilbane, & Grossman, 2001). All three studies indicated that mothers with a more secure adult attachment style and whose adult heterosexual relationships were more stable were more supportive and protective towards the victim post-disclosure. Unsupportive mothers were found to have more negative outcomes in their adult relationships as well as frequent changes of partner.

Two studies (Coohey & O'Leary, 2008; Knott, 2008) of good and reasonable quality (81% and 62% respectively) found that current mental health problems were associated with a negative maternal response, specifically a lack of consistency in offering protection to the child (Coohey & O'Leary, 2008). Additionally, Heriot (1996)'s rigorous multivariate analysis (quality score – 92%) showed that mothers for whom there was no information regarding their mental health problems were at risk for non-support, although no inferences are made regarding this somewhat ambiguous finding, that is, whether it supports an association between mental health problems and guardian support, or not.

Two studies (Liefer, Shapiro, & Kassem, 1993; Leifer, Kilbane, & Grossman, 2001) showed that concurrent substance abuse problems were related to less support, although a study judged to be of superior quality by the current review did not support such a relationship (Coohey & O’Leary, 2008). Further, Knott (2008) who had a significantly larger sample size in her study ($n = 373$) equally found no association in the final model of her logistical regression analysis, suggesting that substance misuse ceased to be a predictor of non-support when other variables were entered into the equation.

Leifer, Kilbane, and Grossman (2001) also found that mothers who had more conflict with the law, including more arrests and spending time in prison, were less supportive towards their children post-disclosure.

Finally, Leifer, Shapiro, and Kassem (1993)’s study showed that women who reported inadequate social support were less supportive of their daughters, although this study was judged to be of lower quality (31%) due to its lack of representativeness, rudimentary measurement of guardian support, use of bi-variate analysis and failure to take account of confounding variables.

Relationship with the perpetrator

All five studies that examined specifically the mother’s relationship to the perpetrator found that where the perpetrator was the mother’s current intimate/sexual partner (either husband or boyfriend) and a father or father-figure to the child, the mother was less likely to consistently believe the victim, or to support them emotionally and take protective action (Coohey & O’Leary, 2008; Everson et al., 1989; Faller, 1988; Heriot, 1996; Pintello & Zuravin, 2001). Everson et al.’s (1989) findings suggested an inverse relationship between the recency and intensity of the mother’s relationship with the perpetrator and the level of support afforded to the child. That is, mothers who were divorced or separated from the perpetrator and who, by

implication, had comparatively little emotional investment in that relationship compared to those mothers who were still in a relationship with the perpetrator, were more supportive (Everson et al., 1989) and protective (Faller, 1988).

Related to this was whether the perpetrator was resident within the household at the time of the abuse, with mothers being more supportive towards the victim when they did not live with the perpetrator (Cyr et al., 2003; Faller, 1988; Leifer, Kilbane, & Grossman, 2001). This relationship, however, was not supported by Leifer et al. (1993), although this latter study was judged to be of lower quality (quality score – 31%), providing weak counter-evidence.

Perhaps more important than the status of the mother's relationship to the perpetrator (e.g. married/divorced) is the nature or quality of that relationship in terms of whether it is an abusive one and how the mother feels about the perpetrator. Coohey and O'Leary (2008) found that where the mother reported being a victim of domestic violence, she was less protective of the child following disclosure. However, Alaggia & Turton (2005), in their qualitative study of ten mothers, found that it was the nature of the domestic violence that had a differential impact upon the way in which the mother responded to her child's sexual abuse disclosure. Specifically, that it was mothers who reported being victims of emotional or psychological abuse as opposed to physical abuse that were the least supportive. Alaggia and Turton (2005) hypothesise that mothers who are subjected to a more insidious form of domestic abuse may be unable to clearly recognise or define their relationship as abusive and may engage in a form of denial as a survival strategy. When it comes to responding to their own child's sexual abuse disclosure, they may engage in a similar type of denial, in being unable to acknowledge the full impact of the abuse on their child.

Related to the quality of the relationship are the mother's feelings towards the perpetrator. Heriot (1996) found that the more negative the mother felt towards the perpetrator, the more

likely she was to be supportive and protective towards the victim. Specifically, that mothers who felt hostile and rejecting towards the perpetrator were more likely to support their sexually abused child and to take protective action than those mothers who felt 'warm and accepting' of the perpetrator. However, it should be noted here that this is somewhat tautological, given that the assessment of the relationship between the mother and the perpetrator was post-disclosure and one might expect that supportive mothers (and therefore, by implication, predominately believing mothers) felt more negatively towards the perpetrator. An assessment of the nature of the mother's feelings towards the perpetrator *pre*-disclosure would clearly further this area of investigation, although the methodological problems associated with this are obvious.

Finally, there was some evidence to indicate that mothers who were financially dependent upon the perpetrator (a variable that was inferred from the mother's report of her occupation status and access to resources) were less likely to be supportive of the victim (Cyr et al., 2003; Leifer, Kilbane, & Grossman, 2001), although this relationship was not supported in all studies (Bolen & Lamb, 2002).

Child factors

Evidence relating to an association between the child victim's age and the level of support by the non-offending mother was equivocal. However, Heriot (1996)'s methodologically rigorous findings (quality score: 92%) suggested that mothers of adolescents were at greater risk for non-protection. Similarly, Knott (2008) showed that children aged between 12 and 15 years had significantly greater odds of being exposed to negative maternal response compared to victims in lower age groups (study quality score: 62%). Two studies of moderate quality (Knott, 2008; Pintello & Zuravin, 2001, quality scores: 62% and 54%) found that mothers were less likely to believe their child's disclosure and subsequently support and

protect them when their child exhibited sexualised behavior. Here, the authors concluded that mothers may attribute responsibility for the abuse to the child because of their sexually provocative behaviour, as opposed to viewing their child's behaviour as a *consequence* of the abuse itself. Evidence for an association between the child's previous abuse experiences and maternal support was equivocal, with two studies (Bolen & Lamb, 2002; Leifer, Kilbane, & Grossman,

2001) indicating that guardians whose children had already experienced more types of abuse (e.g. physical) or witnessed domestic violence were less supportive, but two other studies finding no significant relationship here (Cyr et al., 2003; Pintello & Zuravin, 2001).

Abuse/contextual factors

Perhaps unsurprisingly, maternal belief in the child's disclosure was found to be related to maternal support and protection in several studies (Coohey & O'Leary, 2008; Dos Santos & Dell-Aglio, 2009; Heriot, 1996) with study quality ranging from 'low' (Dos Santos & Dell-Aglio, 2009) to very high (Heriot, 1996 [92%]). However, as previously discussed, maternal belief in itself does not always result in protective behaviour (Heriot, 1996). Equally, there is tentative evidence (Bolen & Lamb, 2007) that fluctuations in belief and maternal ambivalence do not necessarily equate to a *lack* of protection.

Findings related to the reported number of incidents of and severity of abuse were mixed, with two studies (Knott, 2008; Leifer, Shapiro, & Kassem, 1993) indicating that the more reported incidents, the less maternal support and protection. However, a higher quality study (Coohey & O'Leary, 2008) that utilised both a multidimensional measure of guardian protectiveness as well as multivariate analyses found no such relationship. Heriot (1996) showed that the more severe the abuse, specifically where it involved penetration, the less likely the mother was to be supportive and protective, whereas two slightly lower quality studies (Coohey & O'Leary, 2008; Cyr et al, 2003) did not support this association. Further,

after maternal belief was added into the final logistical regression equation in Heriot's (1996) study, severity of abuse failed to reach significance. However, this suggests that women may find it more difficult to believe their child and hence support them emotionally when sexual intercourse has taken place (compared to non-penetrative sexual abuse), perhaps because this is perceived to be more consensual or is something that the mother finds too difficult to contemplate. Heriot (1996) suggests that mothers may have difficulty integrating the idea that their children, particularly their daughters, have had sexual intercourse. Knott (2008) found that children who experienced co-occurring maltreatment were eight times more likely to experience a negative maternal response to sexual abuse disclosure. Bolen and Lamb (2002) found that the greater the length of time since the abuse took place, the more likely a mother was to be supportive.

Findings from studies that looked at the mother's prior knowledge of the abuse and the circumstances of the disclosure were less equivocal, with, perhaps unsurprisingly, mothers who had prior knowledge of the abuse being generally less supportive (Coohey & O'Leary, 2008; Pintello & Zuravin, 2001), and mothers whose children disclosed directly to them as opposed to another person were in response, more supportive (Bolen & Lamb, 2002; Cyr et al., 2003). Cyr et al. (2003) suggest that this is likely to be a function of the child's (in their study, adolescent's) more positive perception of the child/parent relationship and moreover, that mothers may place more importance on being the first person confided in and therefore assume greater responsibility for supporting and protecting the child as a result.

Other significant findings were that mothers were more protective when the perpetrator admitted the abuse (Cyr et al., 2003; Everson et al., 1989), when the mother asked the child directly about the abuse (Coohey & O'Leary, 2008), and when the mother was not present within the home when the abuse took place (Coohey & O'Leary, 2008).

Evidence for a relationship between concurrent life stressors and maternal support and protection of the victim was equivocal. Curiously, Bolen and Lamb's (2002) findings indicate that the greater the number of life stressors, the greater the level of guardian support, which would appear counter-intuitive. However, Bolen and Lamb (2002) concede that the measure they used reflected a chronicity of life stressors as opposed to abuse disclosure-specific stress. Notably, in their later study (Bolen & Lamb, 2007), they distinguished *pre*-disclosure stressors (measured using the Life Stressors Scale of the Parenting Stress Index) from *post*-disclosure stressors (measured using a 28-item Likert scale designed specifically for the study) and found that guardians with a greater number of pre-disclosure stressors were less supportive, whereas those with more post-disclosure stressors were more supportive.

Mother/child attachment/relationship

Finally, two studies showed that both the mother's and the child's perception of the quality of the mother-child relationship was related to guardian support, in that the more positive the perception, the greater the level of support offered (Bolen & Lamb, 2002; Cyr et al., 2003).

DISCUSSION

This systematic review aimed to address the following question:

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

14 studies were included in the final review, all of which bar one were carried out in North America or Canada. The majority of studies examined the reaction of the non-offending biological mother in cases of intra-familial child sexual abuse, where the perpetrator was the mother's husband, boyfriend or ex-partner. This mirrored Bolen's (2002) finding that very rarely was the support of anyone other than the biological mother considered.

Intervening variables examined in the studies were grouped according to the following areas: Maternal history; maternal current functioning; mother's relationship with the perpetrator; child characteristics; abuse/contextual factors; and mother/child relationship. These groupings were similar to those in Corcoran's (1998), Elliott and Carnes's (2001) and Bolen's (2002) reviews, although Corcoran additionally included studies that examined personality variables of the mother.

The most salient findings of the current review were that the mother's current functioning, specifically her adult attachment style and the quality of her intimate relationships, including her relationship to the perpetrator, are strongly associated with the degree of support and protection she affords her child following disclosure of sexual abuse. Unsupportive mothers tended to have more negative outcomes in their adult relationships and to have more frequent changes of partner. Further, that her ability to support and protect her child is directly influenced by whether the perpetrator is her current intimate partner and living in the home at the time. Mothers who are intimately involved with the perpetrator at the time of disclosure

find it hard to consistently believe the child's disclosure, as well as take protective action. These findings concur with those of Elliott and Carnes (2001) and Bolen (2002) in their reviews. It is perhaps not surprising that mothers who are in a relationship with the perpetrator at the time of disclosure should experience greater confusion and perhaps conflict of loyalties, with the need to protect their offspring competing with the need to sustain their affiliation with her partner, compared to those women who are separated or divorced from the perpetrator. Bolen (2007) proposes that maternal ambivalence following disclosure of CSA by her child may be more normative and not necessarily indicative of an inability to protect and her tentative results (tests of significance were not employed due to small sample sizes) indicated that maternal ambivalence and maternal support were unrelated. However, maternal belief was generally found to be strongly related to subsequent protective behaviour.

It is hypothesised that women with a more insecure adult attachment style, particularly perhaps those with an 'anxious-preoccupied' attachment style (Hazan & Shaver, 1987) may find it more difficult in such circumstances to show allegiance towards the child because of their level of dependency upon their partner. Further, findings from the current review showed that where the mother was a victim of emotional or psychological partner abuse, her capacity to protect her child was compromised. Alaggia and Turton (2005) suggested that women who are subjected to this type of abuse, which is arguably less overt and not so easily recognised as 'domestic abuse' by the victim, may engage in a form of denial as a survival strategy. In turn, these women may engage in a similar type of denial when it comes to the sexual abuse of their own child. Extending this hypothesis, the capacity of women with an anxious-preoccupied attachment style to support and protect their abused child may be further compromised by the gradual erosion of the woman's sense of self-efficacy or 'learned helplessness' as described in the literature in relation to partner abuse (Walker, 1992).

In turn, findings related to concurrent problems with the mother's functioning, such as mental health problems, substance misuse and problems with the law, suggest that these are exacerbating factors, that may be underpinned by and vary as a function of her underlying attachment and coping style. Women with an anxious-preoccupied attachment style, with a limited sense of self-efficacy, may turn to drugs or alcohol as a way of coping with interpersonal conflict. In turn, they may come into more conflict with the law, and become more socially isolated, another finding of the current review. Bolen, Lamb, and Gradante (2001) further propose that assessment of a mother's response to her child's sexual abuse disclosure should take account of her access to resources at a time when her attention will be more narrowly focussed on ensuring that her and her child's needs are met in a hierarchical order. This model of guardian support is based upon Maslow's (1987) hierarchy of needs, where basic needs, such as the need for food and shelter, have to be met before higher order needs, such as tending to the child's emotional needs, can be attained. Bolen et al. (2001) argue that mothers with limited personal resources, for example, those who have limited financial income, may struggle to separate from the abuser when they are financially reliant upon them. Thus, her child's basic needs for food and shelter may be jeopardised were she to insist on separation from the perpetrator. This offers a conceptual framework for interpreting the findings that mothers who were financially dependent upon the abuser were less likely to be supportive.

There was evidence to suggest that older children were at greater risk of experiencing a negative maternal response and non-protection following disclosure of CSA compared to younger children, findings that concur with those of Corcoran (1998) and Elliott and Carnes (2001) in their reviews. This is most likely because older children are generally held more accountable for their actions and are perhaps perceived to be more able to defend themselves. Thus, where abuse is disclosed, particularly penetrative sexual abuse (the current review

found evidence from a high quality study that the more severe the abuse, the less supportive the mother), the child might be perceived to be partially responsible. Further, that where children exhibited sexualised behaviour, the mother was less likely to believe and protect. Here, women may make misattributions in terms of the direction of causality, believing for example, that the child encouraged the abuse through their provocative behaviour, as opposed to viewing the sexualised behaviour as a negative consequence of the abuse. The picture becomes further complicated as clinical experience shows that some child sexual offenders may exploit the fact that a child has been previously sexually victimised (and as a result exhibiting sexualised behaviour) as a way of encouraging physical intimacy and overcoming the victim's resistance. Mothers whose children are already damaged in such a way may find it hard to clearly delineate abuse and culpability, particularly perhaps when faced with a partner who claims they were 'led on' or 'seduced' by the child.

Finally, the relationship between the child and the mother appears to play a pivotal role in determining the level of support and protection offered to the child post-disclosure, and that this may be more predictive than any one single individual factor, such as the age or sex of the child, number of incidents or severity of abuse (where findings were somewhat equivocal). Findings from the current review showed that the mother's and the child's perception of the quality of their relationship was related to post-disclosure guardian support. Perhaps unsurprisingly, mothers whose children disclosed to them directly and who directly solicited information about the abuse from the child rather than the abuser were found to be more supportive and protective towards the child, which arguably is more reflective of the nature of the relationship. Cyr et al. (2003), in their study of non-offending mothers of teenagers, suggest that teenagers who disclose directly to their mother may be more convinced that they will receive a supportive and protective response, testament perhaps to the better quality of the relationship between them.

Limitations

The current review endeavoured to employ a relatively comprehensive search strategy in an attempt to identify all relevant publications within this field. However, inevitably, the review process was subject to a number of biases: Firstly, time constraints meant that only English language papers were included, where the author did not have the necessary resources with which to translate non-English papers. Secondly, the author was unable to locate full text versions of eight papers that appeared to meet the inclusion/exclusion criteria, as these were unpublished theses. Further, it was not possible to carry out an exhaustive search of all the ‘grey literature’ in this field to try and identify all relevant unpublished studies, although a primary author in this field (Professor Rebecca Bolen) advised via email on the 19th January 2012 that she did not know of any such papers. However, there is still the likelihood that the review was subject to publication bias, where studies reporting significant findings were more likely to be accepted for publication, or at least be put into the ‘public domain’ sooner.

Regarding the studies examined, there are a number of methodological flaws inherent in this area that relate to the way in which the construct of guardian support is both conceptualised and measured. The lack of consistency over operational definition and measurement across studies (NB: only a maximum of two studies used the same measure) makes the drawing of comparisons difficult, and ultimately conclusions can only be tentative. Further, whilst the use of measures such as the PRIDS/PRADS or the NAPS is clearly superior to the use of simple dichotomous judgements of maternal support, they still principally rely upon a mother’s account of her behaviour or observation of her presentation to authorities in the aftermath of the abuse disclosure, where she is arguably motivated to present herself in the best possible light. The majority of studies examined families who were already involved with Child Protection Services (CPS) and where the child victim was being referred for forensic examination. Child reports of maternal support are equally problematic within this

context where the child may already be traumatized by losing one parent and not wish to jeopardize the relationship with the remaining carer by giving a negative appraisal of it.

On a broader issue, the degree to which these findings can be generalised to the wider population of non-offending guardians must be questioned. Participants were predominately biological mothers where the sexual abuse of their child had been brought to the attention of the authorities. Because in many cases, the child was being forensically examined, it is likely that they were representative of more severe cases of CSA, where penetration had occurred and that guardians whose children were victims of less severe forms of abuse, such as inappropriate touching or being exposed to, were under-represented. What was largely missing from the studies was information pertaining to the method by which the abuse was made known to the authorities, that is, whether the mother herself reported it. It is difficult to estimate what proportion of non-abusing parents know about their child's abuse but choose not to report it or to deal with it 'within the family' and to what extent this population differ qualitatively from those in the studies examined.

Conclusions and recommendations

Despite the stated limitations of the review, what appears to be emerging is the importance of the quality of the non-offending guardian's relationships and particularly their adult attachment style. It is suggested that problems in adult attachment relationships underpin many of the associations found in the studies included, and that future studies examining intervening variables in guardian support should measure attachment style as standard. Further, related to the mother's access to resources at times of stress is the mother's coping style or sense of self-efficacy, a concept central to Bandura's (1997) Social Cognitive Theory, which relates to an individual's belief in their own abilities to succeed in specific situations. Again, it is recommended that future research in this area explores such aspects of

a non-offending guardian's functioning in terms of how it relates to the variability in support and protection afforded to the victim, and its relationship to other intervening variables in this area. In addition, research in this area would benefit from more prospective cohort studies to better identify risk factors for failure to protect. The majority of studies examined in the current review were retrospective and thus subject in many cases to recall error.

