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Abstract

The role of maternal support has been perceived as vital throughout the recovery process of sexually abused children. However, it is important to look at the concept "support" from the perspective of non-abusing mothers' personal needs. This narrative review of the literature aimed to find out how non-abusing mothers' need for support in their responses to disclosure of child sexual abuse has been recognised. A comprehensive search on XXX university library interface yielded 12 academic articles based on empirical research. These articles were selected from those considered to have sufficiently investigated support for non-abusing mothers and included a mixture of qualitative, quantitative and mixed-method research. The data consisted of peer-reviewed online articles published in English between 2000 and 2017. Four themes emerged from the thematic analysis: *improving the quality of the whole social support network for non-abusing mothers; being blamed, maternal guilt and shame; anger; and coping strategies.* The findings show that the support needs of non-abusing mothers are usually explained based on their interaction with sexually abused children. However, it is necessary to listen to women's needs independently of their mothering role. If these mothers are better understood, not only they, but also their children, could be empowered.

Non-abusing Mothers' Support Needs after Child Sexual Abuse Disclosure: A Narrative Review

Introduction

Child sexual abuse (CSA) is a prevalent and usually hidden social problem, but awareness of it has been rising throughout the world. According to the statistics of the World Health Organisation, one in five women and one in thirteen men has been sexually abused in their childhood (WHO 2015). Furthermore, two recent meta-analyses reported similar estimates of CSA prevalence worldwide of 18–20 % for women and 8 % for men (Pereda *et al.* 2009; Stoltenborgh *et al.* 2011).The aim of this narrative review was to find out *how non-abusing mothers' own need for support following their initial responses to CSA disclosure has been recognised in the literature.*

Previous reviews have addressed diverse topics such as mother blaming in intrafamilial CSA (Ehrmin 1996; Tamraz 1996; Crawford 1999), reactions of non-abusing parents after CSA disclosure (Elliot and Carnes 2001), the relationship between caregiver support for the child and CSA disclosure or the child's post disclosure functioning (Lovett 2004; Bolen and Gergely 2015), intervention and treatment (Womack 1999; Toledo and Seymour 2013), reconceptualisation of guardian support (Bolen 2002a) and factors affecting maternal response (Knott and Fabre 2014). However, this review differs from the above in drawing attention to non-abusing mothers' experiences of support for themselves associated with their responses to CSA disclosure.

It is necessary to briefly explain the main concepts used in this review. "Non-abusing" refers to a caregiver not accused of committing a crime against a child, such as physical or sexual abuse.

"Disclosure", telling someone about an abuse situation, is the most significant first step towards stopping the abuse. The recipients of disclosure can vary: for example, they may be a friend, an adult or a professional (Alaggia, 2004). Additionally, "support needs" refers to non-abusing mothers' personal needs for support covering both formal and informal support. Formal support is defined as support services of any kind received from school, social services, court, police or health services whereas informal support refers to support from family, friends or other community members in the non-abusing mothers' close environment (see Starzynski *et al.* 2005).

CSA disclosure enhances the likelihood of both the abused children and non-abusing family member(s) receiving support throughout the recovery process. Parents, usually mothers, are the adults that children usually trust and quite frequently disclose to (Paine and Hansen 2002; Jensen *et al.* 2005). Non-abusing mothers usually go through a crisis after CSA disclosure. However, the focus is usually on the treatment of the abused child and judgment of the abuser rather than the needs of the mother (Kilroy *et al.* 2014). Although the child's perspective after disclosure and provision of support for the child is important, it is also important to study needs and support from the mother's perspective.

Methodology

This paper presents the findings of a narrative literature review (see Mays *et al.* 2005) of academic articles concerning non-abusing mothers and disclosure of their child's sexual abuse. The literature search was conducted on XXX University Library user interface XX on 13.10.2017 using 'Advanced Search' from 'International e-materials'. This was opted for as the aim was to find e-articles from various international databases. The key words 'mother*'

was searched for in all fields AND 'support*' AND 'child* sex* abus*' were searched in abstracts. The reason that the keyword 'mother*' was searched in all fields was to maximize the chance of locating research utilising other concepts such as 'caregiver, caretaker and parent' in the publication title.

In all, 2 901 online documents encompassing e-articles, dissertations, newspaper articles, reviews, books and conference proceedings written in different languages were found. The total number of articles was reduced to 760 after limiting the search results to peer-reviewed online full-text articles published in English between 2000 and 2017. This result was obtained from various databases including ProQuest Central, Social Sciences Citation Index (Web of Science), ASSIA: Applied Social Sciences Index and Abstracts, ERIC, Taylor & Francis Online, Sage Publications and Science Direct (Elsevier).

