Chapter 2

Talking about feelings: Mother-child emotion dialogues among sexually abused children

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Under revision
Abstract

Mother-child dialogues about children’s emotional experiences are associated with children’s adaptive coping with stressful situations and mental health. Yet, they have not been examined among mother-child dyads with sexually abused children. The current descriptive study examined the quality of mother-child emotion dialogues, as well as the quality of child and maternal contributions to dialogues, among dyads with sexually abused children ($n = 30$; 60% female; $M$ age = 8.03), as compared to dyads with non-abused children ($n = 30$; 60% female; $M$ age = 8.20). Quality of dialogues was assessed using the Autobiographical Emotional Events Dialogue. Also, mothers filled in questionnaires pertaining to their own childhood maltreatment history and psychopathological symptoms. Dyads with abused children were more likely to engage in overwhelming/excessive dialogues and dialogues lacking content, as compared to dyads with non-abused children. Furthermore, mothers of abused children showed lower sensitive guidance and abused children were less cooperative and explorative. Maternal childhood maltreatment and psychopathology were not associated with the quality of emotion dialogues. Our findings suggest that the ability to discuss emotional experiences may be impaired among mother-child dyads with sexually abused children. This may have important implications for the treatment of sexually abused children and their families.
Child sexual abuse (CSA) is associated with myriad negative short- and long-term mental health outcomes among victims, such as depression and anxiety (e.g., Cutajar et al., 2010; Maniglio, 2009; Trickett, Noll, & Putnam, 2011). A growing body of evidence, however, suggests that a supportive, sensitive, and responsive parent may attenuate and even protect children from the harmful effects of abuse (for reviews, see Elliott & Carnes, 2001; Yancey & Hansen, 2010). A key aspect may be mothers’ ability to support and guide abused children while discussing children’s emotional experiences. However, these mother-child emotion dialogues have been overlooked in CSA research so far. This gap in the literature is surprising, because research consistently shows that high quality mother-child emotion dialogues play an important role in promoting children’s coping abilities and mental health (Fivush, 2007; Fivush & Sales, 2006; Sales & Fivush, 2005). The present descriptive study sought to examine the quality of mother-child emotion dialogues in a sample of mothers and their sexually abused children.

**Mother-child emotion dialogues**

Research indicates that mother-child emotion dialogues play a crucial role in children’s cognitive, social, and emotional development (Fivush, Haden, & Reese, 2006; Laible, Murphy, & Augustine, 2013; Laible & Song, 2006). For example, high quality mother-child emotion dialogues are associated with children’s adaptive coping with stressful situations (Fivush & Sales, 2006; Gentzler, Contreras-Grau, Kerns, & Weimer, 2005; Goodvin & Romdall, 2013), and lower levels of emotional difficulties (Fivush, Marin, McWilliams, & Bohanek, 2009; Sales & Fivush, 2005). Furthermore, emotion dialogues have been linked to the quality of mother-child relationships. To illustrate, mother-child dyads characterized by a secure attachment relationship engage more frequently in open (Laible & Thompson, 2000), elaborative (Fivush & Vaseduva, 2002), and coherent, organized, and cooperative dialogues (Hsiao, Koren-Karie, Bailey, & Moran, 2015; Oppenheim, Koren-Karie, & Sagi-Schwartz, 2007) than unsecure dyads.

Theoretically, mother-child emotion dialogues are considered to shape children’s developing self-understanding (Fivush, 2007; Fivush, Berlin, Sales, Mennuti-Washburn, & Cassidy, 2003). By discussing emotional experiences with their mothers, children acquire meaning making skills; they learn how to evaluate, interpret, and organize their emotional experiences (Fivush, 2007; Fivush et al., 2003). More specifically, parent-child emotion dialogues are considered to shape children’s emotional self-concept, in terms of how they define themselves as an emotional person, how they express and share emotions with others, and how they cope with and resolve negative emotions (Fivush et al., 2003). From an attachment perspective, high quality emotion dialogues help children shape and maintain internal working models of their mother as a psychological secure base (Koren-Karie, Oppenheim, Haimovich, & Etzion-Carasso, 2003b).
Traditionally, most studies adopted a cognitive or linguistic approach to examine mother-child dialogues and focused on the association between variations in maternal elaboration and child outcomes, that is, mothers’ ability to engage in rich, detailed, and coherent emotion dialogues (Fivush & Fromhoff, 1988; Fivush, Haden, & Reese, 2006; Fivush, 2007). Recently, research has revealed that mothers as well as children contribute to aspects of emotion dialogues that are associated with child outcomes. For example, maternal acceptance and encouragement (Gentzler et al., 2005), children’s emotional openness and engagement (Gentzler, et al., 2005; Laible et al., 2013), and dyad’s ability to resolve negative emotions (Goodvin & Romdall, 2013) are associated with child outcomes. These findings highlight the need to examine both maternal and child behavior in mother-child emotion dialogues, as well as dyadic aspects of the dialogue.

