The Association between Child Sexual Abuse and Subsequent Maternal Parenting, and Opportunities for Intervention

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We certify that for the following papers, Brittany Lange completed the majority of the work (>70%).

1. **Lange, B.C.L.**, Condon, E.M., & Gardner, F. Parenting among mothers who experienced child sexual abuse: A qualitative systematic review.
2. **Lange, B.C.L.**, Condon, E.M., & Gardner, F. (2019). A systematic review of the association between the childhood sexual abuse experiences of mothers and the abuse status of their children: Protective strategies, intergenerational transmission, and reactions to the abuse of their children. *Social Science & Medicine.*
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4. **Lange, B.C.L**., Bach-Mortensen, A.M, Condon, E.M. & Gardner, F. The effectiveness of interventions designed for mothers who experienced child sexual abuse: A systematic review and recommendations for future research and intervention development.
5. **Lange, B.C.L.**, Condon, E.M., & Gardner, F. A mixed-methods investigation of the association between child sexual abuse and subsequent maternal parenting.
6. **Lange, B.C.L.**, Condon, E.M., & Gardner, F. Defining child sexual abuse: Perspectives from mothers who experienced this abuse.

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Abstract

Background: Child sexual abuse (CSA) is prevalent worldwide and represents a significant public health burden given the adverse outcomes associated with it. While CSA has been linked to multiple adverse outcomes, including poorer mental and physical health, it has also been linked to women's subsequent parenting of their own offspring.

Objectives: This thesis seeks to 1) synthesize existing literature on the association between CSA and the subsequent parenting practices these women engage in; 2) determine what mechanisms may underlie this association, according to the existing literature; 3) determine what parenting interventions are currently available for mothers who experienced CSA (M_{CSA}) and if these interventions are efficacious; 4) conduct surveys with a diverse sample of M_{CSA} to determine how they perceive their experiences to have affected their parenting, what they may want from an intervention to address any consequences of these experiences, and to determine how they define CSA.

Methods: To address objectives one and two above, a series of linked systematic reviews of the existing qualitative and quantitative literature on the association between CSA and the subsequent parenting practices of these women were conducted. Potential studies were located through seven academic databases, a review of the grey literature, by reviewing the reference lists of included studies, and by reviewing the titles of studies that cited studies included in this review. Results were divided into three papers by study design (qualitative or quantitative), and the quantitative results were further divided by content (whether parenting was abuse related or non-abuse related). Qualitative data were synthesized using thematic analysis, while quantitative data were narratively synthesized. To address objective three, a systematic review of existing evaluations of interventions for M_{CSA} was conducted. Potential studies were located by searching nine academic databases, grey literature, the reference lists of included studies, and the titles of studies that cited studies included in this review. To address objective four,

and to fill gaps in the existing literature identified in the systematic reviews, an online mixed-methods survey was created to assess the past experiences, mental health, and parenting of M_{CSA}. Further, as part of this survey, M_{CSA} were asked about what they may want from an intervention designed to address their experiences and how they would define CSA.

Results: Results related to objective one indicated that CSA affects the parenting behaviors of M_{CSA}. Specifically, qualitative results of the review found that M_{CSA} desire to protect their children from abuse. Despite this, many did have children who experienced abuse, with abuse being perpetrated by both the mother and others. CSA was also perceived to both positively and negatively affect the mother-child relationship, breastfeeding, child-rearing practices, perceptions of their child, and perceptions of motherhood. Additionally, M_{CSA} discussed aspects of the parenting experience that helped them cope with their past CSA experiences. Quantitative results also found associations between CSA and the parenting behaviors listed previously, though much heterogeneity existed, especially with results related to general parenting. In most instances, significant findings were in the expected direction, with M_{CSA} experiencing more parenting difficulties than $M_{no\text{-}CSA}$. However, in several instances, M_{CSA} were found to have fewer parenting difficulties than $M_{no\text{-}CSA}$. Mechanisms that may explain the quantitative associations (objective two) included mediators and moderators, such as mental health, physical health, and substance misuse. Theories prominently used to explain this association in the qualitative and quantitative literature included attachment theory, trauma theory, systems theory, and social learning theory. Only four interventions have currently been evaluated to address the parenting needs of this population (objective three). The majority of these evaluations had small sample sizes, lacked a comparison group, or contained components lacking a sufficient evidence base. The mixed-methods online survey was completed by 35 women recruited from a diverse range of organizations (objective 4). M_{CSA} reported that many aspects of their parenting, including the ones described previously, had been affected by their

CSA experiences. Perceived effects of CSA on parenting often did not vary based on demographic characteristics, mental health, and specific aspects of the CSA experience in subgroup analyses. M_{CSA} reported being open to interventions to address their experiences, suggesting that these interventions provide information related to parenting and take place in a group setting. Finally, M_{CSA} provided their own definitions of CSA (objective 4). These definitions often included both contact and non-contact forms of abuse, defined a child as being under 16 or under 18, and did not require the perpetrator to be a certain number of years older than the child, a definition often used in the literature.

Conclusions: The reviews in this thesis represent the first attempt to synthesize the vast literature on CSA and the subsequent parenting of mothers who have had these experiences. These reviews informed the primary research conducted as part of this thesis, allowing gaps in the literature to be filled. Ultimately, studies in the four systematic reviews (270 studies reviewed in total) and online survey demonstrated that experiences of CSA can negatively affect parenting behaviors, with these findings being demonstrated both quantitatively and qualitatively, though there was significant heterogeneity in the quantitative studies. Given the pernicious effect that CSA can have on parenting for some M_{CSA}, and the potential negative effect that parenting difficulties can have on the children of these women, it is critical that interventions address these issues. Further, given issues surrounding the definition of CSA found throughout this thesis, efforts should be made to standardize this definition. The results of this thesis form a strong basis for the development of future parenting interventions and research with this population.

Key words: Child sexual abuse; abuse; parenting; mother; systematic review; qualitative; mixed-methods

Introduction

Overview

This thesis focuses on the association between child sexual abuse (CSA) and the parenting of mothers who experienced this abuse. Ultimately, this thesis aims to synthesize and build on literature on this topic, so that evidence-based interventions can be created to address the needs of this population. Six papers on this topic will be presented in this thesis. However, before these papers are presented, it is critical that the complex phenomenon of CSA is explored. Thus, literature will be presented here related to the following four sections and subsections:

- Section 1: Background on Trauma
- Section 2: Background on CSA (Definition, Prevalence, Perpetrators, Risk and Protective Factors, Outcomes, and Coping Strategies)
- Section 3: Child Sexual Abuse and Parenting (Mechanisms Explaining this Relationship and Outcomes Specific for Parenting)
- Section 4: Conclusion

Section 1: Background on Trauma

There are a number of types of traumatic events, of which CSA, the main focus of this thesis, is one. Examples of traumatic events include community violence, school violence, domestic violence, neglect, natural disasters, medical trauma, refugee trauma, terrorism, and traumatic grief (The National Child Traumatic Stress Network, n.d.). Critically, though these events have been classified as traumatic, challenges in the field have arisen when defining trauma:

> Creating an all-purpose, general definition has proven remarkably difficult. Stressors vary along a number of dimensions, including magnitude…which itself varies on a number of

> dimensions, e.g., life threat, threat of harm, interpersonal loss…complexity, frequency, duration, predictability, and controllability. At the extremes, i.e., catastrophes versus minor hassles, different stressors may seem discrete and qualitatively distinct, but there is a continuum of stressor severity and there are no crisp boundaries demarcating ordinary stressors from traumatic stressors. Further, perception of an event as stressful depends on subjective appraisal, making it difficult to define stressors objectively, and independent of personal meaning making (Weathers & Keane, 2007, p. 108).

While the scope of this thesis does not allow for a full description of all forms of trauma, descriptions of several types of childhood trauma, including adverse childhood experiences (ACEs), child neglect, child physical abuse, and child emotional/psychological abuse are presented in Appendix 1. This table includes the definition, prevalence, and outcomes related to each form of childhood trauma. Understanding these types of trauma is critical, as CSA often does not occur alone, but alongside other forms of childhood trauma (Australian Government: Australian Institute of Health and Welfare, 2016; Bassani et al., 2009; Briere, Kaltman, & Green, 2008; Liotta, Springer, Misurell, Block-Lerner, & Brandwein, 2015; Meinck, Cluver, Boyes, & Mhlongo, 2015).

As can be seen in Appendix 1, childhood trauma affects a significant portion of the population, with ACEs being the most prevalent. Specifically, in the United States, 63.90% of adults have experienced at least one ACE (Centers for Disease Control and Prevention, 2016). The high prevalence of ACEs is likely due to the fact that ACEs encompass a number of individual forms of trauma. Specifically, ACEs encompass abuse (emotional, physical, or sexual), neglect (emotional or physical), and household dysfunction (the mother being treated violently, mental illness or substance use within the household, incarceration of a member of the

household, or the separation/divorce of parents) according to the Centers for Disease Control and Prevention (2016).

In terms of individual forms of trauma, child emotional abuse was found to be most prevalent through a recent global systematic review and meta-analyses with a prevalence of 363 per 1,000 based on 29 studies (Stoltenborgh, Bakermans-Kranenburg, Alink, & IJzendoorn, 2012), followed by physical abuse with a prevalence of 226 per 1,000 based on 111 studies (Stoltenborgh, Bakermans-Kranenburg, van IJzendoorn, & Alink, 2013), emotional neglect with a prevalence of 184 per 1,000 based on 16 studies (Stoltenborgh, Bakermans-Kranenburg, & van IJzendoorn, 2013), and physical neglect with a prevalence of 163 per 1,000 based on 13 studies (Stoltenborgh, Bakermans-Kranenburg, & van IJzendoorn, 2013).

There are multiple common outcomes resulting from childhood trauma, as shown in Appendix 1. For example, across forms of trauma, negative effects can be seen on mental health, physical health, substance use behaviors, and sexual behaviors. Perhaps the most studied of these outcomes is post-traumatic stress disorder (PTSD). Though debate exists, the introduction of PTSD to the Diagnostic and Statistical Manual of Mental Disorders has allowed "different groups of clinical investigators focused on seemingly disparate trauma types, such as combat, sexual assault, and natural disaster, to recognize commonalities in their work regarding the core aspects of psychological trauma and its devastating aftermath" (Weathers & Keane, 2007, p. 107).

The effects of trauma on parenting related outcomes will be discussed later in this Introduction.

Section 2: Background on Child Sexual Abuse

Definition of Childhood Sexual Abuse

Though there is variation in the definition of CSA, discussed further below, the World Health Organization defines CSA as:

> Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to:
>
> - The inducement or coercion of a child to engage in any unlawful sexual activity.
> - The exploitative use of child in prostitution or other unlawful sexual practices.
> - The exploitative use of children in pornographic performances and materials"
>
> (World Health Organization, 1999, pp. 15-16).

However, while this definition is often cited, researchers use different definitions of CSA in their studies. For example, current definitions of CSA vary due to a multitude of factors, including 1) age of the child; 2) age of the perpetrator; and 3) acts that comprise CSA. Below some examples of this variation from the CSA and the CSA/parenting literature will be presented, though these aspects of the CSA definition will be discussed further in the Discussion. First, CSA definitions often vary based on how old an individual must be to be considered a "child", with definitions often varying based on cultural conceptualizations of childhood as defined by law.

Second, the perpetrator's age is often incorporated into the definition of CSA. For example, studies often indicate that the perpetrator of CSA must be a certain number of years

older than the child for it to constitute CSA. The purpose of creating this requirement is to ensure that sexual acts between two children who may be close in age (i.e. 16 and 17) are not necessarily labeled CSA. However, creating this requirement presents issues, as a victim who may be close in age to the perpetrator may have developmental conditions or may be in a reduced position of power, limiting the importance of their chronological age. Given these challenges, the WHO have included the following in their definition, as noted above, "a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person" (World Health Organization, 1999, pp. 15-16). However, it is critical to note, that challenges also present within this definition, as it may be difficult to determine if the relationship between the victim and perpetrator meets these requirements.

Third, different researchers may conceptualize CSA as including different acts, with some choosing a broader definition of CSA and attempting to incorporate a number of types, such as contact and non-contact. Examples of contact and non-contact forms of CSA and studies where these definitions have been applied can be found below.

Table 1: Contact and Non-Contact Forms of Abuse in CSA Definitions

Type of Abuse	Examples	References
Contact	• Sexual intercourse (vaginal, anal, and oral) • Penetration with object • Oral/genital contact • Fondling • Kissing	(Alexander, Teti, & Anderson, 2000; Banyard, 1997; Bassani et al., 2009; Ehrensaft, Knous-Westfall, Cohen, & Chen, 2015; Finkelhor, Shattuck, Turner, & Hamby, 2014; Hall, Sachs, & Rayens, 1998; Jaffe, Cranston, & Shadlow, 2012; Libby et al., 2008; Ruscio, 2001; Testa, Hoffman, & Livingston, 2011; Zuravin & Fontanella, 1999)
Non-Contact	• Exposure (witness or forced into exposure) • Sexual solicitation in person or via the Internet	(Barth, Bermetz, Heim, Trelle, & Tonia, 2013; Dunne, Purdie, Cook, Boyle, & Najman, 2003; Grocke, Smith, & Graham, 1995; Mapp, 2006; Meinck, Cluver, Boyes, & Loening-Voysey, 2016; Mohler-Kuo et al., 2014; Renner,

	• Watching pornography • Photos taken/given	Whitney, & Easton, 2015; Schuetze & Eiden, 2005)

Critically, given that variation can occur by study on each component of the definitions included above, definitions of CSA may vary widely. As several researchers have pointed out, including authors of reviews and meta-analyses, these varying definitions are problematic, as it makes it difficult for researchers of CSA to compare results between studies (Barth et al., 2013; Hillberg, Hamilton-Giachritsis, & Dixon, 2011; Lalor & McElvaney, 2010; Senn, Carey, & Vanable, 2008; Smolak & Murnen, 2002; Walsh, Fortier, & DiLillo, 2010). This has led to several researchers calling for a consistent definition of CSA (Barth et al., 2013; Senn et al., 2008).

Though consistent definitions may help to move the field forward, it will be important for future researchers to also consider issues around CSA that are not necessarily related to the definition, such as the frequency and severity of CSA experiences, and the relationship between the victim and the perpetrator (i.e. familial or non-familial), as these factors can also influence the results of studies, as discussed later.

Prevalence of Childhood Sexual Abuse

Two large, global systematic reviews and meta-analyses of the prevalence of CSA have been conducted. The first meta-analyzed data from 331 samples and found that 180 out of 1,000 girls self-reported CSA, while 76 out of 1,000 boys did, for a combined prevalence of 127 out of 1,000 children (Stoltenborgh, Van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011). The second review and meta-analysis of 55 studies found that "prevalence estimates ranged from 8 to 31 % for girls and 3 to 17 % for boys" with 9 out of 100 girls and 3 out of 100 boys being forced to have intercourse, and 15 out of 100 girls and 8 out of 100 boys experiencing mixed forms of CSA (Barth et al., 2013, p. 469). Overall results of these meta-analyses indicate that CSA is less

prevalent than other forms of childhood trauma, discussed previously, though still affects a large portion of the population.

The range of prevalence estimates found in these reviews were due to a variety of factors. According to study authors, these factors included the number of items used to measure CSA, sampling, whether CSA was self-report or reported by informants, and response and retention rates, among others (Barth et al., 2013; Stoltenborgh et al., 2011). Given these findings, the following factors that may influence the results of studies will be discussed further below: 1) the definition used; 2) the population studied; 3) how data on CSA were collected; and 4) issues related to the disclosure of these experiences.

As previously discussed, the definition used for CSA, such as the age an individual must be to be considered a child, the age of the perpetrator who commits the acts, and what acts are included within the definition, can greatly affect prevalence rates. For instance, Mohler-Kuo et al. (2014) posited that the prevalence rates for CSA that they found in Switzerland may have differed from a similar study due to their definition of CSA incorporating virtual forms of abuse, such as email and text-messaging.

The population studied can also influence the CSA prevalence rates that are found. Specifically, prevalence studies with high-risk populations or in certain settings may affect the results. For example, a study by Bailey et al. that used recruitment methods across a range of settings found that those who were recruited from clinical settings experienced a higher rate of CSA than those who were recruited from the broader community (2012).

The data collection method for CSA can also impact the prevalence rates that are observed. Studies on the prevalence of CSA have used several measures, including the Child Maltreatment Interview Schedule (Madu & Peltzer, 2001), Ministry of Women and Child

Development Questionnaire on Child Abuse for Young Adults (Bhilwar et al., 2015), the ISPCAN Child Abuse Screening Tool – Children's Version (Ajduković, Sušac, & Rajter, 2013), the Child Sexual Abuse Questionnaire (Mohler-Kuo et al., 2014), the Abuse Assessment Screen (Sørbø, Grimstad, Bjørngaard, Schei, & Lukasse, 2013), and the Juvenile Victimization Questionnaire (Finkelhor et al., 2014), of which some had been newly created, modified, or not previously validated (Ajduković et al., 2013; Bhilwar et al., 2015; Dunne et al., 2003; Madu & Peltzer, 2001; Mohler-Kuo et al., 2014; Sørbø et al., 2013).

Finally, in addition to questionnaires and surveys, several studies have utilized interviews to ascertain prevalence information (Fanslow, Robinson, Crengle, & Perese, 2007), which has also been shown to influence the prevalence of sexual abuse (Barth et al., 2013; Ji, Finkelhor, & Dunne, 2013). In the meta-analysis by Barth et al. (2013), authors found that girls were more likely to report certain acts of CSA when an interview was used. Though authors do not hypothesize why this may be occurring, it could be because questionnaires and surveys may be assessing a narrow range of CSA or may be non-validated, while broader ranges of CSA experiences could be uncovered during an interview.

It is also important to consider that most measures of CSA assess these experiences retrospectively. Research examining whether retrospective reports are accurate have generally shown that individuals who have experienced maltreatment have good recall of these experiences (Cammack et al., 2016), with a study specific to retrospective reports of adverse childhood experiences, which includes experiences of CSA, finding that "several studies have shown some bias in retrospective reports. However, such bias is not sufficiently great to invalidate retrospective" studies (Hardt & Rutter, 2004, p. 260). Though research exists indicating that the retrospective reports of trauma are largely accurate, a large body of literature exists on this topic,

and heterogeneity exists in this assessment. For example, in a birth cohort study in New Zealand, the researchers found for sexual abuse "that there was substantial unreliability in the reporting of abuse exposure at the two times" (Fergusson, Horwood, & Boden, 2011, p. 98). However, when using structural equation modeling, they did not find that these discrepancies affected the overall results in their analyses of these experiences and their association with mental health problems (Fergusson et al., 2011). Given the importance of whether CSA is reported retrospectively or prospectively, this will be discussed further later in this thesis.

Finally, a chief issue in the CSA field is that of non-disclosure of CSA. Those not choosing to disclose their experiences may mean that existing prevalence rates for CSA are lower than the true prevalence of these occurrences. Among children, a recent review of studies found that during childhood "the modal childhood disclosure rate (in 6 of the 11 studies) is just over 33%" (London, Bruck, Ceci, & Shuman, 2005, p. 198). Even when confirmed CSA victims are interviewed about their experiences by law enforcement, many children avoided the topic or denied that the abuse had occurred (Leander, 2010).

Several factors have been shown to affect disclosure. In the literature, the most prevalent of these factors are fear, the relationship of the victim to the perpetrator, and negative emotions, such as shame. Specifically both adults and children have described fear of the perpetrator as impeding their ability to disclose their abuse, as they were scared due to threats the perpetrator had made or because they thought they may not be believed (Alaggia, 2005; Crisma, Bascelli, Paci, & Romito, 2004; Easton, Saltzman, & Willis, 2014; Lemaigre, Taylor, & Gittoes, 2017; Malloy, Brubacher, & Lamb, 2011; Schaeffer, Leventhal, & Asnes, 2011; Schönbucher, Maier, Mohler-Kuo, Schnyder, & Landolt, 2012; Sorsoli, Kia-Keating, & Grossman, 2008; Tener & Murphy, 2015; Watkins-Kagebein, Barnett, Collier-Tenison, & Blakey, 2019). Difficulties with

disclosure were exacerbated for both adults and children based on their relationship to the perpetrator. Specifically, issues with disclosure commonly occurred when the perpetrator was a close family member (Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003; Hershkowitz, Lanes, & Lamb, 2007; Lemaigre et al., 2017; Schaeffer et al., 2011; Tener & Murphy, 2015). Finally, disclosure for both adults and children was impeded by negative emotions, including shame (Crisma et al., 2004; Easton et al., 2014; Lemaigre et al., 2017; Schönbucher et al., 2012; Sorsoli et al., 2008; Tener & Murphy, 2015), self-blame (Collin-Vézina, De La Sablonnière-Griffin, Palmer, & Milne, 2015; Lemaigre et al., 2017; Watkins-Kagebein et al., 2019), and denial (Schönbucher et al., 2012; Tener & Murphy, 2015).

In addition to the broad difficulties described above, male survivors face unique challenges related to disclosure. Specifically, an online survey of 460 male CSA survivors found that issues with masculinity complicate disclosing sexual abuse (Easton et al., 2014). In this qualitative study, males stated "[sexual abuse] is deeply shameful, makes us look weak, damaged, inferior, unworthy, unmanly" and "…sexual abuse to a man is an abuse against his manhood as well" (Easton et al., 2014, p. 463). Further, two studies using diverse methods (an online survey and in-depth interviews) with a combined total of 471 male CSA survivors found that male survivors of CSA who were abused by men were concerned that they would be seen as homosexual as a result of their abuse (Alaggia, 2005; Easton et al., 2014). These issues could potentially be part of the reason that one study with adolescents found that male respondents were more likely to not only not disclose their experiences, but also were less likely to answer the follow-up questions related to their experiences (Priebe & Svedin, 2008).

Despite difficulties surrounding the disclosure of CSA, disclosure does occur among both adults and children. However, as LeClerc et al. (2015) summarize, the research surrounding what

factors influence disclosure (age, relationship to the perpetrator, and duration of abuse) appears inconsistent. Though factors surrounding the disclosure of CSA may vary, research has consistently shown that when disclosure does happen, it is not as likely to first occur with law enforcement or medical professionals, but usually occurs with the peers of the victim (Hershkowitz et al., 2007; Mohler-Kuo et al., 2014; Priebe & Svedin, 2008; Schönbucher et al., 2012).

Ultimately, challenges related to disclosure may bias results in the literature on CSA, as those who participate in research need to disclose their abuse to participate. Further, researchers often recruit from CSA-related organizations or interventions. Thus, those who have not disclosed and are not seeking help for their experiences will not be captured. Though, as mentioned previously, research is mixed on what factors influence disclosure, it is possible that these individuals differ from those who have disclosed abuse and have sought out services.

Perpetrators of Child Sexual Abuse

In addition to understanding the prevalence of CSA, it is also necessary to discuss who is perpetrating these acts. This is critical for several reasons. First, diverse research studies examining CSA and disclosure through general interviews, forensic interviews, and prosecution files have shown that the perpetrator's relationship to the child can affect certain aspects of disclosure (Goodman-Brown et al., 2003; Hershkowitz et al., 2007; Schaeffer et al., 2011). Further, the perpetrator's relationship to the child may affect subsequent outcomes (Rind & Tromovitch, 1997). However, other studies have not found these associations, and given the current discrepancies in the field, additional studies have highlighted the importance of noting the relationship between the victim and perpetrator in future studies of outcomes (Bassani et al., 2009; Jumper, 1995; Klonsky & Moyer, 2008; Pazdera, McWey, Mullis, & Carbonell, 2013;

Roberts, O'Connor, Dunn, Golding, & Team, 2004). Below, a brief review of potential perpetrators will be provided.

Research has shown that acts of CSA are often perpetrated by a member of the victim's own family, with studies conducted using diverse methods and in different cultural contexts showing family members were one of the most reported perpetrators by participants (Alexander et al., 2000; DiLillo, Tremblay, & Peterson, 2000; Fanslow et al., 2007; Grocke et al., 1995; Lalor & McElvaney, 2010; McLeod, 2015; Mwangi et al., 2015; Negriff, Schneiderman, Smith, Schreyer, & Trickett, 2014; Ruscio, 2001; Zuravin & Fontanella, 1999). Given that family members commonly perpetrate abuse, many studies have specifically focused on incest (Armsworth & Stronck, 1999; Cohen, 1995; Cole, Woolger, Power, & Smith, 1992; Fitzgerald, Shipman, Jackson, McMahon, & Hanley, 2005; Gelinas, 1983; Goodwin, McCarthy, & DiVasto, 1981; Kreklewetz & Piotriwski, 1998).

In addition to family members, friends and acquaintances of the family are also responsible for many acts of CSA (Alexander et al., 2000; Mwangi et al., 2015). Though friends and acquaintances of the family do commit many acts of CSA, CSA also occurs at the hands of those unknown to the family. Specifically, strangers may commit acts of CSA, though the number of stranger perpetrators of CSA is often exaggerated (Finkelhor, 2009). In one review it was found that this group "make up only a minority of perpetrators" (Lalor & McElvaney, 2010, p. 2).

While family, friends of the family, and strangers have been studied extensively, recent work has discussed the influence that juveniles play in CSA. The fact that this topic has only gained recent attention may be due to some researchers putting a minimum age on how much older the perpetrator must be for an act to be considered CSA, as was previously described.

Examples of juvenile offenders include juveniles broadly (Finkelhor et al., 2014), friends (Madu & Peltzer, 2001; Schönbucher et al., 2012), classmates (Mwangi et al., 2015), intimate partners (Mohler-Kuo et al., 2014; Mwangi et al., 2015), and unknown adolescents (Schönbucher et al., 2012). Specifically, in samples in South Africa (Madu & Peltzer, 2001), Switzerland (Mohler-Kuo et al., 2014; Schönbucher et al., 2012), and Kenya (Mwangi et al., 2015), juvenile perpetrators were very commonly reported as the perpetrator of CSA. Further, in one study of adolescents between the ages of 15-17, "over half of the total estimate of offenses included in the larger total estimate (1 in 4 girls and 1 in 20 boys) was at the hands of juvenile perpetrators, many of them acquaintance peers" (Finkelhor et al., 2014, p. 332).

The influence of gender among perpetrators of CSA should also be considered. Research examining 66,675 cases of CSA in the United States found that males tend to be the primary perpetrators of sexual abuse (McLeod, 2015). However, this same study found that females also perpetrate CSA, with 20.9% of the cases having a female as the main perpetrator (McLeod, 2015). Female perpetrators are more likely to have male victims than male perpetrators and were more likely to be the caretaker for these children (McLeod, 2015). Female perpetrators may be an especially important group to consider given that many of these offenders are likely to have an abuse history themselves. As one review of the literature on female CSA perpetrators stated, "one of the most consistent findings regarding female child molesters is the high incidence of physical, emotional, and sexual abuse in their personal histories" (Grayston & De Luca, 1999, p. 98).

Risk and Protective Factors

Risk and Protective Factors for Experiencing Child Sexual Abuse

In order to understand CSA, the risk factors for experiencing CSA and the protective

factors against experiencing CSA should be considered. One relevant data set is the Fourth National Incidence Study of Child Abuse and Neglect, which examined 10,667 CPS cases. As part of this examination, risk and protective factors for CSA were identified, including child-related and family-related characteristics. In terms of child-related characteristics, being female, identifying as Black, having no confirmed disability, and not attending school, were identified as risk factors, while being male, identifying as white, having a confirmed disability, and attending school were associated with lower rates of CSA. In terms of family-related characteristics, not having an employed parent, being in a family with low socioeconomic status (SES), living in a rural area, and living in a home that did not have two biological parents present were identified as risk factors, while the reverse of these characteristics (having employed parents or only one unemployed parent, having a higher SES status, living in an urban area, and having two married biological parents) were associated with lower rates of CSA (Sedlak et al., 2010).

Risk and Protective Factors for Experiencing Adverse Outcomes Associated with CSA

Risk factors for experiencing later adverse outcomes related to CSA have been identified. For example, "co-occurring maltreatment in the home, risky sexual behavior (particularly in adolescence), post-traumatic stress disorder, emotion dysregulation, and other maladaptive coping strategies" have been found to be risk factors for revictimization among CSA survivors in a systematic review of 25 studies (Scoglio, Kraus, Saczynski, Jooma, & Molnar, 2019, p. 1).

Protective factors against experiencing later adverse outcomes related to CSA have also been studied. Specifically, a narrative review of 50 studies found the following factors to promote resilience: "inner resources (e.g. coping skills, interpretation of experiences and self-esteem), family relationships, friendships, community resources (e.g. church or school), as well as some abuse-related factors (e.g. older age at onset)" (Marriott, Hamilton-Giachritsis, &

Harrop, 2014, p. 17). Several of these findings were also found among a sample of 136 female CSA survivors, though researchers in this study also identified other factors, such as economic wellbeing and a lack of a criminal record, as being protective (Hyman & Williams, 2001). Further, in terms of revictimization, a systematic review of 25 studies found perceived parental care to be the only protective factor located (Scoglio et al., 2019, p. 1). Critically, research studies, including a study of eighty female CSA survivors who completed two interviews seven years apart, found that resiliency scores were not static, but changed over time (Banyard & Williams, 2007).

Consequences of Child Sexual Abuse

The experience of CSA can have a profound effect on the victim, resulting in a multitude of short-term and long-term outcomes. For example, research has shown that CSA can affect parenting, the main topic of this review, but it can also affect other outcomes that can affect parenting, but are not specific to parenting. These outcomes include physical health, mental health, sexual health, substance use, social functioning, educational and occupational functioning, and crime. Further, these experiences can have an economic impact on the society in which they occur.

While these outcomes are summarized below, it is important to note that there are methodological challenges in attempting to assess these associations. For example, as already discussed, the definitions of CSA used may be influencing the results of studies presented below. Further, individual study quality may be affecting the results below; as such, efforts were undertaken to include systematic reviews and meta-analyses where available. Additionally, as will be discussed in the context of CSA later in this Introduction, it is difficult to establish causality for these relationships, particularly given the retrospective reporting of trauma that

often occurs in research, and the difficulties associated with this. Finally, as mentioned previously, multi-victimization is often present among CSA survivors. Thus, authors sometimes controlled for other forms of trauma in their analyses. However, it is often difficult to ascertain if results are solely due to CSA or are due to multiple risk factors and traumatic events that co-occur among CSA survivors.

Perhaps most commonly researched is the relationship between CSA and subsequent mental health outcomes. Given the significant volume of research on this topic, only results of systematic reviews, meta-analyses, and reviews of systematic reviews and meta-analyses will be presented here, though numerous individual studies on this topic have been conducted. Specifically, reviews have shown that CSA is associated with PTSD (Hillberg et al., 2011; Paolucci, Genuis, & Violato, 2001), anxiety (Hillberg et al., 2011; Maniglio, 2009), depression (Hillberg et al., 2011; Jumper, 1995; Maniglio, 2009; Paolucci et al., 2001), eating disorders (Smolak & Murnen, 2002), self-harm (Klonsky & Moyer, 2008), and suicide attempts (Devries et al., 2014).

Though not as large of an area of study as CSA and mental health outcomes, research has shown that CSA is associated with negative physical health outcomes. Specifically, systematic reviews have found a relationship between CSA and seizures (Maniglio, 2009; Paras et al., 2009), sleep disturbances (Noll, Trickett, Susman, & Putnam, 2006), chronic pain (Paras et al., 2009), and gastrointestinal disorders (Paras et al., 2009). Some of the physical health consequences, such as pelvic pain (Maniglio, 2009; Paras et al., 2009), sexually transmitted diseases (Senn et al., 2008; United States Department of Justice, 2002), and pregnancy (including teenage pregnancy; Lalor & McElvaney, 2010; Roberts et al., 2004), are directly related to the sexual acts that occurred.

Further, CSA is associated with pernicious effects on later sexual behaviors and sexual relationships. First, CSA is associated with future high risk sexual behaviors, such as having casual sex (Lemieux & Byers, 2008), having sex earlier than average (Paolucci et al., 2001; Senn et al., 2008), having multiple sexual partners (Bassani et al., 2009; Homma, Wang, Saewyc, & Kishor, 2012; Lalor & McElvaney, 2010; Senn et al., 2008), not using protection (Homma et al., 2012; Lemieux & Byers, 2008), teenage pregnancy (Lalor & McElvaney, 2010; Roberts et al., 2004), and engaging in prostitution (Widom & Kuhns, 1996). Qualitative research has shown that individuals might engage in early sexual activities because they wanted to experience love after feeling their abuser did not truly love them (Martsolf & Draucker, 2008). Second, these experiences are likely to put the victim at increased odds of experiencing other forms of sexual abuse, such as intimate partner violence (Fanslow et al., 2007; Lalor & McElvaney, 2010; Lemieux & Byers, 2008; Schuetze & Eiden, 2005). Finally, even when CSA victims enter a healthy sexual relationship, they are likely to report "fewer sexual rewards, more sexual costs, and lower sexual self-esteem" (Lemieux & Byers, 2008, p. 126).

In addition to the effect that CSA can have on mental health, physical health and sexual wellbeing, CSA can also affect other facets of the lives of survivors. For example, research has shown that CSA is associated with substance use and abuse (Polusny & Follette, 1995), poor social outcomes (McLean, Rosenbach, Capaldi, & Foa, 2013; Mullen, Martin, Anderson, Romans, & Herbison, 1996), poor educational outcomes (Currie & Widom, 2010; Paolucci et al., 2001), poor occupational outcomes (Currie & Widom, 2010), and crime (McDaniels-Wilson & Belknap, 2008; Moloney, van den Bergh, & Moller, 2009; Ogloff, Cutajar, Mann, & Mullen, 2012), with one study showing that CSA was reported by half of the incarcerated women in their study (McDaniels-Wilson & Belknap, 2008).

Ultimately, while CSA can have a pernicious effect on the individual, it also places a strain on the economy. For example, the physical health, mental health, and substance use issues resulting from CSA can place a strain on our medical systems; lower educational and occupational outcomes can put a strain on the economy generally and on school systems; and the subsequent crime resulting from CSA places an undue burden on our criminal justice system. While recent research studies have not examined the cost of CSA on its own, they have estimated the burden of child maltreatment broadly within the United States, with one finding that:

> The estimated average lifetime cost per victim of nonfatal child maltreatment is $210,012 in 2010 dollars, including $32,648 in childhood health care costs; $10,530 in adult medical costs; $144,360 in productivity losses; $7,728 in child welfare costs; $6,747 in criminal justice costs; and $7,999 in special education costs (Fang, Brown, Florence, & Mercy, 2012, p. 156).

Coping Strategies for Child Sexual Abuse and its Consequences

Several research strategies have been utilized to identify the coping strategies of those who have experienced CSA. A 2010 review of the literature found that "CSA victims use a wide array of coping strategies, including cognitive (e.g., cognitive reappraisal, reframing, minimization, memory repression, distraction) and behavioral (e.g., avoidance, addictive behaviors) efforts to deal with their abuse experiences" (Walsh et al., p. 4). While several of these coping strategies are adaptive, several other strategies are maladaptive. Maladaptive coping strategies have been found in qualitative research, with one study finding that numbing and dissociation were the most frequently used coping strategies (Armsworth & Stronck, 1999). Additionally, another study found that female college students who had experienced CSA were

likely to use substances, such as alcohol or drugs, and to withdraw from others as coping strategies (Filipas & Ullman, 2006). Maladaptive coping in and of itself is problematic, as maladaptive coping is associated with revictimization for CSA survivors (Filipas & Ullman, 2006).

Qualitative research specifically with mothers who experienced CSA, found that these women utilized several coping mechanisms, including turning to others for support, such as spouses or partners (Cross, 2001; Wright, Fopma-Loy, & Oberle, 2012), and friends (Cross, 2001; Wright et al., 2012). Additionally, women sought help through books (Cross, 2001). Finally, religiosity, including praying to God, seeing a pastor, or having spiritual experiences were seen as important coping strategies (Armsworth & Stronck, 1999; Wright et al., 2012). However, research with CSA survivors generally has found that spiritual coping can take both negative and positive forms, and the form used can predict the later distress experienced by the survivor (Gall, 2006).

Research has shown that women sometimes seek out professional services, such as therapists, to help cope with their experiences of CSA (Cross, 2001; Wright et al., 2012). However, even when women may want to utilize professional services, it may be difficult for them to access these services. For example, in one qualitative study, “people [] interviewed complained of lack of services, inaccessible services, limited opening hours, infrequent sessions or short-term contracts, the use of waiting lists and waiting times for appointments,” and noted these difficulties were particularly pronounced when they were trying to receive care from counselors and psychotherapists (Hooper & Koprowska, 2004, p. 175). Further complicating this issue is likely the low SES of those who have experienced CSA, as research has shown an association between low SES and CSA (Sedlak et al., 2010). This can ultimately serve as a major

barrier to care, which is echoed in the aforementioned study, which found that over a third of their sample had foregone care due to income constraints (Hooper & Koprowska, 2004).

Section 3: Child Sexual Abuse and Parenting

Overview

While the previous section provided background information related to CSA, this section will provide an overview of the association between CSA and parenting. First, the mechanisms that may explain the association between CSA and parenting **(**biological mechanisms, theoretical frameworks that have been proposed, potential causal links, and potential mediators and moderators) will be discussed. Then, specific associations between CSA and parenting will be presented.

Mechanisms Explaining the Relationship between Child Sexual Abuse and Parenting

Overview

Prior to considering the association between CSA and parenting outcomes, it is crucial to look at the potential mechanisms that may be underlying this relationship. Below a discussion of potential biological mechanisms that may explain this association, theoretical frameworks that have been proposed, potential mediators and moderators between CSA and parenting, and potential causal links between CSA and parenting will be discussed.

Biological

Biological factors may contribute to explaining the relationship between CSA and parenting. Several prominent researchers have studied the effect that adverse experiences in childhood, such as CSA, can have on biological functioning, and how these changes in functioning can result in subsequent adverse outcomes in adulthood. Perhaps the most widely known of these researchers is Bruce S. McEwen, who has published numerous articles on the

effect of stress (Lupien, McEwen, Gunnar, & Heim, 2009; McEwen, 1998, 2015; McEwen, Bowles, et al., 2015; McEwen & Gianaros, 2011; McEwen, Gray, & Nasca, 2015; McEwen, McKittrick, Tamashiro, & Sakai, 2015; Nasca et al., 2015; Shonkoff, Boyce, & McEwen, 2009). Specifically, McEwen has researched allostatic load. As summarized in his own review:

> Allostasis — the ability to achieve stability through change — is critical to survival. Through allostasis, the autonomic nervous system, the hypothalamic–pituitary–adrenal (HPA) axis, and the cardiovascular, metabolic, and immune systems protect the body by responding to internal and external stress. The price of this accommodation to stress can be allostatic load, which is the wear and tear that results from chronic overactivity or underactivity of allostatic systems (McEwen, 1998, p. 171).

The issue of allostatic load can be applied to those who have experienced CSA. Over time, these individuals are subjected to repeated stress, which results in dysfunction in their biological functioning and inability to handle new stressors in an appropriate way, such as stresses related to parenting.

Of additional relevance to the view that CSA affects later outcomes, in the work of Jack P. Shonkoff from the Center on the Developing Child at Harvard University. Shonkoff and colleagues have highlighted the importance of certain sensitive and critical periods during development during which adverse experiences are likely to have an increased impact (Shonkoff, 2016; Shonkoff et al., 2009; Shonkoff et al., 2012). Many acts of CSA are likely to occur during these developmental periods, again potentially resulting in an inability to handle the later stresses of life.

Though research has broadly examined the effect that stress has on several biological mechanisms, fewer research studies have attempted to assess the effect of CSA specifically on

biological mechanisms. One study that did assess changes to the brain resulting from CSA found that those with CSA had changes to the volume of their hippocampus, the area of their corpus callosum, and the volume of gray matter in their frontal cortex, and that these changes were most likely to occur during certain timeframes of abuse (Andersen et al., 2008).

Theoretical Frameworks

Overview

Many of the studies addressing CSA and subsequent parenting have highlighted theories that may account for the relationship between CSA and specific forms of parenting. These theories include systems, attachment, social learning, trauma, and object relations. A brief overview of these theories will be presented here. However, theories will be discussed extensively in the context of the series of linked systematic reviews included in this thesis.

Systems Theory

Systems theory is frequently cited in the literature on CSA and parenting. Critically, different forms of systems theory have been used. Specifically ecological systems theory, which was pioneered by Urie Bronfenbrenner (Bronfenbrenner, 1992), and family systems theory, which was pioneered by Murray Bowen (The Bowen Center for the Study of the Family), were most often used. Within the context of ecological systems theory, a number of systems interact with one another, including the microsystem, mesosystem, exosystem, and macrosystem (Bronfenbrenner, 1992). Researchers examining the association between CSA and parenting have stated that this model is appropriate for examining this complex relationship, as it "accounts for the effects of the family and broader social environment on the individual, which makes it a useful framework for studying parenting" (Doyle, 2016, p. 5). This model, and models stemming from this work, have been used in studies examining a number of aspects of parenting, including

broad parenting practices (Kim, Trickett, & Putnam, 2010), perceptions of parenting (Doyle, 2016), and whether these mothers are at high risk to perpetrate physical abuse (Mapp, 2006).

Further, family systems theory has also been used by researchers in the CSA and parenting field. As summarized by Zvara et al., "family systems theorists have long noted that parenting is a complex, multidimensional process that is vulnerable to a variety of influences, such as the parent's relationship quality with the partner or depressive symptoms" (Zvara, Mills-Koonce, Carmody, Cox, & The Family Life Project Key Investigators, 2017, p. 232-233). Researchers have highlighted that family systems theory has historically been used to help explain why the children of mothers who experienced CSA also go on to experience this abuse, though note that this theory does not fully explain this complex phenomenon (Kim, Noll, Putnam, & Trickett, 2007).

Attachment Theory

Attachment theory is frequently cited in the CSA and parenting literature, and has its origins in the work of John Bowlby and Mary Ainsworth (Bretherton, 1992). Specifically in the context of CSA and parenting, attachment theorists posit that "negative early relationships and experiences in the family-of-origin can lead to problems in parenting for some individuals" (Banyard, 1997, p. 1104). Specific problems in parenting often focus on the mother-child relationship, with attachment theory used to explain these in both the qualitative and quantitative literature on the topic (Banyard, 1997; Douglas, 2000; Fitzgerald et al., 2005; Koren-Karie, Oppenheim, & Getzler-Yosef, 2004; Kreklewetz, 1995; Kwako, Noll, Putnam, & Trickett, 2010; Lyons-Ruth & Block, 1996; McCoy, 2014; O'Brien, 1998; Pasalich, Cyr, Zheng, McMahon, & Spieker, 2016).

Challenges with attachment experienced by mothers may be seen as especially

problematic, as attachment style has been associated with adverse outcomes in the children of these women. For example, in one longitudinal study, mothers with avoidant attachment styles who were also experiencing depression, a known consequence of CSA, had an increased likelihood of having children with developmental delays (Alhusen, Hayat, & Gross, 2013).

Social Learning Theory

Social learning theory, which originated with the work of Bandura (Bandura & Walters, 1977), has also been frequently cited in the literature to explain the parenting behaviors of mothers. Specifically, researchers posit that mothers who experience CSA observe the negative parenting behaviors of their parent, which they internalize and then use in their own parenting (Choi et al., 2018; Ehrensaft et al., 2015; Kreklewetz, 2010). In particular, researchers have used this theory to explain why mothers who experienced CSA may engage in abusive or neglectful behaviors with their own child (Choi et al., 2018). This theory could also be used to explain why mothers who experienced CSA may have children who experienced abuse or neglect by others, as they may have internalized the behaviors of their parents, which allowed their own abuse to occur.

Critically, social learning theory appears to be a versatile theory for examining the association between childhood trauma and later parenting. For example, it has been used to explain why those who experienced childhood physical abuse go on to engage in physical abuse towards their own children (Milner et al., 2010; Umeda, Kawakami, Kessler, & Miller, 2015).

Trauma Theory

Trauma theory is frequently cited in the CSA and parenting literature, which gained prominence with the work of Erich Lindemann (Ringel & Brandell, 2011). Trauma theorists posit that the CSA experience results in a number of negative emotions, which result in negative

outcomes, including dissociation. These negative emotions, and the outcomes associated with these negative emotions, in turn affect the ability of the mother to care for her child(ren). Specifically, trauma theory has been used in the literature to explain a number of aspects of parenting, including the mother-child relationship and engaging in abusive behaviors with their own child (Baril, Tourigny, Paillé, & Pauzé, 2016; Dijkstra, 1995; Jackson, 2008; Maker & Buttenheim, 2000; Saum, 2008). Specifically, trauma theory has been used to explain the intergenerational transmission of trauma:

> According to this model, the traumatic experience of a mother having experienced CSA, in addition to the increased likelihood of experiencing other forms of childhood abuse and adversities, results in negative outcomes in adulthood. These outcomes, including mental health problems, problematic relationships, and substance use problems create a harmful environment for the child and subsequently increase the likelihood of child sexual victimization (Baril et al., 2016, p. 505).

Object Relations Theory

Finally, object relations theory, which has been advanced by a number of researchers, including Melanie Klein and W.R.D Fairbairn (Mitchell, 1981), has been used in the literature on CSA and parenting. Specifically, those using an object relations approach believe that the sense of self is developed by interacting with those around us and that this sense of self can be distorted through experiences, such as CSA, which can carry through to later relationships (McCoy, 2014). Specifically, object relations has been used in the discussion of the association between CSA and several aspects of parenting, including the mother-child relationship and how mothers perceive their child (McCoy, 2014).

Mediators and Moderators

When examining the association between CSA and parenting, it is important to consider potential mediators and moderators of this relationship, as these may be potential areas to target through interventions to address the parenting of these women, and may lead to a fuller understanding of the complex relationship between CSA and parenting. A number of potential mediators and moderators of the relationship between CSA and parenting have been tested and proposed. Tested mediators and moderators will be discussed extensively in the series of linked systematic reviews in this thesis. Additionally, examples of tested and proposed mediators and moderators are provided below.

As Baron and Kenny stated in their seminal paper on mediators and moderators, "a given variable may be said to function as a mediator to the extent that it accounts for the relation between the predictor and the criterion" (Baron & Kenny, 1986, p. 1176). Examples of mediators that have been tested/proposed included combined mental health scores (Fitzgerald et al., 2005), depression (Libby et al., 2008; Lutenbacher & Hall, 1998; Mapp, 2006; Pazdera et al., 2013; Schuetze & Eiden, 2005; Seltmann & Wright, 2013; Zuravin & Fontanella, 1999), anxiety/generalized anxiety disorder (Ehrensaft et al., 2015; Roberts et al., 2004), substance use (Libby et al., 2008), maternal anger (DiLillo et al., 2000), sense of parental competence (Pazdera et al., 2013), partner violence (Schuetze & Eiden, 2005), working models of relationships, (Fitzgerald et al., 2005), and conduct disorder (Ehrensaft et al., 2015).

Moderators are defined as "a qualitative (e.g., sex, race, class) or quantitative (e.g., level of reward) variable that affects the direction and/or strength of the relation between an independent or predictor variable and a dependent or criterion variable" (Baron & Kenny, 1986, p. 1174). Examples of tested/proposed moderators include family type (Roberts et al., 2004), family support (Doyle, 2016), social support (Ruscio, 2001), partner support (Seltmann &

Wright, 2013), severity of abuse (Ruscio, 2001), maltreatment history (Bailey et al., 2012), parenting attitudes (Ruscio, 2001), and genetic factors (Bailey et al., 2012).

Potential mediators and moderators identified in the literature show clear links to several of the theories discussed above. For example, trauma theory links the CSA experience with negative emotional outcomes, which may then disrupt parenting behaviors. As shown above, mental health conditions and negative emotional states have been proposed as mediators in the literature.

Causal Relationship

Consideration should be given to whether the relationship between CSA and parenting outcomes is a causal one. Using the Bradford Hill criteria for causality, Norman et al. (2012) examined the relationship between physical abuse, emotional abuse, and neglect on later outcomes, and ultimately found that there "is weak to limited evidence suggesting a relationship between non-sexual child maltreatment and certain physical disorders and risk factors" (p. 23). However, Springer et al. (2003) found that child abuse did meet many of the criteria to be considered a causal risk factor.

Though research on whether the relationship between other forms of maltreatment and subsequent outcomes is causal has been inconsistent, the Bradford Hill criteria can be applied to the relationship between CSA and later parenting outcomes to judge if a causal relationship exists. The Bradford Hill criteria have been updated somewhat since their original publication (Hill, 1965), and include temporality, the strength of the association, the consistency of the association, whether a dose-response relationship is found, plausibility, and other potential explanations (Norman et al., 2012). Each of these will be discussed in relation to CSA below and are summarized in Table 2:

Table 2: Overview of Bradford Hill Criteria in Relation to CSA and Parenting

Criteria	Conclusion
Temporality	Mixed evidence
Strength of Association	Mixed evidence
Consistency of Association	Mixed evidence
Dose-Response Relationship	Mixed evidence
Plausibility	Points to causal relationship
Other Potential Explanations	Mixed evidence

In terms of temporality, several researchers have stated that due to issues of temporality, a causal relationship between CSA and parenting cannot be established. For example, studies on CSA and parenting are primarily retrospective in nature, with only three out of the 269 studies located in the series of three linked systematic reviews in this thesis having a prospective measure of CSA in relation to parenting (Lange, Condon, & Gardner, 2019a, 2019b, 2019c). As such, researchers "cannot prove a temporal relationship between the exposure to child maltreatment and the onset of…outcomes" (Norman et al., 2012, p. 22). However, in most cases, CSA occurs prior to parenting behavior. The exception to this being if an individual becomes a parent prior to the age of 18 and is subsequently sexually abused.

In terms of the strength of the association and the consistency of the association, evidence is again mixed. Specifically, significant associations were inconsistently seen in the series of linked systematic reviews on the association between CSA and maternal parenting. When associations were found, these associations were often modest in nature (Lange, Condon, et al., 2019a, 2019b, 2019c). While a dearth of studies have assessed the severity of abuse in relation to parenting outcomes, studies have found that the severity of abuse does increase the risk for poor parenting behaviors, indicating that a dose-response relationship may be present, though heterogeneity exists (Lange, Condon, et al., 2019b, 2019c).

The relationship between CSA and later adverse outcomes, such as parenting outcomes,

is plausible given the plethora of research that shows that early traumatic events can result in changes to biological mechanisms that make it difficult to handle subsequent stressors, such as parenting (Lupien et al., 2009; McEwen, 1998, 2015; McEwen, Bowles, et al., 2015; McEwen & Gianaros, 2011; McEwen, Gray, et al., 2015; McEwen, McKittrick, et al., 2015; Nasca et al., 2015; Shonkoff et al., 2009).

Research on other potential explanations is mixed. Many studies in the series of linked systematic reviews have found that the relationship between CSA and parenting remained after controlling for potential confounding factors, others (albeit fewer studies) have found that the relationship disappeared when controlling for potential confounding factors. However, studies inconsistently controlled for variables; thus, it is possible that additional associations may have disappeared if certain variables had of been adequately controlled for (Lange, Condon, et al., 2019a, 2019b, 2019c). Taken together, this information related to CSA being a causal risk factor for later parenting outcomes is inconsistent.

When drawing conclusions from the above tables, it is critical to note that though the literature on CSA and parenting is mixed, and thus limits conclusions about the causal relationship between CSA and parenting, a number of methodological issues are present in studies in this area. For example, issues related to sampling, sample size, response and retention rates, measures used, the retrospective nature of data, and data analysis have been identified. These methodological issues will be discussed in depth in the context of the series of linked systematic reviews and this thesis. However, it should be noted that conclusions regarding the causal relationship should not be made until higher quality research in this area is conducted.

Outcomes Specific to Parenting

Prior to discussing the specific outcomes of CSA on parenting, it is critical to note that

other forms or trauma, such as those discussed earlier and summarized in Appendix 1, also affect parenting behaviors. While few studies exist measuring broad conceptualizations of trauma, such as ACEs, and parenting, researchers have shown an association between ACEs and parenting stress (Lange, Callinan, & Smith, 2019). However, associations were not found between ACEs and positive parenting behaviors (Lange, Callinan, et al., 2019), or shaking or smothering a child (Isumi & Fujiwara, 2016). When examining individual forms of trauma, a recent systematic review of the association between child emotional abuse and neglect and parenting found that these experiences were associated with "increased parenting stress and maltreatment potential, lower empathy and greater psychological control" (Hughes & Cossar, 2016, p. 31). Further, research with both men and women has indicated that those experiencing certain types of abuse as children, such as physical abuse, may go on to engage in these behaviors with their own children (Milner et al., 2010; Umeda et al., 2015).

The association between CSA and the parenting of mothers will be discussed extensively in this thesis in the context of a series of linked systematic reviews on the topic. Of note, is that two major themes have been found to exist in the literature on the association between CSA and subsequent parenting: parenting related to the abuse of children and parenting broadly (Appleyard, Berlin, Rosanbalm, & Dodge, 2011; Deblinger, Stauffer, & Landsberg, 1994; Zvara, Mills-Koonce, Appleyard Carmody, & Cox, 2015). Abuse-related parenting includes mothers who experienced CSA engaging in abuse or neglect of their own children, other individuals abusing or neglecting the children of these mothers, reactions mothers who experienced CSA have to the abuse or neglect of their children by others, and how they attempt to protect their children from experiencing abuse or neglect. Non-abuse related parenting includes breastfeeding; child-rearing practices, such as discipline and intimate parenting behaviors; coping with CSA or

other trauma through being a parent; the mother-child relationship, such as attachment, communication, and role-reversal; perceptions of their child, such as attributes of the child and emotions towards child; and perceptions of motherhood, such as emotions and satisfaction.

Critically, several of these outcomes appear to be specific to CSA survivors, and are not generally found in the literature on other forms of trauma and parenting. For example, intimate parenting behaviors, communication regarding sex, and protection of children from CSA are all commonly reported among CSA.

Though not the focus of this review, as mothers and fathers face unique issues related to parenting, such as breastfeeding, the influence that CSA exerts on fathers should be addressed, as this is a neglected population in the literature related to sexual abuse. A recent review of CSA and the parenting of fathers concluded that "male survivors are characterized by self-perceptions as adequate parents, deficient parenting as measured by standardized instruments, conceptualization of parenting as an intergenerational legacy and potential healing experience, fear of becoming an abuser, and physical and emotional distance from their children" (Wark & Vis, 2016, p. 1).

Section 4: Conclusion

CSA is a complex phenomenon that has been associated with a number of pernicious outcomes, including outcomes related to parenting. However, literature on the relationship between CSA and parenting has not been synthesized, nor have the mechanisms that may explain the relationship between CSA and parenting. Further, despite extensive research on the topic, evaluations of interventions for this population have not been synthesized or evaluated critically. Given that these critical areas in the field had not been previously synthesized, gaps in this large volume of research have not been able to be identified or addressed. Thus, this thesis aims to

address these issues. Next, an overview of the six papers comprising this thesis, the methods used for each paper, and over-arching methods across papers will be provided.

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97.

Appendix 1: Overview of Traumatic Events

Forms of Trauma	Definition	Prevalence	Outcomes
Adverse Childhood Experiences (ACEs)	ACEs encompass abuse (emotional, physical, or sexual), neglect (emotional or physical), and household dysfunction (the mother being treated violently, mental illness or substance use within the household, incarceration of a member of the household, or the separation/divorce of parents) that occurs while an individual is 18 years of age or younger (Centers for Disease Control and Prevention, 2016)	63.9% of adults in the United States have experienced at least one ACE (Centers for Disease Control and Prevention, 2016) 46.4% of adults surveyed in England have experienced an ACE (Bellis et al., 2014)	• Diminished mental health (Afifi et al., 2008; Chapman et al., 2004; Edwards, Holden, Felitti, & Anda, 2003; Schilling, Aseltine, & Gore, 2007; Whitfield, Dube, Felitti, & Anda, 2005) • Diminished physical health (Bellis et al., 2014; Chartier, Walker, & Naimark, 2010; Felitti et al., 1998) • Substance use and abuse (Anda et al., 2006; Dube et al., 2003; Dube et al., 2006; Schilling et al., 2007) • Behavioral difficulties (Moore, Sacks, Bandy, & Murphey, 2014) • Diminished educational achievement and occupational outcomes (Bethell, Newacheck, Hawes, & Halfon, 2014; Liu et al., 2013; Moore et al., 2014) • Adolescent pregnancy (Hillis et al., 2004) • Violence, including bullying and physical violence (Duke, Pettingell, McMorris, & Borowsky, 2010) • Poor parenting practices (Lange, Callinan, et al., 2019)
Child Neglect	"Neglect is the failure to provide for the development of the child in all spheres: health, education, emotional development, nutrition, shelter, and safe living conditions, in the context of	A recent meta-analysis found that "the overall estimated prevalence was 163/1,000 for physical neglect, and 184/1,000 for emotional neglect, with no apparent gender differences"	• Depression (Norman et al., 2012) • Anxiety (Norman et al., 2012) • Suicidal behavior (Norman et al., 2012) • Eating disorders (Norman et al., 2012) • Poor health outcomes (Norman et al., 2012) • Substance use (Norman et al., 2012)

Forms of Trauma	Definition	Prevalence	Outcomes
	resources reasonably available to the family or caretakers and causes or has a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development. This includes the failure to properly supervise and protect children from harm as much as is feasible" (World Health Organization, 1999, p. 15)	(Stoltenborgh, Bakermans-Kranenburg, & van IJzendoorn, 2013, p. 345)	• Sexual behaviors that are deemed risky (Norman et al., 2012) • Child development (Hildyard & Wolfe, 2002) • Poor parenting outcomes (Hughes & Cossar, 2016)
Child Physical Abuse	"Physical abuse of a child is that which results in actual or potential physical harm from an interaction or lack of an interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. There may be a single or repeated incidents" (World Health Organization, 1999, p. 15)	A meta-analysis of global prevalence, which collected data from 111 studies, found a self-reported prevalence of 226/1000 (Stoltenborgh, Bakermans-Kranenburg, van IJzendoorn, et al., 2013)	• Depression (Norman et al., 2012; Springer, Sheridan, Kuo, & Carnes, 2007) • Anxiety (Norman et al., 2012; Springer et al., 2007) • PTSD (Norman et al., 2012) • Panic disorder (Norman et al., 2012) • Suicidal behavior (Norman et al., 2012) • Eating disorders (Norman et al., 2012) • Increase in medical diagnoses/health problems (Norman et al., 2012; Springer et al., 2007) • Substance use (Norman et al., 2012) • Sexual behaviors that are deemed risky (Norman et al., 2012) • Decrease in self-esteem (Mullen et al., 1996) • Marital problems (Mullen et al., 1996)
Child Emotional/Psychological Abuse	"Emotional abuse includes the failure to provide a developmentally	A global review of meta-analyses found that the prevalence of emotional abuse	• Depression (Norman et al., 2012) • Anxiety (Norman et al., 2012)

Forms of Trauma	Definition	Prevalence	Outcomes
	appropriate, supportive environment, including the availability of a primary attachment figure, so that the child can develop a stable and full range of emotional and social competencies commensurate with her or his personal potentials and in the context of the society in which the child dwells…" (World Health Organization, 1999, p. 15)	is 363/1000 (Stoltenborgh, Bakermans - Kranenburg, Alink, & IJzendoorn, 2015)	• Suicidal behavior (Norman et al., 2012) • Eating disorders (Norman et al., 2012) • Poor health outcomes (Norman et al., 2012) • Substance use (Norman et al., 2012) • Sexual behaviors that are deemed risky (Norman et al., 2012) • Sexual difficulties (Mullen et al., 1996) • Decrease in self-esteem (Mullen et al., 1996) • Poor parenting practices (Hughes & Cossar, 2016)

Methods

Overview

This section will outline the methodology used for this thesis. Specifically, an overview of the papers that comprise this thesis, and the research questions these papers aim to answer, will be provided. While the methods for each individual paper will be briefly presented, the focus will be on overarching methods between the six papers and how these papers build on each other, as the specifics of each paper's methods will be described extensively in the context of each paper.

Research Aims and Papers

This thesis seeks to 1) synthesize existing literature on the association between child sexual abuse (CSA) and the subsequent parenting practices these women engage in; 2) determine what mechanisms may underlie this association, according to the existing literature; 3) determine what parenting interventions have been evaluated for mothers who experienced CSA (M_{CSA}) and if these interventions are efficacious; 4) conduct surveys with a diverse sample of M_{CSA} to determine how they perceive their experiences to have affected their parenting, what they may want from an intervention to address any consequences of these experiences, and to determine how they define CSA. Six empirical papers were written to answer these questions. Citation information, methodology, and the current status of each paper at the time of thesis submission can be found in Table 1.

Table 1: Papers Included in Thesis

Paper #	Paper Information	Methodology	Status as of Thesis Submission
1	**Lange, B.C.L.**, Condon, E.M., & Gardner, F. Parenting among mothers who experienced child sexual abuse: A qualitative systematic review. Submitted to *Qualitative Health Research.*	Systematic review of qualitative studies	• PROSPERO protocol published • Abstract published in *The Lancet* • Revise and resubmit for *Qualitative Health Research* submitted (Impact factor: 2.181)
2	**Lange, B.C.L.**, Condon, E.M., & Gardner, F. (2019). A systematic review of the association between the childhood sexual abuse experiences of mothers and the abuse status of their children: Protective strategies, intergenerational transmission, and reactions to the abuse of their children. *Social Science & Medicine.*	Systematic review of quantitative studies	• PROSPERO protocol published • Accepted to *Social Science & Medicine* (Impact factor: 2.733)
3	**Lange, B.C.L.**, Condon, E.M., & Gardner, F. A systematic review of the association between child sexual abuse and subsequent maternal parenting.	Systematic review of quantitative studies	• PROSPERO protocol published
4	**Lange, B.C.L**., Bach-Mortensen, A.M, Condon, E.M. & Gardner, F. The effectiveness of interventions designed for mothers who experienced child sexual abuse: A systematic review and recommendations for future research and intervention development. Submitted to *Child Abuse & Neglect.*	Systematic review of interventions	• PROSPERO protocol published • Submitted to *Child Abuse & Neglect* (Impact factor: 2.899)
5	**Lange, B.C.L.**, Condon, E.M., & Gardner, F. A mixed-methods investigation of the association between child sexual abuse and subsequent maternal parenting. Submitted to *Child Abuse & Neglect.*	Mixed-methods online survey	• Submitted to *Child Abuse & Neglect* (Impact factor: 2.899)
6	**Lange, B.C.L.**, Condon, E.M., & Gardner, F. Defining child sexual abuse: Perspectives from mothers who experienced this abuse. Submitted to *Child Abuse Review*.	Mixed-methods online survey	• Submitted to *Child Abuse Review* (Impact factor: 1.543)

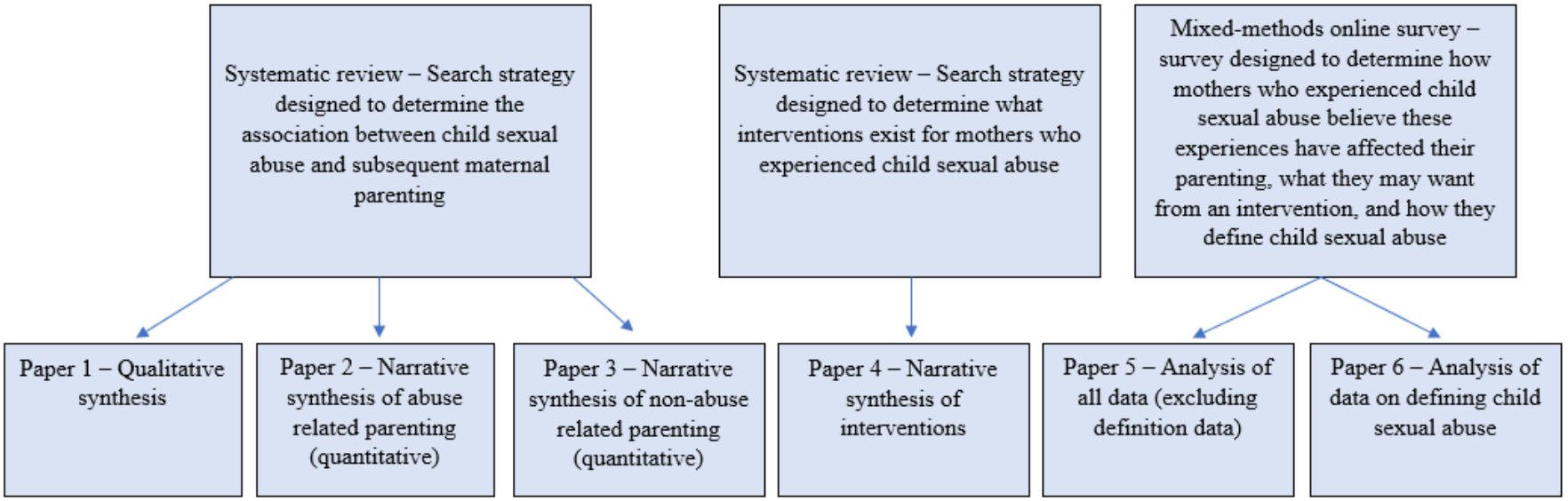
Note: Minor modifications (clarifications, standardizations of wording, etc.) have been made to the papers included in this thesis that were not in the initial journal submissions

The six papers described above stem from three study methods outlined in Figure 1 below. As noted, papers 1-3 stem from a systematic review designed to examine the association between CSA and the parenting of mothers who experienced this abuse. Paper 4 stems from a systematic review of evaluations of interventions designed for mothers who experienced CSA. Finally, papers 5-6 stem from an online mixed-methods survey on the association between CSA and the parenting of mothers who experienced this abuse, including ascertaining what mothers may want out of an intervention to address these concerns.

Each set of papers was designed to build on the last set of papers. Specifically, papers 1-3 were written to synthesize the current evidence-base on the association between CSA and subsequent maternal parenting. Given the multitude of pernicious effects found to be associated with CSA for M_{CSA}, a systematic review of existing intervention evaluations for this population was developed. Papers 5-6 were intended to address the significant gaps in the literature found in papers 1-4. Specifically, the syntheses of existing literature in papers 1-3 allowed for the identification of critical gaps in the literature on CSA and parenting, while paper 4 showed critical gaps in the current literature on interventions for this population. The rationale for each study, including gaps in the literature they address, are described in depth in each paper.

Though it will not comprise its own paper, a cross-synthesis of findings will be presented in the Discussion section of this thesis. Specifically, findings related to CSA and parenting in papers 1-3 and paper 5, findings related to the definition of CSA in papers 1-3 and paper 6, and findings related to interventions for CSA in papers 4-5 will be synthesized. Methods for this cross-synthesis are discussed further later in this chapter.

Figure 1: Overarching Methodologies across Papers



Overarching Methodologies Across Papers

Overview

Several methodologies were used repeatedly across the six papers comprising this thesis. These methodologies were 1) systematic reviews, 2) online mixed-methods survey research, and 3) qualitative research. Each of these methodologies will be briefly discussed below and will later be discussed in the context of each paper and the Discussion section of this thesis.

Systematic Reviews

Systematic review methodology was used for four out of the six papers included in this thesis (papers 1-4). Currently, a lack of formal guidance exists on conducting systematic reviews of risk factors (Dekkers et al., 2019), with guidance only recently published (Conducting Systematic Reviews and Meta-Analyses of Observational Studies of Etiology; Dekkers et al., 2019), necessitating that the research team rely on general guidance for systematic reviews, such as guidance from Cochrane, for the reviews included in this thesis (Higgins & Green, 2011).

Systematic reviews have several important benefits, including that they identify and summarize information across studies, making literature more digestible to readers (Mulrow, 1994; Petticrew & Roberts, 2008). This is especially important given the increase in literature over the past 20 years (Petticrew & Roberts, 2008). Further, systematic reviews can identify areas where spurious certainty exists (Petticrew & Roberts, 2008) and limit bias that may be found in a single study, which "can arise in the original studies as well as in publication, dissemination, and review processes" (Littell, Corcoran, & Pillai, 2008). Systematic reviews also have benefits when compared to non-systematic reviews, including that they may be less biased, as all relevant literature on a topic should be identified and presented, rather than the author selecting articles to include (Petticrew & Roberts, 2008). Further, compared to non-systematic

reviews, systematic reviews are usually pre-planned, with authors often publishing protocols, resulting in the process for selecting literature being more transparent (Petticrew & Roberts, 2008). Ultimately, the findings of systematic reviews can help inform policy and practice (Petticrew & Roberts, 2008).

Systematic reviewing was critical in the context of this thesis, as the large and disparate studies (n=269) on CSA and parenting had yet to be synthesized. Further four studies evaluating interventions for this population had yet to be synthesized, revealing a marked lack of evaluations of interventions to address the parenting needs of these mothers. The synthesis of these articles allowed for the identification of overarching themes, methodological issues, and gaps in the literature.

All studies included in the systematic reviews were subjected to critical appraisal, as discussed within the context of each paper. Specifically, for qualitative studies in papers 1 and 4, the CASP Qualitative Checklist was utilized (Critical Appraisal Skills Programme 2017). For quantitative studies in papers 2-3, the Cambridge Quality Checklists were utilized, which were specifically designed for risk factor reviews (Murray, Farrington, & Eisner, 2009). Finally, for quantitative studies included in paper 4, the Joanna Briggs Institute Critical Appraisal Checklist for Quasi-Experimental Studies was utilized (Joanna Briggs Institute, 2017).

Mixed-Methods

Mixed-methods approaches were utilized in all six papers comprising this thesis. Mixed-methods research is used to address limitations present when solely using qualitative or quantitative methods (Doyle, Brady, & Byrne, 2009). Specifically, mixed-methods research allows for the triangulation of data and provides a fuller picture of the phenomenon of interest (Doyle et al., 2009).

In the context of the series of linked systematic reviews (papers 1-3), though the search for literature was conducted concurrently, data were analyzed sequentially (Creswell, Plano Clark, Gutmann, & Hanson, 2008; Driscoll, Appiah-Yeboah, Salib, & Rupert, 2007). Qualitative data located from the systematic review were analyzed first, as the research team believed this may help determine the major themes present in the literature on CSA and parenting, which could be used when determining how to organize results found in quantitative studies. Through qualitative analysis, two major themes related to the parenting of M_{CSA} were identified (abuse-related parenting and parenting generally), which then formed the basis of two separate papers (papers 2-3). Critically, though the qualitative review was meant to, and did, inform the structure of the quantitative reviews in our sequential analysis, the quantitative reviews also later informed the qualitative review. Specifically, through analysis of quantitative studies, we were able to identify aspects related to the parenting of M_{CSA} in the qualitative literature that were not previously coded or were coded in larger themes that researchers in quantitative literature found to be distinct.

In the context of the final systematic review on interventions for M_{CSA} (paper 4) and the online survey (papers 5-6), mixed-methods data were collected and analyzed concurrently, allowing for the triangulation of findings (Creswell et al., 2008; Driscoll et al., 2007).

As discussed previously, though qualitative and quantitative data were not cross-synthesized across these six papers in an individual paper in this thesis, information will be cross-synthesized in the Discussion section of this thesis in order to triangulate findings. Specifically, a results-based convergent synthesis design was used. With this design, data are presented in separate papers and then synthesized (Noyes et al., 2019). In the context of this thesis, data were cross-synthesized using a narrative approach given practical restraints

stemming for the volume of literature present in this thesis. Specifically, narrative summary "can 'integrate' qualitative and quantitative evidence through narrative juxtaposition – discussing diverse forms of evidence side by side" (Dixon-Woods, Agarwal, Jones, Young, & Sutton, 2005, p. 47). It is acknowledged that this type of cross-synthesis may result in bias (Dixon-Woods et al., 2005); thus, future research should be undertaken at a later stage to cross-synthesize results more formally in the context of a manuscript for publication.

Qualitative – Including the Voices of Survivors in Research

Qualitative research comprised a large portion of this research. Specifically, qualitative literature was included in one paper from the series of linked systematic reviews on CSA and parenting (paper 1), the systematic review of interventions for M_{CSA} (paper 4), and in the online mixed-methods survey (papers 5-6). For these papers, thematic analysis (Braun & Clarke, 2006) and framework analysis (Srivastava & Thomson, 2009) were used. Qualitative literature has several key benefits, including that it "takes into account that viewpoints and practices…are different because of the different subjective perspectives and social backgrounds related to them" (Flick, 2018, p. 16). Specifically, qualitative research gives voice to survivors and allows them to not only share their own diverse experiences, but also to share how they believe these experiences could be addressed. This is especially important, as researchers often look to the suggestions of researchers rather than those with the experiences in question when addressing issues in this area (Barth, Bermetz, Heim, Trelle, & Tonia, 2013; Senn, Carey, & Vanable, 2008). Further, as will be shown in the context of this thesis, qualitative data were vital to not only the identification of themes in the current literature, but to the explanation of findings in the quantitative portions of this thesis.

Conclusion

In the following sections, the six papers described above will be presented. Following this, overarching findings across these papers and the implications of these findings will be provided in the Discussion section.

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Parenting among Mothers who Experienced Child Sexual Abuse: A Qualitative Systematic Review

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Abstract

Child sexual abuse (CSA) represents a significant public health problem. While CSA is associated with several adverse outcomes, recent attention has been given to its effect on maternal parenting. Despite a growing literature on this topic, a comprehensive systematic review has not been conducted. Thus, this review aimed to fill this gap. Several search strategies were used, including searches in academic databases. Two reviewers completed screening, full text review, data extraction, and quality determinations. Extracted qualitative data were analyzed thematically for the 108 studies meeting inclusion criteria. The primary themes emerging from women's accounts of effects of CSA on their current parenting included: abuse of child, breastfeeding, child-rearing practices, coping related to parenting, mother-child relationship, perceptions of child, perceptions of motherhood, and protection of children from abuse. Given the current lack of interventions designed for these mothers, the results of this review may aid in the development of evidence-based interventions.

Key words: Trauma; child sexual abuse; parenting; mothers; systematic review; qualitative

Introduction

Background on Child Sexual Abuse and its Relationship to Parenting

Globally, child sexual abuse (CSA) represents a significant public health problem, with up to 17% of boys and 31% of girls experiencing CSA worldwide (Barth, Bermetz, Heim, Trelle, & Tonia, 2013). CSA is associated with a number of negative outcomes in adulthood, including poor mental (Hillberg, Hamilton-Giachritsis, & Dixon, 2011) and physical health (Paras et al., 2009).

Research demonstrates that a history of CSA also negatively influences parenting, with most research focused on maternal parenting. While parents with a CSA history may exhibit similar behaviors to parents who experienced other types of childhood maltreatment (Hughes & Cossar, 2016), research suggests that CSA is also associated with unique parenting behaviors. Several studies have shown that CSA is associated with overprotective behaviors (Armsworth & Stronck, 1999), with concern over intimate parenting behaviors (Douglas, 2000; Wright, Fopma-Loy, & Oberle, 2012) and with having conversations with their child regarding sexual activities (Cross, 2001). The effect of CSA on parenting is problematic, as these parenting behaviors may lead to negative outcomes for children (Baviskar & Christensen, 2011).

Theories Explaining the Relationship between Child Sexual Abuse and Parenting

Several theories may explain the association between CSA and later parenting behaviors by mothers, which will be discussed further below. These include 1) attachment, 2) trauma, 3) systems, and 4) object relations.

Attachment theory originated from the work of Mary Ainsworth and John Bowlby (Bretherton, 1992). Attachment theorists posit that mothers who did not have safe, secure relationships during their own childhood may have difficulty with physical and emotional bonding and forming secure attachment relationships with their own children. Ultimately, this may result

in difficulties related to a number of aspects of parenting, including breastfeeding and the mother-child relationship.

Trauma theory, which originated in the work of Erich Lindemann, may also help explain the relationship between CSA and later parenting. Trauma theorists posit that traumatic experiences may trigger emotions that later manifest themselves in adulthood (Ringel & Brandell, 2011). These negative manifestations, such as poor mental health, can ultimately affect the parent-child relationship or parenting behaviors, such as the ability of the mother to care for her child.

Systems theory, such as family systems and ecological systems (a theory pioneered by Bronfenbrenner; Bronfenbrenner, 1992), may also explain the relationship between CSA and later parenting. According to systems theory, CSA experiences occur within the family system, which later influences other systems in adulthood including "1) parents' individual psychological characteristics and ontogenic resources 2) characteristics of the immediate family, and 3) contextual factors such as social support or stressful environments" (Doyle, 2016, p. 5). Systems theory may explain the intergenerational transmission of trauma; for example, mothers who experienced CSA may have difficulty recognizing or preventing CSA perpetration against their own child, as they grew up within a similar system (Kreklewetz, 1995).

Finally, object relations theory, which grew out of the work of individuals such as Sigmund Freud and Melanie Klein (Greenberg, 1983), has been used to explain the relationship between CSA and later parenting. Those taking an object relations approach posit that an individual develops their sense of self through relationships with others. Thus, when an individual experiences abuse, their sense of identity may be distorted. This may result in mothers who experienced CSA having negative perceptions of themselves as a mother (McCoy, 2014).

Gaps in the Literature

Two existing reviews have attempted to assess the relationship between a history of CSA and specific aspects of maternal parenting using qualitative research, but neither are comprehensive, recent, specific to qualitative research, nor assess the full spectrum of parenting behaviors (DiLillo & Damashek, 2003; Rumstein-McKean & Hunsley, 2001). In the first review, the aim was to assess the family functioning of female survivors of CSA through a non-systematic review of the literature. Four studies were located on this topic, with one of these being qualitative in nature (Rumstein-McKean & Hunsley, 2001). In the second review, the literature on the parenting behaviors of mothers who experienced CSA was identified unsystematically. While a greater number of quantitative and qualitative studies were located, this review did not fully cover the breadth of research on CSA and parenting and is currently out of date (DiLillo & Damashek, 2003).

One further review focused on the relationship between a history of CSA and parenting by fathers. It included qualitative studies that illustrated mechanisms that may explain the relationship between CSA history and parenting, which were not identified in quantitative studies. For example, male CSA survivors may spend less time with children because they are concerned with continuing the cycle of abuse (Wark & Vis, 2016). This demonstrates how qualitative research is critical for understanding associations between CSA and parenting and highlights the need for a review of qualitative studies that examine maternal parenting.

Aims of this Review

To better understand the relationship between a history of CSA and maternal parenting, we conducted a series of linked systematic reviews. Given the large and diverse body of research on this topic, we used a single search strategy to identify both qualitative and quantitative empirical studies on this association and then divided the results into three groups according to study design

and content. The first paper, presented here, is a thematic analysis of all identified qualitative data. The present review aimed to answer the following questions:

1. How do mothers who experienced CSA currently parent their children?
2. How do mothers who have experienced CSA believe these specific experiences have affected their parenting practices?

