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Mothers' Violence Experiences and Provision of Emotional Support Following Child Sexual Abuse

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Abstract

Emotional support from a non-offending caregiver, often the child's mother, is theorized to help buffer children from the consequences of child sexual abuse (CSA). However, many mothers struggle to provide effective emotional support, suggesting it may be important to assess for factors related to mothers' abilities to support their child. CSA frequently occurs in families that have experienced other types of violence, including intimate partner violence (IPV), and many mothers have their own personal history of child abuse. This research examined the prevalence and influence of mothers' experiences of child abuse and adult interpersonal violence on the provision of emotional support following their child's CSA disclosure. Participants included 120 mothers and their children (aged 7–17) recruited from a children's advocacy center following the disclosure of CSA. Mothers and children completed convergent measures of emotional support. Mothers also completed semi-structured interviews assessing their experiences of adult IPV and child physical abuse and sexual abuse. Most mothers had experienced IPV (68%) and child physical abuse (87%). Nearly half (49%) had experienced CSA. Regression analyses indicated that mothers' experiences

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of CSA were negatively associated with mother-report of emotional support (partial $\eta^2 = .05$); however, mothers' experiences of IPV and child physical abuse were positively associated with child-report of emotional support (IPV, partial $\eta^2 = .06$; physical abuse, partial $\eta^2 = .09$). The results highlight the importance of assessing for mothers' experiences of violence to best support families receiving services for CSA.

Keywords
intimate partner violence, sexual abuse, physical abuse, non-offending caregiver, emotional support

Child sexual abuse (CSA) is an international public health concern that impacts an estimated 13% of children (Stoltenborgh et al., 2011). Many children experience mental and behavioral health problems following CSA (Cyr et al., 2016; Elliott & Carnes, 2001); however, not all children who experience sexual abuse go on to experience significant adjustment problems. Emotional support from a non-offending caregiver—defined as talking about the sexual abuse, helping the child feel safe, and attending to the child's mental and behavioral health—is a commonly studied factor theorized to buffer the consequences of CSA and partially explain the variability in child outcomes (Bolen & Gergely, 2015; Elliott & Carnes, 2001). However, learning your child has been a victim of sexual abuse can be extremely distressing to non-offending caregivers, and this distress, as well as the loss of social or familial support, can interfere with the ability to provide effective emotional support (Bux et al., 2016; Cyr et al., 2013; Rancher et al., 2023). Although children often receive support from multiple caregivers (e.g., mothers, fathers, and grandparents) most often, the non-offending caregiver is identified as the child's mother and most prior research has focused on support provided by mothers (Bolen & Gergely, 2015; Elliott & Carnes, 2001). For clinicians and researchers to best support families following CSA, it is critical to assess for factors that may be associated with mothers' provision of emotional support.

A mother's history of exposure to violence may be one such factor. CSA frequently occurs in families that have experienced other types of family violence, including intimate partner violence (IPV); in addition, many mothers have their own personal histories of child physical or sexual abuse. Recent reviews suggest that IPV and CSA frequently co-occur at rates ranging from 12% to 70% (Bidarra et al., 2016; Chan et al., 2021). Furthermore, children whose mothers experienced child abuse are 3.6 times more likely to experience CSA than children whose mothers were not abused (Borelli et al., 2019; Chan et al., 2021). Despite

their frequent co-occurrence, mothers' experiences of violence are rarely considered in clinical or research settings focused on CSA (Testoni et al., 2018). Such research is critical to clarify the need for clinical services focused on mothers' needs and to inform future research on mothers' provision of emotional support. The present study examines the prevalence of mothers' experiences of violence among families receiving services for CSA and the relation between mothers' experiences of violence and emotional support.

Mothers' Experiences of Violence and Parenting

Experiencing violence is generally thought to have a negative impact on parenting. Frequently, this has been attributed to the spillover hypothesis, which holds that mothers' experiences of violence "spills over" into their relationships with their children, resulting in lower levels of supportive parenting (Erel & Burman, 1995). Theoretically, the increase in stress and negative emotions associated with experiencing violence disrupts mothers' abilities to provide warm, empathic support to their child (Chiesa et al., 2018; Cross, 2001). On the other hand, other models suggest that experiencing violence can have a more positive effect on parenting behaviors. Specifically, the compensatory hypothesis (Erel & Burman, 1995) posits that some mothers try to "compensate" for their experience of violence by seeking to bolster other family relationships, which is associated with an increase in their warm, supportive parenting (Greeson et al., 2014; Letourneau et al., 2007).