Child sexual abuse and mother-child emotion dialogues
Mother-child emotion dialogues may be of critical importance for children who experienced highly stressful events, such as CSA. Mothers who support, guide, and encourage their child while discussing CSA experiences may facilitate children’s meaning making of the traumatic event, thereby promoting children’s recovery (Fivush, 2007; Oppenheim, 2006). Support for the importance of dialogues about traumatic events can be derived from research showing that developing a coherent narrative about traumatic events is effective in reducing adjustment problems among sexually abused children (e.g., Deblinger, Mannarino, Cohen, Runyon, & Steer, 2011). Children may heavily rely on mother-child dialogues in facilitating the development of a coherent trauma narrative, because children typically lack the necessary cognitive and emotional skills to create narratives on their own (Fivush, 2007).

Despite the suggested importance of mother-child emotion dialogues for children’s recovery from traumatic experiences, they have not been studied among sexually abused children. Yet, the quality of mother-child emotion dialogues may be at risk among dyads with sexually abused children. First, mothers of sexually abused children often exhibit high levels of psychopathology (e.g., depression, anxiety, posttraumatic stress) following disclosure of their child’s CSA (Cyr, McDuff, & Hébert, 2013; Elliott & Carnes, 2001; Hébert, Daigneault, Collin-Vézina, & Cyr, 2007). This may reduce mothers’ availability as a partner in conversations with their child about emotional experiences. Second, there is a high incidence of childhood maltreatment experiences among these mothers (e.g., Finkelhor, Moore, Hamby, & Straus, 1997; Robboy & Anderson, 2011). When mothers have not resolved these traumatic experiences, mother-child dyads have lower quality emotion dialogues (Koren-Karie, Oppenheim, & Getzler-Yosef, 2008).
Taken together, the literature highlights the importance of studying mother-child emotional dialogues among dyads with sexually abused children. Insights in these dyadic processes may reveal essential and promising targets in the treatment of sexually abused children to enhance children’s recovery from and coping with CSA experiences.

**Current study**

To our knowledge, the present study is the first to examine the quality of mother-child emotion dialogues among dyads with sexually abused children. To fully capture both child and maternal quality of contributions to dialogues, as well as dyadic aspects of dialogues, we used the Autobiographical Emotional Events Dialogue (AEED; Koren-Karie, Oppenheim, Haimovich, & Etzion-Carasso, 2003a). Our first aim was to compare the dyadic quality of mother-child emotion dialogues between mother-child dyads of sexually abused and non-abused children. We hypothesized that mothers and their abused children would have lower quality dialogues than mothers and their non-abused children. Our second main aim was to examine the quality of child and maternal contributions to the dialogues among dyads with sexually abused children, as compared to dyads with non-abused children. We hypothesized that mothers of abused children would provide less maternal sensitive guidance and that abused children would show lower levels of child cooperation and exploration, as compared to mothers and their non-abused children. Our final aim was to explore associations between maternal psychopathology and maternal childhood maltreatment, on the one hand, and quality of mother-child emotion dialogues on the other. We expected that both higher psychopathology and maternal childhood maltreatment experience levels would be associated with lower levels of maternal sensitive guidance. Although we expected stronger negative associations with maternal contributions to emotion dialogues, we also examined the possibility that maternal childhood maltreatment and psychopathology may be associated with child contributions to dialogues.

