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# **Chapter 6**

## General Discussion



The general aim of this dissertation was to get a better understanding of the interpersonal context of child sexual abuse (CSA) and the role of relational processes in the development of mental health problems among victims of abuse. Specifically, we examined two samples of abuse victims in which these issues have received limited attention in the literature, namely children (aged 4-16) and high-risk adult females who were institutionalized in their youth. Additionally, we examined the impact of CSA on non-offending maternal mental health, and risk factors associated with these mental health problems. In this final chapter, results of the four empirical chapters are summarized and discussed, and implications for future research and clinical practice are presented. The chapter will close with concluding remarks.

## Main findings

### *Parent-child relationships in the aftermath of CSA*

Over the last few decades, there is a growing awareness among researchers that a supportive parent-child relationship is important for children's adjustment after disclosure of CSA (for reviews, see Elliott & Carnes, 2001; Yancey & Hansen, 2010). At the same time, CSA victims report lower overall quality of parent-child relationships than their non-abused peers (e.g., Boney-McCoy & Finkelhor, 1996; Hotte & Rafman, 1992). To further advance our knowledge in this field, we integrated findings and theoretical perspectives from different disciplines to examine two aspects of parent-child relationships that may play a key role in the adjustment of CSA victims. Furthermore, we put effort in more fully capturing relational processes by including parents' and children's perspectives on the parent-child relationship as well as by observing parent and child contributions in parent-child interaction.

First, Chapter 2 describes an observational study in which we examined mother-child communication patterns by studying mother-child dialogues about children's emotional experiences. Although there is an increased awareness of the importance of parent-child emotional communication for the recovery of traumatized children (e.g., Fivush, 2007; Oppenheim, 2006), there is scant work in this area. Our findings revealed that mother-child dyads with sexually abused children have greater difficulties with co-constructing organized, structured, and coherent emotion dialogues as compared to mothers and non-abused children. Specifically, mother-child dyads with abused children were more likely to engage in overwhelming/excessive dialogues and dialogues lacking content. These findings may have important implications for abused children's mental health. That is, low quality mother-child emotion dialogues may hamper children's meaning making of the complex emotions they are likely to experience after exposure, thereby undermining children's coping and adjustment following this traumatic experience (Fivush, 2007; Oppenheim, 2006).

Second, we zoomed in on secrecy in the parent-child relationship (Chapter 3). Although research shows that secrecy among CSA victims is frequent and long-lasting (e.g., London, Bruck, Ceci, & Shuman, 2005; McElvaney, Greene, & Hogan, 2012), the implications of secrecy for abused children's adjustment has not been examined yet. Our findings revealed that, as compared to mothers of non-abused children, mothers of sexually abused children perceived higher levels of children's secrecy in everyday life and more internalizing and externalizing behavior problems. Interestingly, there were no differences between abused and non-abused children in self-reported secrecy, which needs to be further investigated. Mediation analyses showed that mothers' perception of children's general tendency for secrecy toward their mothers explained (at least partially) the association between exposure to sexual abuse and children's psychopathology. Thus, secrecy toward mothers may be part of the complex interplay of mechanisms through which CSA leads to psychopathology among children.

#### *Non-offending maternal mental health*

Throughout this dissertation, findings support that non-offending parents often struggle with mental health problems in the aftermath of their child's CSA (e.g., Elliott & Carnes, 2001; Holt, Cohen, Mannarino, & Jensen, 2014). In Chapter 2, we reported that mothers of abused children had higher levels of general psychopathology than mothers of non-abused children. Moreover, a substantial proportion (38.9%) of mothers exhibited clinical levels of posttraumatic stress (PTS) symptoms (Chapter 4). Parental psychopathology may undermine parental support and availability in the aftermath of children's exposure to traumatic experiences (Cyr, McDuff, & Hébert, 2013; Visser, Schoemaker, de Schipper, Lamers-Winkelmann, & Finkenauer, in press), which highlights the importance of identifying risk factors associated with parental mental health problems.

Previous research has uncovered both individual and contextual predictors of these mental health problems. At a contextual level, mothers report more distress when the abuse is more severe (Newberger, Gremy, Waternaux, & Newberger, 1993), the perpetrator is a family-member (e.g., Hébert, Daigneault, Collin-Vézina, & Cyr, 2007), and CSA is associated with major life changes, such as in residence or friends (Dyb, Holen, Steinberg, Rodriguez, & Pynoos, 2003). At the individual level, mothers with childhood experiences of CSA (e.g., Hébert et al., 2007), with a greater tendency toward self-blame (Runyon, Spandorfer, & Schroeder, 2014), and with an external locus of control (Dyb et al., 2003) exhibit more distress.