As will be discussed in the results, two overarching themes arose from the qualitative data: parenting related to CSA (i.e. the abuse status of the children of mothers with CSA histories, how mothers react to this abuse, and how they protect their children from abuse) and parenting generally (i.e. breastfeeding, child-rearing practices, coping related to parenting, the mother-child relationship, perceptions of children, and perceptions of motherhood). Due to the large number of studies located in the quantitative review (N=166), results were divided according to these two overarching themes, and are presented elsewhere (Lange, Condon, & Gardner, 2019a, 2019b).

Materials and Methods

Registration and Reporting Guidelines

This protocol for the review was registered with PROSPERO (Lange, Condon, & Gardner, 2017) and follows PRISMA guidelines (Moher, Liberati, Tetzlaff, & Altman, 2009).

Study Search

The following databases were searched on March 28th-29th, 2017: Embase, ProQuest Dissertations & Theses Global, PsycINFO, PubMed, Scopus, Sociological Abstracts, and Web of Science. Databases were searched using a combination of controlled vocabulary and textwords related to the traumatic event (sexual abuse, incest, etc.), caregiver (mother, parent, etc.), and the effect on parenting (parenting, child-rearing, etc.; Appendix 1). Given the breadth of potential parenting behaviors that could be included in this review, this search was designed to be sensitive

in nature. Searches were also conducted using the database search terms in Google to identify potential grey literature. This search was validated by checking that 55 studies identified prior to the initial search were present.

To identify additional literature, the reference lists of included studies were hand-searched and titles of studies that cited included studies were reviewed. This took place between April and May of 2018, allowing for studies published after the original search date to be identified. For any potential new study, two reviewers (BL and EC) completed a full text review, following the process described above.

Inclusion Criteria

Studies using qualitative research methodology and with a full text available in English were included in this portion of the review. No restrictions were put on the year of publication. If both a thesis/dissertation and published article were located, the thesis/dissertation was included, with the published article being retained for reference. Further, one study was excluded, which contained one quote from a CSA survivor (Beck & Watson, 2008), as this mothers' experience (including the quote in question) was the sole focus of another study (Beck, 2009).

No criteria based on study quality were utilized to exclude studies from the review, given the controversy in the field regarding the critical appraisal of qualitative research (Dixon-Woods, Shaw, Agarwal, & Smith, 2004). Even if quality assessment had been used to exclude studies, research suggests that the removal of these studies would not affect the overall synthesis (Carroll, Booth, & Lloyd-Jones, 2012).

We included only studies with a focus on CSA. As definitions of CSA can vary, all definitions, including contact and non-contact, were included. If participants experienced multiple types of childhood maltreatment, we included the study if researchers made attempts to specifically

assess the relationship between CSA and parenting by using questions targeted to these experiences. Parenting is the main outcome of interest in this review. We included all studies with findings related to parenting by mothers of all ages who experienced CSA. For the purposes of this review, and in keeping with studies in this discipline, "mother" refers to any female primary caregiver. Studies that described the parenting behaviors of mothers and fathers combined were not included in this review, unless they were clearly differentiated. Additionally, studies that solely described behaviors before the child was born or during childbirth were not included.

Screening and Extraction of Information

Studies were screened by two reviewers (BL and EC) at the title and abstract level using Covidence. For discrepancies that arose in the initial screening, the two reviewers discussed each study until a consensus was reached. These reviewers then read each of the remaining studies using the inclusion criteria described above to determine whether these studies should be included in the review. Discrepancies were again resolved through discussion and by presenting relevant portions of the text to support why a study should or should not be included.

Once the final studies were determined, the two reviewers extracted agreed upon information into separate Word documents for each study. Specifically, major categories of extraction included: general study information (i.e. title, journal, and research aim), participants (i.e. age of participants and CSA experiences of participants), methods (i.e. study design, data collection methods, and data analysis), results related to parenting (i.e. main themes and relevant quotes/summaries of responses), and discussion (i.e. interventions suggested by authors, future research needed, and policy implications). These extractions were compared to ensure accuracy, with any discrepancies being resolved through discussion and review of the full texts. Following the resolution of disagreements, one agreed upon extraction document was created for each study.

Data Analysis

Extracted qualitative data were analyzed using thematic analysis by BL using the phases of thematic analysis outlined by Braun & Clarke (2006): 1) review the data to become familiar with the material; 2) develop initial codes; 3) develop themes based on the codes; 4) review the developed themes; and 5) define and name themes. Specifically, when initially reading through studies during data extraction, BL and EC were able to fully immerse themselves in the qualitative data, and develop initial themes and subthemes for later coding. BL and EC each extracted quotes and summaries of responses they believed to be relevant to the review, which were compiled into one agreed upon document per study, as outlined above. BL then engaged in both inductive and deductive coding of all agreed upon information, with documents being compiled with all quotes relevant to each theme and subtheme. Each of these themes and subthemes were defined in a codebook to ensure consistency in coding. EC reviewed the analysis on an iterative basis.

Critically, within this analysis, efforts were made not only to summarize how mothers who experienced CSA parent, but to determine what factors may be precipitating specific parenting behaviors. For example, known sequelae of CSA, such as mental health, were carefully examined in all analyses to determine how these factors may have been contributing to the parenting behaviors seen by mothers. Once all data were analyzed, efforts were undertaken to synthesize information across studies to identify factors that appeared to influence the results across themes.

Attempts were not made to meta-synthesize qualitative literature. Meta-synthesis is a "synthesist's interpretation of the interpretations of primary data by the original authors of the constituent studies" (Zimmer, 2006, p. 312). Meta-synthesis is a fairly new qualitative research methodology and some disagreements exist in the literature on its appropriateness and whether

qualitative data should be synthesized across study approaches (Nye, Melendez-Torres, & Bonell, 2016; Zimmer, 2006).

Study Quality

Study Quality was assessed using the CASP Qualitative Checklist (Critical Appraisal Skills Programme 2017). Two reviewers (BL and EC) completed the CASP Qualitative Checklists for each study and discrepancies were resolved through discussion and review of the full text.

Results

Overview of Results

The results of this review comprise three main sections. First, an overview of study findings and study quality will be presented. Following this, the main themes and subthemes identified during this review will be explored (Figure 1). For each of these themes and subthemes, example individual level quotations can be found in Table 1. Given the large number of studies supporting each theme, references for several of the major themes and subthemes are summarized in Appendix 3 and not in the summaries below; these instances are noted. Though some studies are not referenced in text and are only presented in Appendix 2 and 3, all included studies are noted in the reference list. Finally, a synthesis of mechanisms influencing results across each of these main themes will be presented.

Overview of Studies and Study Quality

Ultimately, 108 qualitative studies were included (Figure 2). A summary of study characteristics is presented in Table 2, with each individual study summarized in Appendix 2. The average sample size of studies was 20.75 (SD=34.24). Of note, in some cases, not all participants who were in a study met the inclusion criteria for this review. For example, some studies included female survivors of CSA, but not all participants were mothers, or included health professionals.

Figure 1: Overview of Themes and Subthemes

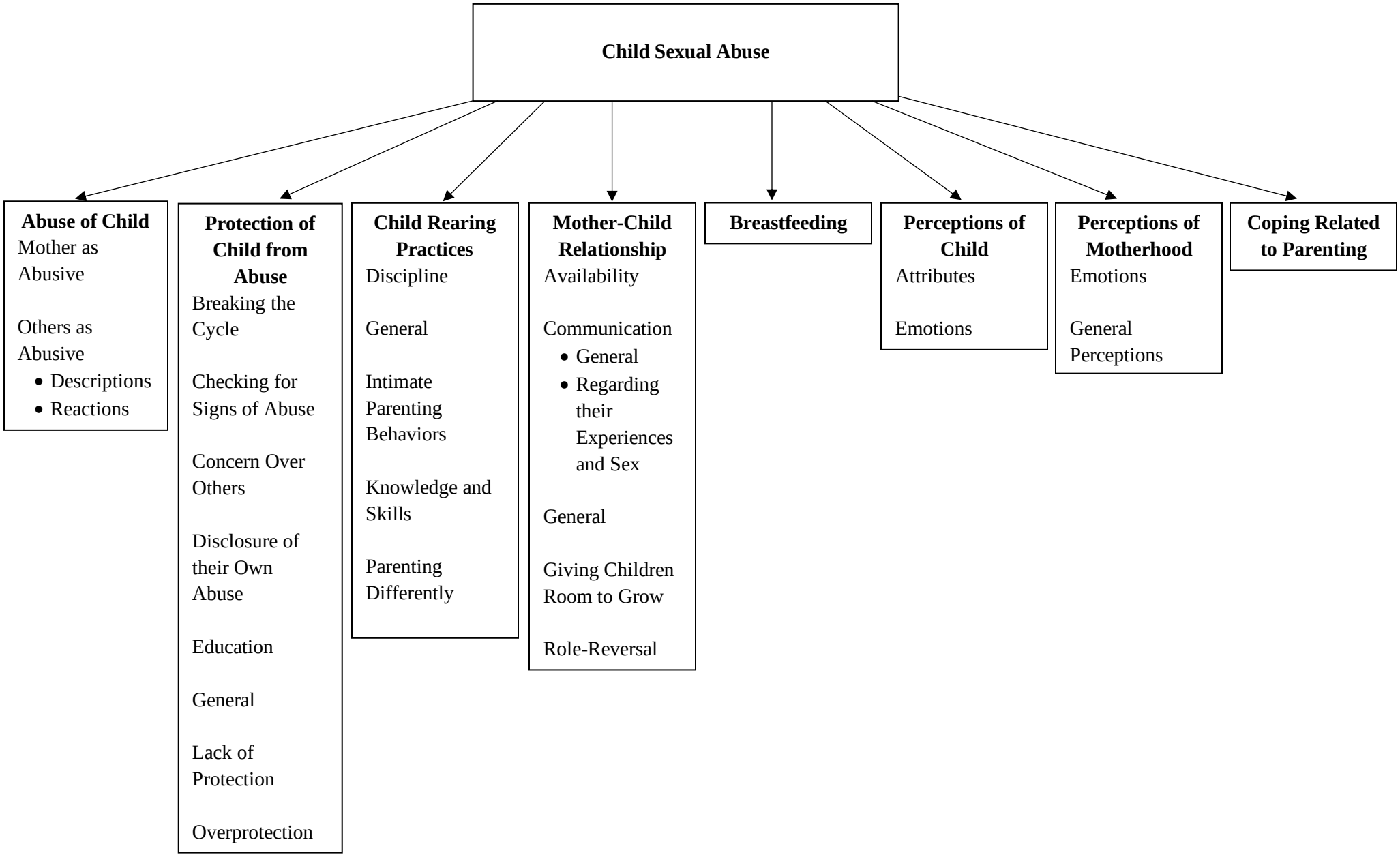
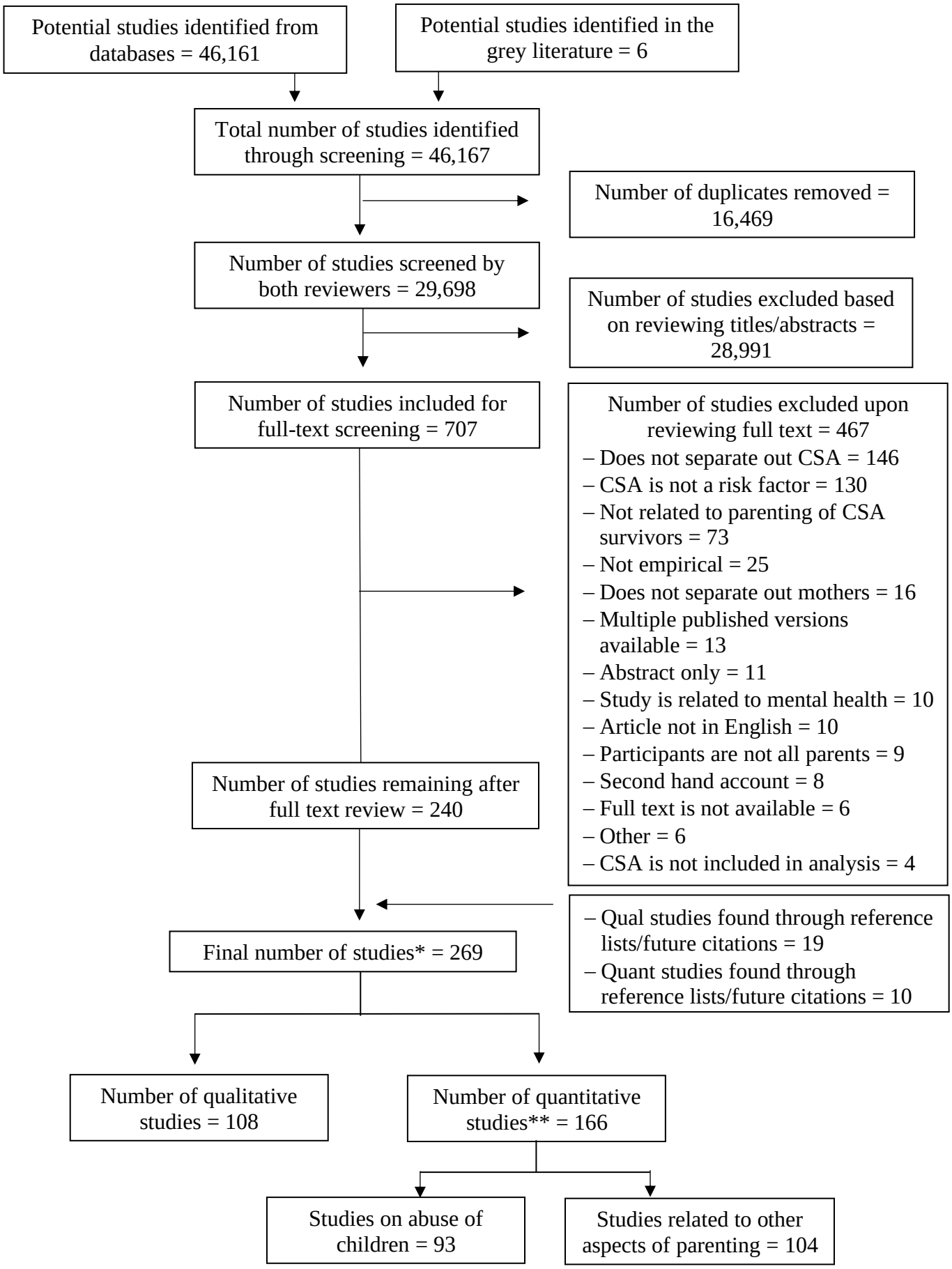


Figure 2: Selection of Studies for the Review



*5 studies are mixed methods, so appear under both qualitative and quantitative studies
**31 have information on both abuse of children and other aspects of parenting

Table 1: Example Themes and Quotes

Theme	Example Quotation(s)
Abuse of Child	
Mothers as Abusive	"When my [child] started walking around and stuff like that, and picking up things, and was going to break things, I started like, slapping [their] hand, you know? And part of me was aware of what I was doing, but part of me wasn't. And then, I think, because I hadn't dealt with the sexual abuse, part of me, somehow, may have been subconsciously, something to do with the sexual abuse. And not just that, but all the violence that happened to me, I began kind of taking out my frustration or anger on my [child]" (Burrill, 2015, p. 55)
Others as Abusive	"Uh-huh. I was real angry. The abuse of my daughter and my abuse make me angry whenever I think about it. I grew up angry. I believed that if it would have happened now, when I grew up he would have died sooner, because I would have killed him. That's how angry I was. If I was clean when I found out about my daughter I would have killed him…People look at me now and say 'why you look so evil?' My counselor told me one time he saw me walking down the street and I looked so evil that it looked like the cars was moving out of my way [slight laugh] that's how angry I am about these old men messing with these young girls" (Jackson, 2008, p. 154).
Breastfeeding	
General Breastfeeding	"And breastfeeding, I'd be putting a part of my body in my baby's mouth and the baby can't consent" (Klingelhafer, 2007, p. 195).
Child-Rearing Practices	
Discipline	"I think [parenting] is challenging and hard. I question myself a lot as far as the way I try to discipline him, as far as am I doing the right thing. I try to be his friend and let him know that we are friends, but there is a limit to the friendship where the parent comes in. I just try to do the best I can" (Fisher, 2000, p. 142).
Intimate Parenting Behaviors	"I didn't want to touch her genitalia because I wasn't sure if it was sexual abuse" (Lasiuk, 2007, p. 154).
Knowledge and Skills	"My mother abused me, sexually, physically and emotionally, you name it. I had many abusers in my life but she was one of them… My mother was never home. She was always running around… So I had nobody to really look to as what a mother really supposed to be… I knew I didn't want to be the mother that I had… For me, I just kept in my mind, all the time, even as an adult when I matured, I just didn't want to be the kind of mother I had" (Gil, 2009, p. 119).
Parenting Differently	"I want to be the sort of mother that my mother wasn't. I kid around with them. You know, that serves to turn the negative to positive. 'Cause I want them to be an asset to society. I don't want them to have to go through [what I went through]. And I would do anything to make sure that...happens" (Fisher, 2000, p. 127).
Unable to Parent	"I spent about a year on crack and I lost everything. I lost my home. I lost my car. Then I gave up my kids… I truly believe that my kids are not with me because I was sexually abused, because I don't think, or maybe I don't want to believe, that I would have got into the things I did without the abuse. I would have been a different person altogether" (Peter, 2005, p. 168).

Coping Related to Parenting	
Coping through being a Parent	"If I didn't get help for myself before, just for me, I have to do it now. Uhm, again going back to the thing that now I have somebody to be responsible for and I don't want them to go through what I go through" (Cavanaugh et al., 2015, p. 512).
Mother-Child Relationship	
Availability and Attachment	"You think 'well if I bond with this, then I'll get hurt even more'… and where I've been hurt a lot already in my life, and I know what it feels like, um and that's something I do have a great knowledge of, it made me even more harder to bond with him and to be able to like get over that…" (Montgomery, 2012, p. 106).
Broad Aspects of the Mother-Child Relationship	"I just miss the, how she would hug me and hold me, holding her, you know, just the little things. Like now she's more independent. She doesn't like to hold, she doesn't like to hug, she doesn't like to kiss. If I give her a kiss, she'll wipe it off and I'm like 'Aw!' so when she was a baby, she was more helpless. She needed me more" (McCoy, 2014, p. 142).
Communication	
General	"Now, (I'm) more attentive, I am more open…pretty much my kids can come and talk to me about anything including sex, drugs, anything. I just think I (made) like a total 180 degree turn" (Lafleur, 2009, p. 82).
Regarding their own Experiences and Sex	"I wasn't stopping her, actually from having sex. I was just like, teaching her, like the right way to do something. But if she chose to have sex, I would have prepared her for it. Like, I would let her know where to go get condoms, where to, how to protect herself, make sure you protect yourself. That was my intention" (Stephens, 2015, p. 145).
Role-Reversal	"I have a tendency to flip back, to be the passive child again. So, I have to stop and check in: Who am I, who is he? It's so easy to get back to that old space, to be frightened. I don't want my son to have to deal with that" (Cross, 2001, p. 567).
Room to Grow	"Rose spoke about needing to balance relaxing and enjoying her son with protecting him as he grows older. Rose stated, I have more fun with him…if he falls or hits his head I'm more able to step back and let him find out, you know, like, what a wall is if he trips. You know, um, just trying to create more of a bond of love with him than one of just being pure protective and scared…take him to the park and not be terrified. So, things like that, it's been a struggle" (Haiyasoso, 2016, p. 56).
Perceptions of Child	
Attributes	"What makes me think it's possibly something to do with the birth was … she was a horrendous baby, he was quite a good baby […] he was a lovely placid child, very easy to get on with, whereas she was horrible - a really horrible child […] and yet still I physically far more bonded to her even though she'd drive me mad" (Featherston Garratt, 2008, p. 208).
Emotions	"I'm having a hard time dealing with my daughter, the older one. I'm so happy for her, but I sometimes feel, 'Why didn't I have a life like that?' If only I could just have had a little bit of that (tearful pause)…" (Cross, 2001, p. 567).

Perceptions of Motherhood	
Emotions	"I was really frightened for him. I was just really frightened for him and wanted him not to have anything to do with me. I wanted my husband to have the baby and nobody else … nobody that was associated with me should have the baby … this would be my husband's baby. I was having all kinds of flashbacks and at the bottom of it all… I had this horrible fear that my son would have, you know, the genes of my father. That he would somehow … the sexual abuse, the physical abuse done to me or my body … I could probably get through that. What I couldn't get through and what never does sit right for me was the thought of other people being hurt. That a member of my family - that my father - could hurt people like that... that to me was the unbearable... despairing … unacceptable part for me in all the trauma" (Lasiuk, 2007, p. 110).
General Perceptions	'I'm a pretty incompetent mother'" (O'Brien, 1998, p. 88).
Protection of Children from Abuse	
Breaking the Cycle	"A lot of people say 'Oh it's the genes, if you're abused you abuse' and that's said an awful lot and that it's genetic and that it carries on through families – which made me think I never, ever wanted children, because I wanted to stop that. But it's not true and I believed it for so long, but it's not true, it's not true one little bit um and I'm so glad that I, I can prove that to people" (Montgomery, 2012, p. 136).
Checking for Signs of Abuse	"I had to know where they're going, I had to know who they were with and you know actually if they would go somewhere else while visiting. As soon as they walked in the door I'm having a conversation with them. What happened, did anybody touch you, did anybody say anything wrong to you? You know as soon as they came home that was standard and they got use to that" (Sharpe, 2018, p. 94).
Concern over Others	"I trust my husband a hundred percent, I have absolutely no worries about him – but I found myself panicking once because he was upstairs changing her nappy and he was taking a long time about it and I panicked" (Montgomery, 2012, p. 110).
Education	"I just pretty much give (them) safety tips and stuff and drill it into their heads so they know what not to do...plus, we sit down and watch 911 and all those things together… we discuss everything that happens…you really try to educate your children as to what to watch out for and what to do" (Wangerin, 1994, p. 166).
General	"I know what to watch out for...I look out for those things…I'm smarter to more" (Wangerin, 1994, p. 159).
Lack of Protection	"It was tough, especially and then having a child and knowing that he's around still. Is he gonna hurt my child too?" (LoGiudice & Beck, 2016, p. 479).
Overprotection	"I am overprotective of my children because I do not want them to go through the same traumatic experiences I did" (Smit & Hoosain, 2017, p. 90).

*Please note that while all primary themes are listed in this table, all subthemes are not listed.

Table 2: Overview of Included Studies (N=108)*

	n	%	Mean (SD)
Full Sample Size**			20.75 (34.24)
Date of Publication			
1981-1989	4	3.70	
1990-1999	14	12.96	
2000-2009	48	44.44	
2010-2018	42	38.89	
Country			
United States	56	51.85	
Canada	15	13.89	
Not listed	14	12.96	
United Kingdom	7	6.48	
Australia	6	5.56	
Multiple countries	2	1.85	
South Africa	2	1.85	
France	1	0.93	
Germany	1	0.93	
Iceland	1	0.93	
Ireland (Republic)	1	0.93	
Israel	1	0.93	
Malaysia	1	0.93	
Studies Addressing Each Theme			
Protection of Child(ren) from Abuse	70	64.81	
Mother-Child Relationship	64	59.26	
Abuse of Child	62	57.41	
Child-Rearing Practices	61	56.48	
Perceptions of Motherhood	61	56.48	
Perception of Child	55	50.93	
Coping Related to Parenting	49	45.37	
Breastfeeding	22	20.37	

*Percentages may not sum to 100% due to rounding
**Two studies were not included, as the sample size was unclear

Thus, while Appendix 2 includes the full sample size of participants completing qualitative components of a study, data came only from participants who met the inclusion criteria. If it was unclear whether a participant met inclusion criteria, they were not included. Studies varied in the racial groups they comprised, and few studies reported information on the socioeconomic status of participants. When demographic information of participants was presented, this was often not

linked to their corresponding quotes. The majority of studies were conducted within the United States (n=55, 50.93%). Outside of North America and Europe, there were just six (5.56%) studies conducted in Oceania, two (1.85%) in Asia, and two (1.85%) in Africa. The most common data collection method was semi-structured interviews, with grounded theory and thematic analysis most commonly used for data analysis. Two studies used control groups (Burkett, 1991; Esperat & Esparza, 1997).

Overall, the most frequently reported issue across studies according to the CASP quality checklists was a failure to address the researcher participant relationship. Additionally, many studies failed to use appropriate data analysis methods, such as including an additional coder to establish inter-rater reliability, and often contained small sample sizes. Although the quality of studies is mixed, there are studies of different quality that contribute to each of the themes below. We judged that study quality was unlikely to have significantly affected the results, given the number of studies contributing to each of these themes, which did not appear to vary based on study quality.

Overview of Main Themes and Subthemes

Abuse of Child

Mothers as Abusive or Neglectful

In 62 studies (57.41%), mothers who experienced CSA had children who were abused, with mothers perpetrating the abuse in 26 studies (24.07%). Mothers reported engaging in broad abusive behaviors; sexual abuse; physical abuse, including corporal punishment; emotional abuse; and neglect (references by abuse type in Appendix 3). When mothers engaged in abusive behaviors, this was often precipitated by negative emotions, including anger, frustration, stress, or a loss of control (Armsworth & Stronck, 1999; Baker, 2007; Burrill, 2015; Fisher, 2000; O'Brien,

1998; Palmer, 2004; Salvi, 2008; Sharma, 2014; Svechs Zemzars, 1988; Wangerin, 1994). Neglect of children seemed particularly tied to known sequelae of CSA, such as a mother's inability to care for herself (Palmer, 2004), mental health (Romanik & Goodwin, 1982), substance use (Romanik & Goodwin, 1982; Salvi, 2008), and physical illness (Salvi, 2008). Regret was common among mothers who engaged in abusive or neglectful behaviors (Baker, 2007; Burrill, 2015; Fisher, 2000; Gil, 2009; Lafleur, 2009; Palmer, 2004; Salvi, 2008; Sebastian, 2004; Sharma, 2014).

Others as Abusive or Neglectful

Though mothers reported having children who experienced non-sexual abuse (Lafleur, 2009; Marcus, 2001; O'Brien, 1998; Salvi, 2008; Walker, 2007a), mothers most frequently reported having children who were sexually abused by others and their reactions to this abuse (n=49, 45.37%; references in Appendix 3). Women reacted to the sexual abuse of their children in a variety of ways. Some women immediately believed their child's disclosure (Breckenridge & Davidson, 2002; Jackson, 2008; Krigbaum-Rich, 1991; Lafleur, 2009; McMillan, 2013; Prather-Griffith, 1997; Salvi, 2004; Schmidt, 2015; Schroer, 2014; Thompson, 2017; Valandra, 2012; Willingham, 2007), often taking legal action to protect their child (Breckenridge & Davidson, 2002; Harrati, Coulanges, Derivois, & Vavassori, 2018; Lafleur, 2009; McMillan, 2013; Ortiz, 2013; Salvi, 2004; Schroer, 2014; Sebastian, 2004; Thompson, 2017; Wangerin, 1994). For many women, believing their child's disclosure was important given that they had faced disbelief during their own disclosures or were not supported (Jackson, 2008; Krigbaum-Rich, 1991; Schmidt, 2015; Willingham, 2007). Further, several women disclosed their CSA history to their children to illustrate that they believed their children and understood what they were going through (Bolen, Dessel, & Sutter, 2015; Krigbaum-Rich, 1991). Other women initially expressed disbelief (Fisher, 2000; Kreklewetz, 2010; Ortiz, 2013; Prather-Griffith, 1997; Salvi, 2008; Schroer, 2014; Sela-

Amit, 2002; Wangerin, 1994), citing reasons such as not wanting it to trigger their CSA experiences (Fisher, 2000), their child's recantation (Ortiz, 2013), not thinking the act that occurred was abuse (Sela-Amit, 2002), believing the child was seeking attention (Prather-Griffith, 1997), and believing the denial of the perpetrator (Prather-Griffith, 1997; Wangerin, 1994).

Mothers in 26 studies (24.07%) reported a variety of negative emotions upon their child disclosing sexual abuse. These included anger, fear, shock, distress, guilt, and helplessness. Mothers also reported that their child disclosing abuse triggered memories of their own abuse (references in Appendix 3).

Protection of Children from Abuse

The most common theme identified in this review was the desire to protect children from abuse and actions taken to protect children, with 70 studies (64.81%) contributing to this theme. In sixteen studies (14.81%), mothers acknowledged the intergenerational transmission of abuse and their desire to break this cycle (References in Appendix 3). In one qualitative study that included a control group of mothers who did not experience CSA, protection was a major theme identified only among mothers who experienced CSA:

> *"One facet of parenting not indicated by the NSA* [no sexual abuse] *group, but that came out very clearly among a number (n=21; 41%) in the SA group, was the element of fear for the safety of their children…SA* [sexual abuse] *group responses reflected mistrust of the people around them, anxiety that their children might repeat their own experiences, and fierce resolve to protect them"* (Esperat & Esparza, 1997, p. 241).

In order to protect their children from abuse, mothers engaged in several behaviors. In 41 (37.96%) studies, mothers discussed concerns regarding the potential for certain individuals to abuse their child and took actions related to this, such as limiting contact with these individuals.

As most women experienced CSA at the hand of male perpetrators, mothers commonly reported concern about their children being around males. Partners were also a major concern for women, with women watching interactions between their partner and children, delaying dating, delaying contact between new partners and children, and questioning children on whether their partner had been abusive. Further, mothers sought to limit contact with their children and the person who perpetrated their own CSA. Additional individuals of concern included childcare providers and neighbors (references by person of concern in Appendix 3).

Women used several strategies to protect their child from abuse. Strategies included sex education (Gil, 2009; Healey, 2014; Kreklewetz, 1995; Wangerin, 1994; Wright et al., 2012), including teaching children the correct terminology for their genitals (Gil, 2009; Sharpe, 2018); providing education on child abuse (Cavanaugh et al., 2015; Esperat & Esparza, 1997; Kreklewetz, 1995; McMillen, Zuravin, & Rideout, 1995; Salvi, 2004); describing inappropriate touch and who to communicate it with (Burrill, 2015; Coles, 2006; Dijkstra, 1995; Erdmans & Black, 2008; Fisher, 2000; Gil, 2009; Oubre, 2004; Wangerin, 1994; Wright et al., 2012); describing potential perpetrators (Langham, 2007; McMillen et al., 1995; Salvi, 2004; Sebastian, 2004); and disclosing their own experiences of CSA (Baker, 2007; Wangerin, 1994). Several mothers also reported teaching their child broad protective behaviors or providing broad education on protection (Baker, 2001; Bellhouse, 2013; Coles, 2006; Gil, 2009; Haiyasoso, 2016; Kreklewetz, 1995; Sebastian, 2004; Wangerin, 1994; Wright et al., 2012).

Women also described inquiring with their children about experiences of abuse. For some mothers, this meant asking their children if anyone had engaged in inappropriate behaviors with them (Fisher, 2000; Gil, 2009; Kreklewetz, 1995; LoVerso, 2014; Prather-Griffith, 1997; Sebastian, 2004; Sharpe, 2018; Valandra, 2012). For children who were not old enough to

communicate their experiences, mothers checked the child's body for physical signs of abuse (Gil, 2009; Haiyasoso, 2016; Wangerin, 1994).

For mothers in 29 studies (26.85%), their protection went beyond what they would consider normal, with mothers describing themselves as "overprotective," "controlling," "hyperprotective," "hypervigilant," or "hyperaroused" (references in Appendix 3).

While many mothers sought to protect their children, and were often overprotective, eighteen studies (16.67%) pointed to scenarios where this did not occur. This involved putting their children in direct contact of the person who perpetrated abuse against them or others (Dijkstra, 1995; Jackson, 2008; Lev-Wiesel, 2006; LoGiudice & Beck, 2016; LoVerso, 2014; Mangelson Stander, 2000; Prather-Griffith, 1997; Salvi, 2008; Sebastian, 2004; Valandra, 2012; Wangerin, 1994), dismissing concerns they had about an individual they suspected of abusing their child (Fisher, 2000; Maker & Buttenheim, 2000; McMillan, 2013; Ortiz, 2013), not limiting access to their child (Schmittel, 2013), or having broad blind spots related to protecting their child (Thompson, 2017; Wright et al., 2012). Mothers stated they exposed their children to their abusers, so as to avoid hurting the perpetrator's feelings (Salvi, 2008), because they were family (Lev-Wiesel, 2006), they were in denial that abuse could re-occur (LoVerso, 2014; Sebastian, 2004; Wangerin, 1994), or they were in denial about their own abuse (Mangelson Stander, 2000).

Child-Rearing Practices

Knowledge and Skills

Mothers in 21 studies (19.44%) reported struggling with feeling that they had inadequate knowledge and skills to be a good parent (references in Appendix 3). Given the reported lack of knowledge to parent, mothers described a number of ways they attempted to gain knowledge. While some mothers described educating themselves broadly (Harris, 2008), other used specific

strategies, such as going to parenting programs (Armsworth & Stronck, 1999; Kreklewetz, 2010; Palmer, 2004; Valandra, 2012; Wood & Van Esterik, 2010; Wood, 2009; Wright, Crawford, & Sebastian, 2007; Wright et al., 2012), going to mobile crisis centers (Burrill, 2015), reading (Armsworth & Stronck, 1999; Gil, 2009; Haiyasoso, 2016; Kreklewetz, 1995; Lee, 2001; LoVerso, 2014; O'Brien, 1998; Sebastian, 2004; Valandra, 2012; Wangerin, 1994; Wright et al., 2007; Wright et al., 2012), and watching television (Armsworth & Stronck, 1999; Gil, 2009). Mothers in 27 studies (25.00%) described their method of determining how to parent as doing the opposite of what their parents had done (references in Appendix 3).

Discipline and Limit Setting

When discussing their limit setting behavior, some mothers reported struggling with setting limits for their child (Armsworth & Stronck, 1999; Gil, 2009; O'Brien, 1998; Palmer, 2004; Sebastian, 2004), while others felt they were able to set appropriate limits (Dijkstra, 1995; LoVerso, 2014; Schmittel, 2013). Overall, mothers described themselves as strict in their rules for their children (Sebastian, 2004; Sharpe, 2018), while other mothers described themselves as being too lenient (Sebastian, 2004).

When children did break rules or misbehaved, many mothers reported difficulties with discipline broadly or determining what was appropriate discipline (Armsworth & Stronck, 1999; Bellhouse, 2013; Fisher, 2000; Gil, 2009; Reckling, 2004; Sebastian, 2004; Wangerin, 1994; Wright et al., 2012), and had difficulty following through on discipline (Gil, 2009). However, other mothers felt like they were engaging in appropriate and consistent discipline (Lafleur, 2009; O'Brien, 1998), and the ability to do this helped one mother cope with her experiences (Shigematsu, 2016). Several mothers reported acting impulsively or losing control when disciplining (Langham, 2007; Salvi, 2008), while other mothers reported fearing they may lose

control (Haiyasoso, 2016; Kreklewetz, 1995; Wangerin, 1994).

As stated previously, some mothers engaged in corporal punishment to discipline their children. However, others refused to use corporal punishment (Dijkstra, 1995; Gil, 2009; Harris, 2008; O'Brien, 1998; Sharma, 2014; Smit & Hoosain, 2017; Svechs Zemzars, 1988; Wright et al., 2012). Instead, mothers used strategies such as timeout (Dijkstra, 1995; Martsolf & Draucker, 2008; McCoy, 2014; O'Brien, 1998), discussion (Dijkstra, 1995; McCoy, 2014), yelling (Wangerin, 1994), and taking away privileges (Smit & Hoosain, 2017).

Intimate Parenting Behaviors

Mothers in 22 studies (20.37%) reported challenges with intimate parenting behaviors (all references in Appendix 3), including challenges with their child's genitals (including changing a child's diaper or cleaning the child's genitals), and bathing. Several mothers also discussed having trouble with contact with their children in ways that connoted physical intimacy, such as kissing or placing the child on them. Critically, women who did not have difficulties in this area (gave children hugs and kissed regularly) did not connect this to having close physical intimacy, but instead talked about these behaviors as important parts of their mother-child relationship. As such, unless mothers were clear regarding the physical intimacy of the behavior, these behaviors were included under the Mother-Child Relationship theme.

Inability to Parent

As a result of their CSA experiences and the consequences of these experiences, women in 25 studies (23.15%) reported that they were unable to care for their children. Specific reasons for giving up children included mental health issues, physical illness, substance use, neglectful behaviors or inability to provide a stable environment, physically abusive behaviors, a prison sentence, and the child being a result of their CSA experience (references by reason in Appendix

3).

Mother-Child Relationship

Availability, Attachment, and Bonding

Mothers described their emotional and physical availability and bonding with their children in 32 studies (29.63%; references in Appendix 3). Specifically, mothers in 28 studies (25.93%) reported difficulty in these areas, while mothers in 16 studies (14.81%) did not report these difficulties. For many mothers, these difficulties were tied to mental health issues and dissociation (Beck, 2009; Erdmans & Black, 2008; Fisher, 2000; Gil, 2009; Harris, 2008; Kreklewetz, 1995; Palmer, 2004; Richmond, 2005; Sebastian, 2004; Sigurdardottir, Halldorsdottir, & Bender, 2014; Wright et al., 2012).

Communication

Mothers described two primary forms of communication - general communication and communication around sex and their own experiences of CSA. Many mothers described open, positive communication with their children (Bellhouse, 2013; Burrill, 2015; Dijkstra, 1995; Gil, 2009; Haiyasoso, 2016; Lafleur, 2009; Langham, 2007; LoVerso, 2014; McMillen et al., 1995; O'Brien, 1998; Salvi, 2004; Schmittel, 2013; Sharma, 2014; Sharpe, 2018; Shigematsu, 2016; Smit & Hoosain, 2017; Stojadinovic, 2003), and making sure they communicated their love for their child (Harris, 2008; Prather-Griffith, 1997; Sharpe, 2018; Wangerin, 1994). One mother described believing she may have been too open with her child (Palmer, 2004). However, others had difficulty communicating with their children (Harris, 2008; Koren-Karie, Oppenheim, & Getzler-Yosef, 2004; Magnunson, 2002; Parratt, 1994; Reckling, 2004; Sebastian, 2004; Williams, 2017). For example, in one study designed to examine how mothers with CSA experiences discuss emotions with children, researchers found that mothers have difficulties letting their children

express emotion (Koren-Karie et al., 2004).

As discussed previously, sex education was used as a protection strategy against abuse. However, conversations about sex also took place outside the desire to protect. Some women believed they were unable to discuss sex with their children, or had a difficult time discussing it, because of their CSA experiences (Healey, 2014; Lasiuk, 2007; Peter, 2005; Smit & Hoosain, 2017). However, other mothers reported being more open to discussing sexual matters with their children (Kreklewetz, 1995; Lafleur, 2009; O'Brien, 1998; Stephens, 2015; Valandra, 2012; Wright et al., 2012). For some mothers, it appeared that the desire to talk to their children about sex occurred so that their children would have different sexual experiences than themselves.

As discussed elsewhere in the results, disclosure of abuse experiences occurred in an attempt to protect children and as a reaction to the abuse of children. However, disclosure also happened generally (Armsworth & Stronck, 1999; Baker, 2007; Burrill, 2015; Farris, 1996; Haiyasoso, 2016; Stojadinovic, 2003; Summer, 2008). However, many mothers reported difficulties with disclosing their abuse to their children (Armsworth & Stronck, 1999; Burrill, 2015; Ping, 2012; Stojadinovic, 2003).

Role-Reversal

Mothers in thirteen studies (12.04%) reported engaging in role-reversal with their children (references in Appendix 3). In one qualitative study that contained a comparison group of mothers who did not experience CSA, researchers found that during interviews “abuse-history mothers were much more likely…to talk about their child as a close friend or primary companion. Previously abused mothers were also judged to rely more on their children for emotional caretaking than did nonabused mothers” (Burkett, 1991, p. 7).

Room to Grow

In contrast to the overprotective mothers described earlier, some mothers strongly desired to give their children autonomy and the necessary room to grow (Baker, 2001; Fisher, 2000; Haiyasoso, 2016; Lafleur, 2009; McCoy, 2014; Wright et al., 2012). However, mothers also reported difficulty allowing their child room to grow (Burrill, 2015; Cross, 2001; Haiyasoso, 2016; Wright et al., 2012). Of note, is that these behaviors are not connected to behaviors to protect children from CSA, which are captured under the Protection theme.

Broad Aspects of the Mother-Child Relationship

In addition to specific aspects of relationships discussed above, in a large number of studies, mothers also described their relationship with their child broadly. For some, these relationships were positive with mothers calling their relationships "close-knit," "very close," or describing positive interactions with their children (n=28; 25.93%). However, others reported experiencing difficulties in their relationships (n=18; 16.67%; references in Appendix 3).

Breastfeeding

Breastfeeding was a theme identified in 22 studies (20.37%). Some women reported no difficulty with breastfeeding, believing this to be an important bonding experience between mother and child (Coles, 2006; Harris, 2008; LoGiudice & Beck, 2016; Montgomery, 2012; Palmer, 2004; Stojadinovic, 2003). For several of these women, positive breastfeeding experiences started in the hospital or through breastfeeding support groups (Slavič & Gostečnik, 2015; Stojadinovic, 2003; Wood & Van Esterik, 2010). Some mothers went out of their way to breastfeed to show that they could be good mothers despite their CSA experiences (Montgomery, 2012; Palmer, 2004). Studies showed that some women viewed breastfeeding as not only positive, but believed it helped them cope with their experiences (Byrne, Smart, & Watson, 2017; Coles, 2006; Klingelhafer, 2007; Lee, 2001; Palmer, 2004; Stojadinovic, 2003; Wood & Van Esterik, 2010).

However, other mothers reported difficulties while breastfeeding. For some, these issues started immediately after giving birth, where they experienced pressure from health professionals to breastfeed, and discomfort from the touching of their breasts without permission (Coles, 2006; Featherston Garratt, 2008; Lasiuk, 2007; Palmer, 2004; Slavič & Gostečnik, 2015; Stojadinovic, 2003; Wood & Van Esterik, 2010). Difficulty breastfeeding resulted from mothers associating their breasts with the experiences of CSA or sex (Coles, 2006; Harris, 2008; Klingelhafer, 2007; LoGiudice & Beck, 2016; Noack & Baraitser, 2004; Palmer, 2004; Slavič & Gostečnik, 2015; Wood & Van Esterik, 2010), having difficulty with physical closeness to their child (Coles, 2006; Palmer, 2004; Parratt, 1994), and feeling sexually aroused by the experience (Reckling, 2004). While several women reported difficulties breastfeeding their first child, they also reported later having better breastfeeding experiences with their second child (Beck, 2009; Coles, 2006).

Breastfeeding often precipitated negative emotions, such as flashbacks of their abuse experience (Beck, 2009; Elfgen, Hagenbuch, Görres, Block, & Leeners, 2017; Palmer, 2004; Stojadinovic, 2003), panic attacks (Beck, 2009), depression (Elfgen et al., 2017; Harris, 2008; Wood, 2009), dissociation (Beck, 2009; Elfgen et al., 2017; Wood & Van Esterik, 2010), shame (Beck, 2009; Palmer, 2004; Wood & Van Esterik, 2010), or a sense of being controlled (Montgomery, 2012)

Women described difficulties of breastfeeding in public, due to concerns that others would see and view this experience in a sexual manner (Coles, 2006; Harris, 2008; Noack & Baraitser, 2004), or due to their own mothers appearing to indicate that there was something wrong (Goodwin, McCarthy, & DiVasto, 1981; Romanik & Goodwin, 1982).

Perceptions of Child

Emotions

Mothers reported feeling both negative and positive emotions towards their child. In 27 studies (25.00%) mothers reported on negative emotions, with the most prominently reported emotions being anger (Baker, 2001; Baker, 2007; Fisher, 2000; Kreklewetz, 1995; Maker & Buttenheim, 2000; McCoy, 2014; Stojadinovic, 2003; Summer, 2008; Svechs Zemzars, 1988; Thompson, 2017; Walker, 2007a), and jealousy or resentment resulting from mothers wishing they had a childhood similar to their children, which was free from CSA (Byrne et al., 2017; Cross, 2001; Hooper & Koprowska, 2004; LoVerso, 2014; Noack & Baraitser, 2004; O'Brien, 1998; Palmer, 2004; Sebastian, 2004; Wright et al., 2012). Other negative emotions described by women included sadness (Baker, 2003), disgust (Fisher, 2000; Maker & Buttenheim, 2000), shame (Maker & Buttenheim, 2000), fear (Montgomery, 2012; Parratt, 1994; Walker, 2007b), disappointment (McCoy, 2014), distrust (Palmer, 2004), dislike (Maker & Buttenheim, 2000; McCoy, 2014; O'Brien, 1998; Wangerin, 1994), blame (Harris, 2008), and ambivalence (Beck, 2009; Thompson, 2017).

Despite some women experiencing negative emotions towards their children, mothers in 37 (34.26%) studies felt positively towards their children. Most commonly, mothers stated that they felt love for their child (references in Appendix 3) and experienced joy, pride, thankfulness, and general positivity (Beck, 2009; Colarusso, 2009; Esperat & Esparza, 1997; Fisher, 2000; Gil, 2009; Klingelhafer, 2007; Kreklewetz, 1995; LoVerso, 2014; McCoy, 2014; Peter, 2005; Reckling, 2004; Shigematsu, 2016; Stojadinovic, 2003; Wangerin, 1994).

Attributes

Mothers also discussed both negative and positive attributes that they believed their child held. In terms of negative attributes, some mothers broadly described their children as being horrendous (Featherston Garratt, 2008; Harris, 2008) and difficult (Palmer, 2004). Specific

negative character traits included children being whiny (Lafleur, 2009; McCoy, 2014), clingy (McCoy, 2014), aggressive (Maker & Buttenheim, 2000; McCoy, 2014; Schmittel, 2013), angry (Schmittel, 2013; Thompson, 2017), and manipulative or sneaky (Martsolf & Draucker, 2008; McCoy, 2014). Mothers also reported that their children had difficulty socially, with some children being reported to be withdrawn/shy or lacking in self-esteem (Mangelson Stander, 2000; McCoy, 2014; Sharma, 2014; Smit & Hoosain, 2017), others having trouble with peers (Burkett, 1991; McCoy, 2014), and others being unwilling to try new things (O'Brien, 1998). Finally mothers described their children as unintelligent or an underachieving (Sebastian, 2004; Wright et al., 2012) and lacking in physical ability (Lasiuk, 2007).

Despite this, mothers also saw a number of positive attributes in their children, such as their broad attributes (Coles, 2006; Kreklewetz, 1995; LoVerso, 2014; Montgomery, 2012; Reckling, 2004), physical appearance (Beck, 2009; Coles, 2006; Gil, 2009; Kreklewetz, 2010; Lafleur, 2009; Sharpe, 2018; Stojadinovic, 2003), personality (Coles, 2006; Featherston Garratt, 2008; Gil, 2009; Kreklewetz, 1995; Lafleur, 2009; LoVerso, 2014; Mangelson Stander, 2000; McCoy, 2014; Palmer, 2004; Reckling, 2004), intelligence (Gil, 2009; Lasiuk, 2007; McCoy, 2014; Reckling, 2004; Valandra, 2012), and social acuity (Burkett, 1991).

Perceptions of Motherhood

General Perceptions

Mothers were split in whether they saw themselves as a good or bad mother in 40 studies (37.04%; all references in Appendix 3). Multiple studies (n=31; 28.70%) pointed to mothers believing that they were bad mothers. In contrast, mothers in other studies (n=24; 22.22%) reported that they believed they were a good mother. In one study with a control group of mothers who did not experience CSA, those with CSA experiences reported slightly more positive responses when

asked how they felt about being a parent (Esperat & Esparza, 1997).

Emotions

Negative emotions related to motherhood were more common among mothers who experienced CSA than positive emotions (all references in Appendix 3). Specifically, 36 studies (33.33%) highlighted general negative emotions; these negative emotions were not related to breastfeeding, which were discussed earlier in this review. In many studies (n=27, 25.00%), it was the act of parenting their children that triggered negative emotions in mothers related to their own CSA experiences. Mothers in 19 studies (17.59%) reported fear that they may engage in abusive or neglectful behaviors. These were often connected with concerns mothers had regarding intimate parenting behaviors.

However, mothers in 13 studies (12.04%) also reported positive emotions, such as hope, happiness, joy, pride, and confidence (references in Appendix 3).

Coping Related to Parenting

Mothers described being able to cope with their CSA experiences as a result of parenting in 47 studies (43.52%; references in Appendix 3). Specifically, having a child created a source of accountability in their lives, led to positive relationships that helped them recover from their own negative relationships stemming from CSA, and prompted some mothers to seek out counseling services. Further, mothers in four (3.70%) studies discussed coping strategies they developed to handle the stresses of parenting, such as going to therapy with their child or taking a break (Armsworth & Stronck, 1999; Fisher, 2000; Sharma, 2014; Valandra, 2012).

Synthesis of Mechanisms Influencing Results Across Main Themes and Subthemes

Across themes, mothers described a number of factors tied to their CSA experiences as affecting their parenting behaviors. For example, mental health appeared to be the factor most commonly influencing the parenting of mothers across themes. Specifically, mental health was

shown to influence parenting behaviors, such as breastfeeding, availability and bonding, engaging in abuse or neglect, or whether a mother was able to care for her child. Further, substance use and physical illness were also found to influence parenting across themes, with both being found to influence whether mothers engaged in neglect with their child and their ability to care for their child.

Additional mechanisms that may help explain the association between CSA and parenting include mothers' awareness of how CSA affects parenting and their own concern over abusing their child. Specifically, in several themes, mothers noted that they were aware that CSA can affect parenting and this influenced their decisions, including their desire to protect their child from abuse and their desire to breastfeed their children. Many women were also concerned about abusing their own children. This concern was demonstrated across several themes, including discipline, where mothers reported concern that they may engage in abusive behavior; in mothers' general discussions of abuse of their child; in the breastfeeding theme where women reported they were concerned to breastfeed their child without consent; and in their child-rearing practices, specifically around intimate parenting behaviors.

Discussion

Overview of Results

This review is the first comprehensive effort to thematically analyze the qualitative literature on parenting by mothers who experienced CSA. This review benefited from thorough, sensitive searches, which produced 108 studies for inclusion. This analysis of the perceptions of mothers with CSA experiences across studies is critical, as it provides an overview of all parenting concerns of this population and illustrates what areas of parenting concern are most common for this population. This information could not be gleaned if researchers and practitioners only

examined a subset of literature, resulting in future research, policy, and care being based on incomplete literature, marking this as an important contribution to the literature.

The most common theme identified was mothers' desire to protect their children from abusive experiences, such as the ones that they experienced when they were younger, and actions they took to protect their child from abuse. This desire has also been noted in other qualitative research with child maltreatment survivors (Thomas & Hall, 2008). Despite this being one of the most prevalent themes, only two quantitative studies have been located exploring the protection behaviors of mothers with CSA experiences (Allbaugh, Wright, & Seltmann, 2014; Anthony et al., 2014; Lange, Condon, et al., 2019b). This is a potential area for future research.

Despite attempts to protect their children from abuse, many mothers in studies included in this review disclosed that their child had also been the victim of abuse. Most commonly mothers had children who experienced CSA at the hands of others, a finding paralleled in quantitative studies (Lange, Condon, et al., 2019b). The large number of mothers who experienced CSA and had children that went on to experience abuse perpetrated by others or the mother herself points to the intergenerational transmission of abuse. This intergenerational transmission was further explored in this review by several women who stated that their own parents or grandparents had experienced abuse (Baker, 2007; Lasiuk, 2007; Martsolf & Draucker, 2008; Ogilvie & Daniluk, 1995; Peter, 2005; Salvi, 2004; Slavič & Gostečnik, 2015; Walker, 2007b; White, 2012) and that their children became abusive to themselves and others (Baker, 2007; Fisher, 2000; Haiyasoso, 2016; Klingelhafer, 2007; Lafleur, 2009; Maker & Buttenheim, 2000; Sebastian, 2004; Thompson, 2017).

In this review, we found that mothers report a number of child-rearing practices are affected by CSA experiences, including discipline, intimate parenting behaviors, parenting knowledge and

skills, and the ability to parent. Though heterogeneity exists, impaired child-rearing practices have also been identified in quantitative studies on this topic (Lange, Condon, et al., 2019a). Interestingly, given the number of mothers reporting difficulties with intimate parenting behaviors and their parenting knowledge and skills qualitatively, few quantitative studies have attempted to assess these associations (Lange, Condon, et al., 2019a), pointing to the need for future research in this area.

Multiple qualitative studies also described the effects of maternal CSA history on breastfeeding and the mother-child relationship, including availability and bonding, communication, role-reversal, ability to give the child room to grow, and the relationship generally. Quantitative studies have also assessed these associations, with most finding mixed results (Lange, Condon, et al., 2019a). Critically, mothers qualitatively reported both positive and negative experiences in these areas, which may help explain the mixed results found in quantitative studies. Researchers conducting future quantitative studies in this area would benefit from reviewing the qualitative literature on this topic, compiled here, when interpreting their results.

Perceptions of both the child and motherhood were also extensively discussed by mothers in studies included in this review. Quantitative studies on these topics have often found mixed results (Lange, Condon, et al., 2019a). Again, this may be due variation in whether mothers perceived both motherhood and their child positively or negatively. Those conducting future quantitative research on these topics may want to carefully consider the mixed reports of mothers in the qualitative literature. Further, researchers should consider examining positive perceptions stemming from CSA in future quantitative studies, as currently quantitative literature often focuses on negative aspects, such as stress or behavior problems of children (Lange, Condon, et al., 2019a).

Finally, we found that some mothers in studies included in this review believe parenting

helps them heal from their CSA experiences, and others described coping strategies developed to handle stressful parenting experiences. Despite these findings in the qualitative literature, no quantitative studies have examined coping among mothers with CSA histories (Lange, Condon, et al., 2019a). Future research could focus on this area.

For a more comprehensive overview of the quantitative literature on these topics, including negative cases, please see the two quantitative reviews in this series of linked reviews (Lange, Condon, et al., 2019a, 2019b).

Theory

It is critical to consider the theoretical basis of the studies included in this review and how each theory may help explain the association between experiences of CSA and later parenting behaviors. Understanding the most common theories can help underscore where more research may be needed and what theories researchers might want to expand on in their future work. Attachment theory is the most commonly cited by studies qualitative literature on this topic (Bellhouse, 2013; Coles, 2006; Fisher, 2000; Harris, 2008; Hooper & Koprowska, 2004; Koren-Karie et al., 2004; Kreklewetz, 1995; Lasiuk, 2007; Lev-Wiesel, 2006; McCoy, 2014; McMillan, 2013; O'Brien, 1998; Palmer, 2004; Walker, 2007a; Williams, 2017). Less commonly used theories included trauma theory (Dijkstra, 1995; Jackson, 2008; Maker & Buttenheim, 2000), systems theory (Kreklewetz, 1995), and object relations theory (Maker & Buttenheim, 2000; McCoy, 2014; O'Brien, 1998; Svechs Zemzars, 1988).

Given the strong theoretical foundation of attachment theory and the number of studies in this review that utilized attachment theory in relation to CSA and later parenting, future research and intervention development may benefit from continued use of this theory. Though fewer studies have utilized systems theory, trauma theory, and object relations theory, these may be important

theories to explore further in future research, as each of these theories may help explain specific parenting behaviors related to previous CSA experiences.

Mechanisms

A number of variables may influence the association between CSA and later parenting behaviors. In many qualitative studies, mothers described mental health, physical health, substance use problems, and financial difficulties as additional influences on parenting behaviors, which aligns with other studies on long-term sequelae of CSA (Hillberg et al., 2011; Paras et al., 2009; Polusny & Follette, 1995). While quantitative research into potential mediators of CSA and parenting was not located for physical health and financial problems in the existing literature, research does exist on mental health and substance use (Lange, Condon, et al., 2019a, 2019b). Future research examining potential mediators between CSA and parenting is needed. Specifically, researchers should examine physical health and financial difficulties in more detail, as well as potential protective factors that may mediate this relationship. Future qualitative research would benefit from collecting information on these potential variables and conducting subgroup analyses to see if any of these factors influence parenting behaviors.

Future qualitative research is needed to more fully understand other potential mechanisms found across themes, such as mothers' awareness of how CSA affects parenting and their own concern over abusing their child.

Potential Interventions

Currently, only four low quality interventions for mothers who experienced CSA have been evaluated (Lange, Bach-Mortensen, Condon, & Gardner, 2019). As this review indicates that mothers believe CSA has negatively affected several aspects of their parenting, there is a growing need to design interventions to assist this underserved population. Interventions can be developed

specifically for mothers with CSA experiences or modules for these women can be incorporated into existing, evidence-based parenting programs. These interventions could target potential mediators between CSA and parenting, such as mental health and substance use. Modules on parenting aspects that may not be specific to CSA, such as general problems with the parent-child relationship, also have the potential to be relevant to survivors of other forms of childhood trauma.

Strengths and Limitations

Strengths

This review substantially advances previous reviews on the association between CSA and parenting given the highly sensitive nature of the search strategy (DiLillo & Damashek, 2003; Rumstein-McKean & Hunsley, 2001). This review also benefited from pre-registration in PROSPERO and use of the PRISMA reporting guidelines for systematic reviews. Further, using the CASP critical appraisal checklists allowed for the results to be interpreted in light of study quality, allowing us to be more confident in the results presented here. While this review was able to provide an overview of parenting concerns of this population, it was also able to go beyond a summary of these concerns and determine what factors may be precipitating certain parenting behaviors. Further, this review benefited from attempts to determine mechanisms that appeared to be influencing results across studies.

Limitations

The results of this review should be considered in light of several limitations. First, only mothers who had disclosed their experiences of CSA could be included in the studies reviewed. Current research suggests that a large percentage of CSA survivors do not disclose their abuse and it is possible that those mothers who have disclosed their CSA may differ in some way from those who have not disclosed these experiences.

Additionally, participants may be unaware of the long-term effects that the abuse has had on their parenting. For example, women in several studies stated that aspects of their parenting were not related to their CSA experiences (Baker, 2001; Cross et al., 2016; O'Brien, 1998; Salvi, 2004; Wright et al., 2012), though the authors often noted that there appeared to be an association between these two. Thus, it is difficult to discern whether some parenting behaviors were CSA related. Additionally, many women in this study faced multiple forms of victimization as children, a finding common across the literature, and it may have been difficult for women to disentangle the effects of different types of abuse or adverse experiences on their parenting.

Further, there are limitations of qualitative data. Specifically, it is not always clear whether the parenting behaviors of women are directly related to their CSA experiences and how these may compare to similar parenting women who did not experience CSA. However, the aim of qualitative research is not to reach statistical significance or to see the same themes consistently across participants. Instead, it aims to elucidate the perceptions of participants and the potential mechanisms underlying their experiences, which are valuable with or without the use of a control group. It is worth noting that in both qualitative studies with control groups, significant differences between mothers with a history of sexual abuse and mothers without this history were found (Burkett, 1991; Esperat & Esparza, 1997). This limitation is addressed within the quantitative papers from this review (Lange, Condon, et al., 2019a, 2019b).

Thematic analysis could only occur for information presented within each included study, given that this research team did not have access to the full qualitative datasets for each study, with the exception of two studies that provided full narratives (Langham, 2007; Valandra, 2012). It is very likely that additional relevant information for this review would be present within these full datasets. However, given ethical issues which likely would have prohibited the sharing of these

datasets and practical issues associated with obtaining these datasets, only the published studies were available for analysis.

A further issue with not having the full datasets was that subgroup analyses could not be conducted, despite the large number of studies included in the review. Primary studies often contained information on the CSA experiences of mothers and maternal characteristics (age, mental health status, etc.). However, when quotes were presented, this information was not connected to quotes. Therefore, while it is possible that specific characteristics of the mother and their CSA experience may have led to different or more severe parenting difficulties, we were unable to assess this. Future qualitative research on this subject would benefit from including potentially relevant characteristics of mothers with their corresponding thoughts.

This review is also limited by the quality of studies included. The most frequent source of poor study quality, according to the CASP critical appraisal checklist, was the failure of researchers to address the researcher-participant relationship in a meaningful way. Additionally, many of the studies were limited by their small sample sizes, with many having relevant participant sizes in the single digits. The vast majority of the studies in this review came from North America. As CSA is known to occur across cultural contexts, the lack of studies conducted in other geographic areas is one that should be addressed in future research.

Finally, though attempts were made to synthesize results across themes in order to elucidate potential mechanisms that may help explain findings across the themes and subthemes identified in this review, we acknowledge that we were not able to complete a full meta-synthesis (Nye, Melendez-Torres, & Bonell, 2016; Zimmer, 2006) of these results given the large number of themes and subthemes, and the number of studies on this topic. Further qualitative research is likely needed to further elucidate potential mechanisms contributing to results across themes.

Conclusions

The results of this review illustrate that CSA experiences affect many aspects of parenting. Specifically, the protection of children from abuse, the abuse status of the child and reactions to this abuse, child-rearing practices, the mother-child relationship, breastfeeding, perceptions of child, perceptions of motherhood, and coping related to parenting appear to be affected. Critically, this review was able to further illustrate key mechanisms that may be influencing parenting across each of these themes. This information can be used by researchers and practitioners for future research, policy development, and patient care.

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Appendix 1: Search Strategy

Embase

Search date: March 28, 2017

Search strategy, as it appears in the database:

	Searches	Type
1	(Child abuse or Child sexual abuse or Sexual abuse).sh. or Sexual* abuse*.tw. or Abuse* sexual*.tw. or Sexual maltreatment.tw. or Incest.tw.	Advanced
2	(Parent or Mother or Childhood trauma survivor or Child abuse survivor).sh. or Parent*.tw. or Mother*.tw. or Maternal.tw.	Advanced
3	(Breast feeding or Child abuse or Child rearing or Child parent relation or Mother child relation or Maternal behavior or Parental attitude or Parental behavior or Parental stress or Self concept).sh. or Attachment.tw. or Breastfeeding.tw. or Caregiving.tw. or Abuse*.tw. or Maltreatment.tw. or Child*rearing.tw. or Mother*child.tw. or Parent*child.tw. or Parenting.tw. or Parental.tw. or Self*concept*.tw. or Self*efficacy.tw. or Self*perception*.tw. or Psychosocial.tw. or Role*reversal.tw. or Sensitivity.tw.	Advanced
4	1 and 2 and 3	Advanced

ProQuest Dissertations & Theses Global: Global Full Text

Search date: March 29, 2017

Search strategy, as it appears in the database:

("Sexual* abuse*" OR "Abuse* sexual*" OR "Sexual maltreatment" OR "Incest") AND ("Parent*" OR "Mother*" OR "Maternal") AND ti("Attachment" OR "Breastfeeding" OR "Caregiving" OR "Abuse*" OR "Maltreatment" OR "Child*rearing" OR "Mother*child" OR "Parent*child" OR "Parenting" OR "Parental" OR "Self*concept*" OR "Self*efficacy" OR "Self*perception*" OR "Psychosocial" OR "Role*reversal" OR "Sensitivity")

Notes:

Through the Oxford subscription, the following could be accessed through this search:

- ProQuest Dissertations & Theses Global: Business
- ProQuest Dissertations & Theses Global: Health & Medicine
- ProQuest Dissertations & Theses Global: History
- ProQuest Dissertations & Theses Global: Literature & Language
- ProQuest Dissertations & Theses Global: Science & Technology
- ProQuest Dissertations & Theses Global: Social Sciences
- ProQuest Dissertations & Theses Global: The Arts

PsycINFO

Search date: March 28, 2017

Search strategy, as it appears in the database:

	Searches	Type
1	(Child Abuse or Sexual Abuse or Incest).sh. or Sexual* abuse*.tw. or Abuse* sexual*.tw. or Sexual maltreatment.tw. or Incest.tw.	Advanced
2	(Parents or Mothers or Survivors).sh. or Parent*.tw. or Mother*tw.mp. or Maternal.tw. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]	Advanced
3	(Attachment Behavior or Breast Feeding or Child Abuse or Childrearing Attitudes or Childrearing Practices or Parent Child Communication or Parent Child Relations or Parenting or Parenting Skills or Parenting Style or Parental Absence or Mother Absence or Parental Characteristics or Parental Expectations or Parental Investment or Parental Involvement or Parental Role or Self-Efficacy or Self-Perception or Psychosocial Factors).sh. or Attachment.tw. or Breastfeeding.tw. or Caregiving.tw. or Abuse*.tw. or Maltreatment.tw. or Child*rearing.tw. or Mother*child.tw. or Parent*child.tw. or Parenting.tw. or Parental.tw. or Self*concept*.tw. or Self*efficacy.tw. or Self*perception*.tw. or Psychosocial.tw. or Role*reversal.tw. or Sensitivity.tw.	Advanced
4	1 and 2 and 3	Advanced

PubMed

Search date: March 28, 2017

Search strategy, as it appears in the database:

(("Child Abuse"[MeSH Terms] OR "Child Abuse, Sexual"[MeSH Terms] OR "Incest"[MeSH Terms] OR "Sexual* abuse*"[Text Word] OR "Abuse* sexual*"[Text Word] OR "Sexual maltreatment"[Text Word] OR "Incest"[Text Word]) AND ("Mothers"[MeSH Terms] OR "Adult Survivors of Child Abuse"[MeSH Terms] OR "Adult Survivors of Child Adverse Events"[MeSH Terms] OR "Parent*"[Text Word] OR "Mother*"[Text Word] OR "Maternal"[Text Word])) AND ("Breast Feeding"[MeSH Terms] OR "Child Abuse"[MeSH Terms] OR "Child Rearing"[MeSH Terms] OR "Parent-Child Relations"[MeSH Terms] OR "Mother-Child Relations"[MeSH Terms] OR "Parenting"[MeSH Terms] OR "Maternal Behavior"[MeSH Terms] OR "Self Efficacy"[MeSH Terms] OR "Self Concept"[MeSH Terms] OR "Attachment"[Text Word] OR "Breastfeeding"[Text Word] OR "Caregiving"[Text Word] OR "Abuse*"[Text Word] OR "Maltreatment"[Text Word] OR "Child*rearing"[Text Word] OR "Mother*child"[Text Word] OR "Parent*child"[Text Word] OR "Parenting"[Text Word] OR "Parental"[Text Word] OR "Self*concept*"[Text Word] OR "Self*efficacy"[Text Word] OR "Self*perception*"[Text Word] OR "Psychosocial"[Text Word] OR "Role*reversal"[Text Word] OR "Sensitivity"[Text Word])

Scopus

Search date: March 28, 2017

Search strategy, as it appears in the database:

(TITLE-ABS-KEY ("Sexual* abuse*" OR "Abuse* sexual*" OR "Sexual maltreatment" OR "Incest") AND TITLE-ABS-KEY ("Parent*" OR "Mother*" OR "Maternal") AND TITLE-ABS-KEY ("Attachment" OR "Breastfeeding" OR "Caregiving" OR "Abuse*" OR "Maltreatment" OR "Child*rearing" OR "Mother*child" OR "Parent*child" OR "Parenting") OR TITLE-ABS-KEY ("Parental" OR "Self*concept*" OR "Self*efficacy" OR "Self*perception*" OR "Psychosocial" OR "Role*reversal" OR "Sensitivity"))

Sociological Abstracts

Search date: March 28, 2017

Search strategy, as it appears in the database:

(SU(Child Abuse) OR SU(Child Sexual Abuse) OR SU(Sexual Abuse) OR (Sexual* abuse*) OR (Abuse* sexual*) OR (Sexual maltreatment) OR (Incest)) AND (SU(Parents) OR SU(Mothers) OR SU(Victims) OR (Parent*) OR (Mother*) OR (Maternal)) AND (SU(Attachment) OR SU(Breast Feeding) OR SU(Child Abuse) OR SU(Childrearing Practices) OR SU(Parent Child Relations) OR SU(Family Relations) OR SU(Mother Absence) OR SU(Parental Attitudes) OR SU(Self Efficacy) OR SU(Self Perception) OR SU(Parenting Methods) OR SU(Psychosocial Factors) OR (Attachment) OR (Breastfeeding) OR (Caregiving) OR (Abuse*) OR (Maltreatment) OR (Child*rearing) OR (Mother*child) OR (Parent*child) OR (Parenting) OR (Parental) OR (Self*concept*) OR (Self*efficacy) OR (Self*perception*) OR (Psychosocial) OR (Role*reversal) OR (Sensitivity))

Web of Science

Search date: March 28, 2017

Search strategy, as it appears in the database:

TOPIC: ("Sexual* abuse*" OR "Abuse* sexual*" OR "Sexual maltreatment" OR "Incest") AND **TOPIC:** ("Parent*" OR "Mother*" OR "Maternal") AND **TOPIC:** ("Attachment" OR "Breastfeeding" OR "Caregiving" OR "Abuse*" OR "Maltreatment" OR "Child*rearing" OR "Mother*child" OR "Parent*child" OR "Parenting" OR "Parental" OR "Self*concept*" OR "Self*efficacy" OR "Self*perception*" OR "Psychosocial" OR "Role*reversal" OR "Sensitivity")

Notes:

"All Databases" was selected when running this search. Therefore, the following databases were included within this search:

- Web of Science™ Core Collection (1945-present)
    - Science Citation Index Expanded (1945-present)
    - Social Sciences Citation Index (1956-present)
    - Arts & Humanities Citation Index (1975-present)
    - Conference Proceedings Citation Index- Science (1990-present)

    - Conference Proceedings Citation Index- Social Science & Humanities (1990-present)
    - Book Citation Index– Science (2005-present)
    - Book Citation Index– Social Sciences & Humanities (2005-present)
    - Emerging Sources Citation Index (2015-present)
    - Current Chemical Reactions (1986-present)
    - Index Chemicus (1993-present)
- BIOSIS Citation Index^{SM} (1969-present)
- Current Contents Connect® (1998-present)
- Data Citation Index^{SM} (1993-present)
- Derwent Innovations Index^{SM} (1993-present)
- Inspec® (1969-present)
- KCI-Korean Journal Database (1980-present)
- MEDLINE® (1950-present)
- Russian Science Citation Index (2005-present)
- SciELO Citation Index (1997-present)
- Zoological Record® (1993-present)

Appendix 2: Study Characteristics

Author(s) and Year	Study Information		Methods		Themes	Overall Quality/Relevance Rating
	Sample size	Location	Data Collection	Analysis		
(Arias & Johnson, 2013)	10	USA	One-two interviews	Grounded theory	– Coping	Medium
(Armsworth & Stronck, 1999)	40	USA	One interview	Not listed	– Abuse of child – Child-rearing – Coping – Perception - m – Protection – Relationship	Medium
(Baker, 2007)	12	Canada	Two-three interviews and final meeting	Constant comparative and grounded theory	– Abuse of child – Child-rearing – Coping – Perception - c – Perception - m – Protection – Relationship	High
(Baker, 2003)	5	USA	One interview	Narrative	– Abuse of child – Child-rearing – Coping – Perception - c – Perception - m – Protection – Relationship	Medium
(Baker, 2001)	9	USA	One interview	Content	– Abuse of child – Perception - c – Perception - m – Protection – Relationship	Medium
(Banyard & Williams, 2007)	21	USA	One interview	Grounded theory	– Coping – Relationship	Medium
(Beck, 2009)	1	Not listed	Holistic case study from Internet report	Pattern matching	– Breastfeeding – Perception - c – Perception - m – Relationship	Medium
(Bell, 2011)	25	Canada	One interview	Elements of critical analytical autoethnographic method	– Abuse of child – Protection	Medium
(Bellhouse, 2013)	8	Canada	Two interviews	Phenomenological	– Child-rearing – Coping – Protection – Relationship	High
(Bogar & Hulse-Killacky, 2006)	10	USA	One interview	Phenomenological	– Child-rearing	Medium
(Bolen et al., 2015)	17	USA	One interview	Grounded theory	– Abuse of child	Medium
(Breckenridge & Davidson, 2002)	25	Australia	Multiple interviews	Not listed	– Abuse of child – Protection	Medium

Author(s) and Year	Study Information		Methods		Themes	Overall Quality/Relevance Rating
	Sample size	Location	Data Collection	Analysis		
(Burkett, 1991)	40	Not listed	One interview	Not listed	– Perception - c – Perception - m – Relationship	Medium
(Burrill, 2015)	6	Canada	One interview	Holistic-content and categorical-content	– Abuse of child – Child-rearing – Coping – Perception - c – Perception - m – Protection – Relationship	High
(Byrne et al., 2017)	3	UK	Two interviews and a final meeting	"Critical feminist position focusing on the unheard story" (p. 470)	– Breastfeeding – Coping – Perception - c – Perception - m – Relationship	High
(Carsillo, 2015)	10	USA	One interview	Interpretative phenomenological	– Abuse of child	Medium
(Cavanaugh et al., 2015)	110	USA	One interview	Thematic	– Abuse of child – Child-rearing – Coping – Perception - c – Protection – Relationship	High
(Colarusso, 2009)	4	USA	Diagnostic interview, psychological evaluations, and records review	Not listed	– Perception - c – Protection – Relationship	Medium
(Coles, 2006)	11	Australia	One-two interviews	Thematic	– Breastfeeding – Child-rearing – Coping – Perception - c – Perception - m – Protection – Relationship	High
(Cross, 2001)	5	Not listed	One focus group and one case study	Not listed	– Abuse of child – Child-rearing – Coping – Perception - c – Perception - m – Protection – Relationship	Medium
(Curilla, 2015)	6	USA	One interview	Interpretative Phenomenological	– Coping	Medium
(Dabney, 2000)	16	USA	One interview	Grounded theory	– Abuse of child – Child-rearing – Protection – Relationship	Medium
(Dijkstra, 1995)	2	Not listed	Two interviews	Not listed	– Abuse of child – Child-rearing – Coping – Protection – Relationship	Low

Author(s) and Year	Study Information		Methods		Themes	Overall Quality/Relevance Rating
	Sample size	Location	Data Collection	Analysis		
(Douglas, 2000)	63	Scotland	Questionnaire	Not listed	– Abuse of child – Child-rearing – Perception - m	Low
(Elfgen et al., 2017)	255	Germany	Questionnaire	Not listed	– Breastfeeding	Medium
(Erdmans & Black, 2008)	27	USA	Two interviews	Life story method	– Abuse of child – Coping – Protection – Relationship	Medium
(Esperat & Esparza, 1997)	111	USA	Questionnaire	Content	– Perception - c – Perception - m – Protection	High
(Farris, 1996)	12	USA	One interview	Narrative	– Perception - m – Relationship	Medium
(Featherston Garratt, 2008)	20	UK	One interview	Grounded theory and voice-centered relational method	– Breastfeeding – Perception - c – Relationship	Medium
(Fisher, 2000)	10	USA	Two interviews	Specific to structured interviews	– Abuse of child – Child-rearing – Coping – Perception - c – Perception - m – Protection – Relationship	High
(Gil, 2009)	8	USA	One interview	"Grinnell and Unrau's (2005) data analysis process" (p. 90)	– Abuse of child – Child-rearing – Coping – Perception - c – Perception - m – Protection – Relationship	High
(Goodwin et al., 1981)	2	Not listed	Case study	Not listed	– Abuse of child – Breastfeeding	Low
(Haiyasoso, 2016)	9	USA	One-two interviews	Thematic and narrative	– Child-rearing – Coping – Perception - c – Perception - m – Protection – Relationship	High
(Harrati et al., 2018)	35	France	One interview and records	Thematic	– Abuse of child	Medium

Author(s) and Year	Study Information		Methods		Themes	Overall Quality/Relevance Rating
	Sample size	Location	Data Collection	Analysis		
(Harris, 2008)	6	Australia	One interview	Not listed	– Breastfeeding – Child-rearing – Coping – Perception - c – Perception - m – Protection – Relationship	High
(Healey, 2014)	20	Canada	One interview	Grounded theory	– Protection – Relationship	Medium
(Hooper & Koprowska, 2004)	24	UK	One interview	Not listed	– Abuse of child – Child-rearing – Perception - c – Perception - m – Protection – Relationship	Medium
(Jackson, 2008)	8	USA	One interview	Grounded theory constant comparative	– Abuse of child – Child-rearing – Protection	High
(Kilroy, Egan, Maliszewska, & Sarma, 2014)	13	Ireland	One interview	Grounded theory	– Abuse of child	Medium
(Klingelhafer, 2007)	3	USA	One interview	Not listed	– Abuse of child – Breastfeeding – Child-rearing – Coping – Perception - c	Medium
(Korbin, 1986)	9	USA	One interview, observations, and records	Not listed	– Abuse of child – Child-rearing – Perception - c – Protection	Medium
(Koren-Karie et al., 2004)	3	Not listed	Mother-child dialogue	"Turn-by-turn level" (p. 302)	– Perception - m – Protection – Relationship	Low
(Kreklewetz, 2010)	14	Canada	One interview, one focus group, and photovoice	Grounded theory	– Abuse of child – Child-rearing – Coping – Perception - c – Perception – m – Relationship	High
(Kreklewetz, 1995)	16	Canada	One interview	Narrative and content	– Abuse of child – Child-rearing – Perception - c – Perception - m – Protection – Relationship	High
(Krigbaum-Rich, 1991)	8	USA	One interview	Not listed	– Abuse of child	Medium

Author(s) and Year	Study Information		Methods		Themes	Overall Quality/Relevance Rating
	Sample size	Location	Data Collection	Analysis		
(Lafleur, 2009)	3	USA	One interview	Grounded theory	– Abuse of child – Child-rearing – Coping – Perception - c – Perception - m – Relationship	High
(Langham, 2007)	5	USA	One interview	Textural-structural	– Abuse of child – Child-rearing – Coping – Perception – m – Protection – Relationship	Medium
(Lasiuk, 2007)	7	Canada	One interview	Interpretive	– Breastfeeding – Child-rearing – Coping – Perception - c – Perception - m – Protection – Relationship	High
(Lee, 2001)	7	USA	One interview	Thematic	– Breastfeeding – Child-rearing – Coping – Perception - m – Protection	Medium
(Lev-Wiesel, 2006)	24	Israel	One interview, therapist notes, and written diaries	Narrative and story	– Abuse of child – Protection – Relationship	Medium
(LoGiudice & Beck, 2016)	8	USA	One interview	Descriptive phenomenology	– Breastfeeding – Child-rearing – Perception - m – Protection	High
(LoVerso, 2014)	6	Canada	Two interviews	Thematic	– Child-rearing – Coping – Perception - c – Perception - m – Protection – Relationship	High
(Magnunson, 2002)	10	Canada	Interviews	Grounded theory and content	– Child-rearing – Protection – Relationship	Medium
(Maker & Buttenheim, 2000)	1	Not listed	One clinical case	Not listed	– Abuse of child – Child-rearing – Perception - c – Perception – m – Protection	Low
(Mangelson Stander, 2000)	26	USA	One interview, participant observation, and photographic data	Grounded theory	– Abuse of child – Coping – Perception – c – Protection	Medium
(Marcus, 2001)	25	USA	One interview, conversations, and observations	Comparative	– Abuse of child – Protection	Medium

Author(s) and Year	Study Information		Methods		Themes	Overall Quality/Relevance Rating
	Sample size	Location	Data Collection	Analysis		
(Martsolf & Draucker, 2008)	88	USA	One interview	Grounded theory and constant comparison	– Abuse of child – Child-rearing – Perception - c – Protection	High
(McCoy, 2014)	6	USA	One interview	Phenomenological	– Abuse of child – Child-rearing – Perception - c – Perception - m – Relationship	High
(McMillan, 2013)	20	USA	One-two interviews	Constructivist grounded theory	– Abuse of child – Protection	High
(McMillen et al., 1995)	154	USA	One interview	Not listed	– Protection – Relationship	Medium
(Montgomery, 2012)	17	UK	One interview and record review	Narrative, thematic, and voice-centered relational methods	– Breastfeeding – Child-rearing – Coping – Perception - c – Perception - m – Protection – Relationship	High
(Noack & Baraitser, 2004)	5 in the main group – 2 other groups with unclear sample sizes	UK	Group therapy recordings	Not listed	– Abuse of child – Breastfeeding – Perception - c – Perception - m – Protection	Medium
(O'Brien, 1998)	9	USA	Three interviews	Constant comparative	– Abuse of child – Breastfeeding – Child-rearing – Coping – Perception - c – Perception - m – Protection – Relationship	High
(Ogilvie & Daniluk, 1995)	3	Not listed	One interview	Phenomenological	– Child-rearing – Perception - m	Medium
(Ortiz, 2013)	3	USA	One interview	Phenomenological	– Abuse of child – Perception - c – Perception - m – Protection – Relationship	Medium
(Oubre, 2004)	6	USA	One-two interviews	Grounded theory, within-case and cross-case	– Protection	Medium

Author(s) and Year	Study Information		Methods		Themes	Overall Quality/Relevance Rating
	Sample size	Location	Data Collection	Analysis		
(Palmer, 2004)	68	Canada	One-three interviews	Grounded theory	– Abuse of child – Breastfeeding – Child-rearing – Coping – Perception - c – Perception - m – Protection – Relationship	High
(Parratt, 1994)	6	Australia	Two interviews	Not listed	– Breastfeeding – Child-rearing – Coping – Perception - c – Perception - m – Relationship	Medium
(Peter, 2005)	8	Canada	Two-four interviews	Discourse	– Child-rearing – Perception - c – Perception - m – Protection – Relationship	High
(Ping, 2012)	7	Malaysia	At least three interviews and documentation	Stevik-Colaizzi-Keen method	– Coping – Protection – Relationship	Medium
(Pitre, 2011)	12	Canada	One interview	"Constructions and reconstructions" and "de-contextualization and re-contextualization" (p. 119).	– Protection	Medium
(Prather-Griffith, 1997)	5	Not listed	One interview	Phenomenological	– Abuse of child – Perception - c – Protection – Relationship	Medium
(Reckling, 2004)	4	USA	Two-three interviews	Whole-text and engaging the unsayable method	– Abuse of child – Breastfeeding – Child-rearing – Coping – Perception - c – Perception – m – Protection – Relationship	Medium
(Richmond, 2005)	11	USA	One interview	Grounded theory and constant comparative	– Coping – Relationship	Low
(Roller, 2011)	12	USA	One interview	Grounded theory and constant comparative	– Coping	Medium
(Romanik & Goodwin, 1982)	5	Not listed	Case study	Not listed	– Abuse of child – Breastfeeding – Child-rearing – Perception – m – Protection	Low

Author(s) and Year	Study Information		Methods		Themes	Overall Quality/Relevance Rating
	Sample size	Location	Data Collection	Analysis		
(Roseth, Bongaardt, & Binder, 2011)	1	Not listed	Three interviews	Not listed	– Perception - m – Protection	Medium
(Rowan, Rowan, & Langelier, 1990)	9	USA	Evaluations	Not listed	– Abuse of child	Low
(Salvi, 2008)	6	USA	Two interviews	Assimilation	– Abuse of child – Perception - c – Child-rearing – Perception – m – Coping – Protection	High
(Salvi, 2004)	8	USA	Two-three interviews	Assimilation	– Abuse of child – Protection – Child-rearing – Relationship – Perception - m	High
(Schmidt, 2015)	1	USA	Interviews during therapy	Not listed	– Abuse of child – Relationship	Medium
(Schmittel, 2013)	12	USA	One interview	Grounded theory	– Abuse of child – Perception – m – Child-rearing – Protection – Coping – Relationship – Perception - c	Medium
(Schroer, 2014)	9	USA	One interview	Grounded theory, comparative, and inductive	– Abuse of child – Perception - c	High
(Sebastian, 2004)	91	Not listed	Questionnaire and one interview	Content and grounded theory	– Abuse of child – Perception - m – Child-rearing – Protection – Perception - c – Relationship	High
(Sela-Amit, 2002)	62	USA	Chart reviews	Not listed	– Abuse of child	Low
(Sharma, 2014)	9	USA	One interview	Phenomenological	– Abuse of child – Perception - m – Child-rearing – Protection – Coping – Relationship – Perception - c	Medium
(Sharpe, 2018)	7	USA	One interview	van Manen approach	– Child-rearing – Perception - m – Coping – Protection – Perception - c – Relationship	High
(Shigematsu, 2016)	3	USA	One interview	Phenomenological	– Child-rearing – Perception - m – Coping – Relationship – Perception - c	Medium

Author(s) and Year	Study Information		Methods		Themes	Overall Quality/Relevance Rating
	Sample size	Location	Data Collection	Analysis		
(Sigurdardottir et al., 2014)	14	Iceland	Two interviews	Comparative	– Child-rearing – Protection – Perception - m – Relationship	High
(Slavič & Gostečnik, 2015)	30	Not listed	Case descriptions (diaries and notes)	Grounded theory	– Breastfeeding – Perception - m	Low
(Smit & Hoosain, 2017)	10	South Africa	One interview	Content	– Abuse of child – Perception - m – Child-rearing – Protection – Perception - c – Relationship	High
(Stephens, 2015)	20	USA	One interview	Narrative	– Child rearing – Protection – Perception - m – Relationship	Medium
(Stojadinovic, 2003)	Unclear	Australia	Interview and focus group	Not listed	– Breastfeeding – Perception - m – Child-rearing – Protection – Coping – Relationship – Perception - c	Medium
(Summer, 2008)	6	USA	One interview and photographs of personal items	Grounded theory	– Coping – Perception – m – Perception - c – Relationship	Medium
(Svechs Zemzars, 1988)	12	USA	Three interviews and participant observation	Kaam's method for phenomenological research	– Abuse of child – Perception - c – Child-rearing – Perception - m – Coping – Protection	Medium
(Thompson, 2017)	11	Australia	One interview	Content	– Abuse of child – Protection – Child-rearing – Relationship – Perception - c	High
(Valandra, 2012)	21	USA	One interview	Analytic induction	– Abuse of child – Perception - m – Child-rearing – Protection – Coping – Relationship – Perception - c	High
(Vermeulen & Greeff, 2015)	9	South Africa	One interview	Thematic	– Abuse of child	Medium
(Walker, 2007a)	1	Not listed	Case study	Not listed	– Abuse of child – Perception - c – Child-rearing – Perception - m	Medium

Author(s) and Year	Study Information		Methods		Themes	Overall Quality/Relevance Rating
	Sample size	Location	Data Collection	Analysis		
(Walker, 2007b)	2	USA	Multiple interviews, personal records, and participant observation	Phenomenological and inductive	– Abuse of child – Perception - c – Protection – Relationship	Medium
(Wangerin, 1994)	12	USA	One interview	Grounded theory	– Abuse of child – Child-rearing – Coping – Perception - c – Perception - m – Protection – Relationship	High
(White, 2012)	11	USA	Interviews and literary sources	"Smith's (2008) four basic steps" (p. 108)	– Coping	Low
(Williams, 2017)	10	UK	One interview	Interpretive phenomenological	– Coping – Relationship	Medium
(Willingham, 2007)	15	USA	One interview and focus groups	Constructivist grounded theory	– Abuse of child – Child-rearing – Protection	High
(Wood & Van Esterik, 2010)	6	Canada	Two interviews	Thematic	– Breastfeeding – Child-rearing – Coping – Perception - m	High
(Wood, 2009)	14	Canada	Two interviews	Holistic content and thematic	– Breastfeeding – Child-rearing – Coping – Perception - m	Medium
(Wright et al., 2012)	79	USA and Canada	Questionnaire and one interview	Grounded theory	– Abuse of child – Child-rearing – Perception - c – Perception - m – Protection – Relationship	High
(Wright et al., 2007)	60	Not listed	Questionnaire	Not listed	– Child-rearing – Coping – Perception - m – Protection	Medium

Abbreviations

- Perception – c: Perception of child
- Perception – m: Perception of motherhood
- UK: United Kingdom
- USA: United States of America

Key to Overall Quality/Relevance Rating

- High value: Study with significant relevant content and rigorous methods
- Medium value: Study with significant relevant content and non-rigorous methods or study with limited relevant content and rigorous methods

- Low value: Study with limited relevant content and non-rigorous methods

Notes

- When “Not listed” is present in the analysis column, this means that the data analysis process was not described or a specific type of data analysis was not given (i.e. coding steps were described, but not referred to as thematic analysis, grounded theory, etc.)