**Method**

**Participants**

Participants were 30 non-offending mothers and their sexually abused children (aged 4-13 years; \( M = 8.03, SD = 2.72; 60\% \) female) and a control group of 30 mothers and their non-abused children (aged 4-13 years; \( M = 8.20, SD = 2.94; 60\% \) female). As part of a larger (treatment) study, mothers and children in the CSA group were recruited from four outpatient treatment centers in the Netherlands specialized in childhood trauma (for full information about the sample and recruitment procedures,
see Van Delft et al., 2015). Children were referred by the Dutch Youth Care Agency (in Dutch: Bureau Jeugdzorg), general practitioners, or mental health care professionals. Practitioners identified cases that included children aged 4 to 16 years who experienced (or were suspected of experiencing) sexual abuse. Statements about CSA were deemed highly credible by the practitioners who did the intake and diagnostic assessments.

Mothers and children in the control group were recruited from Dutch primary schools and through the social network of research assistants. Control dyads were excluded when the mother reported that the child experienced (or was suspected of having experienced) sexual abuse or a severe traumatic event, as indicated on the Parent Report Traumatic Impact (Friedrich, 1997) (i.e., two children who witnessed a shooting in which people were killed were excluded).

Furthermore, mothers and children in both groups were excluded when mother or child had an intellectual disability (IQ score below 70), and when mother or child were unable to complete the measures due to the inability to read or speak Dutch. For the purpose of the current study, we further selected children aged 4 to 13 years, because the AEED (Koren-Karie et al., 2003a) has not been used in older children. Also, we excluded children who were placed in foster care after experiencing CSA. Demographic characteristics of participants in the CSA and control group are presented in Table 1. Mother-child dyads in the CSA group and control group were matched on children’s gender and age, and did not differ in maternal ethnicity (Fisher’s Exact; \(p > .999\)). However, mothers in the CSA group were significantly more likely to be a single-parent (\(\chi^2(1) = 6.65, p = .01\)), have lower levels of education (Fisher’s exact = 20.75, \(p < .001\)), and have a lower family income (\(\chi^2(2) = 12.27, p = .002\)) than mothers in the control group.

<table>
<thead>
<tr>
<th>Table 1. Demographics by Group</th>
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<tr>
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<tr>
<td>--------------------------------</td>
</tr>
<tr>
<td>Maternal ethnicity (Dutch)</td>
</tr>
<tr>
<td>Single-parent household (Yes)</td>
</tr>
<tr>
<td>Family income</td>
</tr>
<tr>
<td>(\leq \text{€15,000})</td>
</tr>
<tr>
<td>(\text{€15,001 - €35,000})</td>
</tr>
<tr>
<td>(\geq \text{€35,001})</td>
</tr>
<tr>
<td>Maternal educational level</td>
</tr>
<tr>
<td>Low</td>
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<tr>
<td>Middle</td>
</tr>
<tr>
<td>High</td>
</tr>
</tbody>
</table>
Procedure

Mothers in the CSA group were introduced to the study by a practitioner during intake, whereas mothers in the control group were introduced to the study by a teacher or research assistant. Mothers received an information letter and consent form and gave permission to be contacted by a researcher to provide further information. Mothers and adolescents older than 12 years provided informed consent for participating in the study. Participants in the CSA group also gave consent for access to the children’s treatment files. The Dutch law requires both custodial parents to consent to children participating in research. Therefore, we asked the mothers to inform the other parent by giving them an information letter and consent form. The other parent was asked to provide written consent for their child’s participation in the study. Dyads in the CSA group completed measures at the treatment center or during a home visit before the start of treatment. Similarly, mothers and children in the control group completed measures during a home visit or at the University. As a thank you for their participation, mothers received €25, children older than 12 years received a movie voucher of €10, and younger children received a small gift in exchange for participation (e.g., pen, game). The Medical Ethical Committee approved all of the procedures for this study (METc VUmc 2011/407/NL38753.029.11).

Measures

Child sexual abuse characteristics. Mothers reported on the characteristics of their child’s sexual abuse, in particular the identity and age of the perpetrator, the frequency of the abuse, and whether the perpetrator lived in the family home at the time of the abuse. Intake information in children’s treatment files was examined to gather information on CSA severity. CSA severity was scored by two independent coders using the Modified Maltreatment Classification System (MMCS; English & the LONGSCAN Investigators, 1997). Severity ranged from 1 (exposure to explicit sexual stimuli or activities) to 5 (forced intercourse or other forms of sexual penetration). Inter-rater reliability was adequate (Cohen’s Kappa = .72). Coder differences were resolved through discussion.