In general, more support exists for the negative impact of violence on supportive parenting. Specifically, reviews examining the associations between IPV (Chiesa et al., 2018; Kopystynska et al., 2022) and mothers' history of child abuse (Cross, 2001) have found that mothers' experiences of these types of violence are negatively associated with positive parenting behaviors. In the few studies that simultaneously consider both mothers' experiences of IPV and child abuse, similar patterns emerge (Fulu et al., 2017; Jaffe et al., 2012; Levendosky & Graham-Bermann, 2001). However, there is also some evidence consistent with theories that maternal compensatory, supportive parenting follows experiences of IPV (Levendosky & Graham-Bermann, 2001; Levendosky et al., 2003; Loyo, 2021), although this has not been demonstrated following mothers' experiences of child abuse.

Mothers' Experiences of Violence Among Families Disclosing CSA

Despite the frequent co-occurrence of different types of family violence, limited research examines the impact of mothers' experiences of IPV or child abuse on their ability to provide emotional support to their children who have

been victimized by CSA. In the rare event where mothers' experiences of violence are considered among families disclosing CSA, it is typically in association with maternal mental and behavioral health concerns (Daignault et al., 2021; Hébert et al., 2007; Jouriles et al., 2021; Langevin et al., 2021) or treatment attrition (DeLorenzi et al., 2016), not parenting behaviors. In one exception, Jouriles et al. (2021) found that among families reporting CSA, co-occurring IPV was associated with higher levels of harsh parenting and mother-child conflict. Additional research is needed on the associations between mothers' experiences of violence and their provision of emotional support following CSA disclosure.

Mothers' experiences of violence may have a different effect on parenting, particularly emotional support behaviors, in the context of a CSA disclosure. The aftermath of a CSA disclosure can be a particularly stressful time for families (Banyard et al., 2001). Many mothers struggle with their own negative emotions and psychological distress after learning about the sexual abuse (Cyr et al., 2016; Jobe-Shields et al., 2016), which can further disrupt their ability to provide emotional support to their child (Rancher et al., 2023). In addition, when the CSA and IPV are perpetrated by the same person, this could influence mothers' abilities to provide emotional support. Experiencing violence from the same perpetrator may compromise some women's capacity to support their child; alternatively, some mothers may experience even greater empathy and seek to support or protect their child after having a shared victimization experience. Ultimately, the lack of research in this area makes it difficult to understand how mothers' experiences of violence are influencing their provision of emotional support to their children following CSA disclosure.

Current Study

Mothers' experiences of violence are known to impact their ability to provide emotional support, but these experiences are often overlooked following CSA. The present study examines the impacts of mothers' experiences of IPV and child abuse on their provision of emotional support among families receiving forensic services at a child advocacy center following CSA disclosure. To be clear, this research does not blame mothers for experiencing violence, but alternatively, suggests that learning your child has been a victim of sexual abuse can be traumatic for all mothers, but those mothers who have a personal history of victimization might need additional support, empathy, and clinical services. Importantly, we considered both mother- and child-report of emotional support, given research suggesting these reports are only moderately correlated and may be assessing distinct constructs (Rancher et al., 2023).

First, we examined the prevalence of mothers' experiences of IPV and personal histories of child abuse. Consistent with previous literature on the co-occurrence of family violence, we hypothesized (1) that most mothers would endorse experiencing past violence. Second, we examined the associations between mothers' experiences of violence and their provision of emotional support. Given that most literature suggests mothers' experiences of violence negatively impact parenting, we hypothesized (2) that mothers' experiences of adult IPV and child abuse would be negatively associated with the provision of emotional support following their child's CSA disclosure. Finally, we explored whether having the same perpetrator of the IPV and the child's CSA moderated the effect of IPV on emotional support. Given previous research suggesting maternal psychological distress (Rancher et al., 2023) and demographic characteristics (Wamser-Nanney, 2017) are associated with mothers' provision of emotional support, we controlled for these variables in our analyses.