The results were listed according to relevance, and the most relevant 250 articles were reviewed. The title, aim and abstract of each study were first meticulously read. If the abstract was not deemed sufficiently informative, the results section was also read paying specific attention to information related to support needs of non-abusing mothers. The articles without information on the topic were excluded. Furthermore, the studies using a sample of both children and parents were evaluated, and those providing sufficient information on non-abusing mothers were considered while only child-focused ones were not. At the end of this stage, 12 articles were selected for more careful analysis. The steps of the review process are visualised in Figure 1.

The selected 12 articles were divided into two categories based on their participants. In seven studies, the samples comprised non-abusing mothers only while the remainder encompassed

non-abusing mothers, fathers or other adults with the principal responsibility for caregiving. In the 12 studies, non-abusing mothers made up the overwhelming majority of the research participants. The reviewed studies were conducted by researchers in the fields of social work, psychology and health sciences. Further information is presented in Table 1.

Thematic analysis was applied after selection of the relevant articles. This method is the best-known one in narrative reviews and aims to produce a rudimentary synthesis of the findings while seeking to identify and compile the most significant issues in a body of literature (Mays *et al.* 2005).

According to Finfgeld-Connett and Johnson (2012), the way a qualitative systematic review is analysed depends on its purpose. For instance, the data analysis tends to be more linear if summative or aggregative perspectives are adopted whereas it is more iterative in reviews aiming at knowledge building or theory development. The main goal of this review is not the generation of concepts or theory. This paper is synthesised based on aggregation of the findings, and hence comparison among the selected studies is made only when applicable.

The reviewed studies have various limitations including limited sample size, analytic issues, clinical populations, retrospective self-report measures, lack of standardised measures investigating perceived maternal support (both formal and informal support from the perspective of non-abusing mothers), lack of generalisability of the results in qualitative research, selection bias and difficulty in measuring support overall. Despite these, the focus of this review can be considered innovative in the sense that it encourages future researchers to further discuss and work on the support needs of non-abusing mothers of sexually abused children.

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Findings

The analysis of the articles concentrates on how the previous research links non-abusing mothers' own support needs to their responses to CSA disclosure. The four themes derived from the review are *improving the quality of the whole social support network for non-abusing mothers; being blamed, maternal guilt and shame; anger; and coping strategies*. Although these themes are differentiated into four groups, they should not be understood as bounded but rather as intertwined with each other.

Improving the quality of the whole network for non-abusing mothers emerged as one of the broadest themes. Social support network is adopted as an umbrella term covering both the formal and informal support non-abusing mothers personally receive. One sub-theme is the quality of the relationship between non-abusing mothers and service providers (formal support) and another is informal support.

In a Canadian qualitative study, Alaggia (2001) investigated ten non-abusing mothers' responses in intrafamilial CSA cases in relation to their cultural context. The mothers' cultural and socio-economic background was diverse in such aspects as race, ethnicity and religious affiliation. In this research, three themes, labelled "culture and religion", "cultural beliefs about preserving the family unit" and "value system conflicts between the mothers and service providers", were discovered. The mothers regarded as "less supportive", based on caseworkers' evaluation of their relationship with their sexually abused child, stated that social service professionals misunderstood, judged and isolated them. Forty per cent of the mothers reported that their caseworkers failed to understand their views concerning their remaining in contact with their abusive partners. These mothers, who showed strong adherence to cultural or religious beliefs and value systems, felt ignored by professionals. In contrast, the mothers in the "supportive" group reported having positive experiences and receiving beneficial information in support group sessions.

Whereas Alaggia (2001) studied the views of both professionals and non-abusing mothers, Kilroy *et al.* (2014), in Ireland, qualitatively investigated 13 parents' perceptions of CSA disclosure and its impact on them. Utilising grounded theory analysis, eight categories emerged from the data. One of these was "support systems", encompassing family, friends, school, work, social services and other professional services. The authors pointed out that these avenues were described as the strongest variables ameliorating the deleterious effects of CSA on non-abusing parents and that the parents' perceptions revealed diverse reactions towards these parties.

According to the parental self-reports in Kilroy *et al.* (2014), professionals were usually unsupportive and lacking in knowledge, empathy and resources. Despite this dissatisfaction with most service providers, it is vital to remember that the study by Kilroy *et al.* (2014) was conducted within a specialised CSA unit and that many parents reported feeling satisfied with and empowered by the services provided in the unit, an outcome similar to that was reported by Alaggia (2001) for the group of supportive mothers, who had positive relations with service providers.