Autobiographical emotional events dialogues. During the AEED (Koren-Karie et al., 2003a), mothers and children participated in a reminiscing task, in which they recalled and described autobiographical events during which the child felt happy, sad, angry, scared, and proud. Dyads were presented with five cards, each representing one of these emotions, and asked to discuss children’s emotional experiences. This resulted in five stories in which mothers and children jointly described events and talked about what the child felt, thought, and did during the events. Dyads determined the events they discussed, the order of discussed emotions, and the duration of the dialogue. Dialogues typically lasted between 5 and 15 minutes, and were videotaped and transcribed verbatim.
Transcripts of dialogues were rated on 7 maternal scales, 7 parallel scales, and 2 scales measuring the overall quality of the dialogue. Descriptions of the scales are presented in Table 2. Scores ranged from 1 to 9, with a higher score indicating greater prevalence of the construct (Koren-Karie et al., 2003a). To increase statistical power, two composite scores were computed to assess child and maternal quality of contributions to the dialogues based on the mean score of all child scales (Child Cooperation and Exploration) and all maternal scales (Maternal Sensitive Guidance) (Koren-Karie et al., 2008). Composite scores had adequate internal consistencies (Cronbach’s alpha = .73 and .81, respectively).

Table 2. Descriptions of AEED Child and Maternal Scales

<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
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<tbody>
<tr>
<td>Shift of focus</td>
<td>The mother/child is unable to construct stories that have a beginning, middle and an end, due to shifts of focus from the significant parts of the story to the minor ones.</td>
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<tr>
<td>Boundary dissolution</td>
<td>Role reversal between mother and child is the most salient feature of the interaction, e.g. by the child behaving in a caregiving or controlling manner, or the mother behaving childish or helpless.</td>
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<tr>
<td>Acceptance and tolerance</td>
<td>The mother/child is tolerant and acceptant of the other’s ideas, without hostility and impatience.</td>
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<tr>
<td>Hostility</td>
<td>The mother/child shows hostility, anger, or derogation.</td>
</tr>
<tr>
<td>Involvement and reciprocity</td>
<td>The mother/child is highly involved in the task and cooperates with the other.</td>
</tr>
<tr>
<td>Resolution of negative feelings</td>
<td>The mother/child does not let the story end without a resolution of strong negative emotions.</td>
</tr>
<tr>
<td>Structuring/elaboration</td>
<td>The mother helps her child in narrating rich and coherent stories. The child provides four fully elaborated stories, with no repetition, and with no drift to irrelevant details.</td>
</tr>
<tr>
<td>Overall scales</td>
<td></td>
</tr>
<tr>
<td>Adequacy</td>
<td>Mother and child construct four different stories that match the emotions they ought to describe.</td>
</tr>
<tr>
<td>Coherence</td>
<td>The mother and child construct four stories that are highly coherent.</td>
</tr>
</tbody>
</table>

Based on these rating scales, mother-child dyads were classified as Emotionally Matched or Emotionally Unmatched (for full details of the classifications see Koren-Karie et al., 2003a). Unmatched dyads were further categorized in one of three categories (Excessive, Flat, or Inconsistent). Dyads classified as Emotionally Matched are characterized by their capacity to create understandable, appropriate, believable, and structured dialogues about emotional experiences of the child. Mother and child are equally involved in the dialogue, and show patience and acceptance towards each other. Discussions about negative emotions are guided by the mother towards positive endings to contain negative feelings of the child. Overall, the dialogue is coherent and fluent, and the atmosphere is comfortable. Dialogues classified as Emotionally
Unmatched Excessive are characterized by incoherence, lack of structure, extreme and negative themes, shifts of focus to irrelevant details, exaggeration, and repetitiveness. The dialogues are confusing, stories are not appropriately closed, and negative feelings remain unresolved. Typically, either the mother or the child dominates the dialogue, and there may be hostile and judgmental dialogue towards the other. Also, mothers often have difficulty following their child’s pace. Dialogues classified as Emotionally Unmatched Flat are characterized by a lack of dialogue and story development. Dialogues are short and the mother does not guide or encourage the child to develop the stories or to express his/her emotions. There is a general lack of interest and involvement and dyads may not be able to complete the task. Dialogues classified as Emotionally Unmatched Inconsistent are characterized by a wide gap in the performance of mother and child across stories. There are three possible patterns within this category. First, mother and child show contradictory patterns of behavior during the dialogue. Second, the behavior of mother and child match only partially during the construction of the stories. Third, either mother or child shows appropriate behavior during one part of the procedure, while showing inappropriate behavior in another part of the procedure.