Appendix 3: References by Theme and Subtheme

Abuse of Child	
Mothers as Abusive	
Emotional/Verbal	(Armsworth & Stronck, 1999; Baker, 2007; Fisher, 2000; Kreklewetz, 1995; Lafleur, 2009; Svechs Zemzars, 1988)
General	(Armsworth & Stronck, 1999; Salvi, 2008)
Neglect	(Erdmans & Black, 2008; Korbin, 1986; Kreklewetz, 1995; Maker & Buttenheim, 2000; Martsolf & Draucker, 2008; Palmer, 2004; Romanik & Goodwin, 1982; Salvi, 2008; Schmittel, 2013; Sebastian, 2004; Svechs Zemzars, 1988)
Physical/Corporal Punishment	(Armsworth & Stronck, 1999; Baker, 2007; Burrill, 2015; Fisher, 2000; Gil, 2009; Goodwin et al., 1981; Hooper & Koprowska, 2004; Korbin, 1986; Lafleur, 2009; Langham, 2007; Martsolf & Draucker, 2008; McCoy, 2014; O'Brien, 1998; Palmer, 2004; Romanik & Goodwin, 1982; Salvi, 2004, 2008; Sharma, 2014; Wangerin, 1994)
Sexual	(Rowan et al., 1990)
Others as Sexually Abusive	
Had children who were sexually abused by others	(Armsworth & Stronck, 1999; Baker, 2003; Baker, 2001; Baker, 2007; Bell, 2011; Bolen et al., 2015; Breckenridge & Davidson, 2002; Carsillo, 2015; Cavanaugh et al., 2015; Cross, 2001; Dabney, 2000; Dijkstra, 1995; Douglas, 2000; Fisher, 2000; Harrati et al., 2018; Jackson, 2008; Kilroy et al., 2014; Klingelhafer, 2007; Kreklewetz, 1995; Kreklewetz, 2010; Krigbaum-Rich, 1991; Lafleur, 2009; Lev-Wiesel, 2006; Mangelson Stander, 2000; Marcus, 2001; Martsolf & Draucker, 2008; McMillan, 2013; Noack & Baraitser, 2004; O'Brien, 1998; Ortiz, 2013; Palmer, 2004; Prather-Griffith, 1997; Reckling, 2004; Salvi, 2004, 2008; Schmidt, 2015; Schroer, 2014; Sebastian, 2004; Sela-Amit, 2002; Sharma, 2014; Smit & Hoosain, 2017; Svechs Zemzars, 1988; Thompson, 2017; Valandra, 2012; Vermeulen & Greeff, 2015; Walker, 2007b; Wangerin, 1994; Willingham, 2007; Wright et al., 2012)
Reactions	
Negative Emotions	(Armsworth & Stronck, 1999; Baker, 2003; Baker, 2001; Breckenridge & Davidson, 2002; Carsillo, 2015; Fisher, 2000; Jackson, 2008; Kreklewetz, 2010; Krigbaum-Rich, 1991; Lafleur, 2009; McMillan, 2013; Ortiz, 2013; Prather-Griffith, 1997; Salvi, 2004, 2008; Schmidt, 2015; Schroer, 2014; Smit & Hoosain, 2017; Thompson, 2017; Valandra, 2012; Vermeulen & Greeff, 2015; Wangerin, 1994)
Triggered	(Breckenridge & Davidson, 2002; Jackson, 2008; Kilroy et al., 2014; Krigbaum-Rich, 1991; Lafleur, 2009; Marcus, 2001; McMillan, 2013; Prather-Griffith, 1997; Salvi, 2008; Schroer, 2014; Sharma, 2014; Thompson, 2017; Willingham, 2007)
Child-Rearing Practices	
Inability to Parent	
Child is a product of CSA	(Cavanaugh et al., 2015)
Mental Health	(Kreklewetz, 2010; Lasiuk, 2007; Salvi, 2008; Wood, 2009)
Neglect or Abuse (child taken away or given up)	(Martsolf & Draucker, 2008; Palmer, 2004; Romanik & Goodwin, 1982; Salvi, 2008; Walker, 2007a)

Other (unclear in some cases)	(Burrill, 2015; Hooper & Koprowska, 2004; Kreklewetz, 1995; Kreklewetz, 2010; Langham, 2007; Palmer, 2004; Smit & Hoosain, 2017; Stephens, 2015; Wangerin, 1994)
Physical Health	(Baker, 2007; Wangerin, 1994)
Prison	(Korbin, 1986; Valandra, 2012)
Substance Use	(Kreklewetz, 1995; Lasiuk, 2007; Peter, 2005; Romanik & Goodwin, 1982; Salvi, 2008; Thompson, 2017; Valandra, 2012)
Violent partner	(Baker, 2007; Montgomery, 2012)
Voluntary (not due to abuse)	(Fisher, 2000; LoGiudice & Beck, 2016; Martsolf & Draucker, 2008; Salvi, 2004, 2008; Valandra, 2012; Wangerin, 1994)
Intimate Parenting Behaviors	
Bathing	(Douglas, 2000; Klingelhafer, 2007; Lasiuk, 2007; O'Brien, 1998; Palmer, 2004; Reckling, 2004; Stojadinovic, 2003; Wright et al., 2012)
Genitals	(Coles, 2006; Douglas, 2000; Haiyasoso, 2016; Harris, 2008; Klingelhafer, 2007; Lasiuk, 2007; Maker & Buttenheim, 2000; O'Brien, 1998; Palmer, 2004; Sebastian, 2004; Sharma, 2014; Sigurdardottir et al., 2014; Stojadinovic, 2003; Wright et al., 2012)
Touch	(Armsworth & Stronck, 1999; Douglas, 2000; Fisher, 2000; Haiyasoso, 2016; Hooper & Koprowska, 2004; Klingelhafer, 2007; LoVerso, 2014; O'Brien, 1998; Palmer, 2004; Parratt, 1994; Peter, 2005; Sebastian, 2004; Sigurdardottir et al., 2014; Wood & Van Esterik, 2010; Wright et al., 2012)
Knowledge and Skills	
Inadequate	(Armsworth & Stronck, 1999; Baker, 2003; Baker, 2007; Coles, 2006; Cross, 2001; Dabney, 2000; Fisher, 2000; Kreklewetz, 1995; Montgomery, 2012; O'Brien, 1998; Ogilvie & Daniluk, 1995; Palmer, 2004; Parratt, 1994; Reckling, 2004; Salvi, 2004; Sebastian, 2004; Smit & Hoosain, 2017; Valandra, 2012; Wangerin, 1994; Wood & Van Esterik, 2010; Wright et al., 2012)
Parenting Differently	(Armsworth & Stronck, 1999; Bellhouse, 2013; Dabney, 2000; Dijkstra, 1995; Fisher, 2000; Gil, 2009; Haiyasoso, 2016; Harris, 2008; Jackson, 2008; Kreklewetz, 1995; Lafleur, 2009; Lasiuk, 2007; LoVerso, 2014; Montgomery, 2012; O'Brien, 1998; Ogilvie & Daniluk, 1995; Reckling, 2004; Salvi, 2004, 2008; Sebastian, 2004; Sharma, 2014; Shigematsu, 2016; Smit & Hoosain, 2017; Valandra, 2012; Wangerin, 1994; Willingham, 2007; Wright et al., 2012)
Coping Related to Parenting	
Copes through role as parent	(Arias & Johnson, 2013; Baker, 2003; Baker, 2007; Banyard & Williams, 2007; Bellhouse, 2013; Burrill, 2015; Byrne et al., 2017; Cavanaugh et al., 2015; Coles, 2006; Cross, 2001; Curilla, 2015; Dijkstra, 1995; Erdmans & Black, 2008; Fisher, 2000; Gil, 2009; Haiyasoso, 2016; Harris, 2008; Klingelhafer, 2007; Kreklewetz, 2010; Lafleur, 2009; Langham, 2007; Lasiuk, 2007; Lee, 2001; LoVerso, 2014; Mangelson Stander, 2000; Montgomery, 2012; O'Brien, 1998; Palmer, 2004; Parratt, 1994; Ping, 2012; Reckling, 2004; Richmond, 2005; Roller, 2011; Salvi, 2008; Schmittel, 2013; Sharma, 2014; Sharpe, 2018; Shigematsu, 2016; Stojadinovic, 2003; Summer, 2008; Svechs Zemzars, 1988; Wangerin, 1994; White, 2012; Williams, 2017; Wood & Van Esterik, 2010; Wood, 2009; Wright et al., 2007)
Mother-Child Relationship	

Availability, Attachment, and Bonding	
Negative experience	(Armsworth & Stronck, 1999; Baker, 2007; Beck, 2009; Cavanaugh et al., 2015; Erdmans & Black, 2008; Featherston Garratt, 2008; Fisher, 2000; Gil, 2009; Harris, 2008; Kreklewetz, 1995; Lasiuk, 2007; LoVerso, 2014; McCoy, 2014; Montgomery, 2012; O'Brien, 1998; Palmer, 2004; Parratt, 1994; Peter, 2005; Reckling, 2004; Richmond, 2005; Salvi, 2004; Sebastian, 2004; Sigurdardottir et al., 2014; Stojadinovic, 2003; Valandra, 2012; Walker, 2007b; Wangerin, 1994; Wright et al., 2012)
Positive experience	(Bellhouse, 2013; Coles, 2006; Erdmans & Black, 2008; Featherston Garratt, 2008; Haiyasoso, 2016; Harris, 2008; LoVerso, 2014; McCoy, 2014; Montgomery, 2012; O'Brien, 1998; Palmer, 2004; Parratt, 1994; Sharpe, 2018; Stojadinovic, 2003; Valandra, 2012; Wright et al., 2012)
General	
Negative experience	(Baker, 2007; Coles, 2006; Dabney, 2000; Farris, 1996; Fisher, 2000; Hooper & Koprowska, 2004; Lafleur, 2009; Langham, 2007; Lev-Wiesel, 2006; McCoy, 2014; O'Brien, 1998; Ortiz, 2013; Reckling, 2004; Sebastian, 2004; Sigurdardottir et al., 2014; Stephens, 2015; Thompson, 2017; Wright et al., 2012)
Positive experience	(Baker, 2003; Baker, 2007; Banyard & Williams, 2007; Bellhouse, 2013; Burrill, 2015; Byrne et al., 2017; Colarusso, 2009; Dabney, 2000; Farris, 1996; Fisher, 2000; Gil, 2009; Haiyasoso, 2016; Kreklewetz, 1995; Kreklewetz, 2010; Lafleur, 2009; Langham, 2007; Lasiuk, 2007; Lev-Wiesel, 2006; McCoy, 2014; McMillen et al., 1995; Schmidt, 2015; Schmittel, 2013; Sharma, 2014; Sharpe, 2018; Smit & Hoosain, 2017; Stephens, 2015; Thompson, 2017; Wangerin, 1994)
Role-Reversal	(Burkett, 1991; Cross, 2001; Erdmans & Black, 2008; Fisher, 2000; Koren-Karie et al., 2004; Kreklewetz, 1995; McCoy, 2014; O'Brien, 1998; Palmer, 2004; Reckling, 2004; Valandra, 2012; Wangerin, 1994; Wright et al., 2012)
Perceptions of Child	
Emotions - Love	(Baker, 2003; Baker, 2001; Burrill, 2015; Cavanaugh et al., 2015; Coles, 2006; Cross, 2001; Gil, 2009; Haiyasoso, 2016; Harris, 2008; Korbin, 1986; Kreklewetz, 1995; Kreklewetz, 2010; Lafleur, 2009; Lasiuk, 2007; LoVerso, 2014; McCoy, 2014; Montgomery, 2012; O'Brien, 1998; Ortiz, 2013; Palmer, 2004; Peter, 2005; Prather-Griffith, 1997; Salvi, 2008; Schroer, 2014; Sharma, 2014; Sharpe, 2018; Shigematsu, 2016; Stojadinovic, 2003; Svechs Zemzars, 1988; Valandra, 2012; Wangerin, 1994)
Perceptions of Motherhood	
General	
Negative	(Armsworth & Stronck, 1999; Baker, 2003; Baker, 2001; Baker, 2007; Beck, 2009; Burkett, 1991; Byrne et al., 2017; Coles, 2006; Fisher, 2000; Gil, 2009; Harris, 2008; Lafleur, 2009; Langham, 2007; Lasiuk, 2007; LoVerso, 2014; McCoy, 2014; Montgomery, 2012; O'Brien, 1998; Ogilvie & Daniluk, 1995; Palmer, 2004; Peter, 2005; Reckling, 2004; Salvi, 2004; Schmittel, 2013; Sharma, 2014; Slavič & Gostečnik, 2015; Valandra, 2012; Walker, 2007a; Wangerin, 1994; Wood & Van Esterik, 2010; Wright et al., 2012)
Positive	(Baker, 2003; Beck, 2009; Burkett, 1991; Burrill, 2015; Coles, 2006; Cross, 2001; Esperat & Esparza, 1997; Fisher, 2000; Gil, 2009; Haiyasoso, 2016; Kreklewetz, 1995; Lafleur, 2009; Langham, 2007; Lasiuk, 2007; LoVerso, 2014; Montgomery, 2012; Palmer, 2004; Sharpe, 2018; Stephens, 2015; Svechs Zemzars, 1988; Valandra, 2012; Wangerin, 1994; Wright et al., 2007; Wright et al., 2012)
Emotions	
Negative	

General	(Armsworth & Stronck, 1999; Beck, 2009; Burrill, 2015; Byrne et al., 2017; Coles, 2006; Fisher, 2000; Gil, 2009; Harris, 2008; Koren-Karie et al., 2004; Kreklewetz, 1995; Kreklewetz, 2010; Lasiuk, 2007; LoVerso, 2014; Maker & Buttenheim, 2000; McCoy, 2014; Montgomery, 2012; O'Brien, 1998; Ogilvie & Daniluk, 1995; Ortiz, 2013; Palmer, 2004; Parratt, 1994; Peter, 2005; Reckling, 2004; Roseth et al., 2011; Salvi, 2008; Sebastian, 2004; Sharma, 2014; Shigematsu, 2016; Sigurdardottir et al., 2014; Slavič & Gostečnik, 2015; Smit & Hoosain, 2017; Stojadinovic, 2003; Valandra, 2012; Walker, 2007a; Wangerin, 1994; Wright et al., 2012)
Fear of being abusive	(Coles, 2006; Douglas, 2000; Fisher, 2000; Harris, 2008; Lafleur, 2009; Lasiuk, 2007; LoVerso, 2014; Maker & Buttenheim, 2000; Montgomery, 2012; Noack & Baraitser, 2004; Ogilvie & Daniluk, 1995; Palmer, 2004; Peter, 2005; Romanik & Goodwin, 1982; Sebastian, 2004; Sharma, 2014; Stojadinovic, 2003; Svechs Zemzars, 1988; Wangerin, 1994)
Triggered	(Beck, 2009; Coles, 2006; Farris, 1996; Fisher, 2000; Haiyasoso, 2016; Harris, 2008; Hooper & Koprowska, 2004; Lasiuk, 2007; Lee, 2001; LoGiudice & Beck, 2016; LoVerso, 2014; Montgomery, 2012; O'Brien, 1998; Palmer, 2004; Peter, 2005; Reckling, 2004; Roseth et al., 2011; Salvi, 2004; Sebastian, 2004; Sharma, 2014; Sharpe, 2018; Shigematsu, 2016; Stojadinovic, 2003; Summer, 2008; Svechs Zemzars, 1988; Wood, 2009; Wright et al., 2012)
Positive	(Baker, 2003; Baker, 2001; Baker, 2007; Burrill, 2015; Esperat & Esparza, 1997; Fisher, 2000; Gil, 2009; Kreklewetz, 1995; Lafleur, 2009; LoVerso, 2014; McCoy, 2014; Palmer, 2004; Wangerin, 1994)
Protection of Children from Abuse	
Breaking the Cycle	(Baker, 2003; Baker, 2001; Burrill, 2015; Langham, 2007; Lasiuk, 2007; LoVerso, 2014; Marcus, 2001; Martsolf & Draucker, 2008; McMillen et al., 1995; Montgomery, 2012; Palmer, 2004; Peter, 2005; Reckling, 2004; Sharma, 2014; Smit & Hoosain, 2017; Willingham, 2007)
Concern Over Others	
Childcare Providers	(Coles, 2006; Erdmans & Black, 2008; Haiyasoso, 2016; LoGiudice & Beck, 2016; Oubre, 2004; Sebastian, 2004)
General/Other	(Armsworth & Stronck, 1999; Baker, 2007; Burrill, 2015; Coles, 2006; Esperat & Esparza, 1997; Fisher, 2000; Gil, 2009; Haiyasoso, 2016; Harris, 2008; Kreklewetz, 1995; Langham, 2007; Lasiuk, 2007; LoGiudice & Beck, 2016; Montgomery, 2012; Oubre, 2004; Palmer, 2004; Peter, 2005; Ping, 2012; Salvi, 2004; Sebastian, 2004; Sharma, 2014; Sharpe, 2018; Sigurdardottir et al., 2014; Stephens, 2015; Stojadinovic, 2003; Svechs Zemzars, 1988; Valandra, 2012; Wangerin, 1994; Wright et al., 2012)
Males (Not Partners)	(Armsworth & Stronck, 1999; Bellhouse, 2013; Burrill, 2015; Cavanaugh et al., 2015; Coles, 2006; Dijkstra, 1995; Esperat & Esparza, 1997; Gil, 2009; Haiyasoso, 2016; Jackson, 2008; Kreklewetz, 1995; Langham, 2007; McMillen et al., 1995; O'Brien, 1998; Oubre, 2004; Roseth et al., 2011; Salvi, 2004; Sebastian, 2004; Sharma, 2014; Valandra, 2012; Wright et al., 2012)
Neighbors	(Burrill, 2015; Cavanaugh et al., 2015; Esperat & Esparza, 1997; Sharma, 2014; Wangerin, 1994)
Partners	(Bellhouse, 2013; Cavanaugh et al., 2015; Fisher, 2000; Gil, 2009; Haiyasoso, 2016; Kreklewetz, 1995; Langham, 2007; Lev-Wiesel, 2006; McMillen et al., 1995; Montgomery, 2012; O'Brien, 1998; Oubre, 2004; Roseth et al., 2011; Salvi, 2004, 2008; Sebastian, 2004; Sharma, 2014; Sharpe, 2018; Svechs Zemzars, 1988; Valandra, 2012; Wangerin, 1994; Wright et al., 2012)
Perpetrator of Mothers' CSA	(Cavanaugh et al., 2015; Dijkstra, 1995; Harris, 2008; Hooper & Koprowska, 2004; Kreklewetz, 1995; Langham, 2007; LoGiudice & Beck, 2016; LoVerso, 2014; Valandra, 2012; Wangerin, 1994)

Overprotective	(Armsworth & Stronck, 1999; Bellhouse, 2013; Burrill, 2015; Cavanaugh et al., 2015; Coles, 2006; Erdmans & Black, 2008; Gil, 2009; Haiyasoso, 2016; Harris, 2008; Kreklewetz, 1995; Langham, 2007; Lasiuk, 2007; LoGiudice & Beck, 2016; LoVerso, 2014; Montgomery, 2012; Noack & Baraitser, 2004; Oubre, 2004; Palmer, 2004; Ping, 2012; Salvi, 2004; Schmittel, 2013; Sebastian, 2004; Sharpe, 2018; Sigurdardottir et al., 2014; Smit & Hoosain, 2017; Stojadinovic, 2003; Valandra, 2012; Wangerin, 1994; Wright et al., 2012)

A Systematic Review of the Association between the Childhood Sexual Abuse Experiences of Mothers and the Abuse Status of Their Children: Protection Strategies, Intergenerational Transmission, and Reactions to the Abuse of their Children

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Research Highlights

- Synthesizes 93 studies on abuse status of children of mothers who experienced CSA.
- Synthesizes mechanisms, such as mental health, potentially influencing results.
- Considers methodological limitations of studies that may influence results.
- Argues for incorporating specific components into interventions based on findings.
- Argues for changes in the way CSA and parenting are measured in this field.

Abstract

Child sexual abuse (CSA) represents a significant public health concern. Research shows an association between the CSA status of mothers and the abuse status of their children, how they react to the abuse of their children, and behaviors they engage in to protect their children from abuse. However, a systematic review of this literature has yet to be conducted, and this review aimed to fill that gap. Seven databases and search engines were searched for relevant studies from inception until March 2017. Reference lists of included studies and titles of studies that cited included studies were also searched. Two authors independently completed study screening, data extraction, and quality determinations. Ninety-three studies were identified and narratively synthesized by significant, non-significant, and descriptive results. These results were further elaborated on in the context of the methods used. Though some heterogeneity existed, results showed that status as a mother with a CSA history (M_{CSA}) was associated with having children who experienced CSA. There was no evidence that M_{CSA} status was associated with a greater likelihood of believing their children when they disclosed abuse, although M_{CSA} status was associated with increased emotional distress. Results were mixed regarding whether M_{CSA} status was associated with perpetrating maltreatment broadly, perpetrating individual forms of maltreatment, such as emotional abuse or neglect, or having the potential to abuse. Most studies found no association between M_{CSA} status and use of corporal punishment. However, when mothers and others were combined, because the main perpetrator was not listed, it was found that belonging to this combined group was associated with increased risk of engaging in maltreatment behaviors. Finally, few studies on protective behaviors of M_{CSA} were located. Future research is needed with larger, more diverse samples using validated instruments. This information will be critical for future intervention development.

Key words: Trauma; child sexual abuse; abuse; intergenerational transmission; parenting; mother; systematic review

Introduction

Child sexual abuse (CSA) is prevalent worldwide, with a review of 55 studies finding that 8-31% of girls and 3-17% of boys internationally have experienced CSA (Barth, Bermetz, Heim, Trelle, & Tonia, 2013). Definitions of CSA vary, ultimately affecting prevalence rates and causing controversy in the field (Senn, Carey, & Vanable, 2008). Despite this controversy, the often-cited World Health Organization's (WHO) definition is:

> *Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to:*
>
> - *The inducement or coercion of a child to engage in any unlawful sexual activity.*
> - *The exploitative use of child in prostitution or other unlawful sexual practices.*
> - *The exploitative use of children in pornographic performances and materials* (WHO, 1999, pp. 15-16).

Given the prevalence of CSA, it is critical to examine factors that may affect the intergenerational transmission of abuse (i.e. the transmission of abuse from one generation to the next), such as parenting. Both qualitative and quantitative studies demonstrate that mothers who experienced CSA ($M_{CSA)}$ may struggle with specific aspects of parenting, including breastfeeding; child-rearing practices (e.g. discipline and intimate parenting behaviors); the mother-child relationship (e.g. attachment and role-reversal); perceptions of their child; and perceptions of motherhood (Lange, Condon, & Gardner; Lange, Condon, & Gardner).

Qualitative studies demonstrate that M_{CSA} are often aware of the intergenerational transmission of trauma, and many desire to stop this transmission from occurring. Specifically, M_{CSA} desiring to protect their children from abuse and engaging in behaviors to protect their children from abuse was the largest theme identified in the qualitative literature in this area; these behaviors included making sure their children were supervised, educating them on abuse, and checking in with their children about their experiences (Lange et al.). For example, in one study designed to assess maternal reactions to the abuse of their children, a M_{CSA} stated "I want my kids to grow up having a normal childhood…into adulthood and not to carry on the chain … I want to stop the cycle" (Willingham, 2007, p. 67).

Trauma experiences may be transmitted to the next generation by survivors in many ways. For example, survivors of trauma often experience a number of deleterious effects as a result of abuse, including poorer mental health (Maniglio, 2009), physical health (Maniglio, 2009), substance use behaviors (Polusny & Follette, 1995), and educational and occupational outcomes (Currie & Widom, 2010). These experiences may influence the CSA survivor's future parenting, including their ability to provide a safe, nurturing environment, potentially allowing transmission to occur. Specifically, researchers have demonstrated that mental health (Mapp, 2006; Pazdera, McWey, Mullis, & Carbonell, 2013; Schuetze & Eiden, 2005) and substance use (Libby et al., 2008) mediate the relationship between a history of CSA and later parenting behaviors.

Researchers use several theories to explain intergenerational transmission of abuse, including attachment, ecological/family systems, social learning, and trauma. Researchers proposing attachment theory hypothesize that CSA disrupts attachment styles of the victim, and this carries through to their future parenting and parent-child relationships (Banyard, 1997; Choi

et al., 2018). Ecological/family systems theory posits that CSA experiences affect numerous aspects of survivors' lives, which interact with one another, and ultimately influence parenting (Mapp, 2006). Social learning theory hypothesizes that M_{CSA} may transmit the parenting behaviors that they learned as children, including abusive behaviors (Choi et al., 2018). Finally, trauma theory states that CSA experiences lead to a number of adverse outcomes, including poor mental health outcomes, which "create a harmful environment for the child and subsequently increase the likelihood of child…victimization" (Baril, Tourigny, Paillé, & Pauzé, 2016, p. 505).

To identify potential mechanisms that may lead to the intergenerational transmission of trauma, Wark & Vis (2016) conducted a systematic review of the relationship between CSA and parenting by fathers. They found many effects of CSA on parenting, including specific deficient parenting practices, which were "strongly related to social discourses on intergenerational cycle of violence theories," and used these results to advocate for clinical intervention to help stop intergenerational transmission (Wark & Vis, 2016, p. 1). While this review improved understanding of parenting by fathers who experienced CSA, a comprehensive systematic review on abuse-related parenting behaviors of M_{CSA} and the abuse status of their children has yet to be conducted. As effects on parenting may differ for mothers given potential unique aspects of the CSA and parenting experience, this review will synthesize the literature on mothers to answer the following questions:

1. Is the CSA status of mothers associated with whether they engage in abusive and/or neglectful behaviors with their child?
2. Is the CSA status of mothers associated with whether others abuse and/or neglect the children of these women?

3. Does the CSA status of mothers' influence mothers' reactions to the abuse of their children by others?
4. Is the CSA status of mothers associated with use of protection strategies to prevent the abuse of their children?

Examining whether mothers or others perpetrated the abuse is critical, as underlying mechanisms may differ. For example, while the abuse experienced by children of M_{CSA} by M_{CSA} is a result of their direct parenting behaviors, abuse of the children of M_{CSA} by others may be the result of indirect parenting behaviors or factors out of their control. Potential mediators and moderators of these relationships, such as poor mental health, poor physical health, financial situations, etc. will also be examined.

Methods

Pre-Registering of the Review

The review protocol was registered with PROSPERO (Lange, Condon, & Gardner, 2017a). Minor modifications were made after this date, as noted on PROSPERO. This review follows PRISMA guidelines (Moher et al., 2015).

Study Search

Searches using the following databases were conducted in March of 2017: Embase, ProQuest Dissertations & Theses Global, PsycINFO, PubMed, Scopus, Sociological Abstracts, and Web of Science. Searches used a combination of controlled vocabularies and textwords (Appendix 1). Given the breadth of literature on this topic, and our aim of conducting a fully compressive review, our search strategy prioritized sensitivity over specificity in order to reduce the likelihood of missing any potentially relevant studies. Specifically, the search strategy included a broad range of parenting-related terms; to avoid missing relevant studies, terms for

study design were not used. All databases were searched from inception to March 2017 (Appendix 1).

Grey literature was searched using a variety of search engines, including Google Scholar, using combinations of textwords used for the searches in academic databases. The search results were scanned to ensure that 55 previously-identified studies related to the research question were located. Once the full text review was completed, studies that cited included studies and the reference lists of included studies were searched (April 30th-May 16th, 2018).

Inclusion and Exclusion Criteria

All studies, including journal articles, dissertations, theses, and grey literature were included if they met the following criteria.

1. Written in the English language.
2. Maternal CSA history was examined as a risk factor and results were separated out from other types of traumatic experiences. Given current controversy in the field regarding the definition of CSA (Senn et al., 2008), all definitions of CSA were included.
3. CSA-related parenting was evaluated through subjective or objective measures by M_{CSA} or objective measures by others. This could include the abuse/neglect status of their children by others; mothers' own perpetration of abuse/neglect; reactions of mothers to the abuse/neglect of their children; and protection strategies used by mothers. We included only studies where the parenting of mothers was analyzed separately from other parental figures, such as fathers. Mothers are defined here as any female caregiver who is primarily responsible for a child.

4. Quantitative studies of any design that examined the relationship between CSA and subsequent parenting. No criteria for inclusion by study quality, including design and clarity of results, were created, though it is acknowledged that prospective designs are likely to lead to the least bias and are the preferred study design for assessing the precedence of a risk factor (Murray, Farrington, & Eisner, 2009). For this reason, quality assessments were conducted, as described later.

Screening

Upon completion of the initial search, studies were uploaded to Covidence. BL and EC both screened 100% of the studies to establish reliability and ensure that no potentially relevant studies were missed. In the initial stages of screening, the lead author, BL, reviewed all discrepancies to identify potential screening issues, which were communicated with the second screener. After the completion of screening, all discrepancies were resolved through discussion between BL and EC. A third coder, FG, was available for all stages of the discrepancy resolving process for this review, though this individual was not needed. Ultimately. Studies that cited included studies and reference lists of included studies were searched. Though the initial protocols for this review described a process of dividing these studies into two review papers by methodology (qualitative or quantitative; Lange et al., 2017a; Lange, Condon, & Gardner, 2017b), given the large number of studies meeting inclusion criteria, the decision was made to further divide the quantitative literature according to themes present in the qualitative results. The purpose of this review is to examine abuse-related parenting behaviors, and the other quantitative review will focus on non-abuse related parenting behaviors.

Data Extraction

Data were independently extracted from the 93 studies meeting inclusion criteria, with BL extracting data for all studies and EC extracting information for half the studies. Subsequently, double extracted data were compared to identify discrepancies. Discrepancies were resolved through discussion or further review of the full texts. Given that EC only completed half of data extraction, EC compared all extracted results presented in this manuscript against the original studies to further ensure reliability.

Strategy for Data Synthesis

During the protocol development stage of this project, a decision was made based on pre-identified literature to narratively synthesize data rather than meta-analyze it. Cochrane guidance states that meta-analysis is not suitable when significant heterogeneity exists in the measures used (Higgins & Green, 2011). In the case of literature for this review, there was significant heterogeneity in CSA measures and parenting outcomes. For example, CSA measures varied based on the maximum age a child could be to be considered a CSA survivor, if the perpetrator of the abuse had to be a certain number of years older than the victim, whether the definition included contact or contact/noncontact forms of abuse, etc. Though it is possible to explore study heterogeneity using meta-analytic techniques (e.g., meta-regression), in the case of our review, we did not have the necessary statistical power, with fewer than ten studies available for over half our risk-outcome associations examined (Borenstein, Hedges, Higgins, & Rothstein, 2009). The researchers determined that conducting a meta-analysis without properly accounting for these vast differences in study design would not produce practically meaningful results. Even for the remaining risk-outcome associations, few studies provided the necessary point and interval estimates for a meta-analysis. Thus, data were narratively synthesized.

Study Quality

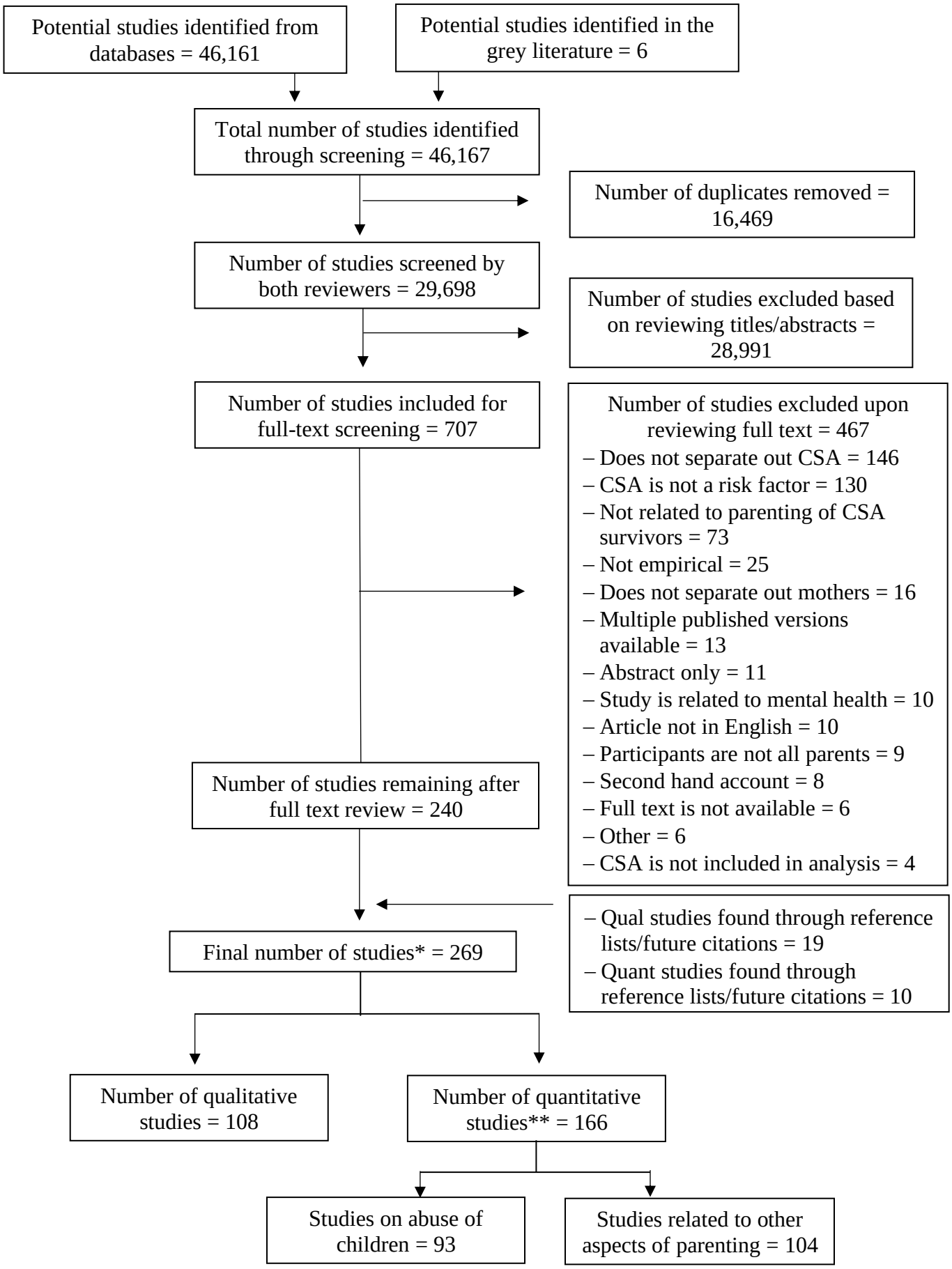
The Cambridge Quality Checklists were used for quality assessments (Murray et al., 2009). Their purpose is to determine: a) if the sample and measures used were of high enough quality to establish a variable as a correlate; b) the time-ordering of variables; and c) if a change in the risk factor causes a change in the outcome (Murray et al., 2009). Both BL and EC independently completed quality determinations, with BL completing all and EC completing half of the determinations. To enhance reliability, these were compared, and discrepancies were resolved through discussion.

Results

General Study Characteristics

Ninety-three eligible quantitative studies were identified (Figure 1). A summary of study characteristics is reported in Table 1 and study characteristics by theme in Tables 2-11. Specifically, key study information, including author, year of publication, and location are provided in Tables 2-11. Additionally, items from the Cambridge Quality Checklists have been incorporated into these tables. For these items, number values assigned to each item from the Cambridge Quality Checklists are not presented. Instead, we list the type of sampling used, the sample size, whether a matched comparison group was present, the measure of correlate (CSA), the measure of outcome (abuse-related parenting), and whether the study used retrospective or prospective measures of CSA. Throughout the results, which are presented below by research question, we utilize aspects from the Cambridge Quality Checklists to discuss which findings come from more methodologically rigorous studies. Finally, study results are presented in Tables 2-11. Descriptive results are typically presented if significance tests were not conducted. Significant results were determined by $p<.05$.

Figure 1: Selection of Studies for the Review



*5 studies are mixed methods, so appear under both qualitative and quantitative studies
**31 have information on both abuse of children and other aspects of parenting

Table 1: Overview of Included Studies (N=93)

	n	%	Mean (SD)
Date of Publication			
1981-1989	6	6.45	
1990-1999	24	25.81	
2000-2009	38	40.86	
2010-2018	25	26.88	
Country Study was Conducted In			
United States	74	79.57	
Canada	10	10.75	
Not listed	2	2.15	
United Kingdom	2	2.15	
Australia	1	1.08	
Brazil	1	1.08	
Japan	1	1.08	
New Zealand	1	1.08	
South Africa	1	1.08	
Scales to Measure CSA Experience of Mothers			
No validated measure	79	84.95	
Childhood Trauma Questionnaire (full or short form)	9	9.68	
Child Abuse and Trauma Scale	1	1.08	
Life Stressors Checklist-Revised	1	1.08	
Parent-Child Conflict Tactics Scale	1	1.08	
Sexual Experiences Survey	1	1.08	
Trauma History Questionnaire	1	1.08	
Sample Size*			460.97 (SD=1716.55)

*One study is not included in the sample size calculation, as the sample size was unclear for mothers

Table 2: M_{CSA} as Sexually Abusive

Study Information					Measures		Results		
Author(s), year	**Sampling**	**Sample Size**	**MCG (Y/N)**	**Location**	**CSA (P/R)**	**Parenting**	**Results**	**Significant**	**Non-Significant**
(Ney, 1988)	C/CC	Unclear for mothers	N	New Zealand	NVM (R)	NVM	N/A	N/A	No association between the severity (r=.21) and the frequency (r=.28) of mothers' CSA experiences and the sexual abuse of their children
(Sroufe & Ward, 1980)	C/CC	176	N	USA	NVM (R)	NVM	In a subsample of 36 mothers who completed a family history interview, three M_{CSA} engaged in seductive behavior with their child	N/A	N/A

Table 3: M_{CSA} Engaging in Physical Abuse, Including Corporal Punishment, or having the Potential to Abuse

Study Information					Measures		Results		
Author(s), year	**Samp-ling**	**Sample Size**	**MCG (Y/N)**	**Location**	**CSA (P/R)**	**Parenting**	**Descriptive**	**Significant**	**Non-Significant**
*****Physical Abuse*****									
(Banyard, 1997)	C/CC	430	N	USA	NVM (R)	CTSPC	N/A	M_{CSA} status was associated with mothers' use of physical violence ($r=.19$, $p\leq.01$) M_{CSA} status was associated with use of physical violence when dealing with parent-child conflict in a hierarchal multivariate regression model ($\beta=.15$, $p=.005$)	N/A
(Fujiwara et al., 2010)	C/CC	304	N	Japan	NVM (R)	NVM	N/A	N/A	M_{CSA} status was not associated with physical abuse in a bivariate model ($\beta=.12$, $p=.15$) or in a multivariate regression model
(Koci, 2011)	TP/RS	164	N	USA	NVM (R)	CTSPC	The most severe group of physically abusive mothers did not include any M_{CSA}	N/A	N/A
(Locke & Newcomb, 2004)	TP/RS	237 mothers	N	USA	CTQ (R)	PARQ	N/A	M_{CSA} status was associated with poor parenting, which included physical aggression ($r=.18$, $p<.01$)	N/A
(McMillen, 1993)	C/CC	154	N	USA	NVM (R)	CTS	N/A	M_{CSA} who knew their perpetrators were 2.82 times more likely to commit severe physical aggression ($p=.05$)	M_{CSA} status and CSA characteristics (sexual intercourse, force, age at first experience, and whether the perpetrator was a relative, father figure, or father) not associated with physical aggression in a multiple regression model

Study Information					Measures		Results		
Author(s), year	**Samp-ling**	**Sample Size**	**MCG (Y/N)**	**Location**	**CSA (P/R)**	**Parenting**	**Descriptive**	**Significant**	**Non-Significant**
(Ney, 1988)	C/CC	Unclear for mothers	N	New Zealand	NVM (R)	NVM	N/A	N/A	No association between the severity (r=.27) and the frequency (r=.20) of mothers' CSA experiences and physical abuse of their children
(Sroufe & Ward, 1980)	C/CC	176	N	USA	NVM (R)	NVM	In a subgroup of 36 mothers who completed a family history interview, of four M_{CSA} who did not engage in seductive behavior with their child, one engaged in physical abuse	N/A	N/A
(Vasconcelos, 2007)	TP/RS	9,282	N	USA	NVM (R)	CTSPC	N/A	When compared to F_{CSA} (rape), M_{CSA} (rape) engaged more frequently in mild forms of physical abuse with their children (F=32.19, p<.0005) When compared to F_{CSA} (molestation), M_{CSA} (molestation) engaged more frequently in mild forms of physical abuse with their children (F=18.65, p<.0005)	M_{CSA} and F_{CSA} with histories of molestation and rape did not differ in their use of harsher forms of physical abuse
(Zuravin & Fontanella, 1999)	TP/RS	516	N	USA	NVM (R)	CTS	N/A	M_{CSA} were 1.74 times more likely to engage in severe violence towards their children than M_{no-CSA} (p<.05)	N/A
(Zuravin & DiBlasio, 1996)	C/CC	119	N	USA	NVM (R)	CPS status	N/A	N/A	M_{CSA} were not more likely than M_{no-CSA} to abuse their child
(Zvara et al., 2017)	C/CC	204	Y (mother)	USA	THQ (R)	CTSPC	N/A	M_{CSA} status and sex of the child resulted in a significant interaction when predicting aggression (F=3.41, p<0.05) – more aggression is shown to male children	No difference in aggression by M_{CSA} group status over time

Study Information					Measures		Results		
Author(s), year	**Samp-ling**	**Sample Size**	**MCG (Y/N)**	**Location**	**CSA (P/R)**	**Parenting**	**Descriptive**	**Significant**	**Non-Significant**
*****Corporal Punishment*****									
(Banyard et al., 2003)	C/CC	152	Y (mother)	USA	Multiple NVM (R)	CTSPC	N/A	N/A	No association between M_{CSA} status and whether these women used severe physical discipline (r=.11; OR=1.71)
(Baril et al., 2016)	TP/RS	87	N	Canada	NVM (R)	CTS	N/A	M_{CSA} were more likely to engage in CP than $M_{no\text{-}CSA}$ (t=-2.20, p=.03)	N/A
(Barrett, 2010)	TP/RS	483	N	USA	NVM (R)	CTSPC-R	N/A	M_{CSA} status was associated with CP (β=.11, $p \leq .05$)	Association between M_{CSA} status and CP was no longer significant when childhood physical abuse and witnessing intimate partner violence were added to regression model
(Barrett, 2009)	TP/RS	483	N	USA	NVM (R)	CTSPC-R	N/A	M_{CSA} were more likely to engage in CP than $M_{no\text{-}CSA}$ (t=-2.72, p=.01)	M_{CSA} were not more likely to engage in CP than $M_{no\text{-}CSA}$ when controlling for SES and other types of childhood adversity (β=.00, p=.96)
(Benedict, 2001)	C/CC	265	N	USA	NVM (R)	NVM	N/A	N/A	The severity of CSA M_{CSA} experienced was not associated with CP
(Bert et al., 2009)	TP/RS	681	Y (mother)	USA	CTQ (R)	PSEQ	N/A	N/A	M_{CSA} status was not associated with use of physical punishment (r=.07)
(Blatchley, Hanlon, Nurco, & O'Grady, 2000)	C/CC	248	N	USA	NVM (R)	NVM	N/A	N/A	M_{CSA} were not more likely than $M_{no\text{-}CSA}$ to engage in punitive actions, which includes harsh physical punishment (F=1.12; p=.29)
(Chiang, 2008)	C/CC	144	N	USA	NVM (R)	NVM	N/A	N/A	M_{CSA} did not engage in more harsh/physical discipline than $M_{no\text{-}CSA}$

Study Information					Measures		Results		
Author(s), year	**Samp-ling**	**Sample Size**	**MCG (Y/N)**	**Location**	**CSA (P/R)**	**Parenting**	**Descriptive**	**Significant**	**Non-Significant**
(Chung et al., 2009)	C/CC	1,265	N	USA	NVM (R)	AAPI and NVM	N/A	M_{CSA} were more likely to value CP than those reporting positive experiences in childhood (p=.05)	M_{CSA} were not more likely than $M_{no\text{-}CSA}$ to spank their infant (p=.06)
(Cole, Woolger, Power, & Smith, 1992)	C/CC	83	N	Not listed	NVM (R)	PDI	N/A	N/A	M_{CSA} were not more likely to use physical punishment than $M_{no\text{-}CSA}$ or mothers who were children of alcoholics
(Collin-Vézina, Cyr, Pauzé, & McDuff, 2005)	C/CC	88	N	Canada	CTQ and NVM (R)	APQ	N/A	N/A	M_{CSA} status was not associated with use of CP (r=.01) In regression models, CSA did not predict CP
(D'Zatko, 2011)	C/CC	264	N	USA	NVM (R)	NVM	Using latent class analysis, M_{CSA} classified into three subgroups of parenting across multiple domains. Specific to CP: "diligent/struggling" (53.20%) mothers were not punitive with children, "child-centered" (31.70%) mothers had punitive behaviors a half a standard deviation higher than the reference ($M_{no\text{-}CSA}$) group, and "detached" (15.20%) mothers had punitive behaviors 1-1.5 standard deviations higher than the reference group.	N/A	N/A
(DiLillo et al., 2000)	C/CC	290	N	USA	NVM (R)	NVM	N/A	N/A	M_{CSA} were not more likely than $M_{no\text{-}CSA}$ to spank their child

Study Information					Measures		Results		
Author(s), year	**Samp-ling**	**Sample Size**	**MCG (Y/N)**	**Location**	**CSA (P/R)**	**Parenting**	**Descriptive**	**Significant**	**Non-Significant**
(Hernandez & Lam, 2012)	C/CC	107	N	USA	NVM (R)	NVM	2.80% of M_{CSA} agreed/strongly agreed children should be spanked 95.33% agreed/strongly agreed non-violent discipline should be used over physical punishment	Higher family functioning among M_{CSA} was negatively associated with believing that children should be spanked (r=-.22, p=.02)	Higher family functioning among M_{CSA} not associated with believing punishments should involve restrictions rather than physical punishment (r=.09, p=.35)
(Kallstrom-Fuqua, 2004)	C/CC	132	N	USA	CTQ (R)	AAPI-2 and observation	N/A	N/A	M_{CSA} status did not account for variance in CP attitudes (β=.003, t=.03, p=.98) in hierarchal models including maternal depression, physical abuse, and physical neglect history No difference between M_{CSA} and $M_{no\text{-}CSA}$ in observed/reported levels of physical control/corporal punishment (F=.03, p=.88)
(Kim et al., 2010)	C/CC	127	N	USA	NVM (R)	NVM	N/A	Direct effect model was best for predicting relationship between M_{CSA} status and punitive discipline, which includes physical punishment	M_{CSA} status was not associated with punitive discipline (r=-.03)
(Kwako, 2007)	C/CC	164	Y (mother)	USA	NVM (P)	AAPI-2	N/A	N/A	M_{CSA} status was not associated with CP (F=.05, p=.83)
(Marcenko, Kemp, & Larson, 2000)	C/CC	127	N	USA	NVM (R)	AAPI	N/A	N/A	No difference between the value of physical punishment given by M_{CSA}, $M_{no\text{-}CSA}$, and mothers who experienced childhood physical abuse

Study Information					Measures		Results		
Author(s), year	**Samp-ling**	**Sample Size**	**MCG (Y/N)**	**Location**	**CSA (P/R)**	**Parenting**	**Descriptive**	**Significant**	**Non-Significant**
(Miller-Clayton, 2010)	C/CC	103	N	USA	LSC-R (R)	PCRQ	N/A	Cultural coping mediated the relationship between M_{CSA} status and power assertion, which includes spanking (R^2=0.20, F=12.16, p<.001)	M_{CSA} status not associated with power assertion (r=.13)
(Pazdera et al., 2013)	C/CC	265	N	USA	NVM (R)	NVM	N/A	In path analyses, CSA was associated with depression and PSOC, which were in turn associated with maltreatment behavior (defined as physical discipline), but model fit was poor ("χ^2=36.18, p<.001, Comparative Fit Index=.85, Normed Fit Index=.83, Root Mean Square Error of Approximation=.13" p. 104)	No association between M_{CSA} status and maltreatment behaviors (β=.06), including when examining clinically depressed (F=0.04) and moderately depressed (F=1.52) mothers separately
(Rodriguez, 2009)	C/CC	78	N	USA	CTQ (R)	PS	N/A	M_{CSA} status was associated with hostility scores, which included spanking (r=.27, p<.05) Significant difference between M_{CSA} and $M_{no\text{-}CSA}$ on hostility scores (t=2.25, p=.03) Maternal depression (point estimate=.80) and childhood physical abuse status (point estimate=-1.13) were found to mediate this relationship	N/A
(Schuetze & Eiden, 2005)	C/CC	263	N	USA	NVM (R)	NVM	N/A	M_{CSA} status was associated with punitive discipline (β=.15, p<.05) Maternal depression and intimate partner violence mediated this relationship	N/A

Study Information					Measures		Results		
Author(s), year	**Samp-ling**	**Sample Size**	**MCG (Y/N)**	**Location**	**CSA (P/R)**	**Parenting**	**Descriptive**	**Significant**	**Non-Significant**
(Vasconcelos, 2007)	TP/RS	9,282	N	USA	NVM (R)	CTSPC	N/A	When compared to F_{CSA} (rape), M_{CSA} (rape) more frequently engaged in mild forms of physical abuse (including spanking) with their children (F=32.19, p<.0005) When compared to F_{CSA} (molestation), M_{CSA} (molestation) more frequently engaged in mild forms of physical abuse (including spanking) with their children (*F*=18.65, p<.0005)	N/A
(Vaughan-Eden, 2003)	TP/RS	62	N	USA	NVM (R)	AAPI	N/A	N/A	M_{CSA} status was not associated with belief in CP (r=-.08)
*****Potential to Abuse*****									
(Bert et al., 2009)	TP/RS	681	Y (mother)	USA	CTQ (R)	CAPI	N/A	N/A	M_{CSA} status was not associated with child abuse potential (r=-.06)
(Daer, 2015)	C/CC	548	N	USA	NVM (R)	CAPI	N/A	M_{CSA} status was associated with child abuse potential in hierarchical model (β=.21, *p*<.01) M_{CSA} status contributed to variance in child abuse potential in multiple regression models	N/A
(DiLillo et al., 2000)	C/CC	290	N	USA	NVM (R)	CAPI	N/A	M_{CSA} had higher CAPI scores than $M_{no\text{-}CSA}$ (F=10.20, p=.002) Maternal anger mediated the relationship between CSA and CAPI	N/A
(Ethier et al., 2004)	C/CC	56	N	Canada	NVM (R)	CPS records and CAPI	N/A	M_{CSA} at 3.75 times higher risk (95% CI: 1.17-12.00) for chronic CPS involvement/high CAPI scores than $M_{no\text{-}CSA}$	N/A

Study Information					Measures		Results		
Author(s), year	**Samp-ling**	**Sample Size**	**MCG (Y/N)**	**Location**	**CSA (P/R)**	**Parenting**	**Descriptive**	**Significant**	**Non-Significant**
(Hall et al., 1998)	C/CC	206	N	USA	NVM (R)	CAPI	N/A	Compared to $M_{no\text{-}CSA}$, M_{CSA} who experienced non-violent CSA were 2.00 times more likely (95% CI=1.16-3.44), and those M_{CSA} who experienced violent CSA were 4.00 times more likely (95% CI=1.35-11.83), to have high child abuse potential scores M_{CSA} status was a significant predictor of CAPI score in several multivariate regression models	M_{CSA} status did not predict CAPI score in one model that controlled for the quality of family relationships
(Mapp, 2006)	C/CC	265	N	USA	NVM (R)	PSI	N/A	Path analysis revealed a path from M_{CSA} status to depression (standardized regression coefficient=.11) to physical abuse potential (standardized regression coefficient=.32)	N/A
(McCullough & Scherman, 1998)	C/CC	82	N	USA	NVM (R)	CAPI	N/A	N/A	M_{CSA} status not associated with CAPI total score
(Vaughan-Eden, 2003)	TP/RS	62	N	USA	NVM (R)	CAPI	N/A	N/A	M_{CSA} status did not correlate with CAPI total score

Table 4: M_{CSA} as Emotionally Abusive

Study Information					Measures		Results		
Author(s), year	**Samp-ling**	**Sample Size**	**MCG (Y/N)**	**Location**	**CSA (P/R)**	**Parenting**	**Descriptive**	**Significant**	**Non-Significant**
(Barrett, 2010)	TP/RS	483	N	USA	NVM (R)	CTSPC-R	N/A	M_{CSA} status was associated with psychological aggression (r=.10, p≤.05) Recent intimate partner violence mediates the association between M_{CSA} status and psychological aggression	M_{CSA} status was not associated with psychological aggression in a multiple regression analysis (β=.09) Lifetime history of intimate partner violence does not mediate the association between M_{CSA} status and psychological aggression
(Barrett, 2009)	TP/RS	483	N	USA	NVM (R)	CTSPC-R	N/A	M_{CSA} engage in more psychological aggression than $M_{no\text{-}CSA}$ (t=-2.27, p=.02)	M_{CSA} were not more likely to engage in psychological aggression than $M_{no\text{-}CSA}$ when controlling for SES and other types of childhood adversity (β=-.04, p=.40)
(Benedict, 2001)	C/CC	265	N	USA	NVM (R)	NVM	N/A	N/A	The severity of CSA M_{CSA} experienced was not associated with verbal discipline, which includes insults
(Blatchley et al., 2000)	C/CC	248	N	USA	NVM (R)	NVM	N/A	N/A	M_{CSA} were not more likely than $M_{no\text{-}CSA}$ to engage in punitive actions, which includes shaming and threatening (F=1.12; p=.29)
(D'Zatko, 2011)	C/CC	264	N	USA	NVM (R)	NVM	Using latent class analysis, M_{CSA} classified into three subgroups of parenting across multiple domains. "Diligent/struggling" (53.20%) mothers were not punitive (includes insults, calling the child names, and swearing) with children, "child-centered" (31.70%) mothers had punitive behaviors a half a standard deviation higher than the reference ($M_{no\text{-}CSA}$) group, and "detached" (15.20%) mothers had punitive	N/A	N/A

Study Information					Measures		Results		
Author(s), year	**Samp-ling**	**Sample Size**	**MCG (Y/N)**	**Location**	**CSA (P/R)**	**Parenting**	**Descriptive**	**Significant**	**Non-Significant**
							behaviors 1-1.5 standard deviations higher than the reference group.		
(Fujiwara et al., 2010)	C/CC	304	N	Japan	NVM (R)	NVM	N/A	N/A	M_{CSA} status was not associated with psychological abuse in a bivariate model (β=.07, p=.44) or in a multivariate regression model
(Lange, 2008)	C/CC	862	N	USA	NVM (R)	NVM	N/A	M_{CSA} (molestation) had higher odds of using verbally abusive behaviors at child age 4 years (OR=2.29, p=.03) M_{CSA} (forced sexual intercourse) had lower odds of engaging in verbally abusive behaviors (OR=.24, p=.002) at child age 4 years	At child ages 6 and 8, M_{CSA} status (molestation and forced sexual intercourse) did not predict verbally abusive behaviors For additional results broken down by site, please see study
(McMillen, 1993)	C/CC	154	N	USA	NVM (R)	CTS	N/A	Characteristics of CSA (coitus history) associated with verbal aggression for M_{CSA} (β=-.25, p=.01)	M_{CSA} status and CSA characteristics (force, age at first abuse, and perpetrator relationship) not associated with verbal aggression in a multiple regression model
(Ney, 1988)	C/CC	Unclear for mothers	N	New Zealand	NVM (R)	NVM	N/A	N/A	No association between the severity (r=.15) and frequency (r=.01) of CSA experienced by mothers and the verbal abuse of their children
(Rodriguez, 2009)	C/CC	78	N	USA	CTQ (R)	PS	N/A	M_{CSA} status was associated with hostility scores (r=.27, p<.05) M_{CSA} and $M_{no\text{-}CSA}$ differed on hostility scores (t=2.25, p=.03) Maternal depression (point estimate=.80) and childhood physical abuse status (point estimate=-1.13) were found	N/A

Study Information					Measures		Results		
Author(s), year	**Samp-ling**	**Sample Size**	**MCG (Y/N)**	**Location**	**CSA (P/R)**	**Parenting**	**Descriptive**	**Significant**	**Non-Significant**
								to mediate this relationship	
(Zuravin & Fontanella, 1999)	TP/RS	516	N	USA	NVM (R)	CTS	N/A	N/A	M_{CSA} status does not result in an increased odds of perpetrating verbal abuse (β=.04)

Table 5: M_{CSA} as Neglectful

Study Information					Measures		Results		
Author(s), year	**Sampling**	**Sample Size**	**MCG (Y/N)**	**Location**	**CSA (P/R)**	**Parenting**	**Descriptive**	**Significant**	**Non-Significant**
(Banyard et al., 2003)	C/CC	152	Y (mother)	USA	Multiple NVM (R)	CTSPC Neglect Scale	N/A	N/A	No association between M_{CSA} status and whether they neglected their child (r=.00; OR=.64)
(Ethier et al., 1995)	C/CC	80	Y (mother and child)	Canada	NVM (R)	Child seen by Youth Protective Services	N/A	Neglectful mothers reported a history of childhood rape more frequently than non-neglectful mothers (p=.01)	There were no differences between neglectful or non-neglectful mothers in history of propositions, touching, or sexual intercourse during childhood
(Fujiwara et al., 2010)	C/CC	304	N	Japan	NVM (R)	NVM	N/A	N/A	M_{CSA} status was not associated with child neglect in a bivariate model (β=.08, p=.29) or in a multivariate regression model
(Locke & Newcomb, 2004)	TP/RS	237 mothers	N	USA	CTQ (R)	PARQ	N/A	M_{CSA} status was associated with poor parenting, which included indifferent neglect (r=.18, p<.01)	N/A
(Ney, 1988)	C/CC	Unclear for mothers	N	New Zealand	NVM (R)	NVM	N/A	Significant association between the frequency of CSA a M_{CSA} experienced and physical neglect (r=.57, p<.001)	No association between severity (r=.10) and frequency (r=.14) of CSA a M_{CSA} experienced and emotional neglect No association between severity of CSA a M_{CSA} experienced and physical neglect (r=.24)
(Zuravin & DiBlasio, 1996)	C/CC	119	N	USA	NVM (R)	CPS status	N/A	M_{CSA} were approximately three times more likely than $M_{no\text{-}CSA}$ to engage in neglect (p<.01)	N/A
(Zuravin & DiBlasio, 1992)	C/CC	102	N	USA	NVM (R)	CPS status	N/A	M_{CSA} were 4.42 (p<.01) times more likely to neglect their children than $M_{no\text{-}CSA}$	N/A

Table 6: M_{CSA} Engaging in Maltreatment

Study Information					Measures		Results		
Author(s), year	**Sampling**	**Sample Size**	**MCG (Y/N)**	**Location**	**CSA (P/R)**	**Parenting**	**Descriptive**	**Significant**	**Non-Significant**
(Bert et al., 2009)	TP/RS	681	Y (mother)	USA	CTQ (R)	PSEQ	N/A	N/A	M_{CSA} status was not associated with use of abuse/neglect (r=.01)
(Ethier et al., 2004)	C/CC	56	N	Canada	NVM (R)	CPS records and CAPI	N/A	M_{CSA} at 3.75 times higher risk (95% CI: 1.17-12.00) for chronic CPS involvement/high CAPI scores than $M_{no\text{-}CSA}$	N/A
(Hyman & Williams, 2001)	TP/RS	136	N	USA	NVM (P)	NVM	N/A	N/A	No difference in reports of child abuse between M_{CSA} considered highly resilient (92.00% never reported) vs. M_{CSA} considered non-resilient (88.00% never reported)
(Kim et al., 2009)	C/CC	129	N	USA	CTQ (R)	DSS reports	N/A	M_{CSA} were 1.42 times more likely to engage in maltreatment than $M_{no\text{-}CSA}$ ($p<.05$)	Shame did not mediate the relationship between M_{CSA} status and engaging in maltreatment
(Prinos, 1996)	C/CC	53	N	USA	CATS (R)	Substantiated DSS cases	N/A	Mothers with substantiated DSS records had higher CSA scores on the CATS than mothers with no DSS involvement ($t=2.40$, $p<.05$)	N/A
(Vasquez, 2011)	C/CC	256	N	USA	NVM (R)	NVM	3.74% of M_{CSA} had CPS contact in the last year compared to 1.27% of $M_{no\text{-}CSA}$	N/A	N/A

Table 7: Others as Sexually Abusive Towards the Children of M_{CSA}

Study Information					Measures		Results		
Author(s), Year	**Samp-ling**	**Sample Size**	**MCG (Y/N)**	**Location**	**CSA (P/R)**	**Parenting**	**Descriptive**	**Significant**	**Non-Significant**
(Avery, Hutchinson, & Whitaker, 2002)	TP/RS	425	N	USA	NVM (R)	NVM	N/A	M_{CSA} were 1.89 more likely than $M_{no\text{-}CSA}$ to have children who experienced CSA (p=.04)	N/A
(Bernard-Bonnin, Hébert, Daignault, & Allard-Dansereau, 2008)	C/CC	134	Y (child)	Canada	NVM (R)	NVM	N/A	N/A	Children who experienced CSA and children who did not experience CSA did not differ in whether they had M_{CSA} (χ^2=2.06)
(Brison, 1994)	C/CC	30	N	USA	NVM (R)	NVM	N/A	M_{CSA} and $M_{no\text{-}CSA}$ differed in the length of CSA their children experienced (χ^2=9.93, p=.03)	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in the severity of CSA their children experienced (χ^2=.21)
(Deblinger et al., 1993)	C/CC	99	N	USA	NVM (R)	Substantiated cases	N/A	N/A	"A history of child sexual abuse was not significantly more prevalent among the incest mothers than among the other groups" (p. 165)
(Edel, 1989)	C/CC	75	N	USA	NVM (R)	NVM	N/A	The incidence of CSA history differed among mothers of children who experienced CSA versus a non-clinical group of control mothers (χ^2=6.25, p=.01)	The incidence of CSA history did not differ among mothers of children who experienced CSA versus a clinical group of control mothers (χ^2=1.78, p=.09)
(Estes & Tidwell, 2002)	C/CC	104	N	USA	NVM (R)	Substantiated cases	N/A	N/A	M_{CSA} did not differ from $M_{no\text{-}CSA}$ in likelihood of having a child who experienced incest or was molested outside of the home
(Hornor & Fischer, 2016)	TP/RS	198	N	USA	NVM (R)	NVM	N/A	M_{CSA} and $M_{no\text{-}CSA}$ differed in whether they had children who were assessed once or multiple times for CSA (χ^2=35.53, p=.00)	N/A

Study Information					Measures		Results		
Author(s), Year	**Samp-ling**	**Sample Size**	**MCG (Y/N)**	**Location**	**CSA (P/R)**	**Parenting**	**Descriptive**	**Significant**	**Non-Significant**
(Johnson, Wolfteich, & Harrell, 2014)	C/CC	72	N	USA	NVM (R)	NVM	N/A	N/A	Mothers who had children who experienced CSA and mothers who did not have children who experienced CSA did not differ in whether they had experienced CSA
(Kegan, 1981)	C/CC	61	N	USA	NVM (R)	NVM	Of families with children who experienced abuse (n=31), 54.84% had M_{CSA}	N/A	N/A
(Kim et al., 2011)	C/CC	127	Y (child)	USA	NVM (R)	Substantiated cases	N/A	M_{CSA} status is associated with daughters' CSA status (r=.30, p<.01)	N/A
(Kim et al., 2010)	C/CC	127	N	USA	NVM (R)	Substantiated cases	N/A	M_{CSA} status is associated with CSA status of children (r=.31, p<.01)	N/A
(Kim, Noll, Putnam, & Trickett, 2007)	C/CC	127	Y (mother and child)	USA	NVM (R)	Substantiated cases	N/A	M_{CSA} and $M_{no\text{-}CSA}$ differed in whether they had children who experienced CSA (χ^2=11.40, p<.001); 45% and 16% respectively	N/A
(Leifer et al., 1993)	TP/RS	68	N	USA	NVM (R)	Substantiated cases	N/A	N/A	M_{CSA} status is not associated with the CSA status of their children (r=.13) or the quantity of this CSA experience (r=.16)
(Lesnik, 1989)	C/CC	61	N	USA	NVM (R)	NVM	N/A	Families with children who experienced CSA and families without children who experienced CSA differed in whether they had a M_{CSA} generally (χ^2=6.21, p=.01), or a M_{CSA} who was sexually abused by a relative (χ^2=7.67, p=.02) M_{CSA} status contributed to a significant prediction of membership of their children in the CSA group (Wilks'	N/A

Study Information					Measures		Results		
Author(s), Year	**Samp-ling**	**Sample Size**	**MCG (Y/N)**	**Location**	**CSA (P/R)**	**Parenting**	**Descriptive**	**Significant**	**Non-Significant**
								Lambda=.41, p<.001)	
(Macias, 2004)	TP/RS	85	N	USA	NVM (R)	NVM	Among M_{CSA}, 67.57% had children who experienced CSA	N/A	N/A
(McCloskey, 2013)	C/CC	150	N	USA	NVM (R)	NVM	N/A	M_{CSA} were more likely to have daughters with CSA history than $M_{no\text{-}CSA}$ (t=2.67, p=.01)	N/A
(McCloskey & Bailey, 2000)	C/CC	179	N	USA	SEQ (R)	NVM	N/A	M_{CSA} were 3.60 times more likely to have daughter with CSA experiences than $M_{no\text{-}CSA}$ (p=.02)	N/A
(Mian, Marton, Lebaron, & Birtwistle, 1994)	TP/RS	112	Y (child)	Canada	NVM (R)	NVM	N/A	Children who had experienced CSA differed from those who did not in whether they had M_{CSA} (χ^2=6.71, p<.03)	N/A
(Oates et al., 1998)	TP/RS	132	Y (child)	Australia	NVM (R)	Substantiated abuse	N/A	Children who had experienced CSA differed from those who did not in whether they had M_{CSA} (χ^2=8.90, p<.003)	Children who had experienced intra-familial CSA did not differ from those who did not in whether they had M_{CSA} (χ^2=.04, p=.84)
(Prinos, 1996)	C/CC	53	N	USA	CATS (R)	TTTC and ACUT	N/A	M_{CSA} status was associated with the CSA status of their children (r=.31, p<.05)	N/A
(Schechter, Brunelli, Cunningham, Brown, & Baca, 2002)	C/CC	35	Y (child)	Not listed	NVM (R)	Substantiated abuse in most cases – others highly suspected	N/A	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in whether they had children with CSA experiences (p=.09)
(Testa, Hoffman, & Livingston, 2011)	TP/RS	913	N	USA	NVM (R)	R-SES	N/A	Daughters who experienced CSA differed from those who did not in whether they had M_{CSA} (χ^2=5.73, p<.03)	N/A

Study Information					Measures		Results		
Author(s), Year	**Samp-ling**	**Sample Size**	**MCG (Y/N)**	**Location**	**CSA (P/R)**	**Parenting**	**Descriptive**	**Significant**	**Non-Significant**
(Vaughan-Eden, 2003)	TP/RS	62	N	USA	NVM (R)	NVM	N/A	N/A	M_{CSA} status was not associated with frequency of CSA experiences among their children (r=-.02), or the mother's or child's relationship to the abuser being familial (r=.05; r=.03)
(Wearick-Silva et al., 2014)	C/CC	123	N	Brazil	CTQ (R)	Substantiated abuse	N/A	Higher CSA scores increased the odds of having children who were sexually abused (OR=1.68, 95% CI=1.14-2.46)	N/A

Table 8: Others Engage in Physical Abuse and Neglect of the Children of M_{CSA}

Study Information					Measures		Results
Author(s), Year	**Sampling**	**Sample Size**	**MCG (Y/N)**	**Location**	**CSA (P/R)**	**Parenting**	**Descriptive**
(Macias, 2004)	TP/RS	85	N	USA	NVM (R)	NVM	48.65% of the children of M_{CSA} experienced physical abuse 13.51% of the children of M_{CSA} experienced neglect

Table 9: M_{CSA} and Others Combined Engaging in Maltreatment

Study Information					Measures		Results		
Author(s), Year	**Samp-ling**	**Sample Size**	**MCG (Y/N)**	**Location**	**CSA (P/R)**	**Parenting**	**Descriptive**	**Significant**	**Non-Significant**
(Appleyard et al., 2011)	C/CC	499	N	USA	CTSPC (R)	NVM	N/A	M_{CSA} status is associated with offspring victimization status (r=.14, p<.01) Maternal substance use mediated the relationship between status as an M_{CSA} and offspring victimization, with a .26 SD unit change in likelihood of child victimization	N/A
(Banyard et al., 2003)	C/CC	152	Y (mother)	USA	Multiple NVM (R)	NVM	N/A	N/A	M_{CSA} status was not associated with abuse/social services status (r=.15; OR=1.42)
(Boyer & Fine, 1992)	C/CC	535	N	USA	NVM (R)	CPS status	N/A	CPS contact occurred more frequently for M_{CSA} (21%) than $M_{no\text{-}CSA}$ (8%)	N/A
(Choi et al., 2018)	TP/RS	1,016	N	UK	CTQ (R)	NVM	N/A	M_{CSA} status predicted postpartum depression (*B*=.12, p=.005), which predicted later maternal depression (*B*=.63, p<.001), which predicted child maltreatment exposure (*B*=.18, p<.05)	N/A
(Goodwin et al., 1981)	C/CC	600	N	USA	NVM (R)	Substantiated maltreatment	N/A	Mothers with substantiated child maltreatment differed from control families in reported incest experiences (χ^2=60.50, p<.01)	N/A
(McMillen, 1993)	C/CC	154	N	USA	NVM (R)	CPS status	N/A	N/A	M_{CSA} status and CSA characteristics (coitus, force, age at first abuse, and perpetrator relationship) not associated with CPS status in a multiple regression model
(Noll, Trickett, Harris, & Putnam, 2009)	C/CC	128	N	USA	NVM (R)	CPS status	N/A	M_{CSA} status reported more frequently among families of maltreated children than families of non-maltreated children (F=15.41, p<.01)	N/A