The findings of Dyb *et al.* (2003) contradict the conclusion of Kilroy *et al.* (2014) that support from the close environment and professionals heals the negative impact of CSA on caregiving adults. Dyb *et al.* (2003) worked with 39 parents (of whom 24 were mothers) and looked at how parents described stressful events and secondary life changes after alleged CSA cases at a day care centre. They hypothesised that non-abusing parents who received a higher level of social support from family, friends and their colleagues would have lower post-traumatic stress disorder (PTSD) symptoms than those receiving a lower level of social support. Using semi-structured interviews and self-reports, they found that social support was not a predictor of parental distress. They concluded, however, that the reason for this result could be too low a level of support or support that was not sufficiently comforting for non-abusing parents.

Another study conflicting with Kilroy *et al.* (2014) is that by Cyr *et al.* (2013). Among other variables, Cyr and colleagues studied self-reported social support among 226 mothers registered via child protection services. Cluster analyses were conducted on various maternal characteristics such as PTSD symptoms, anger, avoidant coping and relations with the birth family. They aimed to find out if maternal profiles affected the mothers' ability to support their child. A preliminary analysis related to perceived social support revealed no significant differences among the mothers. Hence, this variable was excluded in their further analyses in which mothers were grouped as resilient, avoidant coping, traumatized and anger-oriented reactive. The authors suggested that future research should include support of the non-abusing partner and social, medical and judicial services, as their study only addressed the number of persons who could potentially offer support. Moreover, the study used social support measures to find out if mothers' ability to support their abused child was affected, whereas the impact of receiving social support on mothers' coping skills was overlooked.

Research investigating maternal needs also yields information on maternal expectations from service providers. The study by Toledo and Seymour (2016) in New Zealand focused on the impact of CSA disclosure on families and their needs afterwards. They studied 59 families in which 70% of the caregivers were non-abusing mothers. Mixed methods were adopted, involving various scales and open-ended questions for determination of the caregivers' needs. The results showed that they would have liked to learn better ways of coping with their children's problems and behaviour, and to gain knowledge on the indicators of CSA, how to communicate effectively with their children and how to respond appropriately to CSA after disclosure. Unlike Kilroy (2014), this study also included 62 children as participants. The caregivers' needs, therefore, were mostly identified in relation to their care of their children rather than their personal needs. The latter were limited to the desire of being listened to, relieving distress and having a safe space to reflect on feelings and thoughts (Toledo and Seymour 2016).

The findings of Alaggia (2001), Kilroy and colleagues (2014), and Toledo and Seymour (2016) are supported by those of Han and Kim (2016) conducted in South Korea. They investigated the views of five professionals working in government agencies and four non-abusing mothers (as service recipients) of sexually abused children about what family programmes were needed. Analysis of focus group interviews yielded four categories, two of which were empathy from therapists and emotional support for mothers. The former was contributed solely by mothers whereas the latter was stated by both service providers and mothers. The need of empathy for non-abusing mothers has been indicated by various researchers. For instance, Kilroy *et al.* (2014) confirmed the importance of empathy emphasising that mothers expect professionals to develop a relationship based on empathy, Toledo and Seymour (2016) stated that mothers need to be listened to, and Alaggia (2001) drew attention to value system conflicts, including judgement, isolation and misunderstanding, between non-abusing mothers and professionals.

Other studies also point to the importance of the support that mothers receive from others, if only as an interpretation of findings. For example, Pretorius *et al.* (2011) in a study conducted in South Africa explored the experiences of three mothers whose children had been sexually abused by their male partners. Phenomenology was the approach adopted for analysing the data collected via open-ended interview questions. Significant themes found were shock, disbelief, anger, guilt, depression, loss of trust and blame. The authors remarked that the level of received support by mothers is clearly not sufficient following CSA and there is a need of conducting further research addressing social support in more detail especially in the context of clinical environments. The sample resembled those of Alaggia (2001), Kilroy *et al.* (2014) and Toledo and Seymour (2016), who also selected their participants from clinical environments, while the findings on perceived level of support varied across these studies.

McCallum (2001) and Mayekiso and Mbokazi (2007) conducted qualitative research with non-abusing mothers via child protection agencies. The former was a case study with a sample of three women only and themes were derived by applying grounded theory. The latter included seven women and utilised thematic content analysis. Both indicated that mothers were not listened to and had to cope with being blamed by family or community members for not taking the necessary steps immediately or even for lying about the abuse. Moreover, both studies emphasised the secondary traumatisation mothers experienced from abusers, community members, professionals and the justice system. McCallum (2001) further stated that the mothers perceived professionals as forcing and judging them, keeping the power to themselves, and being distant and unsupportive, in line with the findings of Kilroy *et al.* (2014) and Toledo and Seymour (2016).