A trained researcher blindly coded all transcripts, which only revealed information about children’s age and gender. The researcher was trained by the developer of the coding system (N. Koren-Karie) and established adequate reliability. To further improve coding abilities and establish inter-rater reliability, a subgroup of trained researchers coded transcripts of mothers and their traumatized children using a different sample of our lab, consulted by the developer. Adequate inter-rater reliabilities were reached for the four classifications (Cohen’s kappa = .80), and the two-way classifications (Emotionally matched and Emotionally unmatched; Cohen’s kappa = 1.00). Inter-rater reliability of the composite scores assessed using intra-class correlations were .95 for Maternal Sensitive Guidance and .95 for Child Cooperation and Exploration.

Maternal childhood maltreatment. The Adverse Childhood Experiences questionnaire (ACEs; Felitti, 1998) was used to assess maternal childhood maltreatment. Mothers were asked to report on physical abuse, emotional abuse, sexual abuse, witnessing domestic violence, and emotional and physical neglect during their first 18 years of life. A dichotomous variable was created with mothers who experienced one or more types of maltreatment coded as 1 and non-abused mothers were coded as 0.

Maternal psychopathology. A short version of the Young Adult Self-Report (YASR; Achenbach, 1997, Dutch translation by Verhulst, Van der Ende, & Koot, 1997) consisting of 29 items was used to assess maternal psychopathology. Earlier research showed that these items discriminated best between referred and non-referred subjects (Achenbach, 1997). Items were rated on a 3-point scale (0 = not true, 2 = very true or often true). Mean scores were calculated with a higher score indicating higher levels
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of psychopathology. Reliability and validity of the Dutch version were found adequate (Wiznitzer, Verhulst, & Van den Brink, 1992). In our study, Cronbach’s alpha was .88.

Statistical analyses

First, descriptive analyses were conducted to examine CSA characteristics, the incidence of maternal childhood maltreatment, and zero-order correlations among all study related variables. Second, we conducted a chi-square test and an independent t-test to examine whether mothers of CSA victims had higher levels of childhood maltreatment experiences and psychopathology than mothers of non-abused children. Third, we analyzed contingency tables using Fisher’s Exact Test to examine associations between CSA and AEED classifications. Fourth, a multivariate analysis of variance (MANOVA) was conducted to compare the quality of child and maternal contributions to dialogues (i.e., AEED composite scores) between dyads with sexually abused children and dyads with non-abused children. We controlled for differences in background characteristics between groups to rule them out as confounding variables. Finally, a multivariate analysis of covariance (MANCOVA) was conducted in which maternal childhood maltreatment (maltreated or non-maltreated) and maternal psychopathology (continuous) were added to the model. MAN(CO)VAs were followed-up with univariate analyses of (co)variance to examine the AEED composite scores of mothers and children separately, using the Bonferroni correction to counteract the problem of multiple comparisons (i.e., threshold for significance was set at .02).

Results

Descriptive analyses

Child sexual abuse characteristics. One-third of children (36.7%) in the CSA group experienced severe sexual abuse with penetration. One-fourth (26.7%) experienced sexual touching and 3.3% were exposed to explicit sexual stimuli or activities, were asked for sexual contact, or were exposed to the genitals of the perpetrator. CSA severity was unknown at the time of intake for 30% of children, and for one child intake information about CSA severity was not available. Mothers reported at intake that 26.7% of children experienced chronic sexual abuse, and 20.0% experienced a single occurrence of sexual abuse. Almost half of the mothers (43.3%) did not know the frequency of abuse, and for 10.0% of the children mothers failed to give specific information about the abuse. Mothers reported at intake that 26.7% of children experienced chronic sexual abuse, and 20.0% experienced a single occurrence of sexual abuse. Almost half of the mothers (43.3%) did not know the frequency of abuse, and for 10.0% of the children mothers failed to give specific information about the abuse. Almost all perpetrators were known to the child (96.7%), with 30.0% being described as father-figures, 26.7% relatives, 40% familiar but unrelated persons, and 3.3% unknown. Most children (63.3%) did not live with the perpetrator at the time of the abuse, one mother failed to answer this ques-
Also, 70.0% of the perpetrators were older than 18 years; one mother failed to answer this question.