Study Information					Measures		Results		
Author(s), Year	**Samp-ling**	**Sample Size**	**MCG (Y/N)**	**Location**	**CSA (P/R)**	**Parenting**	**Descriptive**	**Significant**	**Non-Significant**
(Robboy & Anderson, 2011)	TP/RS	139	N	USA	NVM (R)	Substantiated maltreatment in most instances	N/A	Daughters of M_{CSA} experienced more forms of abuse than daughters of $M_{no\text{-}CSA}$ (β=.20, p=.03)	N/A
(Sidebotham et al., 2001)	TP/RS	13,995	N	UK	NVM (R)	CPS status	N/A	M_{CSA} were 3.08 times more likely than $M_{no\text{-}CSA}$ to have their child registered with CPS (p<.001)	N/A
(Spieker et al., 1996)	C/CC	104	N	USA	NVM (R)	CPS status	"At each level of sexual abuse [none; brief, and chronic] the proportion of the sample reporting CPS contact more than doubled" (p. 505)	M_{CSA} with chronic experiences were 25.10 times more likely to have CPS contacts than $M_{no\text{-}CSA}$ (95% CI: 3.3-193.9)	M_{CSA} with brief experiences were not more likely to have CPS contacts than $M_{no\text{-}CSA}$ (OR=2.60, 95% CI: .5-12.5)
(Thompson, 2006)	C/CC	220	N	USA	NVM (R)	CPS status	N/A	N/A	M_{CSA} were not more likely to have a maltreated child than $M_{no\text{-}CSA}$ (OR=1.23)
(Zuravin et al., 1996)	C/CC	213	N	USA	NVM (R)	Substantiated maltreatment	N/A	The frequency (p<.05) and severity (p<.001) of experiences M_{CSA} had were associated with the continuity of maltreatment status	In chi-square analyses, there was no association between M_{CSA} status and maltreatment transmission (p<.10)

Table 10: Reactions of M_{CSA} towards the Sexual Abuse of their Children

Study Information					Measures		Results		
Author(s), Year	**Samp-ling**	**Sample Size**	**MCG (Y/N)**	**Location**	**CSA (P/R)**	**Parenting**	**Descriptive**	**Significant**	**Non-Significant**
(Brison, 1994)	C/CC	30	N	USA	NVM (R)	NVM	N/A	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in whether they believed their child (χ^2=.60)
(Cyr et al., 2003)	C/CC	120	N	Canada	NVM (R)	PRADS	N/A	N/A	M_{CSA} status was not associated with support for their adolescent following abuse disclosure (r=.03)
(Deblinger et al., 1994)	C/CC	183	N	USA	NVM (R)	SCL-90-R and NVM	N/A	M_{CSA} experienced higher levels of distress than $M_{no\text{-}CSA}$ (F=11.95, p≤.05)	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in their belief in their child generally (χ^2=.30) and in unsubstantiated cases (χ^2=.55) M_{CSA} and $M_{no\text{-}CSA}$ did not differ in whether they served as their child's advocate generally (χ^2=.79) and in unsubstantiated cases (χ^2=.66)
(Deblinger et al., 1993)	C/CC	99	N	USA	NVM (R)	SCL-90-R	N/A	N/A	M_{CSA} status was not associated with severity of symptom distress in response to abuse disclosure (r=.24)
(Hébert et al., 2007)	C/CC	149	N	Canada	NVM (R)	Psycho-logical Distress Scale	N/A	M_{CSA} were more likely to experience psychological distress than $M_{no\text{-}CSA}$ (OR=2.97, p=.02)	N/A
(Heriot, 1991)	TP/RS	118	N	USA	NVM (R)	NVM	N/A	N/A	M_{CSA} were not more likely than $M_{no\text{-}CSA}$ to engage in protective behaviors, such as contacting authorities (β=.16)
(Hiebert-Murphy, 2000)	C/CC	102	N	Canada	NVM (R)	PSOC	N/A	N/A	M_{CSA} status did not predict feelings of parental efficacy (F_{inc}=.52, p>.10) and satisfaction (F=1.17, p<.35) following the CSA of their children
(Hiebert-Murphy, 1998)	C/CC	102	N	Canada	NVM (R)	BSI	N/A	M_{CSA} were more likely than $M_{no\text{-}CSA}$ to exhibit emotional distress (t=3.30, p<.01)	N/A

Study Information					Measures		Results		
Author(s), Year	**Samp-ling**	**Sample Size**	**MCG (Y/N)**	**Location**	**CSA (P/R)**	**Parenting**	**Descriptive**	**Significant**	**Non-Significant**
(Kaplan, 2016)	C/CC	35	N	USA	NVM (R)	PSI and SIPA	N/A	M_{CSA} report higher parenting stress than $M_{no\text{-}CSA}$ on the PSI total score (t=2.22, p=.03) and on the parenting domain subscale (t=2.09, p<.05)	No difference between M_{CSA} and $M_{no\text{-}CSA}$ on whether they received counseling (t=-0.33, p=.75), experienced distress based on if their CSA occurred near the same age as their child's (t=-1.18, p=.27), and by child gender (t=-0.61, p=.54)
(Kelley, 1990)	C/CC	65 mothers	Y (child)	USA	NVM (R)	SCL-90-R	N/A	M_{CSA} had higher levels of distress than $M_{no\text{-}CSA}$ (t=-1.66, p<.05)	N/A
(Kim et al., 2011)	C/CC	127	Y (child)	USA	NVM (R)	STAI	N/A	N/A	M_{CSA} status was not related with trait anxiety levels
(Leifer et al., 1993)	TP/RS	68	N	USA	NVM (R)	Part NVM and part records	N/A	N/A	M_{CSA} status was not associated with support of daughter (r=-.14)
(McDonald , 2004)	TP/RS	35	N	USA	NVM (R)	Case records	N/A	N/A	M_{CSA} status not associated with protective action (notifying authorities, removing child contact with perpetrator, and cooperating with officials; p=1.00)
(Quezada, 1996)	TP/RS	68	N	USA	NVM (R)	NVM	M_{CSA} vs. $M_{no\text{-}CSA}$ anger with perpetrator: 73.91% vs. 46.67%; accused child of lying: 39.13% vs. 46.67%; denied the abuse occurred: 39.13% vs. 44.44%; denied the perpetrator was the abuser: 47.83% vs. 55.56%; openly took the child's side: 43.48% vs. 42.22%; chose the perpetrator's side: 30.43% vs. 37.78%; wanted to keep it a secret: 82.61% vs. 71.11% See study for more information	N/A	M_{CSA} were not more likely to be protective of their child than $M_{no\text{-}CSA}$ (F=.35, p=.56)

Study Information					Measures		Results		
Author(s), Year	**Samp-ling**	**Sample Size**	**MCG (Y/N)**	**Location**	**CSA (P/R)**	**Parenting**	**Descriptive**	**Significant**	**Non-Significant**
(Sela-Amit, 2002)	TP/RS	62	N	USA	NVM (R)	LASC	N/A	Among mothers of incestuously abused children, M_{CSA} reported more stress-related symptoms (t=1.83, p<.001) and PTSD symptoms (t=2.72, p<.002) than $M_{no\text{-}CSA}$	N/A
(Strople, 2003)	C/CC	61	N	USA	NVM (R)	PRADS and NVM	N/A	N/A	Status as a M_{SCA} was not associated with belief in the abuse of their child (r=-.13), protection of their child after abuse had occurred (r=-.07), and support of the child (r=.04)
(Timmons-Mitchell et al., 1996)	C/CC	28	N	USA	NVM (R)	SCL-90-R and PPTSD-R	N/A	Significant difference between M_{CSA} and $M_{no\text{-}CSA}$ on somatization (t=2.28, p<.05), obsessive compulsive (t=2.86, p < .01), interpersonal sensitivity (t=2.75, p<.01) depression (t=2.41, p<.05), anxiety (t=2.38, p<.05), paranoia (t=2.67, p<.01), the global sensitivity index (t=2.71, p<.01), the positive symptom index (t=2.61, p<.01), and the crime-related PTSD subscale (t=2.37, p<.05)	No difference between M_{CSA} and $M_{no\text{-}CSA}$ on hostility (t=.79), phobic anxiety (t=1.55), psychoticism (t=1.44), and the positive symptom distress index (t=2.01)
(Vaughan-Eden, 2003)	TP/RS	62	N	USA	NVM (R)	PRADS	N/A	N/A	M_{CSA} was not associated with maternal support for their child (F=.33, p=.57)
(Wooten, 2010)	TP/RS	41	N	USA	NVM (R)	NVM and case records	N/A	N/A	M_{CSA} status was not associated with their total protection score (r=.08)

Table 11: Protective Behaviors of M_{CSA}

Study Information					Measures		Results	
Author(s), year	**Sampling**	**Sample Size**	**MCG (Y/N)**	**Location**	**CSA (P/R)**	**Parenting**	**Descriptive**	**Non-Significant**
(Allbaugh et al., 2014)	C/CC	60	N	USA	NVM (R)	PAQ	Concerns regarding the child's sexuality and safety was one of three factors found in exploratory factor analysis of parenting on the PAQ among M_{CSA} (α=.89)	N/A
(Anthony et al., 2014)	C/CC	99	N	South Africa	CTQ (R)	NVM	42.30% of M_{CSA} discussed sex with children vs. 30.00% of $M_{no\text{-}CSA}$	No association was found between M_{CSA} status and caregiver reported sex communication (r=.11), and this relationship was not moderated by child gender

Abbreviations: Tables 2-11

- AAPI: Adult-Adolescent Parenting Inventory
- ACUT: A Child's Upsetting Times Checklist
- APQ: Alabama Parenting Questionnaire
- BSI: Brief Symptom Inventory
- C/CC: Convenience or case-control
- CAPI: Child Abuse Potential Inventory
- CATS: Child Abuse and Trauma Scale
- CP: Corporal punishment
- CPS: Child Protective Services
- CSA: Child sexual abuse
- CTQ: Childhood Trauma Questionnaire
- CTS: Conflict Tactics Scale
- CTSPC: The Parent-Child Conflict Tactics Scale
- CTSPC-R: The Parent-Child Conflict Tactics Scale-Revised
- DSS: Department of Social Services
- F_{CSA}: Fathers who experienced CSA
- LASC: Los Angeles Symptom Checklist
- LSC-R: Life-Stressors Checklist Revised
- MCG: Matched comparison group
- M_{CSA}: Mother(s) who experienced child sexual abuse
- $M_{no\text{-}CSA}$: Mother(s) with no experience of CSA
- N/A: Not applicable
- NVM: Non-validated measure
- P/R: Prospective or retrospective
- PAQ: Parenting Attitudes Questionnaire
- PARQ: Parental Acceptance and Rejection Questionnaire
- PCRQ: Parent Child-Relationship Questionnaire
- PDI: Parenting Dimensions Inventory
- PPTSD-R: Purdue PTSD Scale – Revised
- PRADS: Parental Reaction to Abuse Disclosure Scale
- PS: Parenting Scale
- PSEQ: Parenting Style Expectations Questionnaire
- PSI: Parenting Stress Index
- PSOC: Parenting Sense of Competence Scale
- R-SES: Revised Sexual Experiences Survey
- SCL-90-R: Symptom Checklist-90-Revised
- SEQ: Sexual Experiences Questionnaire
- SES: Socioeconomic status
- SIPA: Stress Index for Parents of Adolescents
- STAI: State-Trait Anxiety Inventory
- THQ: Trauma History Questionnaire
- TP/RS: Total population or random sampling
- TTTC: Teen Tough Times Checklist
- UK: United Kingdom
- USA: United States of America
- Y/N: Yes or no

Note: In the "Non-Significant" column of Tables 2-11, though descriptions may indicate that no association, difference, etc. is present, this refers to no significant association; as in most cases there are associations between these variables.

Research Question 1: Association Between Maternal CSA History and whether these Mothers Engage in Abusive and/or Neglectful Behaviors with Their Child

Sexual Abuse of Children by M_{CSA}

Two studies (2.15%) explored whether M_{CSA} perpetrate CSA against their children (Table 2). In both studies, convenience or case-control sampling was used (C/CC). Measures of CSA were retrospective and non-validated, and the sexual abuse of children was based on self-report and was not substantiated. In one study (n=unclear for mothers), researchers found non-significant correlations between characteristics of mothers' CSA experiences, including severity (r=.21) and frequency (r=.28), and mothers' perpetration of CSA against her child (Ney, 1988). The second study found that among 36 M_{CSA}, 8.33% (n=3) reported engaging in seductive behaviors with their children (Sroufe & Ward, 1980).

Physical Abuse, Including Corporal Punishment, and the Potential to Abuse Children by M_{CSA}

Physical Abuse of Children by M_{CSA}

Eleven studies (11.83%) examined whether M_{CSA} engage in physically abusive behaviors towards their children (Table 3). In six studies, researchers found significant positive associations between maternal CSA history and physical abuse behaviors. All six studies used validated questionnaires or objective measures, such as Child Protective Services (CPS) status, to measure physical abuse (Banyard, 1997; Locke & Newcomb, 2004; McMillen, 1993; Vasconcelos, 2007; Zuravin & Fontanella, 1999; Zvara, Mills-Koonce, & Cox, 2017). Two of these studies used validated measures of mothers' CSA history, and were the only two studies on the topic of physical abuse to do so (Locke & Newcomb, 2004; Zvara et al., 2017). In one study, results indicated that the relationship between maternal CSA history and physical aggression

towards children varies by child gender, with mothers being more likely to show physical aggression towards boys (Zvara et al., 2017).

However, in five studies, significant associations between maternal CSA history and physical abuse were not observed (Fujiwara, Okuyama, & Izumi, 2010; McMillen, 1993; Ney, 1988; Vasconcelos, 2007; Zuravin & DiBlasio, 1996), although validated or objective measures of physical abuse were not used in two of these studies (Fujiwara et al., 2010; Ney, 1988). In two studies (n=154; n=unclear for mothers), aspects of mothers' CSA experiences, including use of force and severity of the abuse, were not associated with physical abuse (McMillen, 1993; Ney, 1988). In another study (n=9,282), researchers found that when compared to fathers who experienced molestation or rape, M_{CSA} did not differ in their use of harsher forms of physical abuse (Vasconcelos, 2007).

In descriptive studies, researchers in one study (n=164) found that 24.49% of M_{CSA} did not engage in harsh parenting, 28.57% engaged in mild harsh parenting, 46.94% engaged in moderate harsh parenting, and 0.00% engaged in severe harsh parenting (Koci, 2011), while researchers in another (n=176) found that in a subgroup on M_{CSA} who did not engage in seductive behaviors with their child, one engaged in physical abuse (Sroufe & Ward, 1980).

Corporal Punishment of Children by M_{CSA}

Mothers reported whether they used corporal punishment in 24 studies (25.81%; Table 3). Four out of the five studies with the largest sample sizes (N=9,282, 1,265, 483, and 483) found that M_{CSA} status was positively associated with valuing or using corporal punishment (Barrett, 2009, 2010; Chung et al., 2009; Vasconcelos, 2007). However, in two of these studies, this association disappeared when controlling for variables, such as childhood physical abuse and witnessing intimate partner violence (Barrett, 2009, 2010), indicating that other mechanisms may

be involved. Validated measures of CSA were also not used in these four studies (Barrett, 2009, 2010; Chung et al., 2009; Vasconcelos, 2007). Several additional studies with smaller sample sizes also found positive associations (Baril et al., 2016; Rodriguez, 2009; Schuetze & Eiden, 2005). In one study (n=127), researchers found a direct effect model best accounted for the relationship between M_{CSA} status and punitive discipline, even compared to models with indirect effects, such as through maternal dissociation (Kim, Trickett, & Putnam, 2010). In other studies researchers identified depression (Rodriguez, 2009; Schuetze & Eiden, 2005), experiencing childhood physical abuse (Rodriguez, 2009), intimate partner violence (Schuetze & Eiden, 2005), and cultural coping (Miller-Clayton, 2010) as mediators of the relationship between CSA history and punitive discipline. A final study found that M_{CSA} with higher current family functioning were less likely to believe a child should be spanked (Hernandez & Lam, 2012).

The vast majority of studies on this topic found no significant relationship between maternal CSA history and use of corporal punishment (Table 3). One study examining specific aspects of CSA (e.g. severity) found no association with corporal punishment (Benedict, 2001). In another study (n=107), the vast majority of M_{CSA} (97.20%) agreed or strongly agreed that children should not be spanked and that non-violent discipline (95.33%) should be used (Hernandez & Lam, 2012). Finally, 53.20% of M_{CSA} reported they were not punitive with children, which included corporal punishment (D'Zatko, 2011).

Potential of M_{CSA} to Abuse Children

Eight studies (8.60%) examined the potential of M_{CSA} to engage in abusive behaviors (attitudes and tendencies associated with abusive behaviors, but not actually engaging in abuse; Table 3). All eight studies included validated measures to assess child abuse potential. However, validated measures of CSA were only used in one study (Table 3).

In four studies, researchers found non-significant associations between M_{CSA} status and child abuse potential, with three of these evaluating this association using correlations (Bert, Guner, & Lanzi, 2009; McCullough & Scherman, 1998; Vaughan-Eden, 2003), and one using multiple logistic regressions (Hall, Sachs, & Rayens, 1998).

However, in studies using regressions and path analysis, significant positive associations between maternal CSA status and child abuse potential were detected (Daer, 2015; DiLillo, Tremblay, & Peterson, 2000; Ethier, Couture, & Lacharité, 2004; Hall et al., 1998; Mapp, 2006). In one study (n=206), aspects of the CSA experience were associated with CAPI score, with violent CSA experiences resulting in greater odds of child abuse potential than non-violent CSA experiences (Hall et al., 1998). In other studies, depression (Mapp, 2006) and maternal anger (DiLillo et al., 2000) were found to mediate the relationship between M_{CSA} status and child abuse potential.

Emotional Abuse of Children by M_{CSA}

In eleven studies (11.83%), researchers examined whether M_{CSA} were at increased risk for engaging in emotional or psychological abuse/aggression (Table 4). A validated measure of CSA was used in one of these studies, while validated measures assessing whether the child experienced emotional abuse were used in five studies (Table 4). In a descriptive study, 53.20% of M_{CSA} reported not engaging in punitive behaviors with children, which included insults and swearing at the child (D'Zatko, 2011).

In four studies, including the only study with a validated measure of CSA on this topic (Rodriguez, 2009), significant positive associations were found between maternal CSA history and increased levels of emotional abuse/aggression (Barrett, 2009, 2010; Lange, 2008; Rodriguez, 2009). In another study, an unexpected negative relationship was detected between

M_{CSA} status and verbal aggression (McMillen, 1993). Researchers investigating mediating relationships between maternal CSA experiences and the emotional abuse of their children found that recent intimate partner violence (Barrett, 2010), maternal depression (Rodriguez, 2009), and history of childhood physical abuse (Rodriguez, 2009) mediated this relationship, while in another study, researchers found that a lifetime history of domestic violence was not a mediator (Barrett, 2010).

However, several studies did not show an association between M_{CSA} status and emotional abuse (Table 4). In one study, an initial finding that M_{CSA} engage in more psychological aggression than mothers who did not experience CSA ($M_{no\text{-}CSA;}$ t=-2.27, p=.02) was no longer significant after accounting for covariates such as socioeconomic status (β=-.04, p=.40; Barrett, 2009), and in another study, an association was initially seen in correlational analyses, but not seen in regression analyses (Barrett, 2010).

Neglect of Children by M_{CSA}

In seven studies (7.53%), researchers investigated whether M_{CSA} engaged in neglectful behaviors with their child (Table 5). Three studies only detected significant positive associations (Locke & Newcomb, 2004; Zuravin & DiBlasio, 1992; Zuravin, McMillen, DePanfilis, & Risley-Curtiss, 1996), including the study by Locke & Newcomb, which was the only study on this topic using total population sampling and a validated measure of CSA. Two studies only demonstrated no association (Banyard, Williams, & Siegel, 2003; Fujiwara et al., 2010), including one of two studies on this topic that used a matched comparison group and validated measure of parenting (Banyard et al., 2003). Interestingly, in another study (n=80), engagement in neglectful behaviors was associated with the type of CSA mothers experienced; the experience of rape was associated with neglect, but other forms of CSA, such as being propositioned, were

not associated with neglectful behaviors (Ethier, Lacharite, & Couture, 1995). In a further study, the frequency of CSA a M_{CSA} experienced was associated with physical neglect, but the severity of CSA was not associated physical neglect, and the frequency and severity of CSA was not associated with emotional neglect (Ney, 1988).

Maltreatment of Children by M_{CSA}

In six studies (6.45%), researchers examined the association between M_{CSA} status and maltreatment broadly (a combined measure of abuse and neglect; Table 6). In three studies, which all used C/CC sampling, researchers found significant positive associations (Ethier et al., 2004; Kim, Talbot, & Cicchetti, 2009; Prinos, 1996). However, in two studies using TP/RS, researchers did not find any such association (Bert et al., 2009; Hyman & Williams, 2001), including one of two studies to use a prospective measure of CSA in this review (Hyman & Williams, 2001), and the one study on this topic to use a matched comparison group (Bert et al., 2009). The findings of a descriptive study (n=256) indicated that M_{CSA} had more CPS contacts than $M_{no\text{-}CSA}$ (Vasquez, 2011).

Research Question 2: Association Between Maternal CSA History and Child Abuse and Neglect by Others

Sexual Abuse of Children by Others

Twenty-four studies (25.81%) detail information on whether M_{CSA} have children who also experienced CSA (Table 7). However, validated measures of maternal CSA were only used in three of these studies (Table 7). The majority of studies located on this topic found a significant positive association between M_{CSA} status and the CSA status of their children (Table 7). Researchers in one study found that M_{CSA} had children whose experiences of CSA lasted for a shorter period of time than the children of $M_{no\text{-}CSA}$ (Brison, 1994).

Although the majority of researchers found a positive association between M_{CSA} status and the CSA status of their children, researchers in several studies found no significant association between M_{CSA} status and the CSA status of their children, with the majority of these studies using validated measures or substantiated cases to assess the CSA status of children (Table 7). Five studies also showed no association between M_{CSA} status and specific aspects of their child's CSA status, such as frequency or quantity (Leifer, Shapiro, & Kassem, 1993; Vaughan-Eden, 2003), severity (Brison, 1994), being molested outside the home (Estes & Tidwell, 2002), or whether the child experienced intra-familial CSA (Oates, Tebbutt, Swanston, Lynch, & O'Toole, 1998; Vaughan-Eden, 2003), perhaps indicating that M_{CSA} status is more important in predicting whether a child experiences CSA than the specific components of these CSA experiences.

Two descriptive studies (n=61 and n=85) found that the majority of children who experienced CSA had mothers with CSA history (67.57% and 54.84%; Kegan, 1981; Macias, 2004).

Physical Abuse and Neglect of Children by Others

Only one descriptive study (n=85) assessed child physical abuse and neglect perpetrated by others (Table 8). Though this study used total population sampling, measures of CSA were retrospective and non-validated, and measures of physical abuse and neglect were neither validated nor substantiated (Macias, 2004). In a sample of M_{CSA}, 48.65% of their children had experienced physical abuse and 13.51% had experienced neglect by others (Macias, 2004).

Research Questions 1 and 2: Association Between Maternal CSA History and Child Maltreatment by M_{CSA} and Others Where the Perpetrator is Unclear

Twelve studies (12.90%; Table 9) assessed the relationship between maternal CSA status and the maltreatment status of their children at the hands of the mother/others. Studies included in this section did not clearly differentiate between mother vs. other perpetration, typically describing contact with CPS without specifying the perpetrator. Thus, these results are presented separately from the sections where the perpetrator was clearly listed.

Overall, the results supported a positive association between M_{CSA} status and the maltreatment status of her child (Table 9). Studies with significant associations appeared to be of high quality; for example, the five studies with the largest sample sizes on this topic showed an association between M_{CSA} status and whether their children had been maltreated by any perpetrator (Appleyard, Berlin, Rosanbalm, & Dodge, 2011; Boyer & Fine, 1992; Choi et al., 2018; Goodwin, McCarthy, & DiVasto, 1981; Sidebotham, Golding, & Team, 2001). Additionally, the three studies where maltreatment had been substantiated showed a significant association (Goodwin et al., 1981; Robboy & Anderson, 2011; Zuravin et al., 1996).

Further, researchers in two studies found that the chronicity and severity of the CSA the mother experienced affected the likelihood of having CPS contacts (Spieker, Bensley, McMahon, Fung, & Ossiander, 1996; Zuravin et al., 1996). In other studies, researchers found substance use (Appleyard et al., 2011), post-partum depression (Choi et al., 2018), and maternal depression (Choi et al., 2018) mediated the relationship between M_{CSA} status and maltreatment of children.

However, in a subset of studies, no direct association was found (Banyard et al., 2003; McMillen, 1993; Thompson, 2006; Zuravin et al., 1996). Specifically, in two studies examining characteristics of CSA, associations were not found (McMillen, 1993; Spieker et al., 1996).

Research Question 3: Reactions of M_{CSA} to the Sexual Abuse of Children by Others

In nineteen studies (20.43%), researchers assessed mothers' reactions to the sexual abuse of their children (Table 10). However, the sample sizes of these studies tended to be small (mean=81.84, SD=42.42) compared to the average sample size of studies included in this review (mean=460.97, SD=1716.55). Additionally, none of these studies used validated measures to assess CSA status of mothers, though the majority did use validated measures to assess the reactions of mothers.

Results were nonsignificant in all three studies examining the association between M_{CSA} status and the likelihood of believing their children's reports of CSA (Brison, 1994; Deblinger, Stauffer, & Landsberg, 1994; Strople, 2003). In a descriptive study (n=68), researchers found that 43.48% of M_{CSA} and 42.22% of $M_{no\text{-}CSA}$ believed the child over the perpetrator. Further, M_{CSA} were less likely to deny the abuse occurred (39.13%) and accuse their child of lying (39.13%) than $M_{no\text{-}CSA}$ (44.44%; 46.67%; Quezada, 1996).

In nine studies, researchers examined the emotions that M_{CSA} felt in response to their child's disclosure of CSA; of these, seven found a significant positive association between M_{CSA} status and symptoms of mental ill-health, all assessed with validated measures. Specifically, these caregivers experienced increased distress, stress, anxiety, post-traumatic stress disorder symptoms, somatization, depression, and paranoia compared to $M_{no\text{-}CSA}$ (Deblinger et al., 1994; Hébert, Daigneault, Collin-Vézina, & Cyr, 2007; Hiebert-Murphy, 1998; Kaplan, 2016; Kelley, 1990; Sela-Amit, 2002; Timmons-Mitchell, Chandler-Holtz, & Semple, 1996). One study (n=35) found that even though M_{CSA} felt more stress than $M_{no\text{-}CSA}$, this did not result in them receiving more counseling for this distress (Kaplan, 2016). In three studies, researchers found a lack of association between M_{CSA} status and their mental ill-health symptoms after disclosure, including distress, trait anxiety, phobic anxiety, and hostility (Deblinger, Hathaway, Lippmann, & Steer,

1993; Kim, Trickett, & Putnam, 2011; Timmons-Mitchell et al., 1996). In one study assessing whether M_{CSA} believed their children, researchers found that mother's emotions were not associated with the child's gender or with the mother being approximately the same age as her child was when she experienced CSA (Kaplan, 2016).

Researchers in several studies examined mothers engaging in active responses towards children who had been sexually abused, including contacting authorities or not allowing perpetrators near the child. These studies found no significant differences between M_{CSA} and $M_{no\text{-}CSA}$ (Heriot, 1991; Leifer et al., 1993; McDonald, 2004; Quezada, 1996; Strople, 2003; Wooten, 2010). M_{CSA} and $M_{no\text{-}CSA}$ did not differ in emotional support of the child post-abuse (Cyr et al., 2003; Strople, 2003; Vaughan-Eden, 2003), or with serving as an advocate for the child (Deblinger et al., 1994). Further, parental efficacy and satisfaction after child CSA disclosure did not differ for M_{CSA} compared with $M_{no\text{-}CSA}$ (Hiebert-Murphy, 2000).

Research Question 4: Association Between Maternal CSA History and Use of Protective Strategies Against Abuse

Despite the relationship between mothers' CSA history and their children experiencing abuse, protective behaviors used to prevent children from experiencing abuse were explored in only two studies using C/CC sampling (2.15%; Table 11). In one study using factor analysis and validated measures of parenting, but no validated measure of CSA, "concerns regarding the child's sexuality and safety" emerged as a factor related to parenting by CSA survivors, and these concerns were predictors of several protective parenting behaviors, including limit setting (β=.45, $p<.01$) and difficulty allowing the child autonomy (β=.71, $p<.01$; Allbaugh, Wright, & Seltmann, 2014, p. 885). Another study with validated measures of CSA explored communication with children about sex as a protective parenting behavior. In this study,

maternal CSA status was not associated with communication about sex and was not moderated by gender, though a validated measure to assess sex communication was not used (Anthony et al., 2014).

Discussion

Discussion of Results

Overview

This review represents the first attempt to comprehensively synthesize the vast research on the associations between mothers' experiences of CSA and the abuse status of their children, how they react to this abuse, and whether these mothers engage in behaviors to protect their children from abuse, and mediators and moderators of these associations. Its strengths include a highly sensitive search strategy, and extensive coverage of academic and grey literature, resulting in 93 included studies. This comprehensive synthesis of the literature is critical, as otherwise researchers and practitioners may draw conclusions based on a subset of the literature, without fully realizing the complexities in this body work, including heterogeneity in results across studies, mechanisms contributing to these results, and the methodological issues that may be influencing these results. Thus, this review may aid in moving research and clinical practice forward, as will be shown below. Specifically, the results of each research question will be discussed, including how these results contribute to future research and intervention development, and how measurement issues affected the review findings. An overview of the contribution of this review to theory development and limitations of this review will then be provided.

Research Question 1: Association Between Maternal CSA History and these Mothers Engaging in Abuse, Neglect, Maltreatment, or Corporal Punishment of their Children

Findings were mixed on whether M_{CSA} status was associated with perpetrating emotional abuse, neglect, or maltreatment, or had the potential to abuse, though heterogeneity in the quality of methods presented challenges in synthesis. No association between maternal CSA history and use of corporal punishment was found in the majority of studies. Critically, in two studies on corporal punishment, initial positive associations disappeared when controlling for potential confounders, such as experiences of physical abuse in childhood (Barrett, 2009, 2010). Additionally, included studies found poor mental health or negative emotions (DiLillo et al., 2000; Mapp, 2006; Rodriguez, 2009; Schuetze & Eiden, 2005), other experiences of abuse (Rodriguez, 2009), intimate partner violence (Barrett, 2010; Schuetze & Eiden, 2005), and cultural coping (Miller-Clayton, 2010) mediated the relationship between M_{CSA} status and whether these women engaged in abusive or neglectful behaviors. The findings from the mediation analyses and those controlling for potential confounders highlight the need for future researchers to carefully consider variables that may be influencing these associations, such as poor mental health and other forms of abuse. Specifically, interventionists may want to target the mental health of M_{CSA} as these experiences were found to mediate the relationship between M_{CSA} status and abuse-related parenting, and were further highlighted as a major issue by M_{CSA} in the qualitative systematic review (Lange et al.).

Though associations between maternal CSA history and abuse or neglect of the child were detected in some studies, it is critical to acknowledge that most M_{CSA} did not report engaging in more abusive or neglectful behaviors than $M_{no\text{-}CSA}$. In the qualitative literature, M_{CSA} report that they have been told that they are more likely to abuse their children than $M_{no\text{-}CSA}$; frequently they fear they will become abusive (Lange et al.). Given that the literature in this review has not been previously synthesized, the findings of this review that most M_{CSA} did not

engage in abusive or neglectful behaviors could be highlighted in interventions with M_{CSA} to help assuage this concern, though more research is needed given the mixed findings.

Research Question 2: Association Between Maternal CSA History and Child Abuse and Neglect by Others

Though some heterogeneity existed, results largely showed that M_{CSA} status was associated with having children who experienced CSA at the hands of others. Critically, these positive associations were often observed when CSA was measured broadly, with studies examining specific aspects of the CSA experience, such as severity and chronicity, in relation to the CSA status of children of M_{CSA} often finding no association. Given consistent associations between M_{CSA} status and having children who go on to be sexually abused, there is a need to address protective behaviors through intervention. Specifically, interventionists may benefit from reviewing the qualitative literature where M_{CSA} discuss challenges related to protecting their child from abuse. For example, M_{CSA} who experienced CSA by family members discuss the challenges entailed in keeping their children away from these individuals, as they do not want their child to miss out on family experiences (Lange et al.). For example, one mother who was abused by her father stated, “It’s not fair that the girls should suffer and not have grandparents just because I don’t want any connection with them” (Lev-Wiesel, 2006, p. 88). Further, as will be discussed further in the context of research question 4, many M_{CSA} struggle with being overprotective of their children, which could also be addressed by interventionists.

Only one study examined whether M_{CSA} had children who experienced physical abuse and neglect by others, but none examined risk for corporal punishment, emotional abuse, or maltreatment broadly. This highlights a potential avenue for future research.

Research Question 3: Reactions to the Sexual Abuse of Children by Others

In addition to the intergenerational transmission of trauma by others or the mother, we also examined how M_{CSA} react to the abuse of their children. These studies only examined caregiver reactions to sexual abuse of children, though looking at reactions to other forms of abuse and neglect may be an avenue for future research. Results related to this research are limited by study quality, including small sample sizes and the use of non-validated measures to assess the CSA status of mothers, though validated measures to assess reactions of mothers were frequently used. Higher quality studies addressing the limitations are needed.

Several researchers examined whether M_{CSA} believed the allegations of CSA from their children, hypothesizing that if these caregivers have disrupted attachment styles, attachments to a known perpetrator may affect whether they believe their child (Wooten, 2010). Despite the theoretical basis, results showed that M_{CSA} do not differ in their belief of their children compared with $M_{no\text{-}CSA}$. One author posited that this was likely due to high levels of belief of children among M_{CSA} (85.71%) and $M_{no\text{-}CSA}$ (77.78%) overall (Brison, 1994), suggesting that attachment theory may need to be re-evaluated in this context due to these complex relationships.

According to validated measures, M_{CSA} did experience more emotional distress in response to child experiences of CSA than $M_{no\text{-}CSA}$. This finding is not surprising given that research has shown that CSA survivors have an increased likelihood of experiencing a number of mental health conditions (Maniglio, 2009), which are likely exacerbated upon discovering that their child has undergone the abuse experiences they had previously experienced. Given the likelihood that M_{CSA} will feel negative emotions as a result of the abuse of their children, it may be beneficial to screen for, and address, these experiences when children are assessed for abuse, as this may affect how well M_{CSA} are able to support their child after a traumatic experience.

Research Question 4: Association Between Maternal CSA History and Use of Protective Strategies

Only two studies examined the protective behaviors that M_{CSA} engage in to prevent their children from experiencing abuse, with both using C/CC sampling. This contrasts with our recent qualitative synthesis of the parenting behaviors of M_{CSA}, where protective behaviors were the most prominent theme identified, with over half of the 108 included studies contributing to this theme (Lange et al.). Given the dearth of quantitative research on this topic, future research is needed using TP/RS sampling and validated measures to determine if the protective behaviors observed in the qualitative studies are also associated with CSA experience. This research may be critical in combination with existing qualitative literature, as protective behaviors of mothers could be a potential avenue for interventionists to strengthen in this population. However, qualitative literature also shows that some M_{CSA} perceived their behaviors to be overprotective, with over a third of studies on protection in the above noted review describing this issue (Lange et al.). Thus, while some M_{CSA} may need protection behaviors strengthened, others may benefit from an intervention highlighting appropriate protective behaviors.

Theory Development: Research Questions 1-4

Though evidence is mixed on the relationship between M_{CSA} status and whether these women have children who experience abuse or neglect, several theories are used to explain the relationship, such as attachment, social learning, trauma, and systems theory (Banyard et al., 2003; Baril et al., 2016; Mapp, 2006). While attachment and social learning theory explain some aspects of the behaviors of M_{CSA}, such as their engagement in the abuse of their children, it does not fully explain why many M_{CSA} have children who experience abuse at the hands of others, or

the mediating and moderating variables, such as poor mental health and child gender, that were found to contribute to these results.

Given the potential limitations of attachment and social learning theory, this review supports the use of systems theory and trauma theory. Specifically, systems theorists believe that examining "four different system levels (ontogenic, microsystem, exosystem and macrosystem) as well as potentiating (risk) factors and compensatory (protective) factors" can help explain intergenerational transmission (Mapp, 2006, p. 1294), while trauma theorists believe that CSA experiences lead to negative outcomes in adulthood, such as poor mental health and substance use problems, which ultimately contribute to intergenerational transmission (Baril et al., 2016). These theories best account for the findings of the mediation analyses in this review, which show that additional risk factors may be contributing to the abuse or neglect of the children of M_{CSA}. Further, systems theorists highlight the need to examine potential protective factors (Mapp, 2006), which may be preventing M_{CSA} from engaging in abusive or neglectful behaviors towards their children or may be assisting them in engaging in protective behaviors to prevent the abuse or neglect of their children.

Protective factors are especially important here as the results of this review often show that M_{CSA} status is not associated with having children who have experienced abuse or neglect. While existing theoretical models suggest that these experiences should result in adverse parenting outcomes, there is further need to develop theoretical models surrounding resilience in this population. Specifically, theories such as the relationship-cultural theoretical framework could be built upon, which "looks to the mothering relationship as a potential source of empowerment, healing, and resilience" (Burrill, 2015, p. 2).

Finally, while theories explaining associations between maternal experiences of CSA and abuse-related child outcomes often discuss the CSA of mothers broadly without examining specific aspects of these experiences, these models may benefit from examining these aspects in light of the findings of this review. Specifically, the severity and chronicity of these experiences were found to affect results and should be taken account in further theory refinement in this area.

Limitations and Future Research

Limitations of the Evidence Base and Implications for Research

This review benefited from a sensitive search strategy, and comprehensive coverage of academic and grey literature. Despite these key benefits, results must be interpreted in light of several limitations. Specifically, the results of this review are potentially limited by their generalizability. The studies identified only represent the parenting of M_{CSA} who have disclosed their abuse, as women needed to self-identify as survivors to be included in studies. Many individuals choose not to disclose their CSA experiences and it is not possible to determine if parenting by these individuals differs from those who have disclosed CSA. Further, most studies in this review were conducted in the United States, thus limiting generalizability to other cultural contexts, and highlighting the need for future research in additional cultural contexts.

It is also important to consider limitations based on study quality, as identified by the Cambridge Quality Checklists. Specifically, issues of sampling were identified as an area for concern, as the vast majority of studies (68; 73.12%) relied on convenience rather than population sampling. Though the mean study sample size was high (460.97), the range varied widely; 62 studies reported sample sizes under 200, suggesting these studies may have been under-powered, especially if multiple confounders were assessed. Future studies with larger sample sizes would allow for more detailed analyses, including assessment of mediating and

moderating factors. Given that it could be difficult to recruit large sample sizes, potential exists to pool existing datasets, though as will be noted, standardization of measures will be needed for this. Additionally, the response and retention rates that led to the final sample size were often not reported in manuscripts; including this information in future manuscripts will help address concerns of bias.

Results may also be limited due to the use of retrospective self-report data and the risk of recall bias (Murray et al., 2009). However, studies have shown that childhood maltreatment survivors generally show good recall; for example, in a study of 1,975 mothers who completed the Childhood Trauma Questionnaire, reports of abuse and neglect were consistent over multiple time points (Cammack et al., 2016). Regardless, future research would benefit from longitudinal designs; for example, longitudinal birth cohort studies could be conducted where CSA occurrence is examined prior to subsequent parenting experiences, to eliminate potential bias.

As was previously noted, 84.95% of the included studies did not use validated measures to assess mothers' CSA experiences. Additionally, many also did not use validated measures to assess parenting or the abuse status of children. In addition to issues with validation, few studies assessed the abuse status of children of M_{CSA} using substantiated cases. This may explain some of the mixed or statistically non-significant findings observed in this review. This highlights the need for researchers in the CSA field to use validated measures, both to improve study rigor and ultimately allow for future meta-analyses or pooled analyses of combined datasets. For example, the availability of higher quality studies will allow researchers to determine if the outcomes associated with maternal CSA status examined in this review do exist, and what mechanisms may underlie these associations.

Further, though some measures of CSA were validated, these measures often defined CSA in different ways, a challenge noted by researchers in the field (Senn et al., 2008). Given this controversy, all definitions were included in this review. However, this presents a number of concerns. Specifically, an individual considered to have experienced CSA by the definition of one study, may not be considered to have experienced CSA by another, potentially biasing results. Moving forward, work to standardize the definition will be critical.

Limitations of the Review and Implications for Research

Given the breadth of measures available on this topic, many assessed more than one dimension of behavior. For example, in a study by Kim et al. (2010), punitive discipline, which was included in the corporal punishment section of this review, was defined as physical punishment, verbal punishment, and guilt induction. Even though other dimensions of the construct were included here and in other studies, we included studies measuring multiple constructs in order to capture the full breadth of research on this topic.

Classification of studies into the maltreatment themes (maltreatment by others and maltreatment by the mother) presented challenges. In many instances, maltreatment was assessed broadly by CPS status and it was unclear what percentage of mothers vs. others perpetrated abuse. Thus, a category was created to assess abuse by others or mothers where the main perpetrator was unclear. However, in cases where only a small percentage of M_{CSA} or a small percentage of others were listed as perpetrators, studies were sorted into the theme with the largest percentage of perpetrators. Though classifying the results in this way may introduce some bias, we believe that this method of classification avoids potential bias that may result from including studies with small proportions of mothers or other offenders in each theme. Moving forward, reporting on the main perpetrator is critical.

Conclusion

Results showed that M_{CSA} status was associated with having children who experienced CSA, though some heterogeneity existed. There was no evidence that status as a M_{CSA} was associated with greater likelihood of believing their children when they disclosed abuse, although M_{CSA} status was associated with increased emotional distress. Results were mixed regarding whether M_{CSA} status was associated with perpetrating maltreatment broadly, perpetrating individual forms of maltreatment, such as emotional abuse or neglect, or having the potential to abuse. Largely, no association between M_{CSA} status and use of corporal punishment was found. However, when mothers and others were combined, because the main perpetrator was not listed, belonging to this combined group was associated with increased risk of engaging in maltreatment behaviors. Finally, few studies on protective behaviors of M_{CSA} were located.

Though many research studies indicated that maternal CSA history is associated with the abuse status of their children, their reactions to this abuse, and their protection strategies, some research also showed mixed results, or no association, with study quality likely influencing the results in many instances. Future research is needed with larger, more diverse samples using validated instruments to determine the association between maternal CSA history and the abuse status of their children, protective behaviors they may engage in to prevent abuse, and potential mechanisms that may underlie this association. This will also inform the development of interventions tailored to support families with histories of CSA.

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Appendix 1: Search Strategy

Embase (1974 - March 28, 2017)

Search strategy, as it appears in the database:

	Searches	Type
1	(Child abuse or Child sexual abuse or Sexual abuse).sh. or Sexual* abuse*.tw. or Abuse* sexual*.tw. or Sexual maltreatment.tw. or Incest.tw.	Advanced
2	(Parent or Mother or Childhood trauma survivor or Child abuse survivor).sh. or Parent*.tw. or Mother*.tw. or Maternal.tw.	Advanced
3	(Breast feeding or Child abuse or Child rearing or Child parent relation or Mother child relation or Maternal behavior or Parental attitude or Parental behavior or Parental stress or Self concept).sh. or Attachment.tw. or Breastfeeding.tw. or Caregiving.tw. or Abuse*.tw. or Maltreatment.tw. or Child*rearing.tw. or Mother*child.tw. or Parent*child.tw. or Parenting.tw. or Parental.tw. or Self*concept*.tw. or Self*efficacy.tw. or Self*perception*.tw. or Psychosocial.tw. or Role*reversal.tw. or Sensitivity.tw.	Advanced
4	1 and 2 and 3	Advanced

ProQuest Dissertations & Theses Global: Global Full Text (1806 - March 29, 2017)

Search strategy, as it appears in the database:

("Sexual* abuse*" OR "Abuse* sexual*" OR "Sexual maltreatment" OR "Incest") AND ("Parent*" OR "Mother*" OR "Maternal") AND ti("Attachment" OR "Breastfeeding" OR "Caregiving" OR "Abuse*" OR "Maltreatment" OR "Child*rearing" OR "Mother*child" OR "Parent*child" OR "Parenting" OR "Parental" OR "Self*concept*" OR "Self*efficacy" OR "Self*perception*" OR "Psychosocial" OR "Role*reversal" OR "Sensitivity")

Notes:

Through the Oxford subscription, the following could be accessed through this search:

- ProQuest Dissertations & Theses Global: Business
- ProQuest Dissertations & Theses Global: Health & Medicine
- ProQuest Dissertations & Theses Global: History
- ProQuest Dissertations & Theses Global: Literature & Language
- ProQuest Dissertations & Theses Global: Science & Technology
- ProQuest Dissertations & Theses Global: Social Sciences
- ProQuest Dissertations & Theses Global: The Arts

PsycINFO (1806 - March 28, 2017)

Search strategy, as it appears in the database:

	Searches	Type
1	(Child Abuse or Sexual Abuse or Incest).sh. or Sexual* abuse*.tw. or Abuse* sexual*.tw. or Sexual maltreatment.tw. or Incest.tw.	Advanced
2	(Parents or Mothers or Survivors).sh. or Parent*.tw. or Mother*tw.mp. or Maternal.tw. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]	Advanced
3	(Attachment Behavior or Breast Feeding or Child Abuse or Childrearing Attitudes or Childrearing Practices or Parent Child Communication or Parent Child Relations or Parenting or Parenting Skills or Parenting Style or Parental Absence or Mother Absence or Parental Characteristics or Parental Expectations or Parental Investment or Parental Involvement or Parental Role or Self-Efficacy or Self-Perception or Psychosocial Factors).sh. or Attachment.tw. or Breastfeeding.tw. or Caregiving.tw. or Abuse*.tw. or Maltreatment.tw. or Child*rearing.tw. or Mother*child.tw. or Parent*child.tw. or Parenting.tw. or Parental.tw. or Self*concept*.tw. or Self*efficacy.tw. or Self*perception*.tw. or Psychosocial.tw. or Role*reversal.tw. or Sensitivity.tw.	Advanced
4	1 and 2 and 3	Advanced

PubMed (1809 - March 28, 2017)

Search strategy, as it appears in the database:

(("Child Abuse"[MeSH Terms] OR "Child Abuse, Sexual"[MeSH Terms] OR "Incest"[MeSH Terms] OR "Sexual* abuse*"[Text Word] OR "Abuse* sexual*"[Text Word] OR "Sexual maltreatment"[Text Word] OR "Incest"[Text Word]) AND ("Mothers"[MeSH Terms] OR "Adult Survivors of Child Abuse"[MeSH Terms] OR "Adult Survivors of Child Adverse Events"[MeSH Terms] OR "Parent*"[Text Word] OR "Mother*"[Text Word] OR "Maternal"[Text Word])) AND ("Breast Feeding"[MeSH Terms] OR "Child Abuse"[MeSH Terms] OR "Child Rearing"[MeSH Terms] OR "Parent-Child Relations"[MeSH Terms] OR "Mother-Child Relations"[MeSH Terms] OR "Parenting"[MeSH Terms] OR "Maternal Behavior"[MeSH Terms] OR "Self Efficacy"[MeSH Terms] OR "Self Concept"[MeSH Terms] OR "Attachment"[Text Word] OR "Breastfeeding"[Text Word] OR "Caregiving"[Text Word] OR "Abuse*"[Text Word] OR "Maltreatment"[Text Word] OR "Child*rearing"[Text Word] OR "Mother*child"[Text Word] OR "Parent*child"[Text Word] OR "Parenting"[Text Word] OR "Parental"[Text Word] OR "Self*concept*"[Text Word] OR "Self*efficacy"[Text Word] OR "Self*perception*"[Text Word] OR "Psychosocial"[Text Word] OR "Role*reversal"[Text Word] OR "Sensitivity"[Text Word])

Scopus (1788 - March 28, 2017)

Search strategy, as it appears in the database:

(TITLE-ABS-KEY (“Sexual* abuse*” OR “Abuse* sexual*” OR “Sexual maltreatment” OR “Incest”) AND TITLE-ABS-KEY (“Parent*” OR “Mother*” OR “Maternal”) AND TITLE-ABS-KEY (“Attachment” OR “Breastfeeding” OR “Caregiving” OR “Abuse*” OR “Maltreatment” OR “Child*rearing” OR “Mother*child” OR “Parent*child” OR “Parenting”) OR TITLE-ABS-KEY (“Parental” OR “Self*concept*” OR “Self*efficacy” OR “Self*perception*” OR “Psychosocial” OR “Role*reversal” OR “Sensitivity”))

Sociological Abstracts (1952 - March 28, 2017)

Search strategy, as it appears in the database:

(SU(Child Abuse) OR SU(Child Sexual Abuse) OR SU(Sexual Abuse) OR (Sexual* abuse*) OR (Abuse* sexual*) OR (Sexual maltreatment) OR (Incest)) AND (SU(Parents) OR SU(Mothers) OR SU(Victims) OR (Parent*) OR (Mother*) OR (Maternal)) AND (SU(Attachment) OR SU(Breast Feeding) OR SU(Child Abuse) OR SU(Childrearing Practices) OR SU(Parent Child Relations) OR SU(Family Relations) OR SU(Mother Absence) OR SU(Parental Attitudes) OR SU(Self Efficacy) OR SU(Self Perception) OR SU(Parenting Methods) OR SU(Psychosocial Factors) OR (Attachment) OR (Breastfeeding) OR (Caregiving) OR (Abuse*) OR (Maltreatment) OR (Child*rearing) OR (Mother*child) OR (Parent*child) OR (Parenting) OR (Parental) OR (Self*concept*) OR (Self*efficacy) OR (Self*perception*) OR (Psychosocial) OR (Role*reversal) OR (Sensitivity))

Web of Science (Start date varied by database – March 28, 2017)

Search strategy, as it appears in the database:

TOPIC: (“Sexual* abuse*” OR “Abuse* sexual*” OR “Sexual maltreatment” OR “Incest”) AND **TOPIC:** (“Parent*” OR “Mother*” OR “Maternal”) AND **TOPIC:** (“Attachment” OR “Breastfeeding” OR “Caregiving” OR “Abuse*” OR “Maltreatment” OR “Child*rearing” OR “Mother*child” OR “Parent*child” OR “Parenting” OR “Parental” OR “Self*concept*” OR “Self*efficacy” OR “Self*perception*” OR “Psychosocial” OR “Role*reversal” OR “Sensitivity”)

Notes:

“All Databases” was selected when running this search. Therefore, the following databases were included within this search:

- Web of Science™ Core Collection (1945-present)
    - Science Citation Index Expanded (1945-present)
    - Social Sciences Citation Index (1956-present)
    - Arts & Humanities Citation Index (1975-present)
    - Conference Proceedings Citation Index- Science (1990-present)
    - Conference Proceedings Citation Index- Social Science & Humanities (1990-present)
    - Book Citation Index– Science (2005-present)
    - Book Citation Index– Social Sciences & Humanities (2005-present)
    - Emerging Sources Citation Index (2015-present)
    - Current Chemical Reactions (1986-present)
    - Index Chemicus (1993-present)
- BIOSIS Citation Index℠ (1969-present)
- Current Contents Connect® (1998-present)

- Data Citation Index℠ (1993-present)
- Derwent Innovations Index℠ (1993-present)
- Inspec® (1969-present)
- KCI-Korean Journal Database (1980-present)
- MEDLINE® (1950-present)
- Russian Science Citation Index (2005-present)
- SciELO Citation Index (1997-present)
- Zoological Record® (1993-present)

A Systematic Review of the Association between Child Sexual Abuse and Subsequent Maternal Parenting

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Research Highlights

- Synthesizes 104 studies on parenting by mothers who experienced child sexual abuse.
- Themes included child-rearing practices and the mother-child relationship.
- Themes included breastfeeding and perceptions of motherhood/child.
- Results are interpreted in light of the methodological limitations of studies.
- Advocates for intervention components and theory development based on findings.

Abstract

Child sexual abuse (CSA) represents a global public health problem given its worldwide prevalence and the multiple pernicious outcomes associated with it. Research has focused on the association between CSA and subsequent parenting by mothers who have experienced CSA (M_{CSA}). Despite the extensive research on this topic, a comprehensive systematic review of this literature has not been conducted. Thus, this review aims to synthesize the quantitative literature on this topic. Studies for this review were located through seven academic databases, search engines, reference lists of included studies, and by reviewing the titles of studies that cited studies included in this review. Two authors completed initial screening and the full text review of studies. Data were extracted from all included studies and the study quality of these studies was assessed. All extracted data were narratively synthesized by parenting behavior. 104 studies relevant to this review were located. Results are presented by theme: child-rearing practices (beliefs and attitudes, discipline and behavioral limits, intimate parenting behaviors, knowledge and skills, parenting style, ability to parent, and other); mother-child relationship (allowing child autonomy, attachment, availability, communication, empathetic awareness of the child's needs, involvement, parent-child dysfunctional interaction, role-reversal, sensitivity, warmth, and other); breastfeeding; perception of motherhood (general, other emotions, future parenting, satisfaction, sense of competence, and stress); and perception of child (attributes, emotions towards child, expectations, and reflective functioning). All results are interpreted in light of methodological limitations and strengths. Given the negative effect that CSA has on multiple parenting behaviors for some M_{CSA}, there is a growing need to develop evidence-based interventions, though further high-quality research is needed in some areas.

Key words: Sexual abuse; abuse; systematic review; mothers; parenting

Introduction

For this review, the main risk factor of interest is child sexual abuse (CSA). Though definitions vary, the World Health Organization (WHO) defines CSA as:

> *Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person* (WHO, 1999, pp. 15-16).

In a recent global systematic review and meta-analysis of 55 studies, prevalence of CSA was estimated to range from 8-31% for girls and from 3-17% for boys (Barth, Bermetz, Heim, Trelle, & Tonia, 2013). CSA is associated with a number of negative outcomes, including adverse outcomes related to mental health (Hillberg, Hamilton-Giachritsis, & Dixon, 2011), physical health (Paras et al., 2009), and substance use behaviors (Polusny & Follette, 1995).

In addition to these pernicious outcomes, research has shown CSA may influence parenting. These parenting behaviors can be divided into two distinct groups: general parenting and abuse-related parenting. Abuse-related parenting includes whether the children of mothers who experienced CSA (M_{CSA}) also experienced abuse, how M_{CSA} react to this abuse, and efforts M_{CSA} undertake to protect their children from abuse. While many common aspects of general parenting are affected by CSA history, such as the mother-child relationship and child-rearing practices, there are issues that are unique to CSA, including difficulties related to intimate parenting (Douglas, 2000) and talking to children about sex (Cross, 2001). These concerns may occur at

various points during a child's lifespan, with discussions surrounding sex often occurring in adolescence and difficulties with intimate parenting behaviors often occurring when the child is younger. This manuscript will focus on general parenting; abuse-related parenting is covered in another manuscript (Lange, Condon, & Gardner, 2019b).

Several theories have been used to explain the association between past experiences of CSA and subsequent general parenting by M_{CSA}. Specifically, attachment theory, social learning theory, systems theory, and trauma theory have been proposed to explain effects on different aspects of parenting. Attachment theorists posit that M_{CSA} experience difficulties with their own attachment in childhood, which carry through to adulthood and result in these women having difficulties in their mother-child relationship and responding to their children's emotional needs (DeOliveira, Wolfe, & Bailey, 2004; Pasalich, Cyr, Zheng, McMahon, & Spieker, 2016). Social learning theorists hypothesize that behaviors, including the poor parenting behaviors of the parents of M_{CSA}, can be "learned, rehearsed, and reinforced," ultimately resulting in M_{CSA} repeating a multitude of negative parenting behaviors they experienced with their own children (Ehrensaft, Knous-Westfall, Cohen, & Chen, 2015, p. 17). Systems theorists, including family systems and ecological systems theorists, posit that "parenting is a complex, multidimensional process that is vulnerable to a variety of influences, such as the parent's relationship quality with the partner or depressive symptoms" (Zvara, Mills-Koonce, Carmody, Cox, & The Family Life Project Key Investigators, 2017, pp. 232-233). Given that M_{CSA} may be more likely to experience some of these negative influences, including mental health challenges (Maniglio, 2009), parenting by these women may be affected. Finally, trauma theorists believe that CSA results in a multitude of negative emotions and experiences, which may result in dissociation (Saum, 2008). Ultimately, these emotions and their outcomes may interfere with the ability of M_{CSA} to care for their child.

Despite research linking CSA history to subsequent parenting, to date, a comprehensive, high-quality systematic review on the association between CSA and maternal parenting has not been conducted. While a comprehensive review on CSA and paternal parenting has been conducted (Wark & Vis, 2016), to our knowledge, only four reviews have attempted to synthesize the results for mothers; these studies are either out of date, nonsystematic, or noncomprehensive of the existing literature (de Jong, Alink, Bijleveld, Finkenauer, & Hendriks, 2015; DiLillo & Damashek, 2003; Hugill, Berry, & Fletcher, 2017; Rumstein-McKean & Hunsley, 2001). Given the lack of a high-quality systematic review in this area, this study sought to answer the following questions:

1. Is child sexual abuse associated with subsequent parenting among mothers who experienced this abuse?
2. What mechanisms, including mediators and moderators, explain this association?

Methods

Pre-Registering of the Review and Reporting Guidelines

This review follows PRISMA reporting guidelines (Moher et al., 2015) and was pre-registered with PROSPERO (Lange, Condon, & Gardner, 2017a).

Study Search

Journal articles, dissertations, and theses were primarily located through Embase, ProQuest Dissertations & Theses Global, PsycINFO, PubMed, Scopus, Sociological Abstracts, and Web of Science between March 28th-29th of 2017. As shown in Appendix 1, search strategies encompassed terms related to the traumatic event (child abuse, sexual abuse, incest, etc.), caregiver (mother, maternal, etc.), and the effect on parenting (parenting, breastfeeding, etc.). This search was designed to be sensitive in nature in order to capture all potential studies on this topic given the

broad range of parenting behaviors that could be included. Thus, no limits were placed on research methodology and a variety of parenting-related terms were searched. In addition to these databases, searches were conducted through search engines to identify grey literature that may be relevant to this review. For this search, combinations of the terms used for the database searches were used. The database and grey literature searches were validated using 55 studies that were located prior to the search that were deemed potentially relevant to the review. Upon completion of the full text review, the reference list of included studies and the titles of studies that cited included studies were searched.

As per the review protocols (Lange et al., 2017a; Lange, Condon, & Gardner, 2017b), identified studies were separated based on whether qualitative and quantitative data were presented. Here, quantitative data on non-abuse related parenting is presented, while the companion quantitative review on abuse-related parenting (Lange, Condon, et al., 2019b) and the qualitative review of both abuse and non-abuse related parenting (Lange, Condon, & Gardner, 2019a) are presented elsewhere.

Inclusion Criteria

Studies were required to meet the following criteria to be included in the review:

1. Available in English.
2. From a peer-reviewed journal, published dissertation or thesis, or published report. In cases where a dissertation/thesis and a published study were available, the published study was included.
3. Quantitative methods were used to examine the association between factors in criteria four and five below.
4. The main risk factor was CSA, with all definitions of CSA being included. Though it is

acknowledged that mothers may have experienced multiple victimization or other risk factors, studies were required to analyze CSA as a risk factor for later parenting outcomes separately from other types of maltreatment. Quantitative studies that included CSA only in combination with other forms of child maltreatment or risk factors, such as alcoholism, were not included.

5. The association between CSA and the non-abuse related parenting by mothers was examined. Studies that did not differentiate findings by mothers and fathers were excluded. For the purposes of this review, "mother" refers to any female primary caregiver.

Screening

Upon removal of duplicates, all remaining studies were uploaded to Covidence for screening by BL and EC. All studies were screened using the inclusion and exclusion criteria described above. For discrepancies that arose in the initial screening, the two reviewers discussed each study until a consensus was reached. Once all studies from the initial screening were agreed upon, two reviewers (BL and EC) read each of the remaining studies using the inclusion criteria described above, to determine whether these studies should be included. Discrepancies were resolved through discussion and through review of full texts.

Data Extraction

BL and EC completed data extraction. BL completed data extraction for all studies and EC completed data extraction for half the studies to ensure reliability in extraction. Studies that were double-extracted were compared with discrepancies resolved through review of the full text and discussion. Further, EC reviewed all extracted information presented in the tables and appendices of this review to further ensure reliability.

Strategy for Data Synthesis

Quantitative data were synthesized narratively, and not meta-analyzed, given significant heterogeneity in how CSA and parenting outcomes were measured, and in the design of studies on this topic. Cochrane guidance states that significant heterogeneity in studies makes them unsuited for meta-analysis (Higgins & Green, 2011). Though it is possible to conduct meta-regressions to examine heterogeneity, too few studies were available for each risk-outcome association to produce meaningful results (Borenstein, Hedges, Higgins, & Rothstein, 2009). Thus, data were instead narratively synthesized based on themes within the studies.

Study Quality

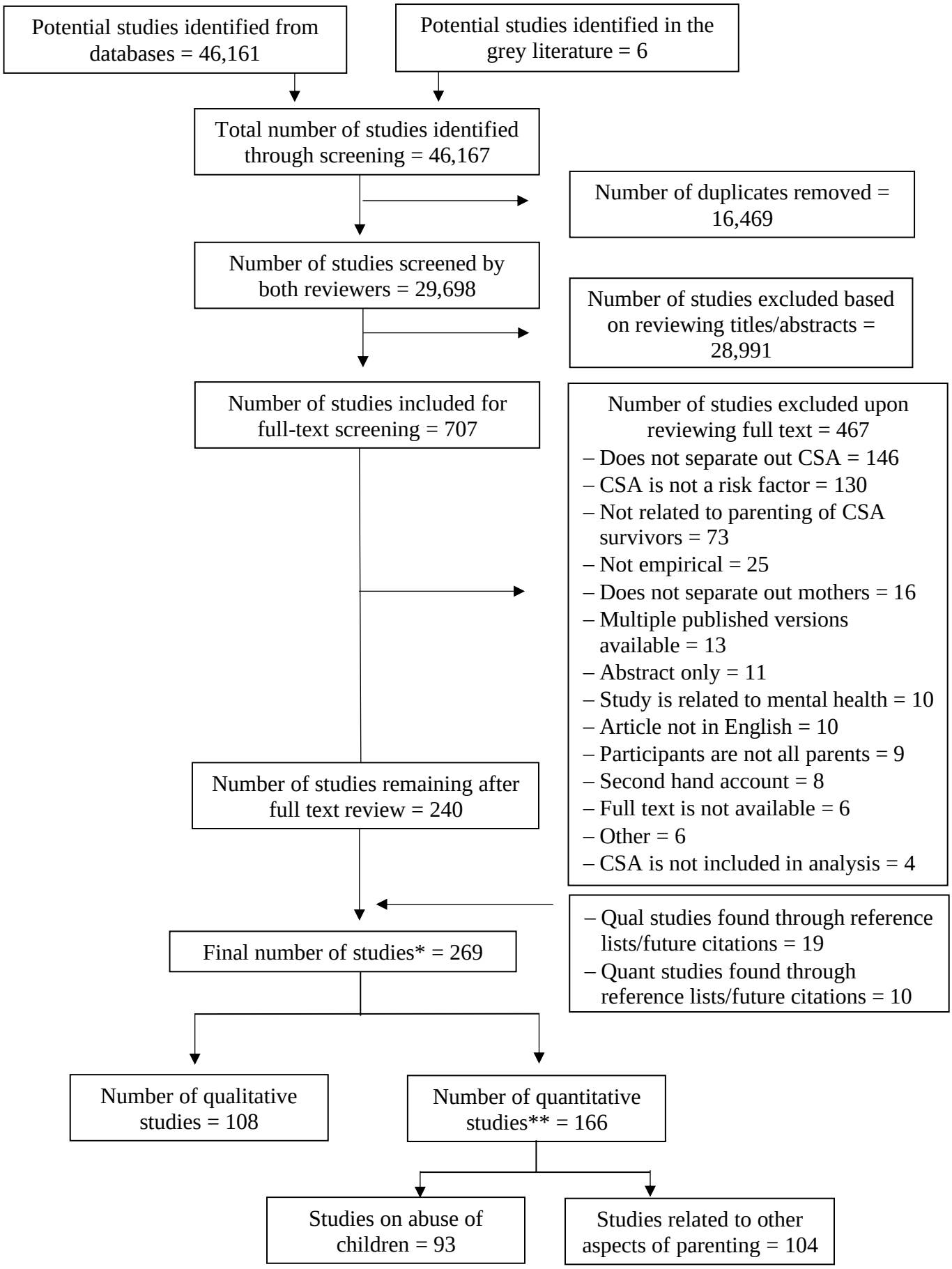
After all relevant extracted information was agreed upon, two authors (BL and EC) used the Cambridge Quality Checklists to assess study quality (Murray, Farrington, & Eisner, 2009). The Cambridge Quality Checklists include a checklist for correlates, checklist for risk factors, and a checklist for causal risk factors (Murray et al., 2009). BL completed assessments for all studies, and EC completed assessments for half the studies to ensure reliability. The quality assessments of BL and EC were compared and discrepancies in these assessments were resolved through discussion.

Results

Overview and Study Characteristics

The search resulted in 104 included studies (Figure 1; Table 1). The majority took place in the United States (n=75; 72.12%) and were published in 2000 or later (n=84; 80.77%). Six main parenting themes were assessed by researchers: child rearing practices (beliefs and attitudes, discipline, intimate parenting behaviors, knowledge and skills, parenting style, inability to parent, and other); the mother-child relationship (attachment, availability, communication, empathetic awareness, parent-child dysfunction interaction, role-reversal, sensitivity, warmth, and other);

Figure 1: Selection of Studies for the Review



*5 studies are mixed methods, so appear under both qualitative and quantitative studies
**31 have information on both abuse of children and other aspects of parenting

Table 1: Overview of Included Studies (N = 104)

	n	%	Mean (SD)
Date of Publication			
1981-1989	2	1.92	
1990-1999	17	16.35	
2000-2009	36	34.62	
2010-2017	48	46.15	
Not listed	1	0.96	
Country Study was Conducted In			
United States	75	72.12	
Canada	9	8.65	
Not listed	4	3.85	
Australia	4	3.85	
United Kingdom	4	3.85	
Israel	2	1.92	
Bangladesh	1	0.96	
Germany	1	0.96	
Japan	1	0.96	
Mexico	1	0.96	
Multiple countries	1	0.96	
Norway	1	0.96	
Scales to Measure CSA Experience of Mothers			
No validated questionnaire	68	65.38	
Childhood Trauma Questionnaire	19	18.27	
Trauma History Questionnaire	4	3.85	
Multiple Questionnaires	3	2.88	
Adverse Childhood Experiences Survey	2	1.92	
Childhood Experiences of Care and Abuse Questionnaire	2	1.92	
Life Stressors Checklist-Revised	2	1.92	
Child Abuse & Trauma Scale	1	0.96	
Childhood Experience of Violence Questionnaire	1	0.96	
Child Maltreatment Interview Schedule Short-Form	1	0.96	
Verified CSA	1	0.96	
Sample Size Included in the Analysis**			938.59 (SD = 5,391.91)

*Please note that percentages may not sum to 100% due to rounding

breastfeeding; perceptions of motherhood (general, other emotions, satisfaction, sense of competence, stress, and support); and perceptions of the child (attributes and emotions).

Of note is that throughout the results, "M_{CSA} status" does not connote that the measure of CSA was dichotomous, but is instead used as shorthand for both dichotomous measures of CSA status and non-dichotomous measures assessing severity. However, when authors are explicit regarding severity in their interpretations, these are indicated.

Study Quality

Characteristics of individual studies on the association between CSA and specific aspects of parenting can be found in Appendices 2-6. These appendices contain basic study information, including author, year of publication, and location of the study; key items from the Cambridge Quality Checklists, including sampling method, sample size, whether a study used a matched comparison group or adequately controlled for variables, the measure of correlate used (CSA), the measure of outcome used (parenting), and whether the study was based on retrospective or prospective reports of CSA; and results of each study.

Studies with descriptive results only (those where significance of associations were not tested) will be included in the overall description of studies for each theme, but descriptive findings will only be presented within the appendices. Specifically, three studies only present descriptive results (D'Zatko, 2011; DeOliveira et al., 2004; Seltmann, 2011; Vasquez, 2011), while others contained descriptive results for some themes. Further, while some studies present information on how different parenting behaviors among M_{CSA} are associated (i.e. how parenting attitudes were associated with parenting style), these are not presented within the results, but are instead presented solely within the appendices. Though all information on these associations are presented in Appendices 2-6, specific focus in the results will be given to studies deemed to be more methodologically rigorous based on the Cambridge Quality Checklists. For example, studies with matched comparison groups, those that adequately control for potential confounders, those using total population or random sampling (TP/RS), those with larger sample sizes, and those with validated measures of CSA will be highlighted.

An overview of basic methodological information for each study is presented in Table 2. Sample sizes ranged from 33 to 53,934. The mean sample size was 938.59 (SD=5,391.91).

Table 2: Individual Study Characteristics

Author(s) and Year	Sampling	Sample Size	Controlling	Location	Measure of CSA (P or R)	Themes
Ahmed	C/CC	166	Non-AC	USA	NVM(R)	– Perceptions-motherhood
Alexander., 2000	C/CC	90	AC	USA	NVM(R)	– Mother-child relationship – Perceptions-child – Perceptions-motherhood
Allbaugh, 2014	C/CC	60	AC	USA	NVM(R)	– Child-rearing – Mother-child relationship – Perceptions-child – Perceptions-motherhood
Ammerman, 2016	C/CC	93	AC	USA	CTQ(R)	– Perceptions-motherhood
Bailey, 2012	C/CC	82	AC and Non-AC	Canada	Multiple(R)	– Child-rearing – Mother-child relationship – Perceptions-motherhood
Banyard, 2003	C/CC	152	MCG	USA	Multiple(R)	– Perceptions-motherhood
Banyard, 1997	C/CC	430	AC	USA	NVM(R)	– Perceptions-child – Perceptions-motherhood
Baril, 2016	TP/RS	87	AC	Canada	NVM(R)	– Child-rearing – Mother-child relationship – Perceptions-child
Barrett, 2010	TP/RS	483	AC	USA	NVM(R)	– Child-rearing – Mother-child relationship – Perceptions-motherhood
Barrett, 2009	TP/RS	483	AC	USA	NVM(R)	– Child-rearing – Mother-child relationship – Perceptions-motherhood
Baumgardner, 2007	C/CC	141	Non-AC	USA	NVM(R)	– Child-rearing – Mother-child relationship
Benedict, 2001	C/CC	265	AC	USA	NVM(R)	– Child-rearing – Perceptions-motherhood
Bert, 2009	TP/RS	681	MCG	USA	CTQ(R)	– Child-rearing – Mother-child relationship
Blatchley, 2000	C/CC	248	Non-AC	USA	NVM(R)	– Child-rearing – Mother-child relationship
Bottos, 2014	C/CC	106	Non-AC	Canada	CECA.Q(R)	– Perceptions-child
Bowman, 2009	C/CC	78	Non-AC	USA	CTQ(R)	– Breastfeeding – Child-rearing
Brandon, 2010	C/CC	53	AC	USA	NVM(R)	– Mother-child relationship – Perceptions-child – Perceptions-motherhood
Bryson, 2007	C/CC	127	MCG	USA	NVM(R)	– Child-rearing – Mother-child relationship
Buist, 2001	TP/RS	45	AC	Australia	NVM(R)	– Perceptions-child – Perceptions-motherhood
Buist, 1998	TP/RS	56	AC	Australia	NVM(R)	– Mother-child relationship – Perceptions-child – Perceptions-motherhood
Burke, 1998	C/CC	50	AC	USA	NVM(R)	– Mother-child relationship – Perceptions-motherhood
Burkett, 1991	C/CC	40	MCG	Not listed	NVM(R)	– Mother-child relationship

Author(s) and Year	Sampling	Sample Size	Controlling	Location	Measure of CSA (P or R)	Themes
Caldwell, 2011	C/CC	76	Non-AC	USA	CTQ(R)	– Perceptions-motherhood
Campbell, 1996	C/CC	51	Non-AC	USA	NVQ(R)	– Child-rearing – Mother-child relationship – Perceptions-motherhood
Chiang, 2008	C/CC	144	AC	USA	NVM(R)	– Child-rearing – Mother-child relationship – Perceptions-child – Perceptions-motherhood
Cohen, 1995	C/CC	54	AC	Israel	NVM(R)	– Child-rearing – Mother-child relationship – Perceptions-child – Perceptions-motherhood
Cole, 1992	C/CC	83	AC	Not listed	NVM(R)	– Child-rearing – Mother-child relationship – Perceptions-motherhood
Cole, 1989	C/CC	40	AC	Not listed	NVM(R)	– Child-rearing – Mother-child relationship – Perceptions-child
Coles, 2015	TP/RS	3,778	AC	Australia	NVM(R)	– Breastfeeding
Collin-Vezina, 2005	C/CC	88	AC	Canada	CTQ(R)	– Child-rearing – Mother-child relationship
Collishaw, 2007	TP/RS	5,619	Non-AC	UK	NVM(R)	– Perceptions-child
Cross, 2016	C/CC	154	AC	USA	CTQ(R)	– Mother-child relationship
Danskin, 2016	C/CC	47	Non-AC	USA	ACEs(R)	– Child-rearing – Mother-child relationship – Perceptions-child – Perceptions-motherhood
Dayton, 2016	C/CC	120	Non-AC	USA	CTQ(R)	– Mother-child relationship – Perceptions-child
DeOliveira, 2004	C/CC	93	Non-AC	Canada	Multiple(R)	– Mother-child relationship – Perceptions-motherhood
Donovan, 1990	TP/RS	54	Non-AC	USA	NVM(R)	– Mother-child relationship – Perceptions-child – Perceptions-motherhood
Douglas, 2000	C/CC	63	Non-AC	Scotland	NVM(R)	– Child-rearing – Mother-child relationship – Perceptions-child – Perceptions-motherhood
Doyle, 2016	C/CC	265	AC	USA	NVM(R)	– Perceptions-motherhood
D'Zatko, 2011	C/CC	264	AC	USA	NVM(R)	– Child-rearing – Mother-child relationship – Perceptions-motherhood
Ehrensaft, 2015	TP/RS	396	AC	USA	NVM(R)	– Child-rearing – Mother-child relationship – Perceptions-child – Perceptions-motherhood
Elfgen, 2017	C/CC	255	MCG	Germany	NVM(R)	– Breastfeeding
Ethier, 1995	C/CC	80	MCG	Canada	NVM(R)	– Perceptions-motherhood
Fava, 2016	C/CC	100	AC	USA	NVM(R)	– Mother-child relationship – Perceptions-motherhood

Author(s) and Year	Sampling	Sample Size	Controlling	Location	Measure of CSA (P or R)	Themes
Fitzgerald, 2005	C/CC	35	MCG	USA	CMIS-SF(R)	– Child-rearing – Perceptions-motherhood
Fujiwara, 2011	TP/RS	304	AC	Japan	CTQ(R)	– Mother-child relationship
Fung, 1988	C/CC	120	Non-AC	USA	NVM(R)	– Child-rearing – Mother-child relationship – Perceptions-child – Perceptions-motherhood
Grocke, 1995	TP/RS	64	MCG	UK	NVM(R)	– Mother-child relationship
Hanley, 1996	C/CC	50	AC	USA	NVM(R)	– Child-rearing – Mother-child relationship – Perceptions-child – Perceptions-motherhood
Harmer, 1999	TP/RS	46	Non-AC	Australia	CATS(R)	– Child-rearing – Perceptions-motherhood
Hernandez, 2012	C/CC	107	Non-AC	USA	NVM(R)	– Child-rearing
Hyman, 2001	TP/RS	136	Non-AC	USA	NVM(P)	– Child-rearing
Islam, 2016	TP/RS	426	AC	Bangladesh	NVM(R)	– Breastfeeding
Jaffe, 2012	TP/RS	65	Non-AC	Not listed	ACEs(R)	– Child-rearing – Perceptions-motherhood
Kallstrom-Fuqua, 2004	C/CC	132	AC	USA	CTQ(R)	– Child-rearing – Mother-child relationship – Perceptions-child
Kapeleris, 2014	C/CC	75	Non-AC	Canada	CTQ(R)	– Mother-child relationship – Perceptions-child
Kim, 2010	C/CC	127	AC	USA	NVM(R)	– Child-rearing
Koren-Karie, 2008	C/CC	33	Non-AC	Israel	NVM(R)	– Child-rearing
Kwako, 2010	C/CC	35	AC	USA	Substantiated CSA(P)	– Mother-child relationship
Kwako, 2007	C/CC	164	MCG	USA	NVM(P)	– Mother-child relationship – Perceptions-child
Lang, 2010	C/CC	44	AC	USA	CTQ(R)	– Mother-child relationship – Perceptions-child – Perceptions-motherhood
Leifer, 1993	TP/RS	68	Non-AC	USA	NVM(R)	– Child-rearing – Perceptions-child
Locke, 2004	TP/RS	237	Non-AC	USA	CTQ(R)	– Child-rearing – Mother-child relationship
Lyons-Ruth, 1996	C/CC	45	AC and Non-AC	USA	NVM(R)	– Mother-child relationship
Madigan, 2015	TP/RS	490	AC	Canada	CEVQ(R)	– Mother-child relationship
Marcenko, 2000	C/CC	127	Non-AC	USA	NVM(R)	– Child-rearing – Mother-child relationship – Perceptions-child
Martinez-Torteya, 2014	C/CC	153	Non-AC	USA	CTQ(R)	– Child-rearing – Mother-child relationship
McKay, 2006	C/CC	265	AC	USA	NVM(R)	– Perceptions-motherhood
McNeill, 1999	C/CC	133	Non-AC	USA	NVM(R)	– Child-rearing – Mother-child relationship – Perceptions-child

Author(s) and Year	Sampling	Sample Size	Controlling	Location	Measure of CSA (P or R)	Themes
Miller-Clayton, 2010	C/CC	103	Non-AC	USA	LSC-R(R)	– Child-rearing – Mother-child relationship
Min., 2012	C/CC	231	Non-AC	USA	CTQ(R)	– Perceptions-child
Mojtahedi, 2010	TP/RS	93	Non-AC	USA	NVM(R)	– Perceptions-motherhood
Nieto, 2017	C/CC	156	AC	Mexico	CECA-Q(R)	– Mother-child relationship
Paredes, 2001	C/CC	67	Non-AC	USA	NVM(R)	– Perceptions-child
Pasalich, 2016	C/CC	112	AC and Non-AC	USA	NVM(R)	– Mother-child relationship – Perceptions-child
Pazdera, 2013	C/CC	265	AC	USA	NVM(R)	– Perceptions-motherhood
Pereira, 2012	C/CC	291	Non-AC	Canada	CTQ(R)	– Mother-child relationship – Perceptions-child – Perceptions-motherhood
Prentice, 2002	TP/RS	1,220	AC	USA	NVM(R)	– Breastfeeding – Child-rearing – Mother-child relationship – Perceptions-motherhood
Ramirez, 1998	TP/RS	48	Non-AC	USA	NVM(R)	– Child-rearing – Mother-child relationship – Perceptions-motherhood
Rea, 2016	C/CC	64	Non-AC	USA	CTQ(R)	– Child-rearing – Mother-child relationship
Reid-Cunningham, 2009	C/CC	105	AC	USA	LSC-R(R)	– Mother-child relationship
Renner, 2015	C/CC	264	Non-AC	USA	NVM(R)	– Perceptions-motherhood
Renner, 2013	C/CC	264	AC	USA	NVM(R)	– Mother-child relationship – Perceptions-motherhood
Roberts, 2004	TP/RS	8,292	AC	UK	NVM(R)	– Mother-child relationship – Perceptions-motherhood
Rodriguez, 2009	C/CC	78	AC	USA	CTQ(R)	– Child-rearing – Mother-child relationship – Perceptions-child – Perceptions-motherhood
Ruscio, 2001	C/CC	45	AC	USA	NVM(R)	– Child-rearing
Sandberg, 2012	TP/RS	338	AC	USA	NVM(R)	– Mother-child relationship – Perceptions-motherhood
Saum, 2008	C/CC	265	Non-AC	USA	NVM(R)	– Perceptions-motherhood
Schuetze, 2005	C/CC	263	Non-AC	USA	NVM(R)	– Child-rearing – Perceptions-child – Perceptions-motherhood
Seltmann, 2013	C/CC	54	Non-AC	USA	NVM(R)	– Child-rearing – Mother-child relationship – Perceptions-motherhood
Seltmann, 2011	C/CC	60	Non-AC	USA	NVM(R)	– Child-rearing – Mother-child relationship
Sexton, 2017	C/CC	173	Non-AC	USA	CTQ(R)	– Child-rearing – Mother-child relationship
Snider, 2007	C/CC	265	AC and Non-AC	USA	NVM(R)	– Mother-child relationship – Perceptions-child – Perceptions-motherhood
Sorbo, 2015	TP/RS	53,934	AC	Norway	NVM(R)	– Breastfeeding
Storer, 2002	TP/RS	37	Non-AC	USA	CTQ(R)	– Mother-child relationship

Author(s) and Year	Sampling	Sample Size	Controlling	Location	Measure of CSA (P or R)	Themes
Vasconcelos, 2007	TP/RS	9,282	Non-AC	USA	NVM(R)	– Mother-child relationship
Vasquez, 2011	C/CC	256	Non-AC	USA	NVM(R)	– Perceptions-child
Vaughan-Eden, 2003	TP/RS	62	Non-AC	USA	NVM(R)	– Child-rearing – Mother-child relationship – Perceptions-child
Wortel, 2015	C/CC	194	AC	USA	NVM(R)	– Child-rearing – Mother-child relationship
Wright, 2005	C/CC	79	AC and Non-AC	Multiple countries (mainly USA)	NVM(R)	– Mother-child relationship – Perceptions-child – Perceptions-motherhood
Zuravin, 1999	TP/RS	516	AC	USA	NVM(R)	– Perceptions-motherhood
Zvara, 2015	C/CC	204	MCG	USA	THQ(R)	– Child-rearing – Mother-child relationship – Perceptions-motherhood
Zvara, Meltzer-Brody, et al., 2017	C/CC	1,292	MCG	USA	THQ(R)	– Mother-child relationship
Zvara, Mills-Koonce, & Cox, 2017	C/CC	204	MCG	USA	THQ(R)	– Child-rearing – Mother-child relationship
Zvara, Mills-Koonce, Carmody, et al., 2017	C/CC	204	MCG	USA	THQ(R)	– Mother-child relationship – Perceptions-child

Abbreviations

- AC: Adequate controlling
- ACEs: Adverse Childhood Experiences
- C/CC: Convenience or case-control
- CATS: Child Abuse and Trauma Scale
- CECA.Q: Childhood Experiences of Care and Abuse Questionnaire
- CEVQ: Childhood Experiences of Violence Questionnaire
- CMIS-SF: Child Maltreatment Interview Schedule – Short-Form
- CSA: Child sexual abuse
- CTQ: Childhood Trauma Questionnaire
- LSC-R: Life Stressor Checklist – Revised
- Non-AC: Non adequate controlling
- NVM: Non-validated measure
- P or R: Prospective or retrospective
- TP/RS: Total population or random sampling
- UK: United Kingdom
- USA: United States of America

However, when the five studies with sample sizes over 3,500 were removed, the mean sample size was 168.77 (SD=165.85). The median sample size was 123.50. The majority of studies (n=68, 65.38%) did not use validated questionnaires to assess CSA and used convenience or case-control (C/CC) sampling (n=75, 72.12%). Thirteen studies (12.50%) had matched comparison groups and a further 49 studies (47.12%) were deemed to adequately control for variables in analyses specific to the parenting of M_{CSA}. Though some studies used high quality methods in some categories, only three studies used TP/RS, adequately controlled for variables, and used validated measures of CSA

(Bert, Guner, & Lanzi, 2009; Fujiwara, Okuyama, & Izumi, 2011; Madigan, Wade, Plamondon, & Jenkins, 2015).