Method

Participants and Procedures

Participants included 120 mothers (aged 24–67; M_{age} = 38.42, SD = 8.99) and their children (aged 7–17; M_{age} = 11.57, SD = 2.69). Mothers in this sample included birth mothers (87%), stepmothers (2%), adoptive mothers (1%), and female relatives (10%). Over 97% of mothers and children had been living together for over a year prior to the sexual abuse occurring. Most children were female (85%) and 15% were male. Approximately 27% reported annual household income less than $20,000. The majority of mothers identified as White (57%) or African American (41%) and a small minority identified as Native American (1%) or preferred not to respond (1%). For 20% of children, the sexual abuse was allegedly perpetrated by their mother's romantic partner. Most children reported the sexual abuse involved penetration (55%) and occurred more than one time (59%). On average, participants were 9.40 years old (SD = 3.08) when the sexual abuse first happened.

Participants were recruited from a child advocacy center after completing their first forensic interview for a disclosure of CSA. Inclusion criteria included: children aged 7 to 17 years old; children who had experienced sexual abuse as determined by a professional forensic evaluation; mothers were deemed by the forensic interview as not involved in the abuse (i.e., "non-offending"); and the forensic interview occurred within 6 weeks of the sexual abuse disclosure. Participants who met the inclusion criteria according to a review of agency records were contacted by research assistants by phone and

invited to participate in the volunteer research study. Approximately 72% of those contacted by study team members agreed to participate. During the assessment appointment, mothers provided consent and children provided assent. Mothers and children answered survey questions in private rooms. Staff read measures aloud to any participants who had reading or comprehension difficulties. The institutional review board of the first author's university and the child advocacy center's scientific review committee approved all procedures and measures. Participants completed assessments within 4 weeks of their forensic evaluation.

Measures

Emotional Support. Mothers and their children completed complementary, convergent measures of emotional support on the Maternal Support Questionnaire (Smith et al., 2010, 2017). Mothers completed the Maternal Self-Report Support Questionnaire (MSSQ) (Smith et al., 2010), including the 7-item emotional support subscale assessing their provision of emotional support following the sexual abuse disclosure (e.g., "Tried to make your child feel safe") on a 7-point scale (0=Not at all like me, 1=Kind of like me, 2=A little like me, 3=Like me, 4=Quite a bit like me, 5=A lot like me, 6=Very much like me). Responses were summed to create a total score. The MSSQ has demonstrated measurement invariance across child age and caregiver-child relationship (Rancher et al., 2022). In the present sample coefficient alpha was .86.

Children completed the Maternal Support Questionnaire-Child Report (MSQ-CR) (Smith et al., 2017), including the 9-item emotional support subscale assessing the emotional support they received from their mother following the sexual abuse disclosure (e.g., "Helped me feel better about what happened to me") on a 4-point scale (0=Not at all, 1=A little bit, 2=A lot, 3=Very Much). Responses were summed to create a total score. Higher scores on the emotional support subscale on the MSQ-CR have been associated with lower levels of child adjustment problems (Zajac et al., 2015). In the present sample coefficient alpha was .86.

Intimate Partner Violence. Mothers completed a semi-structured interview with a trained, female research assistant that included 19 items adapted from the Navy Family Study (Williams & Saunders, 1997) assessing their lifetime experience of psychological, physical, and sexual IPV. Each item assessed a different violent act (e.g., "Did any partner ever beat up, kick, or punch you with a fist?") on a dichotomous scale (0=no, 1=yes). Responses were summed to create a variety score, with higher numbers indicating mothers had experienced more acts of violence. Variety scores of violent acts have

been found to be less skewed than frequency scores and are more reliable than single-item or dichotomous measures (Kwong et al., 2003). IPV assessed using this interview has previously been associated with higher levels of mental health symptoms (Banyard et al., 2008). In the present sample coefficient alpha was .92.

For each of the 19 items where mothers indicated "yes" they had *ever* experienced that violence from a romantic partner, mothers who indicated they had a romantic/intimate relationship with the perpetrator of the child sexual abuse, were asked whether it had "ever happened with the perpetrator of child's abuse." Items were aggregated and then coded dichotomously such that 0 = no IPV by the CSA perpetrator, 1 = IPV, and CSA by the same perpetrator.