Our research in Chapter 4 builds upon these results by examining both contextual and individual factors, and their interactions, as risk factors for posttraumatic stress (PTS) symptoms among non-offending mothers. Most importantly, to advance our knowledge of potential risk factors, we used insights from recent literature into

the role of disgust in the etiology of PTS symptoms among victims of trauma (e.g., Badour, Feldner, Blumenthal, & Knapp, 2013; Engelhard, Olatunji, & De Jong, 2011). More specifically, we showed that mothers' trait level disgust toward sex emerged as a vulnerability factor for PTS symptoms, over and above perpetrator identity and maternal history of CSA. Perpetrator identity acted as a moderator, suggesting that sexual disgust sensitivity is particularly a risk factor for PTS symptoms in the context of non-incestuous abuse. Taken together, our study supports emerging evidence that disgust sensitivity plays a key role in traumatic responses (Bomyea & Amir, 2012; Rüscher et al., 2011), and extends this work to mothers of sexually abused children.

### *Child abuse and later adult mental health*

There is abundant evidence that a substantial proportion of child abuse victims is resilient to the negative effects of abuse on mental health outcomes (e.g., Collishaw et al., 2007; DuMont, Widom, & Czaja, 2007; McGloin & Widom, 2001). For example, DuMont et al. (2007) found that 52.9% of abuse victims in their sample ( $N = 676$ ) were never diagnosed with a psychiatric disorder in adulthood. Numerous studies have identified protective factors that are beneficial for victims to overcome their abuse experiences. A growing body of research suggests that interpersonal factors play a key role in buffering the impact of child abuse (e.g., Collishaw et al., 2007; Dumont et al., 2007; Marriott et al., 2014; Sperry & Widom, 2013). For example, supportive relationships with friends and partners/spouses protect victims from negative mental health outcomes (Collishaw et al., 2007; DuMont et al., 2007).

Our study into promotive and protective factors in the development of depressive symptoms in a sample of adult high-risk females, who were institutionalized as adolescents in a judicial treatment institution for juveniles and of which most experienced child abuse (85.5%), confirms and extends this previous work (Chapter 5). First, having had a romantic partner a longer period of time following institutionalization (i.e., between the age of 18-38) was not a predictor of less depressive symptoms among high-risk females. However, when women were in a relationship at follow-up (average age of 32), higher quality romantic relationships were negatively associated with depression. These results suggest that simply having a romantic relationship may not be a sufficient source of support for high-risk females, whereas a high quality romantic relationship promotes mental health. Second, findings revealed that having been employed a longer period of time following institutionalization was negatively associated with depressive symptoms among high-risk females, over and above having had romantic partners. This is consistent with previous findings of a strong link between employment and mental health among samples without experiences of child abuse (e.g., Adams, Bybee, Tolman, Sullivan, & Kennedy, 2013; Selenko, Batinic, & Paul, 2011). Furthermore, as research shows that employment improves mental health

by increasing social contacts (Selenko et al., 2011), employment may be an important source of social support for high-risk females. Finally, we were unable to confirm a buffering effect of romantic relationships and employment due to a high proportion of females that were exposed to abuse in their youth.

### **Directions for future research**

There are several directions for future research that follow from our research and results, from which new studies can be developed. Below, we will discuss three issues that may guide future research to improve our understanding of the impact of CSA on children and their families. First, we discuss how our findings may translate to abuse-specific parent-child constructs. Second, we discuss the potential important role of non-offending fathers in abused children's adjustment. Third, we discuss implications of non-offending mothers' exposure to harsh environments.

#### *Abuse-specific parent-child emotional communication and secrecy*

An interesting question for future research is how our results regarding parent-child emotional communication about everyday experiences (Chapter 2) may translate into parent-child communication about children's CSA experiences. To answer this question, we need to examine what the differences and similarities are between talking about non-traumatic emotional events and CSA. Preliminary research in this area showed that parent-child narrative styles are similar across traumatic and non-traumatic emotional events (Bauer, Burch, Van Abbema, & Ackil, 2007). However, research into parent-child communication about CSA or other types of child abuse is lacking. Mother-child dyads may have particular difficulties with discussing CSA experiences, because, for example, CSA often involves feelings of self-blame, shame, and stigma among victims (Paine & Hansen, 2002; Reitsema & Grietens, 2015) and non-offending parents (e.g., Cohen & Mannarino, 1996). Future studies comparing mother-child dialogues about CSA experiences and other negative emotional events would be promising.