Child-Rearing Practices

Discipline and Setting Behavioral Limits

The discipline and limit setting behaviors of M_{CSA} were explored in 28 studies (26.92%; Appendix 2). Major subthemes within this category included discipline, limit setting, supervision, and maturity demands.

Few studies on discipline used TP/RS (Baril, Tourigny, Paillé, & Pauzé, 2016; Barrett, 2009, 2010; Ehrensaft et al., 2015; Harmer, Sanderson, & Mertin, 1999; Locke & Newcomb, 2004) or validated measures of CSA (Collin-Vezina, Cyr, Pauze, & McDuff, 2005; Harmer et al., 1999; Locke & Newcomb, 2004; Miller-Clayton, 2010; Rodriguez, 2009). The majority used validated measures or observation to assess discipline, with seven not doing so (Benedict, 2001; Blatchley, Hanlon, Nurco, & O'Grady, 2000; Bryson, 2007; Hanley, 1996; Hernandez, Arntz, Gaviria, Labad, & Gutierrez-Zotes, 2012; Kim, Trickett, & Putnam, 2010; Schuetze & Eiden, 2005). Largely, no associations were found between M_{CSA} status or severity of CSA and discipline, with what constitutes disciplinary behaviors varying by study, but not including corporal punishment (Baril et al., 2016; Barrett, 2009, 2010; Benedict, 2001; Blatchley et al., 2000; Bryson, 2007; Chiang, 2008; Cole, Woolger, Power, & Smith, 1992; Collin-Vezina et al., 2005; Ehrensaft et al., 2015; Fung, 1988; Harmer et al., 1999; Kim et al., 2010; Miller-Clayton, 2010; Rodriguez, 2009). Intimate partner violence was not found to mediate this relationship (Barrett, 2010).

However, studies found significant associations between M_{CSA} status and broad discipline strategies (Schuetze & Eiden, 2005), proposing lower levels of punishment when disciplining (Hanley, 1996), and increased rejection when a child misbehaves (Locke & Newcomb, 2004). In

path analyses, current partner violence and maternal depression were on the path between M_{CSA} status and punitive discipline (Schuetze & Eiden, 2005). In two instances, the relationship between M_{CSA} status and discipline was only seen in mediation analyses. Specifically, in a study by Rodriguez (2009) a relationship between M_{CSA} status and over reactivity (engaging in negative emotions while disciplining) was seen when depression was a mediator, and in a study by Miller-Clayton (2010) specific to African Americans, a relationship between M_{CSA} status and telling their child that the behavior of other children was better was seen when cultural coping was entered as a mediator.

Out of eight studies on limit setting, all but one used C/CC (Ramirez, 1998). While all studies used validated measures to assess limit setting, only one used a validated measure to assess CSA (Kallstrom-Fuqua, 2004). Study results were mixed. Two studies found that M_{CSA} status was associated with difficulties with limit setting (Allbaugh, Wright, & Seltmann, 2014; Cohen, 1995). Specifically, when compared to mothers who did not experience CSA ($M_{no\text{-}CSA}$), M_{CSA} were found to exhibit poorer limit setting with male children than female children (Kallstrom-Fuqua, 2004). Further, M_{CSA} with low intimate partner support were found to have increased issues with limit setting (Seltmann & Wright, 2013). However, other studies found no such association between M_{CSA} status (Cole et al., 1992; Ramirez, 1998) or severity of the CSA experience (Kallstrom-Fuqua, 2004; McNeill, 1999; Seltmann & Wright, 2013), and limit setting.

Two small studies examining the demands of M_{CSA} on the maturity of their child found mixed results. One study found that M_{CSA} engaged in fewer maturity demands than $M_{no\text{-}CSA}$ and the children of alcoholics (Cole et al., 1992), while another found M_{CSA} did not differ from a normative population (Campbell, 1996), with both using C/CC sampling, non-validated measures of CSA, and validated measures of parenting. Two studies examining supervision by M_{CSA} found

that M_{CSA} status was not associated with a lack of supervision, with both studies using validated measures of parenting (Baril et al., 2016; Collin-Vezina et al., 2005), while another study with a larger sample size (n=194), but non-validated CSA/parenting measures, found a positive association (Wortel, 2015).

Intimate Parenting Behaviors

Two studies (1.92%) examined intimate parenting behaviors (bathing a child, changing a child's diaper, etc.) by M_{CSA}, with both using C/CC and validated measures of parenting, but not adequately controlling for other variables in analyses (Appendix 2). The findings of these studies were mixed. One study (n=63) found that M_{CSA} were more likely than $M_{no\text{-}CSA}$ to experience intimate parenting anxiety (Douglas, 2000), while another study (n=78) unexpectedly found that $M_{no\text{-}CSA}$ were more likely to experience intimate parenting anxiety than M_{CSA} (Bowman, Ryberg, & Becker, 2009). When examining specific aspects of the CSA experience, M_{CSA} who experienced CSA for six or more years differed from those who experienced CSA for fewer than six years in their intimate parenting anxiety (Douglas, 2000). However, associations with other aspects of the CSA experience, including severity (Bowman et al., 2009) and perpetrator characteristics (Douglas, 2000), were not significant.

Parenting Knowledge and Skills

Four studies (3.85%) examined the relationship between status as a M_{CSA} and parenting knowledge and skills (Appendix 2). In both studies assessing knowledge of infant development using validated measures, which included one of the three highest quality studies in the review (Bert et al., 2009), researchers found no significant associations (Bert et al., 2009; Fung, 1988). In the one study assessing general knowledge and skills, M_{CSA} were found to have greater positive parenting skills than mothers who experienced physical abuse or no abuse (Marcenko, Kemp, &

Larson, 2000). The final study, with the largest sample size in this subtheme (n=1,220), found that M_{CSA} were more likely than $M_{no\text{-}CSA}$ to attend a parenting discussion or class, but were not more likely to say they wanted to increase their parenting knowledge, to use the media for parenting knowledge, or to discuss their child's crying with a health professional (Prentice, Lu, Lange, & Halfon, 2002).

Parenting Style

Four studies (3.85%) assessed the parenting styles of M_{CSA} (Appendix 2), with all using validated measures or observation to assess parenting, two using validated measures of CSA and TP/RS (Bert et al., 2009; Jaffe, Cranston, & Shadlow, 2012), and one being one of the three highest quality studies in the review (Bert et al., 2009). Significant associations were not found between M_{CSA} status and authoritarian parenting (high expectations/low responsiveness; Bert et al., 2009; Bryson, 2007). Status as a M_{CSA} and status as a M_{CSA} who experienced penetration were associated with less authoritarian parenting, but status as a M_{CSA} who did not experience penetration was not (Ruscio, 2001).

Researchers in two studies found mixed results regarding the association between M_{CSA} status and permissive parenting (low expectations/high responsiveness). In one, while an association between M_{CSA} status and permissive parenting was found in a parenting program, this association was not found in a group from a shelter (Jaffe et al., 2012). In another, M_{CSA} reported higher permissive parenting than $M_{no\text{-}CSA}$ in some models, but not others (Ruscio, 2001).

In the only study assessing authoritative parenting (high expectations/high responsiveness), M_{CSA} did not differ from $M_{no\text{-}CSA}$ or adult children of alcoholics in authoritative parenting. In models examining indirect associations, associations were found through diminished social support satisfaction. Further, dysfunctional parenting attitudes were found to moderate the

relationship between M_{CSA} status and authoritative parenting (Ruscio, 2001).

Inability to Parent

Five studies (4.81%) assessed whether M_{CSA} were able to parent their child (Appendix 2), but none used validated measures of the CSA experience. Three of the studies used TP/RS (Hyman & Williams, 2001; Leifer, Shapiro, & Kassem, 1993; Vaughan-Eden, 2003) and only one study adequately controlled for other variables (Allbaugh et al., 2014). Three studies found no association between M_{CSA} status and having a child with out of home placements, such as foster care (Leifer et al., 1993; Marcenko et al., 2000; Vaughan-Eden, 2003). Another study found that all M_{CSA} determined to be highly resilient (measured by "physical health, mental health, interpersonal relationships, adherence to community standards, and economic well-being") were more likely to have their children living with them (Hyman & Williams, 2001, p. 203). Finally, the parenting of M_{CSA} was predicted by a lack of energy for parenting due to CSA recovery issues (Allbaugh et al., 2014).

Beliefs and Attitudes

Seven studies (6.73%) measured beliefs and attitudes towards child-rearing (Appendix 2), with only two using TP/RS (Ramirez, 1998; Vaughan-Eden, 2003) and none using validated measures of CSA. These studies did not measure overlapping constructs of beliefs and attitudes, resulting in this being the most heterogeneous subtheme within this review outside the "other" subthemes. Researchers found no association between M_{CSA} status and attitudes regarding the parenting of adolescents (Vaughan-Eden, 2003), dysfunctional parenting attitudes (Ruscio, 2001), gendered parenting attitudes (Ramirez, 1998), and attitudes regarding when and why children should or should not have sex (Wortel, 2015).

Other Child-Rearing Practices

Additional studies (n=19; 18.27%) examined other themes related to child-rearing practices that are not captured within the subthemes above. Only one of these studies used TP/RS (Baril et al., 2016). Though validated measures or observation were used to assess these aspects of child-rearing in all but two studies (Blatchley et al., 2000; D'Zatko, 2011), non-validated measures of CSA were used in over half these studies (Baril et al., 2016; Baumgardner, 2007; Blatchley et al., 2000; Campbell, 1996; Chiang, 2008; Cohen, 1995; Cole & Woolger, 1989; Cole et al., 1992; D'Zatko, 2011; Fung, 1988; Koren-Karie, Oppenheim, & Getzler-Yosef, 2008).

Specifically, through self-report measures, M_{CSA} status was associated with less support for children's negative emotions (Rea & Shaffer, 2016), consistency (Campbell, 1996; Chiang, 2008; Cole et al., 1992), organization (Campbell, 1996; Cole et al., 1992), and ability to engage in balanced child-rearing practices (Cohen, 1995). Emotional over-involvement was found to mediate the relationship between M_{CSA} status and less support for children's emotions (Rea & Shaffer, 2016). Non-significant associations in self-report measures were found between M_{CSA} status and positive parenting (Baril et al., 2016), parental commitment (Baril et al., 2016), being unsupportive after children's negative emotions (Rea & Shaffer, 2016), democracy/domination (Cole & Woolger, 1989), engaging in behaviors that are not consistent with the needs of the child (Danskin, 2016), ability to meet their child's basic needs (Blatchley et al., 2000), and total parenting practice scores (Chiang, 2008).

In studies that directly observed the behaviors of M_{CSA}, significant associations were found between M_{CSA} status and harsh/intrusive behaviors (Zvara, Mills-Koonce, & Cox, 2017; Zvara, Mills-Koonce, Appleyard Carmody, & Cox, 2015). Non-significant associations were found between M_{CSA} status and the home environment provided to the child (Fung, 1988), positive parenting behaviors (Martinez-Torteya et al., 2014; Sexton, Davis, Menke, Raggio, & Muzik,

2017), intrusiveness (Baumgardner, 2007), and structuring (Bailey, DeOliveira, Wolfe, Evans, & Hartwick, 2012). M_{CSA} status and harsh intrusive behaviors did not change based on sex (Zvara, Mills-Koonce, & Cox, 2017). Family income moderated the relationship between M_{CSA} status and harsh/intrusive parenting, but maternal education and marital instability did not (Zvara et al., 2015). In teaching tasks, non-significant associations were found between M_{CSA} status and broad teaching of children (Fung, 1988), supportive presence (Fitzgerald, Shipman, Jackson, McMahon, & Hanley, 2005), quality of assistance (Fitzgerald et al., 2005), and confidence assisting with the task (Fitzgerald et al., 2005). Severity of CSA was not associated with sensitive guidance or structuring behaviors (Koren-Karie et al., 2008).

Mother-Child Relationship

Allowing Child Autonomy

Seventeen studies (16.35%) examined the autonomy that M_{CSA} allowed their child (Appendix 3). Allowing child autonomy included constructs such as possessiveness, control, protectiveness, and broad aspects of autonomy. Three studies on this topic used TP/RS (Ehrensaft et al., 2015; Kallstrom-Fuqua, 2004; Ramirez, 1998). All studies assessed the allowance of child autonomy through validated measures or observation, but most did not use validated measures of CSA (Allbaugh et al., 2014; Baumgardner, 2007; Burke, 1998; Cole & Woolger, 1989; Cole et al., 1992; Ehrensaft et al., 2015; Kwako, 2007; McNeill, 1999; Ramirez, 1998; Seltmann, 2011; Seltmann & Wright, 2013; Wortel, 2015), and were not adequately controlled (Bailey et al., 2012; Baumgardner, 2007; McNeill, 1999; Miller-Clayton, 2010; Ramirez, 1998; Rea & Shaffer, 2016; Seltmann, 2011; Seltmann & Wright, 2013; Sexton et al., 2017).

In terms of possessiveness, results were mixed with M_{CSA} status being associated with possessiveness in one study (Miller-Clayton, 2010), but not another (Ehrensaft et al., 2015).

However, the study finding no association was methodologically stronger, using both a larger sample size and TP/RS (Ehrensaft et al., 2015). In terms of controlling the child, several studies found associations between CSA experiences and undercontrol (Burke, 1998; Cole & Woolger, 1989; Cole et al., 1992). However, the majority did not find associations between M_{CSA} status and control/overcontrol (Baumgardner, 2007; Cole et al., 1992; Kallstrom-Fuqua, 2004; Sexton et al., 2017). Further, coping was not found to mediate this relationship (Burke, 1998), while social support (Burke, 1998) and aspects of the grandmother-mother relationship (Baumgardner, 2007) were not found to moderate this relationship.

In all but one study (Allbaugh et al., 2014), no association was found between M_{CSA} status and whether these women allowed their child autonomy (Bailey et al., 2012; Kwako, 2007; Ramirez, 1998; Rea & Shaffer, 2016; Wortel, 2015). Several additional studies assessed specific aspects of the CSA experience related to allowing child autonomy and found that these relationships were not moderated by depression or antisocial behaviors (Kwako, 2007). Further, CSA characteristics, such as severity and perpetrator type, were not associated with allowing child autonomy (Kwako, 2007; McNeill, 1999; Seltmann & Wright, 2013), though duration and quantity of the CSA experience were associated with autonomy in one study (McNeill, 1999). Finally, depression was a significant predictor of autonomy among M_{CSA} (Seltmann & Wright, 2013), though was not a moderator in another study (Kwako, 2007).

Attachment

$M_{CSA's}$ attachment to their child was examined in ten studies (9.62%; Appendix 3), with few studies using TP/RS (Donovan, 1990), validated measures of CSA (Nieto, Lara, & Navarrete, 2017), or adequately controlling for variables (D'Zatko, 2011; Nieto et al., 2017; Renner, Whitney, & Easton, 2013). However, attachment of the mother to her child was assessed using validated

measures or observation in all but one study (Blatchley et al., 2000). Results were mixed, with M_{CSA} status being associated with difficulties with attachment to the child in several studies (Blatchley et al., 2000; Donovan, 1990; Nieto et al., 2017). However, M_{CSA} status (Baumgardner, 2007; Donovan, 1990; Snider, 2007) or the severity of CSA (Seltmann & Wright, 2013), were not associated with attachment in other studies. Finally, in a latent class model where three classes of parenting were found among M_{CSA}, which was created based on measures that included attachment, there was no difference in M_{CSA} membership across groups (Renner et al., 2013).

When examining factors affecting the relationship between M_{CSA} status and attachment to the child, directness and individuation of a $M_{CSA's}$ grandmother did not moderate this relationship, with each being measured by observing the grandmother and mother interact (Baumgardner, 2007). Further, in moderated mediational models, severity of the CSA M_{CSA} experienced did not predict attachment (Seltmann & Wright, 2013). Finally, partner support and depressive symptoms of M_{CSA} were found to interact, in that M_{CSA} with high partner support, but low depressive symptoms were better able to attach to their child (Seltmann & Wright, 2013).

Six studies (5.77%) explored the attachment of children to M_{CSA} (Appendix 3). In all six studies, C/CC sampling was used, and the Strange Situation was used to assess the attachment style of the child. Two of the studies found that M_{CSA} had children who were more likely to be insecurely attached than the children of $M_{no\text{-}CSA}$ (Kwako, 2007; Kwako, Noll, Putnam, & Trickett, 2010), including the one study in this subtheme to include only M_{CSA} with substantiated abuse (Kwako et al., 2010). However, the majority of studies found no association between M_{CSA} status and the attachment status of the child (Fung, 1988; Hanley, 1996; Pasalich et al., 2016), with one finding that attachment style did not vary based on whether the child had siblings (Kwako, 2007), and two finding that specific characteristics of the CSA experience, including severity and

relationship to the perpetrator, were not associated with attachment (Hanley, 1996; Lyons-Ruth & Block, 1996).

Availability

Three studies (2.88%) examined how available M_{CSA} were to their children (Appendix 3), with only one using TP/RS and adequately controlling for variables (Ehrensaft et al., 2015). Findings were mixed – the highest quality study with the largest sample size in this subtheme (n=396) found that M_{CSA} were less available (Ehrensaft et al., 2015), while studies with smaller sample sizes did not (DeOliveira et al., 2004; Rea & Shaffer, 2016).

Communication

The communication of M_{CSA} with their children was assessed in 20 studies (19.23%; Appendix 3). Six studies assessed communication by M_{CSA} broadly with mixed results. All studies used validated measures or observation to assess communication, but only one of these studies used a validated measure of CSA (Kallstrom-Fuqua, 2004), and only one used TP/RS (Ramirez, 1998). M_{CSA} were found to have a greater awareness of how they communicate with their child than $M_{no\text{-}CSA}$ (Ramirez, 1998). Further, M_{CSA} broadly (Allbaugh et al., 2014; Cohen, 1995) and M_{CSA} who did not experience support and protection after their experience (McNeill, 1999), were less likely to communicate effectively with their child. In one study, partner support was protective against communication issues, but only when a M_{CSA} had low depressive symptoms (Seltmann & Wright, 2013). Non-significant associations were found between M_{CSA} status and communicating about potential interpersonal danger (Kallstrom-Fuqua, 2004), and between characteristics of the CSA experience and effective communication with the child (McNeill, 1999; Seltmann & Wright, 2013).

Several studies assessed whether M_{CSA} engaged in positive and negative forms of

communication. In terms of negative communication, all used C/CC sampling, and validated measures or observation to assess communication. Studies found that M_{CSA} status was associated with more belittling and blame (Burkett, 1991), fewer messages of understanding (Burkett, 1991), and increased hostility (Rodriguez, 2009). Depression and child physical abuse history were found to mediate the relationship between M_{CSA} status and hostility (Rodriguez, 2009). Non-significant associations were found between M_{CSA} status and communicating negative displeasure (Bryson, 2007), criticizing the child (Rea & Shaffer, 2016), hostility (Bailey et al., 2012; Lyons-Ruth & Block, 1996; Pasalich et al., 2016; Rea & Shaffer, 2016; Sexton et al., 2017), anger (Rea & Shaffer, 2016), giving controlling messages (Burkett, 1991), or ignoring their child (Bryson, 2007; Burkett, 1991).

In terms of positive communication, only one study used TP/RS (Fujiwara et al., 2011). However, communication was assessed with observation or validated measures in all but one study (Fujiwara et al., 2011). M_{CSA} status was not associated with positive reinforcement (Collin-Vezina et al., 2005), praise (Fujiwara et al., 2011), emotion regulation (Rea & Shaffer, 2016), or positive affect (Rea & Shaffer, 2016). Critically, the study by Fujiwara (2011) was one of three studies previously mentioned that consistently used rigorous methods. One study found a significant association between M_{CSA} status and increased warm responsiveness (Bryson, 2007), while two others found no associations (Campbell, 1996; Fung, 1988).

Results regarding communication about sex were mixed. Two studies examined this association, with both using non-validated measures of CSA and communication. One study (n=64) using TP/RS and a matched comparison group found M_{CSA} to be more likely than $M_{no\text{-}CSA}$ to discuss some aspects of sex with their child, such as wet dreams and erections, but were not more likely than $M_{no\text{-}CSA}$ to discuss others, such as pregnancy and birth (Grocke, Smith, & Graham,

1995). In another study (n=194) specific to sex communication with daughters, M_{CSA} were not more likely than $M_{no\text{-}CSA}$ to communicate about sex, be embarrassed communicating about sex, or believe their daughter would be embarrassed (Wortel, 2015).

Empathetic Awareness of Child's Needs

Four studies (3.85%) assessed whether M_{CSA} were empathetic to the needs of their child (Appendix 3). Three studies found no association between status as a M_{CSA} and empathetic awareness (Bert et al., 2009; Kwako, 2007; Vaughan-Eden, 2003), including one of the three highest quality studies in the review (Bert et al., 2009). A final study found that M_{CSA} were more likely than mothers who experienced physical abuse or no abuse to exhibit empathetic awareness (Marcenko et al., 2000).

Involvement

Eight studies (7.69%) assessed the involvement (engagement and communication) of M_{CSA} with their child (Appendix 3), with only one study using TP/RS (Ramirez, 1998) and validated measures of CSA (Collin-Vezina et al., 2005). Several studies found that M_{CSA} status (Allbaugh et al., 2014; Blatchley et al., 2000) or severity of CSA (Lyons-Ruth & Block, 1996), were associated with less involvement with the child. Further, among M_{CSA} with low levels of depressive symptoms, support from a romantic partner promoted involvement with the child (Seltmann & Wright, 2013). However, several studies found no association between M_{CSA} status (Collin-Vezina et al., 2005; Fung, 1988; Ramirez, 1998) and the characteristics of the CSA experience (McNeill, 1999; Seltmann & Wright, 2013), and child involvement.

Parent-Child Dysfunctional Interaction

Four studies (3.85%) assessed parent child dysfunctional interaction using the Parenting Stress Index (PSI), with all using C/CC sampling and only one not using a validated measure of

CSA (Douglas, 2000). Results of these studies were mixed with two finding associations between M_{CSA} status and increased parent-child dysfunctional interaction (Douglas, 2000; Pereira et al., 2012) and two not finding these associations (Danskin, 2016; Lang, Gartstein, Rodgers, & Lebeck, 2010).

Role-Reversal

Seven studies (6.73%) assessed whether M_{CSA} engaged in role-reversal (mother takes on the role of the child or treats the child as an equal; Appendix 3), with few using TP/RS (Vaughan-Eden, 2003) or validated measures of CSA (Kallstrom-Fuqua, 2004; Zvara et al., 2015), though only one did not use a validated measure of role-reversal (Alexander, Teti, & Anderson, 2000). Results were mixed, with one study finding M_{CSA} engaged in more role-reversal than $M_{no\text{-}CSA}$ (Zvara et al., 2015), while another found that M_{CSA} engaged in less role-reversal (Marcenko et al., 2000). Family structure was found to moderate the relationship between M_{CSA} status and role-reversal (Alexander et al., 2000). A further study found that boundary disturbances within the mother-child relationship were one of three factors predicting broad parenting behaviors of M_{CSA} (Allbaugh et al., 2014). However, other studies found no association between M_{CSA} status and role-reversal (Kallstrom-Fuqua, 2004; Kwako, 2007; Vaughan-Eden, 2003).

Studies also assessed whether specific factors were affecting the role-reversal behaviors of M_{CSA}. One found that among M_{CSA} with single perpetrators, depression significantly predicted role-reversal (Kwako, 2007), while another found that M_{CSA} who were dissatisfied with their relationship with their intimate partner were more likely to experience role-reversal with their child (Alexander et al., 2000). However, two studies found that characteristics of CSA that M_{CSA} experienced, such as age of onset and perpetrator, were not associated with role-reversal (Alexander et al., 2000; Kwako, 2007). Further, in moderation analyses, maternal education (Zvara

et al., 2015), marital instability (Zvara et al., 2015), depression (Kwako, 2007), and antisocial behavior (Kwako, 2007) were not found to moderate the relationship between M_{CSA} status and role-reversal.

Sensitivity

Nine studies (8.65%) examined the sensitivity of M_{CSA} (Appendix 3). All studies in this subtheme used C/CC sampling and validated measures or observation to assess parenting. In a series of studies by Zvara and colleagues, all of which used matched comparison groups and observation to assess sensitivity, associations were found between M_{CSA} status and lower maternal sensitivity (Zvara, Meltzer-Brody, Mills-Koonce, Cox, & Family Life Project Key Investigators, 2017; Zvara, Mills-Koonce, & Cox, 2017; Zvara et al., 2015; Zvara, Mills-Koonce, Carmody, et al., 2017). Specifically, the depressive symptoms of M_{CSA} (Zvara, Meltzer-Brody, et al., 2017), prenatal distress (Zvara, Meltzer-Brody, et al., 2017), and IPV (Zvara, Mills-Koonce, Carmody, et al., 2017) were found to mediate the relationship, while the child's gender (Zvara, Mills-Koonce, & Cox, 2017), maternal education (Zvara et al., 2015), and marital stability were found to moderate this relationship (Zvara et al., 2015). However, M_{CSA} status was not associated with maternal sensitivity in other studies, with four of these having smaller sample sizes (Bailey et al., 2012; Cole et al., 1992; Danskin, 2016; Dayton, Huth-Bocks, & Busuito, 2016; Pereira et al., 2012). Further, maternal sensitivity was not found to change over time as a function of M_{CSA} status (Zvara, Mills-Koonce, & Cox, 2017) and family income was not found to be a moderator (Zvara et al., 2015).

Warmth

Nine studies (8.65%) examined the maternal warmth of M_{CSA} (Appendix 3), with all nine studies using validated measures or observation to assess warmth, three using TP/RS (Barrett,

2009, 2010; Locke & Newcomb, 2004), and all but two being adequately controlled (Locke & Newcomb, 2004; Miller-Clayton, 2010). Of those broadly examining M_{CSA} status and maternal warmth, three found that status as a M_{CSA} was associated with decreased maternal warmth, with these studies containing the largest sample sizes on the topic (Barrett, 2009, 2010; Locke & Newcomb, 2004). However, in one study, these associations disappeared when controlling for past experiences and demographic characteristics (Barrett, 2009). In another study, it was found that M_{CSA} showed greater maternal warmth with female children (Cross et al., 2016).

Other studies found non-significant relationships between M_{CSA} status (Chiang, 2008; Miller-Clayton, 2010) or severity of CSA (Burke, 1998; Kallstrom-Fuqua, 2004), and maternal warmth. One study specifically found that M_{CSA} status was not associated with maternal warmth with male children, whereas it was with female children (Cross et al., 2016). Interestingly, in one study where M_{CSA} status was associated with warm responsiveness and high maternal warmth in observation, no association was found when M_{CSA} assessed their own reported maternal warmth (Bryson, 2007).

When examining mediators of M_{CSA} status and warmth, researchers found a lifetime history of intimate partner violence (Barrett, 2010) and cultural coping (Miller-Clayton, 2010) to be mediators, while coping (Burke, 1998) and recent history of intimate partner violence (Barrett, 2010) were not found to be mediators. However, after controlling for other variables, lifetime intimate partner violence was no longer a mediator in one study (Barrett, 2010). Social support was not found to moderate this relationship (Burke, 1998).

Other Aspects of the Mother-Child Relationship

Twenty-nine studies (27.88%) were identified that did not clearly fall within the subthemes of the mother-child relationship described above (Appendix 3). In studies using self-report

measures, M_{CSA} status was associated with fewer nurturing behaviors (Campbell, 1996), more relationship difficulties (Brandon, 2010; Miller-Clayton, 2010; Roberts, O'Connor, Dunn, Golding, & Team, 2004), lack of bond with the child (Allbaugh et al., 2014), less strong rapport (Cohen, 1995), less structure (Bryson, 2007), and comforting a child immediately when they are in distress (Prentice et al., 2002). Specifically, in a more methodologically rigorous study, using TP/RS and having 9,282 participants, M_{CSA} status was associated with higher self-reported parent-child relationship quality when compared to fathers who had experienced CSA (Vasconcelos, 2007).

Despite initial positive associations in several studies, associations in self-report studies sometimes disappeared when controlling for variables or in different analyses. For example, though one study initially found that M_{CSA} were more likely than $M_{no\text{-}CSA}$ to report more negativity and less positivity in their mother-child relationship, these associations disappeared for negativity and positivity when controlling for childhood cruelty experienced by the M_{CSA}, and disappeared for positivity when controlling for childhood cruelty and the psychological wellbeing of M_{CSA} (Roberts et al., 2004). In another study, the frequency of CSA a M_{CSA} experienced was correlated with mother-child relationship satisfaction, though no direct path was found in a structural equation model (Sandberg, Feldhousen, & Busby, 2012).

In further self-report studies, M_{CSA} status was not associated with nurturance (Cole et al., 1992), parent-child relationships (Baril et al., 2016; Collin-Vezina et al., 2005; Reid-Cunningham, 2009), enjoyment of parent-child relationships (Roberts et al., 2004), tolerance of emotions (Kapeleris, 2014), disengagement (Danskin, 2016), playing with the child (Fujiwara et al., 2011; Prentice et al., 2002), how long M_{CSA} wanted to spend with their child (Ehrensaft et al., 2015; Fung, 1988), and parenting post-traumatic change (Fava et al., 2016), with the study by Fujiwara

(2011) being one of the three in this review to use consistently strong methods.

In observational studies involving a parent-child interaction task, one of the three highest quality studies in the review found that M_{CSA} exhibited decreased responsivity and this was not explained by greater rates of depression among M_{CSA} (Madigan et al., 2015). In further studies, M_{CSA} status was associated with the M_{CSA} focusing more on herself than the child (Burkett, 1991), and lower relationship scores (Buist, 1998). Severity of CSA was associated with time in the room with an infant, disengagement, and flat affect (Lyons-Ruth & Block, 1996). However, M_{CSA} status was not associated with positive parenting behaviors (Martinez-Torteya et al., 2014), relationship quality (Storer, 2002; Wortel, 2015), nurturance (Baumgardner, 2007), and ability to promote separateness (Burkett, 1991).

In a study using both self-report and observational measures, M_{CSA} were not found to exhibit more nurturing behaviors generally. They were found to exhibit more nurturing behaviors towards sons than daughters in observation, but this was not found through self-report (Kallstrom-Fuqua, 2004).

Breastfeeding

The results of studies (n=6; 5.77%) on the breastfeeding behaviors of M_{CSA} can be found in Appendix 4. Of these studies, no study used a validated measure to assess breastfeeding and only the study with smallest sample size of the six used a validated measure to assess CSA (Bowman et al., 2009). In terms of breastfeeding initiation, researchers in one study using TP/RS and a large sample size (n=1,220), found that M_{CSA} were at increased odds of initiating breastfeeding compared to $M_{no\text{-}CSA}$ (Prentice et al., 2002). When examining the early cessation of breastfeeding, researchers in two studies, including the one with the largest sample size in this review (n=53,934), found that M_{CSA} were not more likely than $M_{no\text{-}CSA}$ to stop breastfeeding early

(Prentice et al., 2002; Sorbo, Lukasse, Brantsaeter, & Grimstad, 2015). One study did show a significant difference in the early cessation of breastfeeding between these two groups, though this significance disappeared in one model after controlling for demographic characteristics (Coles, Anderson, & Loxton, 2015). Only one study examined exclusive breastfeeding, with researchers finding that M_{CSA} were significantly less likely to report exclusive breastfeeding and significantly more likely to discontinue exclusive breastfeeding early than $M_{no\text{-}CSA}$ (Islam, Baird, Mazerolle, & Broidy, 2016). Another study found that CSA severity scores were higher in breastfeeding mothers than formula feeding mothers, though this difference was not statistically significant (Bowman et al., 2008). Finally, Elfgen et al. (2017) found that M_{CSA} were more likely to experience pain during breastfeeding and to develop mastitis than $M_{no\text{-}CSA}$, though were not more likely to develop fissures on the nipple.

Perceptions of Motherhood

Satisfaction

Eleven studies (10.58%) assessed the satisfaction of M_{CSA} with their parenting (Appendix 5), with none using validated measures of CSA, only three not using validated measures to assess satisfaction (Banyard, 1997; Banyard, Williams, & Siegel, 2003; Fung, 1988), and only one using TP/RS (Ramirez, 1998). Several studies found that M_{CSA} status was associated with decreased parenting satisfaction (Allbaugh et al., 2014; Banyard, 1997; Campbell, 1996; Ramirez, 1998). However, the majority of studies found no association between M_{CSA} status (Banyard et al., 2003; Cole et al., 1992; Fung, 1988; Hanley, 1996; Renner et al., 2013; Schuetze & Eiden, 2005) or severity of CSA (Seltmann & Wright, 2013), and parenting satisfaction.

Sense of Competence/Self-Efficacy

$M_{CSA's}$ sense of competence/self-efficacy was examined in 37 studies (35.58%; Appendix

5). Only nine of these studies used TP/RS (Buist, 1998; Buist & Janson, 2001; Donovan, 1990; Ehrensaft et al., 2015; Jaffe et al., 2012; Prentice et al., 2002; Roberts et al., 2004; Sandberg et al., 2012; Zuravin & Fontanella, 1999). All but three studies used validated measures to assess competence (Prentice et al., 2002; Roberts et al., 2004; Sandberg et al., 2012), while only eight studies used validated or multiple measures to assess CSA (Bailey et al., 2012; Caldwell, Shaver, Li, & Minzenberg, 2011; DeOliveira et al., 2004; Fitzgerald et al., 2005; Jaffe et al., 2012; Lang et al., 2010; Rodriguez, 2009; Zvara et al., 2015).

Results of these analyses were mixed, though largely supportive of there being no association. Specifically, studies found that M_{CSA} status was not associated with parenting competence (Ahmed et al.; Brandon, 2010; Buist, 1998; Buist & Janson, 2001; Caldwell et al., 2011; Campbell, 1996; Chiang, 2008; Doyle, 2016; Fava et al., 2016; Lang et al., 2010; Prentice et al., 2002; Renner, Cavanaugh, & Easton, 2015; Renner et al., 2013; Rodriguez, 2009; Saum, 2008; Zvara et al., 2015), and that specific characteristics of this experience, such as severity and frequency, were also not associated with parenting competence (Benedict, 2001; Burke, 1998; Sandberg et al., 2012). Further, family support (Doyle, 2016) and partner support (Wright, Fopma-Loy, & Fischer, 2005) were not found to moderate the relationship. Additionally, depression (Rodriguez, 2009), history of child physical abuse (Rodriguez, 2009), coping (Burke, 1998), and bonding of M_{CSA} with their own mothers (Fitzgerald et al., 2005) did not mediate this relationship.

However, other studies did find an association between M_{CSA} status (Allbaugh et al., 2014; Bailey et al., 2012; Cohen, 1995; Cole et al., 1992; Ehrensaft et al., 2015; Fitzgerald et al., 2005; Pazdera, McWey, Mullis, & Carbonell, 2013; Schuetze & Eiden, 2005) or specific aspects of the CSA experience (Wright et al., 2005), and decreased parenting competence. Depression in the M_{CSA} (Pazdera et al., 2013; Renner et al., 2015; Schuetze & Eiden, 2005), intimate partner violence

(Renner et al., 2015; Schuetze & Eiden, 2005), and personal mastery (Renner et al., 2015), were found to mediate this relationship.

In studies of note, M_{CSA} in the same study were more confident in their parenting as measured by the Parenting Sense of Competence Scale, but not by the PSI (Snider, 2007). In other studies, though status as M_{CSA} predicted less parenting competence, this association disappeared when controlling for experiences of other abuse as a child (Zuravin & Fontanella, 1999) or experiences of other abuse as a child and the psychological wellbeing of M_{CSA} (Roberts et al., 2004). In two other studies, M_{CSA} status was associated with lower parenting efficacy in certain types of analyses and models, but not others (Donovan, 1990; McKay, 2006). Additionally, in one study of M_{CSA} from a group parenting program, M_{CSA} status was associated with lower parenting competence, but in the same study, this relationship was not found in a group from a shelter (Jaffe et al., 2012). Finally in one study, M_{CSA} were more likely than $M_{no\text{-}CSA}$ to report lower parenting self-efficacy ($p=.02$), but were not more likely to report overall parenting competence ($p=.06$; Hanley, 1996).

Stress

Twenty studies (19.23%) assessed the parenting stress experienced by M_{CSA} (Appendix 5). Specifically, results on the Total Score and Parent Domain of the PSI are presented here (the results of the Child Domain only are presented under the Perceptions of Child theme and the results of the Parent-Child Dysfunction Interaction scale only are presented under the Mother-Child Relationship theme). All studies used validated measures of parenting stress, with all but one study using the PSI (Brandon, 2010). However validated measures of CSA were used less frequently (Ammerman, Peugh, Teeters, Putnam, & Van Ginkel, 2016; Danskin, 2016; Harmer et al., 1999; Lang et al., 2010; Pereira et al., 2012).

Results of these studies were mixed, though the majority pointed to there being no association. Specifically, M_{CSA} status (Alexander et al., 2000; Ammerman et al., 2016; Barrett, 2009, 2010; Danskin, 2016; Harmer et al., 1999; Lang et al., 2010; Mojtahedi, 2010; Pazdera et al., 2013) or specific aspects of the CSA experience (Douglas, 2000; Ethier, Lacharite, & Couture, 1995), were not found to be associated with parenting stress. Finally, intimate partner violence was not found to mediate this relationship (Barrett, 2010), and the age of the child (Brandon, 2010) and the depression status of M_{CSA} (Pazdera et al., 2013) were not found to moderate this relationship.

However, several studies did find significant associations between M_{CSA} status and higher (Brandon, 2010; Donovan, 1990; Douglas, 2000; Pereira et al., 2012) and lower levels of parenting stress (Saum, 2008), while another study found specific characteristics of CSA were associated with increased parenting stress (Ethier et al., 1995). Further, a study found that depression and depression/parenting competence mediated the relationship between M_{CSA} status and parenting stress (Pazdera et al., 2013).

Specifically, on the Parenting Domain, several studies indicated a relationship between M_{CSA} status and this stress (Pereira et al., 2012; Schuetze & Eiden, 2005), but others did not (Buist, 1998; Buist & Janson, 2001; Danskin, 2016; Douglas, 2000). A further study found that some characteristics of the CSA experience were associated with Parent Domain scores, while others were not, and this varied based on whether the M_{CSA} was negligent with her child (Ethier et al., 1995).

Future Parenting

One study (.96%) assessed $M_{CSA's}$ beliefs about future parenting (Appendix 5). This study used C/CC sampling and non-validated measures of CSA and parenting. In the study, M_{CSA} were asked if they thought their situation as a parent would stay the same or change (for the better or

worse). M_{CSA} status was not associated with expectations for future parenting (Banyard, 1997).

Perceptions of Child

Combined Attributes of Child

The perceptions of M_{CSA} on the attributes of their child were assessed in ten studies (9.62%; Appendix 6). "Combined attributes of children" refers to several domains of perceptions of the child. In all ten studies examining this, the PSI was used, which assesses perceptions of child attributes, which may make parenting more stressful, including behaviors, emotions, and acceptability. Only two studies used validated measures of CSA (Danskin, 2016; Pereira et al., 2012), while three studies used TP/RS (Buist, 1998; Buist & Janson, 2001; Donovan, 1990). The vast majority of studies in this subtheme found no association between M_{CSA} status (Buist, 1998; Buist & Janson, 2001; Danskin, 2016; Pereira et al., 2012; Schuetze & Eiden, 2005; Snider, 2007) or CSA severity (Wright et al., 2005), and these perceptions. Two studies did show significant associations between M_{CSA} status and scoring a child higher on negative attributes, but these studies had smaller sample sizes than the majority of studies in this subtheme (Allbaugh et al., 2014; Douglas, 2000). Finally, one study found that M_{CSA} scored their children higher on negative attributes when compared to the index norms for the scale, but not when compared to $M_{no\text{-}CSA}$ in the study (Donovan, 1990).

Internalizing and Externalizing Behaviors

The perceptions of M_{CSA} on the internalizing and externalizing behaviors of their children were assessed in 18 studies (17.31%; Appendix 6). All but one study used validated measures or observation to assess these behaviors (Alexander et al., 2000), but only three used TP/RS (Baril et al., 2016; Collishaw, Dunn, O'Connor, & Golding, 2007; Leifer et al., 1993). M_{CSA} status was associated with combined totals on both internalizing and externalizing behaviors in three studies

(Chiang, 2008; Collishaw et al., 2007; Paredes, Leifer, & Kilbane, 2001), but not in three others (Alexander et al., 2000; Hanley, 1996; Leifer et al., 1993).

In terms of internalizing behaviors, three studies found that status as a M_{CSA} was associated with increased internalizing behaviors (Baril et al., 2016; Chiang, 2008; Kallstrom-Fuqua, 2004; Min, Singer, Minnes, Kim, & Short, 2012), while three did not (Hanley, 1996; Kapeleris, 2014; Paredes et al., 2001). In terms of specific internalizing behaviors, studies found that M_{CSA} status was associated with child mood (Baril et al., 2016; Brandon, 2010), but was not associated with emotionality (Dayton et al., 2016; Lang et al., 2010), inattention (Min et al., 2012), or social skills (Kapeleris, 2014),

Three studies found that M_{CSA} status was associated with increased externalizing behavior ratings (Baril et al., 2016; Kallstrom-Fuqua, 2004; Min et al., 2012), while five did not (Chiang, 2008; Hanley, 1996; Kapeleris, 2014; Paredes et al., 2001; Pasalich et al., 2016). Further, one study found no indirect effects between M_{CSA} status and externalizing problems via attachment security of maternal hostility (Pasalich et al., 2016). In terms of specific externalizing behaviors, M_{CSA} status was not found to be associated with child delinquent and aggressive behavior (Baril et al., 2016). Further, M_{CSA} status was not found to be directly associated with child conduct problems, though was related to conduct problems through variables, such as maternal depression (Zvara, Mills-Koonce, Carmody, et al., 2017).

Emotions

Three studies (2.88%) examined the emotions M_{CSA} felt towards their child (Appendix 6), with all using non-validated measures of CSA. These studies found that status as a M_{CSA} was not associated with worry about the child (Banyard, 1997), acceptance of the child (Cole & Woolger, 1989), and satisfaction/dissatisfaction with the child (Cole & Woolger, 1989; Ehrensaft et al.,

2015). However, in one model, history of adolescent conduct disorder was found to mediate that relationship between M_{CSA} status and satisfaction with a child's attributes (Ehrensaft et al., 2015).

Expectations

Five studies (4.81%) examined $M_{CSA's}$ expectations of their child (Appendix 6), with all using validated measures to assess expectations. Studies found M_{CSA} status was associated with less realistic expectations (Cohen, 1995) and fewer inappropriate expectations of the child (Vaughan-Eden, 2003), including the only study using TP/RS sampling in this subtheme (Vaughan-Eden, 2003). The remaining studies found no association between M_{CSA} status (Fung, 1988; Kwako, 2007; Marcenko et al., 2000) or specific aspects of the CSA experience (Kwako, 2007), and expectations.

Reflective Functioning

Only one study (.96%) examined reflective functioning (interest in and ability to recognize a child's mental states) by M_{CSA} (Appendix 6). This study used C/CC sampling and validated measures of CSA and parenting, and found that M_{CSA} status was associated with less pre-mentalizing (e.g. impaired reflective functioning) and interest and curiosity in their child's mental state, but not with certainty about their child's mental state (Bottos & Nilsen, 2014).

Discussion

Overview

This review is the first attempt to comprehensively synthesize literature on this topic. Below, results will be discussed in light of their methodological limitations. Following this discussion, the findings across themes will be used to further both theory and intervention development in this area. Finally, the limitations of this review will be presented alongside recommendations for future research.

Discussion of Findings

For the vast majority of subthemes in this review, findings were mixed or pointed to there being no association between M_{CSA} status and parenting. These findings may be due to the fact that some M_{CSA} may be struggling with their parenting, while others may not be. Specifically, qualitative literature on this subject has shown that while some women are currently struggling with CSA and the effects of CSA in relation to their parenting, others believe that these experiences have helped them as a parent or have had no effect on their parenting (Lange, Condon, et al., 2019a). These qualitative results may help explain why non-significant results were often found or why in some instances M_{CSA} were shown to have better parenting practices than $M_{no\text{-}CSA}$. Thus, future research in this area may benefit from considering potential protective factors in analyses that may be contributing to results.

Methodological aspects of studies may also be influencing the results of studies and need to be carefully considered in future research in the field. For example, as will be discussed further within the limitations, few studies used consistently strong methods, with only three studies using TP/RS, adequately controlling for variables, and using validated measures of CSA (Bert et al., 2009; Fujiwara et al., 2011; Madigan et al., 2015). Ultimately, these issues are problematic, as each was found to influence the results in various aspects of the analyses. Specifically, in terms of sampling, in one study examining parenting among two groups of M_{CSA} (one from a parenting program and one from a shelter), significant associations were found in one group, but not the other (Jaffe et al., 2012). In terms of measurement, in several instances, associations between CSA and aspects of parenting were seen using some measurement tools (scales and observation), but not others (Bryson, 2007; Kallstrom-Fuqua, 2004; Snider, 2007). Data analyses also appeared to influence the results in a number of instances. For example, associations between CSA and

parenting disappeared when controlling for certain variables (Barrett, 2009; Roberts et al., 2004; Zuravin & Fontanella, 1999).

Critically, the results indicated that when an association between M_{CSA} status and parenting was present, this was sometimes mediated or moderated by other variables. For example, depression (Pazdera et al., 2013; Rodriguez, 2009; Zvara, Meltzer-Brody, et al., 2017), generalized anxiety disorder (Ehrensaft et al., 2015), prenatal distress (Zvara, Meltzer-Brody, et al., 2017), child physical abuse (Rodriguez, 2009), cultural coping (Miller-Clayton, 2010), and a child with conduct disorder (Ehrensaft et al., 2015) were found to be mediators in analyses. Examples of moderators included child's gender (Zvara, Mills-Koonce, & Cox, 2017), maternal education (Zvara et al., 2015), and marital stability (Zvara et al., 2015). Further, outside of moderation analyses, child gender was found to influence the relationship between M_{CSA} status and specific aspects of parenting. Specifically with daughters, M_{CSA} were found to report more parenting stress and to be more protective than $M_{no\text{-}CSA}$ (Brandon, 2010; Kallstrom-Fuqua, 2004). With sons, M_{CSA} experienced more difficulties with limit setting than $M_{no\text{-}CSA}$ (Kallstrom-Fuqua, 2004).

Theory Development

While attachment theory and social learning theory are useful theories for explaining certain aspects of the relationship between CSA and parenting, the results of this review suggest that trauma theory and systems theory are the most appropriate theories to further develop. Specifically, these theories best account for the complex relationships seen between variables, including the findings of mediation and moderation analyses. Further, future theory development should carefully consider that not all M_{CSA} go on to have parenting difficulties. For example, several studies in this review pointed to M_{CSA} and $M_{no\text{-}CSA}$ not differing in parenting or M_{CSA} having more positive parenting behaviors than $M_{no\text{-}CSA}$. This finding is in keeping with current

literature on CSA, with a systematic review finding that between 10-53% of CSA survivors are considered to be resilient (Domhardt, Münzer, Fegert, & Goldbeck, 2015). Thus, theory development must work to explain why some M_{CSA} go on to struggle with parenting, while others do not.

Intervention Development

Though heterogeneity existed in results, many studies pointed to CSA affecting the parenting of M_{CSA}. Further, as discussed previously, it is possible that while some M_{CSA} have been able to cope with their CSA experiences and not have their parenting affected by these experiences, some M_{CSA} may be struggling more with their experiences. Thus, interventions for this population need to be developed. A recent systematic review of interventions for M_{CSA} found only four low-quality evaluation studies of interventions for this population have been reported (Lange, Bach-Mortensen, Condon, & Gardner, 2019). The results of this review may aid in the development of future interventions. Specifically, areas found to be most problematic for M_{CSA} could be targeted, as could mediators, such as poor mental health, found to influence this parenting.

Limitations

Limitations of the Evidence Base and Implications for Research

A number of limitations stemming from the Cambridge Quality Checklists were identified, including issues with sampling, comparison groups, and validated measures to assess CSA and parenting. Critically, though some studies were deemed to be of high quality methodologically in some categories, few studies consistently used high quality methods. Specifically, issues with sampling were present in the majority of studies (n=75, 72.12%), with studies using C/CC sampling rather than TP/RS. Further, when the five largest studies were removed, the mean sample size was 168.77 (SD=165.85), which is below a sample size of 400 deemed to be adequate for risk

factor studies (Murray et al., 2009). Further, only thirteen studies (12.50%) had matched comparison groups, though a further 49 (47.12%) studies were deemed to adequately control for variables in analyses.

Further, many studies failed to use validated measures when assessing CSA and the parenting practice in question. Additionally, when CSA was assessed, researchers varied widely in the definition they used for CSA based on the age of the victim, perpetrator, and acts encompassed. Thus, it is possible that an individual classified as experiencing CSA in one study in this review would be considered a $M_{no\text{-}CSA}$ in others, biasing the results. Previous researchers attempting to synthesize literature on CSA have also highlighted this challenge, suggesting that researchers take steps to standardize definitions (Barth et al., 2013; Senn, Carey, & Vanable, 2008).

Finally, potential issues with generalizability of these findings may be present given that almost three fourths of the studies included in this review were conducted in the United States. Given these methodological challenges, higher quality research in this area is needed.

Limitations of the Review

Several measures presented here contained multiple parenting constructs. When these constructs were separated out into components, these components were placed in their appropriate theme. However, researchers also used the total score for measures in their analysis, which made classification into themes challenging. For example, in the study by Fung, discipline is measured by “overt annoyance or hostility, physical punishment or scolding toward their children…” (1988, p. 148). The physical punishment component of this construct would be included in the corporal punishment theme (Lange, Condon, et al., 2019b), while the other themes fall into discipline. Given the potential bias that could result from placing measures with multiple constructs into one

theme, these measures were placed into all relevant themes for scales where few items contributed to a construct. However, when a large number of items contributed to a construct, studies were not separated out into multiple themes, unless the analyses specifically broke up these components.

Conclusion

Heterogeneity in the effect of CSA on parenting behaviors was present across themes, with methodological issues likely contributing to results. Given these challenges, higher quality research is needed in this area to ascertain the effect of CSA on mothers' parenting, and potential mediators and moderators of this association. Despite methodological limitations, studies did point to CSA having a negative influence on maternal parenting for some mothers. Thus, there is a growing need to develop evidence-based interventions for those M_{CSA} currently struggling with parenting.

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Appendix 1: Search Strategy

Embase (1974 - March 28, 2017)

Search strategy, as it appears in the database:

	Searches	Type
1	(Child abuse or Child sexual abuse or Sexual abuse).sh. or Sexual* abuse*.tw. or Abuse* sexual*.tw. or Sexual maltreatment.tw. or Incest.tw.	Advanced
2	(Parent or Mother or Childhood trauma survivor or Child abuse survivor).sh. or Parent*.tw. or Mother*.tw. or Maternal.tw.	Advanced
3	(Breast feeding or Child abuse or Child rearing or Child parent relation or Mother child relation or Maternal behavior or Parental attitude or Parental behavior or Parental stress or Self concept).sh. or Attachment.tw. or Breastfeeding.tw. or Caregiving.tw. or Abuse*.tw. or Maltreatment.tw. or Child*rearing.tw. or Mother*child.tw. or Parent*child.tw. or Parenting.tw. or Parental.tw. or Self*concept*.tw. or Self*efficacy.tw. or Self*perception*.tw. or Psychosocial.tw. or Role*reversal.tw. or Sensitivity.tw.	Advanced
4	1 and 2 and 3	Advanced

ProQuest Dissertations & Theses Global: Global Full Text (1806 - March 29, 2017)

Search strategy, as it appears in the database:

("Sexual* abuse*" OR "Abuse* sexual*" OR "Sexual maltreatment" OR "Incest") AND ("Parent*" OR "Mother*" OR "Maternal") AND ti("Attachment" OR "Breastfeeding" OR "Caregiving" OR "Abuse*" OR "Maltreatment" OR "Child*rearing" OR "Mother*child" OR "Parent*child" OR "Parenting" OR "Parental" OR "Self*concept*" OR "Self*efficacy" OR "Self*perception*" OR "Psychosocial" OR "Role*reversal" OR "Sensitivity")

Notes:

Through the Oxford subscription, the following could be accessed through this search:

- ProQuest Dissertations & Theses Global: Business
- ProQuest Dissertations & Theses Global: Health & Medicine
- ProQuest Dissertations & Theses Global: History
- ProQuest Dissertations & Theses Global: Literature & Language
- ProQuest Dissertations & Theses Global: Science & Technology
- ProQuest Dissertations & Theses Global: Social Sciences
- ProQuest Dissertations & Theses Global: The Arts

PsycINFO (1806 - March 28, 2017)

Search strategy, as it appears in the database:

	Searches	Type
1	(Child Abuse or Sexual Abuse or Incest).sh. or Sexual* abuse*.tw. or Abuse* sexual*.tw. or Sexual maltreatment.tw. or Incest.tw.	Advanced
2	(Parents or Mothers or Survivors).sh. or Parent*.tw. or Mother*tw.mp. or Maternal.tw. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]	Advanced
3	(Attachment Behavior or Breast Feeding or Child Abuse or Childrearing Attitudes or Childrearing Practices or Parent Child Communication or Parent Child Relations or Parenting or Parenting Skills or Parenting Style or Parental Absence or Mother Absence or Parental Characteristics or Parental Expectations or Parental Investment or Parental Involvement or Parental Role or Self-Efficacy or Self-Perception or Psychosocial Factors).sh. or Attachment.tw. or Breastfeeding.tw. or Caregiving.tw. or Abuse*.tw. or Maltreatment.tw. or Child*rearing.tw. or Mother*child.tw. or Parent*child.tw. or Parenting.tw. or Parental.tw. or Self*concept*.tw. or Self*efficacy.tw. or Self*perception*.tw. or Psychosocial.tw. or Role*reversal.tw. or Sensitivity.tw.	Advanced
4	1 and 2 and 3	Advanced

PubMed (1809 - March 28, 2017)

Search strategy, as it appears in the database:

(("Child Abuse"[MeSH Terms] OR "Child Abuse, Sexual"[MeSH Terms] OR "Incest"[MeSH Terms] OR "Sexual* abuse*"[Text Word] OR "Abuse* sexual*"[Text Word] OR "Sexual maltreatment"[Text Word] OR "Incest"[Text Word]) AND ("Mothers"[MeSH Terms] OR "Adult Survivors of Child Abuse"[MeSH Terms] OR "Adult Survivors of Child Adverse Events"[MeSH Terms] OR "Parent*"[Text Word] OR "Mother*"[Text Word] OR "Maternal"[Text Word])) AND ("Breast Feeding"[MeSH Terms] OR "Child Abuse"[MeSH Terms] OR "Child Rearing"[MeSH Terms] OR "Parent-Child Relations"[MeSH Terms] OR "Mother-Child Relations"[MeSH Terms] OR "Parenting"[MeSH Terms] OR "Maternal Behavior"[MeSH Terms] OR "Self Efficacy"[MeSH Terms] OR "Self Concept"[MeSH Terms] OR "Attachment"[Text Word] OR "Breastfeeding"[Text Word] OR "Caregiving"[Text Word] OR "Abuse*"[Text Word] OR "Maltreatment"[Text Word] OR "Child*rearing"[Text Word] OR "Mother*child"[Text Word] OR "Parent*child"[Text Word] OR "Parenting"[Text Word] OR "Parental"[Text Word] OR "Self*concept*"[Text Word] OR "Self*efficacy"[Text Word] OR "Self*perception*"[Text Word] OR "Psychosocial"[Text Word] OR "Role*reversal"[Text Word] OR "Sensitivity"[Text Word])

Scopus (1788 - March 28, 2017)

Search strategy, as it appears in the database:

(TITLE-ABS-KEY (“Sexual* abuse*” OR “Abuse* sexual*” OR “Sexual maltreatment” OR “Incest”) AND TITLE-ABS-KEY (“Parent*” OR “Mother*” OR “Maternal”) AND TITLE-ABS-KEY (“Attachment” OR “Breastfeeding” OR “Caregiving” OR “Abuse*” OR “Maltreatment” OR “Child*rearing” OR “Mother*child” OR “Parent*child” OR “Parenting”) OR TITLE-ABS-KEY (“Parental” OR “Self*concept*” OR “Self*efficacy” OR “Self*perception*” OR “Psychosocial” OR “Role*reversal” OR “Sensitivity”))

Sociological Abstracts (1952 - March 28, 2017)

Search strategy, as it appears in the database:

(SU(Child Abuse) OR SU(Child Sexual Abuse) OR SU(Sexual Abuse) OR (Sexual* abuse*) OR (Abuse* sexual*) OR (Sexual maltreatment) OR (Incest)) AND (SU(Parents) OR SU(Mothers) OR SU(Victims) OR (Parent*) OR (Mother*) OR (Maternal)) AND (SU(Attachment) OR SU(Breast Feeding) OR SU(Child Abuse) OR SU(Childrearing Practices) OR SU(Parent Child Relations) OR SU(Family Relations) OR SU(Mother Absence) OR SU(Parental Attitudes) OR SU(Self Efficacy) OR SU(Self Perception) OR SU(Parenting Methods) OR SU(Psychosocial Factors) OR (Attachment) OR (Breastfeeding) OR (Caregiving) OR (Abuse*) OR (Maltreatment) OR (Child*rearing) OR (Mother*child) OR (Parent*child) OR (Parenting) OR (Parental) OR (Self*concept*) OR (Self*efficacy) OR (Self*perception*) OR (Psychosocial) OR (Role*reversal) OR (Sensitivity))

Web of Science (Start date varied by database – March 28, 2017)

Search strategy, as it appears in the database:

TOPIC: (“Sexual* abuse*” OR “Abuse* sexual*” OR “Sexual maltreatment” OR “Incest”) AND **TOPIC:** (“Parent*” OR “Mother*” OR “Maternal”) AND **TOPIC:** (“Attachment” OR “Breastfeeding” OR “Caregiving” OR “Abuse*” OR “Maltreatment” OR “Child*rearing” OR “Mother*child” OR “Parent*child” OR “Parenting” OR “Parental” OR “Self*concept*” OR “Self*efficacy” OR “Self*perception*” OR “Psychosocial” OR “Role*reversal” OR “Sensitivity”)

Notes:

“All Databases” was selected when running this search. Therefore, the following databases were included within this search:

- Web of Science™ Core Collection (1945-present)
    - Science Citation Index Expanded (1945-present)
    - Social Sciences Citation Index (1956-present)
    - Arts & Humanities Citation Index (1975-present)
    - Conference Proceedings Citation Index- Science (1990-present)
    - Conference Proceedings Citation Index- Social Science & Humanities (1990-present)
    - Book Citation Index– Science (2005-present)
    - Book Citation Index– Social Sciences & Humanities (2005-present)
    - Emerging Sources Citation Index (2015-present)
    - Current Chemical Reactions (1986-present)
    - Index Chemicus (1993-present)
- BIOSIS Citation Index℠ (1969-present)
- Current Contents Connect® (1998-present)

- Data Citation Index℠ (1993-present)
- Derwent Innovations Index℠ (1993-present)
- Inspec® (1969-present)
- KCI-Korean Journal Database (1980-present)
- MEDLINE® (1950-present)
- Russian Science Citation Index (2005-present)
- SciELO Citation Index (1997-present)
- Zoological Record® (1993-present)

Appendix 2: Study Characteristics – Child-Rearing Practices

Beliefs and Attitudes

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
D'Zatko, 2011	C/CC	264	AC	USA	NVM (R)	AAPI	Three classes emerged in a latent class model of parenting by M_{CSA}: "diligent/struggling" parents (53.20%) who had fewer dismissive parenting attitudes than the reference group, "child centered" parents (31.70%) who were .75 standard deviations higher in dismissive parenting attitudes than the reference group, and "detached" parents (15.20%) who were 1.50 standard deviations higher in dismissive parenting attitudes than the reference group	
Hernandez et al., 2012	C/CC	107	Non-AC	USA	NVM (R)	NVM	Among M_{CSA}, higher family functioning was correlated with less belief that children who are loved too much will grow up to be stubborn/spoiled (r = -.33, p = .001)	Among M_{CSA}, higher family functioning was not correlated with the belief that parents will spoil their children by comforting them when they cry (r = .13, p = .19)
							2.80% of M_{CSA} agreed or strongly agreed that children who are loved too much will grow up to be stubborn/spoiled 71.70% of M_{CSA} agreed or strongly agreed that parents will not spoil their children by comforting them when they cry	
McNeill, 1999	C/CC	133	Non-AC	USA	NVM (R)	PCRI	More than 75.00% of M_{CSA} disagreed or strongly disagreed that 1) children should be given the things that they want, and 2) children should be given the things parents did not have growing up More than 96.00% of M_{CSA} agreed or strongly agreed that it is the responsibility of the parent to protect their child from harm	
Ramirez, 1998	TP/RS	48	Non-AC	USA	NVM (R)	PCRI	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in their attitudes regarding gender roles in parenting (F = .55, p = .46)
Ruscio, 2001	C/CC	45	AC	USA	NVM (R)	PAQ	In a multiple regression model, status as a M_{CSA} was associated with authoritative parenting, with dysfunctional parenting attitudes moderating this relationship (F = 3.85, p < .05) Dysfunctional parenting attitudes were correlated with authoritative practices among M_{CSA} who experienced penetration (r = -.69, p value not listed)	There was no direct relationship between status as a M_{CSA} and dysfunctional parenting attitudes, and current SES did not moderate this relationship (F = 3.88, p < .10) Dysfunctional parenting attitudes were not correlated with authoritative practices among M_{CSA} who did not experience penetration (r = -.09)
Vaughan-Eden, 2003	TP/RS	62	Non-AC	USA	NVM (R)	AAPI	N/A	Status as a M_{CSA} was not correlated with AAPI total scores (r = -.20)

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Wortel, 2015	C/CC	194	AC	USA	NVM (R)	NVM	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in their beliefs regarding when a male child ($t = .71$, $p = .48$) and female child ($t = -.11$ $p = .91$) should start having sex, or in their beliefs in why a child should not have sex ($t = .36$, $p = .72$)

Discipline and Setting Behavioral Limits

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Discipline								
Baril et al., 2016	TP/RS	87	AC	Canada	NVM (R)	APQ	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in their use of inconsistent discipline ($t = -1.63$, $p = .11$)
Barrett, 2010	TP/RS	483	AC	USA	NVM (R)	CTSPC-R	N/A	Status as a M_{CSA} was not correlated with the use of non-violent discipline ($r = .50$) Intimate partner violence did not mediate the relationship between status as a M_{CSA} and non-violent discipline
Barrett, 2009	TP/RS	483	AC	USA	NVM (R)	CTSPC-R	N/A	M_{CSA} were not less likely than $M_{no\text{-}CSA}$ to use non-violent forms of disciple ($t = -1.09$, $p = .28$) After controlling for past experiences and demographic characteristics, status as a M_{CSA} did not predict non-violent discipline ($\beta = .02$, $p = .68$)
Benedict, 2001	C/CC	265	AC	USA	NVM (R)	NVM	N/A	Severity of CSA was not associated with attitudes towards discipline (coefficients not provided)
Blatchley et al., 2000	C/CC	248	Non-AC	USA	NVM (R)	NVM	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in use of constructive disciplinary techniques ($F = 2.91$, $p = .09$)
Bryson, 2007	C/CC	127	MCG	USA	NVM (R)	NVM	N/A	Status as a M_{CSA} was not correlated with punitive control ($r = -.08$), which included measures of guilt/silent treatment, threatening punishment, verbal punishment, explanation/teaching, and ignoring bad behavior M_{CSA} and $M_{no\text{-}CSA}$ did not differ in their use of punitive control ($\beta = -.06$)
Chiang, 2008	C/CC	144	AC	USA	NVM (R)	PQ	N/A	M_{CSA} had lower levels of appropriate/consistent discipline than $M_{no\text{-}CSA}$ ($F = .60$, $p = .09$)
Cole et al., 1992	C/CC	83	AC	Not listed	NVM (R)	PDI	N/A	M_{CSA} did not differ from $M_{no\text{-}CSA}$ or adult children of alcoholics in their use of material consequences, yelling, and reasoning (coefficients not provided)

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Collin-Vezina et al., 2005	C/CC	88	AC	Canada	CTQ and NVM (R)	APQ	N/A	In a regression model, status as a M_{CSA} did not predict use of inconsistent discipline ($\beta = .02$)
Ehrensaft et al., 2015	TP/RS	396	AC	USA	NVM (R)	Measures from CICS	N/A	Status as a M_{CSA} was not correlated with discipline ($r = .03$) and did not predict use of discipline (coefficients not provided)
Fung, 1988	C/CC	120	Non-AC	USA	NVM (R)	Observation	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in their use of discipline (annoyance, hostility, scolding, etc.; $t = -.37$)
Hanley, 1996	C/CC	50	AC	USA	NVM (R)	NVM	M_{CSA} proposed lower levels of punishment in response to negative child behaviors than $M_{no\text{-}CSA}$ ($t = -2.03$, $p < .05$)	N/A
Harmer et al., 1999	TP/RS	46	Non-AC	Australia	CATS (R)	PS	N/A	Status as a M_{CSA} was not correlated with disciplinary techniques ($r = .17$)
Hernandez et al., 2012	C/CC	107	Non-AC	USA	NVM (R)	NVM	N/A	Among M_{CSA}, higher family functioning was not correlated with believing that children behave best when given praise/attention ($r = .11$, $p = .26$) or believing that restrictions should be used over physical punishment ($r = .09$, $p = .35$)
							97.17% of M_{CSA} agreed or strongly agreed that children behave best when given praise/attention 95.33% of M_{CSA} agreed or strongly agreed that restrictions should be used over physical punishment	
Kim et al., 2010	C/CC	127	AC	USA	NVM (R)	NVM	N/A	Status as a M_{CSA} was not correlated with punitive discipline (including guilt induction) in the total sample ($r = -.03$) or abuse sample ($r = -.09$) Status as a M_{CSA} was not correlated with positive structure (including being fair/unfair or consistent/inconsistent) in the total sample ($r = -.16$) or abuse sample ($r = -.12$) A direct effect model (CSA directly to punitive discipline) was the best fitting model for punitive discipline

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
								A spurious effect model (CSA interacts with other variables, such as dissociative symptoms) was the best fitting model for positive structure
Locke & Newcomb, 2004	TP/RS	237	Non-AC	USA	CTQ (R)	PARQ	Status as a M_{CSA} was correlated with poor parenting behaviors (r = .18, < .01), which includes rejection when a child misbehaves	N/A
McNeill, 1999	C/CC	133	Non-AC	USA	NVM (R)	PCRI	More than 65.00% of M_{CSA} disagreed or strongly disagreed with the statement that they threaten to punish their child, but do not follow through	
Miller-Clayton, 2010	C/CC	103	Non-AC	USA	LSC-R (R)	PCRQ	Status as a M_{CSA} predicted whether women told their children that others behaved better when cultural coping was entered as a mediator (R^2 = .20, p < .001)	Status as a M_{CSA} was not correlated with whether women told their children other children behaved better (r = .13)
Rodriguez, 2009	C/CC	78	AC	USA	CTQ (R)	PS and CBCL	Depression mediated the relationship between status as a M_{CSA} and over-reactivity For M_{CSA}, laxness in discipline was correlated with child externalizing (r = .36, p = .03), internalizing (r = .36, p = .04), and total behavior scores (r = .36, p = .03) For M_{CSA}, over-reactivity in discipline was correlated with child internalizing behaviors (r = .37, p = .03)	Status as a M_{CSA} was not correlated with laxness (r = .05) or over-reactivity (r = .12) in discipline M_{CSA} and $M_{no\text{-}CSA}$ did not differ in laxness (t = .39, p = .46) or over-reactivity (t = 1.09, p = .28) History of child physical abuse did not mediate the relationship between status as a M_{CSA} and laxness For M_{CSA}, externalizing scores for children were not correlated with over-reactivity (r = .28) For M_{CSA}, their total score of perceptions of child behavior (internalizing and externalizing) was not correlated with over-reactivity (r = .29)
Schuetze & Eiden, 2005	C/CC	263	Non-AC	USA	NVM (R)	NVM	Status as a M_{CSA} was associated with discipline strategies (r = .15, p < .05) and punitive discipline (a combined factor of disciplinary tactics; β = .15, p < .05) In a path model, M_{CSA} status was associated with current partner violence (parameter estimate = .21, p < .01), which was associated with punitive discipline (parameter estimate = .27, p < .01)	N/A

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
							In a path model, M_{CSA} status was associated with maternal depression (parameter estimate = .13, $p < .05$), which was associated with punitive discipline (parameter estimate = .28, $p < .01$)	
*****Limit Setting*****								
Allbaugh et al., 2014	C/CC	60	AC	USA	NVM (R)	Multiple measures for EFA PCRI for limit setting	Three factors emerged in EFA of parenting by M_{CSA}: Factor 1 (concerns about the child's sexuality and safety), Factor 2 (boundary disturbances within the mother-child relationship), and Factor 3 (lack of energy for parenting due to recovery issues) Factor 1 ($r = .54$, $p < .001$) and Factor 3 ($r = .57$, $p < .001$) were correlated with difficulty with limit setting among M_{CSA} The full regression model (includes Factors 1-3, physical abuse, and depression) predicted limit setting ($F = 8.55$, $p < .001$)	Factor 2 was not correlated with difficulties in limit setting (r coefficient not provided)
Cohen, 1995	C/CC	54	AC	Israel	NVM (R)	PSI	M_{CSA} were less likely than $M_{no\text{-}CSA}$ to engage in appropriate limit setting with their child ($t = -2.1$, $p < .05$)	N/A
Cole et al., 1992	C/CC	83	AC	Not listed	NVM (R)	PDI	N/A	M_{CSA} did not differ from $M_{no\text{-}CSA}$ or adult children of alcoholics in their non-restrictiveness (coefficients not provided)
Kallstrom-Fuqua, 2004	C/CC	132	AC	USA	CTQ (R)	PARQ and observation	A three-way interaction between abuse status, child gender, and whether limit setting was reported/observed was shown ($F = 9.30$, $p < .005$) M_{CSA} exhibit poorer limit setting with male versus female children ($t = -3.05$, $p < .01$)	M_{CSA} did not differ in inconsistency in limit setting in self-report versus observation ($F = 1.71$, $p = .20$) The severity of CSA that M_{CSA} experienced did not account for independent variance in limit setting ($\beta = .09$, $t = .80$, $p = .43$)

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
McNeill, 1999	C/CC	133	Non-AC	USA	NVM (R)	PCRI	N/A	Characteristics of the CSA experience of M_{CSA} (e.g. perpetrator, severity, and frequency) were not associated with limit setting In the regression analysis, severity of CSA did not predict limit setting (coefficients not provided)
Ramirez, 1998	TP/RS	48	Non-AC	USA	NVM (R)	PCRI	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in limit setting ($F = .13$, $p = .72$)
Seltmann & Wright, 2013	C/CC	54	Non-AC	USA	NVM (R)	PCRI	An interaction was observed between depressive symptoms and partner support ($\beta = -.28$, $p < .05$) in a model of the relationship between CSA severity and parenting. M_{CSA} who had low partner support levels had increased issues with limit setting, no matter their level of depression. Further, for those with low levels of depression, partner support was found to buffer difficulties with limit setting.	Severity of CSA was not correlated with limit setting ($r = .11$) In a moderated mediation model, severity of CSA was not associated with limit setting independently ($\beta = .13$, $p > .05$) or with other variables ($\beta = .25$, $p < .10$)
Seltmann, 2011	C/CC	60	Non-AC	USA	NVM (R)	PCRI	8.93% of M_{CSA} had difficulties with limit setting	
*****Maturity Demands*****								
Campbell, 1996	C/CC	51	Non-AC	USA	NVM (R)	PDI	N/A	M_{CSA} did not differ from a normative adult population in their maturity demands ($t = 1.37$)
Cole et al., 1992	C/CC	83	AC	Not listed	NVM (R)	PDI	M_{CSA} reported fewer maturity demands than $M_{no\text{-}CSA}$ and adult children of alcoholics ($p < .03$)	N/A
*****Supervision*****								
Baril et al., 2016	TP/RS	87	AC	Canada	NVM (R)	APQ	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in their lack of parental supervision ($t = 1.47$, $p = .15$)
Collin-Vezina et al., 2005	C/CC	88	AC	Canada	CTQ and NVM (R)	APQ	N/A	Status as a M_{CSA} did not predict lack of supervision/monitoring in a regression model ($\beta = .03$)
Wortel, 2015	C/CC	194	AC	USA	NVM (R)	NVM	M_{CSA} were less likely to monitor their children than $M_{no\text{-}CSA}$ ($t = 2.06$, $p = .04$)	N/A