Mother's History of Physical and Sexual Child Abuse. In the same semi-structured interview, mothers also reported on their experiences of child abuse using items adapted from the Navy Family Study (Williams & Saunders, 1997). They responded to eight items assessing their history of physical abuse (e.g., "When you were growing up, did your mother or father ever beat you up, hit you with a first, or kick you hard?") on a dichotomous scale (0 = no, 1 = yes). Responses were summed to create a variety score for physical abuse. Experiences of child physical abuse assessed using this measure have been associated with higher levels of adult trauma symptoms (Banyard et al., 2008). Since this measure assesses different acts of child physical abuse experiences, we examined internal consistency by calculating the average inter-item correlation. Values in the range of 0.15 to 0.50 are considered optimal, depending on the specificity of the construct (Clark & Watson, 2016). In the present sample, the average inter-item correlation was .30.

Mothers also responded to six items from the Navy Family Study (Williams & Saunders, 1997) assessing their history of unwanted sexual contact (e.g., "Has anyone, male or female, ever put their mouth on your private sexual parts when you didn't want them to?) on a dichotomous scale (0 = no, 1 = yes). Participants who endorsed experiencing unwanted sexual contact were asked several follow-up questions, including, "How old were you the first time this happened?" Responses to each of the six items assessing unwanted sexual contact were scored dichotomously to identify experiences of CSA (0 = no, did not occur or occurred at age 18 or older, 1 = yes, occurred at age 17 or younger). Responses were summed to create a variety score for CSA. Experiences of CSA using this measure have been associated with higher levels of psychological distress (Banyard et al., 2008). As this measure also assesses for different acts of CSA experiences, we examined internal consistency by calculating the average inter-item correlation. In the present sample, the average inter-item correlation was .21.

Psychological Distress. Mothers completed the 90-item Symptom Checklist 90-Revised (SCL-90-R) (Derogatis, 1992) assessing their psychological distress (e.g., "feeling no interest in things") on a 5-point scale (0=Not at all, 1=A little bit, 2=Moderately, 3=Quite a bit, 4=Extremely) in the past week. Responses were summed to create a total score. Higher scores on the SCL-90-R have been correlated with lower levels of emotional support among families disclosing CSA (Rancher et al., 2023). In the present sample, coefficient alpha was .98.

Demographic Characteristics. Mothers and children completed self-report items on their demographic characteristics.

Data Analysis and Sample Size Considerations

Less than 2% of data were missing on the study variables of interest, therefore we used complete-case analysis. To test our first hypothesis, we examined the prevalence of mothers' experiences of IPV and child abuse. To test our second hypothesis, that mothers' experiences of IPV and child abuse would be negatively associated with the provision of emotional support, we first examined bivariate correlations between IPV, mother's physical abuse, mother's sexual abuse, and emotional support (mother- and child-report). Next, we examined IPV, physical abuse, and sexual abuse in the same regression model, to assess their unique associations with emotional support after controlling for psychological distress, having a shared perpetrator between the IPV and CSA, and child age and sex. We conducted separate analyses for mother- and child-report of emotional support. We report the partial η^2 as an effect size measure of the unique variance accounted for by each variable in the regression model. A sensitivity power analysis suggested that our most complex regression model with seven independent variables, alpha set at .05, and our sample of $N=120$ participants, power exceeded .85 to detect medium-sized effects ($f^2=.15$). Finally, to explore whether having the same perpetrator of IPV and CSA moderated the effect of IPV on emotional support, we added the interaction between IPV × shared perpetrator to the models testing our second hypothesis.

Results

Descriptive Statistics

Means, standard deviations, and correlations among study variables are presented in Table 1. The majority of mothers reported experiencing IPV (68%) and a history of physical child abuse (87%). Just under half (49%) of mothers reported a history of CSA. Approximately 10% of mothers reported they had

Table 1. Correlations, Means, and Standard Deviations Among Study Variables ($N = 120$).