A second issue pertains to how secrecy of CSA experiences is associated with adjustment problems in the aftermath of CSA. As research suggests that disclosure of CSA is a long-lasting process involving multiple confidants to whom children may or may not gradually disclose aspects of their abuse (Reitsema & Grietens, 2015), secrecy of abuse-specific experiences may be a life-long issue for CSA victims. To illustrate, children may disclose (some parts of) their CSA experiences to their mothers, while keeping other parts a secret (McElvaney et al., 2012). At the same time, children may disclose CSA to their mothers, while keeping it a secret for their fathers, peers, and/or relatives. Furthermore, as CSA victims grow up, they are involved in an ongoing process of decision making about whether to conceal CSA experiences from new

relationship partners, such as romantic partners, which may be a struggle for victims (e.g., Del Castillo & O'Dougherty Wright, 2009). Longitudinal studies are needed to systematically examine victims' disclosure process by exploring associations between abuse-specific secrecy, disclosure, and mental health outcomes throughout the life span.

### *The role of non-offending fathers*

Unfortunately, the sample size of participating fathers in our study was too small ( $n = 24$ ) and therefore, the focus of this dissertation was on CSA victims' relationship with their mothers. Although our findings suggest that mothers play an important role in children's adjustment to CSA, fathers should not be ignored as they may have different and complementary effects on child outcomes (Brown, Mangelsdorf, & Neff, 2012; Esbjorn et al., 2013; Lewis & Lamb, 2003). Non-offending fathers may even be more important than mothers, because perpetrators are often males (e.g., Finkelhor, Hotaling, Lewis, & Smith, 1990; Grayston & De Luca, 1999). For example, a supportive and available father may restore sexually abused children's negative views and beliefs regarding males and model how to engage in healthy relationships with male figures in their lives. This may be particularly important for abused boys, as fathers are important role models for boys (Wilson & Prior, 2011).

Preliminary research in this field suggests that children's perception of father-child relationship security is positively associated with sexually abused children's outcomes over and above the mother-child relationship (Parent-Boursier & Hébert, 2015). Future studies should further elucidate the differential roles mothers and fathers play in the adjustment of CSA victims. For example, studies that examine father-child emotional communication and the role of (perceived) secrecy toward fathers in children's adjustment would be promising.

Despite the importance of fathers in CSA research, fathers were difficult to include in our study as they were less often involved in children's treatment than mothers. This confirms findings of low paternal involvement in research and treatment related to children's mental health problems (Duhig, Phares, & Birkeland, 2002; Phares, Fields, & Binitie, 2006; Phares, Lopez, Fields, Kamboukos, & Duhig, 2005; Smith, Duggan, Bair-Merritt, & Cox, 2012). Fathers of sexually abused children may particularly show lower levels of involvement in treatment, because they may feel more uncomfortable discussing sexual issues with their children than mothers (e.g., Hutchinson & Cederbaum, 2011). Nevertheless, it is of critical importance to examine strategies on how to enhance non-offending fathers' involvement in research and treatment to better understand their role in child outcomes after CSA. For example, highlighting the importance of fathers for children's recovery may be a strategy for practitioners to involve fathers (Phares et al., 2006).



*Child maltreatment experiences among non-offending mothers*

Although our findings suggest that mothers of sexually abused children struggle with mental health problems, researchers have not yet examined the causality of CSA discovery and maternal mental health problems. It is generally assumed that mental health problems among non-offending parents follow the discovery of CSA, for example, because CSA disrupts family life (Dyb et al., 2003; Kilroy, Egan, Maliszewskab, & Sarma, 2014). However, it is also possible that mothers exhibited some level of psychopathology before CSA was discovered. To illustrate, mothers of sexually abused children are often exposed to harsh environments, including economic hardship and childhood maltreatment (Cyr, et al., 2013; Hussey, Chang, & Kotch, 2006). This is consistent with our findings in Chapter 2 and 3, showing that mothers of sexually abused children experienced a variety of child maltreatment subtypes, had low education levels, had a low family income, and were mostly single-mothers. These harsh environments may partially explain their mental health problems (Cyr et al., 2013). For example, in our sample, maternal childhood maltreatment experiences were significantly associated with higher levels of psychopathology (Chapter 2). Thus, longitudinal studies are needed to disentangle the unique effects of harsh environments and CSA discovery on mental health outcomes among mothers of sexually abused children.