The findings of Levenson *et al.* (2012), Kilroy *et al.* (2014), Masilo and Davhana-Maseleselse (2016) and Toledo and Seymour (2016) on caregivers' experiences on informal support parallel each other. Levenson *et al.* (2012) conducted a quantitative study using online surveys with 31 caregivers (of whom 26 were women) via four websites providing support for non-abusing family members. They discovered that over 50 % of the participants perceived not being understood by their family and friends. Similarly, Kilroy *et al.* (2014) emphasised that family members and friends were perceived as unsupportive, for example blaming, judging, dismissing, avoidant, lacking or distant. Participants also reported having communication problems with their partners or spouses. Similarly, Toledo and Seymour (2016) indicated that non-abusing caregivers faced emotional problems and had uneasy relationships with their extended family members, especially when the abuse was intrafamilial.

The mothers studied by Masilo and Davhana-Maseleselse (2016) found more divergent views on familial support. The authors conducted a qualitative study to explore maternal experiences after CSA among 17 non-abusing mothers registered via care centres helping sexually abused children in

South Africa. The mothers had a close relationship with the abusers and all the cases were intrafamilial. They reported two different groups of intimate family members: one group was supportive while another was opposed to the sentencing of the perpetrator. Despite various reactions from intimate family members, other parties such as neighbours and teachers were willing to support both the mothers themselves and their children when needed. The mothers also expressed the need for support groups to be able to share their experiences with others facing similar issues.

Carvalho *et al.* (2009) conducted a qualitative study in Brazil to understand the perceptions of non-abusing mothers whose daughters had been sexually abused and they discovered the maternal need for informing and empowering the whole social support network. Ten mothers, registered via a governmental organisation helping sexually abused children, participated in semi-structured interviews. The authors criticised society for acting inadequately in helping the mothers to deal with their dilemmas related to their motherhood, family relations and sexual identity in intrafamilial cases. Moreover, they pointed out that the mothers' conflicts are usually based on the necessity of giving up their needs to meet their family needs. They emphasised that society at large fails to understand that certain roles are imposed on women whether or not they have the relevant resources and power. Other studies confirm that mothers can feel powerlessness, emotional pain, depression, suicidal ideation and secondary victimisation and that these issues are likely to negatively affect their coping strategies (McCallum 2001; Mayekiso and Mbokazi 2007; Masilo and Maselesele 2016; Pretorius *et al.* 2011).

B*eing blamed, maternal guilt and shame* was the second theme that emerged from reviewed studies. This seems closely related to mothers' perceptions of themselves as incompetent protectors of their children and their feeling responsible for what has happened. Self-blame or shame might occur due to not being aware or ignoring the warning signs of the abuse (McCallum 2001; Mayekiso and Mbokazi

2007; Pretorius *et al.* 2011). Carvalho *et al.* (2009) similarly emphasise that guilt emerges as a cultural factor associated with "the perfect motherhood myth" under the impact of patriarchal norms imposed by society. In the search for the guilty party, mothers unconsciously blame themselves for their child's abuse experience and thereby sustaining "the myth of the imperfect mother".

Alaggia (2001) states that mothers experience value conflicts due to feeling obliged to keep their family intact even in the presence of intrafamilial CSA and that this happens especially when they adhere to religious beliefs based on strict patriarchal norms that do not accept divorce (Alaggia 2001). Although not overtly explained as maternal guilt, self-blame or shame, it might be that cultural factors, such as obedience to religious precepts, limit mothers' agency by inducing feelings of shame or self-blame. Kilroy *et al.* (2014) explain non-abusing mothers' self-blame as due to a feeling of failure over not being able to stop the abuse, not being able to protect the child or not spotting the signs of abuse. However, they also found that although some parents felt responsible for what happened, others were aware that it was not their fault and that it was not possible to control everything in life.

Han and Kim (2016) demonstrated that feelings of shame or self-blame were among the most prominent feelings of non-abusing mothers, a finding that was also confirmed by service providers who were meeting sexually abused children in therapy sessions. Levenson *et al.* (2012) found that many caregivers reported guilt, shame or embarrassment about the abuse, comparable to the findings of Masilo and Davhana-Masalesele (2016) in which similar feelings, such as guilt and self-blame, were subsumed under the category labelled "emotional and psychological reactions".

Anger, as a reaction to negative attitudes of people in the mothers' environment, is the third theme found in this review. The mothers also felt anger towards themselves, which they associated with being blamed by others, and self-blame. The participants in McCallum (2001) were limited to three

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non-abusing mothers. However, anger emerged as reaction associated with other factors such as mother blaming, shock, denial and acceptance. Mayekiso and Mbokazi (2007), Han and Kim (2016) and Masilo and Davhana-Maseselele (2016) obtained similar results to those of McCallum (2001), demonstrating a relationship between maternal guilt and anger.