Variable	1	2	3	4	5	6	7	8	Mean (*SD*)
1. Mother-report emotional support	—								39.63 (5.14)
2. Child-report emotional support	.31***	—							20.46 (5.43)
3. Intimate partner violence	−.07	.21*	—						4.46 (4.97)
4. Physical abuse	.00	.35***	.22*	—					1.80 (1.27)
5. Sexual abuse	−.20*	−.01	.20*	.13	—				0.88 (1.20)
6. Shared perpetrator (0 = no, 1 = yes)	−.06	−.11	−.31***	−.12	.06	—			—
7. Psychological distress	−.38***	−.09	.32***	.11	.20*	−.16	—		68.23 (63.37)
8. Child age	−.17	−.26**	.10	−.12	−.14	−.12	.14	—	11.57 (2.69)
9. Child sex (1 = male, 2 = female)	−.08	−.13	.16	.01	−.10	.02	.04	.05	—

Note. SD = standard deviation.
*$p < .05$; **$p < .01$; ***$p < .001$.

experienced IPV by the same perpetrator of the CSA. IPV was moderately correlated with mothers' physical abuse, $r(118) = .22$, $p = .015$, and sexual abuse, $r(118) = .20$, $p = .029$. Mothers' experiences of physical abuse and sexual abuse were not correlated, $r(118) = .13$, $p = .17$. Mother- and child-report of emotional support were moderately correlated, $r(118) = .31$, $p < .001$.

Associations Between IPV, Child Abuse, and Emotional Support

First, we examined bivariate correlations between IPV, physical abuse, and sexual abuse, and the two measures of emotional support (mother- and child-report). Results indicated that IPV, $r(118) = .21$, $p = .024$, and physical abuse, $r(118) = .35$, $p < .001$, were positively correlated with child-report of emotional support. Mothers' sexual abuse was not correlated with child-report of emotional support, $p > .05$. In contrast, mothers' sexual abuse was negatively correlated with mother-report of emotional support, $r(118) = -.20$, $p = .026$. Neither IPV nor physical abuse were correlated with mother-report of emotional support, $ps > .05$.

Next, we examined the associations between IPV, physical abuse, sexual abuse, and emotional support in the same regression model after controlling for psychological distress, a shared perpetrator, and child age and sex. Results of the regression analyses are reported in Table 2. Results mirrored the

Table 2. Results of Regression Analyses Examining Mother- and Child-Report of Emotional Support.

	Mother-Report Emotional Support			Child-Report Emotional Support		
Variable	β	*B* (SE)	Partial η^2	β	*B* (SE)	Partial η^2
Intimate partner violence	.08	0.08 (0.10)	.01	.24*	0.27 (0.10)	.06
Physical abuse	.01	0.05 (0.35)	.00	.29**	1.24 (0.37)	.09
Sexual abuse	−.22*	−0.90 (0.39)	.05	−.12	−0.52 (0.41)	.01
Shared perpetrator (0 = no, 1 = yes)	−.06	−1.03 (1.53)	.00	−.04	−0.74 (1.60)	.00
Psychological distress	−.29**	−0.02 (0.01)	.08	−.12	−0.01 (0.01)	.02
Child age	−.18	−0.33 (0.17)	.03	−.25**	−0.51 (0.18)	.07
Child sex (1 = male, 2 = female)	−.11	−1.49 (1.26)	.01	−.16	−2.49 (1.32)	.03

Note. Mother-report emotional support, $F(7, 117) = 3.60$, $p = .002$, $R^2 = .19$; child-report emotional support, $F(7, 117) = 5.38$, $p < .001$, $R^2 = .26$. SE = standard error.
*$p < .05$, **$p < .01$.

univariate analyses, in that both IPV, $b = 0.27$, $t(117) = 2.56$, $p = .01$, partial $\eta^2 = .06$, and mothers' physical abuse, $b = 1.24$, $t(117) = 3.35$, $p = .001$, partial $\eta^2 = .09$, were positively associated with child-report of emotional support. Mothers' sexual abuse was not associated with child-report of emotional support, $p > .05$. In the model examining mother-report, mothers' sexual abuse was negatively associated with emotional support, $b = -0.90$, $t(117) = 2.32$, $p = .02$, partial $\eta^2 = .05$. Neither IPV nor mothers' physical abuse were associated with mother-report of emotional support, $ps > .05$.

Moderator Effects of Sharing the Same Perpetrator

Finally, we explored whether having the same perpetrator of the IPV and CSA moderated the effect of IPV on emotional support. Results indicated that sharing the same perpetrator did not moderate the effect of IPV on either mother- or child-report of emotional support, $ps > .05$.