Zero-order correlations. Bivariate correlations among study-related variables are presented in Table 3. Child Cooperation and Exploration was significantly associated with child age ($p = .02$), child gender ($p = .04$), maternal childhood maltreatment ($p = .02$), and maternal psychopathology ($p = .02$). That is, children cooperated and explored more when they were older, were a girl, had a non-maltreated mother, and had a mother with lower levels of psychopathology. Mothers who experienced maltreatment reported higher levels of psychopathology ($p < .001$). Finally, Child Cooperation and Exploration and Maternal Sensitive Guidance were significantly positively associated ($p < .001$).

Group differences in maternal maltreatment and psychopathology

Maternal childhood maltreatment. Mothers of abused children were significantly more likely to report having experienced childhood maltreatment than mothers of non-abused children ($\chi^2(1) = 9.60$, $p = .002$). Twenty-one (70%) mothers of sexually abused children reported having experienced maltreatment in childhood, of whom fourteen (46.7%) mothers reported two or more types of maltreatment. In the control group, nine (30%) mothers reported having experienced childhood maltreatment, of which five (16.7%) mothers reported having experienced two or more types of abuse. The distribution across maltreatment subtypes is presented in Table 4.

<p>| Table 4. Maternal Childhood Maltreatment Subtypes by Group |
|---------------------------------|----------|----------|----------|----------|----------|----------|</p>
<table>
<thead>
<tr>
<th>Group</th>
<th>Sexual Abuse</th>
<th>Physical Abuse</th>
<th>Emotional Abuse</th>
<th>Domestic Violence</th>
<th>Emotional Neglect</th>
<th>Physical Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSA</td>
<td>14 (46.7%)</td>
<td>11 (36.7%)</td>
<td>5 (16.7%)</td>
<td>8 (26.7%)</td>
<td>13 (43.3%)</td>
<td>8 (26.7%)</td>
</tr>
<tr>
<td>Controls</td>
<td>4 (13.3%)</td>
<td>5 (16.7%)</td>
<td>0 (0.0%)</td>
<td>2 (6.7%)</td>
<td>3 (10.0%)</td>
<td>1 (3.3%)</td>
</tr>
</tbody>
</table>
Maternal psychopathology. An independent t-test revealed a significant difference in maternal psychopathology ($t(41.48) = -3.90, p < .001$; unequal variances) between mothers of abused and non-abused children. Although means were low in both groups, mothers of abused children reported significant higher levels of psychopathology ($M = 0.39$, $SD = 0.26$) than mothers of non-abused children ($M = 0.17$, $SD = 0.15$).

Group differences in AEED classifications and composite scores

AEED classifications. Contingency tables revealed strong associations between CSA and two-way (Emotionally Unmatched or Emotionally Matched) and four-way AEED classifications (Emotionally Matched, Excessive, Flat, or Inconsistent). First, the association between CSA and two-way classifications showed that mothers and their sexually abused children were significantly more likely to be classified as Emotionally Unmatched as compared to mother-child dyads in the control group ($\chi^2(1) = 12.38, p < .001$). Second, Fisher’s Exact Test was used to examine associations between CSA and four-way classifications, because more than 20% of cells had an expected cell frequency lower than five (Table 5). Sexually abused children were less likely to engage in Emotionally Matched dialogues, and more likely to engage in Flat and Excessive dialogues (Fisher’s Exact = 17.65, $p < .001$).

AEED composite scores. An independent t-test revealed significant group differences in Maternal Sensitive Guidance ($t(58) = 4.47, p < .001$) and Child Cooperation and Exploration ($t(58) = 4.25, p < .001$). Mothers of abused children ($M = 5.82$, $SD = .97$) showed less sensitive guidance than mothers of non-abused children ($M = 6.86$, $SD = .85$). Similarly, abused children ($M = 5.91$, $SD = .90$) showed lower levels of cooperation and exploration than non-abused children ($M = 6.83$, $SD = .76$).