The literature examining intervening variables in non-offending guardian support in cases of child sexual abuse is still very much in its infancy, plagued by unresolved issues over definition and measurement. However, what is clear is that a mother's response to her child's sexual abuse disclosure is a complex and dynamic one, and one that is determined by a complex interaction between a multitude of factors. It would appear that we are still a long way off constructing a theoretical 'model' of guardian support, although psychological theories, such as attachment theory and Social Cognitive Theory, for example, may prove a useful starting point in the development of such a model.

Further, lacking from the existing body of literature on guardian support is consideration of a mother's perception of future risk, in terms of her beliefs about the likelihood of a further sexual offence occurring. A mother who initially acts supportively following her child's disclosure of CSA, for example, may fail to adequately protect her child from further abuse in the future because she does not perceive the perpetrator to pose an on-going risk. This may partly be due to the perpetrator's extensive reassurances that the offence was just a 'one off', for example, although her pre-existing beliefs about sex offenders and perception of future risk are also likely to influence her future behaviour. Where a mother forms a relationship with a sex offender, that is, where the victim or victims of the offence(s) are not her own children, her pre-existing beliefs about sex offender risk come even more to the fore. Therefore, research in this area should be extended to a general population of mothers and

female carers in order to safeguard those children who may be vulnerable to sexual exploitation in the future.

Chapter 3

Sex offender risk perception in mothers and female carers of primary school-aged children

Sex offender risk perception in mothers and female carers of primary school-aged children

Abstract

In order to implement protective behaviours following disclosure of child sexual abuse, the non-offending parent (most frequently the mother) must first appraise the need to take action by accurately inferring future risk. Little is known about women's accuracy in judging risk in men who have a history of child sexual offending. The current study asked 91 UK mothers and female carers of primary school-aged children to rate the likelihood of re-offending, as well as general risk to children of fictitious child sex offenders depicted in eight vignettes that were constructed in line with the RM2000/S. Age of perpetrator and gender of victim were manipulated across the vignettes in order to determine the extent to which these factors influenced their judgements. Results showed that the women were only accurate in judging risk of re-offending half of the time, with a tendency to over-estimate risk, suggesting they view child molesters as a homogenous group. However, there was a tendency to consider offenders in the High risk RM2000/S category as posing less of an overall risk to children than those in the Low risk category, which was attributed to the disproportionate number of 'non-contact' offenders in the High risk group. Women further rated older perpetrators as posing a greater risk generally, providing support for the stereotype of the 'dirty old man', with those with a male victim being rated the most risky. Conversely, participants rated younger perpetrators with a male victim as the least risky, which runs contrary to studies on recidivism. Finally, women who also had older children rated themselves as more worried generally about the risk of CSA in their community compared to those with only primary or both primary and pre-school-aged children. The majority of women recognised that most cases of CSA were perpetrated by individuals known to the child. Implications of these findings are discussed.

Introduction

Research has shown that a mother's belief in the sexual abuse of her child, although strongly related to subsequent protective behaviour (e.g. Coohy & O'Leary, 2008; Dos Santos & Dell-Aglio, 2009; Heriot, 1996), does not necessarily guarantee the actual occurrence of such protection. For example, Heriot (1996) found that close to 20% of the believing mothers in her study did *not* take protective action, suggesting that belief and support are two independent constructs, and that belief in the child's disclosure is not necessarily indicative of taking protective action. Failure to implement protective behaviours towards the child may be due to other intervening variables such as the mother's substance misuse (Liefer, Kilbane, & Grossman, 2001; Leifer, Shapiro, & Kassem, 1993), mental health problems (Coohy & O'Leary, 2008; Heriot, 1996), or dependency upon the perpetrator (Cyr et al., 2003; Leifer, et al., 2001), or it may be that, despite accepting that a sexual offence took place in the past, the mother simply does not perceive an on-going risk to the child and related need to protect. In fact, central to the issue of protectiveness is the ability to accurately perceive risk. For example, a mother may believe an offence took place in the past, yet not consider her partner an on-going risk because of factors such as age of the offender, gender of the victim, relationship to the victim, offence-type, etc., or simply because the offender tells them so, that the offence was a "one-off". This may particularly be the case where the sexual offence was a long time in the past and where the victim was not the mother's own child.

Coohy and O'Leary (2008)'s cognitive information-processing model of guardian support in CSA cases, as outlined in Chapter 1, posits that having successfully attended to the environmental signal that sexual abuse has taken place, a mother must correctly interpret the meaning of that signal in order to progress through the subsequent stages of implementing appropriate protective behaviour. Believing her own child's allegations of abuse, or in other

cases, being informed of a new partner's sexual offending past (for example, via Children's Services), a mother will either determine the need for future protection of her child(ren) or not and that this will largely be based on how accurate she is in judging risk.

In turn, accuracy of risk perception will be influenced by a mother's pre-conceived ideas about child sex offenders, for example, the likelihood of re-offending in general, and the potential for 'cross-over' (e.g. abusing males as well as female victims, known victims as well as strangers). Findings from a qualitative analysis conducted by Collins in 1996, in which 24 US parents of pre-school-age children were interviewed about their general perceptions of risk regarding CSA, supported earlier research (Finkelhor, 1984) that showed little congruence between perceptions of risk for the general population and perceptions of personal risk. In other words, the mothers perceived their own children to be at lower risk of being sexually victimised compared to others' children, with a general trend towards locating risk 'outside of the family'. Finkelhor (1984) found that, when parents were discussing the issue of CSA with their children, only a minority (22%) mentioned the possibility of abuse by a family member. Craun and Theriot (2009) found in their postal survey of 1600 US families that only 13.5% were more concerned with someone they knew sexually abusing a child than a stranger, although the authors viewed it as positive that the majority were equally concerned about both. However, interestingly in their study, they found that having awareness of a local sex offender had the effect of making people more worried about 'stranger danger' and hence argue that sex offender registration leads to less vigilance about 'those who are statistically more likely to perpetrate sexual crimes against children' (p. 2068), that is, people known to the child.

Levenson, Brannon, Fortney and Baker (2007), in their study of the beliefs and attitudes

towards sex offenders and community notification of 193 US community adults, found support for the commonly held belief that sex offences are generally committed by strangers. Further, their results suggested that the general public adopted a somewhat blanket approach to all sex offenders, considering them a homogenous group who have much higher recidivism rates than other categories of offender. Only a minority of participants in their study acknowledged that there might be a range of risk of re-offending. However, when asked to rate the percentage of sex offenders who were likely to recidivate, the mean percentage rating by participants in their study was 76% (SD = 20.2) for child molesters. Official recidivism studies of sex offenders have shown much lower figures, for example, Harris and Hanson (2004) found a 24% recidivism rate over a 15 year follow-up, suggesting a gross over-estimation of the rate of re-offending in sex offenders by the general public, although it is acknowledged that official recidivism studies generally reflect *reconviction* rates as opposed to *re-offending* per se, meaning that such figures are based on known offences and are likely to be an underestimate of actual re-offending (Falshaw, Bates, Patel, Corbett, & Friendship, 2003). In terms of between-group differences, Levenson et al.'s (2007) study further showed that women were more fearful of sex offenders in the community compared to men. Further, that participants who had children rated their degree of anger at a sex offender residing nearby as significantly higher than non-parents, although this result failed to reach significance once a Bonferroni adjustment was made to the threshold for statistical significance.

Only a few studies have sought to assess the general public's perception of sex offender risk according to offender characteristics or beyond the known/stranger dichotomy, although Fuselier, Durham and Wurtele (2002) did compare the views of US college students to those of professionals (members of the Association for the Treatment of Sexual Abusers [ATSA]) in terms of their attitudes and beliefs concerning perpetrators of child sexual abuse. They

found that the groups differed on perceived demographic descriptors in that, compared to the professionals, the students believed perpetrators to be older when they first began offending, to be more educated, and more likely to be gay. In addition, the students were more likely than the professionals to believe that a sex offender would use force to gain a child's compliance, and that they would function at a lower interpersonal level. These are important findings in terms of determining the general public's ability, or lack of ability, to spot 'warning signs' in a potential abuser. Specifically, Fuselier et al.'s (2002) findings suggest that lay people may not necessarily be alerted to the more insidious forms of sexual abuse, or to the risk potential of younger or more socially skilled offenders. Fuselier et al. (2002) note that "students appear less knowledgeable about the subtle grooming strategies abusers use to gain access to children" (p. 278). However, the generalisability of the sample in their study is questionable. Participants were US college students with a mean age of 22.7 years (SD not stated) who were unlikely to be parents.

Maynard and Wiederman (1997) studied the effects of the gender and age of the child victim and the gender of the adult on undergraduate students' perceptions of the abusiveness of sexual interactions between adults and children depicted in eight different vignettes. They found that participants rated interactions as more abusive when the child was aged seven years as opposed to 15 years, and also that they rated scenarios depicting opposite sex interactions as less abusive relative to those describing same sex. Similarly, Bornstein, Kaplan and Perry (2007), in their study of lay people's perceptions of CSA involving an eight-year-old child victim depicted in 24 vignettes where both the gender of the perpetrator and victim were manipulated, found that participants (who were predominately female) judged homosexual pairings to be more traumatic for the victim. However, and perhaps most importantly, subjects also judged homosexual abuse as being *less* likely to reoccur compared

to heterosexual abuse, although this was only judged to be the case for male perpetrators. This finding contradicts an established body of literature that demonstrates that having male victims (of male perpetrators) is a predictive factor in sexual recidivism (e.g. Hanson, Steffy & Gauthier, 1993; Långström & Grann, 2000; Proulx, Pellerin, McKibben, Aubut, & Ouimet, 1997).

Bornstein et al.'s (2007) was one of the few studies to examine the issue of future *risk* of sexual offending according to offender or victim characteristics, as well as to include non-students as participants. No main effect of participant type (student/non-student) was found in this study, although the study did not examine the differences between the two groups, for example, whether participants were parents. However, most previous research looking at lay persons' views of CSA where perpetrator and victim characteristics have been manipulated (e.g. Fromuth, Holt, & Parker, 2001; Smith, Fromuth, & Morris, 1997), has been based on undergraduates' perceptions, in most cases psychology undergraduates, whose familiarity with research design may predispose them to intuit the research aims and respond accordingly. Further, most undergraduates are unlikely to be parents and, arguably, are unlikely to have as much emotional investment in this area of research. No previous study has examined perception of future risk in those who we would most likely look to when it comes to affording protection to potential CSA victims, in most cases, the child's mother. The degree to which one can generalise previous research findings to the wider population, specifically parents of pre- and primary school children, remains in question.

Research aims

The current study aimed to determine the extent to which mothers and female carers of primary school-aged children (who may also have pre-school-aged children) accurately

perceive risk of future sexual offending (hit rate) when given limited information about men who have past convictions for sexual offences. The focus here is on children aged from birth to 11 years, as this is the age group that might be considered the most vulnerable and reliant upon their parents/carers to afford protection. Further, women who find themselves being assessed as part of Court Proceedings in relation to their perception of a partner's risk and their capacity to protect are most often mothers of pre- and primary school-aged children, where potential victims frequently lack the capacity to adequately protect themselves and/or the verbal skills to be able to communicate their concerns.

Therefore, the aims of the study were to:

- 1) provide information about perceptions of child sexual abusers of mothers in the general population as a comparison point for mothers being assessed in the child protection arena;
- 2) investigate associations between participant background characteristics, such as the mother's age, education level, number, age and gender of children, and level of accuracy; and
- 3) investigate the effect of the perpetrator's age and the victim's gender on women's decision-making about the level of risk posed to children in general (based on perceived likelihood of re-offending as well as seriousness of offending).

No specific hypotheses were postulated due to the exploratory nature of this research.

Method

Participants

Participants were 91 mothers and female carers of children attending two state-funded primary schools within the Buckinghamshire (n = 41) and Worcestershire (n = 50) area of the UK. A total of 400 questionnaires were handed out to women in the playground (200 at each data collection site) over a period of three days, at the beginning and end of the school day, in order to maximise recruitment to the study. Response rates were 20.5% and 25% respectively. These two data collection sites were chosen primarily for convenience, although the inclusion of the Buckinghamshire site, which is more ethnically diverse (24% being of non-white ethnicity according to 2008 statistics) compared to the Worcestershire area whose population is predominately white (only 7% non-white according to statistics produced in mid-2007), was intended to increase the generalisability of the findings.

The mean age of the total sample was 37.2 (SD = 6.45) with no significant difference in mean age between the two schools. As predicted, the two samples differed on ethnic make-up, however, with the Buckinghamshire school having a greater number of ethnic groups compared to Worcestershire ($\chi^2 (3) = 14.79, p < .01$). 29.2% of the Buckinghamshire sample were non-white, which is slightly higher than the general population for the area from which the sample was taken but broadly representative. The two samples also differed according to the women's employment status ($\chi^2 (1) = 6.65, p = .01$), with more women being in some form of employment (either part- or full-time) at the Worcestershire school (86%) compared to Buckinghamshire (62.5%), despite there being no difference between the two samples in terms of education level achieved. No other demographic differences were seen between the two groups.

Materials

Vignettes

Participants were presented with a questionnaire containing eight fictitious vignettes depicting men who had past convictions for sexual offences (see Appendix 6). Each vignette contained information about the man's age, nature and history of offending, including number of court appearances, and victim gender. Each vignette was constructed in line with the Risk Matrix 2000/S (Thornton, 2002) which is a statistically-derived risk classification process for males (aged 18 years and over) who have been convicted of a sexual offence.

Risk Matrix 2000/S

The Risk Matrix 2000/S, developed by Thornton in 2002, is a widely used actuarial measure of risk of future sexual offending that, together with two other scales, forms the Risk Matrix 2000 (RM2000). The RM2000 uses simple factual information about offenders' past histories to divide them into categories that differ substantially in their rates of reconviction for sexual or other violent offences (Thornton, 2002). Thornton et al. (2003) demonstrated the predictive accuracy of the RM2000/S on a UK sample of untreated sex offenders, where they obtained AUC of .75 in terms of predicting sexual reconviction, which is considered to be a large effect size. Other studies support the use of this actuarial measure showing, for example, that compared to other sex offender risk assessment scales, it consistently obtained the highest AUC index for predicting sexual reconviction (Craig, Beech, & Brown, 2006).

Categorisation of an offender using the RM2000/S is a two-staged process. In stage one, information about the offender's current age, the number of separate court appearances for sexual offences and the number of court appearances for any significant criminal offence, is

utilised in order to place the offender in an initial risk category. In the second stage, the risk categorisation is increased (or not) depending on the presence of certain aggravating factors, such as whether the offender had any male victims, whether he had offended against a stranger, if he had never been married, and whether he had been convicted of any non-contact sexual offences, such as indecent exposure, all of which have been shown in the literature to be associated with increased risk of re-offending sexually (e.g. Grubin, 1998; Hanson, 1997; Hanson & Bussière, 1998).

The eight vignettes were designed in such a way that the total set comprised four ‘High’ risk vignettes and four ‘Low’ risk vignettes. Age of the perpetrator (Young/Old) and gender of the victim (Male/Female) were systematically varied across the vignettes resulting in the following experimental ‘conditions’ or stimuli:

Vignette 1 (JK)	High risk	Old perpetrator	Female victim
Vignette 2 (TS)	High risk	Old perpetrator	Male victim
Vignette 3 (SM)	High risk	Young perpetrator	Female victim
Vignette 4 (AC)	High risk	Young perpetrator	Male victim
Vignette 5 (KH)	Low risk	Old perpetrator	Female victim
Vignette 6 (TH)	Low risk	Old perpetrator	Male victim
Vignette 7 (SA)	Low risk	Young perpetrator	Female victim
Vignette 8 (ZC)	Low risk	Young perpetrator	Male victim

Thus, a 2 X 2 X 2 within-subjects factorial design was adopted in the study with the independent variables being Risk level (High/Low), Perpetrator age (Old/Young) and Victim gender (Male/Female). The distinction between Old and Young perpetrator was dictated by the categorisation procedure of the RM2000. For example, it was not possible to render a vignette 'Low' risk by making the offender younger than 34, as this would automatically incur one point and place the offender in a higher risk category (According to the RM2000, an offender could only be scored '0' for age when they were older than 34). Therefore, the oldest of the 'Young' perpetrators was 37 years, and the youngest of the 'Old' perpetrators was 60 years in order to create sufficient age distinction. Other information was included in the vignettes, such as whether the offending was contact or non-contact, whether the victim was a stranger or known to the perpetrator, and the offender's relationship history, in order to achieve the required risk categorization according to the RM2000/S.

Additionally, other details were included to make the vignettes more realistic, such as information about the offender's socioeconomic status (SES) and hobbies. Vignettes were only constructed to fall into the categories of 'Low' or 'High' risk, rather than Low, Medium, High or Very High, as per the RM2000/S in order to limit the number of vignettes required to explore the independent effects of perpetrator age and victim gender. Increasing the number of vignettes to 16 was considered to be too time-consuming for participants and may have deterred participation. Further, given the exploratory nature of this research, it was considered important to firstly examine whether participants were able to discriminate between the two extremes.

Initials were used for the offenders rather than fictitious names so that the ethnicity of the perpetrator was not implied and thus avoided introducing this as a potentially confounding variable.

Once constructed, the vignettes were second scored by a Registered Forensic Psychologist trained in the administration of the RM2000 to ensure concordance of categorisation. Here, the percentage agreement rate for the eight vignettes was 100% and therefore the categorisation of each vignette was considered to be reliable.

For each vignette, participants were asked to make two ratings as follows:

- a) Firstly, to consider the *likelihood* of the offender committing a further sexual offence and to rate whether they believed he posed a High or Low risk in this respect (in line with the RM2000/S categorisations).
- b) Secondly, based on their judgement of *likelihood* of re-offending as well as their perception of the *seriousness* of the offending, they were asked to make a composite rating along a 10-point Likert-type scale (ranging from 0 = No risk, to 10 = very high risk) of the level of risk they believed the individual posed to children in general (see Appendix 1).

Thus, for each vignette, respondents generated both dichotomous (correct/incorrect categorization) as well as continuous (overall risk rating) data. Thus, the dependent variables in the study were accuracy of risk categorisation and overall rating of risk. In addition, participants were asked to rate generally how worried they were about the risk of child sex offenders in their local community, as well as select whether they believed

most sexual offences against children were committed by ‘complete strangers’, ‘People known to the child’ or whether this was ‘roughly equal’.

Based on a within-subjects repeated measures 2 X 2 X 2 factorial ANOVA, Power analysis using G*Power indicated a minimum sample size of 44 for a moderate effect size ($d = .50$) and power of .80.

Ethics

The research study was carried out in accordance with the University of Birmingham’s ethical principles for conducting research as well as the Health Professions Council (HPC) and the British Psychological Society’s (BPS) codes of conduct. Ethical approval for the project was obtained on the 16th November 2011 by the University’s ethics committee (Ref: ERN_11-0599). The school permission procedure is outlined below.