Mayekiso and Mbokazi (2007) found that mothers' anger was associated with feelings of guilt. The mothers questioned their decision-making abilities, their reasons for choosing an abusive partner and living with him even after CSA disclosure. More recent studies are consistent with the outcomes of Mayekiso and Mbokazi (2007). For instance, Han and Kim (2016) and Masilo and Davhana-Maseselele (2016) highlighted the association of anger with guilt and self-blame. Masilo and Davhana-Masalesele (2016) further noted that non-abusing mothers expressed anger towards themselves as they felt irresponsible in not being able to stop the sexual abuse, an observation in line with the views of the therapists in the study of non-abusing mothers of sexually abused children by Han and Kim (2016).

The non-abusing parents in the research by Kilroy and colleagues (2014), expressed anger towards their family members, who usually blamed, dismissed or evaded from talking about the problem, while friends were reported as being distant or missing or unwilling to share this private experience with them. Apart from reported anger towards the family members and perceived absence of support from friends, the non-abusing parents also felt anger toward the police, the legal system and school for various reasons, such as not taking necessary steps related to prosecution of the perpetrator, failing to give professional advice or not protecting the child (Kilroy *et al.* 2014). The finding of anger directed by non-abusing mothers towards service providers is not reported by Kilroy *et al.* (2014) alone. Mayekiso and Mbokazi (2007) also found that, because they felt blamed or not sufficiently supported, mothers expressed anger towards professionals.

It is widely observed that maternal anger can be directed to different parties, including abusers and sexually abused children. According to Levenson *et al.* (2012), as many as 80% of non-abusing parents continued to express anger towards the abuser at the time the study was conducted. It is noteworthy that 42% of the non-abusing parents in their study were the abuser's spouse. In common with Levenson *et al.* (2012), Mayekiso and Mbokazi (2007) and Pretorius *et al.* (2011) also emphasise that anger was usually directed to the abuser partners of the non-abusing mothers.

Mothers' anger was also directed at children. Twenty-four percent of the mothers reported feelings of anger towards their sexually abused child (Levenson *et al.* 2012). In contrast, Cyr *et al.* (2013) found that resilient mothers (comprising one third of all participants) were not angry with their child, although in line with Levenson *et al.* (2012), they were angry with the abuser. The relationship between anger-oriented mothers and their sexually abused children was ambivalent in that the mothers were supportive but simultaneously angry with them (Cyr *et al.* 2013).

The last theme, named as *coping strategies,* consists of religion, avoidance, social isolation and improving knowledge on parenting and on the effects of CSA. Some studies point to the effects of religion on non-abusing mothers. For these mothers, religion was a comforting factor bringing relief from the overwhelming effects of CSA (Alaggia 2001; Masilo and Maselesele 2016). Religion was also utilised for projecting the overhelming emotions, such as anger and maternal guilt, experienced after CSA disclosure (Kilroy *et al.* 2014; Masilo and Maselesele 2016).

Cyr *et al.* (2013) used avoidant coping (seeking to escape dealing with the issue) as one of the variables and various scales and measures were applied for possible identification of a subtype of mothers. Consequently, more than 30% of the mothers was identified as resilient due to the lowest scores on various measures such as stressful situations and avoidant coping and they had fewest symptoms, including PTSD and anger when compared to the rest of the participants. Another group,

labelled avoidant coping mothers, also made up one third of all the participants in the same study. Although the avoidant coping mothers reported a moderate level of PTSD symptoms and a low level of anger and neuroticism, they had a markedly higher level of avoidant coping. Other factors such as secondary victimisation, shame and self-blame might limit mothers' ability to receive support, which in turn could bring about the failure to develop effective coping skills (see Kilroy *et al.* 2014; Toledo and Seymour 2016).

Social isolation was another way of coping with the overwhelming effects of CSA. Both Dyb *et al.* (2003) and Kilroy *et al.* (2014) reported that non-abusing caregivers who experienced difficulty coping with the reality of CSA isolated themselves from social life. Furthermore, Toledo and Seymour (2016) found that isolation from extended family members was a common issue among 40% of their Australian families, mainly containing non-abusing mothers.

Various researchers point to the possibility that secondary traumatisation or shame could enhance the likelihood of self-isolation or social withdrawal. Masilo and Davhana-Maselesele (2016) found that non-abusing mothers were afraid of being judged by others for not fulfilling their caregiving responsibility and consequently isolated themselves by keeping their child away from abusive environments. This is consistent with McCallum (2001), who emphasised the relationship between self-isolation and shame. The author proposed that feeling shame is likely to enhance the level of self-isolation, in turn hindering women from accessing sources of support.