**Implications for clinical practice**

The results of this dissertation have several implications for clinical practice. First, our findings suggest that improving the parent-child relationship may be a promising target in the treatment of sexually abused children. This is in line with research showing that treatments for traumatized children aimed, among other things, at improving the parent-child relationship are effective. For example, child-parent psychotherapy (CPP; Lieberman & Van Horn, 2005), video-feedback intervention to promote positive parenting (VIPP; Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2008), parent-child interaction therapy (PCIT; Hembree-Kigin & McNeal, 1995), and the trauma narrative component in trauma-focused cognitive behavioral therapy (TF-CBT; Cohen, Mannarino, & Deblinger, 2006) are associated with positive outcomes among traumatized children (e.g., Deblinger, Cohen, Mannarino, Runyon, & Steer, 2011; Lieberman, Van Horn, & Ippen, 2005; Moss, et al., 2011; Timmer, Ware, Urquiza, & Zebell, 2010).

Our research complements these findings by revealing two specific aspects of the parent-child relationship that may warrant particular attention in the treatment of sexually abused children. First, we showed that mother-child dyads' ability to talk sensitively about children's emotional experiences may need to be strengthened in treatment. It is plausible, although not yet empirically investigated, that improving this ability, among parents, children, and in the parent-child relationship, will promote sexually abused children's recovery by enhancing meaning making of their emotional

experiences (Oppenheim, 2006). Additionally, treatments aimed at reducing children's tendency for secrecy toward parents may improve children's mental health. The cycle of secrecy may be broken by stimulating children's disclosure of personal experiences to their parents, as well as by improving parents' abilities to respond positively to their children's revelations of secrets (Afifi & Steuber, 2010).

One treatment component that may be useful in achieving the above mentioned treatment goals, may be to allow children to share their CSA experiences with parents. For example, a core component of TF-CBT (Cohen et al., 2006) is the "trauma narrative", in which children develop a coherent narrative about their traumatic experiences and share this with the parent in conjoint sessions. Importantly, therapists guide these processes and parents are extensively prepared prior to the conjoint sessions. One of the main aims of sharing the trauma narrative is to improve parent-child dialogues about upsetting feelings and thoughts (Cohen et al., 2006). Furthermore, because children are often afraid to share specific details of the abuse with parents, sharing the trauma narrative allows parents to demonstrate their ability to tolerate the child's description of CSA and to support them (Cohen et al., 2006). This supportive parental response may facilitate children's disclosure of personal experiences and reduce children's secrecy toward their parent.

A second implication of our findings may be that the impact of CSA discovery on non-offending parental health should be addressed in treatment. Although it is increasingly recognized that interventions for non-offending parents of sexually abused children may be important for both parents' and children's recovery, we know little about effective components in such treatments (Van Toledo & Seymour, 2013). Our findings suggest that parental disgust reactions toward their child's sexual abuse may be a promising target in the treatment of non-offending parents to reduce PTS symptoms. To date, effective treatments for anxiety disorders targeting disgust responses have not been developed yet. Nevertheless, the literature provides several useful strategies for practitioners (for a review, see Mason & Richardson, 2012). For example, targeting parents' disgust sensitivity by inducing physical sensations associated with their disgust responses in therapy may be a useful strategy to help parents become more comfortable with feelings of disgust and to reduce concerns toward feeling disgusted (Mason & Richardson, 2012).

A final implication of our research is that nurturing positive, harmonious, long-lasting interpersonal relationships may promote positive long-term mental health outcomes among victims of abuse. Given that victims of abuse often have difficulties with establishing and maintaining interpersonal relationships in both child- and adulthood (Blanchard-Dallaire & Hébert, 2014; Colman & Widom, 2004; De Jong, Alink, Bijleveld, Finkenauer, & Hendriks, 2015), it may be important to increase victims' opportunities for positive social experiences. Although this may be important for all

victims of CSA, both the experience of positive, respectful social relationships and development of social skills (e.g., initiating and ending an interaction) at an early stage of development may be crucial. Group therapy for abused children may be a particularly promising approach to foster positive peer relationships (Martens, Van Delft, & Visser, 2012; Miffitt, 2014). Group therapy allows children to experience positive social experiences in a safe interpersonal context, thereby fostering feelings of safety, intimacy, and trust in interpersonal relationships (Martens et al., 2012). This may help victims to overcome feelings of shame and social isolation (Miffitt, 2014) and ensure social support in times of need.