Procedure

The questionnaire was first piloted on six mothers of primary and pre-school-aged children to ensure ease of understanding, readability, etc. As a result of this process, questions a) and b) for each vignette were modified to clearly delineate the requirements to first rate *likelihood* of re-offending and then secondly perception of risk based on *cost* or *seriousness* of offending and danger to children in general, as this was somewhat ambiguous in the original version of the questionnaire (see Appendix 7). This was an important distinction to make as offenders can have a low probability of re-offending yet the cost to society be very high, for example,

in the case of a sexual murderer. Equally, an offender may be highly likely to reoffend, yet the seriousness of offending be comparatively low, for example in the case of a persistent indecent exposé. No other modifications were made to the questionnaire as a result of the pilot study, other than using initials for the offenders rather than first names.

Head teachers were contacted at both schools and permission obtained to carry out the research. In the case of both schools, this required agreement by the Board of Governors. Questionnaires were handed out in sealed envelopes to women in the school playground over a period of three days at each of the data collection sites. Participants had the option of returning their completed questionnaire either by post in an enclosed stamped addressed envelope, or via a centrally located locked ballot-style collection box. Prior notice of the research study was provided to parents via existing information dissemination methods, including the school's website or weekly newsletter for parents. Two written reminders to participants were distributed via the same methods following distribution of the questionnaires at approximately monthly intervals, in order to prompt those who still wished to participate but had not yet completed their questionnaire. Participants completed a consent form and were required to write a code word on their questionnaire for the purposes of excluding their data at a later date should they wish to withdraw from the study.

Results

Accuracy data (question a)

Percentage correct was calculated by dividing the number of correctly identified vignettes (High or Low) by the total number of vignettes and multiplying by one hundred. To determine the direction of inaccuracy, that is, whether women tended to under- or over-

estimate risk (judging more High risk vignettes as Low than Low risk vignettes as High, or vice versa), women were categorised into ‘Under-estimators’, ‘Over-estimators’ and ‘Equal tendencies’ according to the relative frequencies.

Overall accuracy

The overall mean percentage accuracy was 50.15% (SD = 19.24) with no statistically significant difference between the two schools (High Wycombe: 51.42, SD = 18.1; Worcester: 49.25, SD = 20.1) A series of correlations, Chi-Square analyses, *t*-tests and one-way ANOVAs were carried out to determine whether there were any relationships between the women’s background characteristics/demographic variables and their level of accuracy in terms of correctly identifying High and Low risk offenders (as per the RM2000/S) (percentage correct). No associations were found between the women’s age, ethnicity, marital status, level of education, employment status (whether employed or not), the number of children in their home, gender or ages of children, and age at first child with overall accuracy. Further, there was no association between whether the women had received some form of child protection training and their overall level of accuracy, although it was notable that out of the 36 participants (39.6% of the total sample) who had received some form of child protection training, less than a third (n=11) had been specifically given information about sex offenders. No difference in overall accuracy was found between those who had and those who had not received information about sex offenders.

Direction of inaccuracy

Out of the total sample of women, the vast majority (n = 72; 79.1%) *over*-estimated the risk of re-offending, that is, they rated more Low risk vignettes as High than High risk vignettes

as Low. 11% of the total sample ($n = 10$) *under*-estimated risk level and 7.7% ($n = 7$) made an equal number of directional mistakes. A Chi-square analysis showed no difference between the two schools in terms of the tendency to over-estimate, under-estimate or make an equal number of mistakes ($\chi^2 (2) = .581, p = \text{NS}$). As with the overall accuracy data, no differences were found between any of the background variables and direction of inaccuracy.

Table 4 shows the accuracy rates for each of the eight vignettes. Due to the lack of difference in accuracy rates or direction of inaccuracy between the two schools, data from the two schools were combined.

Table 4. Accuracy rates for the whole group for each vignette

Risk Level	Perpetrator Age	Victim Gender	Corresponding Vignette	Participant rating			
				'High'		'Low'	
				N	%	N	%
High	Old	Male	TS	90	98.9	1	1.1
		Female	JK	70	76.9	19	20.9
	Young	Male	AC	35	38.5	54	59.3
		Female	SM	79	86.8	12	13.2
Low	Old	Male	TH	62	68.1	28	30.8
		Female	KH	71	78.0	19	20.9
	Young	Male	ZC	67	73.6	22	24.2
		Female	SA	77	84.6	14	15.4

 = False Negatives  = False Positives

Table 4 shows that for two of the High risk vignettes (AC and JK), a significant proportion of participants (59.3% and 20.9% respectively) were inaccurately judging them to pose a Low

risk of re-offending (False Negatives). For the Low risk vignettes, on every occasion, the vast majority of women (between 68.1% and 84.6%) inaccurately judged a Low risk offender to pose a High risk of re-offending (False Positives).

Overall risk perception (question b)

The average risk rating out of ten (taking into consideration likelihood as well as seriousness of re-offending) for the whole group across all eight vignettes was 7.25 (SD = 1.71) with a range of 2.63 to 10. No demographic variables were found to be significant.

Table 5 shows the mean risk ratings and standard deviations for each of the vignettes, categorised by Risk level, Age of the perpetrator and Gender of the victim.

Table 5. Descriptive statistics relating to the effect of Risk Level, Perpetrator Age, and Victim Gender on mean risk rating for the whole group.

Risk Level	Perpetrator Age	Victim Gender	Corresponding vignette	Mean risk rating	SD	Minimum	Maximum	n
High	Old	Male	TS	8.92	1.21	5	10	83
		Female	JK	6.57	2.24	0	10	83
	Young	Male	AC	5.58	2.31	1	10	83
		Female	SM	7.18	2.34	2	10	83
Low	Old	Male	TH	7.27	2.46	2	10	83
		Female	KH	7.45	2.39	2	10	83
	Young	Male	ZC	7.41	2.24	2	10	83
		Female	SA	7.70	2.09	2	10	83

The effects of risk level, perpetrator age and victim gender

To explore the independent effects of Risk level, Age of the perpetrator and Gender of the victim in the vignettes on women's overall rating of risk (based on judgement of likelihood of re-offending sexually as well as seriousness of offending), a within-subjects three-way repeated measures factorial ANOVA was conducted on the data set as a whole with Risk Level (High/Low), Perpetrator Age (Young/Old), and Victim Gender (Girl/Boy) as the independent variables. This analysis revealed a significant overall main effect ($F[df = 1, 82] = 6.20; p < .05$) of Risk Level, with participants rating High risk vignettes (high likelihood of re-offending category) as significantly *lower* than Low risk vignettes (mean rating for High Risk vignettes = 7.06 [SD = 2.03]; mean rating for Low Risk vignettes = 7.46 [SD = 2.30]). A significant main effect of Perpetrator Age was also seen ($F[df = 1, 82] = 35.68; p < .001$), with women making higher ratings of general risk for older perpetrators (Mean = 7.55, SD = 2.08) than for younger perpetrators (Mean = 6.97, SD = 2.25). No overall main effect of Victim Gender was found.

Significant interaction effects were found between Risk Level and Perpetrator Age ($F[df = 1, 82] = 46.63; p < .001$) indicating that the ratings participants made for older and younger offenders varied according to the category of risk (High/Low). A significant two-way interaction effect was also seen between Risk Level and Victim Gender ($F[df = 1, 82] = 8.61; p < .01$) indicating that, although there was no overall main effect of victim gender, participants *did* rate male and female victim vignettes differently according to the Risk Level of the vignette. A two-way interaction effect was also seen between Perpetrator Age and Victim Gender ($F[df = 1, 82] = 117.22; p < .001$) suggesting that the victim's gender only came into play when it was combined with the age of the perpetrator. Finally, a three-way

interaction effect was observed between all three independent variables of Risk Level, Perpetrator Age and Victim Gender ($F[df = 1, 82] = 86.19; p < .001$). These interaction effects are illustrated graphically in Figure 2.

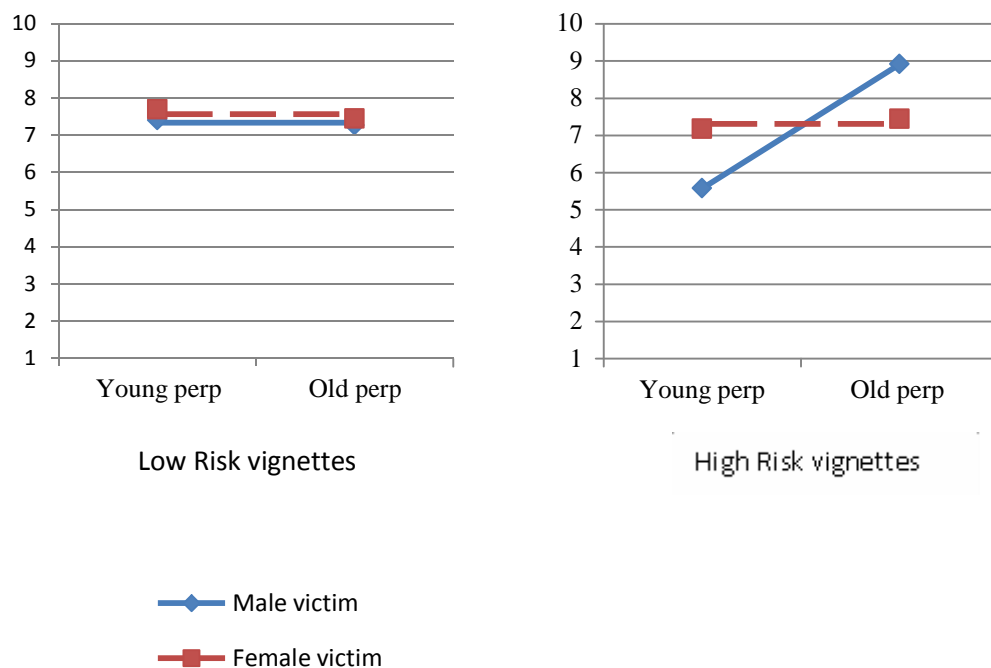


Figure 2. Mean risk ratings (measured on a ten-point Likert scale) for Low and High risk vignettes according to Perpetrator Age and Victim Gender.

Figure 2 shows that for the Low risk vignettes, participants tended to rate old and young perpetrators as equally risky. However, for High risk vignettes the trend was to rate older perpetrators as more risky than younger perpetrators and further, that this varied as a function of Victim Gender. Here, older perpetrators were considered to be more risky generally when they had offended against a boy than when they had offended against a girl, whereas the reverse was true for younger perpetrators under this condition. It was notable that the lowest mean score overall, for example, was for vignette AC (mean = 5.58, SD = 2.31) who

according to the RM2000/S is categorised as a High risk of re-offending, based on his young age and the fact that he offended against a boy. Notably, despite only being asked to comment on their ratings when judging a vignette to be High risk, after rating AC as Low, one participant commented that “AC doesn’t pose a threat to children as a 20 year old man, might of just been a little lost in the head”.

To further explore the three-way interaction effect of Risk Level X Perpetrator Age X Victim Gender, a series of post-hoc paired samples *t*-tests were conducted using a Bonferroni correction to guard against the risks of a Type I error (where the *p*-value was set at .006). These showed that significant differences were in the High risk category. Specifically, when it came to young perpetrators, women rated those who offended against female children as being more risky than those with a male victim ($t[87] = 6.50, p < .001$). For older perpetrators, women did the opposite, rating the offender with a male victim as more risky than a female victim ($t[89] = 9.65, p < .001$). Looking at just offenders with male victims, women rated older perpetrators as more risky than the younger perpetrator ($t[87] = -15.66, p < .001$).

Contact versus Non-contact offences

Descriptions of offenders in the vignettes necessarily included whether the offender had committed contact or non-contact offences in order to categorise them as High or Low risk, as per the RM2000/S. Out of the total eight vignettes, four perpetrators had been convicted of contact offences and four non-contact offences, although these were not spread equally between the High Risk and Low Risk groups due to the scoring protocol of the RM2000/S

where non-contact offences are seen as an aggravating factor and raise the overall risk category if combined with other aggravating factors. For this reason, only one of the Low risk vignettes contained a perpetrator with a non-contact sexual offence. It was therefore not possible to include Contact vs Non-contact as a variable in the overall repeated measures ANOVA. However, the women's mean risk ratings for Contact offenders (Mean = 7.82, SD = 1.77) were compared to Non-contact offender vignettes (Mean = 6.69, SD = 1.86). This showed that women were rating Contact offenders as posing a greater general risk to children compared to Non-contact offenders ($t[82] = 8.59, p < .001$) which is perhaps not surprising given the perceived costs to victims. This in turn may account for the finding that women rated High risk vignettes as significantly lower than Low risk vignettes: the High risk vignettes contained more non-contact offenders (who are statistically more likely to recidivate) yet are likely to be perceived by the public as causing less harm or cost to society.

Socio-economic status of the perpetrator

It was important to consider other possible confounding variables in the overall analysis. Brief details about the offender's occupation were included in the vignettes in order to a) make the vignettes more realistic, and b) to determine whether perceived socio-economic status (SES) influenced the women's perception of their risk level. SES was varied across Risk Level and Age of Perpetrator as shown below:

Vignette 1 (JK)	High risk	Old perpetrator	High SES
Vignette 2 (TS)	High risk	Old perpetrator	Low SES
Vignette 3 (SM)	High risk	Young perpetrator	High SES

Vignette 4 (AC)	High risk	Young perpetrator	Low SES
Vignette 5 (TH)	Low risk	Old perpetrator	High SES
Vignette 6 (KH)	Low risk	Old perpetrator	Low SES
Vignette 7 (SA)	Low risk	Young perpetrator	High SES
Vignette 8 (ZC)	Low risk	Young perpetrator	Low SES

High SES perpetrators (JK, SM, TH and SA) were a retired university professor, an architect, an accountant, and a lawyer. Low SES perpetrators were a retired bus driver, a trainee plasterer, a taxi driver and a landscape gardener.

To explore the independent effect of perpetrator SES on women's overall rating of risk (based on judgement of likelihood of re-offending sexually as well as seriousness of offending), a within-subjects three-way repeated measures factorial ANOVA was conducted on the data set as a whole with Risk Level (High/Low), Perpetrator Age (Young/Old), and Perpetrator SES (High/Low) as the independent variables. This analysis revealed no significant overall main effect of Perpetrator SES, although main effects of Risk Level ($F(df = 1, 82) = 6.20; p < .05$) and Perpetrator Age ($F(df = 1, 82) = 35.68; p < .001$) were seen as before. However, interaction effects were seen between Perpetrator Age X SES ($F(df = 1, 82) = 119.04; p < .001$) as well as Risk Level X Perpetrator Age X SES ($F(df = 1, 82) = 93.43; p < .001$). This three-way interaction effect can be seen in Figure 3.

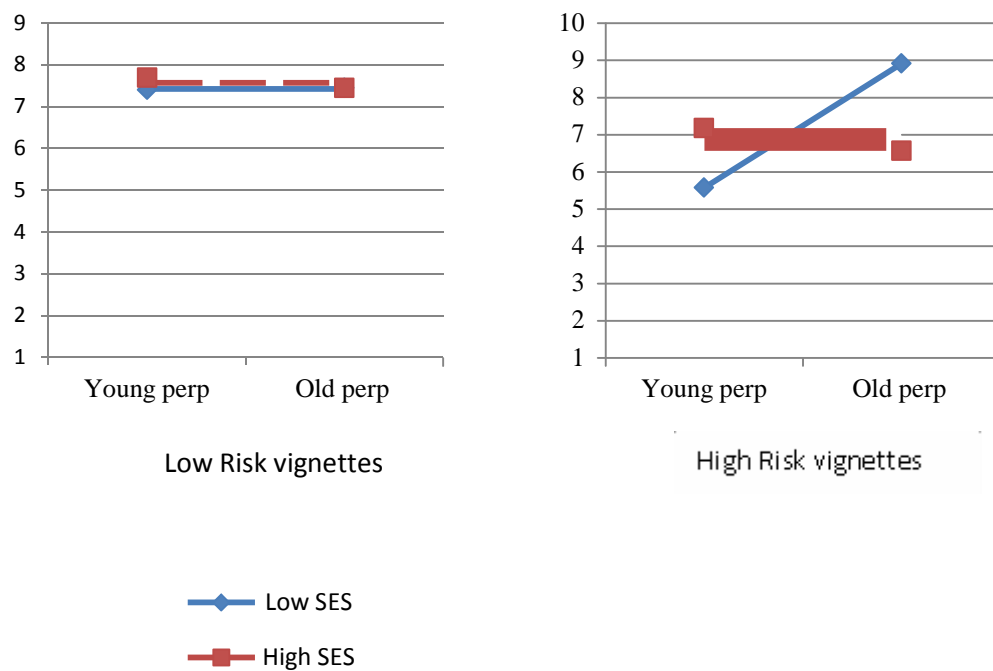


Figure 3. Mean risk ratings (measured on a ten-point Likert scale) for Low and High risk vignettes according to Perpetrator Age and SES.

Figure 3 shows that for the High risk vignettes, higher risk ratings were made for older perpetrators when they were of low socio-economic status compared to young perpetrators where the opposite was true, but that this interaction was not apparent in the Low risk category. A series of post-hoc paired-samples t-tests using a Bonferroni correction, (where the p -value was set at .006) showed that significant differences were in the High risk category. Specifically, when it came to young perpetrators, women rated those with low SES as being less risky than those with higher SES ($t[87] = 6.50, p < .001$). For older perpetrators, women did the opposite, rating the lower SES offender as more risky than the high SES offender ($t[89] = 9.65, p < .001$). Looking at just the low SES offenders in the High risk category, women rated the older offender as significantly more risky than the younger offender ($t[87] = -15.66, p < .001$). However, it should be noted here that the results of these analyses are identical to those examining the effects of victim gender on women's

judgements of risk and it is not possible to say whether it was the gender of the victim or the socio-economic status of the offender that differentially affected their ratings.

Worry about the risk of CSA generally

The mean worry rating (on a 10-point Likert scale where 0 = Not worried at all and 10 = Extremely worried) for the whole group was 5.78 (SD = 2.44), range 1 to 10. No relationship was found between the women's current age, or the age at which they had their first child and the level of worry. However, perhaps unsurprisingly, a significant relationship was found between worry rating and average risk rating of the vignettes ($r = .49$, $p < .001$) with the higher the worry rating the higher the average risk rating. Further, a between-groups one-way ANOVA showed that Over-estimators of risk had a higher overall worry rating (Mean = 6.06, SD = 2.52) compared to Under-estimators (Mean = 4.10, SD = 2.13) and participants who had an Equal number of risk rating errors (Mean = 5.29, SD = .95). To investigate accuracy levels (i.e. correctly identifying probability of re-offending as either High or Low) of those who rated themselves as being more worried, a Pearson's correlation was carried out that indicated a slight negative relationship between the two variables ($r = -.19$) in that the higher the worry rating the fewer correct identifications, but this result was not statistically significant ($p = .08$).

Looking at the other demographic differences between the women, an independent samples t -test showed that women who also had older children (secondary school-age or older) were more worried (Mean = 7.09, SD = 2.58) than women who only had primary school-aged children and younger (Mean = 5.33, SD = 2.28) ($t [87] = 3.05$, $p < .01$).