Both non-abusing mothers and service providers mentioned the importance of mothers learning how to interact with their sexually abused child, whereas only mothers mentioned wanting to learn about the psychological and potential long-term impact of CSA and how to cope with these problems. Interestingly, only therapists stressed that mothers need to learn self-care, emotion regulation and communication skills (Han and Kim 2016). In contrast, Kilroy *et al.* (2014) found that self-care was

adopted among non-abusing caregivers as one way of coping and that other coping skills, such as being in contact with people related to the abuse, and using therapeutic means, as found by Han and Kim's (2016) were also important. In sum, non-abusing mothers, tend to sacrifice themselves on behalf of their abused children, often neglecting their own needs (see Carvalho *et al.* 2009; Toledo and Seymour 2016).

Conclusion and Implications for Research

This narrative review aimed to find out how non-abusing mothers' need for support is recognised –in the recent literature- in their responses to CSA disclosure. Despite the fact that most of the reviewed studies were qualitative in design, the review provides valuable knowledge for comprehending non-abusing mothers' own support needs after CSA disclosure. The review process yielded four themes: *improving the quality of whole social support network for non-abusing mothers; being blamed, maternal guilt and shame; anger; and coping strategies.*

The first theme, related to improving the whole social support network for mothers underlines the significance of the quality of the relationship between non-abusing mothers and professionals, as well as between mothers and informal sources of support (such as family, friends and other community members). Caregiving adults, mostly non-abusing mothers, defined "being supportive and welcoming, having sufficient knowledge on the issue, empathic understanding and provision of necessary resources" as the main elements of a good-quality relationship with human services professionals (e.g. Alaggia 2001 and Kilroy *et al.* 2014).

It is important to note that not only formal support, but also informal support should be improved as the literature demonstrates that family or friends might not be understanding or welcoming when they encounter this problem. With respect to support from family members, it is quite common that mothers feel blamed, judged and not understood, especially in intrafamilial cases of CSA (e.g.

Levenson *et al.* 2012; Kilroy *et al.* 2014; Toledo and Seymour 2016). Campaigns could be useful for increasing the level of public awareness on CSA so that not only professionals, but also members of non-abusing mothers' close environment know how to approach and communicate with them. Moreover, feelings of self-blame and shame, anger and isolation might be alleviated if the non-abusing mothers of sexually abused children are invited to participate in support groups in which caregiving adults with similar experiences of CSA share events in their lives (e.g. Masilo and Davhana-Maselesele 2016).

Regarding the review's second theme, non-abusing mothers tend to blame themselves, are blamed by others or feel ashamed, despite the obvious fact that the abuser is responsible for the CSA. Various reasons can be offered for this, such as maternal sense of failure to protect the child or not being able to stop the abuse, not being aware of the abuse or ignoring the warning signs (e.g. McCallum 2001; Mayekiso and Mbokazi 2007; Pretorius *et al.* 2011). It is vital to remember that cultural norms, such as responsibility of keeping their family intact (see Alaggia 2001), are embedded in women's mothering roles, and consequently that feelings of self-blame, shame or secondary victimisation associated with "the myth of perfect motherhood" can lead women to sacrifice themselves and underestimate their own needs on behalf of their children's (see Carvalho *et al.* 2009).

An association was observed between "anger" and "being blamed, maternal guilt and shame". Anger, the third theme identified in the data, is a reaction which mothers may direct towards professionals, partners, family members, friends, their sexually abused child or even themselves. Non-abusing mothers expressed anger in situations in which professionals blamed them, did not act on the issue appropriately or did not appear understanding (e.g. Mayekiso and Mbokazi 2007; Kilroy *et al.* 2014). Moreover, in situations where the abuser was the father figure or the abuse was intrafamilial, the mothers were likely to direct their anger towards themselves, their partner or other non-abusing

family members. Maternal guilt and self-anger seemed to be related to the mother's sense of failure in protecting her child and holding herself responsible for what had happened (e.g. McCallum 2001; Levenson *et al.* 2012; Pretorius *et al.* 2011; Han and Kim 2016).

The last theme, coping strategies, while only a latent topic in the reviewed literature, pointed to the need for empowering non-abusing mothers of sexually abused children. The mothers tend to be emotionally overwhelmed when they experience CSA disclosure, a response that could hinder their adoption of effective coping skills (e.g. McCallum 2001; Mayekiso and Mbokazi 2007; Masilo and Maselesele 2016; Pretorius *et al.* 2011). The reviewed research revealed the coping strategies adopted by non-abusing mothers, such as avoidance, social isolation, religion or improving knowledge on CSA or on parenting skills to deal with CSA (e.g. McCallum 2001; Dyb *et al.* 2003; Cyr *et al.* 2013).