Intimate Parenting Behaviors

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Bowman et al., 2009	C/CC	78	Non-AC	USA	CTQ (R)	IAPQ	Adolescent $M_{no\text{-}CSA}$ reported more intimate parenting anxiety than adolescent M_{CSA} ($t = 2.22$, $p = 03$)	There was no correlation between severity of CSA and intimate parenting anxiety among M_{CSA} in the whole sample ($r = -.15$) or in an adolescent subsample ($r = .10$)
Douglas, 2000	C/CC	63	Non-AC	UK	NVM (R)	IAPQ	M_{CSA} reported more intimate parenting anxiety than $M_{no\text{-}CSA}$ on the total score ($Z = -4.24$, $p < .001$), son score ($Z = -3.07$, $p < .002$), and daughter score ($Z = -3.84$, $p < .001$) M_{CSA} who experienced CSA for six or more years differed from M_{CSA} who experienced CSA for less than six years in their reports of intimate parenting anxiety ($\chi^2 = 4.94$, $p < .02$)	M_{CSA} who experienced intra-familial vs. extra-familial abuse did not differ in intimate parenting anxiety (coefficients not provided) M_{CSA} who experienced abuse by one person vs. more than one person did not differ in intimate parenting anxiety ($Z = -.19$, $p < .85$)

Knowledge and Skills

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Bert et al., 2009	TP/RS	681	MCG	USA	CTQ (R)	KIDI-SF	N/A	Status as a M_{CSA} was not correlated with knowledge of infant development ($r = .11$)
Fung, 1988	C/CC	120	Non-AC	USA	NVM (R)	KIDI	N/A	There was no difference between M_{CSA} and $M_{no\text{-}CSA}$ on their total knowledge of infant development ($t = 1.00$) or accuracy of their knowledge of infant development ($t = 1.13$)
Marcenko et al., 2000	C/CC	127	Non-AC	USA	NVM (R)	AAPI	M_{CSA} were more likely than M_{CPA} or $M_{no\text{-}CA}$ to report positive parenting knowledge and skills ($p < .01$)	N/A
Prentice et al., 2002	TP/RS	1,220	AC	USA	NVM (R)	NVM	M_{CSA} were more likely than $M_{no\text{-}CSA}$ to attend a parenting discussion or class ($p = .02$)	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in whether they utilized media for parenting knowledge ($p = .10$), discussed the crying of their child with a health professional ($p = .10$), or wanted to increase their knowledge of child behavior and development (coefficients not listed)

Other Child-Rearing Practices

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Bailey et al., 2012	C/CC	82	Non-AC	Canada	Multiple (R)	Observation	N/A	Status as a M_{CSA} was not associated with structuring (coefficients not provided)
Baril et al., 2016	TP/RS	87	AC	Canada	NVM (R)	APQ	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ on reported parental commitment ($t = 1.65$, $p = .10$) or positive parental behaviors ($t = .82$, $p = .41$)
Baumgardner, 2007	C/CC	141	Non-AC	USA	NVM (R)	Observation	N/A	CSA status was not associated with parental control (includes hostility, rigidity, intrusiveness, and physical contact; $F = .11$, $p = .95$), and this relationship was not moderated by grandmother directness ($t = -.95$, $p = .34$) or individuation ($F = 1.12$, $p = .09$)
Blatchley et al., 2000	C/CC	248	Non-AC	USA	NVM (R)	NVM	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in their ability to meet their children's basic needs ($F = .74$, $p = .39$)
Campbell, 1996	C/CC	51	Non-AC	USA	NVM (R)	PDI	M_{CSA} reported less consistency ($t = 4.50$, $p < .05$) and organization ($t = 5.54$, $p < .05$) than a normative adult population	N/A
Chiang, 2008	C/CC	144	AC	USA	NVM (R)	PQ	M_{CSA} reported less consistent parenting than $M_{no\text{-}CSA}$ ($F = .12$, $p < .05$)	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in their total PQ score (coefficients not provided)
Cohen, 1995	C/CC	54	AC	Israel	NVM (R)	PSI	M_{CSA} reported less balanced child-rearing practices than $M_{no\text{-}CSA}$ ($t = -2.1$, $p < .05$)	N/A
Cole et al., 1992	C/CC	83	AC	Not listed	NVM (R)	PDI	M_{CSA} reported less consistency ($p < .0001$) than $M_{no\text{-}CSA}$ and adult children of alcoholics M_{CSA} reported less organization ($p < .05$) than $M_{no\text{-}CSA}$ and adult children of alcoholics	N/A
Cole & Woolger, 1989	C/CC	40	AC	Not listed	NVM (R)	PARI	N/A	No difference in reported democracy/domination between M_{CSA} who experienced incest and those who did not experience incest

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
D'Zatko, 2011	C/CC	264	AC	USA	NVM (R)	NVM	Three classes emerged in a latent class model of parenting by M_{CSA}: "diligent/struggling" parents (53.20%) who were undemanding of their child when compared to the reference group, "child-centered" parents (31.70%) who scored 1.5 standard deviations higher than the reference group on undemanding parenting, and "detached" parents (15.20%) who belonged to a group where the undemanding nature of the parent was not explicitly mentioned in relation to the reference group	
Danskin, 2016	C/CC	47	Non-AC	USA	ACEs (R)	PSI-SF and MBQS	N/A	Status as a M_{CSA} was not correlated with engaging in nonsynchronous interactions with their child (i.e. interactions where behaviors and emotions between mother and child do not match; r = -.27)
Fitzgerald et al., 2005	C/CC	35	MCG	USA	CMIS-SF (R)	Observation	N/A	Status as a M_{CSA} was not correlated with supportive presence (r = .28), quality of assistance (r = .24), or confidence (r = .26) while performing a task with their child
Fung, 1988	C/CC	120	Non-AC	USA	NVM (R)	Observation	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in observed social, emotional, and cognitive experiences provided to their children in their home (t = -.12), including organization of the child's environment (t = -.44), whether appropriate play materials were provided (t = .29), or whether a variety of stimulations were provided (t = 1.69) M_{CSA} and $M_{no\text{-}CSA}$ did not differ in their teaching during a teaching task (F = .82, p = .55)
Koren-Karie et al., 2008	C/CC	33	Non-AC	Israel	NVM (R)	Observation	N/A	Severity of CSA was not correlated with maternal sensitive guidance (r = -.12) or structuring behaviors in a maternal-child conversation procedure (r = -.24)
Martinez-Torteya et al., 2014	C/CC	153	Non-AC	USA	CTQ (R)	Observation	N/A	Positive parenting behaviors, which include child-rearing practices such as teaching, were not associated with the type of abuse experienced (M_{CSA} vs. M_{CPA}; coefficients not provided)

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Rea & Shaffer, 2016	C/CC	64	Non-AC	USA	CTQ (R)	CCNES	Status as a M_{CSA} was directly associated with less supportive parenting (β = -.22, p = .00), and this relationship was mediated by emotional over-involvement M_{CSA} status was indirectly associated with unsupportive parenting via emotional over-involvement (b_{boot} = -.06)	Status as a M_{CSA} was not correlated with observed psychological control (r = .13) M_{CSA} status was not directly associated with unsupportive parenting (t = -.1.15, p = .26)
Sexton et al., 2017	C/CC	173	Non-AC	USA	CTQ (R)	Observation	N/A	Status as a M_{CSA} was not associated with positive parenting (low stress tasks: F = .09, p = .77; high stress tasks: F = .01, p = .91)
Zvara, Mills-Koonce, & Cox, 2017	C/CC	204	MCG	USA	THQ (R)	Observation	M_{CSA} engaged in more harsh/intrusive behaviors with children than $M_{no\text{-}CSA}$ (F = 3.6, p = .04)	Harsh/intrusive behaviors did not change over time as a function of status as a M_{CSA} (coefficients not provided) The relationship between M_{CSA} status and harsh and intrusive parenting was not moderated by child sex (p = .11)
Zvara et al., 2015	C/CC	204	MCG	USA	THQ (R)	Observation	M_{CSA} were more likely than $M_{no\text{-}CSA}$ to engage in harsh/intrusive parenting behaviors (F = 5.56, p < .05) Family income moderated the association between M_{CSA} status and harsh/intrusive parenting (F = 4.18, p < .05)	Maternal education and maternal instability did not moderate the relationship between M_{CSA} status and harsh/intrusive parenting (coefficients not provided)

Parenting Style

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Bert et al., 2009	TP/RS	681	MCG	USA	CTQ (R)	PSEQ	N/A	Status as a M_{CSA} was not correlated with authoritarian parenting (r = .02)
Bryson, 2007	C/CC	127	MCG	USA	NVM (R)	Obser-vation	N/A	Status as a M_{CSA} was not correlated with global authoritarian/control behaviors (r = -.20) M_{CSA} and $M_{no\text{-}CSA}$ did not differ in whether they displayed global authoritarian/control behaviors (β = -.10, p = .35)
Jaffe et al., 2012	TP/RS	65	Non-AC	Not listed	ACEs (R)	PPQ	In a group from a parenting program, regression models showed status as a M_{CSA} predicted permissive parenting (R^2 = .27, p < .05)	In a group from a shelter, status as a M_{CSA} was not associated with permissive parenting (coefficients not provided)
Ruscio, 2001	C/CC	45	AC	USA	NVM (R)	PPQ	**Authoritarian** M_{CSA} who experienced penetration reported less authoritarian parenting than $M_{no\text{-}CSA}$ (z = -2.64, p < .01) In a multiple regression model, status as a M_{CSA} was associated with less authoritarian parenting (F = 3.69, p < .05). Status as a M_{CSA} who experienced penetration was also associated with less authoritarian parenting (coefficients not provided) **Authoritative** In a multiple regression model, status as a M_{CSA} was associated with authoritative parenting, with dysfunctional parenting attitudes moderating this (F = 3.85, p < .05) Dysfunctional parenting attitudes were correlated with authoritative practices among M_{CSA} who experienced penetration (r = -.69, p value not listed) Status as a M_{CSA} who experienced penetration was indirectly associated with decreased authoritative parenting through diminished social support satisfaction (coefficients not provided)	**Authoritarian** M_{CSA} who did not experience penetration did not differ from $M_{no\text{-}CSA}$ in reported authoritarian parenting (z = .75) M_{CSA} and adult children of alcoholics did not differ in their reports of authoritarian parenting (t = 1.36) **Authoritative** M_{CSA} did not differ from $M_{no\text{-}CSA}$ (z = -.29) or adult children of alcoholics (t = -.72) in reported authoritative parenting Dysfunctional parenting attitudes were not correlated with authoritative practices among M_{CSA} who did not experience penetration (r = .09) **Permissive** M_{CSA} and adult children of alcoholics did not differ on reports of permissive parenting (t = .51)

							Permissive M_{CSA} reported higher permissive parenting practices than $M_{no\text{-}CSA}$ ($z = 3.04$, $p < .01$)	In a multiple regression model, status as a M_{CSA} was not associated with permissive parenting ($F = .28$)

Unable to Parent

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Allbaugh et al., 2014	C/CC	60	AC	USA	NVM (R)	Multiple measures	In an exploratory factor analysis of parenting by M_{CSA}, one factor titled "lack of energy for parenting due to recovery issues" explained 8.30% of the variance (alpha = .73)	N/A
Hyman & Williams, 2001	TP/RS	136	Non-AC	USA	NVM (P)	NVM	M_{CSA} who were considered highly resilient were more likely than those that were considered non-resilient to have all their biological children living with them (100% vs. 78%; $p \leq .01$)	N/A
Leifer et al., 1993	TP/RS	68	Non-AC	USA	NVM (R)	NVM	N/A	Status as a M_{CSA} was not correlated with foster care placement (r = .22), though a trend was detected ($X = 3.32$, $p < .07$)
Marcenko et al., 2000	C/CC	127	Non-AC	USA	NVM (R)	NVM	N/A	There was no difference between M_{CSA}, M_{CPA}, and $M_{no\text{-}CA}$ in having a child in out of home placement ($\chi^2 = 5.14$, $p = .08$)
Vaughan-Eden, 2003	TP/RS	62	Non-AC	USA	NVM (R)	NVM	N/A	Status as a M_{CSA} was not correlated with having a child in placement (r = .12)

Abbreviations

- AAPI: Adult-Adolescent Parenting Inventory
- AC: Adequate controlling
- ACEs: Adverse Childhood Experiences
- APQ: Alabama Parenting Questionnaire
- C/CC: Convenience or case-control
- CATS: Child Abuse and Trauma Scale
- CBCL: Child Behavior Checklist
- CCNES: Coping with Children's Negative Emotions Scale
- CICS: Children in the Community Study
- CSA: Child sexual abuse
- CTQ: Childhood Trauma Questionnaire
- CTSPC-R: Conflict Tactics Scale: Parent Child Version Revised
- EFA: Exploratory factor analysis
- IAPQ: Intimate Aspects of Parenting Questionnaire
- KIDI: Knowledge of Infant Development
- KIDI-SF: Knowledge of Infant Development – Short Form
- LSC-R: Life Stressor Checklist – Revised
- MBQS: Maternal Behavior Q-Set
- MCG: Matched comparison group
- M_{CPA}: Mother(s) who experienced child physical abuse
- M_{CSA}: Mother(s) who experienced child sexual abuse
- $M_{no\text{-}CA}$: Mother(s) with no experiences of child abuse
- $M_{no\text{-}CSA}$: Mother(s) with no experiences of child sexual abuse
- N/A: Not applicable
- NVM: Non-validated measure
- P or R: Prospective or retrospective
- PAQ: Parenting Attitudes Questionnaire
- PARI: Parental Attitudes Research Instrument
- PARQ: Parental Acceptance and Rejection Questionnaire
- PCRI: Parent-Child Relationship Inventory
- PCRQ: Parent-Child Relationship Questionnaire
- PDI: Parenting Dimensions Inventory
- PPQ: Parenting Practices Questionnaire
- PQ: Parent Questionnaire
- PS: Parenting Scale
- PSI: Parenting Stress Index
- PSEQ: Parenting Style Expectations Questionnaire
- THQ: Trauma History Questionnaire
- TP/RS: Total population or random sampling
- UK: United Kingdom
- USA: United States of America

Notes

- Significance
  - In the non-significant column, descriptions state that there is no association, difference, relationship, etc. between variables. This refers to non-significant associations, as associations, differences, relationships, etc. often did exist, though did not reach significance.
  - In instances where the area under the significant and non-significant columns are merged, this indicates that results are descriptive in nature (tests of significance were not conducted).
- Controlling
  - When determining whether adequate controlling took place, only controlling related to analyses relevant to this review were considered. The study could have adequately controlled for variables in other parts of their analyses, but be considered non-adequately controlled for the purposes of this review.
  - In some instances, studies were considered adequately controlled if they conducted analyses that determined that the M_{CSA} group and control group did not differ on a sufficient number of key characteristics.
  - Within each theme, though several analyses may have occurred (correlations, regressions, etc.), analyses are considered adequately controlled if variables were controlled for in at least one of the analyses.

- General
  - "M_{CSA} status" does not connote that the measure of CSA was dichotomous, but is instead used as shorthand for both dichotomous measures of CSA status and non-dichotomous measures assessing severity. However, when authors are explicit regarding severity in their interpretations, these are indicated.

Appendix 3: Study Characteristics – Mother-Child Relationship

Allowing Child Autonomy

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Allbaugh et al., 2014	C/CC	60	AC	USA	NVM (R)	Multiple measures for EFA PCRI for autonomy	Three factors emerged in EFA of parenting by M_{CSA}: Factor 1 (concerns about the child's sexuality and safety), Factor 2 (boundary disturbances within the mother-child relationship), and Factor 3 (lack of energy for parenting due to recovery issues) Factor 1 ($r = .72$, $p < .001$) was correlated with trouble supporting child autonomy The full regression model (includes Factors 1-3, physical abuse, and depression), predicted trouble supporting child autonomy ($F = 11.86$, $p < .001$)	Factors 2 and 3 were not correlated with trouble supporting a child's autonomy (r coefficients not provided)
Bailey et al., 2012	C/CC	82	Non-AC	Canada	Multiple (R)	Observation	N/A	Status as a M_{CSA} was not associated with non-intrusiveness (coefficients not provided)
Baumgardner, 2007	C/CC	141	Non-AC	USA	NVM (R)	Observation	N/A	Status as a M_{CSA} was not associated with parental control, which includes intrusiveness and physical contact to control a child ($F = .11$, $p = .95$) Grandmother directness ($t = -.95$, $p = .34$) and individuation ($F = 1.12$, $p = .09$) did not moderate the relationship between M_{CSA} status and parental control
Burke, 1998	C/CC	50	AC	USA	NVM (R)	FEQ	Severity of CSA predicted maternal control ($t = 2.02$, $p < .05$)	Social support did not moderate the relationship between severity of CSA and maternal control (R^2 change = .00) Abuse avoidant coping, abuse reappraisal coping, parental avoidant coping, parental reappraisal coping, and lack of resolution did not mediate the relationship between severity of CSA and maternal control

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Cole et al., 1992	C/CC	83	AC	Not listed	NVM (R)	FEQ	M_{CSA} reported more undercontrol than $M_{no\text{-}CSA}$ ($F = 4.36$, $p < .01$)	M_{CSA} did not differ from $M_{no\text{-}CSA}$ in reported overcontrol (coefficients not provided)
Cole & Woolger, 1989	C/CC	40	AC	Not listed	NVM (R)	PARI	M_{CSA} reported higher indulgence-autonomy scores than $M_{no\text{-}CSA}$ ($F = 8.31$, $p < .01$) Indulgence-autonomy was predicted by M_{CSA} status ($F=8.25$, $p < .01$)	N/A
Ehrensaft et al., 2015	TP/RS	396	AC	USA	NVM (R)	Measures from CICS	N/A	Status as a M_{CSA} was not correlated with possessiveness ($r = .03$) and did not predict possessiveness (coefficients not provided)
Kallstrom-Fuqua, 2004	TP/RS	132	AC	USA	CTQ (R)	Observation	N/A	M_{CSA} did not differ in their levels of physical control in self-report versus observation ($F = .55$, $p = .46$) A three-way interaction between abuse status, child gender, and reporter (self-report vs. observation) was not found in a model predicting physical control ($F = .46$, $p = .50$) A two-way interaction between abuse status and child gender was not found in a model predicting overprotectiveness ($F = .13$, $p = .72$)
Kwako, 2007	C/CC	164	AC	USA	NVM (P)	AAPI	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in allowance of child autonomy ($F = .63$) M_{CSA} with different perpetrators (multiple, single, biological father) and $M_{no\text{-}CSA}$ did not differ in allowance of child autonomy ($F = .86$) The relationship between M_{CSA} status and allowing for child autonomy was not moderated by depression or antisocial behavior
McNeill, 1999	C/CC	133	Non-AC	USA	NVM (R)	PCRI	Greater duration ($r = .24$, $p < .05$) and quantity ($r = .23$, $p < .05$) of CSA was correlated with increased promotion of children's autonomy among M_{CSA}	Characteristics of the CSA experience of M_{CSA} (e.g. perpetrator, severity, and frequency) were not associated with promoting child autonomy Severity of CSA did not predict promoting child autonomy in a regression model (coefficients not provided)

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Miller-Clayton, 2010	C/CC	103	Non-AC	USA	LSC-R (R)	PCRQ	Status as a M_{CSA} was correlated with less possessiveness of the child ($r = -.26$, $p < .01$) Status as a M_{CSA} predicted possessiveness when the cultural coping total score was entered as a mediator ($R^2 = .13$, $p < .001$)	N/A
Ramirez, 1998	TP/RS	48	Non-AC	USA	NVM (R)	PCRI	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ on restriction of their child's autonomy ($F = 1.23$, $p = .27$)
Rea & Shaffer, 2016	C/CC	64	Non-AC	USA	CTQ (R)	FMSS and observation	N/A	Status as a M_{CSA} was not correlated with observed support for autonomy ($r = .08$)
Seltmann & Wright, 2013	C/CC	54	Non-AC	USA	NVM (R)	PCRI	In the full model, depression among M_{CSA} was a predictor of autonomy ($\beta = -.52$, $p < .005$)	Severity of CSA was not correlated with autonomy ($r = .09$) In a moderated mediational model, the severity of abuse was not associated with child autonomy directly ($\beta = .08$, $p > .05$) or indirectly ($\beta = .24$, $p > .05$)
Seltmann, 2011	C/CC	60	Non-AC	USA	NVM (R)	PCRI	10.71% of M_{CSA} had difficulties promoting their child's independence	
Sexton et al., 2017	C/CC	173	Non-AC	USA	CTQ (R)	Observation	N/A	Status as a M_{CSA} was not associated with overcontrolling parenting (low stress tasks: $F = .08$, $p = .78$; high stress tasks: $F = .03$, $p = .86$)
Wortel, 2015	C/CC	194	AC	USA	NVM (R)	Observation	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in allowing their child the autonomy to date ($t = -.69$, $p = .49$) or inhibiting their child's autonomy in an interaction ($t = .70$, $p = .48$)

Attachment

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Contro l-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
*****Mothers' Attachment to their Child*****								
Blatchley et al., 2000	C/CC	248	Non-AC	USA	NVM (R)	NVM	M_{CSA} were more likely than $M_{no\text{-}CSA}$ to experience difficulties with attachment ($F = 9.93$, $p = .003$)	N/A
Baumgardner, 2007	C/CC	141	Non-AC	USA	NVM (R)	Observation	N/A	Status as a M_{CSA} was not associated with mother-infant attachment ($F = .31$, $p = .82$) The relationship between M_{CSA} status and mother-infant attachment was not moderated by the grandmother's directness or individuation ($t = -1.77$, $p = .08$)
D'Zatko, 2011	C/CC	264	AC	USA	NVM (R)	PSI	Three classes emerged in a latent class model of parenting by M_{CSA}: 1) "diligent/struggling" parents (53.20%) with higher levels of dysfunctional attachment compared to the reference group, 2) "child centered" parents (31.70%) with lower levels of dysfunctional attachment compared to the reference group, and 3) "detached" parents (15.20%) who scored 2 standard deviations higher than the reference group in dysfunctional attachment	
Donovan, 1990	TP/RS	54	Non-AC	USA	NVM (R)	PSI	When participants were compared on PSI index norms, M_{CSA} scored higher than $M_{no\text{-}CSA}$ in the total Parent Domain, which includes issues with attachment ($p < .05$), and these scores were higher when the perpetrator was unknown ($< .001$)	M_{CSA} and $M_{no\text{-}CSA}$ did not differ on reported attachment difficulties in univariate analyses (coefficients not provided)
Nieto et al., 2017	C/CC	156	AC	Mexico	CECA-Q (R)	MPAQ	M_{CSA} were at increased risk of having low attachment at six months postpartum (OR = 2.47, 95% CI = 1.12 - 5.40, $p \leq .05$)	N/A
Renner et al., 2013	C/CC	264	AC	USA	NVM (R)	PSI	N/A	Three classes of parenting women were created based on variables on the PSI (which includes attachment) and PSOC. There was no difference in M_{CSA} membership across the classes

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Contro l-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Seltmann & Wright, 2013	C/CC	54	Non-AC	USA	NVM (R)	PSI	An interaction was observed between depressive symptoms and partner support (β = -.28, $p < .05$) in a model of the relationship between CSA severity and parenting. For those with low levels of depression, partner support was found to buffer difficulties with attachment.	Severity of CSA was not correlated with attachment (r = -.04) In a moderated mediational model, the severity of CSA did not predict emotional attachment with the child directly (β = -.04, $p > .05$) or indirectly (β = .05, $p > .05$)
Seltmann, 2011	C/CC	60	Non-AC	USA	NVM (R)	PSI	30.51% of M_{CSA} had difficulties with attachment to their child	
Snider, 2007	C/CC	265	Non-AC	USA	NVM (R)	PSI	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ on reported feelings of attachment to their child (F = 1.53, p = .22)
Wright et al., 2005	C/CC	79	Non-AC	Multiple	NVM (R)	PSI	M_{CSA} had higher percentile rank scores on the attachment subscale than the normative PSI sample	
*****Attachment of the Child*****								
Fung, 1988	C/CC	120	Non-AC	USA	NVM (R)	Strange Situation	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not have infants that differed in secure attachment style (χ^2 = .07) or insecure disorganized/disoriented attachment style (χ^2 = 1.76)
Hanley, 1996	C/CC	50	AC	USA	NVM (R)	Strange Situation	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in whether they had insecurely attached children (χ^2 = .10, p = .75) Characteristics of the CSA experience of M_{CSA} (duration, severity, and relationship to the perpetrator) did not predict attachment
Kwako et al., 2010	C/CC	35	AC	USA	Substantiated CSA (P)	Strange Situation	The children of M_{CSA} were more severely insecurely attached than the children of $M_{no\text{-}CSA}$ (F = 7.48, $p < .01$)	N/A
Kwako, 2007	C/CC	164	AC	USA	NVM (P)	Strange Situation	M_{CSA} had more severely insecurely attached children than $M_{no\text{-}CSA}$ (F = 8.22, $p < .01$)	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in whether they had insecurely attached children, both for children with siblings (χ^2 = .86, $p < .10$) and without siblings (χ^2 = 2.68, $p > .10$)
Lyons-Ruth & Block, 1996	C/CC	45	Non-AC	USA	NVM (R)	Strange Situation	N/A	Severity of CSA was not associated with attachment classification (secure, insecure, disorganized) of the child (*tau* = .00)

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Contro l-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Pasalich et al., 2016	C/CC	112	Non-AC	USA	NVM (R)	Strange Situation	N/A	Status as a M_{CSA} was not correlated with child attachment security (r = .02)

Availability

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
DeOliveira et al., 2004	C/CC	93	Non-AC	Canada	Multiple (R)	Emotional Availability Scales	M_{CSA} did not exhibit less emotional availability than $M_{no\text{-}CSA}$	
Ehrensaft et al., 2015	TP/RS	396	AC	USA	NVM (R)	Measures from CICS	Status as a M_{CSA} predicted less availability ($\beta = -.12$, $t = -2.34$, $p = .02$), even when $M_{CSA's}$ history of adolescent conduct disorder was added to the model ($\beta = -.10$, $t = -1.97$, $p = .05$)	N/A
Rea & Shaffer, 2016	C/CC	64	Non-AC	USA	CTQ (R)	FMSS and observation	N/A	Status as a M_{CSA} was not correlated with unavailability ($r = .12$)

Communication

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
*****General*****								
Allbaugh et al., 2014	C/CC	60	AC	USA	NVM (R)	Multiple measures for EFA PCRI for communication	Three factors emerged in EFA of parenting by M_{CSA}: Factor 1 (concerns about the child's sexuality and safety), Factor 2 (boundary disturbances within the mother-child relationship), and Factor 3 (lack of energy for parenting due to recovery issues) Factor 3 was correlated with difficulty communicating with the child ($r = .44$, $p = .001$) The full regression model (includes Factors 1-3, physical abuse, and depression), predicted difficulty communicating with the child ($F = 2.61$, $p = .04$)	Factors 1 and 2 were not associated with difficulty communicating with the child (r coefficients not provided)
Cohen, 1995	C/CC	54	AC	Israel	NVM (R)	PSI	M_{CSA} were less likely than $M_{no\text{-}CSA}$ to communicate effectively with their child ($t = -3.2$, $p < .05$)	N/A
Kallstrom-Fuqua, 2004	C/CC	132	AC	USA	CTQ (R)	Observation	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in communication of potential interpersonal danger ($F = 2.50$, $p = .12$)
McNeill, 1999	C/CC	133	Non-AC	USA	NVM (R)	PCRI	Among M_{CSA}, less support and protection after their experience were correlated with less perceived effective communication with their child ($r = -.18$, $p < .05$ for both)	Characteristics of the CSA experience of M_{CSA} (e.g. perpetrator, severity, and frequency) were not correlated with effective communication In a regression analysis, the severity of CSA did not predict effective communication with a child (coefficients not provided)
Ramirez, 1998	TP/RS	48	Non-AC	USA	NVM (R)	PCRI	M_{CSA} had a greater awareness of how they communicate with their children than $M_{no\text{-}CSA}$ ($F = 4.29$, $p = .04$)	N/A

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Seltmann & Wright, 2013	C/CC	54	Non-AC	USA	NVM (R)	PCRI	An interaction was observed between depressive symptoms and partner support (β = -.31, p < .05) in a model of the relationship between CSA severity and parenting. M_{CSA} who had low partner support levels had increased issues with communication, no matter their level of depression. Further, for those with low levels of depression, partner support was found to buffer difficulties with communication.	Severity of CSA was not correlated with their communication with their child (r = .10) In a moderated mediational model, the severity of CSA did not predict effective communication with the child directly (β = .13, p > .05) or indirectly (β = .26, p < .10)
*****Negative Communication*****								
Bailey et al., 2012	C/CC	82	Non-AC	Canada	Multiple (R)	Observation	N/A	Status as a M_{CSA} was not correlated with non-hostility (r = -.13)
Bryson, 2007	C/CC	127	MCG	USA	NVM (R)	Observation	N/A	Status as a M_{CSA} was not correlated with negative displeasure (r = .15), which included ignoring the child M_{CSA} and $M_{no\text{-}CSA}$ did not differ in whether they exhibited negative displeasure (β = .18)
Burkett, 1991	C/CC	40	MCG	Not listed	NVM (R)	Observation	M_{CSA} were found to belittle or blame their child more than $M_{no\text{-}CSA}$ (t = 1.91, p = .33), and to provide fewer messages of affirmation and understanding (t = 1.85, p = .04)	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in controlling messages, in "submitting messages in response to the child's attempts at control" (p. 7), in using appeasing and deferring communication, or in ignoring their child
Lyons-Ruth & Block, 1996	C/CC	45	Non-AC	USA	NVM (R)	Observation	N/A	Status as a M_{CSA} was not correlated with increased maternal hostile-intrusive behavior (r = -.06)
Pasalich et al., 2016	C/CC	112	AC	USA	NVM (R)	Observation	N/A	Status as a M_{CSA} did not have a relative direct effect on maternal hostility (*B* = .05)
Rea & Shaffer, 2016	C/CC	64	Non-AC	USA	CTQ (R)	Observation	N/A	Status as a M_{CSA} was not correlated with criticism (r = -.08), anger (r = -.18), or hostility (r = .23) towards children
Rodriguez, 2009	C/CC	78	AC	USA	CTQ (R)	PS and CBCL	M_{CSA} reported more hostility than $M_{no\text{-}CSA}$ (t = 2.25, p = .03) Depression and history of child physical abuse mediated the relationship between status as a M_{CSA} and hostility	N/A

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Sexton et al., 2017	C/CC	173	Non-AC	USA	CTQ (R)	Observation	N/A	Status as a M_{CSA} was not associated with hostile parenting (low stress tasks: F = .15, p = .70; high stress tasks: F = .32, p = .57)
*****Positive Communication*****								
Collin-Vezina et al., 2005	C/CC	88	AC	Canada	CTQ and NVM (R)	APQ	N/A	Status as a M_{CSA} did not predict positive reinforcement (β = -.15)
Fujiwara et al., 2011	TP/RS	304	AC	Japan	CTQ (R)	NVM	N/A	Status as a M_{CSA} was not associated with whether mothers praised their children (β -.06, p = .43)
Rea & Shaffer, 2016	C/CC	64	Non-AC	USA	CTQ (R)	Observation	N/A	Status as a M_{CSA} was not correlated with observed emotion regulation (r = .11) or positive affect (r = .05) towards children
*****Responsivity*****								
Bryson, 2007	C/CC	127	MCG	USA	NVM (R)	Observation	Status as a M_{CSA} was correlated with warm responsiveness, which included items such as laughing and non-instructional conversation (r = .36, p < .01) M_{CSA} were more likely than $M_{no\text{-}CSA}$ to exhibit warm responsiveness (β = .32, p < or = .01)	N/A
Campbell, 1996	C/CC	51	Non-AC	USA	NVM (R)	PDI	N/A	M_{CSA} did not differ from a normative adult population in responsivity to child input (t = .09)
Fung, 1988	C/CC	120	Non-AC	USA	NVM (R)	Observation	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in emotional responsivity to their children (t = -.76)
*****Communication about Sex*****								
Grocke et al., 1995	TP/RS	64	MCG	UK	NVM (R)	NVM	M_{CSA} and $M_{no\text{-}CSA}$ differed in whether they discussed sex in detail with their child (χ^2 = 8.60, p < .04), discussed menstruation (χ^2 = 4.95, p value in paper appears to be incorrect based on written description), wet dreams (χ^2 = 4.27, p < .04), erections (χ2 = 3.00, p < .08), AIDS (χ2 = 3.08, p < .08), and contraception (χ^2 = 7.57, p < .006)	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in whether they discussed sexual intercourse (χ^2 = 1.57), pregnancy (χ^2 = .98), birth (χ^2 = 1.64), or sexually transmitted diseases (χ^2 = .12) with their child

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Wortel, 2015	C/CC	194	AC	USA	NVM (R)	NVM	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in frequency of communication about sex ($t = .33$, $p = .74$), tone of communication about sex ($t = 1.29$, $p = .20$), embarrassment talking about sex ($t = .29$, $p = .78$), or believing their daughter would be embarrassed if they talked to them about sex ($t = -1.96$, $p = .06$)

Empathetic Awareness of Child's Needs

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Bert et al., 2009	TP/RS	681	MCG	USA	CTQ (R)	PSEQ	N/A	Status as a M_{CSA} was not correlated with responsivity/empathetic awareness for the child (r = .00)
Kwako, 2007	C/CC	164	AC	USA	NVM (P)	AAPI	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in empathetic awareness of a child's needs (F = .57) M_{CSA} with different perpetrators (multiple, single, biological father) and $M_{no\text{-}CSA}$ did not differ in their empathetic awareness of their child's needs (F = .97) The association between M_{CSA} status and empathetic awareness of their child's needs was not moderated by depression or antisocial behavior
Marcenko et al., 2000	C/CC	127	Non-AC	USA	NVM (R)	AAPI	M_{CSA} were more likely than M_{PA} and $M_{no\text{-}CA}$ to exhibit empathetic awareness of their child's needs (F = 3.35, p = .04)	N/A
Vaughan-Eden, 2003	TP/RS	62	Non-AC	USA	NVM (R)	AAPI	N/A	Status as a M_{CSA} was not correlated with empathetic awareness of the needs of the child (r = -.22)

Involvement

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Allbaugh et al., 2014	C/CC	60	AC	USA	NVM (R)	Multiple measures for EFA PCRI for involvement	Three factors emerged in EFA of parenting by M_{CSA}: Factor 1 (concerns about the child's sexuality and safety), Factor 2 (boundary disturbances within the mother-child relationship), and Factor 3 (lack of energy for parenting due to recovery issues) Factor 3 was correlated with decreased involvement ($r = .63$, $p < .001$) The full regression model (includes Factors 1-3, physical abuse, and depression), predicted involvement ($F = 5.61$, $p < .001$)	Factors 1 and 2 were not associated with decreased involvement (r coefficients not provided)
Blatchley et al., 2000	C/CC	248	Non-AC	USA	NVM (R)	NVM	M_{CSA} were less involved with their child than $M_{no\text{-}CSA}$ ($F = 6.62$, $p = .01$)	N/A
Collin-Vezina et al., 2005	C/CC	88	AC	Canada	CTQ and NVM (R)	APQ	N/A	Status as a M_{CSA} was not associated with involvement in correlation ($r = -.07$) or regression models (coefficients not provided)
Fung, 1988	C/CC	120	Non-AC	USA	NVM (R)	Observation	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in maternal involvement with the child ($t = -.40$)
Lyons-Ruth & Block, 1996	C/CC	45	AC	USA	NVM (R)	Observation	Severity of the CSA was correlated with deceased involvement with the child ($r = -.35$, $p < .05$), including when controlling for demographic risk in a regression analysis (partial $r = .33$, $p < .04$)	N/A

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
McNeill, 1999	C/CC	133	Non-AC	USA	NVM (R)	PCRI	N/A	Characteristics of the CSA experience of M_{CSA} (e.g. perpetrator, severity, and frequency) were not associated with involvement with the child Severity of CSA did not predict involvement with the child in a regression model (coefficients not provided)
Ramirez, 1998	TP/RS	48	Non-AC	USA	NVM (R)	PCRI	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in involvement with their child ($F = .12$, $p = .77$)
Seltmann & Wright, 2013	C/CC	54	Non-AC	USA	NVM (R)	PCRI	An interaction was observed between depressive symptoms and partner support ($\beta = -.30$, $p < .05$) in a model of the relationship between CSA severity and parenting. For those with low levels of depression, partner support was found to buffer difficulties with involvement.	Severity of CSA was not correlated with involvement ($r = .06$) In a moderated mediational model, the severity of abuse a M_{CSA} experienced was not associated with involvement directly ($\beta = .08$, $p > .05$) or indirectly ($\beta = .15$, $p > .05$)

Other Aspects of the Mother-Child Relationship

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Allbaugh et al., 2014	C/CC	60	AC	USA	NVM (R)	Multiple measures for EFA PSI for bonding	Three factors emerged in EFA of parenting by M_{CSA}: Factor 1 (concerns about the child's sexuality and safety), Factor 2 (boundary disturbances within the mother-child relationship), and Factor 3 (lack of energy for parenting due to recovery issues) Factor 1 ($r = .35$, $p = .01$) and Factor 3 ($r = .62$, $p < .001$) were correlated with lack of bond with child The full regression model (includes Factors 1-3, physical abuse, and depression), predicted lack of bond with the child ($F = 7.93$, $p < .001$)	Factor 2 was not correlated with lack of bond with the child (r coefficient not provided)
Baril et al., 2016	TP/RS	87	AC	Canada	NVM (R)	IPA	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in the quality of their relationship with their child ($t = -.53$, $p = .60$)
Baumgardner, 2007	C/CC	141	Non-AC	USA	NVM (R)	Observation	N/A	M_{CSA} status was not associated with parental nurturance ($F = .78$, $p = .51$) The relationship between status as a M_{CSA} and parental nurturance was not moderated by grandmother individuation ($F = 2.24$, $p = .09$) or grandmother directness ($t = -.95$, $p = .34$)
Brandon, 2010	C/CC	53	AC	USA	NVM (R)	SIPA	M_{CSA} reported more parenting relationship difficulties than $M_{no\text{-}CSA}$ ($z = 1.79$, $p < .05$)	N/A
Bryson, 2007	C/CC	127	MCG	USA	NVM (R)	NVM	Status as a M_{CSA} was correlated with positive control/structure ($r = -.23$, $p < .05$) M_{CSA} were less likely than $M_{no\text{-}CSA}$ to exhibit positive control/structure ($\beta = -.23$, $p <$ or $= .01$)	N/A

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Buist, 1998	TP/RS	56	AC	Australia	NVM (R)	Observation	M_{CSA} were more likely than $M_{no\text{-}CSA}$ to have lower relationship scores in several components of an interaction task (mother-infant interaction: $p < .05$; infant state: $p < .05$; mother: $p < .05$; and total score: $p < .001$)	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in one component (context of the interaction) of an interaction task (coefficients not provided) M_{CSA} and mothers who experienced physical/emotional abuse did not differ on all components of an interaction task (coefficients not provided)
Burkett, 1991	C/CC	40	MCG	Not listed	NVM (R)	Observation	M_{CSA} focused less on their child and more or themselves than $M_{no\text{-}CSA}$ ($t = 1.76$, $p = .04$)	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in promotion of separateness (coefficients not provided)
Campbell, 1996	C/CC	51	Non-AC	USA	NVM (R)	PDI	M_{CSA} exhibited fewer nurturing behaviors than a normative adult population ($t = 3.00$, $p < .01$)	N/A
Cohen, 1995	C/CC	54	AC	Israel	NVM (R)	PSI	M_{CSA} were less likely than $M_{no\text{-}CSA}$ to have strong rapport with their child ($t = -1.8$, $p < .05$)	N/A
Cole et al., 1992	C/CC	83	AC	Not listed	NVM (R)	PDI	N/A	M_{CSA} did not differ from $M_{no\text{-}CSA}$ or adult children of alcoholics in their nurturance of their child (coefficients not provided)
Collin-Vezina et al., 2005	C/CC	88	AC	Canada	CTQ and NVM (R)	IPA	N/A	Status as a M_{CSA} did not predict poor parent-child relationships ($\beta = .09$)
Danskin, 2016	C/CC	47	Non-AC	USA	ACEs (R)	MBQS	N/A	Status as a M_{CSA} was not correlated with disengagement with the child ($r = -.29$)
Ehrensaft et al., 2015	TP/RS	396	AC	USA	NVM (R)	Measures from CICS	N/A	Status as a M_{CSA} predicted less time spent with the child ($\beta = -.09$, $t = -1.96$, $p = .05$) Status as a M_{CSA} did not predict time spent with the child when $M_{CSA's}$ history of adolescent conduct disorder ($\beta = -.08$, $t = -1.74$, $p = .08$), and generalized anxiety disorder were added ($\beta = -.08$, $t = -1.68$, $p = .08$) in two separate models Adolescent conduct disorder and adult generalized anxiety disorder did not mediate the relationship

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
								between M_{CSA} status and time spent with the child (coefficients not provided)
Fava et al., 2016	C/CC	100	AC	USA	NVM (R)	TMMI	N/A	Status as a M_{CSA} was not correlated with positive ($r = -.19$, $p < .07$), or negative parenting-specific post-traumatic change ($r = .03$), which included the mother-child relationship In regression model, CSA history did not predict parenting-specific post-traumatic change, which included the mother-child relationship
Fujiwara et al., 2011	TP/RS	304	AC	Japan	CTQ (R)	NVM	N/A	Status as a M_{CSA} was not associated with mothers playing with their children ($\beta = -.03$, $p = .75$)
Fung, 1988	C/CC	120	Non-AC	USA	NVM (R)	NVM	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in their ideas of how much time they wanted to spend with their baby ($\chi^2 = .55$)
Kallstrom-Fuqua, 2004	C/CC	132	AC	USA	CTQ (R)	Observation and NVM	M_{CSA} exhibited more nurturing behaviors toward their male children when compared to their female children in an observation task ($t = -2.35$, $p = .03$)	M_{CSA} did not differ in their nurturance levels in self-report versus observation ($F = .73$, $p = .40$) M_{CSA} did not self-report exhibiting more nurturing behaviors towards male children than female children ($t = .44$, $p = .66$)
Kapeleris, 2014	C/CC	75	Non-AC	Canada	CTQ (R)	ERPS	N/A	Status as a M_{CSA} was not correlated with the active rejection of children's negative emotions ($r = .03$), passive rejection of children's emotions ($r = .10$), acceptance of children's emotions ($r = .04$), or passive acceptance of children's emotions ($r = .20$)
Lyons-Ruth & Block, 1996	C/CC	45	Non-AC	USA	NVM (R)	Observation	Severity of CSA was correlated with less time in the room with the infant ($r = .32$, $p < .04$), disengagement ($r = .30$, $p < .05$), and flat affect ($r = .36$, $p < .02$)	N/A
Madigan et al., 2015	TP/RS	490	AC	Canada	CEVQ (R)	Observation	Status as a M_{CSA} was correlated with the decreased responsivity of mothers ($r = -.12$, $p < .05$)	Depressive symptoms did not mediate the relationship between status as a M_{CSA} and parenting behaviors ($z = .05$, $p = .96$)

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Martinez-Torteya et al., 2014	C/CC	153	Non-AC	USA	CTQ (R)	Observation	N/A	Positive parenting behaviors, which include aspects of the mother-child relationship such as engagement, were not associated with the severity or type of abuse a mother experienced – i.e. whether the mother was a M_{CSA} or M_{CPA} (coefficients not provided)
Miller-Clayton, 2010	C/CC	103	Non-AC	USA	LSC-R (R)	PCRQ	Status as a M_{CSA} was correlated with mother-child relationship scores, which included playing with the child ($r = -.23$, $p < .05$) Status as a M_{CSA} predicted maternal relationship scores when the cultural coping total score was included as a mediator ($R^2 = .07$, $p < .05$)	N/A
Prentice et al., 2002	TP/RS	1,220	AC	USA	NVM (R)	NVM	M_{CSA} were more likely than $M_{no\text{-}CSA}$ to immediately comfort their children when they started crying ($p = .01$)	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in parenting behaviors, including "the frequency with which they read to, played with, sang to, played music with, or hugged their child in the past week" (p. 223; coefficients not listed)
Reid-Cunningham, 2009	C/CC	105	AC	USA	LSC-R (R)	PIRGAS	N/A	Status as a M_{CSA} was not associated with parent-child relationship scores ($\beta = .004$, $t = – 0.04$, $p = .97$)
Roberts et al., 2004	TP/RS	8,292	AC	UK	NVM (R)	NVM	M_{CSA} reported greater negativity ($\beta = .02$, $p = .07$) and were less likely to report positivity ($\beta = -.03$, $p = .02$) in the mother-child relationship than $M_{no\text{-}CSA}$	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in their maternal enjoyment of the mother-child relationship ($p = .24$) When controlling for childhood cruelty, M_{CSA} status was no longer associated with negativity ($\beta = .01$, $p = .22$) or positivity ($\beta = -.02$, $p = .06$) in the mother-child relationship When controlling for child cruelty and the psychological wellbeing of the M_{CSA}, M_{CSA} status was not associated with mother-child positivity ($p = .19$)

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Sandberg et al., 2012	TP/RS	338	AC	USA	NVM (R)	NVM	The frequency of CSA experienced by M_{CSA} was correlated with mother-child relationship satisfaction ($r = .12$, $p \leq .05$)	In a structural equation model, there was no path between the frequency of CSA a M_{CSA} experienced and her relationship with her child (coefficient = .09)
Storer, 2002	TP/RS	37	Non-AC	USA	CTQ (R)	Observation	N/A	M_{CSA} status did not differentiate high risk vs. low risk mothers on the BIA, which measures several aspects of the mother child relationship ($t = -.92$, $p = .37$)
Vasconcelos, 2007	TP/RS	9,282	Non-AC	USA	NVM (R)	NVM	M_{CSA} reported higher parent-child relationship quality than F_{CSA} ($F = 40.11$, $p < .0005$)	N/A
Wortel, 2015	C/CC	194	AC	USA	NVM (R)	Observation	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in their parent-child relationship quality as measured through a video-taped interaction ($t = 1.15$, $p = .25$)

Parent-Child Dysfunctional Interaction

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Danskin, 2016	C/CC	47	Non-AC	USA	ACEs (R)	PSI-SF	N/A	Status as a M_{CSA} was not correlated with parent-child dysfunctional interaction (r = .16)
Douglas, 2000	C/CC	63	Non-AC	Scotland	NVM (R)	PSI	M_{CSA} reported higher parent-child dysfunctional interaction than $M_{no\text{-}CSA}$ (t = 2.30, p < .02)	N/A
Lang et al., 2010	C/CC	44	AC	USA	CTQ (R)	PSI-SF	N/A	CSA history did not predict parent-child dysfunctional interaction in a hierarchal regression model including other trauma/psychopathology measures
Pereira et al., 2012	C/CC	291	Non-AC	Canada	CTQ (R)	PSI-SF	CSA history was correlated with higher parent-child dysfunctional interaction (r = .14, p < .05)	N/A

Role-Reversal

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Allbaugh et al., 2014	C/CC	60	AC	USA	NVM (R)	Multiple measures	Three factors emerged in EFA of parenting by M_{CSA} – one of these was boundary disturbances within the mother-child relationship, which explained 10.52% of the variance (alpha = .76)	N/A
Alexander et al., 2000	C/CC	90	AC	USA	NVM (R)	NVM	M_{CSA} experiencing relationship (partner) dissatisfaction were more likely to experience role-reversal than $M_{no\text{-}CSA}$ or M_{CSA} who were satisfied with their relationship ($F = 5.64$, $p < .02$). Satisfaction with the relationship was protective against role-reversal ($F = 16,47$, $p < .001$). The relationship between CSA history and role-reversal was moderated by family structure - role-reversal was most extensive among M_{CSA} who described a "mother-child crossgenerational alliance" (p. 835; $F = 4.48$, $p = .02$)	Characteristics of CSA M_{CSA} experienced, including "age of onset, use of force, abuse frequency, number of perpetrators and identity of the perpetrator" (p. 835), were not associated with role-reversal
Kallstrom-Fuqua, 2004	C/CC	132	AC	USA	CTQ (R)	AAPI-2	N/A	M_{CSA} did not differ in their role-reversal in self-report versus observation ($F = .05$, $p = .82$) M_{CSA} status was not associated with role-reversal in a hierarchal regression model including maternal depression and physical abuse/neglect ($\beta = .12$, $t = 1.17$, $p = .24$) M_{CSA} and $M_{no\text{-}CSA}$ did not differ in observed levels of role-reversal with male and female children ($F = 2.52$, $p = .12$) An interaction between status as a M_{CSA} and child development on role-reversal was not observed ($F = .00$, $p = .99$)

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
								An interaction between abuse status, child gender and reported role-reversal was not observed (F = .99, p = .32)
Kwako, 2007	C/CC	164	AC	USA	NVM (P)	AAPI-2	For M_{CSA} with single perpetrators, depression predicted role-reversal (β = -.25, p < .05)	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in role-reversal (F = .75) M_{CSA} with different perpetrators (multiple, single, biological father) and $M_{no\text{-}CSA}$ did not differ in their engagement in role-reversal (F = .48) The association between M_{CSA} status and role-reversal was not moderated by depression or antisocial behavior
Marcenko et al., 2000	C/CC	127	Non-AC	USA	NVM (R)	AAPI	M_{CSA} were less likely than M_{PA} and $M_{no\text{-}CA}$ to report role-reversal (F=6.00, p = .003)	N/A
Vaughan-Eden, 2003	TP/RS	62	Non-AC	USA	NVM (R)	AAPI	N/A	Status as a M_{CSA} was not correlated with role-reversal (r = -.08)
Zvara et al., 2015	C/CC	204	MCG	USA	THQ (R)	Observation	M_{CSA} were more likely than $M_{no\text{-}CSA}$ to exhibit boundary dissolution (F = 5.19, p < .05)	Family income, maternal education, and marital instability did not moderate the relationship between M_{CSA} status and boundary dissolution (coefficients not provided)

Sensitivity

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Bailey et al., 2012	C/CC	82	Non-AC	Canada	Multiple (R)	Observation	N/A	Status as a M_{CSA} was not associated with sensitivity (coefficients not provided)
Cole et al., 1992	C/CC	83	AC	Not listed	NVM (R)	PDI	N/A	M_{CSA} did not differ from $M_{no\text{-}CSA}$ or adult children of alcoholics in their sensitivity towards their child (coefficients not provided)
Danskin, 2016	C/CC	47	Non-AC	USA	ACEs (R)	MBQS	N/A	Status as a M_{CSA} was not correlated with the maternal sensitivity subscale ($r = -.16$) or the total MBQS score, which assesses overall sensitivity ($r = -.23$)
Dayton et al., 2016	C/CC	120	Non-AC	USA	CTQ (R)	MBQS Mini	N/A	CSA history was not correlated with maternal sensitivity at child age 1 year ($r = -.08$) or 2 years ($r = .00$)
Pereira et al., 2012	C/CC	291	Non-AC	Canada	CTQ (R)	MBQS		CSA history was not correlated with MBQS score ($r = .00$)
Zvara, Mills-Koonce, Carmody, et al., 2017	C/CC	204	MCG	USA	THQ (R)	Observation	Status as a M_{CSA} was related to IPV ($\beta = .30$, $p < .001$), which was related to maternal sensitivity ($\beta = -.42$, $p < .001$)	N/A
Zvara, Mills-Koonce, & Cox, 2017	C/CC	204	MCG	USA	THQ (R)	Observation	M_{CSA} were more sensitive to their female children than their male children ($F = 5.2$, $p < .05$), which was not observed among $M_{no\text{-}CSA}$	Maternal sensitivity did not change over time as a function of M_{CSA} status (coefficients not provided)

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Zvara, Meltzer-Brody, et al., 2017	C/CC	204	MCG	USA	THQ (R)	Observation	Status as a M_{CSA} predicted sensitivity at 15 months ($\beta = -.20$, $p < .05$) The relationship between M_{CSA} status and sensitivity was mediated by prenatal distress and 6-month depressive symptoms in an adjusted model ($\beta = -.04$, $p < .05$) Three indirect pathways from status as a M_{CSA} to sensitivity were found: 1) "childhood sexual trauma → prenatal distress → 6-month sensitive parenting → 15-month sensitive parenting, $\beta = .05$, $p < .05$)"; 2) "childhood sexual trauma → prenatal distress → 6-month maternal depressive symptoms→15-month sensitive parenting, $\beta = .08$, $p < .05$"; 3) "childhood sexual trauma → prenatal distress → 6-month maternal depressive symptoms→ 6-month sensitive parenting→15-month sensitive parenting ($\beta = .04$, $p < .01$)" (p. 13)	N/A
Zvara et al., 2015	C/CC	204	MCG	USA	THQ (R)	Observation	M_{CSA} were less likely than $M_{no\text{-}CSA}$ to exhibit sensitive parenting behaviors ($F = 4.15$, $p < .05$) The relationship between M_{CSA} status and sensitive parenting was moderated by maternal education ($F = 4.12$, $p < .05$) and maternal stability (coefficients not provided)	Family income was not found to moderate the relationship between M_{CSA} status and sensitive parenting (coefficients not provided)

Warmth

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Barrett, 2010	TP/RS	483	AC	USA	NVM (R)	Questions based on HOME	Status as a M_{CSA} was correlated with decreased maternal warmth ($r = -.10$, $p \leq .05$) Lifetime history of intimate partner violence mediated the relationship between M_{CSA} status and maternal warmth ($\beta = -.11$, $p \leq .05$)	Recent history of intimate partner violence did not mediate the relationship between M_{CSA} status and maternal warmth ($\beta = .02$) Lifetime history of intimate partner violence did not mediate the relationship between M_{CSA} status and maternal warmth in a model adjusted for demographics and other forms of adversity
Barrett, 2009	TP/RS	483	AC	USA	NVM (R)	Questions based on HOME	M_{CSA} reported lower maternal warmth than $M_{no\text{-}CSA}$ ($t = 2.23$, $p < .05$)	After controlling for past experiences and demographic characteristics, M_{CSA} and $M_{no\text{-}CSA}$ did not differ in reported maternal warmth ($\beta = -.07$, $p = .13$)
Bryson, 2007	C/CC	127	MCG	USA	NVM (R)	Observation and NVM	M_{CSA} were more likely than $M_{no\text{-}CSA}$ to exhibit more warm responsiveness ($\beta = .32$, $p = .01$) and global maternal warmth ($\beta = .26$, $p = .02$)	Status as a M_{CSA} was not correlated with self-reported maternal warmth ($r = .04$)
Burke, 1998	C/CC	50	AC	USA	NVM (R)	PRI	N/A	Severity of CSA was not correlated with maternal warmth ($r = -.17$) Severity of CSA did not predict maternal warmth ($t = -1.24$) Social support did not moderate the relationship between severity of CSA and maternal warmth (R^2 change = .05) Abuse avoidant coping, abuse reappraisal coping, parental avoidant coping, parental reappraisal coping, and lack of resolution did not mediate the relationship between severity of CSA and maternal warmth
Chiang, 2008	C/CC	144	AC	USA	NVM (R)	PQ	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ on reports of maternal warmth (coefficients not provided)

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Cross et al., 2016	C/CC	154	AC	USA	CTQ (R)	PQ	CSA history was correlated with less warmth in mothers of female children ($r = -.39$, $p < .01$) A stronger correlation between CSA history and maternal warmth was observed for mothers of female children than male children (Fischer's $Z = 2.37$, $p < .05$) A multiple regression model showed a significant interaction between gender and CSA history, such that mothers reported less warmth toward female children than male children at high levels of CSA history ($\beta = -.29$, $p < .05$)	CSA history was not correlated with warmth in mothers of male children ($r = -.02$)
Kallstrom-Fuqua, 2004	C/CC	132	AC	USA	CTQ (R)	P-PARQ	N/A	Severity of CSA did not predict maternal warmth in a model including parental depression and physical abuse/neglect history ($\beta = -.13$, $t = -1.16$, $p = .25$)
Locke & Newcomb, 2004	TP/RS	237	Non-AC	USA	CTQ (R)	PARQ	Status as a M_{CSA} was correlated with poor parenting, which included lower maternal warmth ($r = .18$, $p < .01$)	N/A
Miller-Clayton, 2010	C/CC	103	Non-AC	USA	LSC-R (R)	PCRQ	Status as a M_{CSA} predicted maternal warmth when cultural coping was entered as a mediator ($R^2 = .10$, $p < .05$)	Status as a M_{CSA} was not correlated with maternal warmth ($r = .08$)

Abbreviations

- AAPI: Adult-Adolescent Parenting Inventory
- AC: Adequate controlling
- ACEs: Adverse Childhood Experiences
- APQ: Alabama Parenting Questionnaire
- BIA: Borgess Interaction Assessment
- C/CC: Convenience or case-control
- CBCL: Child Behavior Checklist
- CECA.Q: Childhood Experiences of Care and Abuse Questionnaire
- CEVQ: Childhood Experiences of Violence Questionnaire
- CICS: Children in the Community Study
- CSA: Child sexual abuse
- CTQ: Childhood Trauma Questionnaire
- EFA: Exploratory Factor Analysis
- ERPS: Emotion-Related Parenting Styles
- F_{CSA}: Father(s) who experienced child sexual abuse
- FEQ: Family Experiences Questionnaire
- FMSS: Five-minute speech sample
- HOME: Home Observation for Measurement of the Environment
- IPA: Index of Parental Attitudes
- LSC-R: Life Stressor Checklist – Revised
- MBQS: Maternal Behavior Q-Sort
- MCG: Matched comparison group
- M_{CPA}: Mother(s) who experienced child physical abuse
- M_{CSA}: Mother(s) who experienced child sexual abuse
- $M_{no\text{-}CSA}$: Mother(s) with no experiences of child sexual abuse
- MPAQ: Maternal Postnatal Attachment Questionnaire
- N/A: Not applicable
- NVM: Non-validated measure
- P or R: Prospective or retrospective
- P-PARQ: Parent-Parental Acceptance Rejection Questionnaire
- PARI: Parental Attitudes Research Instrument
- PCRI: Parent-Child Relationship Inventory
- PCRQ: Parent-Child Relationship Questionnaire
- PDI: Parenting Dimensions Inventory
- PIRGAS: Parent-Infant Relationship Global Assessment Scale
- PQ: Parenting Questionnaire
- PRI: Parental Relationship Inventory
- PSEQ: Parenting Style Expectations Questionnaire
- PSI: Parenting Stress Index
- PSI-SF: Parenting Stress Index – Short Form
- SIPA: Stress Index for Parents of Adolescents
- TMMI: Trauma-Meaning Making Interview
- TP/RS: Total population or random sampling
- UK: United Kingdom
- USA: United States of America

Notes

- Significance
  - In the non-significant column, descriptions state that there is no association, difference, relationship, etc. between variables. This refers to non-significant associations, as associations, differences, relationships, etc. often did exist, though did not reach significance.
  - In instances where the area under the significant and non-significant columns are merged, this indicates that results are descriptive in nature (tests of significance were not conducted).
- Controlling
  - When determining whether adequate controlling took place, only controlling related to analyses relevant to this review were considered. The study could have adequately controlled for variables in other parts of their analyses, but be considered non-adequately controlled for the purposes of this review.

- In some instances, studies were considered adequately controlled if they conducted analyses that determined that the M_{CSA} group and control group did not differ on a sufficient number of key characteristics.
- Within each theme, though several analyses may have occurred (correlations, regressions, etc.), analyses are considered adequately controlled if variables were controlled for in at least one of the analyses.

- General
  - "M_{CSA} status" does not connote that the measure of CSA was dichotomous, but is instead used as shorthand for both dichotomous measures of CSA status and non-dichotomous measures assessing severity. However, when authors are explicit regarding severity in their interpretations, these are indicated.

Appendix 4: Study Characteristics – Breastfeeding

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parent-ing**	**Significant Results**	**Non-Significant Results**
Bowman et al., 2009	C/CC	78	Non-AC	USA	CTQ (R)	NVM	N/A	CSA severity did not differ between breastfeeding and formula feeding mothers in the whole sample (t = .88, p = .38), or in a subsample of adolescent M_{CSA} (t = - 1.27, p = .23)
Coles et al., 2015	TP/RS	3,778	AC	Australia	NVM (R)	NVM	M_{CSA} had reduced odds of breastfeeding for at least six months when compared to $M_{no\text{-}CSA}$ in an unadjusted model (OR = .78, 95% CI = .65 - .93, p < .05) and models adjusting for smoking (OR = .81, 95% CI = .68 - .98, p < .05) and the experience of adult violence (OR = .80, 95% CI = .67 - .96, p < .05)	M_{CSA} status was not associated with breastfeeding for at least six months in a model adjusted for sociodemographic factors (OR = .89, 95% CI = .74 - 1.07) or in the fully adjusted model (OR = .90, 95% CI = .75 - 1.09)
Elfgen et al., 2017	C/CC	255	MCG	Germany	NVM (R)	NVM	M_{CSA} were more likely than $M_{no\text{-}CSA}$ to have pain during breastfeeding (OR = 5.77, 95% CI = 1.55 - 20.73) and to develop mastitis while breastfeeding (OR = 2.84, 95% CI = 1.55 - 6.45)	Fissures on the nipple while breastfeeding did not differ between M_{CSA} and $M_{no\text{-}CSA}$
							M_{CSA} experienced a number of issues while breastfeeding, including general fear or panic (n=24, 28.2%), fear of doing something wrong (n=6, 7.1%), feelings of helplessness related to nudity while breastfeeding (n=13, 15.3%), and feelings of having no relationship with their child while breastfeeding (n=18, 21.2%)	
Islam et al., 2016	TP/RS	426	AC	Bangla-desh	NVM (R)	NVM	M_{CSA} were less likely than $M_{no\text{-}CSA}$ to report exclusive breastfeeding (OR = .23, 95% CI = .12 - .46, p < .001) M_{CSA} were more likely than $M_{no\text{-}CSA}$ to discontinue exclusive breastfeeding early in the full model (OR = .32, 95% CI = .13 - .80, p < .01)	N/A
Prentice et al., 2002	TP/RS	1,220	AC	USA	NVM (R)	NVM	M_{CSA} were more likely to initiate breastfeeding than $M_{no\text{-}CSA}$ (OR = 2.58, 95% CI = 1.14 – 5.85, p = .02)	There was no difference between M_{CSA} and $M_{no\text{-}CSA}$ who initiated breastfeeding on whether they breastfed for more than one month (coefficients not listed)
Sorbo et al., 2015	TP/RS	53,934	AC	Norway	NVM (R)	NVM	N/A	CSA history alone was not associated with early breastfeeding cessation (less than four months; OR = .94, 95% CI = .76 – 1.16)

Abbreviations

- AC: Adequate controlling
- C/CC: Convenience or case-control
- CSA: Child sexual abuse
- CTQ: Childhood Trauma Questionnaire
- MCG: Matched comparison group
- M_{CSA}: Mother(s) who experienced child sexual abuse
- $M_{no\text{-}CSA}$: Mother(s) with no experiences of child sexual abuse
- N/A: Not applicable
- NVM: Non-validated measure
- P or R: Prospective or retrospective
- TP/RS: Total population or random sampling
- USA: United States of America

Notes

- Significance
  - In the non-significant column, descriptions state that there is no association, difference, relationship, etc. between variables. This refers to non-significant associations, as associations, differences, relationships, etc. often did exist, though did not reach significance.
  - In instances where the area under the significant and non-significant columns are merged, this indicates that results are descriptive in nature (tests of significance were not conducted).
- Controlling
  - When determining whether adequate controlling took place, only controlling related to analyses relevant to this review were considered. The study could have adequately controlled for variables in other parts of their analyses, but be considered non-adequately controlled for the purposes of this review.
  - In some instances, studies were considered adequately controlled if they conducted analyses that determined that the M_{CSA} group and control group did not differ on a sufficient number of key characteristics.
  - Within each theme, though several analyses may have occurred (correlations, regressions, etc.), analyses are considered adequately controlled if variables were controlled for in at least one of the analyses.
- General
  - "M_{CSA} status" does not connote that the measure of CSA was dichotomous, but is instead used as shorthand for both dichotomous measures of CSA status and non-dichotomous measures assessing severity. However, when authors are explicit regarding severity in their interpretations, these are indicated.

Appendix 5: Study Characteristics – Perceptions of Motherhood

Future Parenting

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Banyard, 1997	C/CC	430	AC	USA	NVM (R)	NVM	N/A	M_{CSA} status was not correlated with a $M_{CSA's}$ future parenting expectations (r = .05) Status as a M_{CSA} was not associated with future parenting expectations in a model adjusted for demographics, depressive symptoms, and other maltreatment types (β = -.06)

Satisfaction

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Allbaugh et al., 2014	C/CC	60	AC	USA	NVM (R)	Multiple measures for EFA PCRI for satisfaction	Three factors emerged in EFA of parenting by M_{CSA}: Factor 1 (concerns about the child's sexuality and safety), Factor 2 (boundary disturbances within the mother-child relationship), and Factor 3 (lack of energy for parenting due to recovery issues) Factor 1 ($r = .41$, $p = .002$) and Factor 3 ($r = .67$, $p < .001$) were correlated with decreased satisfaction The full regression model (includes Factors 1-3, physical abuse, and depression), predicted satisfaction ($F = 9.32$, $p < .001$)	Factor 2 was not correlated with satisfaction (r coefficient not provided)
Banyard et al., 2003	C/CC	152	MCG	USA	Multiple NVM (R)	NVM	N/A	Status as a M_{CSA} was not associated with parenting satisfaction ($\beta = .03$)
Banyard, 1997	C/CC	430	AC	USA	NVM (R)	NVM	Status as a M_{CSA} was associated with dissatisfaction as a parent in a model adjusted for demographics, depressive symptoms, and other maltreatment types ($\beta = .13$, $p = .01$)	N/A
Campbell, 1996	C/CC	51	Non-AC	USA	NVM (R)	PSOC	M_{CSA} experienced less satisfaction with parenting than a normative adult population ($t = 3.63$, $p < .05$)	N/A
Cole et al., 1992	C/CC	83	AC	Not listed	NVM (R)	FEQ		M_{CSA} did not differ from $M_{no\text{-}CSA}$ and adult children of alcoholics in reported self-gratification, role gratification, and child gratification (coefficients not provided)
Fung, 1988	C/CC	120	Non-AC	USA	NVM (R)	NVM	N/A	There was no difference between M_{CSA} and $M_{no\text{-}CSA}$ in whether they were pleased to be a mother ($\chi^2 = 2.5$)
Hanley, 1996	C/CC	50	AC	USA	NVM (R)	PSOC	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ on reported parenting satisfaction ($t = -1.10$, $p = .27$)
Ramirez, 1998	TP/RS	48	Non-AC	USA	NVM (R)	PCRI	M_{CSA} reported less parenting satisfaction than $M_{no\text{-}CSA}$ ($F = 8.48$, $p = .01$)	N/A

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Renner et al., 2013	C/CC	264	AC	USA	NVM (R)	PSOC	N/A	Three classes of parenting women were created based on variables on the PSI and PSOC (which includes satisfaction). There was no difference in M_{CSA} membership across the classes.
Schuetze & Eiden, 2005	C/CC	263	Non-AC	USA	NVM (R)	PSOC	N/A	Status as a M_{CSA} was not correlated with parenting satisfaction ($r = .06$)
Seltmann & Wright, 2013	C/CC	54	Non-AC	USA	NVM (R)	PCRI	N/A	Severity of CSA was not correlated with parenting satisfaction ($r = .002$) Severity of CSA did not predict parenting satisfaction in unadjusted ($\beta = .02$, $p > .05$) or adjusted models ($\beta = .14$, $p > .05$)

Sense of Competence/Self-Efficacy

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Ahmed et al.	C/CC	166	Non-AC	USA	NVM (R)	PSOC	N/A	Status as a M_{CSA} was not correlated with parenting competence (r = .61, p = .44)
Allbaugh et al., 2014	C/CC	60	AC	USA	NVM (R)	Multiple measures for EFA PCRI for competence	Three factors emerged in EFA of parenting by M_{CSA}: Factor 1 (concerns about the child's sexuality and safety), Factor 2 (boundary disturbances within the mother-child relationship), and Factor 3 (lack of energy for parenting due to recovery issues) Factor 1 (r = .43, p = .001), Factor 2 (r = .32, p = .01), and Factor 3 (r = .52, p = .001) were correlated with decreased feelings of competence The full regression model (includes Factors 1-3, physical abuse, and depression), predicted feelings of competence (F = 7.15, p < .001)	N/A
Bailey et al., 2012	C/CC	82	AC	Canada	Multiple (R)	PSI	CSA history was correlated with concerns regarding parenting competence (r = .36, p <.01) CSA history predicted parenting competence in a model adjusted for other forms of maltreatment (F = 8.16, p < .01, β = .33)	N/A
Benedict, 2001	C/CC	265	AC	USA	NVM (R)	PSOC	N/A	Severity of CSA was not associated with parenting competence (coefficients not provided)
Brandon, 2010	C/CC	53	AC	USA	NVM (R)	SIPA	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ on reported feelings of incompetence/guilt (z = 1.12, p = .13)
Buist & Janson, 2001	TP/RS	45	AC	Australia	NVM (R)	PSE	N/A	Status as a M_{CSA} was not associated with parenting self-efficacy (coefficients not provided)

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Buist, 1998	TP/RS	56	AC	Australia	NVM (R)	PSE	N/A	M_{CSA}, mothers experiencing physical/emotional abuse, and $M_{no\text{-}CSA}$ did not differ on reports of sense of parenting self-efficacy (skill and comforting)
Burke, 1998	C/CC	50	AC	USA	NVM (R)	FEQ	N/A	Severity of CSA was not correlated with parenting confidence (r = .03) Severity of CSA did not predict parenting confidence (t = 1.06) Social support did not moderate the relationship between the severity of CSA and parenting confidence (R^2 change = .03) Abuse avoidant coping, abuse reappraisal coping, parental avoidant coping, parental reappraisal coping, and lack of resolution did not mediate the relationship between the severity of CSA and parenting confidence
Caldwell et al., 2011	C/CC	76	Non-AC	USA	CTQ (R)	PSOC	N/A	CSA history was not correlated with parenting competence (r = - .09)
Campbell, 1996	C/CC	51	Non-AC	USA	NVQ (R)	PSOC	N/A	M_{CSA} and a normative adult population did not differ in their total sense of competence (t = 1.23) or the efficacy subscale (t = 1.23)
Chiang, 2008	C/CC	144	AC	USA	NVM (R)	PQ	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ on their reports of parenting self-efficacy (coefficients not provided)
Cohen, 1995	C/CC	54	AC	Israel	NVM (R)	PSI	M_{CSA} were less likely than $M_{no\text{-}CSA}$ to feel positively as a parent ($t = -3.6$, $p < .05$)	N/A
Cole et al., 1992	C/CC	83	AC	Not listed	NVM (R)	FEQ	M_{CSA} were more likely than $M_{no\text{-}CSA}$ to report low confidence ($F = 10.93$, $p < .0001$)	N/A

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
D'Zatko, 2011	C/CC	264	AC	USA	NVM (R)	PSOC, PSI, and MS	Three classes emerged in a latent class model of parenting by M_{CSA}: 1) "diligent/struggling" parents (53.20%) with parenting competence similar to the reference group, 2) "child centered" parents (31.70%) who were over a standard deviation above the reference sample on parenting competence, and 3) "detached" parents (15.20%) who "were just within a standard deviation on parenting efficacy, who were below the reference sample by one full standard deviation on sense of mastery as a parent, and who were two standard deviations below on parenting competence" (p. 61-62)	
DeOliveira et al., 2004	C/CC	93	Non-AC	Canada	Multiple (R)	PSI	M_{CSA} reported less parenting competence than $M_{no\text{-}CSA}$	
Donovan, 1990	TP/RS	54	Non-AC	USA	NVM (R)	PSI	When participants were compared to PSI index norms, M_{CSA} scored higher than $M_{no\text{-}CSA}$ in the total Parent Domain, which includes issues with parental confidence ($p < .05$), and these scores were higher when the perpetrator was unknown (<.01)	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in their feelings of parental competence in univariate analyses (coefficients not provided)
Doyle, 2016	C/CC	265	AC	USA	NVM (R)	PSOC	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in their perceptions of parenting competence ($t = 1.84$, $p = .07$) and family support did not moderate this relationship ($F = .53$, $p = .47$)
Ehrensaft et al., 2015	TP/RS	396	AC	USA	NVM (R)	Measures from CICS	Status as a M_{CSA} predicted higher scores of perceived ineffectiveness ($\beta = .12$, $t = 2.25$, $p = .02$), even when $M_{CSA's}$ history of adolescent conduct disorder ($\beta = .10$, $t = 1.99$, $p = .05$), and generalized anxiety disorder were added ($\beta = .11$, $t = 2.04$, $p = .04$) in two separate models	N/A
Fava et al., 2016	C/CC	100	AC	USA	NVM (R)	TMMI	N/A	Status as a M_{CSA} was not correlated with positive ($r = -.19$, $p < .07$) or negative parenting-specific post-traumatic change ($r = .03$), which included perceptions of parenthood In a regression model, CSA history did not predict parenting post-traumatic change

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Fitzgerald et al., 2005	C/CC	35	MCG	USA	CMIS-SF (R)	PSOC	Status as a M_{CSA} was correlated with decreased parenting efficacy ($r = -.47$, $p < .01$) Status as a M_{CSA} predicated lower scores of parenting efficacy ($F = 9.32$, $p < .01$)	$M_{CSA's}$ own bonding with their mothers did not mediate the relationship between CSA and parenting efficacy
Hanley, 1996	C/CC	50	AC	USA	NVM (R)	PSOC	M_{CSA} reported lower parenting efficacy than $M_{no\text{-}CSA}$ ($t = -2.53$, $p = .02$)	M_{CSA} and $M_{no\text{-}CSA}$ did not differ on reported overall parenting competence ($t = -1.90$, $p = .06$)
Jaffe et al., 2012	TP/RS	65	Non-AC	Not listed	ACEs (R)	TOPSE	In a group from a parenting program ($n = 20$), status as a M_{CSA} was correlated with lower parenting self-efficacy ($r = -.47$, $p < .05$)	In a group from a shelter ($n = 45$), status as a M_{CSA} was not correlated with lower parenting self-efficacy (coefficients not provided)
Lang et al., 2010	C/CC	44	AC	USA	CTQ (R)	PSOC	N/A	CSA history did not predict parenting sense of competence (skills/knowledge or value/comfort) in a regression model including other measures of trauma/psychopathology
McKay, 2006	C/CC	265	AC	USA	NVM (R)	PSOC	CSA status was associated with perceived daily hassles, and hassles were associated with parenting efficacy in an adjusted model (mediation not tested)	Status as a M_{CSA} was not directly associated with parenting efficacy ($\beta = -.55$, $p = .39$) in a model including maternal depression, child temperament, and experiences of violence
							*Note: Models 1 and 2 are from another study	
Pazdera et al., 2013	C/CC	265	AC	USA	NVM (R)	PSOC	Status as a M_{CSA} was associated with lower parenting sense of competence ($\beta = .11$, $p = .05$) M_{CSA} who were clinically depressed reported less parenting sense of competence than $M_{no\text{-}CSA}$ who were clinically depressed ($F = 3.90$, $p < .05$) The most parsimonious model tested included a direct path from CSA history to parenting sense of competence (RMSEA = .13)	M_{CSA} and $M_{no\text{-}CSA}$ with moderate depression did not differ in reported parenting sense of competence ($F = .17$) M_{CSA} and $M_{no\text{-}CSA}$ without depression did not differ in reported parenting sense of competence ($F = 1.24$)

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Prentice et al., 2002	TP/RS	1,220	AC	USA	NVM (R)	NVM	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in their confidence that they could cope with parenting (coefficients not listed)
Renner et al., 2013	C/CC	264	AC	USA	NVM (R)	PSOC	N/A	Three classes of parenting women were created based on variables on the PSI and PSOC. There was no difference in M_{CSA} membership across the classes.
Renner et al., 2015	C/CC	264	Non-AC	USA	NVM (R)	PSOC	In a path model, M_{CSA} status was associated with physical intimate partner violence (parameter estimate = .20, $p < .05$), which was associated with parenting competence (parameter estimate = -.18, $p < .05$) In a path model, M_{CSA} status was associated with physical intimate partner violence (parameter estimate = .20, $p < .05$), which was associated with depressive symptoms (parameter estimate = .38, $p < .05$), which was associated with personal mastery (parameter estimate = -.46, $p < .05$), which was associated parenting competence (parameter estimate = .58, $p < .05$)	Status as a M_{CSA} was not correlated with parenting competence ($r = -.11$)
Roberts et al., 2004	TP/RS	8,292	AC	UK	NVM (R)	NVM	Status as a M_{CSA} was associated with less maternal confidence directly ($\beta = -.03$, $p = .003$), and after adjusting for childhood cruelty ($\beta = -.02$, $p = .03$) In the final structural equation model, CSA directly predicted less maternal confidence ($\beta = .03$)	Status as a M_{CSA} was not associated with less maternal confidence when controlling for childhood cruelty and the $M_{CSA's}$ psychological wellbeing ($p = .44$)

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Rodriguez, 2009	C/CC	78	AC	USA	CTQ (R)	PSOC	N/A	CSA history was not correlated with parenting competence (r = .01) M_{CSA} and $M_{no\text{-}CSA}$ did not differ in their reports of parenting competence (t = .06, p = .41) Depression and history of child physical abuse did not mediate the relationship between status as a M_{CSA} and parenting sense of self-competence
Sandberg et al., 2012	TP/RS	338	AC	USA	NVM (R)	NVM	N/A	In a structural equation model, the path between the frequency of CSA a M_{CSA} experienced and parenting self-confidence was not significant (coefficient = -.04)
Saum, 2008	C/CC	265	Non-AC	USA	NVM (R)	PSOC	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in their levels of parenting confidence (t = 1.19, p = .24)
Schuetze & Eiden, 2005	C/CC	263	Non-AC	USA	NVM (R)	PSOC and PSI	Status as a M_{CSA} was correlated with self-efficacy (r = .12, p < .05) Status as a M_{CSA} was associated with a combined factor of negative parental perceptions ("PSI Child Domain, PSI Parent Domain, PSOC Parenting Satisfaction Scale and Parenting Efficacy Scale"; p. 650; β = -.13, p = .05) In a path model, M_{CSA} status was associated with current partner violence (parameter estimate = .21, p < .01), which was associated with parental perceptions (parameter estimate = -.16, p < .05) In a path model, M_{CSA} status was associated with maternal depression (parameter estimate = .13, p < .05), which was associated with parental	N/A

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
							perceptions (parameter estimate = -.50, $p < .01$)	
Snider, 2007	C/CC	265	AC	USA	NVM (R)	PSI and PSOC	M_{CSA} reported more confidence in their parenting than $M_{no\text{-}CSA}$ on the PSOC ($F = 8.34$, $p = .004$)	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in reported feelings of parenting self-competence on the PSI ($F = .73$, $p = .40$)
Wright et al., 2005	C/CC	79	AC	Multiple countries (mainly USA)	NVM (R)	PSI	CSA severity was correlated with feelings of parental competence ($r = .23$, $p < .05$) CSA severity and partner/spousal support combined accounted for 17% of the variance in a model predicting parenting competence ($F = 7.44$, $p < .001$)	Spousal/partner support did not moderate the relationship between severity of CSA and parental competence
Zuravin & Fontanella, 1999	TP/RS	516	AC	USA	NVM (R)	PSOC	Status as a M_{CSA} predicted less parenting competence ($\beta = -.14$, $p < .001$)	In a hierarchal linear regression model adjusted for other abuse and experiences as a child, status as a M_{CSA} was not associated with parenting competence
Zvara et al., 2015	C/CC	204	MCG	USA	THQ (R)	PBS	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in their sense of parenting self-efficacy (coefficients not provided)

Stress

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Alexander et al., 2000	C/CC	90	AC	USA	NVM (R)	PSI	N/A	M_{CSA} status was not associated with parenting stress when controlling for covariates
Ammerman et al., 2016	C/CC	93	AC	USA	CTQ (R)	PSI-SF	N/A	CSA history was not associated with PSI-SF scores ($t = -.40$) and did not interact with time ($t = .93$) or time and group ($t = -.59$) to predict parenting stress
Barrett, 2010	TP/RS	483	AC	USA	NVM (R)	Items from PSI	N/A	Status as a M_{CSA} was not correlated with parenting stress ($r = .05$) Intimate partner violence did not mediate the relationship between M_{CSA} status and parenting stress
Barrett, 2009	TP/RS	483	AC	USA	NVM (R)	Items from PSI	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in their parenting stress ($t = -1.02$, $p = .38$) Status as a M_{CSA} did not predict parenting stress in a model adjusted for sociodemographic factors and other forms of childhood adversity ($\beta = -.01$, $p = .90$)
Benedict, 2001	C/CC	265	AC	USA	NVM (R)	PSI	M_{CSA} who experienced more severe forms of CSA appeared to show more parenting stress than $M_{no\text{-}CSA}$ (significance unclear)	
Brandon, 2010	C/CC	53	AC	USA	NVM (R)	SIPA	M_{CSA} reported more parenting stress than $M_{no\text{-}CSA}$ ($t = 2.08$, $p < .05$)	Age of the child did not moderate the relationship between status as a M_{CSA} and total stress (coefficients not provided)
Buist & Janson, 2001	TP/RS	45	AC	Australia	NVM (R)	PSI	N/A	Status as a M_{CSA} was not associated with the adult domain on the PSI (coefficients not provided)
Buist, 1998	TP/RS	56	AC	Australia	NVM (R)	PSI	N/A	M_{CSA}, mothers who experienced physical/emotional abuse, and $M_{no\text{-}CSA}$ did not differ in parenting stress scores (adult and life stress subscales; coefficients not provided)
Danskin, 2016	C/CC	47	Non-AC	USA	ACEs (R)	PSI-SF	N/A	Status as a M_{CSA} was not correlated with the total stress score ($r = .16$) or parental distress score ($r = .16$)

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Donovan, 1990	TP/RS	54	Non-AC	USA	NVM (R)	PSI	When participants were compared with PSI index norms, M_{CSA} scored higher than $M_{no\text{-}CSA}$ in parenting stress ($p < .05$), and these scores were higher when the perpetrator was unknown ($p < .001$)	N/A
Douglas, 2000	C/CC	63	Non-AC	Scotland	NVM (R)	PSI	M_{CSA} reported higher parenting stress than $M_{no\text{-}CSA}$ ($t = 2.36$, $p < .02$)	M_{CSA} and $M_{no\text{-}CSA}$ did not differ on stress levels on the parental distress subscale ($t = 1.80$) Type of abuse (intra- or extra-familial abuse) was not associated with total stress (coefficients not provided)
Ethier et al., 1995	C/CC	80	MCG	Canada	NVM (R)	PSI	Among mothers who were not negligent with their own children, specific characteristics of the CSA experience were correlated with the parent domain scores (total sexual abuse: $r = .30$, $p \leq .01$; sexual propositions: $r = .31$, $p \leq .01$) and total stress (total sexual abuse: $r = .33$, $p \leq .01$; sexual propositions: $r = .33$, $p \leq .01$) Among mothers who were negligent with their own children, specific characteristics of the CSA experience were associated with the parent domain (total sexual abuse: $r = .26$, $p \leq .05$)	Among mothers who were not negligent with their own children, specific characteristics of the CSA experience were not correlated with the parent domain (touching: $r = .14$) and total stress (touching: $r = .17$) Among mothers who were negligent with their own children, specific characteristics of the CSA experience were not correlated with the parent domain (sexual propositions: $r = .20$; touching: $r = .19$; sexual intercourse: $r = .18$) and total stress (total sexual abuse: $r = .23$; sexual propositions: $r = .05$; touching: $r = .18$; sexual intercourse: $r = .06$) After controlling for group (negligent vs. non-negligent), life events did not explain parenting stress
Harmer et al., 1999	TP/RS	46	Non-AC	Australia	CATS (R)	PSI	N/A	CSA history was not correlated with parenting stress ($r = .31$)
Lang et al., 2010	C/CC	44	AC	USA	CTQ (R)	PSI-SF	N/A	Status as a M_{CSA} did not predict parenting distress in a regression model including other measures of trauma/psychopathology
Mojtahedi, 2010	TP/RS	93	Non-AC	USA	NVM (R)	PSI	N/A	Parenting stress did not vary by type of abuse experienced (sexual abuse, emotional abuse, physical abuse, or a combination of abuse; $F = .64$, $p = .64$)

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Pazdera et al., 2013	C/CC	265	AC	USA	NVM (R)	PSI	Depression mediated the relationship between M_{CSA} status and parenting stress in a model adjusted for child age and sex, but the overall fit of the model was poor ($p < .001$, RMSEA = .12) Depression and parenting competence mediated the relationship between M_{CSA} status and parenting stress in a model adjusted for child age and sex, but the overall model fit was poor ($p < .001$, RMSEA = .14)	Status as a M_{CSA} was not directly associated with parenting stress ($\beta = -.07$; $\beta = .01$) M_{CSA} and $M_{no\text{-}CSA}$ with clinical depression did not differ in reported parenting stress ($F = .05$) M_{CSA} and $M_{no\text{-}CSA}$ with moderate depression did not differ in reported parenting stress ($F = .11$) M_{CSA} and $M_{no\text{-}CSA}$ who were not clinically depressed did not differ in reported parenting stress ($F = 1.45$)
Pereira et al., 2012	C/CC	291	Non-AC	Canada	CTQ (R)	PSI-SF	CSA history was correlated with the parental distress subscale ($r = .14$, $p < .05$) and the total score ($r = .13$, $p < .05$)	N/A
Saum, 2008	C/CC	265	Non-AC	USA	NVM (R)	PSI	M_{CSA} reported lower parenting stress than $M_{no\text{-}CSA}$ ($t = 2.26$, $p = .03$)	N/A
Schuetze & Eiden, 2005	C/CC	263	Non-AC	USA	NVM (R)	PSI	Status as a M_{CSA} was correlated with the parent domain ($r = .18$, $p < .01$)	N/A
Wright et al., 2005	C/CC	79	Non-AC	Multiple countries	NVM (R)	PSI	M_{CSA} scored higher on all parenting domain subscales than the normative population	

Abbreviations

- AC: Adequate controlling
- ACEs: Adverse Childhood Experiences
- C/CC: Convenience or case-control
- CATS: Child Abuse and Trauma Scale
- CICS: Children in the Community Study
- CMIS-SF: Child Maltreatment Interview Schedule – Short-Form
- CSA: Child sexual abuse
- CTQ: Childhood Trauma Questionnaire
- EFA: Exploratory Factor Analysis
- FEQ: Family Experiences Questionnaire
- MCG: Matched comparison group
- M_{CSA}: Mother(s) who experienced child sexual abuse
- $M_{no\text{-}CSA}$: Mother(s) with no experiences of child sexual abuse
- MS: Mastery Scale
- N/A: Not applicable
- NVM: Non-validated measure
- P or R: Prospective or retrospective
- PBS: Parental Beliefs Survey
- PCRI: Parent-Child Relationship Inventory
- PQ: Parenting Questionnaire
- PSE: Parenting Self-Efficacy Scale
- PSI: Parenting Stress Index
- PSI-SF: Parenting Stress Index – Short Form
- PSOC: Parenting Sense of Competence Scale
- SIPA: Stress Index for Parents of Adolescents
- TMMI: Trauma Meaning Making Interview
- TOPSE: Tool to Measure Parenting Self-Efficacy
- TP/RS: Total population or random sampling
- UK: United Kingdom
- USA: United States of America

Notes

- Significance
  - In the non-significant column, descriptions state that there is no association, difference, relationship, etc. between variables. This refers to non-significant associations, as associations, differences, relationships, etc. often did exist, though did not reach significance.
  - In instances where the area under the significant and non-significant columns are merged, this indicates that results are descriptive in nature (tests of significance were not conducted).
- Controlling
  - When determining whether adequate controlling took place, only controlling related to analyses relevant to this review were considered. The study could have adequately controlled for variables in other parts of their analyses, but be considered non-adequately controlled for the purposes of this review.
  - In some instances, studies were considered adequately controlled if they conducted analyses that determined that the M_{CSA} group and control group did not differ on a sufficient number of key characteristics.
  - Within each theme, though several analyses may have occurred (correlations, regressions, etc.), analyses are considered adequately controlled if variables were controlled for in at least one of the analyses.
- General
  - "M_{CSA} status" does not connote that the measure of CSA was dichotomous, but is instead used as shorthand for both dichotomous measures of CSA status and non-dichotomous measures assessing severity. However, when authors are explicit regarding severity in their interpretations, these are indicated.