Relationship between perpetrator and victim

Women were asked whether they believed that most sexual offences against children were committed by strangers, people known to the child, or whether the ratio was 'roughly equal'. None of the participants believed that most cases of CSA were committed by strangers. 73.6% of the total sample believed that people known to the child were the most frequent perpetrators with the remaining 26.4% believing that CSA was committed in equal proportions by people known to the child and strangers.

Qualitative findings

Where participants rated an offender as posing a High risk of re-offending, they were asked to give reasons for this. Referring to Table 4, it can be seen that the vast majority (98.9%) of participants correctly identified vignette TS as posing a 'High' risk of re-offending and the average general risk rating for this offender was 8.92 (SD = 1.21) suggesting that women also considered the cost of his offending to be high. TS was described as follows:

TS

TS is a 68-year-old retired bus driver, who was convicted in 1994 of an offence of Indecent Assault against an 8-year-old boy who had been a regular passenger on his bus and who he had befriended. He also has two previous convictions for Indecent Assault, one in 1975 against a 7-year-old girl and the other in 1985 against a 12-year-old girl, who were both known to him. He has only ever had one relationship that lasted six months, although he would like a partner. TS enjoys betting on the horses and snooker.

Reasons given by participants for rating TS as 'High' in terms of likelihood of re-offending were organised into themes as follows: Persistence in offending; Pre-meditation/grooming; continued opportunities to offend; victim cross-over (male and female victims); uncontrollability; and miscellaneous. The vast majority of women who provided justifications referred to persistence in offending over a long time period as the reason for their rating.

Examples of some of the themes are as follows:

Persistence in offending (despite punishment)

"This is his 3rd offence and on this basis I would say very likely to re-offend"

"TS seems to re-offend every ten years with convictions. The convictions do not seem to deter him"

"There seems to be a pattern that has clearly not been broken. He has been committing these crimes every 10 years. Why would he stop now!"

Pre-meditation/grooming of victim

"Seems to 'groom' children – befriends them then assault. Obviously no remorse or thinks what he's doing is wrong"

“...In all cases he appears to groom the child – it isn’t impulsive madness, it’s calculated. That’s very scary”

“Anyone convicted of an offence that includes grooming should be considered high risk, especially as he’s gone to great effort to gain the trust of a child”

“...he is manipulative in making friends with the victims first in order to achieve his goal...He continues to behave and create scenarios which allow him to sexually assault children...”

Continued opportunities to offend/access to children

“He may befriend another child or commit assault to another friend (family friend/relative)...I would put him at higher risk if he is still working in the community”

“He has the opportunity to groom and befriend children whilst working as a bus driver...”

“...if he has freedom to befriend children, has a high risk of re-offending”

Victim cross-over

“He had incidents of assaulting both boys and girls – it’s most worrying for me”

“Repeated offences to both male and female...”

Uncontrollability

“Although his offence is not regular, he obviously cannot control his emotions once he has built up a friendship with the children”

“This bloke just can’t help himself! I feel that he is just going to keep doing this until he is either locked away for good or he dies!”

“I believe that a male sex offender will always/could always offend again if he gets the opportunity. It’s part of his ‘make-up’/persuasion”

Considering Low risk vignettes rated as High by participants (False Positives), Table 4 shows that SA, for example, was inaccurately categorised by 84.6% of the whole group. SA was described as follows:

SA

SA is 35 years old and, after finishing University, started working for a law firm. He has had a number of girlfriends but no one he has ever considered really special (none of his relationships have ever lasted more than six months). A year ago, he was convicted of indecently assaulting his 6-year-old niece. He has no other convictions. He enjoys rowing, going to the cinema and reading.

Again, responses by participants were grouped into themes. The main themes to emerge were: Adult relationship problems; Intra-familial offence; and Uncontrollability. Here, the

vast majority of participants cited relationship problems/inability to form adult relationships as the reason for rating SA as High. Examples of each theme are given below:

Relationship problems

“He has an inability to form long and lasting relationships and he seems to be a loner regarding his hobbies”

“He leads a solitary life and maybe finds it hard to maintain a relationship”

“Because it appears that he doesn’t get sexual satisfaction from an adult relationship and may continue to seek this from children...”

“...This seems to stem from relationship problems”

Intra-familial offending

“If he can indecently assault a member of his own family he can do it to anyone”

“He took risk assaulting relative & therefore feel more likely to take opportunities”

“this would be a high risk because the victim was a family member...”

Uncontrollability

“It is my perception that sexual crimes show a particular orientation which is difficult to control”

“Cannot control himself...”

“I believe [it’s] in [the] genes”

Table 4 shows that AC (High probability of re-offending) was incorrectly categorised by close to 60% of the sample (i.e. rated as Low risk – False Negative). Further, that this vignette incurred the lowest overall risk rating (Table 5) suggesting that women did not consider the cost of his future offending to be particularly high.

AC was described as follows:

AC

AC is a 24-year-old single man who lives at home with his mum and dad. He’s never really had a proper relationship. He didn’t do very well at school but managed to get a position as a trainee plasterer with a local building firm. He has a past conviction for a sexual offence. Specifically, he was convicted of indecent exposure when he was aged 20, where he ‘flashed’ at the 7-year-old son of a family friend. His hobbies are fishing and playing on his play station.

False Negatives clearly pose the greatest concern from a child protection point view and therefore women’s reasons for rating AC as low are of particular interest. Unfortunately, participants were only asked to justify High ratings, although the following are noteworthy responses:

“Lower risk as this might have been just an urge then. Not sure if he would do it again”

“AC doesn't pose a threat to children as a 20-yr-old man, might of just been a little lost in his head”

“It may have been an impulsive action which of course he regrets”

“...could not control himself...”

“Solitary pursuits, difficulty with adult relationships. Some years since offence. May have learning disability + immaturity”

“Potentially low risk considering the nature of the crime and the immaturity of the man...”

“This man appears to be a ‘loner’ with unresolved issues with his own sexuality which could lead to further inappropriate experimentation”

In summary, examination of participants’ justifications for giving High risk of re-offending ratings revealed a number of emergent themes: Where participants correctly identified a High risk offender they predominantly referred to persistence in offending as a reason for their rating. Other themes that emerged were pre-meditation or grooming of the victim, perceived opportunity to continue offending (referring to the absence of external inhibitors), ‘victim cross-over’, and the uncontrollability of deviant sexual urges.

Where participants inaccurately rated a Low risk offender as posing a High risk of re-offending (false positive), the main theme to emerge was the offender’s problems forming relationships and, to a lesser extent, intra-familial offending as well as, again, lack of control over sexual urges.

Unfortunately, participants were only asked to justify High ratings. However, a number of comments were made in relation to vignette AC, where 60% of the sample incorrectly rated this High risk offender as posing a Low risk (false negative) of re-offending. These comments suggested a perception of AC's offending behaviour as a 'one-off', impulsive action, and product of his lack of maturity and/or developmental delay, and as something that he would 'grow out of'.

Discussion

The current study represented a first attempt at examining the accuracy of mothers' and female carers' perceptions of the likelihood of re-offending of child sexual abusers. The study also aimed to examine women's overall perception of risk according to age of the perpetrator and gender of the victim. The study employed the use of vignettes that had been constructed in line with the RM2000/S to fall into one of two categories, High and Low risk level, in order to determine accuracy of identification.

Findings from the study should be taken in the context of a low response rate, with the possibility that women who were more concerned about this issue in general were more inclined to participate. The main findings of the study were that firstly, in terms of accuracy, the women in the sample were only 'accurate' in their judgements about likelihood of re-offending 50% of the time and that this was due to the tendency to *over*-estimate risk of re-offending. In other words, the women tended to be accurate when it came to the High risk vignettes, as they correctly rated them as High. However, when it came to the vignettes categorised as Low according to the RM2000/S, women tended to continue to see them as posing a high risk of recidivism. This failure to discriminate between types of sex offender mirrors Levenson et al.'s (2007) findings that the general public tend to adopt a somewhat blanket policy to sex offenders, seeing them as invariably posing a high risk to society. This

was reflected in some of the justifications for giving a 'high' rating to the vignettes. For example, one participant commented *"anyone who commits sexual offences against children is unable to control inappropriate behaviour and [is a] high risk to children"*, where another stated *"I think that once it has been done once, the likelihood of it happening again is high"*. Certainly, analysis of participant responses showed that a lack of control over deviant sexual urges was seen by a number of women as a factor underpinning high risk, exemplified in the following comment: *"It is my perception that sexual crimes show a particular orientation which is difficult to control"*.

It might be argued that adopting the approach that all sex offenders pose a high risk of re-offending is adaptive and probably advisable for parents when it comes to protecting their offspring. However, previous research (Collins, 1996; Finkelhor, 1984) has shown that fear of sex offenders generally does not necessarily translate into a perception of personal risk and further research is needed to demonstrate the links between risk perception and subsequent protective behaviour. Research in the past has generally shown that the general public locate risk of CSA outside of the family (Craun & Theriot, 2009; Finkelhor, 1984; Levenson et al., 2007). However, the current study found that the vast majority of women believed that CSA was committed predominately by people known to the child, which is encouraging. Further, although this is not borne out by research, some participants considered intra-familial offending as being indicative of increased future risk, reflected for example in the following statement: *"If he can indecently assault a member of his own family he can do it to anyone"*. However, it remains to be seen whether this necessarily translates into behaviour or whether this merely represents an intellectual acknowledgment without any sense of personal relevancy. Finkelhor (1984) found that, when parents discussed the issue of CSA with their children, only a minority (22%) mentioned the possibility of abuse by a family member. This may be because parents do not wish to alarm their offspring unduly or perhaps because

discussing the possibility of a close relative or friend being a sexual predator is too uncomfortable, or is something that the parent, themselves, cannot even begin to contemplate.

The current study failed to find any demographic variables associated with overall accuracy of risk of re-offending perception, or in terms of whether a woman over- or under-estimated risk of re-offending. This was disappointing in terms of one of the overall aims of the research which was to attempt to delineate some of the key factors associated with a mother's or female carer's ability to judge future risk in child sexual offenders. However, this suggests that ability to accurately perceive risk may vary as a function of more dynamic or contextual factors, such as a woman's relationship with the perpetrator, relationship to the child, substance misuse problems or mental health issues, rather than static variables as examined in the study. With the use of fictitious vignettes, clearly there *was* no relationship between the participant and the offender, and the victim involved was not the woman's own child. Hence, the women were assessing risk in somewhat of an 'emotional void', which significantly limits the generalisability of the findings to real-life situations where a woman becomes involved with a partner who has sexually offended in the past. The importance of the woman's relationship with the perpetrator cannot be understated, as research has shown (Coohey & O'Leary, 2008; Cyr et al., 2003; Everson, Hunter, Runyan, Edelsohn, & Coulter, 1989; Heriot, 1996; Leifer, Kilbane, & Grossman, 2001) that where the perpetrator is the mother's current sexual partner and where there is a level of dependency upon him (for example, financial), the mother is less likely to consistently believe that abuse took place, and is less likely to emotionally support and protect the child victim.

From an information-processing perspective, the importance of assessing for current substance abuse problems and mental health problems such as depression is also highlighted. Research has shown for many years (Bower, 1980; Bruner & Postman, 1947; Clark & Teasdale, 1985; Derryberry & Rothbart, 1984) that emotional states can influence perception

and cognition. Most research has focused on depression (e.g. Beck, Rush, Shaw, & Emery, 1979) and the way in which depressed individuals experience ‘selective abstraction’ in their processing of environmental stimuli. This “consists of focusing on a detail taken out of context, ignoring other more salient features of the situation and conceptualising the whole experience on the basis of this fragment” (p.14). Depressed mothers may fail to process information about impending risk and a child’s need to be protected because of an attentional bias, for example, being more preoccupied with negative aspects of their own relationship with the offender. Crittenden (1993) proposes that, in cases of general child neglect where parents are depressed, information-processing is typified by preconscious exclusion from perception of information that elicits affect. As such, depressed mothers may fail to attend to information about a partner’s past that would otherwise trigger protective action. Equally, prolonged alcohol misuse, has been shown to impair information-processing and judgement (e.g. Blackburn, 1993, p.228) and it is important to examine substance misuse in general, as it relates to ability to accurately infer risk. Future research should gather information about women’s mental health, substance use, and other dynamic factors.

Perhaps surprisingly, there was no relationship between women’s accuracy in terms of judging risk of re-offending and whether or not they had received any training on child protection. However, notably, less than a third ($n = 11$ and 12% of the total sample) who had received some form of child protection training (in the course of their job) had been given any information about sex offenders. Although the current study did not ask about sources of what little information about sex offenders the women had, it is likely that in the majority of cases this would have been via the media, for example, newspapers or television. The tendency of the media to sensationalise cases of CSA, where generally only the most serious cases are reported and where child sexual offenders are often portrayed as extremely dangerous sexual predators, is likely to underpin the women’s tendency to over-estimate risk.

When asked to make a composite rating of risk, taking into consideration *likelihood* of re-offending as well as *seriousness* of re-offending, no differences were seen between participants in the current study according to demographic variables. However, within-group differences were seen according to the type of stimuli presented. Specifically, women rated the High risk vignettes (high likelihood of re-offending) as significantly lower than the Low risk vignettes (low likelihood of re-offending). At first glance, this may appear perplexing. However, it should be borne in mind that, here, participants were asked to make a composite rating of likelihood and *seriousness*. A disproportionate number of High risk vignettes described a non-contact offender, for example, an indecent exposor or an internet offender, because of the evidence that this type of offending is predictive of sexual recidivism (e.g. Thornton et al., 2003). A comparison of the mean rating for contact offenders compared to non-contact offenders showed that the women rated contact offenders as posing a greater general risk to children, showing that cost of offending was at the forefront of their minds when making judgements about risk. Here, one participant commented in relation to an indecent exposor “*Any act of indecency is a risk to children. I have rated this slightly lower as I don't feel it is such a 'damaging act' ...*”

A main effect of perpetrator age was also found in the current study, with women making higher ratings of general risk for older perpetrators compared to younger perpetrators. This finding is in line with that of Fuselier et al. (2002) who showed that college students believed perpetrators to be older when they first began offending. The stereotype of the ‘dirty old man’ was highlighted by Bolen (2001) where a sexual attraction to children tends to be attributed to sexual frustration in middle- to old-age men. Sanghara and Wilson (2006) lent support for this, where they showed that non-experts (teachers) endorsed more stereotypical responses about sex offenders than experts (members of the National Organization for the Treatment of Abusers [NOTA]). The current study suggested that lay people also believe older sex

offenders to pose a greater risk to children in general. The distribution of contact and non-contact offences was distributed evenly amongst the old perpetrators in the study, so this finding is unlikely to be due to nature of offence.

Further, participants' views of older offenders varied according to the category of risk, where they saw them as significantly more risky than younger offenders in the High risk category and that this was particularly the case when they had offended against boys. For younger perpetrators in the High risk category, this tendency was reversed, where participants saw them as posing less of a risk when they had offended against boys compared to girls. These interactions were non-significant in the Low risk category. The finding that women rated High risk offenders as posing less of a risk when they were younger and had a male victim is curious and contrary to a body of literature that shows that young age and male victim are positively related to sexual recidivism (Craig, Browne, & Beech, 2008; Hanson et al., 1993; Proulx et al., 1997; Thornton et al., 2003). This finding suggests that women may perceive homosexual abuse when the offender is relatively young as the least damaging. Conversely, they rated the older perpetrator who offended against a boy as posing the greatest overall risk to children. Previous research (Fuselier, Durham, & Wurtele, 2002), although not looking specifically at risk of re-offending, did indicate a lay perception that child sexual offenders are generally of an older age when they first begin offending and are more likely to be gay. Further, Bornstein, Kaplan and Perry (2007) found that their predominately female subjects also judged homosexual abuse as being *less* likely to reoccur compared to heterosexual abuse.

In order to try and understand the current findings, it is important to consider specific details of the vignettes, as ratings may have been influenced by other confounding variables. Women's comparatively low overall risk ratings related to vignette AC, a 24-year-old trainee plasterer who lived at home with his parents, and who had never had a proper relationship. AC indecently exposed himself to the seven-year-old son of a family friend. Bearing in mind

these details, it may be that participants viewed AC as a fairly immature, innocuous individual who, in time, would find more appropriate outlets for his sexual urges. The previously-mentioned participant's comment that "*AC doesn't pose a threat to children as a 20 [something] year old man, might of just been a little lost in the head*" suggests that his offending was viewed as more of a developmental 'blip' that occurred as a result of stress and something that he might grow out of. Other responses mirrored these sentiments, for example, "*It may have been an impulsive action which of course he regrets*" and "*Lower risk as this might have been just an urge then. Not sure if he would do it again*". Such comments suggest that, in contrast to some of the other offenders, AC was not considered as culpable due to his young age, and that he generally elicited a more sympathetic response. The implications of this are that a woman forming a relationship with a new partner who is young and has a past sexual offence against a male child, particularly where it was a non-contact offence, may not perceive him to pose as much of a risk if she perceives it as a 'one-off' mistake and perhaps more a product of the 'folly of youth'.

A major caveat to the findings relating to victim gender is that it was not possible to establish whether it was, in fact, the victim's gender or the offender's socio-economic status that was having an influence on ratings (or both). Bolen (2001) highlights the stereotype that sex offenders are of low intellectual functioning, although Fuselier, Durham and Wurtele (2002) found that college students believed that child sex offenders were more likely to be well-educated. Socio-economic status was not varied according to victim gender in the current study and therefore the previously mentioned interaction effects could be attributable to either.

Concerning the women's general level of worry about CSA in the community, a significant positive relationship was found between this and their mean risk rating for the vignettes, which is perhaps not surprising. Women who tended to *over-estimate* risk of re-offending

(rating more Low risk vignettes as High than High risk vignettes as Low) had a higher overall worry rating than those who tended to *under-estimate* risk of re-offending. The finding that women who also had older children rated themselves as being more worried than those with only primary school-aged children is curious and perhaps counterintuitive. However, this may be that children in secondary school and older are more independent from their parents. For example, they may walk home from school on their own, go for sleepovers, or be out in the evening with their friends. This may, in turn, increase their mother's level of concern about their safety. In comparison, children of primary school-age are more often under the direct supervision of their parents and therefore perhaps in their mother's eyes, less vulnerable to sexual predators.