These four themes aside, several issues merit further consideration. These include the difficulty of measuring support, the fact that the overwhelming majority of the cases were intrafamilial, and the importance of encouraging the voices of non-abusing mothers to be heard as women.

Some researchers might profile mothers as, for example, "supportive and unsupportive" based on their life history and the quality of their interaction with their sexually abused children (e.g. Alaggia 2001; Cyr *et al.* 2013). Moreover, it should be remembered that the concept of support is usually portrayed as child-focused, is problematic and is pointed out by various researchers in the recent literature (e.g. Bolen 2002b; Dyb *et al.* 2003; Cyr *et al.* 2013; Bolen *et al.* 2015). The difficulty of measuring support is associated with a lack of standardised measures, variations in the definition and boundaries of support and the use of data based on retrospective self-reports. Therefore, readers must be aware of these limitations and they should regard such classifications as tentative only.

There also appears to be a gap in the research on maternal experiences based on extrafamilial CSA cases. Most of the existing research only addresses intrafamilial cases of CSA (e.g. Alaggia 2001;

Mayekiso and Mbokazi 2007; Levenson *et al.* 2012) while relatively little work has been done on the parental experiences of children who have been sexually abused outside of the family (e.g. Dyb *et al.* 2003). The experiences of mothers may diverge or converge according to their relationship with the perpetrator. Therefore, further research on the support needs of non-abusing mothers in cases of extrafamilial CSA cases is crucial. Improving knowledge on this category of the abuse will help researchers and audience better understand if and how maternal reactions such as anger, self-blame or shame, secondary victimization, their needs and coping skills demonstrate similarities or differences when compared to the findings of research on intrafamilial cases of CSA.

Researchers should carefully re-consider the way they investigate the concept "support" and address non-abusing mothers' own support needs. This review shows that perceived support of non-abusing mothers was only investigated with the aim of finding out if this affects the quality of the support they provide for their children (see Elliot and Carnes 2001 for a review). However, mothers' own need for support, if only for the sake of themselves as women, independently of their mothering role and the heteronormative expectations of society, were largely overlooked in the current CSA literature. Furthermore, it is apparent that the current heteronormative discourses embedded in culture dictate that women and sexually abused children maintain secrecy about the abuse. When women are silenced by the impact of secondary victimization and self-blame, this situation hinders them from seeking support for themselves (see McCallum 2001; McLaren 2013; Masilo and Maselesele 2016).

When mothers' needs were investigated, it was interesting to note that they usually referred to the need of developing coping skills in relation to the needs of their children, frequently ignoring their own needs such as self-care, emotion regulation and communication skills (see Kilroy *et al.* 2014; Han and Kim 2016; Toledo and Seymour 2016). Therefore, the provision of appropriate professional

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services (e.g. creating a safe space for listening, therapy and empowering women by enhancing their psychosocial resources) for non-abusing mothers and other non-abusing family members is also vital.

In conclusion, it is hoped that this narrative review will encourage researchers to work on the personal support needs of women who are overwhelmed with the trauma caused by CSA disclosure. Awareness that all the themes are intertwined, might render it rewarding to work on the relationship between the maternal need of support and other aspects such as secondary victimisation or self-blame, anger and self-isolation after CSA disclosure. Empowering these mothers and developing their support network could help shift the burden of bearing the responsibility for CSA from themselves while enabling them to develop better strategies for coping with the devastating effects of CSA. In this way, their functioning as women and as mothers will be enhanced.

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Author/s	Country	Aim	Type of CSA[1]	Sample and Recruitment	Methodology	Emerging Themes
Alaggia (2001)	Canada	To understand how non-abusing mothers responded emotionally and behaviourally to disclosure in relation to cultural context.	Intra-	Ten mothers participating in a psycho-education group organised by agencies working with sexually abused children.	Qualitative, in-depth interview guide, discovery-oriented approach	*Improving the quality of whole social support network for non-abusing mothers* *Being blamed, maternal guilt and shame* *Coping strategies*
Carvalho *et al.* (2009)	Brasil	To grasp the perception of mothers whose daughters were sexually abused.	Both	Ten mothers via a governmental organisation helping sexually abused children.	Qualitative, semi-structured interviews	*Improving the quality of whole social support network for non-abusing mothers* *Being blamed, maternal guilt and shame* *Coping strategies*
Cyr *et al.* (2013)	Canada	To examine how profiles	Both	226 non-abusing mothers recruited	Quantitative, person-	*Improving the quality of whole social support network for non-abusing*