Furthermore, our findings suggest that increasing abuse victims' opportunities for education and employment may be an important target in treatment. In the absence of positive intimate relationships, social contacts at work may foster feelings of social connectedness among victims and increase mental health (Selenko et al., 2011). Given that child abuse is associated with lower levels of education and higher unemployment rates (De Jong et al., 2015), building educational and vocational skills and providing professional career guidance may be a valuable addition to the treatment of abused adolescents and young adults.

## Conclusion

The general aim of this dissertation was to examine the impact of CSA on children and their families. More specifically, we aimed to get a better insight into the interpersonal context of CSA and the role of relational processes in the development of mental health problems among victims of abuse. Furthermore, we aimed to examine risk factors of non-offending parental mental health problems. Our findings highlight the importance of examining the impact of CSA on children's short- and long-term developmental outcomes in the context of a variety of interpersonal relationships, such as parents, romantic partners, and co-workers. First, our findings suggest that the quality of mother-child relationships among dyads with sexually abused children is at risk, which may jeopardize children's recovery. Specifically, we found that mothers and their sexually abused children find it difficult to discuss emotions with each other. Furthermore, as compared to mothers of non-abused children, mothers of sexually abused children perceived a greater tendency for secrecy in their children, which explained the association between CSA and psychopathology. Second, high quality romantic relationships and employment promoted positive mental health outcomes among adult victims of child abuse. Furthermore, our results suggest that the discovery of their child's CSA can harm parental mental health. Non-offending mothers exhibited both general psychopathological symptoms and PTS symptoms. Parents with a high trait level disgust toward sex were particularly at risk for PTS symptoms.

Taken together, findings in this dissertation argue for multi-disciplinary research and adopting a broad interpersonal perspective when examining the impact of CSA on children and their families. As the poet John Donne once wrote “No man is an island, entire of itself”, it is important to consider one’s connections to others. In my opinion, this is particularly important in the aftermath of child abuse experiences.

## References

- Adams, A. E., Bybee, D., Tolman, R. M., Sullivan, C. M., & Kennedy, A. C. (2013). Does job stability mediate the relationship between intimate partner violence and mental health among low-income women? *American Journal of Orthopsychiatry*, 83(4), 600-608. doi:10.1111/ajop.12053
- Afifi, T. D., & Steuber, K. (2010). The cycle of concealment model. *Journal of Social and Personal Relationships*, 27(8), 1019-1034. doi:10.1177/0265407510378301
- Badour, C. L., Feldner, M. T., Blumenthal, H., & Knapp, A. (2013). Preliminary evidence for a unique role of disgust-based conditioning in posttraumatic stress. *Journal of Traumatic Stress*, 26(2), 280-287. doi:10.1002/jts.21796
- Bauer, P. J., Burch, M. M., Van Abbema, D. L., & Ackil, J. K. (2007). Talking about twistors: Relations between mothers' and children's contributions to conversations about a devastating tornado. *Journal of Cognition and Development*, 8(4), 371-399. doi: 10.1080/15248370701612936
- Blanchard-Dallaire, C., & Hébert, M. (2014). Social relationships in sexually abused children: self-reports and teachers' evaluation. *Journal of Child Sexual Abuse*, 23(3), 326-344. doi: 10.1080/10538712.2014.888123.
- Bomyea, J., & Amir, N. (2012). Disgust propensity as a predictor of intrusive cognitions following a distressing film. *Cognitive Therapy and Research*, 36(3), 190-198. doi:10.1007/s10608-010-9331-1
- Boney-McCoy, S., & Finkelhor, D. (1996). Is youth victimization related to trauma symptoms and depression after controlling for prior symptoms and family relationships? A longitudinal, prospective study. *Journal of Consulting and Clinical Psychology*, 64(6), 1406-1416. doi:10.1037/0022-006x.64.6.1406
- Brown, G. L., Mangelsdorf, S. C., & Neff, C. (2012). Father involvement, paternal sensitivity, and father-child attachment security in the first 3 years. *Journal of Family Psychology*, 26(3), 421-430. doi:10.1037/a0027836
- Cohen, J. A., & Mannarino, A. P. (1996). Factors that mediate treatment outcome of sexually abused preschool children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35(10), 1402-1410. doi:10.1097/00004583-199610000-00028
- Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2006). *Treating Trauma and Traumatic Grief in Children and Adolescents*. New York: Guilford Press.
- Collishaw, S., Pickles, A., Messer, J., Rutter, M., Shearer, C., & Maughan, B. (2007). Resilience to adult psychopathology following childhood maltreatment: Evidence from a community sample. *Child Abuse & Neglect*, 31(3), 211-229. doi:10.1016/j.chiabu.2007.02.004
- Colman, R. A., & Widom, C. S. (2004). Childhood abuse and neglect and adult intimate relationships: A prospective study. *Child Abuse & Neglect*, 28(11), 1133-1151. doi:10.1016/j.chiabu.2004.02.005
- Cyr, M., McDuff, P., & Hébert, M. (2013). Support and profiles of nonoffending mothers of sexually abused children. *Journal of Child Sexual Abuse*, 22(2), 209-230. doi:10.1080/10538712.2013.737444
- Deblinger, E., Mannarino, A. P., Cohen, J. A., Runyon, M. K., & Steer, R. A. (2011). Trauma-focused cognitive behavioral therapy for children: Impact of the trauma narrative and treatment length. *Depression and Anxiety*, 28(1), 67-75. doi:10.1002/da.20744
- De Jong, R., Alink, L., Bijleveld, C., Finkenauer, C., & Hendriks, J. (2015). Transition to adulthood of child sexual abuse victims. *Aggression and Violent Behavior*, 24, 175-187. doi:10.1016/j.avb.2015.04.012