In summary, the current study found that women were only 'accurate' in their risk judgements half of the time, with a tendency to *over-estimate* risk of re-offending, suggesting that they view child molesters as a homogenous group. However, when it came to rating overall risk posed to children, taking into account *likelihood* and *cost* of re-offending, women tended to rate the High risk vignettes lower than the Low risk vignettes, which is likely attributable to the fact that there were more non-contact offenders in the High risk group, which might be considered less serious. Women further rated older perpetrators as posing a greater risk generally, providing support for the stereotype of the 'dirty old man', with those with a male victim being rated the most risky. Conversely, participants rated younger perpetrators with a male victim as the least risky, which runs contrary to a substantial body of research that shows that both of these factors *increase* risk of re-offending. Sanghara and Wilson (2006) draw attention to the dangers of holding inaccurate stereotypes of child sex offenders, suggesting that it restricts the ability to identify child sex offenders that do not conform to such stereotypes. If women, particularly mothers, perceive older offenders to be more risky than younger offenders, they may not be as vigilant or attend as closely to

behaviour that may be indicative of increased risk in younger men. However, findings related to victim gender were equivocal due to the confounding variables of perpetrator socio-economic status. Finally, women who also had older children rated themselves as more worried generally about the risk of CSA in their community compared to those with only primary or primary and pre-school-aged children, which may be due to the lower level of parental monitoring and supervision with older children. The majority of women recognised that most cases of CSA were perpetrated by individuals known to the child. The question as to whether this knowledge, coupled with a tendency to over-estimate the risk of re-offending in child sexual offenders, necessarily translates into increased vigilance and protective behaviour was beyond the scope of the current study.

The current study did not find any between group differences according to the women's demographic and background details in terms of accuracy of rating likelihood of re-offending or overall risk perception. It is recommended that future research in this area should explore women's accuracy in risk perception according to more dynamic and contextual factors, such as mental health issues and substance misuse problems. This is in order to determine whether, having been apprised of information pertaining to the occurrence of CSA, for example, having been alerted to a partner's prior offending history by a third party (e.g. Children's Services), such factors might interfere with the second stage of information-processing where a mother must interpret this information and make decisions as to whether actions need to be taken. Further research comparing women referred for evaluation of their capacity to protect in cases of CSA with women in the general population, using a similar experimental paradigm is also recommended. This would help inform our understanding of the relative role that knowledge about sex offenders and perception of future risk has to play in a mother's failure to adequately protect her child(ren) from a sexual offender.

In order to take appropriate protective action towards her child, the non-offending guardian must first accurately perceive risk. This study represented a first step towards determining women's accuracy in general when it comes to judging future risk in child sexual offenders, as well as the factors that might influence this decision-making process.

Limitations

As with other studies employing vignettes, the generalisability to real-life situations is extremely limited. The women in the study were making appraisals about an individual with whom there was no emotional connection, and the child victim was not their own child. In real life situations, where a woman finds out about a partner's sexual offending, it may be through disclosure by the child victim, or admission by the perpetrator, both of which are likely to be highly emotionally-charged situations, where such a disclosure may trigger a trauma response. Further, there may be denial on the part of the offender, justifications and rationalisations, all of which are likely to interfere with the woman's capacity to make realistic appraisals. A further complication is that, in many situations, there may just be allegations or unsubstantiated claims of sexual offending and the perpetrator may not have been convicted. In the vignettes in the study, there was no such ambiguity, so women made judgements based on stated facts. Further research might wish to explore this issue, by comparing women's perceptions of offenders with proven convictions to those with unsubstantiated allegations against them.

A further limitation in the study was the inclusion of other confounding variables in the vignettes, such as information about the offender's adult relationships, hobbies, etc. Although certain variables were necessarily included in order to achieve the designated risk category, it was not possible to control for these within the analysis, as this would have necessitated a

considerably larger number of vignettes which would most likely have reduced the overall response rate. Related to this was the fact that women were only asked to give justifications for high risk ratings. Given that False Negatives (perceiving an offender to pose a low risk when in actual fact he is at high risk of re-offending) pose the greatest concern from a Child Protection point of view, future studies should focus attention on eliciting reasons for *low* risk ratings and attempt to control for other confounding variables, such as offence-type.

The sample size also limits the generalisability of the findings. Only between a fifth and a quarter of women who were handed questionnaires completed and returned them. This was despite follow-up reminders and encouragement to do so. It is not possible to say whether those who failed to return their questionnaires differed from those who did return them, that is, to what extent those included in the final sample are representative of the population of mothers and female carers of primary school-aged children as a whole. However, given that the questionnaire was in English, it would seem fair to assume that this would have precluded those women, particularly at the Buckinghamshire site, whose first language was not English.

Conclusion

Findings from the current study indicate that women in the general population tend to view child sex offenders as a homogenous group who invariably pose a high risk of re-offending. Further research is needed, however, to determine the extent to which this translates into protective behaviour. Of concern was that they appeared less concerned about younger men who had offended against boys (who were otherwise judged as posing a high risk according to a well-validated actuarial measure of sexual recidivism risk). Although these findings are based on a small sample size and thus tentative in nature, if women generally view this sub-category as posing less of a risk, then this may have implications for child protection. Where

a mother is intimately involved with a younger man who has either sexually offended against the mother's own or another male child in the past, she may perceive him to be unlikely to re-offend again in the future, and thus not feel the need to remain vigilant or to implement protective strategies towards her child(ren) in the future.

Clearly, perception of future risk is only one factor influencing a non-offending mother's ability to support and protect her child(ren) following disclosure of CSA. However, it is an important one and one that, amongst other factors such as relationship to the perpetrator, mental health problems and substance misuse, is likely to mediate the relationship between belief and protective action. Women undergoing assessment as part of the court process, where their capacity to protect their children from an alleged or convicted child sexual abuser is in question, should be asked about their beliefs and perceptions of child sex offenders in general. This will allow professionals involved in their case to determine not only the extent to which they are able to protect, but also their perception of a *need* to protect.

CHAPTER 4

CRITIQUE OF A PSYCHOMETRIC MEASURE: THE MATERNAL SELF-REPORT SUPPORT QUESTIONNAIRE (MSSQ)

(SMITH ET AL., 2010)

Introduction

It is now well-established in the literature that a key component in the psychological recovery of a victim of childhood sexual abuse (CSA) is the response of the non-offending parent or guardian following disclosure (Brière & Elliot, 1994; Everson, Hunter, Runyon, Edelsohn, & Coulter, 1989; Heriot, 1996; Kendall-Tackett, Williams, & Finkelhor, 1993; Leifer, Shapiro, & Kassem, 1993). Specifically, that belief in the disclosure and emotionally supportive behaviour on the part of the non-offending mother, or more recently broadened to ‘guardian’ (Bolen, 2002) can mitigate to an extent the deleterious effects of sexual victimisation on the victim. Spaccarelli (1994) viewed the construct of ‘maternal support’ as an essential component in his Transactional Model of the effects of CSA on the victim, and other studies have proposed that maternal support is actually more influential in terms of the victim’s recovery than are aspects of the sexual abuse itself (Fromuth, 1986; Johnson & Kenkel, 1991; Spaccarelli & Kim, 1995).

From a child protection point of view, a lack of non-offending maternal or guardian support post-disclosure has also been found to be closely associated with a child’s removal from the home into foster or institutionalised care (Everson et al., 1989). Bolen and Lamb (2002) suggest that guardian support is one of the most important considerations in determining whether victims can remain in their homes following disclosure, and the importance of the non-offending parent or guardian implementing future protective behaviour as well as being emotionally supportive towards the child cannot be overstated.

However, in the absence of consensus over an operational definition of ‘guardian support’, as outlined in previous chapters, valid methods of assessing for and measuring it have yet to be agreed upon, and practitioners in the field have mainly been left to rely on clinical judgement.

Although frameworks for assessing protectiveness in non-offending guardians do exist, (e.g. Smith, 1995), whilst being useful checklists for practitioners, such frameworks lack any theoretical basis and are too reliant upon clinical judgement and inferences about the mother's mental state, and have yet to be proven reliable or to have any predictive validity.

Research studies exploring factors associated with maternal or guardian support have defined maternal support differently, often using only one or two indicators. De Jong (1988) and Sirles and Franke (1989), for example, assessed only whether the non-offending guardian believed the child's allegation or not. Maternal belief is generally a key component of any assessment of capacity to protect. However, the non-offending guardian's reaction to the abuse is typically dynamic (Smith et al., 2010) and Bolen (2002) argues that fluctuation in belief in the abuse and maternal ambivalence may be more normative as opposed to an indicator of lack of guardian support per se. Bolen and Lamb (2007) suggest that ambivalence and support may be independent constructs, with mothers being able to feel ambivalent yet still be supportive of their children.

Bolen (2002) notes how ambivalence is not an uncommon response, as the non-offending guardian works through the multiple implications of the abuse, for example, loss of an intimate relationship if the abuser is a husband or boyfriend, loss of household income – studies have shown that household income can drop substantially after the removal of the perpetrator from the home (e.g. Massat & Lundy, 1998). In this way, as outlined in Chapter 1, Bolen (2001) suggests that conceptualising the abuse disclosure as an 'extreme stressor' in the non-offending guardian's life offers an important framework for understanding their behaviour post-disclosure, especially where there is evidence of ambivalence. Heriot (1996) stresses the importance of time frame, advocating measuring protectiveness on at least two occasions post-disclosure to take account of likely fluctuations in belief and support. Therefore, measuring maternal belief dichotomously at only one point in time would appear

to be wholly inadequate, and liable to result in a number of False Positives, that is, judging the guardian to be non-protective towards their child whereas in fact they may afford protection once the initial traumatic response abates. Smith et al. (2010) note from clinical experience that very rarely is a mother resolute in her belief in the abuse right from the point of disclosure.

However, even where consistent maternal belief is established from the outset, the assumption that this is necessary and sufficient for protectiveness is erroneous. Heriot (1996), for example, found that, although belief was strongly associated with protective action, close to 20% of believing mothers in her study did *not* take protective action with regards to the victim.

Nevertheless, maternal belief is generally considered an important domain to assess. Along with this, the degree of emotional support afforded to the victim by the mother has been included in most measures of guardian support, as it relates to their capacity to protect. However, as Smith et al. (2010) point out, in some studies, only a general measure of support has been used, rather than being abuse-specific. Further, some studies conceptualise maternal support in terms of the mother's empathic responding to the victim, whereas others used specific behavioural indicators, such as the mother's separation from the abusing partner, suggesting that the concepts of support and protective action have been very much confused and poorly delineated. The picture is further complicated by the fact that some studies have used maternal self-report of emotionally supportive behaviour, which is inevitably subject to response bias given the circumstances of such an assessment, where the child's placement is a stake, whereas others have used clinician ratings or victim ratings of perceived support.

Smith et al. (2010) propose that child sexual abuse-specific maternal support is a multi-dimensional construct that needs to be measured accordingly. Smith and his colleagues

suggest the following three pertinent domains: 1) The mother's belief in the CSA; 2) The degree of protective action taken by the mother to prevent further victimisation; and 3) Recognition by the mother of the child's distress after disclosure. One of the first measures to gather data across these three domains was the Parental Reaction to Incest Disclosure Scale (PRIDS) developed in 1989 by Everson et al. This is a clinician-rated instrument where subjects are assigned a rating between -2 and +2 on the dimensions of Emotional Support and Belief of the Child, and between -1 and +1 on Action Toward Perpetrator (the scale designed to measure protective behaviour) according to their level of functioning. Summation of these three scale scores yields a total score with a possible range between -5 (least supportive) and +5 (optimal functioning/most supportive). Smith et al. (2010) argue that, although a potentially useful measure, the PRIDS has only been tested on small samples and that little psychometric data have been reported to attest to its utility. Bolen (2002) noted how the inter-rater reliability for this measure had been reported to be high by its authors but that no information was available regarding internal consistency, test-retest reliability or construct validity. Further, each domain on the PRIDS is only measured by a single item raising questions about the way in which each domain is conceptualised. A similar measure, the Parental Response to Abuse Disclosure Scale (PRADS), developed by Wright et al. (1998) added a fourth dimension: Whether the guardian seeks professional services for the child or self. However, again, each domain is considered to be one-dimensional.

In 1993, Leifer, Shapiro and Kassem (1993) also assessed the three putative components of maternal support via their semi-structured clinical interview for their study. However, as opposed to labelling one domain 'emotional support', assessors were required to rate 'degree of blame' the mother expressed towards the victim, which arguably is not qualitatively the same as 'emotional support' and perhaps more akin to the construct of belief (or lack of) in the abuse. Heriot (1996) drew attention to the importance of developing clear, precise,

consistent, and non-overlapping criteria for protectiveness, and developed a three-factor questionnaire very similar to the PRIDS, measuring maternal belief, support and protective action. This measure specifically prompted for information regarding whether the mother had physically separated from the perpetrator as well as her explanation for this (e.g. whether it had been at her instigation), as an indicator of protective action. However, as Bolen (2002) points out, Heriot's study failed to provide a justification for this factor structure, and to report any normative or reliability data.

Despite the stated short-comings, however, both Leifer et al. (1993) and Heriot's (1996) assessments of maternal support included an evaluation of current stressors in the mother's life, with their results showing that the greater number of stressors, for example, living in poverty, the less able the mother was to behave supportively. This suggests that an assessment of maternal support and associated capacity to protect should also take account of contemporaneous stressors that might reduce a mother's ability to support and protect. Heriot (1996), for example, included an assessment of risk factors (15 in total) based on clinical observation and empirical data. These were further subdivided into three categories: those relating to the mother; characteristics of the child; and characteristics of the mother's relationship to the perpetrator. Heriot, for example, found that the mother's feelings towards the perpetrator were a highly significant intervening variable between maternal belief and support and taking protective action. In fact, Heriot (1996) found that the relationship with the perpetrator actually exerted more influence than did belief in the allegation, in that mothers who felt hostile and rejecting towards the perpetrator were more likely to be supportive towards the child and vice versa. Leifer et al. (1993) looked at the influence of substance abuse on the mother's capacity to support and protect as well as availability of social support and resources.

Bolen, Lamb and Gradante (2002) argue that guardian support can only be adequately captured when also considering the resources available to the guardian. Bolen and her colleagues developed the Needs-based Assessment of Parental (Guardian) Support (NAPS) which they argue is the only measure of guardian support that is underpinned by psychological theory. The NAPS adopts a humanistic framework focussing on Maslow's (1987) hierarchy of needs, which recognises the role of resource acquisition in motivating human behaviour. Bolen et al. (2002) propose that Maslow's model offers an important reframing of responses of non-offending guardians of victims of CSA. Specifically, a parent must attend to lower order or more basic needs in the hierarchy before being able to move on to higher order ones. Thus, following disclosure of sexual abuse, the primary motivating factor will be the need to ensure basic needs of the child are met, that is, food, housing and clothing. Where resources are low, for example, where removal of the perpetrator from the household may directly impact household income and threaten the meeting of basic needs for food, clothing, paying rent, etc., then the non-offending guardian's focus may become restricted to these to the detriment of meeting higher order emotional needs of the child and ensuring protection from further abuse. The NAPS operationalises this model and includes a guardian-rated scale (consisting of 22-item Likert scales) that addresses perception of available resources. Items are ordered according to the hierarchical stages. For example, items for stage 1 include statements about the degree to which the guardian provides necessary food/clothing/housing for the child. Stage 2 items prompt for the level of safety afforded to the child, etc. Bolen et al.'s (2002) exploration of the psychometric properties of their instrument provided strong support not only for the hierarchical structure of the measure, but also the hypothesized link between non-offending guardians' resources and their ability to support their child. However, Smith et al. (2010) criticise the NAPS on the basis

that it requires training to administer, and has not been used widely other than by the authors themselves.

This paper provides a critique of the most recently published measure of guardian support, the Maternal Self-report Support Questionnaire (MSSQ) developed by Smith et al. in 2010.

Scope, purpose and content of the MSSQ

The MSSQ was originally developed as a 40-item mother-report measure for assessing maternal support following the disclosure of child sexual abuse. Smith et al. (2010) assert that the measure is designed to elicit information in the three theoretically-informed domains as previously outlined: Belief in the child; Emotional support of the child (Empathy for the child's distress, absence of rejecting or negative emotions); and Protective action taken by the mother to safeguard the child from further abuse. The authors note that the domains were selected in line with previous measures, such as the PRIDS, as well as from a review of the clinical literature on abuse-related support (e.g., Deblinger & Heflin, 1996). Domain items were developed rationally in an attempt to sample the constructs comprehensively (Smith et al., 2010).

In the original study of the measure's psychometric properties, data were collected from a total sample of 246 mother/female caregiver-child pairs where the child had been a victim of a contact sexual offence and the caregiver was seeking forensic assessment. The participants were recruited from Child Advocacy Centres as well as other agencies in the US. The majority of caregivers were biological mothers and the majority of victims were female.

Principal-axis factor analysis on 37 of the 40 items (3 items were deleted as they related specifically to interactions with caseworkers, where several maternal caregivers had never been assigned a caseworker) resulted in a final two-factor solution containing 14 of the original 37 items. This solution accounted for 23.37% of the total variance, or 14.8% and 8.57% respectively, suggesting the retention of these two factors. The final two factors were labelled “Emotional Support” and “Blame/Doubt”, each with seven items respectively. The final 14 items and their factor loadings can be seen in Table 6.

Table 6. Final 14 items on the MSSQ and their factor loadings

Item description	Factors	
	1 Emotional support	2 Blame/ Doubt
Believed your child about everything that happened.	.366	-.136
Willing to talk to your child about the abuse.	.371	.015
Often reassured your child that you would stand by him/her.	.917	-.052
Tried to make your child feel safe.	.925	-.014
Wanted to be supportive.	.429	-.091
Told your child s/he did the right thing by telling you about the abuse.	.523	.075
Tried to be helpful.	.663	.026
Could not help feeling angry with your child.	-.004	.330
Questioned your child’s honesty about the abuse.	.023	.343
Wondered what s/he might have done to stop the abuse from happening.	-.031	.656
Wondered if your child could have stopped the abuse if s/he wanted to.	-.060	.785
Could not help resenting all the trouble your child’s disclosure about the abuse caused.	.177	.371
Wondered if your child somehow brought the abuse on him/herself.	-.068	.390
Told your child they should have told you sooner.	-.088	.339

NB: Boldface indicates on which factor the item was included

Items that had been included to reflect ‘protective action’ by the caregiver were dropped from the final solution due to being problematic. The reasons given for this by Smith and his colleagues (2010) were that a number of the items related to co-operation with child protection agencies. Many of the caregivers had not yet had the opportunity to show either co-operation or a lack of co-operation at the point of assessment and therefore many items

were deemed inappropriate. Further, some items related to whether the caregiver was keeping the child away from the alleged perpetrator but that this was problematic in some cases where the perpetrator had moved state and prohibiting contact was not an issue.

For the remaining two factors, the caregiver is asked to rate on a Likert-type scale, ranging from 0 (not at all like me) to 6 (very much like me), the degree to which they feel each item relates to their attitudes and behaviour since the discovery of the sexual abuse. Thus, total scores for each factor range from 0 to 42. For Emotional Support, higher scores indicate more optimal functioning, with the mother reporting more emotional support of the child, whereas the inverse is true for the Blame/Doubt factor, where higher scores indicate that the mother is more doubting of her child's disclosure and questions the role that the child may have played (Smith et al., 2010). In Smith et al.'s (2010) total sample of 246 mothers and female carers of sexually-abused children (predominantly female) there was a mean Emotional Support score of 40.12 (SD = 4.04, range = 6 – 42) and a mean Blame/Doubt score of 13.54 (SD = 9.76, range = 0 – 42).