Appendix 6: Study Characteristics – Perceptions of Child

Combined Attributes of Children

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Allbaugh et al., 2014	C/CC	60	AC	USA	NVM (R)	Multiple measures for EFA PSI for difficult child	Three factors emerged in EFA of parenting by M_{CSA}: Factor 1 (concerns about the child's sexuality and safety), Factor 2 (boundary disturbances within the mother-child relationship), and Factor 3 (lack of energy for parenting due to recovery issues) Factor 1 ($r = .36$, $p = .005$) and Factor 3 ($r = .52$, $p < .001$) were correlated with perceived child difficulty The full regression model (includes Factors 1-3, physical abuse, and depression), predicted perceived child difficulty ($F = 6.51$, $p < .001$)	Factor 2 was not correlated with perceived child difficulty (r coefficient not provided)
Buist & Janson, 2001	TP/RS	45	AC	Australia	NVM (R)	PSI	N/A	Status as a M_{CSA} was not associated with Child Domain scores on the PSI (coefficients not provided)
Buist, 1998	TP/RS	56	AC	Australia	NVM (R)	PSI and NPI	N/A	M_{CSA}, mothers who experienced physical/emotional abuse, and $M_{no\text{-}CSA}$ did not differ on the NPI or the Child Domain of the PSI (coefficients not provided)
Danskin, 2016	C/CC	47	Non-AC	USA	ACEs (R)	PSI-SF	N/A	Status as a M_{CSA} was not correlated with the difficult child subscale score ($r = .16$)
Donovan, 1990	TP/RS	54	Non-AC	USA	NVM (R)	PSI	When M_{CSA} were compared to PSI index norms, M_{CSA} scored higher in their Child Domain score ($p < .05$), and these scores were higher when the perpetrator was unknown (<.001)	M_{CSA} and $M_{no\text{-}CSA}$ did not differ on their scores on the Child Domain scales in univariate analyses or multivariate analyses (coefficients not provided)
Douglas, 2000	C/CC	63	Non-AC	Scotland	NVM (R)	PSI	M_{CSA} reported higher scores on the Difficult Child scale than $M_{no\text{-}CSA}$ ($t = 2.04$, $p < .04$)	N/A
Pereira et al., 2012	C/CC	291	Non-AC	Canada	CTQ (R)	PSI-SF	N/A	CSA history was not correlated with the Child Domain ($r = .10$)
Schuetze & Eiden, 2005	C/CC	263	Non-AC	USA	NVM (R)	PSI	N/A	Status as a M_{CSA} was not correlated with the Child Domain ($r = .02$)

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Snider, 2007	C/CC	265	Non-AC	USA	NVM (R)	PSI	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in their ratings of their child: distractible/hyperactive ($F = 3.22$, $p = .07$), adaptable ($F = 2.90$, $p = .09$), reinforcing of the parent ($F = 1.31$, $p = .25$), demanding ($F = 3.50$, $p = .06$), moody ($F = .91$, $p = .34$), or acceptable ($F = 1.60$, $p = .21$)
Wright et al., 2005	C/CC	79	Non-AC	Multiple countries (mainly USA)	NVM (R)	PSI	N/A	Severity of the CSA a M_{CSA} experienced was not correlated with the Child Domain ($r = -.01$)

Internalizing and Externalizing Behaviors of Children

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Alexander et al., 2000	C/CC	90	AC	USA	NVM (R)	NVM	N/A	Status as a M_{CSA} was not associated with ratings of child behavior problems ("antisocial/conduct disorder, anxiety disorder, attention deficit disorder, depressive disorder, and oppositional defiant disorder"; p. 834)
Baril et al., 2016	TP/RS	87	AC	Canada	NVM (R)	CBCL	M_{CSA} and $M_{no\text{-}CSA}$ differed in their scores for child withdrawal ($\chi^2 = 7.54$, $p = .01$), somatic complaints ($\chi^2 = 6.86$, $p = .01$), anxiety/depression ($\chi^2 = 4.26$, $p = .03$), social problems ($\chi^2 = 3.70$, $p < .05$), total internalizing behaviors ($\chi^2 = 5.73$, $p = .01$), total externalizing behaviors ($\chi^2 = 4.64$, $p = .03$), and total behavior problems ($\chi^2 = 6.93$, $p = .01$)	M_{CSA} and $M_{no\text{-}CSA}$ scores did not differ in their scores for child thought problems ($\chi^2 = 2.91$, $p = .07$), attention problems ($\chi^2 = .02$, $p = .55$), delinquent behavior ($\chi^2 = .76$, $p = .26$), and aggressive behavior ($\chi^2 = 3.43$, $p > .05$)
Brandon, 2010	C/CC	53	AC	USA	NVM (R)	SIPA	M_{CSA} reported more parenting stress than $M_{no\text{-}CSA}$ on the SIPA MEL, which is a measure of their perception of their daughter's mood and emotional liability ($z = 2.15$, $p < .05$)	N/A
Chiang, 2008	C/CC	144	AC	USA	NVM (R)	CBCL	M_{CSA} reported more child internalizing behaviors ($F = .34$, $p < .05$) and total internalizing and externalizing behavior problems ($F = 4.21$, $p = .06$) than $M_{no\text{-}CSA}$	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in their reports of child externalizing behavior ($F = 4.05$, $p = .06$)
Collishaw et al., 2007	TP/RS	5,619	Non-AC	UK	NVM (R)	SDQ	Moderate and severe CSA histories were associated with higher offspring adjustment problems at four years and seven years of age ($p < .001$)	N/A
Dayton et al., 2016	C/CC	120	Non-AC	USA	CTQ (R)	IFEEL	N/A	CSA history was not correlated with believing a child was experiencing more negative emotions (sum of anger, distress, and fear; $r = .11$)

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Hanley, 1996	C/CC	50	AC	USA	NVM (R)	CBCL	N/A	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in their reported internalizing ($t = -.06$, $p = .95$), externalizing ($t = .23$, $p = .82$), or total behavior problems ($t = .28$, $p = .78$) M_{CSA} and $M_{no\text{-}CSA}$ did not differ in their negative attributions of negative child behaviors ($t = -1.07$, $p = .29$)
Kallstrom-Fuqua, 2004	C/CC	132	AC	USA	CTQ (R)	CBCL	M_{CSA} reported more child internalizing behaviors ($F = 7.30$, $p < .01$) and externalizing behaviors ($F = 6.41$, $p < .02$) than $M_{no\text{-}CSA}$	N/A
Kapeleris, 2014	C/CC	75	Non-AC	Canada	CTQ (R)	CBCL and SSRS	N/A	CSA history was not correlated with mothers' ratings of their child's internalizing behaviors ($r = .15$), externalizing behaviors ($r = .23$), or social skills of the child ($r = -.02$)
Lang et al., 2010	C/CC	44	AC	USA	CTQ (R)	IBQ-R	N/A	In multiple linear regression models, status as a M_{CSA} did not predict ratings of child affectivity/surgency, negative emotionality, or regulation capacity/orienting in a regression model adjusted for other measures of trauma/psychopathology
Leifer et al., 1993	TP/RS	68	Non-AC	USA	NVM (R)	CBCL	N/A	CBCL scores did not differ between M_{CSA} and $M_{no\text{-}CSA}$ (coefficients not provided)
McNeill, 1999	C/CC	133	Non-AC	USA	NVM (R)	PCRI	More than 80.00% of M_{CSA} disagreed or strongly disagreed that their child is out of control much of the time M_{CSA} and $M_{no\text{-}CSA}$ did not differ in whether they agreed or strongly agreed (63.2% vs. 63.5%) that their child is more active than they had anticipated	
Min et al., 2012	C/CC	231	Non-AC	USA	CTQ (R)	CBCL	Status as a M_{CSA} was correlated with higher ratings of child internalizing ($r = .17$, $p < .01$) and externalizing ($r = .22$, $p < .01$)	Status as a M_{CSA} was not correlated with inattention ($r = .09$)
Paredes et al., 2001	C/CC	67	Non-AC	USA	NVM (R)	CBCL	Status as M_{CSA} was correlated with higher reported total behavior problems ($r = .24$, $p = .05$)	Status as a M_{CSA} was not correlated with reported internalizing or externalizing behaviors (coefficients not provided)

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Pasalich et al., 2016	C/CC	112	AC	USA	NVM (R)	Observation	N/A	Status as a M_{CSA} was not correlated with child externalizing problems at 4.5 years ($r = -.01$) or in grade 3 ($r = -.03$) for children The relationship between M_{CSA} status and externalizing problems was not mediated by maternal hostility or attachment security
Rodriguez, 2009	C/CC	78	AC	USA	CTQ (R)	CBCL	For M_{CSA}, child externalizing behavior scores were correlated with mothers' laxness in disciplining ($r = .36$, $p = .03$) For M_{CSA}, child internalizing behavior scores were correlated with mothers' laxness ($r = .36$, $p = .04$) and over-reactivity ($r = .37$, $p = .03$) in disciplining For M_{CSA}, total child behavior problems (internalizing and externalizing) were correlated with mothers' laxness in discipline ($r = .36$, $p = .03$)	For M_{CSA}, child externalizing behaviors were not correlated with mothers' over-reactivity ($r = .28$) or hostility ($r = .08$) For M_{CSA}, child internalizing behaviors were not correlated with mothers' hostility ($r = .09$) For M_{CSA}, total child behavior problems (internalizing and externalizing) were not correlated with mothers' over-reactivity ($r = .29$) or hostility ($r = .02$)
Vasquez, 2011	C/CC	265	Non-AC	USA	NVM (R)	PSI	M_{CSA} and $M_{no\text{-}CSA}$ did not differ in whether they agreed or strongly agreed (63.2% vs. 63.5%) that their child is more active than they had anticipated	
Zvara, Mills-Koonce, Carmody, et al., 2017	C/CC	204	MCG	USA	THQ (R)	SDQ	Status as a M_{CSA} was related to depressive symptoms ($\beta = .27$, $p < .001$), which were related to child conduct problems ($\beta = .19$, $p < .01$) Status as a M_{CSA} was related to maternal sensitivity ($\beta = -.39$, $p < .001$), which was related to child conduct problems ($\beta = -.26$, $p < .01$) Paths from M_{CSA} status to conduct problems: 1) "childhood sexual trauma → maternal depressive symptoms → child conduct problems, $\beta = .04$, $p < .05$)"; 2) "childhood sexual trauma → maternal sensitive parenting → child conduct problems, $\beta = .06$, $p < .05$)"; 3) "childhood sexual trauma → IPV → maternal sensitive parenting → child conduct problems, $\beta = .03$, $p < .05$)" (p. 238)	Status as a M_{CSA} was not directly associated with perceptions of child conduct problems ($\beta = -.11$, $p = .07$)

Emotions towards Child

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Banyard, 1997	C/CC	430	AC	USA	NVM (R)	NVM	N/A	M_{CSA} status was not correlated with a $M_{CSA's}$ worry about a child (r = .08) Status as a M_{CSA} was not associated with worry about a child in a model adjusted for demographics, depressive symptoms, and other maltreatment types (β = - .02)
Cole & Woolger, 1989	C/CC	40	AC	Not listed	NVM (R)	PARI and MSI	N/A	M_{CSA} who experienced incest and M_{CSA} who did not experience incest did not differ in reported acceptance of the child (p < .07) or dissatisfaction with the child (coefficients not provided)
Ehrensaft et al., 2015	TP/RS	396	AC	USA	NVM (R)	Measures from CICS	History of adolescent conduct disorder mediated the relationship between status as a M_{CSA} and satisfaction with a child's attributes, such as physical appearance and behavioral characteristics (β = -.04, 95% CI: -.14 - -.002)	Status as a M_{CSA} was not associated with satisfaction with a child's attributes (β = -.08, t = -1.72, p = .09)

Expectations

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Cohen, 1995	C/CC	54	AC	Israel	NVM (R)	PSI	M_{CSA} were less likely to have realistic expectations of their child than M_{no-CSA} ($t = -1.7$, $p < .05$)	N/A
Fung, 1988	C/CC	120	Non-AC	USA	NVM (R)	KIDI	N/A	There was no difference between M_{CSA} and M_{no-CSA} in their developmental expectations ($t = -.59$)
Kwako, 2007	C/CC	164	MCG	USA	NVM (P)	AAPI	N/A	M_{CSA} and M_{no-CSA} did not differ in their inappropriate expectations of their child ($F = .31$) M_{CSA} with different perpetrators (multiple, single, biological father) and M_{no-CSA} did not differ in their inappropriate expectations of their child ($F = .71$) The association between M_{CSA} status and inappropriate expectations was not moderated by depression or antisocial behavior
Marcenko et al., 2000	C/CC	127	Non-AC	USA	NVM (R)	AAPI	N/A	M_{CSA}, M_{CPA}, and M_{no-CA} did not differ in parental expectations (coefficients not provided)
Vaughan-Eden, 2003	TP/RS	62	Non-AC	USA	NVM (R)	AAPI	M_{CSA} reported fewer inappropriate expectations of their child than M_{no-CSA} ($t = 1.99$, $p = .05$)	N/A

Reflective Functioning

Study Information					Measures		Results	
Author(s) and Year	**Samp-ling**	**Sample Size**	**Control-ling**	**Location**	**CSA (P or R)**	**Parenting**	**Significant Results**	**Non-Significant Results**
Bottos & Nilsen, 2014	C/CC	106	Non-AC	Canada	CECA.Q (R)	PRFQ	Status as a M_{CSA} was correlated with the following aspects of reflective functioning - pre-mentalizing ($r = -.48$, $p < .0001$) and interest and curiosity in the mental state of their child ($r = -.48$, $p < .0001$)	Status as a M_{CSA} was not correlated with certainty of mental states ($r = .04$)

Abbreviations

- AAPI: Adult-Adolescent Parenting Inventory
- AC: Adequate controlling
- ACEs: Adverse Childhood Experiences
- C/CC: Convenience or case-control
- CBCL: Child Behavior Checklist
- CICS: Children in the Community Study
- CSA: Child sexual abuse
- CTQ: Childhood Trauma Questionnaire
- EFA: Exploratory factor analysis
- IBQ-R: Infant Behavior Questionnaire-Revised
- IFEEL: Infant Facial Expressions of Emotions from Looking at Pictures
- KIDI: Knowledge of Infant Development
- MCG: Matched comparison group
- M_{CPA}: Mother(s) who experienced child physical abuse
- M_{CSA}: Mother(s) who experienced child sexual abuse
- MEL: Moodiness/Emotional Liability
- $M_{no\text{-}CA}$: Mother(s) with no experiences of child abuse
- $M_{no\text{-}CSA}$: Mother(s) with no experiences of child sexual abuse
- MSI: Marital Satisfaction Inventory
- N/A: Not applicable
- NPI: Neonatal Perception Inventory
- NVM: Non-validated measure
- P or R: Prospective or retrospective
- PARI: Parental Attitudes Research Instrument
- PCRI: Parent-Child Relationship Inventory
- PRFQ: Parental Reflective Functioning Questionnaire
- PSI: Parenting Stress Index
- PSI-SF: Parenting Stress Index – Short Form
- SDQ: Strengths and Difficulties Questionnaire
- SIPA: Stress Index for Parents of Adolescents
- SSRS: Social Skills Rating Scale-Parent Form – Elementary Level
- THQ: Trauma History Questionnaire
- TP/RS: Total population or random sampling
- UK: United Kingdom
- USA: United States of America

Notes

- Significance
  - In the non-significant column, descriptions state that there is no association, difference, relationship, etc. between variables. This refers to non-significant associations, as associations, differences, relationships, etc. often did exist, though did not reach significance.
  - In instances where the area under the significant and non-significant columns are merged, this indicates that results are descriptive in nature (tests of significance were not conducted).
- Controlling
  - When determining whether adequate controlling took place, only controlling related to analyses relevant to this review were considered. The study could have adequately controlled for variables in other parts of their analyses, but be considered non-adequately controlled for the purposes of this review.
  - In some instances, studies were considered adequately controlled if they conducted analyses that determined that the M_{CSA} group and control group did not differ on a sufficient number of key characteristics.
  - Within each theme, though several analyses may have occurred (correlations, regressions, etc.), analyses are considered adequately controlled if variables were controlled for in at least one of the analyses.
- General

- "M_{CSA} status" does not connote that the measure of CSA was dichotomous, but is instead used as shorthand for both dichotomous measures of CSA status and non-dichotomous measures assessing severity. However, when authors are explicit regarding severity in their interpretations, these are indicated.

The effectiveness of interventions designed for mothers who experienced child sexual abuse: A systematic review and recommendations for future research and intervention development

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Abstract

Background: Past experiences of child sexual abuse (CSA) have been shown to have a pernicious effect on the parenting behaviors of mothers, but a synthesis of interventions developed to address the needs of this population has not been conducted. **Objective:** To synthesize the existing literature on interventions that have been developed and evaluated for mothers who experienced CSA. **Methods:** Studies were located through a sensitive search strategy in nine academic databases and search engines, and through handsearching reference lists of included studies and their subsequent citations. Two authors independently completed screening, full text review, data extraction, and quality determinations. **Results:** Searches revealed a paucity of literature, with four intervention studies located. All four interventions consisted of therapy, with three of these interventions using a group-based format. One of these interventions used reiki as an adjunct to therapy. Decreases in negative mental health symptoms were reported through both validated measures and interviews. No validated measures to assess parenting were used in any intervention, though some qualitative results indicated changes in parenting. Qualitative results also suggested that most mothers were satisfied with the interventions. Studies were of limited quality - none used a randomized trial design, and only one a control group. **Conclusions:** Given the limitations of existing intervention studies for mothers who experienced CSA, there is a clear need to develop evidence-based interventions for this population. Specifically, avenues for future research and intervention development are discussed, including how to identify appropriate core components.

Key words: Child sexual abuse; sexual abuse; abuse; parenting; interventions; systematic review

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Introduction

Child sexual abuse (CSA) represents a significant public health problem worldwide, given its high global prevalence (Barth, Bermetz, Heim, Trelle, & Tonia, 2013), and the multitude of adverse outcomes associated with this abuse, including poor mental and physical health (Cashmore & Shackel, 2013). Among the adverse outcomes associated with CSA are difficulties related to parenting among CSA survivors.

A series of linked systematic reviews investigating the association between CSA and the parenting behaviors of mothers has been conducted by this research team (Lange, Condon, & Gardner, 2019a, 2019b, 2019c). These reviews include both quantitative and qualitative syntheses and are comprised of 269 studies (Lange et al., 2019a, 2019b, 2019c). Broadly, results of the qualitative review indicated that CSA affects several parenting behaviors. Most prominently, experiences of CSA led mothers to desire to protect their children from abuse, which included educating their children about abuse and keeping them away from potential perpetrators. Despite these efforts, qualitative and quantitative data indicated that many mothers had children who did experience abuse, perpetrated by the mother and/or others, and mothers' CSA experiences affected how they reacted to the abuse of their child by others (Lange et al., 2019a, 2019c). Further, mothers described their CSA experiences as affecting other parenting behaviors both negatively and positively, such as breastfeeding; child-rearing practices, including discipline and intimate parenting behaviors; and the mother-child relationship, including communication and role-reversal (Lange et al., 2019a). Mothers also described their CSA experiences as affecting both negatively and positively how they perceived themselves as a mother and how they perceived their children (Lange et al., 2019a). Finally, mothers described being a parent as helping them cope with their own experiences of CSA (Lange et al., 2019a). Quantitative associations were found between CSA

and several of the parenting behaviors described above, though heterogeneity existed (Lange et al., 2019b, 2019c).

Given the pernicious effects associated with CSA, interventions for CSA have been developed to prevent these occurrences and to help those that have experienced CSA. Specifically, prevention efforts have focused on educating the public and preventing offenders from re-offending (Collin-Vézina, Daigneault, & Hébert, 2013; Finkelhor, 2009; Topping & Barron, 2009). Interventions targeting child victims have been developed (Liotta, Springer, Misurell, Block-Lerner, & Brandwein, 2015; Macdonald, Higgins, & Ramchandani, 2006) given that early intervention has been found to reduce the negative long-term effects of traumatic experiences (NGA Center for Best Practices, National Conference of State Legislatures, & Center on the Developing Child at Harvard University, 2007). Additionally, a number of interventions have been designed to address problems faced by adult survivors of CSA, including interventions focused on mindfulness, psychotherapy, cognitive behavioral therapy (CBT), expressive writing, and life-skills training (Earley et al., 2014; Kimbrough, Magyari, Langenberg, Chesney, & Berman, 2010; Lev-Wiesel, 2008; Lorenz, Pulverman, & Meston, 2013; Martsolf & Draucker, 2005; Pearson, 1994). However, few interventions have been designed specifically to meet the needs of parents who have experienced CSA. Given the significant body of literature demonstrating the negative effect that CSA has on mothers, there is a need to identify interventions specifically aimed at this population, and to assess the efficacy of these interventions.

This review aims to answer the questions:

1) What interventions have been developed and evaluated for mothers who have previously experienced CSA, and how rigorous are the evaluation designs?
2) Are interventions that have been designed for this population efficacious?

3) How do mothers view their experiences in these interventions?

Methods

Pre-Registering of the Review and Guidelines

This review's protocol was pre-registered with PROSPERO on April 5, 2018 (Lange, Bach-Mortensen, & Gardner, 2018). This review follows PRISMA guidelines (Moher et al., 2015).

Search

Applied Social Sciences Index & Abstracts (ASSIA), Embase, ProQuest Dissertations & Theses Global, PsycINFO, PubMed, Scopus, Social Service Abstracts, Sociological Abstracts, and Web of Science were searched on May 13, 2018 using a combination of textwords and controlled vocabularies (Appendix 1). Google Scholar was searched to locate further grey literature, using combinations of the terms used for academic databases. Both searches were designed to be highly sensitive in nature, so as not to miss any studies relevant to this review. Once the final studies were located, reference lists of these studies were searched, as were the titles of studies that cited included studies.

Inclusion Criteria

We included studies that were available in English and in full text from any source, including academic journals, theses or dissertations, or grey literature.

We included studies focusing on female caregivers who experienced CSA. Currently, debate exists as to what constitutes CSA, with calls being made to standardize this definition (Barth et al., 2013; Senn, Carey, & Vanable, 2008). Given this ongoing debate, all definitions of CSA were included. We included studies where CSA was the only risk factor that warranted offering of the intervention, as interventions targeting multiple risk factors may have different theoretical underpinnings. Thus, studies that investigate interventions designed for mothers who are survivors

of CSA and other risk factors, such as substance use, were excluded (Hiebert-Murphy & Richert, 2000). Mothers in the included studies could present with additional risk factors, such as other trauma or mental health challenges, but these could not be the focus of the intervention.

We only included interventions where female primary caregivers were the targeted population. These women will be referred to as "mothers." Interventions for female CSA survivors that included mothers, but were not specific to mothers, were excluded. Male primary caregivers were excluded, as mothers may face unique parenting challenges, such as breastfeeding.

Finally, we included only interventions that were delivered and evaluated; papers describing only proposed interventions were excluded (Pérez, 2015; Wood, 2008).

Extraction of Information and Strategy for Data Synthesis

Upon completion of the search, duplicates were removed and remaining studies were uploaded to Covidence. All studies were screened by BL and ABM. Any areas of disagreement in initial screening were addressed through discussion of the study. Upon completion of this initial screening, BL and ABM conducted a full text review of these studies and assessed each in relation to the inclusion and exclusion criteria discussed previously. Similarly to the initial screening, discrepancies were resolved through discussion, with each author presenting relevant language from the full text to support why they believed the study should or should not be included in the review.

BL and ABM independently completed data extraction for all included studies. Data were extracted for several overarching categories, including general study information, participants, methods, results, and discussion. The Oxford Implementation Index was used to determine what implementation data to extract from studies (Montgomery, Underhill, Gardner, Operario, & Mayo-Wilson, 2013). Although the expectation was that the most common intervention study outcomes

would pertain to parenting and mental health, we extracted data related to any primary outcomes described by the study authors. We also assessed any secondary outcomes, such as reported satisfaction/dissatisfaction with the intervention. Once completed, extracted information was combined into a single document and discrepancies were discussed until a consensus was reached. An additional author (EC) was available to assist with any disagreements that could not be resolved.

Extracted data were narratively synthesized by research question. Specifically, extracted data related to the evaluation of the intervention, the efficacy of the intervention, and the experiences of mothers in each intervention were synthesized separately. Information regarding the evaluation and efficacy of the interventions were synthesized separately, as the rigor of the evaluation methods for studies was deemed to likely be influencing the efficacy of the interventions based on study quality evaluations, which are described below.

Study Quality

The Joanna Briggs Institute (JBI) Critical Appraisal Checklist for Quasi-Experimental Studies was utilized to assess the risk of bias in the two quantitative studies (Joanna Briggs Institute, 2017). This checklist was used because the interventions varied in their study type, and none were evaluated using a randomized controlled trial (RCT), which is regarded as the gold standard for evaluating interventions. BL and ABM separately completed risk of bias assessments for each study. These assessments were then compared, and discrepancies resolved through discussion.

For qualitative outcomes, the Critical Appraisal Skills Programme (CASP) Qualitative Research Checklist was used to determine study quality (CASP 2017). BL, ABM, and EC independently completed these checklists, which were then compared, with discrepancies resolved

through discussion.

Results

Extent to which Interventions for Mothers who have Experienced CSA have been Evaluated and Rigor of Evaluation Designs (Research Question 1)

Nature of Interventions. Four evaluation studies were located (Figure 1), concerning four different interventions (Bagley & Young, 1999; Magnunson, 2002; Noack & Baraitser, 2004; Schmidt, 2015). Two studies were conducted in Canada (Bagley & Young, 1999; Magnunson, 2002), one in England (Noack & Baraitser, 2004), and one in the USA (Schmidt, 2015). Two studies were theses (Magnunson, 2002; Schmidt, 2015) and two were journal articles (Bagley & Young, 1999; Noack & Baraitser, 2004). One study contained solely quantitative results (Bagley & Young, 1999), two solely qualitative results (Noack & Baraitser, 2004; Schmidt, 2015), and one was mixed-methods (Magnunson, 2002).

Two of these interventions lacked a clear theoretical framework explaining the intervention in relation to the effect that CSA has on parenting, and how an intervention may address these issues (Bagley & Young, 1999; Magnunson, 2002). Of the remaining two interventions, one drew on multiple theoretical frameworks, including those exploring the intergenerational transmission of trauma (Noack & Baraitser, 2004), while the other focused specifically on object relations theory and trauma theory (Schmidt, 2015).

The aims of the interventions varied and are presented verbatim in Table 1. Broadly, several aims were present across multiple interventions. Specifically, addressing parenting related concerns or increasing positive parenting behaviors was the aim of all interventions (Bagley & Young, 1999; Magnunson, 2002; Noack & Baraitser, 2004; Schmidt, 2015), decreasing negative

Figure 1: Selection of Studies for the Review

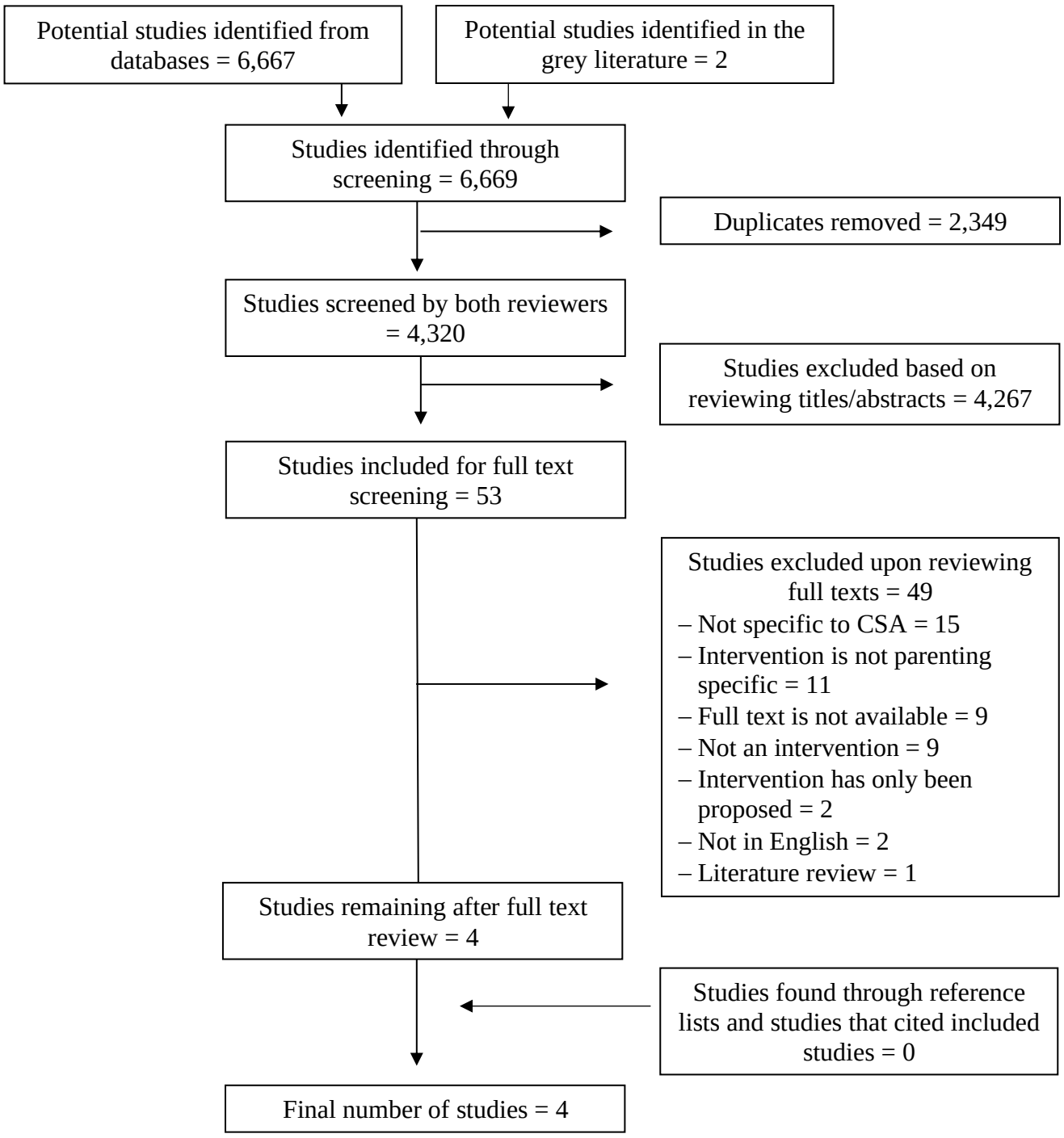

Table 1: Interventions that have been Conducted for Mothers who Experienced CSA

Author(s) and year	Intervention Characteristics	Results by Outcome Measures
(Bagley & Young, 1999)	**Aims** To address "(1) how mothers who had experienced abuse in childhood coped with their own mothering tasks; (2) the influence of "negative voices" from childhood on current functioning…; (3) attempting to increase interpersonal warmth and empathy as a means of increasing acceptance of the self…; (4) reducing social isolation in various ways" (Bagley & Young, 1999, p. 66). **Treatment Group** Group therapy • Coping with tasks related to motherhood • Voice therapy to eliminate negative voices from childhood • Widra and Amidon's method for increasing empathy and interpersonal warmth • Engaging in activities to reduce social isolation Length: Fifteen weeks Facilitator: Social worker with MSW Sample size: 34 (initial therapy group and waitlist controls who eventually received therapy – waitlist controls were used as a comparison in analyses six months after therapy ended for initial therapy group); 29 at follow up (five years after therapy – included initial therapy group and waitlist controls) **Control Group** Waitlist controls (eventually received all elements described above – used in analyses six months after therapy) Psychiatric referral (for those who were clinically depressed – used as a comparison in analyses five years after therapy) Facilitator: Psychiatrist (for psychiatric referral group only)	**Follow-Up Six Months After Therapy** ***Center for Epidemiological Studies in Depression (CES-D) scale*** • The initial therapy group experienced statistically significant decreases in depression (coefficients not provided) • Waitlist controls also achieved statistically significant decreases in depression after therapy (coefficients not provided) ***Tennessee Self-Concept Scale*** • The initial therapy group experienced statistically significant increases in self-esteem (coefficients not provided) • Waitlist controls also achieved statistically significant increases in self-esteem after therapy (coefficients not provided) ***Interviews*** • The initial therapy group experienced statistically significant increases in good friends they could talk to during stressful times (coefficients not provided) • Waitlist controls also achieved statistically significant increases in good friends they could talk to during stressful times after therapy (coefficients not provided) **Follow-Up Five Years After Therapy** ***Center for Epidemiological Studies in Depression (CES-D) scale*** • The treatment group maintained a significant decrease in depression ($t = 2.59$; $p < .05$) and in recent suicidal ideas and behavior ($t = 2.10$; $p < .05$) • The control group (psychiatric referral) did not have decreases in depression or recent suicidal ideas or behavior (coefficients not provided) ***Coopersmith Adult Scale*** • The treatment group maintained a significant increase in self-esteem ($t = 2.78$; $p < .05$) and decrease in social isolation ($t = 3.12$; $p < .01$) • The control group (psychiatric referral) did not have an increase in self-esteem or a decrease in social isolation (coefficients not provided) ***Aggregate gains as measured by the CES-D and Coopersmith Adult Scale*** • Whether mothers who experienced CSA in the treatment group experienced two kinds of abuse in childhood ($r = -.21$) or had a mother who failed to support her after her CSA experience ($r = -.17$) were not significantly correlated with aggregate gains for the therapy group

	Sample size: 34 initially, but 28 at follow-up (psychiatric referral)	• Whether mothers who experienced CSA in the control group (psychiatric referral) experienced two kinds of abuse in childhood ($r = -.42$; $p < .05$) or had a mother who failed to support her after her CSA experience ($r = -.30$; $p < .05$) were significantly correlated with aggregate gains ***Interviews*** • Fewer mothers in the treatment group (25%) vs. the psychiatric referral control group (31%) faced a crisis in the past two years • All mothers in the treatment group sought advice for this crisis vs. 33.33% of those in the psychiatric referral control group • Seven mothers in the treatment group left violent relationships vs. one in the control group

Author(s) and year	Intervention Characteristics	Results by Outcome Measures
(Magnunson, 2002)	**Aims** "To examine the experience and benefits of Reiki as a complement to group therapy for survivors of CSA. My hypothesis…was that the addition of Reiki to group therapy treatment would intensify and increase the therapeutic process, it would reduce symptoms of Complex PTSD, it would increase parent-child bonding, and it would empower women towards self-healing and community building" (Magnunson, 2002, p. 68). **Treatment Group 1** Mother's group • Talk therapy in a group setting Reiki • Level 1 training Length: 9 months Facilitator: Reiki master and two group facilitators/therapists Sample size: 5 **Treatment Group 2** Mother's group (participants had completed this prior to the study starting) • Talk therapy in a group setting Reiki • Exchange group • Level one and two training Length: 9 months	**State-Trait Anxiety Inventory** • There was a statistically significant reduction in the T-anxiety score between points 1 and 2 ($p = .004$), between points 1 and 3 ($p = .005$), and between points 2 and 3 ($p = .003$). The differences between points 3 and 4 could not be analyzed due to lost data • There was no statistically significant reduction in the S-anxiety score, though there was a reduction in this score from 43.0 to 37.8 **Interviews – Reiki** ***Results of the Intervention*** *Mental Health Related Reactions* • "Initial reactions of participants who received Reiki ranged from total relaxation to intense re-experiencing of previous trauma" and "'It was emotionally painful. It brought up other issues of being emotionally abandoned by my parents and the other abuses. 'It was like a release of something, I cried.'" (p. 93) • Later in treatment, negative emotional reactions seemed to dissipate – "Now in treatment I immediately release, let go, get really deeply relaxed. This is the only thing that has gotten me to relax -1 have trouble relaxing" (p. 94) • Reduction in anxiety – "I don't panic anymore unless there is something to panic about. Before, I would panic about everything. I did not know how to relax" (p. 95) • Reduction in stress – "just over time I realized I changed in terms of things not bothering me" (p. 95) *Parenting* • Six of the parents bonded more with children • Changes in reactions to children – "If you are in a tense situation - kids crying and whiny, and you respond with Reiki or a hug instead of anger – instantly it calms my son" (p. 98) • Changes in children – "I noticed a real change in my son, he is calmer, and the violent physical reactions are nonexistent" (p. 98) *Other* • Better sleep – "I noticed I slept less and had increased energy" (p. 96) • Ability to focus more – "I ended up having top marks in both my classes. I stayed focused. The information was there, I just needed to bring it forth" (p. 96) • More social and confident – "strong and have lots of friends" (p. 97) • Participants began taking responsibility for healing – "I never thought that 'I come first', but Reiki helped me realize that I am number one, and if I can't take care of myself, then I can't take care of anybody else" (p. 100) • Participants gave reiki to those around them – "My husband gets really bad headaches, but Reiki will put him to sleep" (p. 99) • Spiritual sensations – "I saw purple with a dark spot in the middle, like a tunnel" (p. 102)

	Facilitator: Reiki master Sample size: 5 (including study author) **Control Group** N/A	***Thoughts on the Intervention from Mothers*** • Given their CSA experiences, some mothers were concerned about the touching involved in reiki – "I was not open to people touching me and me touching other people. [The practitioner] sensed my apprehension so she just gave me a mini treatment" (p. 101) • Trusting of reiki master – "I wanted hands on me, I trusted it to work, and really trusted [the Reiki Master] as she looked like a caring person" (p. 101) • Intervention went against religious beliefs – "Jesus is the only healer" and "I thought Reiki was cultish, and I was confused as it was wonderful" (p. 103) • Enjoyed feeling connected to other survivors – "I enjoyed the communalism with the other women and felt connected. There was a sense of belonging, teamwork and practice. There is strength in numbers" (p. 108) **Interviews – Mother's Group** ***Results of the Intervention*** *Mental Health Related Reactions* • Triggering – "At the Mothers' Group you either walked out feeling good or feeling shitty, depending on the topic, for example, letters to perpetrators" (p. 104) *Other* • Gave mothers the opportunity to share – "The Mothers' Group helped me, made me feel more like getting something off my chest" (p. 104) • Increased confidence – "It raised my self-esteem, and gave me the confidence to face my dad and tell him that he hurt me with what he did and how he treated me. It gave me the courage to lay down boundaries - so he can't put me down, use his mind control, making you feel like crap" (p. 104) • Educated mothers on sexual abuse – "I didn't know that was a form of sexual abuse, I always thought it had to be physical" (p. 104) ***Thoughts on the Intervention from Mothers*** • Felt that reiki was an important addition to therapy – "counselling was helpful to find a place to talk about the abuse, to compartmentalize the abuse, to create boundaries when dealing with abusive people and to continue to protect my children from similar abuses" (p. 105) and "in the first Mothers' Group I attended it was just talk therapy and I thought I worked at a phenomenal pace as I was determined to feel better. But if I had Reiki I would not have had to struggle so hard. The people I see now that had Reiki start speaking out sooner than I did" (p. 106)

Author(s) and year	Intervention Characteristics	Results by Outcome Measures
(Noack & Baraitser, 2004)	**Aims** "To offer a space where the poison of childhood sexual abuse can be expressed without fear of retaliation, and to provide a space for mirroring and active mutual recognition. In addition, the groups at the Maya Centre focused on survivors' experiences of motherhood" (Noack & Baraitser, 2004, p. 351). **Treatment Group** Therapy • Space to express experiences • Focus on the parenting behaviors of mothers • Breathing exercises Length: 10 weeks Facilitator: Jungian/group analyst Sample size: 5 in main group discussed in results (group 1); two other groups were also conducted, but the sample sizes were unclear **Control Group** N/A	**Mothers' Thoughts During Group Therapy, Including Exemplary Quotes** ***Results of the Intervention*** *Parenting* • Group 1: Mothers were able to discuss their parenting concerns with others – "'Have you told your daughters?' 'How do you to protect them?' 'Not letting her out of my sight.' 'But boys are abused too!'" (p. 353) • Group 1: At the end of the group, one mother began letting her daughter go out by herself *Mental Health* • Group 1: Adverse effects on some mothers – "Suddenly one woman burst out swearing violently and spluttering inarticulately, reporting her original abuse in a tone of tremendous fury and inflicting on the group an experience of being penetrated by something unintelligible. The group responded with shocked silence and helplessness. In a statement of regression, people said they were stunned and felt small. The event constituted a renewed experience of abuse, something to be expected in survivor groups that needs to be used constructively" (pp. 353-354). This woman said she felt relieved to share her emotion the next week. • Group 1: Mothers were able to overcome feelings of shame and think about future plans – "Slowly overcoming the shame connected to their past, the women started to wonder if they could tell their stories to their own mothers" (p. 354) • Group 1: Decrease in feelings of anger – "'I learnt so much from you. I thought you were cracking up, but you were only expressing your anger. Now I can be more angry myself and can say what I think', resounded with 'My anger has lessened, I am more able to go out and enjoy myself. I am much happier.'" (p. 355) • Group 2: Mental health issues permeated the group and stalled progress – "In one, misery, dejection and a general sense of feeling ill or suicidal pervaded the sessions, giving them a nightmarish intensity" (p. 356) *Other* • Group 1: Mothers were able to start talking abuse how their experiences of CSA affected their sexual lives • Group 1: One mother ended contact with parents who did not believe her CSA disclosure • Group 1: One mother began talking to the father of her child again ***Thoughts on the Intervention from Mothers*** • Group 1: The intervention was conducted at a place mothers felt safe (counseling center) – "I trust this place!" (p. 353) • Group 1: Mothers benefited from the group nature of the therapy – "I felt so small and you were silent and when I looked around, you were all listening to me" (p. 356) **Thoughts on the Intervention from Facilitators** • Group 2 and 3: "Due to the small numbers, the projective identification processes and the resulting countertransferences were even more intense, and at times felt unbearable, as, for example, in the magnitude of shame the conductor felt when nobody turned up for the session" (p. 356) • Group 1 benefited from 60% of its members having already undergone counseling

Author(s) and year	Intervention Characteristics	Results by Outcome Measures
(Schmidt, 2015)	**Aims** "I postulate that the impact of the caregiver's personal trauma and child's disclosure of sexual abuse can be best understood through the melding of object relations theory and trauma theory. These two theories have merit because while object relations theory helps to understand interpersonal capacities and deficits and how external events become internalized, trauma theory reframes the experience of trauma from being pathologically 'sick' to being 'injured' and in need of healing. Both theories explore the ways that a survivor of childhood sexual abuse forms trauma bonds and how, as a result of their victimization, they navigate themselves, their relationships and their external world" (Schmidt, 2015, p. 12). **Treatment Group** Therapy framed by object relations and trauma theory that is specific to mothers who experienced CSA who had a child who also experienced CSA • Object relations – "identify her current as well as past relationship with her caregivers and how these relationships impact her current social interactions, including her relationship with her son" (p. 44) • Trauma theory – re-frame the experience; understand how this traumatic event affected mental wellbeing, and address these issues Length: Not listed Facilitator: First year intern in social work Sample size: 1 **Control Group** N/A	**Mothers' Thoughts During Group Therapy, Including Exemplary Quotes** ***Results of the Intervention*** *Other* • The mother in treatment realized it was not her fault that her child was sexually abused – "Well, I talked with Seeley a lot about it. I think that we have decided to have the baby. I've loved Seeley for so long and have wanted a baby with him forever. I was able to recognize that just because something horrific and unacceptable happened to Zenith, it doesn't mean that we have to stop our lives. We can't let Adam continue to stop our lives. For so long I was blaming myself and now I am seeing that I didn't do anything wrong. It's Adam's fault, not mine. And I won't let him infiltrate my life any longer" (p. 55) ***Thoughts on the Intervention from Mothers*** • The mother was happy there was intervention available for her and her child - "I'm just so glad that there is a place like this with so many people that believe Zenith and want to help him. I wish I were helped the way that Zenith is getting help" (p. 26)

mental health symptoms was the aim of three interventions (Bagley & Young, 1999; Magnunson, 2002; Noack & Baraitser, 2004), and creating an environment of acceptance was the aim of two interventions (Magnunson, 2002; Noack & Baraitser, 2004).

Given the differing aims of the interventions, they often had different components, which are summarized in Table 1. Broadly speaking, three of the interventions were described as being therapies (Bagley & Young, 1999; Noack & Baraitser, 2004; Schmidt, 2015). A final intervention utilized reiki as an adjunct to group therapy, which the authors describe as the use of physical touch to "channel healing energies" (Magnunson, 2002, p. 17). Three of these interventions used a group therapy format (Bagley & Young, 1999; Magnunson, 2002; Noack & Baraitser, 2004).

Therapy components differed by intervention. Several broad therapeutic methods were used, including voice therapy (Bagley & Young, 1999), breathing exercises (Noack & Baraitser, 2004), and general talk therapy (Magnunson, 2002). Specific therapeutic components included discussions centering around parenting and motherhood (Bagley & Young, 1999; Magnunson, 2002; Noack & Baraitser, 2004; Schmidt, 2015), discussions aiming to help mothers identify how past CSA experiences affect mental wellbeing (Schmidt, 2015), and exercises used to reframe these experiences of abuse (Schmidt, 2015). In terms of components targeting social aspects of mothers' lives, Widra and Amidon's method for increasing empathy and interpersonal warmth (Bagley & Young, 1999), identifying how past relationships affect current relationships (Schmidt, 2015), and activities to reduce isolation were used (Bagley & Young, 1999). Finally, in addition to therapeutic methods, one study used reiki healing, including reiki exchange groups, and level one and two reiki training (Magnunson, 2002).

The intervention facilitator varied by study, with facilitators of therapy including a Master's level social worker (Bagley & Young, 1999), family therapists (Magnunson, 2002), a

Jungian/group analyst (Noack & Baraitser, 2004), and a first year social work intern (Schmidt, 2015). A reiki master facilitated reiki classes in one study (Magnunson, 2002). The length of treatment was unclear in one study (Schmidt, 2015), with the other interventions lasting ten weeks (Noack & Baraitser, 2004), fifteen weeks (Bagley & Young, 1999), and nine months (Magnunson, 2002).

Evaluation Design. Appendix 2 shows the JBI Critical Appraisal Checklist risk of bias results. Of those interventions that could be assessed using the JBI checklist (quantitative), only one had a control group (Bagley & Young, 1999), while the other did not (Magnunson, 2002). In the study with a control group, a waitlist group was used for evaluations six months after therapy. However, for five years after therapy, those who were clinically depressed and referred to psychiatrists were used as controls (Bagley & Young, 1999). Thus, these participants differed by design from the treatment group, who were not clinically depressed when entering the intervention. In the two interventions that could not be assessed using the JBI checklist (qualitative), neither used control groups (Noack & Baraitser, 2004; Schmidt, 2015), marking the lack of control group as the biggest risk of bias to the intervention results.

Appendix 3 presents the results of the CASP Qualitative Research Checklist. All three studies utilizing qualitative methods were determined to be of medium value (Magnunson, 2002; Noack & Baraitser, 2004; Schmidt, 2015). Of main concern is that researchers in these studies failed to utilize rigorous and transparent data analysis methods, such as double coding the data, which would have allowed for the establishment of inter-rater reliability.

Across quantitative and qualitative studies, sample sizes were small, with the smallest study having just one participant (Schmidt, 2015) and the largest having 34 participants receiving treatment (Bagley & Young, 1999). Further, validated measures were not used to assess parenting

outcomes, but were most commonly used when evaluating mental health. Studies assessing mental health used the Center for Epidemiological Studies Depression Scale (CES-D) to evaluate mood and recent suicidal thoughts and behaviors (Bagley & Young, 1999), and the State-Trait Anxiety Inventory (STAI) to assess anxiety (Magnunson, 2002). The Tennessee Self-Concept Scale (TSCS) and Coopersmith Self-Esteem Inventory (CSEI) were used to assess self-esteem and social aspects of mothers' lives (Bagley & Young, 1999). As described below, non-validated interviews were used to assess mental health, parenting, self-esteem, and other outcomes.

Efficacy of Interventions for Mothers who Experienced CSA (Research Question 2)

The results of each intervention evaluation by outcome measure are summarized in Table 1. Using the CES-D, Bagley & Young found that group therapy resulted in decreases in depression six months after therapy (coefficients not provided), and that these gains were maintained five years after therapy ($t = 2.59$; $p < .05$), with the control group referred to a psychiatrist not experiencing these decreases (coefficients not reported; 1999). Further, using the CES-D, a significant decrease in suicidal ideas or behavior was found five years after completion of therapy compared to baseline ($t = 2.10$; $p < .05$; Bagley & Young, 1999). Magnunson (2002) saw mixed effects of reiki as an adjunct to therapy on anxiety.

The mental health of mothers was also assessed through interviews (Magnunson, 2002; Noack & Baraitser, 2004). In the group therapy treatment of Noack & Baraitser (2004), some members of the group experienced negative emotional reactions to the therapy. For example, one woman began "reporting her original abuse in a tone of tremendous fury and inflicting on the group an experience of being penetrated by something unintelligible. The group responded with shocked silence and helplessness" (Noack & Baraitser, 2004, pp. 353-354). Importantly, this woman later reported that it was a cathartic experience. Additionally, mothers in this group reported reductions

in shame and anger (Noack & Baraitser, 2004). Similarly, mothers in the group therapy described by Magnunson (2002) also felt negative effects on their mental health resulting from being triggered by topics discussed in the group. These findings were also echoed during reiki treatment, where mothers reported being triggered by the treatment, though these negative emotions appeared to dissipate later in the treatment. Finally, mothers in reiki reported a reduction in anxiety and stress (Magnunson, 2002).

Three studies assessed changes in parenting through qualitative means (Magnunson, 2002; Noack & Baraitser, 2004; Schmidt, 2015). In the intervention developed specifically to address issues for a CSA survivor whose child also experienced CSA, one mother reported a realization that it was not her and her parenting that caused this abuse (Schmidt, 2015). In the group therapy treatment discussed by Noack & Baraitser (2004), mothers were able to discuss their concerns related to protecting their children, which ultimately contributed to one mother allowing her daughter more personal freedom. Finally, in the intervention with reiki as an adjunct to group therapy, mothers reported increased bonding with children and changes to how they react to them, "If you are in a tense situation - kids crying and whiny, and you respond with Reiki or a hug instead of anger - instantly it calms my son" (Magnunson, 2002, p. 98). Another mother stated she saw a change in the behavior of her child (Magnunson, 2002).

Interventions also sought to improve mothers' self-esteem. Using the validated TSCS and CSEI, Bagley & Young (1999) found that group therapy resulted in significant increases in self-esteem six months (coefficients not reported) and five years after therapy completion ($t = 2.78$; $p < .05$), which were not seen in the control group that had received psychiatric referral (coefficients not provided; 1999). In interviews, Magnunson (2002) found that reiki as an adjunct to group therapy increased the self-esteem of participants.

Social aspects of the lives of mothers who experienced CSA were also assessed. Using the CSEI, group therapy resulted in decreases in social isolation five years after therapy ended ($t = 3.12$; $p < .01$), which were not seen among those referred to a psychiatrist (coefficients not reported; Bagley & Young, 1999). Further, six months after the end of therapy, mothers in therapy all turned to someone in times of stress, compared to 33.33% of those referred to a psychiatrist (Bagley & Young, 1999). Finally, Magnunson (2002) found that reiki as an adjunct to therapy resulted in participants reporting that they were more social.

Several studies also assessed outcomes unique to that study. In Bagley & Young's (1999) group therapy, seven mothers in the treatment group left violent relationships, compared to just one in the control group, and fewer in the treatment group faced a crisis in the past two years. In Noack & Baraitser's (2004) group therapy, mothers were able to begin communicating how CSA affected their sexual lives, end contact with non-supportive parents, and re-establish a relationship with their child's father. Finally, in the study with reiki as an adjunct to group therapy, mothers stated they gained knowledge of sexual abuse, slept better, were able to focus more, took responsibility for their own healing, and experienced spiritual sensations (Magnunson, 2002).

Experiences of Mothers who Experienced CSA in Interventions (Research Question 3)

Participant experiences by study are summarized in Table 1. Overwhelmingly, qualitative data showed that mothers enjoyed the interventions. With respect to therapy, mothers reported that they felt counseling centers were an appropriate place for therapy, that they enjoyed the group nature of therapy (Noack & Baraitser, 2004), and were generally happy there was therapy available for them (Schmidt, 2015). Participant experiences were described most frequently in the study on reiki as an adjunct to therapy. Reactions specifically to reiki were mixed. Some reported enjoying the physical nature of the treatment and trusted the reiki master, while others did not enjoy the

physical nature of the treatment and felt that the intervention went against their religious beliefs. Similarly to the therapy-only groups, mothers in reiki enjoyed the group nature of the treatment and felt that while therapy was important, reiki was an important intervention to use alongside this treatment. Ultimately, several mothers began giving reiki to those around them, including their child (Magnunson, 2002).

Data on the experiences of group facilitators were reported in only one study, where facilitators reported feeling a strong responsibility for the groups they were leading (Noack & Baraitser, 2004). For one facilitator, this resulted in feelings of shame when no participants came to one of the sessions. The facilitator highlighted that while the initial group benefited from 60% of its participants having experience in counseling, later treatment groups were stalled due to the intense mental health issues of participants, "In one, misery, dejection and a general sense of feeling ill or suicidal pervaded the sessions, giving them a nightmarish intensity" (Noack & Baraitser, 2004, p. 356).

Discussion

Overview of Results

This review represents the first comprehensive synthesis of the literature on interventions for mothers who experienced CSA. This review benefited from a thorough search strategy, including efforts to identify studies outside of academic databases. Ultimately, only four evaluations of four interventions for this population were identified. All four consisted of group or individual therapy. One used reiki as a complementary treatment to therapy. Decreases in mental health symptoms were reported through both validated measures and interviews. No study used validated measures to assess parenting, though some qualitative results indicated changes in parenting. Qualitative results also suggested that most mothers were satisfied with the

interventions. Despite the benefits claimed, there were many limitations of these interventions, discussed below, which warrant the development of new evidence-based interventions for this population.

Limitations and Future Directions

Limitations of Evidence-Base. Several critical limitations of interventions in this review were identified, and are briefly discussed here, followed by discussion of ways to rectify these issues through future intervention development. Specifically, interventions in this review did not aim to target parenting behaviors of key concern to the population, but instead discussed parenting broadly during therapy. This is problematic, as recent research has shown that mothers with past CSA experiences face quite specific challenges related to motherhood that should be addressed (Lange et al., 2019a, 2019b, 2019c). Future research should focus on developing interventions for mothers who experienced CSA with a specific focus on parenting and evaluate them based on these concerns, a process notably lacking from the interventions reviewed here.

In assessing primary outcomes, two of the studies in this review did not use any validated measures (Noack & Baraitser, 2004; Schmidt, 2015), and a third only utilized one validated measure (Magnunson, 2002). Of critical concern is the finding that no study used validated measures to assess changes in parenting, despite the interventions being designed for mothers. While qualitative research methodology is important for assessing certain aspects of interventions, it is also important that future interventions be assessed using validated quantitative measures. Mixed-methods investigations of interventions are critical, as discrepancies in qualitative and quantitative results may occur, which may need to be triangulated to ascertain the effect of the intervention (O'Cathain, Murphy, & Nicholl, 2010; Tonkin-Crine et al., 2015).

Limitations of Review. Finally, while this review focused specifically on interventions for mothers

who experienced CSA, there is a need to conduct a similar review of interventions for fathers who experienced CSA, given a recent systematic review showing that fathers' parenting is also affected by these experiences (Wark & Vis, 2016). Based on our own non-systematic searches of the literature, it appears that an intervention for this population has yet to be developed, pointing to a likely need to develop interventions for this population.

Designing an Intervention for Mothers who Experienced CSA

Given that CSA has been shown to be associated with a large number of parenting behaviors for mothers, and the lack of current high quality, evidence-based interventions existing for this population, there is a need to develop interventions for this population. Specifically, interventions for this population could be informed by existing evidence-based interventions for adult survivors of childhood trauma (Choate & Henson, 2003; Grossman, Spinazzola, Zucker, & Hopper, 2017; McDonagh et al., 2005; Reeves, 2015). For example, Reeves (2015) outlines several of the trauma-informed intervention models that could be used in the development of interventions for this population.

In addition to interventions targeting adult survivors, interventions specifically targeting mothers who have experienced other forms of trauma (maltreatment, neglect, etc.) or are considered high-risk (poor mental health, social risk factors, etc.) also need to be utilized during intervention development (Muzik et al., 2015; Shenk et al., 2017). While interventions for mothers who experienced CSA may benefit from incorporating some elements from these interventions, it is critical that these components are tailored specifically to the parenting concerns of mothers who experienced CSA.

Literature on the association between CSA and mothers' parenting behaviors may help in tailoring these interventions. For example, in our recent series of linked systematic reviews on the

association between CSA and the subsequent parenting behaviors of mothers, we synthesized literature from 269 quantitative and qualitative studies (Lange et al., 2019a, 2019b, 2019c). Researchers in included studies made suggestions for interventions based on their findings. Specifically, researchers in the CSA and parenting field have suggested the need to screen mothers to determine if they experienced CSA. This screening could be conducted by healthcare professionals during pregnancy (Esperat & Esparza, 1997; Sorbo, Lukasse, Brantsaeter, & Grimstad, 2015). While screening may be important for these women, there is a need to create a comfortable atmosphere, so mothers would be willing to disclose abuse (LoGiudice & Beck, 2016). Ultimately, screening mothers for CSA experiences could allow health professionals to be aware of the potential needs, including parenting concerns, this population may have. However, debate currently exists in the field regarding the appropriateness of screening (Sekhar et al., 2018). While screening may be helpful in providing individualized clinical care, it is also important that evidence-based interventions are available for clinicians to refer these women to.

Researchers also suggested the need for early intervention to prevent negative parenting behaviors before they begin. Early intervention targeting parenting and poor mental health may be a key component in breaking the intergenerational cycle of abuse (Avery, Hutchinson, & Whitaker, 2002; Fujiwara, Okuyama, & Izumi, 2010). In addition to early intervention with mothers to address parenting behaviors, several researchers suggested actions that healthcare professionals could take when working with these women that may prevent further traumatization of this population, which could lead to later parenting difficulties. For example, healthcare professionals working with new mothers could use a trauma-informed care model, which avoids certain actions, such as placing a baby on the mother immediately after birth, which may be triggering, as the childbirth experience often brings up mothers' abuse experiences (LoGiudice & Beck, 2016).

Research on the key principles and components of trauma-informed care may be useful in intervention development for these mothers (Elliott, Bjelajac, Fallot, Markoff, & Reed, 2005).

In addition to the need for prevention or early intervention, researchers also acknowledged that many mothers may experience ongoing difficulties and need further interventions to address their parenting. Given that mental health has been found to mediate the relationship between CSA experiences and later parenting (Mapp, 2006; Pazdera, McWey, Mullis, & Carbonell, 2013; Schuetze & Eiden, 2005), intervention components could focus on the mental health of women, including broad components to address mental health concerns (Barrett, 2010) and mindfulness practices (Arias & Johnson, 2013).

Further, interventions could specifically target aspects of parenting that were found to be of concern to mothers in research studies included in the series of linked systematic reviews. For example, the desire to protect children from abuse was the main theme located in the qualitative synthesis (Lange et al., 2019a). While mothers desired to protect their child, many of them described being overprotective to the detriment of their child (Lange et al., 2019a). Thus, a component of an intervention could be designed to help mothers create appropriate boundaries with children and acknowledge/balance the role of their own understandable anxiety about protecting their child. Additional examples of aspects of concern that could be addressed include perceptions of parenting (Banyard, 1997), parenting stress (Pereira et al., 2012), parent-child communication (Cavanaugh et al., 2015), positive disciplinary strategies (Zvara, Mills-Koonce, & Cox, 2017), breastfeeding (Coles, Anderson, & Loxton, 2016), appropriate physical intimacy between mother and child (Douglas, 2000), and child development (Wright, Fopma-Loy, & Oberle, 2012). Critically, several of these concerns are specific to different developmental stages of the child; thus, interventions may be needed for mothers at different points in their child's

lifespan.

While the parenting intervention components mentioned above could take place in either a therapeutic or non-therapeutic setting, researchers in the series of linked systematic reviews often highlighted the importance of therapeutic intervention for this population, a finding mirrored in this systematic review. Trauma-focused CBT or CBT broadly (Appleyard, Berlin, Rosanbalm, & Dodge, 2011; Baril, Tourigny, Paillé, & Pauzé, 2016; Kilroy, Egan, Maliszewska, & Sarma, 2014; Lange, 2008) and group therapy could be used for these women (Pazdera et al., 2013; Snider, 2007). Importantly, CBT and group therapy have been found to be efficacious for survivors of trauma generally (Lev-Wiesel, 2008; Martsolf & Draucker, 2005). While group therapy may have been shown to be efficacious in certain circumstances, it is important to acknowledge that group therapy can have multiple components, which may or may not be evidence-based, as demonstrated by several of the intervention studies found in this review. It is critical for the success of future interventions that all components are developed using best practices.

When developing any intervention for this population, experts in the field should be consulted about the components and approaches they think are most important; for example, using a systematic Delphi method (Linstone & Turoff, 1975). Further, researchers should develop clear program theories prior to developing the intervention (Fraser, Richman, Galinsky, & Day, 2009). Mothers who experienced CSA should be consulted prior to the development of an intervention to determine what intervention components they consider most beneficial. It is critical that intervention developers determine the core intervention components and modify the intervention accordingly (Blase & Fixsen, 2013).

Further, in any intervention developed for this population, it is important that potential harms are measured, as previous intervention research has shown that interventions have the

potential to have negative effects on participants (Dishion, McCord, & Poulin, 1999). Interventions with this population should evaluate potential harms throughout the intervention to ensure that the intervention is not having an adverse effect on participants. One way to assess potential harms and benefits is for mothers to be consulted using qualitative interviews, as this may inform potential intervention refinement – something that was not done in several of the interventions described in this review. Facilitators of the intervention should also be interviewed to determine what aspects of the intervention they believed could be further refined or aspects they felt were challenging to implement. Conducting these interviews may help address potential facilitator concerns, which could affect fidelity in later pilots. Further, it is critical that the mental health of the facilitator is monitored during these follow-ups, as research has shown that those working with mothers who experienced CSA can experience challenges, including vicarious trauma and burnout (Miller, 2015).

Once the efficacy of new interventions has been evaluated, future research should broaden the geographic scope of interventions to determine if these interventions are efficacious in different cultural contexts. Further, after initial piloting of interventions, research is needed with larger populations, as this will allow for more complex statistical analyses to determine what aspects of the intervention are most efficacious and if there are any factors mediating or moderating these results. Importantly, future work should use well-powered randomized controlled trial designs, in order to reach conclusions about efficacy.

Conclusion

Our comprehensive systematic review of interventions for mothers who experienced CSA found only four studies of interventions that have been developed and conducted with this group. However, as described above, these interventions have a number of critical limitations. Thus, there

is a growing need to develop evidence-based interventions for this population. Results of previous work in this field and interviews with this population could be used to develop and pilot such interventions.

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Appendix 1: Search Strategy

Applied Social Sciences Index & Abstracts (ASSIA)

Search date: May 13, 2018

Search strategy, as it appears in the database:

(SU(Child Sexual Abuse) OR SU(Sexual Abuse) OR SU(Incest) OR AB(Sexual* abuse*) OR AB(Abuse* sexual*) OR AB(Sexual maltreatment) OR AB(Incest)) AND (SU(Parents) OR SU(Mothers) OR AB(Parent*) OR AB(Mother*) OR AB(Maternal) OR AB(Caregiver*)) AND (SU(Intervention) OR SU(Interventions) OR SU(Randomized controlled trials) OR SU(Therapy) OR SU(Support groups) OR AB(Intervention*) OR AB(Randomi*ed controlled trial*) OR AB(Therap*) AB(Support group*))

Notes:

- Only searched for articles in the English language

Embase

Search date: May 13, 2018

Search strategy, as it appears in the database:

	Searches	Results	Type
1	(Child abuse or Child sexual abuse or Sexual abuse).sh. or Sexual* abuse*.ab. or Abuse* sexual*.ab. or Sexual maltreatment.ab. or Incest.ab.	46042	Advanced
2	(Parent or Mother or Child abuse survivor).sh. or Parent*.ab. or Mother*.ab. or Maternal.ab. or Caregiver*.ab.	865573	Advanced
3	(Intervention study or Randomized controlled trial or Therapy or Support group).sh. or Intervention*.ab. or Randomi*ed controlled trial*.ab. or Therap*.ab. or Support group*.ab.	5001653	Advanced
4	1 and 2 and 3	2307	Advanced
5	Limit 4 to English	2110	Advanced

ProQuest Dissertations & Theses Global: Global Full Text

Search date: May 13, 2018

Search strategy, as it appears in the database:

noft("Sexual* abuse*" OR "Abuse* sexual*" OR "Sexual maltreatment" OR"Incest") AND noft("Parent*" OR "Mother*" OR "Maternal" OR"Caregiver*") AND noft("Intervention*" OR "Randomi*ed controlled trial*" OR "Therap*" OR "Support group*")

Notes:

Through the Oxford subscription, the following could be accessed through this search:

- ProQuest Dissertations & Theses Global: Business
- ProQuest Dissertations & Theses Global: Health & Medicine
- ProQuest Dissertations & Theses Global: History

- ProQuest Dissertations & Theses Global: Literature & Language
- ProQuest Dissertations & Theses Global: Science & Technology
- ProQuest Dissertations & Theses Global: Social Sciences
- ProQuest Dissertations & Theses Global: The Arts

PsycINFO

Search date: May 13, 2018

Search strategy, as it appears in the database:

	Searches	Results	Type
1	(Sexual Abuse or Incest).sh. or Sexual* abuse*.ab. or Abuse* sexual*.ab. or Sexual maltreatment.ab. or Incest.ab.		Advanced
2	(Parents or Mothers).sh. or Parent*.ab. or Mother*ab.mp. or Maternal.ab. or Caregiver*.ab. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]		Advanced
3	(Intervention or Group intervention or Treatment or Support groups).sh. or Intervention*.ab. or Randomi*ed controlled trial*.ab. or Therap*.ab. or Support group*.ab.		Advanced
4	1 and 2 and 3		Advanced
5	Limit 4 to English		Advanced

Notes:

- Specific database is 1964 and later

PubMed

Search date: May 13, 2018

Search strategy, as it appears in the database:

(((“Child Abuse, Sexual” [MeSH Terms] OR “Incest” [MeSH Terms] OR “Sexual* abuse*” [Text Word] OR “Abuse* sexual*” [Text Word] OR “Sexual maltreatment” [Text Word] OR “Incest” [Text Word])) AND (“Mothers” [MeSH Terms] OR “Adult Survivors of Child Abuse” [MeSH Terms] OR “Adult Survivors of Child Adverse Events” [MeSH Terms] OR “Parent*” [Text Word] OR “Mother*” [Text Word] OR “Maternal” [Text Word] OR “Caregiver*” [Text Word])) AND (“Randomized Controlled Trial [Publication Type]” [MeSH Terms] OR “Randomized Controlled Trials as Topic” [MeSH Terms] OR “Self-Help Groups” [MeSH Terms] OR “Intervention*” [Text Word] OR “Randomi*ed controlled trial*” [Text Word] OR “Therap*” [Text Word] OR “Support group*” [Text Word])

Scopus

Search date: May 13, 2018

Search strategy, as it appears in the database:

(ABS ("Sexual* abuse*" OR "Abuse* sexual*" OR "Sexual maltreatment" OR "Incest") AND ABS ("Parent*" OR "Mother*" OR "Maternal" OR "Caregiver*") AND ABS ("Intervention*" OR "Randomi*ed controlled trial*" OR "Therap*" OR "Support group*"))

Social Services Abstracts

Search date: May 13, 2018

Search strategy, as it appears in the database:
(SU(Child Sexual Abuse) OR SU(Sexual Abuse) OR SU(Incest) OR AB(Sexual* abuse*) OR AB("Abuse* sexual*) OR AB("Sexual maltreatment) OR AB(Incest)) AND (SU(Parents) OR SU(Mothers) OR SU(Caregivers) OR AB(Parent*) OR AB(Mother*) OR AB(Maternal) OR AB(Caregiver*)) AND (SU(Intervention) OR SU(Psychotherapy) OR SU(Behavior Therapy) OR SU(Support Groups) OR AB(Intervention*) OR AB(Randomi*ed controlled trial*) OR AB(Therap*) OR AB(Support group*))

Notes:

- Limited to English

Sociological Abstracts

Search date: May 13, 2018

Search strategy, as it appears in the database:
(SU(Child Sexual Abuse) OR SU(Sexual Abuse) OR SU(Incest) OR AB(Sexual* abuse*) OR AB(Abuse* sexual*) OR AB(Sexual maltreatment) OR AB(Incest)) AND (SU(Parents) OR SU(Mothers) OR SU(Victims) OR AB(Parent*) OR AB(Mother*) OR AB(Maternal) OR AB(Caregiver*)) AND (SU(Intervention) OR SU(Therapy/Therapeutic) OR SU(Psychotherapy) OR SU(Behavior Therapy) OR SU(Support Groups) OR AB(Intervention*) OR AB(Randomi*ed controlled trial*) OR AB(Therap*) OR AB(Support Group*))

Notes:

- Limited to English

Web of Science

Search date: May 13, 2018

Search strategy, as it appears in the database:
TOPIC: (Sexual* abuse* OR Abuse* sexual* OR Sexual maltreatment OR Incest) AND TOPIC: (Parent* OR Mother* OR Maternal OR Caregiver*) AND TITLE: (Intervention* OR Randomi*ed controlled trial* OR Therap* OR Support group*)

Notes:
"All Databases" was selected when running this search. Therefore, the following databases were included within this search:

- Web of Science™ Core Collection (1945-present)
    - Science Citation Index Expanded (1945-present)

  - Social Sciences Citation Index (1956-present)
  - Arts & Humanities Citation Index (1975-present)
  - Conference Proceedings Citation Index- Science (1990-present)
  - Conference Proceedings Citation Index- Social Science & Humanities (1990-present)
  - Book Citation Index– Science (2005-present)
  - Book Citation Index– Social Sciences & Humanities (2005-present)
  - Emerging Sources Citation Index (2015-present)
  - Current Chemical Reactions (1986-present)
  - Index Chemicus (1993-present)
- BIOSIS Citation Index℠ (1969-present)
- Current Contents Connect® (1998-present)
- Data Citation Index℠ (1993-present)
- Derwent Innovations Index℠ (1993-present)
- Inspec® (1969-present)
- KCI-Korean Journal Database (1980-present)
- MEDLINE® (1950-present)
- Russian Science Citation Index (2005-present)
- SciELO Citation Index (1997-present)
- Zoological Record® (1993-present)

Appendix 2: Joanna Briggs Institute Critical Appraisal Checklist (Studies with Quantitative Data)

Item	(Bagley & Young, 1999)	(Magnunson, 2002)
Is it clear in the study what is the 'cause' and what is the 'effect' (i.e. there is no confusion about which variable comes first)?	Yes	Yes
Were the participants included in any comparisons similar?	No	N/A
Were the participants included in any comparisons receiving similar treatment/care, other than the exposure or intervention of interest?	No	N/A
Was there a control group?	Yes	No
Were there multiple measurements of the outcome both pre and post the intervention/exposure?	Yes	Yes
Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analyzed?	Yes	N/A
Were the outcomes of participants included in any comparisons measured in the same way?	Yes	N/A
Were outcomes measured in a reliable way?	Yes	Yes
Was appropriate statistical analysis used?	Yes	Yes

Appendix 3: CASP Quality Checklists (Studies with Qualitative Data)

Author(s) and Year	Research Aims	Qual Method Appropriate	Design Appropriate	Recruitment Appropriate	Data Collection Addressed Issue	Researcher-Participant Relationship Considered	Ethical Issues Considered	Rigorous Data Analysis	Clear Statement of Findings	Value of Research
(Magnunson, 2002)	X	X	X	X	X	X	X		X	Medium
(Noack & Baraitser, 2004)	X	X	X	X	X				X	Medium
(Schmidt, 2015)	X	X	X	X	X	X			X	Medium

*X indicates that the quality standard has been met. In cases where there is no X this means that the quality standard was not met or this was unclear.