- Del Castillo, D., & Wright, M. O. D. (2009). The perils and possibilities in disclosing childhood sexual abuse to a romantic partner. *Journal of Child Sexual Abuse, 18*(4), 386-404. doi:10.1080/10538710903035230
- Duhig, A. M., Phares, V., & Birkeland, R. W. (2002). Involvement of fathers in therapy: A survey of clinicians. *Professional Psychology-Research and Practice, 33*(4), 389-395. doi:10.1037//0735-7028.33.4.389
- DuMont, K. A., Widom, C. S., & Czaja, S. J. (2007). Predictors of resilience in abused and neglected children grown-up: The role of individual and neighborhood characteristics. *Child Abuse & Neglect, 31*(3), 255-274. doi:10.1016/j.chiabu.2005.11.015
- Dyb, G., Holen, A., Steinberg, A. M., Rodriguez, N., & Pynoos, R. S. (2003). Alleged sexual abuse at a day care center: Impact on parents. *Child Abuse & Neglect, 27*(8), 939-950. doi:10.1016/s0145-2134(03)00141-8
- Elliott, A. N., & Carnes, C. N. (2001). Reactions of nonoffending parents to the sexual abuse of their child: A review of the literature. *Child Maltreatment, 6*(4), 314-331. doi:10.1177/1077559501006004005
- Engelhard, I. M., Olatunji, B. O., & de Jung, P. J. (2011). Disgust and the development of posttraumatic stress among soldiers deployed to Afghanistan. *Journal of Anxiety Disorders, 25*(1), 58-63. doi:10.1016/j.janxdis.2010.08.003
- Esbjorn, B. H., Pedersen, S. H., Daniel, S. I. F., Hald, H. H., Holm, J. M., & Steele, H. (2013). Anxiety levels in clinically referred children and their parents: Examining the unique influence of self-reported attachment styles and interview-based reflective functioning in mothers and fathers. *British Journal of Clinical Psychology, 52*(4), 394-407. doi:10.1111/bjc.12024
- Finkelhor, D., Hotaling, G., Lewis, I. A., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk-factors. *Child Abuse & Neglect, 14*(1), 19-28. doi:10.1016/0145-2134(90)90077-7
- Fivush, R. (2007). Maternal reminiscing style and children's developing understanding of self and emotion. *Clinical Social Work Journal, 35*(1), 37-46. doi:10.1007/s10615-006-0065-1
- Grayston, A. D., & De Luca, R. V. (1999). Female perpetrators of child sexual abuse: A review of the clinical and empirical literature. *Aggression and Violent Behavior, 4*(1), 93-106. doi:10.1016/s1359-1789(98)00014-7
- Hébert, M., Daigneault, I., Collin-Vézina, D., & Cyr, M. (2007). Factors linked to distress in mothers of children disclosing sexual abuse. *Journal of Nervous and Mental Disease, 195*(10), 805-811. doi:10.1097/NMD.0b013e3181568149
- Hembree-Kigin, T. L., & McNeil, C. B. (1995). *Parent-Child Interaction Therapy*. New York, NY: Plenum Press.
- Holt, T., Cohen, J., Mannarino, A., & Jensen, T. K. (2014). Parental emotional response to children's traumas. *Journal of Aggression Maltreatment & Trauma, 23*(10), 1057-1071. doi:10.1080/10926771.2014.953717
- Hotte, J. P., & Rafman, S. (1992). The specific effects of incest on prepubertal girls from dysfunctional families. *Child Abuse & Neglect, 16*(2), 273-283. doi:10.1016/0145-2134(92)90034-o
- Hussey, J. M., Chang, J. J., & Kotch, J. B. (2006). Child maltreatment in the United States: Prevalence, risk factors, and adolescent health consequences. *Pediatrics, 118*(3), 933-942. doi:10.1542/peds.2005-2452
- Hutchinson, M. K., & Cederbaum, J. A. (2011). Talking to daddy's little girl about sex: Daughters' reports of sexual communication and support from fathers. *Journal of Family Issues, 32*(4), 550-572. doi:10.1177/0192513x10384222