Psychometric properties

Kline (1986) proposes that a psychological test may be considered a good test if it is a) at least an interval scale; b) reliable; c) valid; d) discriminating; and e) has appropriate normative data. The MSSQ yields interval data for both of its two scales, ranging from 0 to 42 and can therefore be considered superior to some of its predecessors that only measured maternal belief and support dichotomously.

The authors of the MSSQ provide the following data in support of its various psychometric properties:

Reliability

Internal consistency

Smith et al. (2010) reported adequate internal consistency data for each of the MSSQ's two scales. Specifically, their reliability analyses showed Corrected Item - Total Correlations (CITCs) of no less than .3 for any of the items, indicating that no items should be deleted. This indicates that, for each scale, each item is measuring more-or-less the same thing.

No test-retest reliability data were reported and inter-rater reliability was not appropriate as the MSSQ is a self-report measure.

Validity

Construct validity

Construct validity, which is the degree to which an instrument measures aspects that are hypothesised about the putative construct (in this case maternal support), was examined by exploring relationships between the two factors of the MSSQ and child ratings of general maternal support using the My Family and Friends interview (MFF). The MFF (Reid, Landesman, Treder, & Jaccard, 1989) measures a child's perceptions of availability of support as well as their level of satisfaction with that support. Spearman non-parametric correlations revealed modest but significant correlations between the child's ratings of maternal support and the mothers' ratings on the MSSQ. Specifically, a significant correlation ($\rho = -.23, p < .05$) was found between a mother's ratings of her own emotional support towards the child and the child's ranking of their mother's support towards them (where lower rank scores reflected greater utilization for support). Mothers who reported more blame/doubt on the MSSQ had children who ranked them as offering less general and emotional support (ρ

= .28, $p < .01$ and $\rho = .30$, $p < .01$ respectively).

Children who reported higher levels of satisfaction with the general and emotional support they received from their mother in turn had mothers who scored more highly on the Emotional Support scale ($\rho = .23$, $p < .05$ and $\rho = .24$, $p < .05$ respectively). Lastly, higher levels of blame/doubt were related to child reports of greater conflict with their mother ($\rho = .25$, $p < .05$).

Content validity

Examination of items loading on to the two factors showed that the final measure was tapping into 1) the degree to which the mother expressed emotional support towards their child following disclosure of sexual abuse and 2) the degree to which they blamed their child for the occurrence of the abuse as well as doubted whether the abuse actually took place.

Predictive validity

Smith et al. (2010) examined the relationship between MSSQ scores and clinically relevant outcome by using the Child Behaviour Checklist (CBCL [Achenbach, 1991]), a widely used parent-report measure of general behavioural and social maladjustment designed for use with children aged 4 – 18 years. In support of a relationship between the MSSQ and clinical outcome for the child, they found that higher scores on the Emotional Support scale were related to lower levels of problem behaviours. Additionally, more blame and doubt on the mother's part, as measured by the Blame/Doubt subscale, was related to more problem behaviours and emotions in the child.

Critique of the MSSQ

The MSSQ is superior to many of its predecessors in that it elicits information in two widely-

hypothesised domains of maternal support (emotional support and belief in the abuse) in a multi-dimensional way, resulting in interval data (as opposed to a simple supportive/non-supportive, belief/non-belief dichotomous split, for example). The instrument has been reported by its authors to have adequate internal consistency for each of the two scales attesting to the relevance of each constituent item. It would appear to be relatively quick to administer (14 items only) and does not require specific training, thus maximizing its utility. In contrast, a disadvantage of the NAPS (Bolen et al, 2002), as noted by Smith et al. (2010), is that it requires training to administer and has not been used widely. A further advantage of the MSSQ is that it can be used in cases where the alleged perpetrator is not necessarily the child's father, step-father or mother's live-in partner. This broadens its usage to cases of extra-familial CSA. However, it is clearly not applicable in cases where the victim of the CSA is not the mother's own child, that is, where a mother forms a relationship with a man who has a prior history of sexual offending against children.

The MSSQ is based on a thorough review of the literature in this area and would appear to have face validity, that is, it appears to be measuring pertinent elements of abuse-specific maternal support. Exploratory factor analysis carried out on the original 40-item version of the MSSQ did not support the inclusion of items relating to protective behaviours, and these items were subsequently omitted. Conceptually, this would appear to make sense, as protective behaviour would appear to be more a consequence, or manifestation, of internal cognitions, attitudes and emotions, as opposed to being an integral component of maternal support as a construct. Thus, it is the author's view that protective behaviour should be considered an *outcome* measure that is related to, and can be predicted by, maternal support. Factoring out items relating to protective behaviour also means that the instrument will not inadvertently penalise those mothers who have not yet had the opportunity to co-operate, or not, with outside agencies, where the instrument is administered shortly after disclosure of

the abuse (taking account of Heriot's (1996) caveat about timing of the assessment). Further, including items that ask about keeping the child away from the alleged perpetrator may have no relevance in cases where the abuse is historical or the perpetrator is dead or in prison, for example. In fact, the way in which 'protective behaviour' will be measured remains a challenge for researchers in the field, as it is surely impossible to design a measure that incorporates an exhaustive list of every single permutation and individual set of circumstances.

In terms of its disadvantages as a measure, perhaps a major short-coming of the MSSQ to date is that no test-retest reliability data is available. Therefore, it is not possible to attest to the temporal stability of the items, and that measurement errors may result simply through the lack of stability of the items over time. This may lead to erroneous conclusions being drawn about fluctuations in a mother's level of support of her child which are simply due to test error, as opposed to genuine changes in support.

Secondly, there are no independent cross-validated data yet available, as the instrument is still very much in its infancy. Therefore, it is not yet possible to gauge an individual's scores against a larger population, that is, one cannot specify how a mother's scores compare to other women in her position, and meaningful cut-offs have yet to be developed. As reported earlier, means and standard deviations were reported for the two clinical samples examined in Smith et al.'s (2010) study, but the generalisability of these to a UK population, for example, remains to be seen.

Related to this is the fact that the measure is designed to be completed by 'mothers' as indicated in the title. It is now widely accepted that women perpetrate sexual crimes against children too and that men can often be the protectors, and that there is a general move in the

literature to refer to the non-offending ‘guardian’ as opposed to mother (e.g. Bolen, 2002; Bolen et al., 2002).

Thirdly, a significant, albeit modest, correlation between the Emotional Support scale of the MSSQ and the Marlow-Crowne Social Desirability Scale (MCSD) indicated that the Emotional Support scale is subject to response bias, which is perhaps not surprising given the context in which participants who generated the initial psychometric data found themselves. Women being asked about the level of emotional support they are affording to their child post-disclosure as well as the degree to which they may doubt the allegations or blame their child will be aware that endorsement of negative or unsupportive statements may trigger child protection intervention and possible removal of the child. However, to counteract this argument, the absence of a significant relationship between the Blame/Doubt subscale and the MCSD suggested that socially desirable responding due to situational demand characteristics was not influencing the degree to which the mothers made negative attributions about the child’s honesty. In light of this finding, the authors suggest that the positive (albeit relatively small) correlation between the MCSD and the Emotional Support subscale of the MSSQ suggests that mothers recognised that their role required providing such degree of reassurance and coping assistance to their children but that this did not override their ability to endorse questions and concerns they may have over their child’s disclosure (Smith et al., 2010). In practice, the use of a measure of socially desirable responding (SDR) such as the Paulhus Deception Scales ([PDS] Paulhus, 1998) alongside the MSSQ would assist clinicians in making more accurate appraisals of the mother’s honesty in this respect.

Related to this are the problems of using the child’s MFF ratings in order to establish construct validity of the MSSQ. In Smith et al.’s (2010) study, the child victim was

interviewed using the MFF at the same time as the mother in the context of a forensic examination in the aftermath of the disclosure. It might be argued that there is a likelihood that ratings are going to be influenced by pressure to portray stability and security within the mother-child relationship, particularly where there is the potential of removal of the child from the mother's care. Further, women may influence the child to make favourable responses about them with the child fearing that they may lose the support of the remaining caregiver if they make negative comments about them. Therefore, assessing construct validity by comparing MSSQ scores to ratings made by the child victim is potentially problematic. Further, Smith et al. (2010) acknowledge that the correspondence between MSSQ and MMF scores may be attenuated to some degree as the former measures abuse-specific support whereas the latter only asks children about support in general.

The lack of consensus within the literature over definition of maternal support means that there is currently no generally accepted 'yardstick' against which to compare the MSSQ with regards to concurrent validity. Therefore, the question to be posed is not whether the MSSQ accurately measures maternal support but whether a psychological construct of 'maternal support' actually exists. Bolen and her colleagues (Bolen et al., 2002) theorise that any measure of guardian support should be grounded in a theoretical model. Their measure of maternal support, the NAPS, is predicated on the theory that, as humans, our behaviour is motivated by resource acquisition and that basic needs have to be met before higher order needs can be achieved. As such, they argue that any measure of maternal support should be contextually sensitive, taking account of lower order/basic needs that the non-offending guardian may primarily be focused on, which may preclude consideration of the child's emotional needs until the meeting of basic needs is ensured. This offers a useful model for understanding why some women fail to separate from the abuser post-disclosure when household income (and thus the meeting of basic needs) is threatened were the perpetrator to

leave the home. This might particularly be the case where the perpetrator was the main ‘bread-winner’ and the mother is left with limited resources. Such a situation might be further exacerbated for the mother where domestic violence is an issue and her sense of autonomy and self-efficacy may have been eroded, and consequently her perception of her capacity to provide single-handedly for her children. This would certainly seem borne out by clinical experience.

The MSSQ, although developed in line with previous studies of maternal support as well as through clinical experience and consultation with experts in the CSA field, is not underpinned by any psychological model or theory in the same way as the NAPS and is ‘contextually insensitive’ which makes it less useful as a measure and potentially more punitive towards the non-offending guardian, where no account is taken of other major stressors. Further, The MSSQ represents, at best, a single ‘snapshot in time’ which cannot account for fluctuations in maternal behaviour as a result of initial trauma reactions to the disclosure, for example. This highlights the importance of repeating such a measure at regular intervals in the aftermath of a CSA disclosure.

Conclusion

In sum, the MSSQ is a short, easy-to-administer, self-report measure of maternal support, specifically eliciting information about the level of emotional support afforded to the victim by the mother as well as the degree to which the mother blames the victim or doubts the abuse took place (capturing the maternal belief component of maternal support as discussed in the literature). In this sense, it would appear to ‘do what it says on the tin’. The omission of items relating to protective behaviour would seem a rational one, as their inclusion would seem somewhat tautological. A measure of maternal support should *predict* protective

behaviour, just as a measure of hopelessness may predict suicidal behaviour. If it is possible to accurately rate protective behaviour at the time of assessment, then such a measure would be redundant.

Aside from the issues to do with test-retest reliability, the current absence of independent cross-validated data, restriction to use with mothers only and potential problems of response bias, it is the predictive validity of the instrument that is of greatest relevance when it comes to child protection. The MSSQ has yet to be tested in terms of its relation to case outcome, specifically in relation to the non-offending guardian's future capacity to protect, which would appear to be the pivotal issue in many child protection cases where a child alleges sexual abuse. Based on a review of the literature, it is the author's view that the predictive validity of the MSSQ will be limited, as it is contextually insensitive and does not take account of the emotional trauma response of the disclosure on the mother, where fluctuations in belief and support towards the child might be considered normative in the aftermath of a major life stressor. Further, that it does not allow for consideration of other important intervening variables, such as financial dependency upon the perpetrator, concurrent mental health problems or substance misuse, domestic violence within the relationship, or ability to actually perceive risk, etc., all of which may impact upon the non-offending guardian's capacity to protect. A mother, for example, may be extremely supportive and empathic towards her child following abuse disclosure, yet fail to adequately protect them in the future because they do not perceive an on-going risk, for example, because of misconceptions about sex offenders, attributing the 'one-off' incident of abuse to excessive alcohol consumption, where the perpetrator no longer drinks, etc.

Although the authors of the MSSQ do not yet make any claims about its utility as a predictive measure of future capacity to protect, this relationship is implied. As a stand-alone instrument, the MSSQ is unlikely to be able to make accurate enough predictions about a

mother's ability to safeguard her child(ren) in the future. However, it might be envisaged that it could be incorporated into an overall framework for assessment, or Structured Clinical Judgement (SCJ) approach to predicting capacity to protect, or conversely 'risk of failure to protect', something akin to the HCR-20 (Webster, Douglas, Eaves, & Hart, 1997) or the SVR-20 (Boer, Hart, Kropp, & Webster, 1997) that measure risk of future violence and risk of future sexual violence, respectively. Here, a final risk judgement is arrived at after careful consideration of all other salient intervening variables. In the same way as the aforementioned SCJ protocols, this instrument could be repeated at intervals to take account of changes in circumstances (e.g., socioeconomic) as well as the non-offending guardian's reaction to the trauma of disclosure and possibly resulting ambivalence.

Opinions made about the non-offending guardian's capacity to protect are potentially life-changing and should not be based on anything less than theoretically-grounded and empirically-tested assessment methods. Development of the MSSQ is very much in its infancy and further, extensive examination of its psychometric properties needed, as acknowledged by its authors. However, it may be that there is a place for it in some future comprehensive risk framework, alongside other factors that have been reliably shown to be associated with failure to protect, although clearly this is still a long way off. It is only in this way that practitioners charged with the task of making decisions about child safety ensure that the best interests of the child are served and mistakes avoided at a time of immense stress and trauma for all involved.

Chapter 5

Discussion

The aims of this thesis were firstly to see what the empirical literature identified as being associated with failure to support and protect in non-offending guardians, whose own children were the victims of CSA. Empirically-derived findings related to intervening variables for guardian support have the potential to better inform assessments of women referred in the context of Family Court proceedings.

Secondly, a research study was presented that broadened out this area in order to explore the issue of accuracy of sex offender risk appraisal in a general population of mothers and female carers. This was in order to determine the extent to which mothers in general make accurate assessments of future risk in relation to child sexual offenders, and to attempt to delineate some of the key factors that might influence their decision-making. Previous research had only examined perceptions of sex offenders in college students or the general public. When looking towards potential protectors, this in most cases is the non-offending mother, so it was important to examine mothers and female carers as a starting point. Findings from this study would provide a departure point against which the risk judgements of women involved in Family Court proceedings could be compared. The basic tenet of the study was that risk perception is a mediating variable between belief in the occurrence of CSA and perception of a need to protect, an intervening variable that had yet to be examined within the empirical literature. This represented a starting point for research in this area and was exploratory in nature, so no hypotheses were specified.

Finally, an existing measure of maternal support was examined in the context of the problems identified in the literature relating to definition of the construct, to determine the extent to which such a measure could usefully be employed in assessments of non-offending mothers' capacity to protect. The measure was purposefully chosen on the basis that it did not include a measure of protective behaviour, as inclusion of this variable was felt to be somewhat tautological.

Fourteen studies were included in the final systematic review, the majority of which examined the non-offending biological mother in cases of intra-familial CSA. This finding supports Bolen's (2002) contention that very rarely are other non-offending guardians considered. Further, the considerable variation in outcome measures used to capture 'guardian support' was testament to the fact that researchers have yet to reach a consensus over how to define this construct. Some studies, for example, used only vague, unstructured judgements of 'maternal response' (Alaggio & Turton, 2005) or collapsed 'belief' and 'support' into one composite variable of guardian support rated 'absent' or 'present' (Pintello & Zuravin, 2001), whereas others employed multi-domain measures such as the PRIDS or PRADS that elicit information regarding belief in the disclosure, degree of protective action taken by the mother, recognition by the mother of the child's distress, and whether the mother seeks professional assistance for herself or the child (PRADS). Only one study (Bolen & Lamb, 2007) employed a measure (NAPS-C) that simultaneously takes account of environmental factors such as the mother's access to resources that might interfere with her ability to protect.

Due to this large variability in methods used to assess guardian support, findings related to intervening variables for guardian support are necessarily tentative. However, results showed that statistically significant variables could be grouped into the following categories: Maternal characteristics, including personal history, current functioning, and relationship with the perpetrator; child characteristics; abuse/contextual characteristics; and mother-child attachment/relationship.

The main findings from the review were that the mother's current functioning, specifically her adult attachment style and the quality of her intimate relationships, including her relationship with the perpetrator were related to her capacity to support and protect the victim. Knott (2008) suggested that Attachment Theory could help inform our understanding

of non-offending guardian support following disclosure of CSA. Knott (2008) suggests that women with a more insecure adult attachment style, specifically an ambivalent/preoccupied attachment style may fail to align themselves with the child because of the obsessive quality of their relationship with the perpetrator. Studies examining this variable within the current review (Bolen & Lamb, 2002; Bolen & Lamb, 2007; Leifer, Kilbane, & Grossman, 2001) showed that mothers with a more secure adult attachment style and whose adult heterosexual relationships were more stable were consequently more supportive and protective towards their child victim.

There is considerable evidence to show that where the perpetrator is the mother's current intimate partner and living in the home at the time, her ability to support and protect is compromised. Mothers who are intimately involved with the perpetrator at the time of disclosure find it hard to consistently believe the child, as well as take protective action, findings that echo those of earlier reviews. It is perhaps not surprising that mothers who are in a relationship with the perpetrator at the time of disclosure should experience greater confusion and perhaps conflict of loyalties, with the need to protect their offspring competing with the need to sustain their affiliation with their partner, compared to those women who are separated or divorced from the perpetrator. Findings suggest that where this relationship involves domestic abuse, particularly emotional and psychological abuse, a mother's ability to protect her child is further diminished. Knott (2008) suggests that an avoidant coping style might explain some women's failure to respond supportively and protectively to their child's disclosure. Waldrop and Resick (2004) found that women appear to use more avoidance strategies when they are in abusive relationships and trying to cope with on-going violence, and it is likely that this coping style will be applied to disclosure of their child's sexual abuse.

Findings relating to the mother's current functioning showed that mental health problems were associated with a negative maternal response, specifically a lack of consistency in offering protection to the child (Coohey & O'Leary, 2008). Other findings relating to substance misuse, problems with the law and inadequate social support were more equivocal, which may suggest that these are exacerbating factors that are underpinned by and vary as a function of the mother's underlying attachment and coping style. Insecurely attached mothers with an avoidant coping style may use substances as a way of dealing with interpersonal conflict. In turn, they may come into more conflict with the law, and become more marginalised within society, another finding of the current review. Bolen, Lamb and Gradante (2001) stress the importance of considering the mother's access to resources when assessing her capacity to protect. Drawing on Maslow's (1987) hierarchy of needs, they argue that any assessment needs to first take account of the mother's ability to meet her family's basic needs as, according to this model, these must be met before higher order needs can be attended to. Where the mother is dependent upon the perpetrator in order to meet basic needs, such as providing food, housing and clothing, then she will find it more difficult to sever this relationship. This offers a conceptual framework for interpreting the findings that mothers who were financially dependent upon the abuser were less likely to be supportive.