Discussion

The present study examined the prevalence and influence of mothers' experiences of violence on their provision of emotional support following their child's disclosure of CSA. Our first hypothesis was supported in that most mothers reported they had experienced at least one type of violence from an

intimate partner (68%) as well as a history of child physical abuse (87%). Nearly half (49%) of mothers reported they had experienced a personal history of CSA. This is consistent with previous findings suggesting that different types of family violence frequently co-occur (Bidarra et al., 2016; Borelli et al., 2019; Chan et al., 2021). Our second hypothesis was partially supported. Mothers' experiences of CSA were associated with lower levels of mother-report of emotional support. This finding aligns with the spillover hypothesis and broader literature suggesting violence has a negative impact on parenting behaviors, particularly emotional support behaviors (Chiesa et al., 2018; Cross, 2001; Kopystynska et al., 2022). However, in contrast, mothers' experiences of IPV and physical child abuse were associated with children reporting *higher levels* of emotional support. These findings are consistent with the smaller body of literature supporting the compensatory hypothesis, where mothers who have experienced violence may exhibit even more warm, supportive parenting (Erel & Burman, 1995; Greeson et al., 2014; Letourneau et al., 2007). Exploratory findings indicated that having the same perpetrator of the IPV and the child's CSA did not influence the direction of these effects. Although we observed modest effect sizes, overall, our results suggest that mothers' experiences of past violence warrant additional assessment among families disclosing CSA.

The present findings are in line with literature suggesting mothers' experiences of violence affect their provision of emotional support, but our findings for child-report of emotional support were contrary to our expectations and warrant additional discussion. We found that children of mothers who experienced a greater variety of violent acts from an intimate partner and more types of physical child abuse reported higher levels of perceived emotional support. In other words, children of mothers who had experienced more violence reported their mothers helped them feel safe, loved, and listened to about their experience of CSA. In some ways, this is consistent with qualitative research that has found mothers who have experienced IPV desire to be a "good mother" and prioritize trying to "protect their children" (Lapierre, 2010). It seems possible that mothers' experiences of violence afford them empathy for their child's experience of sexual abuse—they may have greater insight into the behaviors or responses that would provide comfort, support, and safety. As described by the compensatory hypothesis, mothers who have experienced more acts of violence may increase the quality and amount of their supportive parenting as they attempt to compensate for the negative effects of the violence (Erel & Burman, 1995). However, it is also important to consider that emotional support following CSA—believing the disclosure, helping protect the child—differs from day-to-day supportive, warm parenting. Mothers' experiences of violence may be differentially associated with

parenting behaviors such as providing consistent, age-appropriate discipline, or supporting the child when they talk about daily stressors (unrelated to the sexual abuse). This provision of emotional support is also distinct from a broader conceptualization of maternal support following CSA, which includes the construct of blame/doubt, or feelings of resentment about all the trouble the sexual abuse has caused. Ultimately, future research is still needed to consider how mothers' experiences of violence impact the various components of parenting and the parent-child relationship. One additional hypothesis is that children may be reporting high levels of emotional support as an attempt to defend or protect their mother. In qualitative research, children whose mothers have experienced IPV often report the "need to protect" or "side with" their mother (Georgsson et al., 2011; Lapierre et al., 2018). It may be that this desire to align with their mother is driving the observed associations between mothers' experiences of violence and child-report of emotional support, although this is outside the scope of the current study and warrants additional research.

It is also worth noting we observed contradictory findings across different reporters of emotional support. Specifically, as opposed to the positive association described above for child-report of emotional support, mothers reported their history of CSA was associated with lower levels of emotional support. We also observed that higher levels of psychological distress were associated with lower levels of mother-report of emotional support. It may be that child- and mother-report of emotional support are assessing distinct constructs: children may be reporting on their experience of feeling supported and believed by their mother, while mothers may be reporting on their self-efficacy or beliefs in their ability to support their child. Indeed, past research has found that child- and mother-report of emotional support are only moderately associated and may be assessing distinct constructs (Rancher et al., 2023). The present findings replicated this association and found only a moderate correlation between mother- and child-report of emotional support ($r = .31$). Either way, present findings suggest that clinicians and researchers should consider including multiple reporters of emotional support to understand the unique perspectives of caregivers and children.