- Juffer, F., Bakermans-Kranenburg, M. J., & van IJzendoorn, M. H. (2008). *Promoting positive parenting: An attachment-based intervention*. New York: Taylor & Francis
- Kilroy, S. J., Egan, J., Maliszewska, A., & Sarma, K. M. (2014). "Systemic Trauma": The impact on parents whose children have experienced sexual abuse. *Journal of Child Sexual Abuse*, 23(5), 481-503. doi: 10.1080/10538712.2014.920458
- Lewis, C., & Lamb, M. E. (2003). Fathers' influences on children's development: The evidence from two-parent families. *European Journal of Psychology of Education*, 18(2), 211-228. doi: 10.1007/BF03173485
- Lieberman A. F., & Van Horn, P. (2005). *Don't Hit My Mommy*. Washington, DC: Zero to Three Press.
- Lieberman, A. F., Van Horn, P., & Ippen, C. G. (2005). Toward evidence-based treatment: Child-parent psychotherapy with preschoolers exposed to marital violence. *Journal of the American Academy of Child and Adolescent Psychiatry*, 44(12), 1241-1248. doi:10.1097/01.chi.0000181047059702.58
- London, K., Bruck, M., Ceci, S. J., & Shuman, D. W. (2005). Disclosure of child sexual abuse: What does the research tell us about the ways that children tell? *Psychology Public Policy and Law*, 11(1), 194-226. doi:10.1037/1076-8971.11.1.194
- Marriott, C., Hamilton-Giachritsis, C., & Harrop, C. (2014). Factors promoting resilience following childhood sexual abuse: A structured, narrative review of the literature. *Child Abuse Review*, 23(1), 17-34. doi:10.1002/car.2258
- Martens, I. J. M., Van Delft, I., & Visser, M. M. (2012). De Horizonmethode: Groepsbehandeling voor kinderen na seksueel misbruik [The Horizonmethod: Group treatment for sexually abused children]. *Tijdschrift van de Vereniging voor Kinder- en Jeugdpsychotherapie*, 39(2), 6-27.
- Mason, E. C., & Richardson, R. (2012). Treating disgust in anxiety disorders. *Clinical Psychology-Science and Practice*, 19(2), 180-194. doi:10.1111/j.1468-2850.2012.01282.x
- McElvaney, R., Greene, S., & Hogan, D. (2012). Containing the secret of child sexual abuse. *Journal of Interpersonal Violence*, 27(6), 1155-1175. doi:10.1177/0886260511424503
- McGloin, J. M., & Widom, C. S. (2001). Resilience among abused and neglected children grown up. *Development and Psychopathology*, 13(4), 1021-1038. doi:10.1017/s095457940100414x
- Miffitt, L. A. (2014). State of the science: Group therapy interventions for sexually abused children. *Archives of Psychiatric Nursing*, 28(3), 174-179. doi:10.1016/j.apnu.2013.09.004
- Moss, E., Dubois-Comtois, K., Cyr, C., Tarabulsy, G. M., St-Laurent, D., & Bernier, A. (2011). Efficacy of a home-visiting intervention aimed at improving maternal sensitivity, child attachment, and behavioral outcomes for maltreated children: A randomized control trial. *Development and Psychopathology*, 23(1), 195-210. doi: 10.1017/S0954579410000738
- Newberger, C. M., Gremy, I. M., Waternaux, C. M., & Newberger, E. H. (1993). Mothers of sexually abused-children: Trauma and repair in longitudinal perspective. *American Journal of Orthopsychiatry*, 63(1), 92-102. doi:10.1037/h0079398
- Oppenheim, D. (2006). Child, parent, and parent-child emotion narratives: Implications for developmental psychopathology. *Development and Psychopathology*, 18(3), 771-790. doi:10.1017/s095457940606038x
- Paine, M. L., & Hansen, D. J. (2002). Factors influencing children to self-disclose sexual abuse. *Clinical Psychology Review*, 22(2), 271-295. doi:10.1016/s0272-7358(01)00091-5
- Parent-Boursier, C., & Hébert, M. (2015). Security in father-child relationship and behavior problems in sexually abused children. *Journal of Family Violence*, 30(1), 113-122. doi:10.1007/s10896-014-9653-y
- Phares, V., Fields, S., & Binitie, I. (2006). Getting fathers involved in child-related therapy. *Cognitive and Behavioral Practice*, 13(1), 42-52. doi:10.1016/j.cbpra.2005.06.002