This and previous reviews found that children in older age groups were at greater risk for non-protection. Older children might be perceived as being more capable of resisting the offender, and therefore where sexual abuse has taken place, be held more accountable. No study examined the issue of whether the child was already sexually active with peers, although studies did show that where the child exhibited sexualised behaviour, the mother was less likely to believe and protect them. Clinical experience has shown that child sexual offenders often use the fact that a child has previously been sexually abused as a way of

soliciting their trust, where they encourage the child to confide in them about the abuse and gradually sexualise the conversation. This is one way in which the offender is able to overcome the resistance of the child, one of the four pre-conditions for an offence to occur (Finkelhor, 1984).

Finally, findings showed that the mother's and the child's perception of the quality of their relationship was related to post-disclosure guardian support. Mothers whose children disclosed to them directly, rather than to a third party, and who directly solicited information about the abuse from the child rather than the abuser were found to be more supportive and protective towards the child. These findings are perhaps not surprising and, again, somewhat tautological.

However, a methodological problem inherent in most of the studies examined was that time-frame was not considered and most evaluations were undertaken soon after disclosure. Only one study (Coohey & O'Leary, 2008) considered the issue of *consistency* of protection by considering women's protective behaviour over time. This arguably is the most important consideration for child protection workers who are most concerned with predicting future capacity to protect. Initial reactions of the non-offending guardian are obviously important and likely indicative of future behaviour. However, assessments at this initial time point may be confounded by trauma responses, and unable to account for arguably normative fluctuations in emotional and behavioural responses over time (Bolen, 2001). Everson et al. (1989) also considered time frame and tracked their cases over a period of five months, although this was to determine whether level of support was related to ultimate legal intervention and, unfortunately, did not repeat their measure of guardian support.

Extending this area of research to include a general population of mothers and female carers, a study was conducted that examined perception of future risk. Specifically, mothers and

female carers of primary school-aged children were asked to make judgements about likelihood of sexual re-offending as well as overall risk to children based on eight vignettes of male child sexual abusers. Age of perpetrator and gender of victim were manipulated across the vignettes in order to determine the extent to which these factors influenced their judgements. Appraisal of future risk (and by implication perception of a need to protect) was considered to be an important intervening variable between belief and protection and one that had yet to be examined within the literature.

Perhaps the most important findings from this study were that the majority of women *over-*estimated risk or re-offending, suggesting that they will successfully move on to the next stage of information-processing where they must select an appropriate response from a repertoire of behaviours. However, 11% of the total sample of women did *under-*estimate risk raising questions about how able they would be to effectively implement protective strategies. The finding that women tended to consider offenders in the High risk RM2000/S category as posing *less* of an overall risk to children than those in the Low risk category was attributed to the disproportionate number of 'non-contact' offenders in the High risk group, suggesting that women placed more importance on *cost* of offending, that is, on the seriousness of a further offence.

Further, looking at factors associated with under-estimation of risk, there was an overall tendency to rate younger offenders as being less risky compared to older offenders, with the lowest rated offender being aged 24 and having a male victim. This suggests that, along with determining the nature of the relationship between the non-offending guardian and the perpetrator, the perpetrator's age and gender of his victim should also be considered when determining capacity to protect. For example, women with an insecure adult attachment style whose intimate partners are in their twenties or early thirties and have offended against a boy may be particularly at risk of failure to protect, because they neither perceive a need to

protect (due to low risk perception) nor feel able to separate from their partner because of their emotional dependence on them. Other factors such as mental health problems, domestic violence within the relationship as well as financial dependency upon the perpetrator are all likely to further reduce the likelihood of support and protection.

The current study failed to find any between group differences in terms of the women's demographic information when it came to rating risk. However, the study did find that women who also had older children were more worried about the risk of CSA generally in their community (which in turn was related to higher risk ratings) compared to those with only younger children. This seems curious and perhaps contrary to findings from the systematic literature review that showed that mothers of older child victims are inclined to be less protective. However, mothers examined in the literature were those whose own children were the actual victims of CSA, whereas the current study only examined a general population of mothers and female carers. Women generally may be more worried about their older children being vulnerable to sexual exploitation but, as previously discussed, this may relate more to the reduction in level of supervision for older children, and the perception of more opportunities for abuse to take place. Whether worry about risk necessarily translates into subsequent protective behavior following a disclosure of CSA by the mother's own teenage child, for example, remains to be seen. Particularly perhaps where the perpetrator is the mother's own live-in partner and the teenage victim is exhibiting sexualised behaviour, other findings from the systematic review.

Future research into accuracy of risk appraisal should focus on the same intervening variables identified as being important in terms of guardian support, for both a general population as well as a sample of mothers undergoing court mandated assessments.

Findings from the critique of a current measure of guardian support showed that measures such as the Maternal Self-report Support Questionnaire (MSSQ) are very much in their

infancy, and require considerably more empirical testing of their psychometric properties. Whilst the MSSQ appears to have face validity (eliciting information in two widely-hypothesized domains of maternal support [emotional support and belief in the abuse]), is relatively quick to administer, has adequate internal consistency, and can be used in extra-familial CSA cases, there is, to date, no test-retest or normative data available for the instrument. Further, there is some indication that it may be susceptible to socially desirable responding (SDR), which is perhaps unsurprising given the context in which women are likely to complete this instrument. Thus, such self-report measures of belief and emotional support may have limited utility in an overall assessment.

A hypothetical model for conceptualising guardian support is outlined in figure 4. This model is based on Coohey and O’Leary’s information-processing framework, but incorporates findings from the systematic review of the literature on guardian belief, support and protection as well as findings from the current study, where risk appraisal is seen as an important intervening variable.

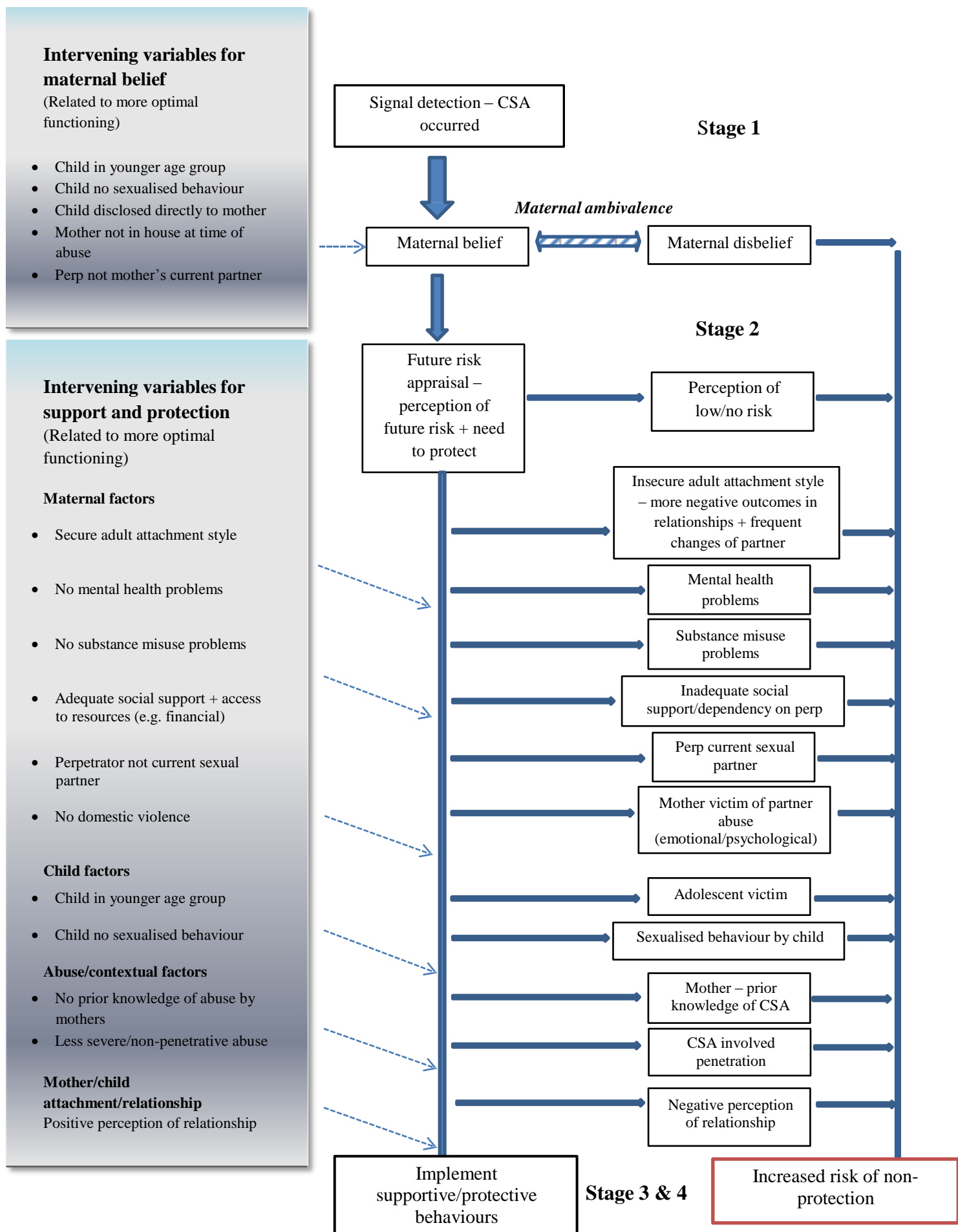


Figure 4. Model of non-offending guardian support and protection in CSA cases

Figure 4 shows that the association between belief in the occurrence of CSA and the actual implementation of protective behaviour is a dynamic one, and one that can usefully be construed in terms of progressive stages, with various factors intervening at each stage. Firstly, the mother must receive the signal that CSA has taken place, which may come directly from the child, through admission by the perpetrator, or via a third party such as the child's school or Children's Services. No signal is detected where the abuse remains undiscovered and continues and/or the child's attempts at disclosure are not attended to, for example. Where the mother has successfully attended to the signal, she must then decide whether or not to believe it. Here, factors such as the child's age and whether the child is exhibiting sexualised behaviour, for example, have been shown to be related to belief in the disclosure. Further, the model supports the notion that belief may fluctuate, with the mother moving backwards and forwards between belief and non-belief, as described by Bolen and Lamb (2007), highlighting the importance of assessment over time.

Moving into stage 2, where the meaning of the information received must be interpreted, the mother must make appraisals about the degree of harm caused to the child as well as the likelihood of re-occurrence that will dictate the need for both support and protection. Accordingly, the model separates out belief from support and protection, a finding that has been supported within the literature (Heriot, 1996), positing that appraisal of future risk is an intervening variable. Thus, it may be that a proportion of women may show belief in the CSA disclosure, yet consider the abuse to be a 'one-off' (for example, where the perpetrator is young and had a male victim) and so not perceive a need to protect (although this does not preclude them from emotionally supporting the victimised child). Mothers who do not believe the abuse took place, for example, where they were in the house at the time the abuse supposedly occurred, and equally do not perceive any future risk, are very unlikely to implement protective behaviours in the future.

For those mothers who believe the abuse occurred and accurately predict risk of future re-occurrence, they are then faced with the task of operationalising support and protection for the victim. Here, various individual maternal, child and abuse/contextual characteristics have been shown to influence the degree to which a mother is able to offer support and protection to her victimised child (see figure 4).

Limitations

It is important to highlight the fact that this model represents a first attempt at drawing together all of the research on guardian support and there are considerable limitations that need to be borne in mind: Studies on intervening variables have been confounded by a lack of consistency over definition of guardian support, leading to problems measuring this construct. Therefore, inclusion of intervening variables within the current model can only be tentative and considerably more research is needed to gain consensus over definition as well as associated factors. It is hypothesised here that protection should be separated out from the definition of guardian support and that any measure or assessment of guardian support should be able to *predict* protective behaviour. It is in this way that it will have its greatest utility, bearing in mind that most assessments of non-offending parents in court proceedings are commissioned to provide an opinion on *future* capacity to protect. Further, findings from the current study on risk perception are equally only tentative. Generalisability of the findings are limited due to small sample size, the artificial nature of using vignettes, and the inclusion of other confounding variables, for example. Notwithstanding, it is suggested that the current model might provide a useful starting point in structuring comprehensive assessments of guardian support and capacity to protect.

Instruments such as the Maternal Self-report Support Questionnaire (MSSQ), that rationally exclude ‘protection’ from the construct, might usefully be employed within an overall non-

offending guardian assessment framework such as the one proposed in figure 4, but clearly they only measure a narrow aspect of a mothers' post-disclosure functioning (belief in the child's disclosure and emotional support of the child). More research is needed to establish the temporal stability of the instrument, to determine the degree to which it is susceptible to socially desirable responding, and to generate UK normative data. Further, such a measure needs to be designed so that it can be used with non-offending guardians other than just the mother. Other measures might more usefully be employed such as the NAPS (Bolen, Lamb, & Gradante, 2002), where access to resources is also taken into consideration. Further, assessments such as the MSSQ would need to be repeated at intervals following CSA disclosure to take account of initial trauma responses in the non-offending guardian as outlined by Bolen (2001). This would be to ensure that mothers were not unduly penalised because of a one-off negative appraisal of maternal response due to emotional trauma. Fluctuations in belief should be considered normative, certainly in the immediate aftermath of a disclosure, although in the long term maternal belief is generally associated with greater support (Coohey & O'Leary, 2008; Dos Santos & Dell-Aglio, 2009; Heriot, 1996).

Implications for future research

The tentative model proposed here suggests that an overall risk assessment framework for failure to protect could be developed, something akin to existing Structured Clinical Judgement (SCJ) approaches such as the HCR-20 (Webster et al., 1997) or the SVR-20 (Boer et al., 1997), used with violent and sexual offenders. Whilst it is acknowledged here that, as a risk assessment, the focus would be on assessing for deficits, optimal functioning could also be determined that would allow strengths and protective factors to be identified as well as deficits. Clearly, the purpose of such assessments is not to try and pathologise the mother at a time when she is likely to be experiencing considerable emotional turmoil and

already feeling subjected to negative scrutiny and persecution by outside agencies. Furthermore, there is a need to separate out capacity to protect from other aspects of parenting, acknowledging that there are considerable differences between a mother who is having difficulties implementing protective behaviour and who also struggles in several other aspects of parenting and a mother who is not protecting but does not exhibit other difficulties. Responsibility for the abuse remains firmly with the perpetrator. However, given the overwhelming evidence that the reaction of the non-offending guardian is critical in the emotional recovery of the child victim and that children need to be protected from further abuse, careful, theoretically-informed assessments of the non-offending guardian's capacity to protect in the future are absolutely essential.

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Appendix 1.
Papers excluded based on full text

Author(s) and date	Title of paper	Reason for exclusion
Alaggia (2001)	Cultural and religious influences in maternal response to intrafamilial child sexual abuse: Charting new territory for research and treatment	No objective measure /clinician-rated measure of support/protective behaviour. Only mother's own unstructured account
Alaggia (2002)	Balancing acts: Reconceptualizing support in maternal response to intra-familial child sexual abuse	As above
Badini (1994)	The experience and perceptions of mothers of incest victims	A review of the literature – not a primary empirical study
Bell (2003)	'I'm a good mother really!' gendered parenting roles and responses to the disclosure of incest.	Not an empirical study
Bernard (1997)	Black mothers' emotional and behavioral responses to the sexual abuse of their children	Based only on maternal self-report
Bolen (2003)	Nonoffending mothers of sexually abused children - A case of institutionalized sexism?	Not an empirical study
De Jong (1988)	Maternal responses to the sexual abuse of their children	Only based upon maternal self-report of support/non-support
DeYoung (1994)	Immediate maternal reactions to the disclosure or discovery of incest	Did not examine intervening variables
DiLillo & Damashek (2003)	Parenting characteristics of women reporting a history of childhood sexual abuse	Not a primary study (a review of the literature)
Elbow & Mayfield (1991)	Mothers of incest victims - villains, victims, or protectors	Not an empirical study

Appendix 1.
Papers excluded based on full text

Elliott & Carnes (2001)	Reactions of nonoffending parents to the sexual abuse of their child: A review of the literature	Not a primary empirical study
Greifer (1995)	Parents' reactions to the sexual abuse of their children	Assessed subjects in a hypothetical situation – parents had to imagine their child was victim of CSA – i.e. not real non-offending guardians
Hiebert-Murphy (1997)	Adjustment among mothers whose children have been sexually abused: The role of a history of child sexual abuse, social support, and coping strategies	Did not use a measure of guardian support
Hiebert-Murphy (2001)	Partner abuse among women whose children have been sexually abused: An exploratory study	Outcome measure not specifically focussed on guardian support and /or protection of victim
Hill (2009)	Factors influencing the degree and pattern of parental involvement in play therapy for sexually abused children	Outcome measure was parent's degree and pattern of involvement in play therapy for child following CSA disclosure, ie. Not specific measure of support/protective action
Hooper (1989)	Alternatives to collusion: The response of mothers to child sexual abuse in the family	Did not look at intervening variables for guardian support
Joyce (1997)	Mothers of sexually abused children and the concept of collusion:A literature review	Not a primary study (a review of the literature)
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	Did not use maternal support as an outcome measure (was just looking at adjustment of victim)
Leifer, Kilbane, & Skolnick (2002)	Relationships between maternal adult attachment security, child perceptions of maternal support, and maternal perceptions of child responses to sexual abuse	Outcome measure was child report only of maternal support in situation too susceptible to bias
Sirles & Franke (1989)	Factors influencing mothers' reactions to intrafamily sexual abuse	Only examined maternal <i>belief</i>

Appendix 1.
Papers excluded based on full text

Smith et al (2010)	Mother reports of maternal support following child sexual abuse: Preliminary psychometric data on the maternal self-report support questionnaire (MSSQ)	Did not look at intervening variables
Willingham-Upchurch (2007)	Maternal perceptions and responses to child sexual abuse	Only used maternal self-report of response to CSA disclosure

Appendix 2
Quality checklist for included observational studies

Participants - Representativeness of the sample/sampling bias	
	<i>Circle score</i>
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 -	<i>Circle score</i>
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)	<i>Circle score</i>
a) Utilization of a valid, standardised, multidimensional scales to assess guardian support + protective behaviour(e.g. NAPS, PRIDS,PRADS)	3
b) Utilization of simpler uni-dimensional 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	<i>Circle score</i>
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	
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Critical appraisal tool for qualitative research

Screening Questions

1 Was there a clear statement of the aims of the research?

Yes/No

Consider:

- *what the goal of the research was*
- *why it is important*
- *its relevance*

2 Is a qualitative methodology appropriate?

Yes/No

Consider:

- *if the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants*

Is it worth continuing?