Table 5. Group Differences in AEED Classifications

<table>
<thead>
<tr>
<th>Group</th>
<th>Emotionally Matched</th>
<th>Flat</th>
<th>Excessive</th>
<th>Inconsistent</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSA</td>
<td>4 (10.5, -3.5)**</td>
<td>15 (10.5, 2.4)*</td>
<td>9 (5.5, 2.3)*</td>
<td>2 (3.5, -1.2)</td>
</tr>
<tr>
<td>Controls</td>
<td>17 (10.5, 3.5)**</td>
<td>6 (10.5, -2.4)*</td>
<td>2 (5.5, -2.3)*</td>
<td>5 (3.5, 1.2)</td>
</tr>
</tbody>
</table>

Note. Expected values are the first number in parentheses, adjusted standardized residuals are the second number in parentheses.

* $p < .05$, ** $p < .001$

Multivariate analyses

AEED composite scores. First, because the groups differed in background characteristics associated with harsh environments (i.e., single-parenthood, low maternal education level, and low family income), we examined associations between CSA and AEED composite scores with MANOVA while controlling for these background
characteristics. Maternal education level and family income were transformed into binary variables (0 = low and moderate, 1 = high; 0 = ≤ 35,000, 1 = ≥ 35,001, respectively) due to low cell frequencies in the low-education and low-income categories. CSA (abused or non-abused children) emerged as a significant predictor of composite scores ($F(2,53) = 3.19, p = .049, \eta^2 = .11, \text{Wilks' Lambda} = .89$), whereas the background characteristics did not predict AEED composite scores (all $p$'s ≥ .05). Therefore, these variables were excluded from further analyses to prevent loss of power.

Second, associations between CSA, maternal childhood maltreatment, maternal psychopathology, and AEED composite scores were examined with MANCOVA. Contrary to our hypothesis, the main effects of maternal psychopathology ($F(2,52) = .33, p = .72, \eta^2 = .01, \text{Wilk's Lambda} = .99$) and maternal childhood maltreatment ($F(2,52) = .59, p = .56, \eta^2 = .02, \text{Wilk's Lambda} = .98$) were not significant. However, CSA was a significant predictor of AEED composite scores ($F(2,52) = 8.47, p = .001, \eta^2 = .25, \text{Wilk's Lambda} = .75$). Results of separate ANCOVA's showed that mothers of abused children showed less sensitive guidance ($F(1,53) = 16.43, p < .001, \eta^2 = .24$) and abused children were less cooperative and explorative ($F(1,53) = 8.70, p = .005, \eta^2 = .14$).

**Discussion**

This descriptive study aimed to shed light on the quality of mother-child dialogues about children’s emotional experiences among dyads with sexually abused children as compared to dyads with non-abused children. Consistent with our expectations, mothers and their abused children had more difficulties with co-constructing organized, structured, and coherent emotion dialogues. Mothers of abused children showed lower sensitive guidance and abused children were less cooperative and explorative. Contrary to our expectations, maternal psychopathology and mothers’ childhood maltreatment experiences were not associated with the quality of mother-child dialogues.

To our knowledge, this is the first observational study to explore mother-child emotion dialogues in CSA victims. Our results add to the limited but growing body of literature examining dyadic processes in the aftermath of CSA.

Specifically, our findings show that mother-child emotion dialogues among dyads with sexually abused children were mostly characterized by a lack of dialogue, that is, they were classified as Emotionally Unmatched Flat (Koren-Karie et al., 2003a). In these dialogues, mothers failed to guide and encourage their children to elaborate on their emotions and both mothers and children showed low levels of involvement and interest. Some mother-child dyads managed to be more elaborative, however, they discussed many extreme and/or negative emotional themes, and were thus classified
as Emotionally Unmatched Excessive (Koren-Karie et al., 2003a). These dyads showed high levels of hostility and/or were dismissive of each other’s ideas and feelings. Most important, discussions about negative emotions were not appropriately closed by these dyads and remained unresolved.

These results may have important implications for sexually abused children’s adjustment. Mother-child dialogues may act as a moderator in the association between CSA and mental health (Oppenheim, 2006). On the one hand, high quality mother-child emotion dialogues can help children to understand, structure, and cope with stressful experiences and concomitant negative emotions (Fivush, 2007; Gentzler et al., 2005), promoting children’s recovery process. On the other hand, overwhelming mother-child emotion dialogues or dialogues lacking content may hamper children’s meaning making of their stressful experiences, thereby increasing abused children’s adjustment problems. Longitudinal studies are needed to examine this possible moderating role of mother-child emotion dialogues in the development of mental health problems among sexually abused children.