- Phares, V., Lopez, E., Fields, S., Kamboukos, D., & Duhig, A. M. (2005). Are fathers involved in pediatric psychology research and treatment? *Journal of Pediatric Psychology, 30*(8), 631-643. doi:10.1093/jpepsy/jsi050
- Reitsema, A. M., & Grietens, H. (2015). Is anybody listening? The literature on the dialogical process of child sexual abuse disclosure reviewed. *Trauma, Violence, & Abuse*. Advance online publication. doi: 10.1177/1524838015584368
- Rüsch, N., Schulz, D., Valerius, G., Steil, R., Bohus, M., & Schmahl, C. (2011). Disgust and implicit self-concept in women with borderline personality disorder and posttraumatic stress disorder. *European Archives of Psychiatry and Clinical Neuroscience, 261*(5), 369-376. doi:10.1007/s00406-010-0174-2
- Runyon, M. K., Spandorfer, E. D., & Schroeder, C. M. (2014). Cognitions and distress in caregivers after their child's sexual abuse disclosure. *Journal of Child Sexual Abuse, 23*(2), 146-159. doi: 10.1080/10538712.2014.869291
- Selenko, E., Batinic, B., & Paul, K. (2011). Does latent deprivation lead to psychological distress? Investigating Jahoda's model in a four-wave study. *Journal of Occupational and Organizational Psychology, 84*(4), 723-740. doi:10.1348/096317910x519360
- Smith, T. K., Duggan, A., Bair-Merritt, M. H., & Cox, G. (2012). Systematic review of fathers' involvement in programmes for the primary prevention of child maltreatment. *Child Abuse Review, 21*(4), 237-254. doi:10.1002/car.2195
- Sperry, D. M., & Widom, C. S. (2013). Child abuse and neglect, social support, and psychopathology in adulthood: A prospective investigation. *Child Abuse & Neglect, 37*(6), 415-425. doi:10.1016/j.chiabu.2013.02.006
- Timmer, S. G., Ware, L. M., Urquiza, A. J., & Zebell, N. M. (2010). The effectiveness of parent-child interaction therapy for victims of interparental violence. *Violence and Victims, 25*(4), 486-503. doi:10.1891/0886-6708.25.4.486
- Van Toledo, A., & Seymour, F. (2013). Interventions for caregivers of children who disclose sexual abuse: A review. *Clinical Psychology Review, 33*(6), 772-781. doi:10.1016/j.cpr.2013.05.006
- Visser, M. M., Schoemaker, K., de Schipper, J. C., Lamers-Winkelmann, F., & Finkenauer, C. (in press). Interparental violence and the mediating role of parental availability in children's trauma-related symptoms. *Journal of Child and Adolescent Trauma*.
- Wilson, K. R., & Prior, M. R. (2011). Father involvement and child well-being. *Journal of Paediatrics and Child Health, 47*(7), 405-407. doi:10.1111/j.1440-1754.2010.01770.x
- Yancey, C. T., & Hansen, D. J. (2010). Relationship of personal, familial, and abuse-specific factors with outcome following childhood sexual abuse. *Aggression and Violent Behavior, 15*(6), 410-421. doi:10.1016/j.avb.2010.07.003