Detailed questions

Appropriate research design

3 Was the research design appropriate to address the aims of the research?

Write comments here

Consider:

- *if the researcher has justified the research design (e.g. have they discussed how they decided which methods to use?)*

Sampling

4 Was the recruitment strategy appropriate to the aims of the research?

Write comments here

Consider:

- *if the researcher has explained how the participants were selected*
- *if they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study*
- *if there are any discussions around recruitment (e.g. why some people chose not to take part)*

Data collection

5 Were the data collected in a way that addressed the research issue?

Write comments here

Consider:

- if the setting for data collection was justified
- if it is clear how data were collected (e.g. focus group, semi-structured interview etc)
- if the researcher has justified the methods chosen
- if the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews were conducted, did they used a topic guide?)
- if methods were modified during the study. If so, has the researcher explained how and why?
- if the form of data is clear (e.g. tape recordings, video material, notes etc)
- if the researcher has discussed saturation of data

Reflexivity (research partnership relations/recognition of researcher bias)

6 Has the relationship between researcher and participants been adequately considered?

Write comments here

Consider whether it is clear:

- if the researcher critically examined their own role, potential bias and influence during:
 - formulation of research questions
 - data collection, including sample recruitment and choice of location
 - how the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Ethical Issues

7 Have ethical issues been taken into consideration?

Write comments here

Consider:

- if there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- if the researcher has discussed issues raised by the study (e. g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
- if approval has been sought from the ethics committee

Data Analysis

8 Was the data analysis sufficiently rigorous?

Write comments here

Consider:

- *if there is an in-depth description of the analysis process*
- *if thematic analysis is used. If so, is it clear how the categories/themes were derived from the data?*
- *whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process*
- *if sufficient data are presented to support the findings*
- *to what extent contradictory data are taken into account*
- *whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation*

Findings

9 Is there a clear statement of findings?

Write comments here

Consider:

- *if the findings are explicit*
- *if there is adequate discussion of the evidence both for and against the researcher's arguments*
- *if the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst.)*
- *if the findings are discussed in relation to the original research questions*

Value of the research

10 How valuable is the research?

Write comments here

Consider:

- *if the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature?)*
- *if they identify new areas where research is necessary*
- *if the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used*

Appendix 3

Quality assessment of included quantitative studies

Study	Representativeness of sample	Measurement of intervening variables	Valid/standardised outcome measure?	Time-scale for assessment of guardian support considered?	Type of analysis used?	Confounding variables considered and adjusted for?	Overall quality assessment score (/13)
Bolen & Lamb (2002)	Somewhat representative, although only mothers of victims aged 7 to 13. Also, only children referred for medical/forensic examination, therefore possibly excluding less severe forms of CSA	Majority of intervening variables measured through use of well-validated, existing measures (e.g. PSI, Relatedness Scale, Relationship Questionnaire, etc.)	Yes, PRIDS	No	Multiple regression analysis	Yes	10.5
Bolen & Lamb (2007)	Small sample size, so problems generalising. Mothers of children consecutively referred to a clinic for an out-patient sexual abuse medical or forensic examination	Maternal interview + questionnaires given for completion in own time (consisting predominately of existing, widely used, valid and reliable measures)	NAPS – theoretically-informed, newly-developed instrument created by authors. Sound psychometric properties and convergent validity with PRIDS, but under-researched at present.	no	Partial least-squares analysis (explores complex relationships between variables)	Yes	10

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Quality assessment of included quantitative studies

Study	Representativeness of sample	Measurement of intervening variables	Valid/standardised outcome measure?	Time-scale for assessment of guardian support considered?	Type of analysis used?	Confounding variables considered and adjusted for?	Overall quality assessment score (/13)
Coohey & O'Leary (2008)	Somewhat But relatively small sample size and only cases referred for CPS investigation	Info gleaned from scrutiny of pre-existing CPS investigation reports, but also from other 'credible' sources.	Measured 'protectiveness' using Everson et al (1989)'s definition – based on behavioural indicators	Yes	Logistical regression analysis	Yes	10.5
Cyr et al. (2003)	Only representative of mothers of adolescent victims	Use of structured, standardised, assessment tools	Yes, PRADS.	No	Multivariate regression analysis	yes	10.5
Deblinger, Stauffer, & Landsberg (1994)	Somewhat representative. US sample of women attending with their child for forensic examination. Majority agreed to participate	Only guardian self-report of own childhood sexual abuse	Maternal response assessed by 6 variables dichotomously-rated.	No	Bi-variate	No	4.5
Everson, Hunter, Runyan, Edelsohn, & Coulter (1989)	Somewhat, 14 families refused to participate (?attrition bias) - + no mothers of pre-schoolers	Use of structured assessment tools with child and mother + CPS worker informants	PRIDS – developed for the study. Utilises multiple information sources	No. Despite tracking the cases for 5 months – measure of guardian support not repeated.	Bi-variate	No	8

Appendix 3

Quality assessment of included quantitative studies

Study	Representativeness of sample	Measurement of intervening variables	Valid/standardised outcome measure?	Time-scale for assessment of guardian support considered?	Type of analysis used?	Confounding variables considered and adjusted for?	Overall quality assessment score (/13)
Faller (1988)	Somewhat representative – cases referred from multiple sources, although biased as referred for diagnosis/treatment	Mixture of maternal self-report and objective assessment	Likert scale developed for study (based on coding system of behavioural indicators) – 1 = very unprotective to 5 = very protective	No	Bi-variate	No	7
Heriot (1996)	Somewhat to very representative - mothers of boys and girls sexually abused by ANY close family member resident within the home	Objectively measured by intake workers, although possible bias considered	Measure created for study, although multidimensional and based on review of the literature and clinical experience + validated independently on SW Masters students	Yes. Although not possible to measure guardian support at one specific time point post-disclosure, time factored in to analysis	Multivariate Logistic regression	yes	12
Knott (2008)	Somewhat. Sample included other female carers apart from biological mother, although only likely to include more severe cases of CSA	Multiple sources of information used, rated by child welfare worker	A single composite variable (incorporating belief, emotional support and protection) rated dichotomously	No	Multivariate	Yes, discussed	8

Appendix 3

Quality assessment of included quantitative studies

Study	Representativeness of sample	Measurement of intervening variables	Valid/standardised outcome measure?	Time-scale for assessment of guardian support considered?	Type of analysis used?	Confounding variables considered and adjusted for?	Overall quality assessment score (/13)
Leifer, Kilbane, & Grossman (2001)	Only representative of predominantly low SES African American mothers whose child victims were referred by CPS + other professionals to an urban hospital	Combination of structured assessment tools and use of semi-structured interview with mothers but ?validity of info obtained from retrospective self-report	PRADS	No	Multivariate	No	8
Leifer, Shapiro, & Kassem (1993)	Not very representative. Self-selecting to a large extent – low SES African American mothers only of female victims only	mother self-report	3 components of guardian support rated dichotomously	No	Bi-variate	No	4
Pintello & Zuravin (2001)	Somewhat representative – although only cases where there was judged to be a moderate, significant, or high risk of recurrence (130 excluded on this basis)	Multiple sources of data: Interviews with victims, family members, and other involved parties	Single dichotomous variable (belief and protection combined) Based on case record abstraction, belief and protective action were determined by whether mother believed	No	Multivariate Logistic regression	no	7

Appendix 3

Quality assessment of included quantitative studies

Study	Representativeness of sample	Measurement of intervening variables	Valid/standardised outcome measure?	Time-scale for assessment of guardian support considered?	Type of analysis used?	Confounding variables considered and adjusted for?	Overall quality assessment score (/13)
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			disclosure and prohibited unauthorised visual, verbal, or written contact with the perpetrator				
--	--	--	--	--	--	--	--

CPS = Child Protection Services

CSA = Child Sexual Abuse

PRADS = Parental Reaction to Abuse Disclosure Scale (Runyan, Hunter, & Everson, 1992)

PRIDS = Parental Reaction to Incest Disclosure Scale (Everson et al., 1989)

PSI – Parenting Stress Index (Abidin, 1997)

SES = Socio-economic status

SW = Social Work

Appendix 3

Quality assessment of included quantitative studies

Study	Representativeness of sample	Measurement of intervening variables	Valid/standardised outcome measure?	Time-scale for assessment of guardian support considered?	Type of analysis used?	Confounding variables considered and adjusted for?	Overall quality assessment score (/13)
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Appendix 4

Quality assessment of included qualitative studies

Study	Research design appropriate?	Recruitment strategy appropriate?	Data collected in a way that addressed the research issue?	Relationship between researcher + participants adequately considered?	Ethical issues taken into account?	Data analysis sufficiently rigorous?	Clear statement of findings?	How valuable is research?
Alaggio & Turton (2005)	Yes. Grounded theory approach using constant comparative method – in order to explore themes (due to paucity of research exploring in detail the impact of ‘woman abuse’ on maternal response to CSA)	Yes. Theoretical sampling used in order to capture a wide range of experiences	Yes. In-depth interviews with mothers using an interview guide	Partially. The author reports a ‘rapport development phase’ and the importance of empathic responding	Yes. De-briefing follow-up calls made to participants + feedback to mothers about the interpretations of interviews	Yes. Explained in detail	Yes	Very valuable – elucidates the complex association between mother’s type of experience of DV and her subsequent response to her own child’s disclosure of CSA
Dos Santos & Dell’Aglia (2009)	Authors have not justified their research design or why they chose content analysis to address the research aims	Yes, although one of convenience + no information provided re those who refused to participate (if at all) or why those who did take part were selected	Semi-structured interviews conducted with 2 main areas for exploration. No explanation though of how interviews conducted or by whom, or if methods were modified during the study, etc.	Not considered + unclear who carried out the interviews	Ethical approval was granted by the Hospital ethics committee from where the participants were recruited. Consideration given to mother’s wellbeing during interviews	Inadequate information given re process of coding, etc.	No. Findings not clearly laid out + a third of the discussion translated into English!	Methodological concerns and therefore of questionable value

CSA = Child Sexual Abuse

DV = Domestic violence

Appendix 5 - Data Extraction form

The following information was extracted from each included study for inclusion in Table 1:

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 study.
7. Outcome measure(s) used in study.
8. Summary of main findings.
9. Quality assessment score of paper (see Appendix 3).

Appendix 6: Questionnaire for mothers/female carers of pre- and primary school aged children

Please choose a code name and write it below:

(NB: you can use this to withdraw your data later on if you so wish)

.....

Please complete the following details:

What is your current age:

What is your ethnic group? PLEASE TICK (✓) ONE BOX

White

British ☐

Irish ☐

Other white background ☐

Mixed

White & Black Caribbean ☐

White & Black African ☐

White & Asian ☐

Other Mixed background ☐

Chinese

Asian or Asian British

Indian ☐

Pakistani ☐

Bangladeshi ☐

Other Asian background ☐

Black or Black British

Caribbean ☐

African ☐

Other Black background ☐

Any other group

☐

What is your marital status? PLEASE TICK (✓) ONE BOX

Single/never married ☐

Divorced ☐

Married/civil union ☐

Widowed ☐

Separated ☐

What is the highest level of education you have achieved? PLEASE TICK (✓)

No formal qualifications ☐

GCSE/O-level(s) ☐

A-level(s) ☐

BTEC Diploma/HND ☐

First Degree ☐

Masters Degree ☐

Doctoral Degree/PhD ☐

Other (please specify)

What is your occupation:.....

Number of children living in your home (include those who may not live there all of the time):

Ages and gender of children in your home:

	Age (yrs/mths)	Tick a box		Your relationship to them (e.g. mother, step-mother)
Child 1	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Child 2	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Child 3	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Child 4	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Child 5	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Child 6	Male <input type="checkbox"/>	Female <input type="checkbox"/>	

If you have more than 6 children, please continue on a separate sheet.

Please state how old you were when you gave birth to/adopted/became a carer to your first child (even if this child is no longer living with you):

Have you ever received any formal training on child protection (e.g. in the course of your job)?

Yes ☐

No ☐

If so, please briefly describe this.....
.....
.....
.....

Did this include information/education about sex offenders?

Yes ☐

No ☐

Please write your chosen code name here

PART A

Instructions

Please read each of the following fictitious case studies carefully and rate them according to how risky you feel they are, in terms of:

- a) them committing another sexual offence in the future
- b) Overall risk to children

1. TS is a 68-year-old retired bus driver, who was convicted in 1994 of an offence of Indecent Assault against an 8-year-old boy who had been a regular passenger on his bus and who he had befriended. He also has two previous convictions for Indecent Assault, one in 1975 against a 7-year old girl and the other in 1985 against a 12-year-old girl, who were both known to him. He has only ever had one relationship that lasted six months, although he would like a partner. TS enjoys betting on the horses and snooker.

- a) How risky is TS in terms of the *likelihood* of him committing another sexual crime? (Tick a box)

Low risk ☐

High risk ☐

- b) What level of risk do you feel that TS poses generally to children (bearing in mind the *likelihood* and *seriousness* of offending)? circle a number along the following scale:

0 1 2 3 4 5 6 7 8 9 10

No
risk

Very high
risk

- c) If you rated TS as being a High risk in (a), please briefly state why below:

.....
.....
.....
.....

2. *SM is a 27-year-old architect, who was convicted in 2010 of downloading indecent images of female children (aged between approximately 6 and 11 years). SM has been in a long-term relationship (3 years +) with K and committed the offences whilst in the relationship. He has a past conviction (convicted in 2006) of possession of indecent images. They live in a pent house in a smart part of town and SM enjoys reading and going to the theatre.*

a) **How risky is SM in terms of the *likelihood* of him committing another sexual crime?** (Tick a box)

Low risk ☐ High risk ☐

b) **What level of risk do you feel that SM poses generally to children (bearing in mind the *likelihood* and *seriousness* of offending)?** circle a number along the following scale:

0 1 2 3 4 5 6 7 8 9 10

No risk Very high risk

c) **If you rated SM as being a High risk in (a), please briefly state why below:**

.....

3. *AC is a 24-year-old single man who lives at home with his mum and dad. He's never really had a proper relationship. He didn't do very well at school but managed to get a position as a trainee plasterer with a local building firm. He has a past conviction for a sexual offence. Specifically, he was convicted of indecent exposure when he was aged 20, where he 'flashed' at the 7-year-old son of a family friend. His hobbies are fishing and playing on his play station.*

a) **How risky is AC in terms of the *likelihood* of him committing another sexual crime?** (Tick a box)

Low risk ☐ High risk ☐

b) **What level of risk do you feel that AC poses generally to children (bearing in mind the *likelihood* and *seriousness* of offending)?** circle a number along the following scale:

0 1 2 3 4 5 6 7 8 9 10

No risk Very high risk

c) If you rated AC as being a High risk in (a), please briefly state why below:

.....

.....

.....

.....

4. SA is 35 years old and, after finishing University, started working for a law firm. He has had a number of girlfriends but no one he has ever considered really special (none of his relationships have ever lasted more than six months). A year ago, he was convicted of indecently assaulting his 6-year-old niece. He has no other convictions. He enjoys rowing, going to the cinema and reading.

a) How risky is SA in terms of the *likelihood* of him committing another sexual crime? (Tick a box)

Low risk ☐

High risk ☐

b) What level of risk do you feel that SA poses generally to children (bearing in mind the *likelihood* and *seriousness* of offending)? circle a number along the following scale:

0 1 2 3 4 5 6 7 8 9 10

No
risk

Very high
risk

c) If you rated SA as being a High risk in (a), please briefly state why below:

.....

.....

.....

.....

5. ZC is a 37-year-old landscape gardener, who was married for five years until he divorced in 2006. He remarried but was then convicted of indecent assault in 2009, an offence that involved his 6-year-old step-son. He has no other previous convictions. He plays Sunday league football and breeds dogs.

a) How risky is ZC in terms of the *likelihood* of him committing another sexual crime? (Tick a box)

Low risk ☐

High risk ☐

b) What level of risk do you feel that ZC poses generally to children (bearing in mind the *likelihood* and *seriousness* of offending)? circle a number along the following scale:

0 1 2 3 4 5 6 7 8 9 10

No
risk

Very high
risk

c) If you rated ZC as being a High risk in (a), please briefly state why below:

.....
.....
.....
.....

6. *KH is a 63 year old taxi driver, who spent time in prison for sexual offences against his 5-year-old grand-daughter. Specifically, he was convicted in 2006 of taking indecent images of her which he kept on a computer at home. He has been married to his second wife, L, for ten years. He enjoys playing darts and spending time at the local working men's club.*

a) How risky is KH in terms of the *likelihood* of him committing another sexual crime? (Tick a box)

Low risk ☐ High risk ☐

b) What level of risk do you feel that KH poses generally to children (bearing in mind the *likelihood* and *seriousness* of offending)? circle a number along the following scale:

0 1 2 3 4 5 6 7 8 9 10

No
risk

Very high
risk

c) If you rated KH as being a High risk in (a), please briefly state why below:

.....
.....
.....
.....

7. *TH is a 60-year-old man who was found guilty of indecently assaulting his 5-year-old grandson in 2006. He held a senior position in a firm of accountants in the City but lost his job after being arrested for the sexual offence. He received a custodial sentence and spent four years in prison. He has no other previous convictions. He was married to his second wife, A, for fifteen years until the offence came to light, but is now separated. TH is interested in bird-watching and sailing.*

a) **How risky is TH in terms of the *likelihood* of him committing another sexual crime?** (Tick a box)

Low risk ☐ High risk ☐

b) **What level of risk do you feel that TH poses generally to children (bearing in mind the *likelihood* and *seriousness* of offending)?** circle a number along the following scale:

0 1 2 3 4 5 6 7 8 9 10

No risk Very high risk

c) **If you rated TH as being a High risk in (a), please briefly state why below:**

.....

8. *JK is a 63-year-old retired university professor. He was married for 30 yrs until his wife died of cancer in 2009. He has been to court on three separate occasions for indecent exposure offences ('flashing' at passing school girls in the street). On the second and third occasion, he was convicted of offences that took place whilst he was on Probation. He spends his time doing charity work, whilst fitting in the odd game of golf.*

a) **How risky is JK in terms of the *likelihood* of him committing another sexual crime?** (Tick a box)

Low risk ☐ High risk ☐

b) **What level of risk do you feel that JK poses generally to children (bearing in mind the *likelihood* and *seriousness* of offending)?** circle a number along the following scale:

0 1 2 3 4 5 6 7 8 9 10

No risk Very high risk

c) If you rated JK as being a High risk in (a), please briefly state why below:

.....

.....

.....

.....

PART B

Please answer the following question by circling a number along the scale that best represents how you feel:

1. How worried are you generally about the risk of child sex offenders in your local community?

0 1 2 3 4 5 6 7 8 9 10

Not
worried
at all

Moderately
worried

Extremely
worried

2. Do you think that **most** sexual offences against children are committed by strangers or people the child knows? (*please tick a box*)

Complete strangers ☐ Roughly equal ☐ People known to the child ☐

Thank you for taking the time to complete this questionnaire.

Please return your completed form by post (using the enclosed stamped addressed envelope) OR place in the collection box in the school playground.

APPENDIX 7

Please write your chosen code name here

PART A

Instructions

Please read each of the following fictitious case studies carefully and rate them according to how risky you feel they are, in terms of them committing another sexual offence in the future:

1. John is a 63-year-old retired university professor. He was married for 30 yrs until his wife died of cancer in 2009. He has been to court and was found guilty on two separate occasions for indecent exposure offences ('flashing' at passing school girls in the street). On the second occasion, he was convicted of offences that took place whilst he was Probation. He spends his time doing charity work, whilst fitting in the odd game of golf.

a) Tick a box

Low Risk

☐

High Risk

☐

b) Please circle a number along the following scale according to how risky you feel John is:

0 1 2 3 4 5 6 7 8 9 10

No
risk

Very high
risk

c) If you rated John as being a High risk, please briefly state why below:

.....
.....
.....
.....