Replicating earlier research, mothers of abused children, as compared to mothers of non-abused children, showed higher levels of psychopathology and had a higher incidence of childhood maltreatment (e.g., Elliott & Carnes, 2001; Finkelhor et al., 1997; Hébert et al., 2007). In contrast to our hypothesis, neither factor was associated with maternal quality of contributions to emotion dialogues, after controlling for group. The relatively low level of psychopathology in our sample may have prevented us from finding significant associations. Also, Koren-Karie et al. (2008) suggest that posttraumatic stress symptoms and level of resolution of loss and trauma among mothers are more detrimental for mother-child dialogues than general psychopathology levels. Furthermore, we were unable to differentiate between subtypes of maternal childhood maltreatment due to our small sample size and high co-occurrence of subtypes. This differentiation is necessary to fully understand the impact of maternal childhood maltreatment on mother-child emotion dialogues. For example, mothers who experienced physical abuse show more aggressive parenting behavior than sexually abused mothers (Lyons-Ruth & Spielman, 2004). Future studies addressing these issues would be promising.

**Clinical implications**

Our study indicates that in clinical practice, mother-child dyads with sexually abused children may present with difficulties in discussing children’s emotional experiences. Although the impact of mother-child emotion dialogues on children’s recovery is yet unknown, improving these dialogues may be a promising target in the treatment of sexually abused children. To date, interventions with a specific focus on strengthening dyads’ abilities to talk sensitively about children’s emotional experiences are lacking.
However, child-parent psychotherapy (CPP; Lieberman & Van Horn, 2005) is suggested to improve mother-child emotion dialogues (Oppenheim, 2006). CPP is a relationship-based intervention that aims to change maladaptive parent-child interaction patterns among dyads with traumatized young children (e.g., Lieberman, Van Horn, & Ippen, 2005). For older children, parent-child interaction therapy (PCIT; Hembree-Kigin, & McNeal, 1995) may be a useful approach to improve mother's parenting skills and parent-child interaction in children exposed to trauma (e.g., Timmer, Ware, Urquiza, & Zebell, 2010). Researchers have yet to examine whether improvements in mother-child emotion dialogues is one of the mechanisms through which these treatments may promote children's recovery.

**Strengths and limitations**

Some theoretical and methodological issues warrant attention and should be taken into account when interpreting our results. First, although our study highlights difficulties in mother-child emotion dialogues among dyads with sexually abused children, more research is needed to examine why and how CSA is associated with lower quality mother-child dialogues. One possible explanation may be that CSA is associated with harsh environments. For example, lower socioeconomic status and single-parent households are common among sexually abused children (e.g., Bebbington et al., 2011; Hussey, Chang, & Kotch, 2006). Although we controlled for these differences in our analysis of AEED composite scores, studies using larger samples are needed to disentangle associations between CSA, harsh environment, and mother-child dialogues. Second, we were unable to examine associations between CSA characteristics and mother-child dialogues due to our small sample size. This may be important, because, for example, the quality of mother-child emotion dialogues may be particularly low among children who experienced severe abuse. Third, we did not differentiate between mother-child dialogues about positive and negative emotional events, nor between dialogues discussing or not discussing (aspects of) children's sexual abuse. As research suggests that dialogues about negative emotional events are particularly important for child outcomes (Laible, 2011), they may be most relevant to study in the context of CSA. Furthermore, although mother-child dyads use similar approaches when discussing traumatic and non-traumatic events (Bauer, Burch, Van Abbema, & Ackil, 2007; Sales, Fivush, & Peterson, 2003), dialogues about CSA may provide specific insight into how mothers facilitate children's meaning making of CSA experiences.

Despite these limitations, our study is the first to present an in-depth assessment of mother-child emotion dialogues among sexually abused children. Findings provide evidence for a lower quality of emotion dialogues among sexually abused children, as well as a lower quality of mothers’ and children’s contributions to these...
dialogues. Mothers’ psychopathology or childhood maltreatment experiences did not add to explain differences in quality of these dialogues. Future studies should replicate our findings, preferably with larger samples using a prospective, longitudinal design to disentangle associations between CSA, mother-child emotion dialogues, and children’s recovery over time.
References