It also seems plausible that mothers' reports of emotional support are influenced by their current experiences of psychological distress. The period following the disclosure of CSA is an acutely stressful period for families, and many mothers endorse clinically significant levels of psychological distress (Jouriles et al., 2021; Rancher et al., 2023). Belsky's (1984) ecological model of parenting suggests that contextual stressors can impair a parent's ability to provide warm, empathic support. Indeed, we observed that psychological distress accounted for the largest proportion of explained variance in

mother-report of emotional support (partial $\eta^2 = .08$). Therefore one possibility is that the contextual stressor of receiving forensic services for CSA disclosure, among mothers who have a personal history of CSA, disrupts their ability to provide emotional support. This may be an important area for future longitudinal research to examine.

The present findings have several implications for clinicians and researchers supporting families following CSA disclosure. Our results highlight the importance of assessing for IPV and a history of child abuse among families seeking services for CSA. Assessing for family violence, beyond the presenting referral, is currently outside standard practice for most child advocacy centers, which may be overlooking experiences that will affect the broader family's ability to respond and recover. For example, these families may benefit from resources to ensure immediate safety, such as referrals for domestic violence shelters or financial resources to support leaving a violent partner. Clinically, the present findings suggest it may be important to include interventions to support the mothers of children disclosing sexual abuse. Specifically, mothers may benefit from their own trauma-informed mental health services to process their reactions to the CSA and previous experiences of violence. Mothers may also benefit from brief parenting interventions to enhance their parenting self-efficacy and ability to provide emotional support to their child. Given recent findings that involving non-offending caregivers in children's trauma-focused treatment can improve treatment outcomes (St-Amand et al., 2022)—which is an integral component of many trauma-focused treatments (e.g., Trauma-Focused Cognitive-Behavioral Therapy; Brown et al., 2020)—it may also be worthwhile to explore programs specifically designed to enhance mothers' engagement in their child's services.

There are a number of notable limitations to this study. The present sample was focused on those presenting for forensic services at a child advocacy center, who had a forensic interview confirming allegations of CSA. It seems possible this sample may have different levels of emotional support, and differential associations between violence and support, than those families who experience CSA, but do not receive forensic services. However, it is worth noting this was not a treatment-seeking sample, and many families were mandated by child-protective services to complete a forensic interview. This suggests there may be some generalizability of our findings to families who are not seeking services at a child advocacy center. Still, in this context, it may be that participants may have been biased, consciously or not, to appear as "good parent" given their involvement with the child advocacy center. Another limitation is that the demographic characteristics of the sample (children were 85% female; mothers were 100% cisgender female) prohibited explorations of

gender identity as a moderator of the observed associations. Given previous research suggesting that IPV may differentially influence parent-child relationships across genders (Jouriles et al., 2021; Osborne & Fincham, 1996), this is an important area for future study. Relatedly, the focus of the present study was on mothers, but children often receive care from multiple caregivers, including non-mothers (e.g., fathers, grandparents, uncles, and aunts). Furthermore, recent findings suggest that men and women appear to experience IPV at equal rates (Leemis et al., 2022), and the effects of IPV on men's provision of emotional support following CSA is unknown. Future research, with more diverse caregivers, is warranted to assess for the generalizability of the observed associations.

In addition, the measurement of violence was limited to a variety score of different acts of violence. This did not include an assessment of the complexity of the violence, such as the number of perpetrators, frequency, severity, or recency. There may be important differences in mothers who experienced IPV from a partner in the past month, compared to those who experienced IPV several years ago. Furthermore, the measure of IPV used in this study assessed for a range of types of violence (psychological, sexual, and physical) but only included a few items assessing each type, which precluded robust analyses of how different types of IPV may be associated with emotional support. For example, we were limited from examining whether having the same perpetrator of the CSA and *sexual* IPV moderated the effect of IPV on the provision of emotional support. It is possible this measurement limitation is contributing to the observed null moderator findings of sharing the same perpetrator. Although it is worth noting this type of brief, screening measures may be more reasonable to implement in clinical settings to assess for family violence. Ultimately, future research may consider more comprehensive measurements to enhance our understanding of these findings.

Overall, the results of this study highlight the importance of mothers' experiences of IPV and personal history of child abuse among families receiving forensic services following disclosure of CSA. Unfortunately, CSA frequently occurs in the context of other types of family violence. Mothers' provision of emotional support can be critical to supporting children's recovery from sexual abuse and the present findings suggest that addressing mothers' experiences of violence may be one way to support families following CSA.

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