[1] Type of child sexual abuse based on child-perpetrator relationship: Intrafamilial CSA refers to cases that the abuser is someone in family environment but not necessarily blood related or known to the child (e.g. The abuser might be step-father, step-brother, mother's partner or uncle-in-law). Extrafamilial CSA refers to cases that the abuser is someone out of family who might be a foreigner or known to the child (Berliner and Elliott 2002).

		of non-abusing mothers could better describe their ability to support their children after disclosure.		via child protection services.	centred approach, various types of scales, indexes and questionnaires	*mothers* *Coping strategies* *Anger*
Dyb *et al.* (2003)	Norway	To describe the cascade of stressful events and secondary life changes experienced by parents in a case of alleged sexual abuse in a day care programme.	Extra-	24 non-abusing mothers and 15 non-abusing fathers who were registered in a treatment programme.	Quantitative, face-to-face interviews, self-report measures and a series of questionnaires	*Improving the quality of whole social support network for non-abusing mothers* *Coping strategies*
Han and Kim (2016)	Korea	To investigate the perspectives of non-abusing mothers of sexually	Not stated	Four non-abusing mothers and five professionals were recruited via a support centre and government-	Qualitative, focus group interviews conducted with non-abusing mothers and professionals.	*Improving the quality of whole social support network for non-abusing mothers* *Being blamed, maternal guilt and shame* *Anger* *Coping strategies*

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		abused children and therapists about what family support programs were needed.		funded agency, respectively.	
Kilroy *et al.* (2014)	Ireland	To understand how parents were affected and what their experiences were once they learned of the CSA.	Both	Ten female and three male parents, all biological and registered via a specialist CSA service providing parenting support.	Qualitative, semi-structured interviews	*Improving the quality of whole social support network for non-abusing mothers* *Being blamed, maternal guilt and shame* *Coping strategies* *Anger*
Levenson *et al.* (2012)	USA	To better understand the unique experiences of non-abusing caretakers who also identify themselves as closely related to the	Intra-	26 female and five male caregivers were registered via completing an online survey on four different websites that provide support for non-abusing family members of registered sex	Quantitative, Online survey	*Improving the quality of whole social support network for non-abusing mothers* *Being blamed, maternal guilt and shame* *Anger*

		abuser of the child.		offenders.		
Masilo and Davhana-Maselesele (2016)	South Africa	To explore and describe the experiences of mothers of sexually abused children.	Includes intra- but not clearly stated if also extra- is involved.	17 non-abusing mothers registered via care centres helping sexually abused children.	Qualitative, exploratory, descriptive and contextual, unstructured in-depth interviews and field notes	*Improving the quality of whole social support network for non-abusing mothers* *Being blamed, maternal guilt and shame* *Coping Strategies* *Anger*
Mayekiso and Mbokazi (2007)	South Africa	To explore the impact of disclosure of sexual abuse of daughter by the father or father figure on mother.	Intra-	Seven non-abusing mothers registered via agencies serving for sexually abused children.	Qualititative, exploratory, semi-structured interviews	*Improving the quality of whole social support network for non-abusing mothers* *Being blamed, maternal guilt and shame* *Anger*
McCallum (2001)	Australia	To outline the experiences of women from the point of disclosure of their child's	Intra-	Three non-abusing mothers registered via a child protection agency.	Qualitative, unstructured interviews, grounded theory	*Improving the quality of whole social support network for non-abusing mothers* *Being blamed, maternal guilt and shame* *Coping strategies* *Anger*

sexual abuse.

Pretorius *et al.* (2011)	South Africa	To explore the lived experiences of mothers whose children were sexually abused by their intimate male partners.	Intra-	Three non-abusing mothers registered via child abuse treatment centre.	Qualitative, explorative, descriptive and inductive in nature, unstructured interviews, with open-ended questions	*Improving the quality of whole social support network for non-abusing mothers* *Being blamed, maternal guilt and shame* *Anger*
Toledo and Seymour (2016)	Australia	Investigating the impact of CSA disclosure and associated needs as identified by caregivers.	Both (50% intra)	Non-abusing caregivers from 59 families involving 62 children filled in needs assessment forms. They were recruited by a centre providing parenting support, and 70 % of caregivers were mothers.	Mixed Methods, a needs assessment form involving open-ended and scale questions	*Improving the quality of whole social support network for non-abusing mothers* *Coping strategies*

Table 1 Information on Reviewed Articles

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Figure Legends

Figure 1. Review Process

Table Legends

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