A Mixed-Methods Investigation of the Association between Child Sexual Abuse and Subsequent Maternal Parenting

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Abstract

Background: Child sexual abuse (CSA) is associated with a number of pernicious outcomes, including adverse parenting outcomes among mothers who experienced CSA (M_{CSA}). Despite the large literature on these outcomes, gaps and uncertainties in the literature exist. Specifically, while previous literature has shown that some M_{CSA} have their parenting negatively affected by CSA, others do not, and potential mechanisms explaining these variations, such as mental health and characteristics of the CSA experience, have not been fully explored. **Objectives:** To investigate (1) how M_{CSA} believe their CSA experiences have affected their parenting, if at all; (2) what factors may be contributing to these perceived effects; and (3) what resources or intervention components M_{CSA} believe they need to cope with their experiences. **Participants and Setting:** Participants were M_{CSA} primarily from the UK and the Republic of Ireland. **Methods:** M_{CSA} were recruited through partner organizations specializing in parenting, child abuse, and mental health to complete an online survey with both qualitative and quantitative components. Qualitative data were analyzed using framework analysis and subgroup analyses were conducted. **Results:** M_{CSA} reported that their CSA experiences most affected their desire to protect their child from experiencing abuse. Additionally, breastfeeding, child-rearing practices, the mother-child relationship, and perceptions of motherhood and the child were reported to be affected. **Conclusions:** Given that M_{CSA} have reported their CSA experiences to negatively affect several aspects of parenting, evidence-based interventions are needed. Participant concerns regarding parenting and suggestions made by participants in this study for interventions may aid in intervention development.

Key words: Child sexual abuse; sexual abuse; parenting; mothers; qualitative; mixed-methods

Introduction

Child sexual abuse (CSA) was found to affect between 8-31% of girls and 3-17% of boys in a recent global systematic review (Barth, Bermetz, Heim, Trelle, & Tonia, 2013). CSA has been linked to a number of negative outcomes across the life course, including poor mental health (Hillberg, Hamilton-Giachritsis, & Dixon, 2011), poor physical health (Paras et al., 2009), increased substance use behaviors (Polusny & Follette, 1995), increased risky sexual behaviors (Lalor & McElvaney, 2010), and poor occupational and educational functioning (Currie & Widom, 2010). Given the combination of these pernicious outcomes, abuse has been found to negatively affect the economy as a whole (Fang, Brown, Florence, & Mercy, 2012).

In addition to these outcomes, research has increasingly focused on the role that CSA can have on the future parenting behaviors of women who have had these experiences. Specifically, a recent series of linked systematic reviews located 269 articles on this topic (Lange, Condon, & Gardner, 2019b, 2019c, 2019d). Results from one of these reviews, a qualitative synthesis of 108 articles, found that mothers who experienced CSA (M_{CSA}) perceive these experiences to have affected several of their parenting behaviors. The two most prominent themes found in the qualitative synthesis were their desire to protect the child from abuse and the impact of CSA on facets of the mother-child relationship. Specifically, M_{CSA} reported understanding the potential for the intergenerational transmission of abuse and sought to stop this from occurring by engaging in protective behaviors, such as restricting access to the child, teaching the child about inappropriate touch, and asking the child about abuse. In terms of the mother-child relationship, M_{CSA} viewed their CSA experiences to affect several aspects of their relationship, including attachment, communication, and role-reversal. Further themes included M_{CSA} having children who also experienced abuse and how they reacted to this abuse; child-rearing practices, including discipline,

knowledge and skills, intimate parenting behaviors, and ability to parent; breastfeeding; perceptions of motherhood; and perceptions of their child. Finally, M_{CSA} reported being able to cope with their CSA experiences because of motherhood, with M_{CSA} reporting that they started therapy because they were a mother or that their relationship with their child helped them to heal (Lange, Condon, et al., 2019b).

While the current qualitative literature is extensive, this large-scale systematic review identified several critical gaps, which need to be addressed. Specifically, this review highlighted existing sampling issues in current qualitative research on the topic. For example, many studies recruited individuals from only one location, such as mental health clinics (Douglas, 2000; Ruscio, 2001), child abuse centers (Cohen, 1995), or intervention programs (Chiang, 2008; DiLillo, Tremblay, & Peterson, 2000; Jaffe, Cranston, & Shadlow, 2012). While this is likely a convenient way to garner a sample of CSA survivors, as research has shown that individuals in clinical settings are more likely to have experienced CSA than those in the community (Bailey, DeOliveira, Wolfe, Evans, & Hartwick, 2012), there are some drawbacks to this method. Specifically, those already seeking out treatment, such as treatment for mental health challenges, may differ from other CSA survivors who are unable or unwilling to seek out services, in some way. Further, many of these studies focus on specific populations, such as adolescent mothers (Bowman, Ryberg, & Becker, 2009; Spieker, Bensley, McMahon, Fung, & Ossiander, 1996) and incest survivors (Armsworth & Stronck, 1999; Cohen, 1995; Cole, Woolger, Power, & Smith, 1992; Fitzgerald, Shipman, Jackson, McMahon, & Hanley, 2005), and these individuals may again differ from those in the larger population of CSA survivors. Thus, efforts should be made to recruit broader or potentially more representative samples.

Additionally, previous qualitative research has often focused on specific aspects of

parenting, such as breastfeeding or mother-child communication (Lange, Condon, et al., 2019b). Thus, further qualitative work is needed that allows mothers to think about their parenting more broadly. Additionally, previous qualitative studies tended to only collect qualitative information and did not collect quantitative information to triangulate findings (Lange, Condon, et al., 2019b). While researchers reported where M_{CSA} described difficulties, it is unknown if M_{CSA} not reporting these difficulties did not experience these challenges or simply did not report them. Thus, research is needed that ascertains this information both quantitatively and qualitatively.

Given that the qualitive portion of the series of systematic reviews found a wide variation in whether M_{CSA} experienced certain parenting related difficulties (Lange, Condon, et al., 2019b), and the heterogeneity that exists in the quantitative literature on this topic (Lange, Condon, et al., 2019c, 2019d), there is a need for further research to elucidate mechanisms that may explain why some M_{CSA} may be experiencing parenting difficulties, while others are not. For example, qualitative research in this area has previously neglected subgroup analyses, which may clarify results.

Finally, while other studies allowed women to discuss their current parenting-related difficulties stemming from CSA, they did not ask mothers what they may want out of an intervention to address these issues. This is problematic as research suggests that CSA negatively affects multiple aspects of the parenting of M_{CSA} and only four low quality interventions have been evaluated to address the needs of this population (Lange, Bach-Mortensen, Condon, & Gardner, 2019). While M_{CSA} were not included in the intervention development for these studies, including these women in discussions on intervention development can help ensure that the intervention covers the aspects related to parenting deemed most important to this population, and that the intervention setting and format are acceptable. As such, qualitative research is needed to ascertain

information regarding what women may want from potential interventions.

Given the gaps and disagreements located in the current literature, this study aims to answer the following questions:

1. How do mothers who experienced child sexual abuse believe these experiences have affected their parenting practices, if at all?
2. What factors, including demographic characteristics, mental health, and characteristics of the child sexual abuse experience, may be influencing these results?
3. What resources or intervention components, if any, do mothers who experienced child sexual abuse believe they need to cope with this trauma?

Methods

Reporting Guidelines

Relevant items from the Consolidated Criteria for Reporting Qualitative Research checklist are reported below (Tong, Sainsbury, & Craig, 2007).

Design

An online survey was chosen for data collection. While the Internet has been used to advertise for studies in this field (Allbaugh, Wright, & Seltmann, 2014), to date, a study on the parenting of M_{CSA} has not been conducted through the Internet. However, conducting this research through online surveys has a number of potential benefits, including that the survey link can be posted in multiple forums from a range of services, which can result in a more diverse sample. For example, in a recent online survey specific to online child pornography, researchers were able to reach a diverse group of survivors (Gewirtz-Meydan, Walsh, Wolak, & Finkelhor, 2018). While having a survey over the Internet may lead to a broader sample, it also may be the preferred study method for participants with a history of trauma. In a study assessing experiences of child abuse

(sexual and physical), via three methods (questionnaire, interview, and computer survey), "the computer condition was rated as the most preferred format and was viewed by participants as the most confidential means of assessing maltreatment history" (DiLillo, DeGue, Kras, Di Loreto-Colgan, & Nash, 2006, p. 410).

Recruitment

To locate M_{CSA}, researchers worked to recruit partner organizations who may have contact with these women. Potential partner organizations were recruited from the United Kingdom and the Republic of Ireland (though participants outside these countries could have completed the survey if they found the link through the websites or postings of these organizations). Given that previous research on CSA and parenting has often relied on recruiting participants from one type of service, efforts were made to recruit M_{CSA} from a range of services. Specifically, potential partner organizations were recruited from parenting, child abuse, and mental health organizations. Further, attempts were made to locate M_{CSA} from underrepresented groups identified in the literature. Thus, organizations focusing on certain racial/ethnic groups, sexual orientations, disability statuses, and single parenthood were contacted during recruitment.

Emails to potential partner organizations included an overview of the research project, ethical approval information, a copy of the survey, and potential recruitment materials. Potential partner organizations were made aware that they could share the survey in the manner they felt most appropriate, including through social media, flyers, listservs, discussion boards, etc. Ultimately, most organizations chose to share the survey link and information through social media. All organizations were invited to ask questions via email or through phone calls, and make suggestions regarding the survey, the recruitment materials, or potential resources that could be added to aid M_{CSA} participating in the survey. While many organizations asked clarifying questions

about the survey, fewer organizations suggested edits to the materials. Ultimately, fifteen abuse-related organizations, seven parenting organizations, and one mental health organization agreed to partner on the survey. In addition to these partner organizations, several other organizations shared social media posts with study information from these organizations.

Study Procedures

The full survey, which was available through Jisc Online Surveys, can be found in Appendix 1. Prior to the commencement of the online survey, participants were presented with information regarding the study, including information on potential risks and benefits, and were given the opportunity to accept or decline participation. After consent had been given, questions were presented to confirm eligibility; i.e. participants were mothers (any female primary caregiver); had experienced CSA; were over 18; and had at least one child 18 or younger. If any of these questions were responded to negatively, the survey ceased, and participants were brought to the page providing resources. If the individuals were eligible, they then completed the following measures.

Measures

Demographic Information

M_{CSA} completed a questionnaire to collect basic background information, including year of birth, race/ethnicity, education level, employment status, and approximate yearly income. Additionally, questions were asked about the children of M_{CSA}, including how many children the M_{CSA} has, the gender of each child, and the age of each child.

Defining Child Sexual Abuse

Women then completed a page of the survey designed to ascertain their own definition of CSA, given significant debate in the field about what constitutes CSA. The results of this analysis

are presented elsewhere (Lange, Condon, & Gardner, 2019a).

Trauma History

The Childhood Trauma Questionnaire Short Form (CTQ-SF) was used to assess abuse and neglect experienced by M_{CSA}. It has been used with many populations, including parents with a history of trauma (Bailey et al., 2012), and has been found to be reliable and valid (Bernstein et al., 2003).

Following the completion of the CTQ-SF, a short form was given to understand several specific aspects of the CSA experiences of M_{CSA}. This form comes from the original CDC-Kaiser adverse childhood experience (ACEs) study and assesses a number of domains related to the CSA experience, including information on the acts that occurred, who perpetrated these acts, how many times the abuse occurred, etc. (Centers for Disease Control and Prevention, 2016).

The Center for Epidemiological Studies Depression Scale (CES-D) was utilized to assess depression among participants (Radloff, 1977). The CES-D has been used with a number of participant populations, including with parents who have experienced abuse (Anda et al., 2002; Wright, Crawford, & Sebastian, 2007; Wright, Fopma-Loy, & Fischer, 2005).

Parenting and Intervention Questions

Based on the results of the previously discussed series of linked systematic reviews (Lange, Condon, et al., 2019b, 2019c, 2019d), close-ended questions were created to determine if M_{CSA} think their CSA experiences have affected different aspects of their parenting (wording in Table 3). Importantly, these questions were kept deliberately broad, using the word “influence,” so there was no connotation that their parenting had to be affected either negatively or positively. Following these closed-ended questions, M_{CSA} were asked to describe how they believed the parenting practice in question had been affected by CSA. After completing specific questions related to

parenting, M_{CSA} were provided with an open-ended question asking if there are any other aspects of their parenting that they believe were affected by CSA that were not listed.

Finally, two questions were presented enquiring about resources and potential intervention components M_{CSA} would like to see in interventions geared towards their experience, if any.

Ethical Considerations

Ethical approval was obtained from University of Oxford's Social Sciences & Humanities Interdivisional Research Ethics Committee. Confidentiality was of main concern to this project. Thus, no identifying information was collected as part of this survey. If participants included potentially identifying information in their responses, this information was removed to ensure anonymity. However, given the anonymized nature of the survey, certain questions which emerged in the series of linked systematic reviews (Lange, Condon, et al., 2019b, 2019c, 2019d) could not be asked, such as whether M_{CSA} had children who had been abused, given reporting guidelines related to child abuse. Further, participants were not required to answer any questions, with the exception of the eligibility questions. They could either select "Don't know/refuse to answer" or not answer the question entirely.

An additional concern was that the survey could trigger negative emotions among M_{CSA}. Given that no identifying information was collected, the researcher and partner organizations ensured that a range of resources (parenting, child abuse, and mental health) were provided to the participant at the end of the survey. Specifically, website addresses, phone numbers, and email addresses were provided to the participants, so they could seek help in the way that was most comfortable for them. Additionally, members of partner organizations, such as mental health providers, were sometimes made aware of the project, so they could aid potential participants if necessary. Though potential adverse effects are important to consider, it is also critical to note that

abuse survivors in past research have not found their participation to adversely affect their mental health. For example, in one research study examining mental health after assessing for trauma, researchers found "no significant differences between pre- and post-testing were observed between nonabused, abused, and severely abused participants" (Rojas & Kinder, 2007, p. 193), with further research finding similar results (Savell, Kinder, & Young, 2006). Further, survivors of abuse in past research studies have found their participation to be beneficial, as it allowed them to help themselves and other survivors (Campbell & Adams, 2009).

Data Analysis

Quantitative

Descriptive statistics were calculated using Jisc Online Surveys. CES-D and CTQ scores were calculated using Excel.

Qualitative

Data were coded in NVivo using the principles of framework analysis by BL. Specifically, framework analysis was chosen, as it "is better adapted to research that has specific questions, a limited time frame, a pre-designed sample and a priori issues" (Srivastava & Thomson, 2009, p. 72). The five major steps of framework analysis were followed when analyzing data (Srivastava & Thomson, 2009). Specifically, BL read through all participant responses to familiarize herself with the data. Following this, a thematic framework was identified. A deductive process was used to establish this framework, as the thematic framework was informed by existing literature on this topic, and in particular the series of linked systematic reviews conducted by this team (Lange, Condon, et al., 2019b, 2019c, 2019d), which informed the questions asked on the survey. However, when new topics presented within participant responses, inductive coding occurred. Saturation was reached for the major themes and subthemes. A codebook was created for all themes and

subthemes, with definitions added to each item to ensure consistency. Once this framework had been established, data were indexed into their corresponding themes and subthemes where they were then charted through NVivo. This process allowed for final interpretation of the data.

To establish reliability, a second coder, EC, reviewed all coding and provided feedback. This coder was well-versed in the existing literature and deductive framing of the coding structure having worked on the qualitative systematic review. Given that no identifying information was collected from participants, member checking could not occur.

Mixed-Methods Analyses

Both qualitative and quantitative data were collected and analyzed concurrently (Creswell, Plano Clark, Gutmann, & Hanson, 2008). Specifically, as noted above, all parenting related questions had both quantitative and qualitative portions, which were analyzed together. Further subgroup analyses of qualitative data were conducted for each theme and subtheme using quantitative aspects of the data. Specifically, during coding, any information that was thought to potentially influence the results was added to each participant file name. For example, depression is seen to be a key mediator between CSA and later parenting (Lutenbacher & Hall, 1998; Mapp, 2006; Pazdera, McWey, Mullis, & Carbonell, 2013; Schuetze & Eiden, 2005), while the severity of CSA is seen as a key moderator (Ruscio, 2001). Thus, both were included as variables in subgroup analyses. Additional information included the participant's year of birth, marital status, educational attainment, approximate yearly income, and perpetrator information. Thus, when examining results for each qualitative theme and subtheme, researchers could determine if any specific subtheme seemed to be dominated by those with specific backgrounds or experiences.

Results

Participant Characteristics and CSA Experiences

A total of 35 M_{CSA} completed the survey in its entirety (due to the functionality of Jisc online surveys, researchers are unable to see partial responses, unless participants went to the end of the survey and submitted). An additional three participants started the survey but were ineligible. Though participants were asked what organization referred them to the survey, many (n=9) indicated that they saw the survey through social media. Of those who listed organizations, ten were from parenting organizations (with eight of these from breastfeeding organizations), six were from abuse-related organizations, and one was from a mental health organization.

Table 1 shows background characteristics of $M_{CSA.}$ The majority of participants were from England (n=22, 62.86%), identified as white (n=32, 91.43%), had completed at least some college (n=30, 85.71%), and were currently employed (n=25, 71.43%). Additionally, the majority of M_{CSA} had CES-D scores indicative of depression (n=23, 67.65%). Further, many M_{CSA} were found to have been the victims of other forms of child abuse and neglect.

Table 2 shows the characteristics of the CSA M_{CSA} experienced. Perpetrators of CSA included relatives living in the home (n=17, 48.57%), family friends or someone known to the participant not living in the home (n=20, 57.14%), and strangers (n=4, 11.43%). Of M_{CSA}, 33 (94.29%) reported being touched or fondled, 26 (74.29%) reported being forced to touch the perpetrator's body, 28 (80.00%) reported the perpetrator had attempted intercourse, and 21 (60.00%) reported that the perpetrator had completed intercourse. For 15 M_{CSA} (42.86%) these experiences included threats to the participant if they did not participate and for 14 M_{CSA} (40.00%) these experiences included threats to someone else if they did not participate.

Aspects of Parenting Influenced by CSA Experiences

Table 3 shows the percentages of M_{CSA} who felt their parenting had been affected by CSA by question.

Table 1: Participant Characteristics and Experiences of Other Forms of Trauma (N=35)

Characteristic	n	%
Country of Origin		
England	22	62.86
Republic of Ireland/Northern Ireland	6	17.14
Scotland	4	11.43
United States	1	2.86
Austria	1	2.86
Don't Know/refuse to Answer	1	2.86
Year of Birth		
1990-2000	6	17.14
1980-1989	14	40.00
1970-1979	11	31.43
1960-1969	4	11.43
Race		
White	32	91.43
Black or African American	1	2.86
Multiple races	1	2.86
Don't know/refuse to answer	1	2.86
Highest Level of Education Completed		
Middle school (grades 6-8)	1	2.86
High school/GED (grades 9-12)	4	11.43
Some college (no degree obtained)	12	34.29
Associate's degree	1	2.86
Bachelor's degree	9	25.71
Master's degree	2	5.71
Professional degree (e.g. social work, nursing, lawyer, or doctor)	5	14.29
Doctoral degree (e.g. PhD or DPhil)	1	2.86
Currently Employed		
Yes	25	71.43
No	10	28.57
Approximate Yearly Income		
£50,000.00+	9	25.71
£40,000.00-£49,999.99	4	11.43
£30,000.00-£39,999.99	4	11.43
£20,000.00-£29,999.99	9	25.71
£10,000.00-£19,999.99	5	14.29
£0.00-£9,999.99	2	5.71
Don't know/refuse to answer	2	5.71
Relationship Status		
Married	21	60.00
Engaged	3	8.57
In a Relationship	4	11.43
Single	7	20.00
Number of Children		

1	9	25.71
2	16	45.71
3	7	20.00
4	2	5.71
5	1	2.86
CES-D Score		
≥16	23	67.65
<16	11	32.35
Other Experiences of Trauma (CTQ)		
Emotional Abuse		
Severe to extreme	13	37.14
Moderate to severe	3	8.57
Low to moderate	7	20.00
None or minimal	4	11.43
Cannot classify	8	22.86
Physical Abuse		
Severe to extreme	14	40.00
Moderate to severe	3	8.57
Low to moderate	4	11.43
None or minimal	11	31.43
Cannot classify	3	8.57
Emotional Neglect		
Severe to extreme	14	40.00
Moderate to severe	5	14.29
Low to moderate	11	31.43
None or minimal	2	5.71
Cannot classify	3	8.57
Physical Neglect		
Severe to extreme	10	28.57
Moderate to severe	8	22.86
Low to moderate	6	17.14
None or minimal	8	22.86
Cannot classify	3	8.57

*Those who did not answer questions (missing) or selected “Don’t know/refuse to answer” for specific questions are not included above for all categories but Other Experiences of Trauma (CTQ). In the instances of the Other Experiences of Trauma (CTQ) category, these responses are included under cannot classify.

Table 2: CSA Experience of M_{CSA}

Characteristic	n	%
Perpetrator		
Relative living in home		
Yes	17	48.57
No	16	45.71
Don't know/refuse to answer	2	5.71
Family friend or someone known who didn't live in the household		
Yes	20	57.14
No	13	37.14
Don't know/refuse to answer	2	5.71
Stranger		
Yes	4	11.43
No	29	82.86
Don't know/refuse to answer	2	5.71
Type of CSA		
Touch or fondle participant's body		
Yes	33	94.29
No	1	2.86
Don't know/refuse to answer	1	2.86
Make participant touch their body		
Yes	26	74.29
No	6	17.14
Don't know/refuse to answer	3	8.57
Attempted intercourse (oral, anal, or vaginal)		
Yes	28	80.00
No	5	14.29
Don't know/refuse to answer	2	5.71
Completed intercourse (oral, anal, or vaginal)		
Yes	21	60.00
No	10	28.57
Don't know/refuse to answer	4	11.43
Experience		
Threats to harm participant if they did not participate		
Yes	15	42.86
No	15	42.86
Don't know/refuse to answer	5	14.29
Threats to harm someone else if they did not participate		
Yes	14	40.00
No	15	42.86
Don't know/refuse to answer	6	17.14

*Those who did not answer these questions (missing) or selected "Don't know/refuse to answer" for specific questions are not included above

Table 3: Participant Responses to Close Ended Questions Regarding CSA and Parenting (N=35)

Question	n	%
Breastfeeding		
Do you believe your child sexual abuse experience influenced your experience breastfeeding your child(ren)?		
Yes	16	45.71
No	16	45.71
N/A	1	2.86
Don't know/refuse to answer	2	5.71
Child-Rearing Practices		
Do you believe your child sexual abuse experience has influenced your ability to care for your child(ren)?		
Yes	20	57.14
No	9	25.71
Don't know/refuse to answer	6	17.14
Do you believe your child sexual abuse experience has influenced how you prepared to become a parent?		
Yes	17	50.00
No	15	44.12
Don't know/refuse to answer	2	5.88
Do you believe your child sexual abuse experience has influenced how you discipline your child(ren)?		
Yes	16	47.06
No	15	44.12
Don't know/refuse to answer	3	8.82
Do you believe your child sexual abuse experience has influenced your ability to show affection (i.e. hug or kiss) towards your child(ren)?		
Yes	12	34.29
No	18	51.43
Don't know/refuse to answer	5	14.29
Do you believe your child sexual abuse experience influenced activities such as changing your child(ren)'s diaper or bathing your child(ren)?		
Yes	10	28.57
No	21	60.00
Don't know/refuse to answer	4	11.43
Coping		
Do you believe your being a parent has helped you cope from your experiences of child sexual abuse?		
Yes	14	41.18
No	11	32.35

Question	n	%
Don't know/refuse to answer	9	26.47
Mother-Child Relationship		
Do you believe your child sexual abuse experience has influenced your current relationship with your child(ren)?		
Yes	15	44.12
No	18	52.94
Don't know/refuse to answer	1	2.94
Do you believe your child sexual abuse experience has influenced how you communicate with your child(ren)?		
Yes	20	57.14
No	14	40.00
Don't know/refuse to answer	1	2.86
Other Aspects of Parenting		
Do you believe your child sexual abuse experience has influenced any other aspects of your parenting that have not already told us about in this survey?		
Yes	11	31.43
No	18	51.43
Don't know/refuse to answer	6	17.14
Perceptions of Child and Motherhood		
Do you believe your child sexual abuse experience has influenced your perception of your child(ren)?		
Yes	11	32.35
No	20	58.82
Don't know/refuse to answer	3	8.82
Do you believe your child sexual abuse experience has influenced your perception of yourself as a parent?		
Yes	17	51.52
No	14	42.42
Don't know/refuse to answer	2	6.06
Protection		
Do you believe your child sexual abuse experience has influenced your desire to protect your child(ren) from abuse?		
Yes	34	97.14
No	0	0.00
Don't know/refuse to answer	1	2.86

*Those who did not answer these questions (missing) are not included above

Protection from Abuse

97.14% of M_{CSA} believed their experiences have influenced their desire to protect their child from abuse, marking this as the area of parenting that M_{CSA} most believe was affected by their CSA experiences. M_{CSA} engaged in several protective behaviors. Most commonly, 25 M_{CSA} reported concern over their child being around other people. This resulted in M_{CSA} keeping their child away from these individuals. Specifically, M_{CSA} most often reported concern about people generally, their family, their spouse, males, childcare providers, and friends. As one M_{CSA} stated:

> *I'm very mindful of who I leave my children with. I suspect everyone. Even close family and my husband as you literally never know until it's too late.* (Participant 19)

In addition to removing their child from the presence of potential perpetrators, M_{CSA} also reported that they sought to educate their children to prevent abuse, which usually took the form of sex education. Of note is that of the twelve M_{CSA} reporting these behaviors, ten had CES-D scores indicative of current depression This education often included discussions of consent, appropriate touch, proper names for genitals, and information on CSA. As one M_{CSA} stated:

> *I am also very, very open with my children about their bodies, their privacy and their own boundaries. No topic is out of bounds because I strongly believe that open communication is the best form of protection. Abuse thrives in private…* (Participant 17)

While protection was reported to be important for M_{CSA}, nine M_{CSA} reported concerns that they were being overprotective, reporting concerns as to what effect their overprotection was having both on their child and on their relationships. As one M_{CSA} described:

> *I am hyper vigilant. My children don't sleep over anywhere other than grandparents and that's very rarely as on less than two or three times per year. I do not allow them to play outside with friends nor do I allow friends to stay over here. I will not allow unsupervised*

> *time with adults even family members. My husband was scrutinized every nappy change which impacted on our relationship as a family however he accepted this as he knew my history.* (Participant 25)

Abuse of Child

For ethical reasons, the survey did not enquire if M_{CSA} had children who had been abused. However, M_{CSA} discussed the abuse of their child or the fear they had of abusing their child. Specifically, one M_{CSA} reported engaging in neglectful behaviors due to post-traumatic stress disorder (PTSD) resulting from their CSA experiences, and two M_{CSA} reported that they "smack" their children, but feel negative emotions after doing so.

However, for the majority of M_{CSA}, fear of becoming abusive was more prominent, with six M_{CSA} mentioning this. Specifically, many M_{CSA} reported fear of intergenerational transmission and wanting to break the cycle of abuse, especially as many of these women had been told they were more likely to become abusive with their children due to their experiences:

> *People always said that once you have been sexual abused you are at high risk of becoming an abuser. Even though I knew this would never happen those thoughts scared me. I still felt that people were judging me.* (Participant 12)

> *I gave my abuse a lot of thought whilst pregnant and was terrified that my baby would taken from me. Would i turn into that abuser that I have been told I would be all these years?* (Participant 16)

Mother-Child Relationship

44.12% of M_{CSA} believed that their CSA experiences have influenced their mother-child relationship. For a little less than half of the M_{CSA} who discussed their mother-child relationship, M_{CSA} believed that their CSA experiences had positively affected the mother-child relationship,

resulting in open, caring relationships with their child. For M_{CSA} reporting concern in their mother-child relationship stemming from CSA, specific areas of concern included difficulties bonding with their child, with all M_{CSA} specifically reporting these issues having CES-D scores indicative of depression. As one M_{CSA} stated:

> *Keeping myself emotionally distant. Sometimes physically I will spend less time with them when I am feeling low. Which they don't deserve and it's actually backwards because spending time with them usually cheers me up...but then I start thinking about all the awful things they will face growing up and I cry.* (Participant 21)

When asked specifically about their communication being affected by their CSA experiences, 57.14% of M_{CSA} reported feeling affected. Specifically, M_{CSA} discussed communication with their child generally and about sex in open-ended responses. Generally, the majority of M_{CSA} discussed striving to have open communication with their children, though some reported struggling to do so. For many $M_{CSA,}$ this open communication was critical, as they wanted their child to come to them with any problems that may be occurring, including sexual abuse. In terms of sex communication, all M_{CSA} discussed being very open with their children, including using the correct anatomical names for body parts, discussing appropriate touch, consent, sex, masturbation, and wet dreams. Finally, two M_{CSA} specifically stated that while they talk to their child about sex, they have not communicated their abuse experiences with their child. For example, one M_{CSA} stated:

> *It has actually made me more open with my children in terms of making sure they feel able to communicate safely with me. I have not told my children about my own abuse experience but I do educate them on these matters for example using the NSPCC pants talk model.* (Participant 4)

Breastfeeding

45.71% of M_{CSA} stated they believed that their breastfeeding experience was affected by their past experiences of CSA. Of those providing answers to the follow-up question, eight M_{CSA} believed CSA influenced their breastfeeding negatively, seven believed it influenced their breastfeeding positively, two had a mixed experience, and one was unsure. Among M_{CSA} with positive experiences, women frequently mentioned breastfeeding to gain control of their body and to give their children the best start to life possible. As one participant described:

> *I didn't want to be like my mother and I consciously chose different ways I breast-fed to gain control back over my body and instill self belief that I wasn't damaged*. (Participant 25)

However, for many M_{CSA}, breastfeeding presented a struggle. For these women, the breastfeeding experiences often triggered memories of their own abuse experiences. Specifically, many M_{CSA} could not move beyond seeing their breasts as sexual objects. This resulted in M_{CSA} feeling a wide variety of negative emotions, with mothers stating they were "heartbroken" and felt like a "failure." As one mother stated:

> *Was unable to breastfeed either of my children. One of my biggest regrets couldn't even try made me feel sick and that is so heartbreaking as it is natural. Felt I failed as a women a mother to do what was natural feed my newborn*. (Participant 1)

Child-Rearing Practices

Of M_{CSA}, 47.06% believed their CSA experiences have influenced how they discipline their child. While several M_{CSA} discussed their discipline practices, such as having discussions with their child, the majority of M_{CSA} stated they would not engage in certain behaviors, such as corporal punishment, shouting or threats, or withholding food. One M_{CSA} specifically highlighted

that some of the negative aspects of her discipline strategies appear to be learned responses:

> *I have never raised a hand to my children however I do shout. I understand this is also not good but it appears to be a learned respond. I am also very quick to apologise if I am wrong which my mother never did.* (Participant 25)

28.57% of M_{CSA} believed their CSA experiences influenced whether they were able to engage in intimate parenting behaviors with their child, such as changing their child's diaper or bathing them. Of note is that while only ten M_{CSA} stated they felt their CSA experiences affected this area of parenting in the close-ended questions, 13 M_{CSA} discussed this at some point in their responses to open-ended questions, marking it as the most discussed issue in child-rearing, despite the least number of women reporting it to be influenced by CSA. Specifically, M_{CSA} reported difficulties with bathing their child, touching their child's genitals during changing or bathing, seeing their child naked, and being physically close to their child. As several M_{CSA} stated:

> *I was often abused in the bath. I very rarely bathe my children (my husband does). I will bathe them if he is not in but I will make it short as possible.* (Participant 2)

> *I found it difficult touching my daughters genital area, like i was abusing her.* (Participant 16)

Further to intimate parenting behaviors, 12 M_{CSA} (34.29%) stated that their CSA experience influenced their ability to show affection towards their children, including hugging and kissing. However, for the majority of M_{CSA} providing an open-ended response, they appeared to have positive experiences showing their child affection:

> *I refuse to allow the seediness of sexual abuse, cloud my ability to be loving, caring, tactile and affectionate towards my child. I am a very tactile person and feel human physical contact is vital to our well-being.* (Participant 9)

In addition to aspects of child-rearing specifically asked about, M_{CSA} also described several other aspects of child-rearing that were affected. Specifically, M_{CSA} discussed feeling that they did not have the appropriate knowledge and skills to be a parent and needed education on some aspects of parenting. Further, five M_{CSA} discussed their decision to parent differently than how they were parented. As one M_{CSA} stated:

> *I didn't want to be like my mother and I consciously chose different ways.* (Participant 25)
>
> *I never had a trusting caring mom and now I am their for my children, a friend and parent, someone they can trust and rely on.* (Participant 26)

Of M_{CSA}, 50.00% reported that their CSA experiences affected how they prepared for parenthood. Further, 57.14% of M_{CSA} believed that their CSA experiences have affected their ability to care for their child. Though these questions were deemed to be specific to child-rearing practices when they were created, in both cases, answers tended to touch on other themes and subthemes. Thus, based on the qualitative analyses of results, these results are presented elsewhere.

Perception of Child and Motherhood

51.52% of M_{CSA} believed that their CSA experiences have influenced how they perceive themselves as a mother. M_{CSA} were more than twice as likely to report negative perceptions of motherhood than positive perceptions. Example quotes from M_{CSA} viewing themselves negatively and positively are provided below:

> *I see my parenting through my child abuse goggles (as i call them) everything is distorted, not normal, my abuse seems to take over at times and i cannot see & deal with things a normal mummy would see & do.* (Participant 16)
>
> *I admire my ability to have overcome adversity and childhood trauma to undo the damage of sexual abuse and break the cycle of emotional abuse which had been a part of*

> *my family growing up and my mother's family as she grew up. It does not exist in our home and so my child's development has benefit from that enormously positive environment. I believe I have been able to create a positive role model for my daughter, demonstrating inner strength, internalised locus of control and strong sense of self-efficacy and personal accountability.* (Participant 9)

Further, 32.35% of M_{CSA} believed their CSA experiences have influenced how they view their child. M_{CSA} discussed having positive perceptions of their child, often providing positive descriptors, including "intelligent." M_{CSA} also described positive emotions stemming from their experiences with their child, such as feeling "blessed." However, several M_{CSA} also reported feeling envious of their child for not having gone through what they had to and annoyed with their child that they did not appreciate how lucky they were:

> *I envy their childhood. I envy that they have the childhood I wanted without child sexual abuse, without emotional abuse, without physical abuse. I hope though that I have broken the cycle as it seems that also my parents came from abusive homes*. (Participant 28)

Coping

Of M_{CSA}, 41.18% believed that being a parent helped them cope with their CSA experiences, including eleven who reported coping through being a mother. Of note, is that eight of these eleven had CES-D scores indicative of current depression. As one woman highlighted:

> *Yes, I think that having beautiful, open relationships with my own children in which I experience unconditional love for them has helped me to heal a lot of my past experiences. My therapist once suggested that having my children offered me a chance in some ways to experience my childhood over again in a different way…* (Participant 17)

In addition to the parenting experience helping M_{CSA} cope with their past experiences,

several M_{CSA} also reported that they entered therapy to help alleviate some of their current challenges stemming from CSA, so they could be a better parent.

> *Didn't want children actually secretly feared I wouldn't be able too either because of the abuse, or the things I did to myself or as punishment! When I realised I wanted children I went into therapy. Shared my fears my concerns with my husband.* (Participant 1)

Subgroup Analyses and Cross-Cutting Issues Across Parenting Domains

In most cases (unless otherwise noted above) there were few findings that appeared to differ between groups of M_{CSA} in subgroup analyses related to demographic characteristics, such as year of birth and educational attainment; trauma experiences, such as perpetrator and CSA severity; and current depression scores.

Though current CES-D scores were measured as part of the survey, M_{CSA} also discussed their past mental health conditions, including PTSD, anxiety, depression, and suicidality when answering open-ended questions. These mental health conditions stemming from CSA experiences ultimately affected a number of parenting behaviors, including their relationship with their children, child-rearing practices, and emotions towards their children. Further, several M_{CSA} reported being unable to parent for periods of time due to their poor mental health stemming from trauma:

> *I had reexperiencing of trauma when my eldest daughter turned three. I was admitted to a mental health ward for 5 weeks with a psychotic episode while both my daughters were little. I had days when I struggled to do basic things with them when they were very small*. (Participant 2)

Interventions

Though not specifically enquired about in the survey, many M_{CSA} stated the resources they

previously utilized to address their CSA experiences. Therapy was the most often used of these resources, with 20 participants stating they attended therapy (though this number may be higher, as this was not specifically enquired about). The next most common resources were nothing or books, with three and two participants reporting these, respectively.

When asked what M_{CSA} may want out of an intervention to address their experiences, M_{CSA} most frequently stated that they wanted information. Most commonly this involved information about parenting, with M_{CSA} asking for interventions to discuss how to protect children from abuse, to discuss appropriate touch, to provide information on how best to communicate with children, and to provide information on proper discipline techniques. As one M_{CSA} stated:

> *How to trust people with your child Weighing up risks Vs fears Coping strategies when anxious or triggered How to teach our children appropriately about body autonomy, and what tools we can empower them with so it doesn't happen to them or if something happens that they will come to us.* (Participant 33)

M_{CSA} also asked that mental health-related information be provided. Further, 10 M_{CSA} suggested that the intervention should comprise some form of therapy. Though M_{CSA} often described the need for therapy or counselors broadly, some suggested the need for specific forms of therapy, including cognitive behavioral therapy. Further, M_{CSA} suggested that interventions, such as therapy, should be offered in schools and during pregnancy, and that they should take place in a group setting with other survivors. Critically, a number of M_{CSA} noted that the intervention would need to be free and that the cost of therapy had been a major barrier to their ability to seek help for their experiences previously.

Discussion

Overview

This research was the first attempt to assess the parenting behaviors of M_{CSA} online. This online format allowed for the sampling of M_{CSA} across a wide geographic area from a diverse range of organizations. The online nature of this survey also potentially allowed those who may not participate in research in person due to issues surrounding disclosure to be captured. This research project benefited from the use of subgroup analyses, which have been underutilized in existing qualitative literature in the area, despite its potential to elucidate potential mechanisms explaining results. Ultimately, M_{CSA} reported that their CSA experiences affected a number of aspects of their parenting. The implications of these findings for future research, intervention, and policy development will be discussed.

Discussion of Findings and Implications for Future Work

The main parenting concerns outlined by M_{CSA} largely confirm the main concerns discussed by M_{CSA} in previous studies on this topic. Specifically, the desire to protect children from abuse was the largest theme found in a qualitative synthesis on this topic (Lange, Condon, et al., 2019b), and was found to be the main concern of M_{CSA} in this study.

Though extensive subgroup analyses were conducted related to participant characteristics, mental health, and characteristics of the CSA experience, few characteristics appeared to influence the parenting behaviors of M_{CSA}. This finding was unexpected as quantitative literature has shown mental health to be a mediator of the relationship between CSA and parenting (Lutenbacher & Hall, 1998; Mapp, 2006; Pazdera et al., 2013; Schuetze & Eiden, 2005), and the severity of CSA to be a key moderator (Ruscio, 2001), though there is inconsistency in this literature. Though current depression scores were not found to influence the majority of parenting behaviors related to CSA, higher scores were found to be more prominent among M_{CSA} discussing some parenting-related behaviors, including educating their child to protect them from abuse, bonding with the

child, and coping with CSA through parenting. Perhaps more critically, M_{CSA} frequently highlighted how they had experienced past mental health difficulties, which had influenced their parenting. This highlights that future research may benefit from assessing past mental health conditions, such as anxiety and PTSD, and including them in subgroup analyses.

It is critical to note that while many M_{CSA} viewed their CSA experience as negatively influencing their parenting, other M_{CSA} felt that their CSA experience had a positive effect on their parenting or no effect at all, a finding noted in previous qualitative literature on this topic (Lange, Condon, et al., 2019b). This is in keeping with a recent systematic review, which found that between 10-53% of CSA survivors were found to have normal levels of functioning (Domhardt, Münzer, Fegert, & Goldbeck, 2015). These researchers found that protective factors included, "education, interpersonal and emotional competence, control beliefs, active coping, optimism, social attachment, external attribution of blame, and most importantly, support from the family and the wider social environment" (Domhardt et al., 2015, p. 476). Thus, future research with M_{CSA} may benefit from including more protective factors, which may help explain which M_{CSA} may feel more negatively burdened by their CSA experience than others. Further, future research may benefit from exploring what factors among M_{CSA} may promote resilience.

Intervention Development

Given that many M_{CSA} in this study and in past qualitative research on the topic (Lange, Condon, et al., 2019b) have indicated that CSA has a pernicious effect on several aspects of their parenting, there is a growing need to address these issues through intervention. Results of a recent review conducted by this team have indicated that there are currently only four interventions for this population that have been evaluated (Bagley & Young, 1999; Lange, Bach-Mortensen, et al., 2019; Magnunson, 2002; Noack & Baraitser, 2004; Schmidt, 2015). However, these interventions

were found to be of low quality (Lange, Bach-Mortensen, et al., 2019), pointing to the need for further intervention development in this area. Unlike previously conducted studies with $M_{CSA,}$ this study was able to determine what these women may want from an intervention. This information may be used to aid future intervention development.

Specifically, M_{CSA} reported wanting an intervention that provided information on how best to protect their child from abuse, what constitutes appropriate discipline, and how best to communicate with their child, which were all issues mentioned by M_{CSA} in open-ended responses. Thus, efforts could be made to provide this information to women. While information could be provided to M_{CSA} in a number of ways, M_{CSA} strongly suggested they receive this information and other therapeutic services in the company of other M_{CSA}. Specifically, M_{CSA} believed that being in a group with other M_{CSA} would allow for better support and would allow them to know they are not alone. Importantly, this feeling of universality has been found to be a critical factor in group therapy (Yalom, 1995).

Implications for Policy

Given the combined findings of this qualitative research project and the qualitative synthesis of previous qualitative work in this area (Lange, Condon, et al., 2019b), there is a need for policy changes to address systemic issues related to this topic. Specifically, efforts should be made to make interventions tailored to the needs of this population more available and affordable, as M_{CSA} highlighted this as a major barrier to receiving care.

Limitations

Despite our best efforts to recruit a diverse sample of M_{CSA}, our sample was largely homogenous in terms of race with 91.43% of M_{CSA} identifying as white. While this is similar to the percent in England and Wales identifying as white in 2011 (86.00%; Office for National

Statistics, 2012), this does limit the potential generalizability of findings to areas with more racial/ethnic diversity. Further, while a diverse range of organizations were recruited, the majority of participants reported being recruited by parenting organizations, and breastfeeding organizations specifically, which may have influenced results. Though we attempted to recruit M_{CSA} from a variety of organizations, it is critical to note that in order to reach these women, M_{CSA} had to be actively engaged in services; thus, this survey was unable to ascertain the views of M_{CSA} not currently connected to services, and these women may differ from CSA survivors who have sought help. While subgroup analyses occurred for each major theme and subtheme, it may be that a larger sample size was needed to determine if certain factors were influencing results. Finally, given the confidential nature of the survey, researchers were unable to engage in member checking or to follow up with participants regarding their responses.

Conclusion

Given that M_{CSA} have reported their CSA experiences negatively affect several parenting behaviors, evidence-based interventions are needed to address these parenting concerns with this population. Participant concerns regarding parenting and suggestions made by participants in this study for intervention may aid in the development of this intervention.

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Appendix 1: Mixed-Methods Survey

Page 1 of Survey: Consent

General Information

The aim of this study is to

1. Understand how mothers who experienced child sexual abuse feel these experiences have affected their parenting practices.
2. To find out what resources mothers believe would be helpful in coping with these experiences.

We are contacting adult women primarily from the United Kingdom (though women from any country are able to participate) who have at least one child who is currently 18 years old or younger.

Eligible participants for this survey are:

1. Those that identify as female
2. 18 or over
3. Have the ability to read and write in English.
4. Experienced child sexual abuse
5. Parents of a child (can be a mother, or a female with primary responsibility for the parenting of a child.
6. Have at least one child who is currently 18 years old or younger

Please read through these terms, and if you agree to take part, please tick the 'yes' box below. You may ask any questions before taking part by contacting the researcher (details below).

We, the University of Oxford, in collaboration with several other organizations, are looking at the association between child sexual abuse and the parenting of mothers.

You will be given some questions related to your background, trauma history, mental health, and parenting. It should take about 45 minutes. It is recommended that you complete the survey in one sitting. However, if you are not able to complete the survey in one sitting, you will be given the option to return to the survey at a later time. If possible, please try to complete the survey in a location where you will be undisturbed. No background knowledge is required.

Do I have to take part?

Please note that your participation is voluntary. You may withdraw at any point during the questionnaire for any reason, before submitting your answers, by closing the browser.

How will your data be used?

The information you provide as part of the study is the **research data.** Any research data from which you can be identified (e.g. your name, date of birth, audio recording), is known as **personal data.** It does not include data where the identity has been removed (anonymous data).

Your survey answers will be completely anonymous, and we will use all reasonable efforts to keep them confidential. The survey itself will not collect any identifying information, such as your name or birthdate, and your IP address will not be stored.

The Jisc Online Surveys data that we collect from you may be transferred to, and stored or processed at, a destination outside the European Economic Area ("EEA"). By submitting your personal data, you agree to this transfer, storing or processing.

We will minimise our use of personal data in the study as much as possible.

The research team will have access to the research data.

We will use anonymous direct quotes in publications.

We have included a 'Don't know/Prefer not to say' option in the main survey and you will be able to skip questions if you prefer not to answer.

Data will be downloaded from Jisc Online Surveys after the survey has ended. Once this data has been downloaded to a secured server, information will be deleted from Jisc Online Surveys. Your data will be stored confidentially in password-protected files using the secure server at the Department of Social Policy and Intervention at the University of Oxford. Research data will be stored on a secure server for a minimum of three years after publication or public release, at which point it will be deleted from the server and submitted to the UK Data Archive. All submitted data will be completely anonymized

Data may be used in academic publications. However, no identifying information will be included. Rather, answers to questions will be summarized broadly.

Are there any potential risks in taking part?

The following risks are involved in taking part:

a) Potential psychological discomfort. In order to reduce any possible risks, the researchers will provide information on resources that may help reduce any discomfort you experience.
b) Potential for the collected data to be compromised. The research data will be stored confidentially using the secure server at the Department of Social Policy and Intervention at the University of Oxford and all data will be anonymized.

Who will have access to your data?

Jisc Online Surveys and the University of Oxford are the data controllers for the purposes of the Data Protection Act 2018 and the GDPR. Your information may be shared anonymously with organizations collaborating on the project, such as organizations supporting maternal caregivers and child sexual abuse survivors. However, no identifying information will be shared.

Responsible members of the University of Oxford and funders may be given access to data for monitoring and/or audit of the study to ensure we are complying with guidelines, or as otherwise required by law.

This survey is for a DPhil (doctoral; equivalent to a PhD) project. The principal researcher is Brittany C.L. Lange, MPH, who is attached to the Department of Social Policy and Intervention at the University of Oxford. This project is being completed under the supervision of Dr. Frances Gardner.

Data protection

The University of Oxford is the data controller with respect to your personal data, and as such will determine how your personal data is used in the study. The University will process your personal data for the purpose of the research outlined above. Research is a task that we perform in the public interest.

Further information about your rights with respect to your personal data is available from http://www.admin.ox.ac.uk/councilsec/compliance/gdpr/individualrights/.

This project has been reviewed by, and received ethics clearance through, the University of Oxford Central University Research Ethics Committee (R58869/RE002).

What if there is a problem?

If you have a concern about any aspect of this project, please speak to the researcher, Brittany Lange; brittany.lange@spi.ox.ac.uk, or their supervisor, Frances Gardner; frances.gardner@spi.ox.ac.uk, who will do their best to answer your query. The researcher should acknowledge your concern within 10 working days and give you an indication of how they intend to deal with it. If you remain unhappy or wish to make a formal complaint, please contact the relevant Chair of the Research Ethics Committee at the University of Oxford:

Chair, Social Sciences & Humanities Interdivisional Research Ethics Committee; Email: ethics@socsci.ox.ac.uk; Address: Research Services, University of Oxford, Wellington Square, Oxford OX1 2JD OR

The Chair will seek to resolve the matter in a reasonably expeditious manner.

Please note that you may only participate in this survey if you are 18 years of age or over.

☐ I certify that I am 18 years of age or over.

If you have read the information above and agree to participate with the understanding that the data (including any personal data) you submit will be processed accordingly, please check the relevant box below to get started.

☐ Yes, I agree to take part

Page 2 of Survey: Confirmation of Eligibility

1. Are you female / Do you identify as female?

   ___Yes ____No

If the participant responds "No", the survey will cease and re-direct them to the "Thank you" page.

Page 3 of Survey: Confirmation of Eligibility

2. Are you 18 years of age or over?

___Yes ____No

If the participant responds "No", the survey will cease and re-direct them to the "Thank you" page.

Page 4 of Survey: Confirmation of Eligibility

3. Have you experienced child sexual abuse?

___Yes ____No

If the participant responds "No", the survey will cease and re-direct them to the "Thank you" page.

Page 5 of Survey: Confirmation of Eligibility

4. Are you a female parent/legal guardian of a child (can be a mother, or a female with primary responsibility for the parenting of a child)?

   ___Yes ____No

If the participant responds "No", the survey will cease and re-direct them to the "Thank you" page.

Page 6 of Survey: Confirmation of Eligibility

5. Do you have at least one child who is currently 18 years of age or younger?

   ___Yes ____No

If the participant responds "No", the survey will cease and re-direct them to the "Thank you" page.

Page 7 of Survey: Demographic Information

Year of birth (drop down of years between 1920-2018; Don't know/refuse to answer)

What country are you from? (drop down of England; Ireland; Scotland; United States; Wales; Other: ___; Don't know/refuse to answer

Please select your race from the list below:
___ White
___ Black or African-American
___ American Indian or Alaska Native
___ Asian
___ Native Hawaiian and Other Pacific Islander
___ Multiple races
___ Other: _____
___ Don't know/refuse to answer

Are you of Hispanic origin?
___ Yes
___ No
___ Don't know/refuse to answer

What is your highest level of education completed?
___ Elementary school (grades 1-5)
___ Middle school (grades 6-8)
___ High school/GED (grades 9-12)
___ Some college (no degree obtained)
___ Associate's degree
___ Bachelor's degree
___ Master's degree
___ Professional degree (e.g. social work, nursing, lawyer, or doctor)
___ Doctoral degree (e.g. PhD or DPhil)
___ Don't know/refuse to answer

Are you currently employed?
___ Yes
___ No
___ Don't know/refuse to answer

What is your current relationship status?
___ Married
___ Engaged
___ In a relationship
___ Single
___ Don't know/refuse to answer

What is your approximate annual household income?
___ £0.00-£9,999.99
___ £10,000.00-£19,999.99
___ £20,000.00-£29,999.99
___ £30,000.00-£39,999.99
___ £40,000.00-£49,999.99
___ £50,000.00+
___ Other _____
___ Don't know/refuse to answer

How many children do you have?
___ 1
___ 2
___ 3
___ 4
___ 5
___ 6
___ 7
___ 8
___ 9
___ 10
___ >10
__ Don't know/refuse to answer

What is the gender of child 1?
___ Female
___ Male
___ Don't know/refuse to answer

What is the age of child 1? _____

Repeat above two questions for up to 10 children

If you have more than 10 children, please enter the remaining genders and ages below.
_____
_____

How were you invited to participate in this survey? *If a specific organisation sent you the link, please provide the name.* _____

Page 8 of Survey: Defining Child Sexual Abuse

How would you define child sexual abuse?

Page 9 of Survey: Defining Child Sexual Abuse Continued

1. What is the maximum age an individual victim could be for an act to be considered child sexual abuse?

   _____

2. Do you believe the perpetrator of child sexual abuse should be a certain number of years older than the victim for it to be considered child sexual abuse?

   ___ Yes
   ___ No
   ___ Don't know/refuse to answer

   If so, how many years older? _____

3. Do you believe the following acts should be considered child sexual abuse, if they occur between an adult and child? (Check the appropriate boxes below)

Act	**Yes**	**No**	**Don't know/refuse to answer**
Hugging			
Kissing on the mouth			
Kissing on other body parts (not including genitals)			
Sending sexual messages (messages that include written sexual content) through electronic communication (examples – email, text messages, and social media)			
Sending pictures through electronic communication (examples – email, text messages, and social media)			
Watching pornography			
Adult showing child their genitals			
Child showing adult their genitals			
Adult masturbating in front of child			
Child masturbating in front of adult			

Attempting to have oral intercourse			
Attempting to have vaginal intercourse			
Attempting to have anal intercourse			
Adult touching child's genitals			
Child touching adult's genitals			
Having oral intercourse			
Having vaginal intercourse			
Having anal intercourse			

4. Are there any acts not listed above that you believe should be considered child sexual abuse?

   _____

   _____

Page 10 of Survey: Past Experiences

Please tick the appropriate box for each question.

Q #	When I was growing up (before age 18)…	Never True	Rarely True	Some-times True	Often True	Very Often True	Don't Know/Refuse to Answer
1	I didn't have enough to eat.						
2	I knew that there was someone to take care of me and protect me.						
3	People in my family called me things like "stupid", "lazy", or "ugly".						
4	My parents were too drunk or high to take care of the family.						
5	There was someone in my family who helped me feel important or special.						
6	I had to wear dirty clothes.						
7	I felt loved.						
8	I thought that my parents wished I had never been born.						
9	I got hit so hard by someone in my family that I had to see a doctor or go to the hospital.						

Q #	When I was growing up (before age 18)…	Never True	Rarely True	Some-times True	Often True	Very Often True	Don't Know/Refuse to Answer
10	There was nothing I wanted to change about my family.						
11	People in my family hit me so hard that it left me with bruises or marks.						
12	I was punished with a belt, a board, a cord (or some other hard object).						
13	People in my family looked out for each other.						
14	People in my family said hurtful or insulting things to me.						
15	I believe that I was physically abused.						
16	I had the perfect childhood.						
17	I got hit or beaten so badly that it was noticed by someone like a teacher, neighbor, or doctor.						
18	Someone in my family hated me.						
19	People in my family felt close to each other.						

Q #	When I was growing up (before age 18)…	Never True	Rarely True	Some-times True	Often True	Very Often True	Don't Know/Refuse to Answer
20	Someone tried to touch me in a sexual way or tried to make me touch them.						
21	Someone threatened to hurt me or tell lies about me unless I did something sexual with them.						
22	I had the best family in the world.						
23	Someone tried to make me do sexual things or watch sexual things.						
24	Someone molested me (took advantage of me sexually).						
25	I believe that I was emotionally abused.						
26	There was someone to take me to the doctor if I needed it.						
27	I believe that I was sexually abused.						
28	My family was a source of strength and support.						

Page 11 of Survey: Follow-up Questions about Past Experiences

Some people, while growing up in their first 18 years of life, had a sexual experience with an adult or another person under 18 who by age or development is in a relationship of responsibility, trust or power over them. These experiences may have involved a relative, family friend or stranger. During the first 18 years of life, did anyone ever:

1. Touch or fondle your body in a sexual way?
   ____Yes ____No ____Don't know/refuse to answer

2. Have you touch their body in a sexual way?
   ____Yes ____No ___Don't know/refuse to answer

3. Attempt to have any type of sexual intercourse (oral, anal, or vaginal) with you during the first 18 years of life?

   ____Yes ____No ___Don't know/refuse to answer

4. Actually, have any type of sexual intercourse (oral, anal, or vaginal) happened with you during the first 18 years of life?
   ____Yes ____No ____Don't know/refuse to answer

Did any of these sexual experiences when you were under 18, involve:

1. A relative who lived in your home?
   ____Yes ____No ____Don't know/refuse to answer
2. A non-relative who lived in your home?
   ____Yes ____No ____Don't know/refuse to answer
3. A family friend or person who you knew and who didn't live in your household?
   ____Yes ____No ____Don't know/refuse to answer
4. A stranger?
   ____Yes ____No ____Don't know/refuse to answer
5. Someone who was supposed to be taking care of you?
   ____Yes ____No ____Don't know/refuse to answer
6. Someone your trusted?
   ____Yes ____No ____Don't know/refuse to answer

Did any of these experiences involve:

1. Trickery, verbal persuasion, or pressure to get you to participate?
   ____Yes ____No ____Don't know/refuse to answer
2. Being given alcohol or drugs?
   ____Yes ____No ____Don't know/refuse to answer
3. Threats to harm you if you didn't participate?
   ____Yes ___No ____Don't know/refuse to answer_
4. Threats to harm someone else if you didn't participate?

____Yes ___No ____Don't know/refuse to answer

5. Being physically forced or overpowered to make you participate?
   ____Yes ____No ____Don't know/refuse to answer
6. Have you ever told a doctor, nurse, or other health professional about these sexual experiences?
   ____Yes ____No ____Don't know/refuse to answer
7. Has a therapist of counselor ever suggested to you that you were sexually abused as a child?
   ____Yes ____No ____Don't know/refuse to answer
8. Do you think that you were sexually abused as a child?
   ____Yes ____No ____Don't know/refuse to answer

Page 12 of Survey: Feelings and Behaviors

Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	Most or all of the time (5-7 days)	Don't know/refuse to answer
1. I was bothered by things that usually don't bother me.	☐	☐	☐	☐	☐
2. I did not feel like eating; my appetite was poor.	☐	☐	☐	☐	☐
3. I felt that I could not shake off the blues even with help from my family or friends.	☐	☐	☐	☐	☐
4. I felt I was just as good as other people.	☐	☐	☐	☐	☐
5. I had trouble keeping my mind on what I was doing.	☐	☐	☐	☐	☐
6. I felt depressed.	☐	☐	☐	☐	☐
7. I felt that everything I did was an effort.	☐	☐	☐	☐	☐
8. I felt hopeful about the future.	☐	☐	☐	☐	☐
9. I thought my life had been a failure.	☐	☐	☐	☐	☐
10. I felt fearful.	☐	☐	☐	☐	☐
11. My sleep was restless.	☐	☐	☐	☐	☐
12. I was happy.	☐	☐	☐	☐	☐
13. I talked less than usual.	☐	☐	☐	☐	☐
14. I felt lonely.	☐	☐	☐	☐	☐
15. People were unfriendly.	☐	☐	☐	☐	☐
16. I enjoyed life.	☐	☐	☐	☐	☐
17. I had crying spells.	☐	☐	☐	☐	☐
18. I felt sad.	☐	☐	☐	☐	☐
19. I felt that people dislike me.	☐	☐	☐	☐	☐
20. I could not get "going."	☐	☐	☐	☐	☐

Page 13 of Survey: Protection of Child from Abuse

1. Do you believe your child sexual abuse experience has influenced your desire to protect your child(ren) from abuse?

   ___Yes ___No ___Don't know/refuse to answer

   If yes, please explain how you believe this experience has affected your desire to protect your children, in as much detail as you can.

   Please note that your responses to these open-ended questions are especially important to our ability to understand how mothers who experienced child sexual abuse feel these experiences have affected their parenting practices.

   _____
   _____
   _____
   _____
   _____
   _____

Page 14 of Survey: Child-Rearing Practices

1. Do you believe your child sexual abuse experience has influenced your ability to care for your child(ren)?

   ___Yes ____No ___Don't know/refuse to answer

   If yes, please explain how you believe this experience affected your ability to care for your child(ren) in as much detail as you can.

   Please note that your responses to these open-ended questions are especially important to our ability to understand how mothers who experienced child sexual abuse feel these experiences have affected their parenting practices.

   _____
   _____
   _____
   _____
   _____
   _____

2. Do you believe your child sexual abuse experience has influenced how you prepared to become a parent?

   ___Yes ____No ___Don't know/refuse to answer

   If yes, please explain how you believe this experience affected how you prepared to become a parent in as much detail as you can.

   Please note that your responses to these open-ended questions are especially important to our ability to understand how mothers who experienced child sexual abuse feel these experiences have affected their parenting practices.

   _____
   _____
   _____
   _____
   _____
   _____

3. Do you believe your child sexual abuse experience has influenced how you discipline your child(ren)?

   ___Yes ____No ___Don't know/refuse to answer

   If yes, please explain how you believe this experience affected how you disciple your child(ren) in as much detail as you can.

Please note that your responses to these open-ended questions are especially important to our ability to understand how mothers who experienced child sexual abuse feel these experiences have affected their parenting practices.

_____
_____
_____
_____
_____
_____

4. Do you believe your child sexual abuse experience has influenced your ability to show affection (i.e. hug or kiss) towards your child(ren)?

___Yes ____No ___Don't know/refuse to answer

If yes, please explain how you believe this experience affected your ability to show affection towards your child(ren) in as much detail as you can.

Please note that your responses to these open-ended questions are especially important to our ability to understand how mothers who experienced child sexual abuse feel these experiences have affected their parenting practices.

_____
_____
_____
_____
_____
_____

5. Do you believe your child sexual abuse experience influenced activities such as changing your child(ren)'s diaper or bathing your child(ren)?

___Yes ____No ___Don't know/refuse to answer

If yes, please explain how you believe this experience affected these activities in as much detail as you can.

Please note that your responses to these open-ended questions are especially important to our ability to understand how mothers who experienced child sexual abuse feel these experiences have affected their parenting practices.

_____
_____
_____
_____

Page 15 of Survey: Mother-Child Relationship

1. Do you believe your child sexual abuse experience has influenced your current relationship with your child(ren)?

   ___Yes ____No ___Don't know/refuse to answer

   If yes, please explain how you believe this experience affected your mother child-relationship in as much detail as you can.

   Please note that your responses to these open-ended questions are especially important to our ability to understand how mothers who experienced child sexual abuse feel these experiences have affected their parenting practices.

   _____
   _____
   _____
   _____
   _____
   _____

2. Do you believe your child sexual abuse experience has influenced how you communicate with your child(ren)?

   ___Yes ____No ___Don't know/refuse to answer

   If yes, please explain how you believe this experience affected how you communicate with your child(ren) in as much detail as you can.

   Please note that your responses to these open-ended questions are especially important to our ability to understand how mothers who experienced child sexual abuse feel these experiences have affected their parenting practices.

   _____
   _____
   _____
   _____
   _____
   _____

Page 16 of Survey: Breastfeeding

1. Do you believe your child sexual abuse experience influenced your experience breastfeeding your child(ren)?

   ___Yes ____No ____N/A ___Don't know/refuse to answer

   If yes, please explain how you believe this experience affected your experience of breastfeeding in as much detail as you can.

   Please note that your responses to these open-ended questions are especially important to our ability to understand how mothers who experienced child sexual abuse feel these experiences have affected their parenting practices.

   _____
   _____
   _____
   _____
   _____

Page 17 of Survey: Perceptions of Child and Motherhood

1. Do you believe your child sexual abuse experience has influenced your perception of your child(ren)?

   ___Yes ____No ___Don't know/refuse to answer

   If yes, please explain how you believe this experience affected your perception of your child(ren) in as much detail as you can.

   Please note that your responses to these open-ended questions are especially important to our ability to understand how mothers who experienced child sexual abuse feel these experiences have affected their parenting practices.

   _____
   _____
   _____
   _____
   _____
   _____

   Do you believe your child sexual abuse experience has influenced your perception of yourself as a parent?
   ___Yes ____No ___Don't know/refuse to answer

   If yes, please explain how you believe this experience affected your perception of yourself as a maternal caregiver in as much detail as you can.

   Please note that your responses to these open-ended questions are especially important to our ability to understand how mothers who experienced child sexual abuse feel these experiences have affected their parenting practices.

   _____
   _____
   _____
   _____
   _____
   _____

Page 18 of Survey: Coping

1. Do you believe your being a parent has helped you cope from your experiences of child sexual abuse?

   ___Yes ____No ___Don't know/refuse to answer

   If yes, please explain how you believe serving as a maternal caregiver has helped you cope from your experience of child sexual abuse in as much detail as you can.

   Please note that your responses to these open-ended questions are especially important to our ability to understand how mothers who experienced child sexual abuse feel these experiences have affected their parenting practices.

   _____
   _____
   _____
   _____
   _____
   _____

Page 19 of the Survey: Additional Aspects of Parenting

1. Do you believe your child sexual abuse experience has influenced any other aspects of your parenting that have not already told us about in this survey?

   ___Yes ____No ___Don't know/refuse to answer

   If yes, please explain what aspects of parenting you believe have been affected by your child sexual abuse experiences in as much detail as you can.

   Please note that your responses to these open-ended questions are especially important to our ability to understand how mothers who experienced child sexual abuse feel these experiences have affected their parenting practices.

   _____
   _____
   _____
   _____
   _____
   _____

Page 20 of Survey: Coping and Interventions

1. What, if any, resources do you feel could help you recover from your child sexual abuse experiences?

   Please note that your responses to these open-ended questions are especially important to our ability to determine what resources mothers believe would be helpful in coping with these experiences.

   _____
   _____
   _____
   _____
   _____
   _____

2. If you were to participate in a program for child sexual abuse survivors on parenting, what do you think would be useful?

   Please note that your responses to these open-ended questions are especially important to our ability to determine what resources mothers believe would be helpful in coping with these experiences.

   _____
   _____
   _____
   _____
   _____
   _____

Page 21 of Survey: Further Information

For those who completed the survey, thank you! Please continue to the next page for potential resources that may be helpful.

For those who were brought here from the eligibility questions, I am sorry, but you are not eligible for this survey. Thank you for your time.

If you would like to see a summary of the survey results, please see my departmental webpage (https://www.spi.ox.ac.uk/people/brittany-cl-lange-mph). All efforts will be made to have results posted on this website within one year of study completion.

Finally, if you know anyone who may be eligible and interested in taking this survey, please feel free to share the survey link with them.

Page 22 of Survey: Participant De-Briefing and Resources

The participant de-briefing will be created with assistance of the partner organisations, who will help compile a list of services, including their own, which may be beneficial for those completing this survey.

The current list is below:

Below are several resources that you may find helpful:

Parenting
List of parenting resources

- https://www.parentinguk.org/resources/

Mental Health
List of mental health helplines:

- https://www.nhs.uk/conditions/stress-anxiety-depression/mental-health-helplines/
- https://www.familylives.org.uk/advice/

Samaritans
https://www.samaritans.org
116 123
jo@samaritans.org

Childhood Experiences
HAVOCA – Help for Adult Victims Of Child Abuse
https://www.havoca.org/

The National Association for People Abused in Childhood (NAPAC)
0808 801 0331
https://napac.org.uk/

The Survivors Trust
0808 801 0818
http://www.thesurvivorstrust.org/

Defining Child Sexual Abuse: Perspectives from Mothers Who Experienced this Abuse

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Key Practitioner Messages

- The definition of child sexual abuse (CSA) is highly variable in the literature. This is problematic as these differing definitions affect research results, which in turn, inform practice.
- A survey was conducted to ascertain survivors' definitions of CSA using both open- and close-ended questions.
- Findings can be used to inform discussions of the CSA definition used by researchers and to inform CSA assessment among practitioners.

Key words: Child sexual abuse; sexual abuse; qualitative

Introduction

There is currently wide variation in the definition of child sexual abuse (CSA) used in research. Ultimately, the lack of standard definition of CSA in the field in problematic. Varying definitions make it difficult to compare results across studies, as an individual may be considered to have experienced CSA in one study, but not others. This ultimately effects the results of attempted systematic reviews and meta-analyses on the topic (Barth et al., 2013, Hillberg et al., 2011, Lalor and McElvaney, 2010, Senn et al., 2008, Smolak and Murnen, 2002, Walsh et al., 2010), which are used by researchers and practitioners to inform practice.

Specifically, the age used to define childhood often varies, with ages in the literature ranging from under 11 to under 18 (Banyard, 1997, Barrett, 2009, Burkett, 1991, Douglas, 2000, Fitzgerald et al., 2005, McCloskey, 2013). Second, the age of the perpetrator of abuse is often considered in the definition of CSA. For example, studies have stated that the perpetrator must be at least four or five years older than the victim (Burkett, 1991, Renner et al., 2015), thus eliminating some juvenile perpetrators from the definition of CSA. Finally, different researchers include different acts of sexual abuse within their definition. Perhaps the largest difference between researchers is their decision on whether to include non-contact forms of CSA in addition to contact forms, with most literature focusing on contact forms of abuse.

Given variation in definitions of CSA, researchers have called for a consistent definition of CSA (Barth et al., 2013, Senn et al., 2008). Researchers have suggested this occur through several different avenues, including meetings of experts in the field (Senn et al., 2008), by conceptualizing this trauma along a continuum of experiences (Senn et al., 2008), or through the development of guidelines (Barth et al., 2013). While it is agreed that it would be beneficial to consult experts in this field, those who have experienced these acts should also be given a voice in

defining what CSA means to them. Including these individuals in research may elucidate aspects of the CSA definition that are most important to survivors, allowing for the definition of CSA to be further refined, which may potentially make this definition more acceptable to this population. Thus, the purpose of this study was to answer the following questions:

1. How do mothers who have experienced child sexual abuse define child sexual abuse?
2. Do mothers' definitions of child sexual abuse vary based on their personal characteristics or the characteristics of their child sexual abuse experience?

Methods

Overview

This study is part of a larger project, which aimed to assess how mothers who experienced CSA parent their children. A brief overview of the methods for this project is provided below. Though the methods presented here contain key reporting items from the COREQ checklists (Tong et al., 2007), a more comprehensive and detailed description of survey methods is presented elsewhere (Lange et al., 2019).

Design and Ethical Considerations

Data collection and consent were completed through an online survey available through Jisc Online Surveys. This research project received ethical approval through the University of Oxford's Social Sciences & Humanities Interdivisional Research Ethics Committee. No identifying information was collected from participants and they were given the option to not answer any question within the survey. Given the potential for the survey to potentially trigger negative emotions, resources related to abuse, parenting, and mental health were made available to participants at the end of the survey.

Recruitment

Mothers were recruited through organizations specializing in abuse, parenting, and mental health in the United Kingdom and Republic of Ireland. All organizations were given the option of suggesting modifications to recruitment materials and the survey before distributing it. Fifteen organizations specializing in abuse, seven specializing in parenting, and one specializing in mental health agreed to distribute the survey. While organizations were allowed to distribute the survey in the manner they thought was best for their client population, the majority distributed it through social media, where it was shared by additional organizations.

Study Procedures

At the start of the survey, mothers provided informed consent and completed eligibility questions. These questions were followed by demographic questions pertaining to mothers and their child(ren). Following this, mothers completed a page of the survey that asked them to define CSA in their own words. Once they completed this page, a follow up page was given to them asking if they believe specific items related to CSA should be considered in the definition (i.e. types of abuse, age of victim, age of perpetrator, etc.).

Questions from the CDC-Kaiser ACEs study were used to ascertain more details regarding their CSA experience (Centers for Disease Control and Prevention, 2016). Additionally, the Center for Epidemiological Studies Depression Scale (CES-D) was used to assess current depression (Radloff, 1977). These measures are used in the subgroup analyses presented here.

Mothers were also asked to complete several measures and answer questions that are the subject of analyses presented elsewhere (Lange et al., 2019). Specifically, mothers were asked to complete the Childhood Trauma Questionnaire – Short Form (CTQ-SF), a validated instrument assessing past instances of trauma (Bernstein et al., 2003). Finally, mothers were asked how they believe their parenting has been affected by their CSA experiences and what interventions they

may want to address these experiences.

Data Analysis

Frequencies for close-ended questions were calculated using Jisc Online Surveys. All responses to the open-ended question regarding how women would define CSA were combined and coded thematically by BL in NVivo (Braun and Clarke, 2006). Specifically, deductive coding was conducted on aspects of the CSA definition identified as common components in the literature (age of child, age of perpetrator, and acts encompassed), while other components of the definition were coded inductively. Following the completion of this initial coding, a second coder, EC, reviewed all coding and provided feedback. Specific factors thought to potentially influence how mothers may define CSA, such as characteristics of their own CSA experience, demographic characteristics, and current depression levels, were included in subgroup analyses.

Results

Participant Characteristics

35 mothers completed the entirety of the survey. Due to the nature of the data collection tool used, participant responses were only available for those who reached the end of the survey and clicked submit. Three additional participants were deemed ineligible, because two did not have children under 18 and one had not experienced CSA. Characteristics of mothers can be found in Table 1. The majority were from England (n=22, 62.86%), identified as white (n=32, 91.43%), and were currently married (n=21, 60.00%). Roughly half of mothers had obtained a college degree (n=18; 51.43%).

Defining CSA

When asked to define CSA, mothers most commonly described acts they would consider to be CSA, often describing these acts broadly, saying “sexual activity” or activities of a “sexual

Table 1: Participant Characteristics (N=35)

Characteristic	n	%
Country of Origin		
England	22	62.86
Republic of Ireland/Northern Ireland	6	17.14
Scotland	4	11.43
United States	1	2.86
Austria	1	2.86
Don't Know/refuse to Answer	1	2.86
Year of Birth		
1990-2000	6	17.14
1980-1989	14	40.00
1970-1979	11	31.43
1960-1969	4	11.43
Race		
White	32	91.43
Black or African American	1	2.86
Multiple races	1	2.86
Don't know/refuse to answer	1	2.86
Highest Level of Education Completed		
Middle school (grades 6-8)	1	2.86
High school/GED (grades 9-12)	4	11.43
Some college (no degree obtained)	12	34.29
Associate's degree	1	2.86
Bachelor's degree	9	25.71
Master's degree	2	5.71
Professional degree (e.g. social work, nursing, lawyer, or doctor)	5	14.29
Doctoral degree (e.g. PhD or DPhil)	1	2.86
Currently Employed		
Yes	25	71.43
No	10	28.57
Approximate Yearly Income		
£50,000.00+	9	25.71
£40,000.00-£49,999.99	4	11.43
£30,000.00-£39,999.99	4	11.43
£20,000.00-£29,999.99	9	25.71
£10,000.00-£19,999.99	5	14.29
£0.00-£9,999.99	2	5.71
Don't know/refuse to answer	2	5.71
Relationship Status		
Married	21	60.00
Engaged/In a Relationship	7	20.00
Single	7	20.00
CES-D Score		
≥16	23	67.65
<16	11	32.35

nature." While some mothers were ambiguous as to whether they would include both contact and non-contact forms of CSA in their definitions, six mothers only listed contact forms of abuse in their definitions, with five of these six mothers not having graduated from college. Fifteen mothers stated that CSA should include both contact and non-contact forms of abuse:

> *When a child is forced or persuaded to take part in sexual activities. This doesn't have to be physical contact and can happen on-line. Contact abuse - touching child's body clothed or not, making a child touch someone else's genitals or masturbate. Rape or penetration. Forcing a child or encouraging them to take part in sexual activity. Non-contact - grooming, exploitation, persuading children to perform sexual acts over the internet.* (Participant 1)

Additionally, several mothers explicitly included the age of the child within their definition, with five stating that CSA occurs when a child is under 16 and two stating CSA occurs when the child is under 18.

Following answers in the open-ended questions, mothers were asked specific questions about what constitutes CSA (Table 2). When asked what the maximum age a child could be for an act to be considered CSA, similarly to the results of the open-ended responses, mothers frequently stated maximum ages of 16 (n=12, 35.29%) and 18 (n=12, 35.29%). However, three mothers qualified the age they provided, saying that this age would differ if the child had medical issues or cognitive deficits. Though most mothers felt that a child needed to be younger than a certain age for CSA to have occurred, few mothers believed that the perpetrator should be a certain number of years older than the child for it to be considered CSA, with only five participants providing answers to this question, with more than two years older being the most common answer.

Specific acts which mothers believe to constitute CSA are reported in Table 2. There were

Table 2: Defining CSA (N=35)

Characteristic	n	%
Maximum age of victim for it to be considered CSA		
What is the maximum age a victim could be for an act to be considered child sexual abuse?		
15	4	11.76
16	12	35.29
17	5	14.71
18	12	35.29
None	1	2.94
Maximum Age of Perpetrator		
Do you believe the perpetrator of child sexual abuse should be a certain number of years older than the victim for it to be considered child sexual abuse?		
Yes	4	11.43
No	25	71.43
Don't Know/Refuse to Answer	6	17.14
If so, how many years older?		
1+	1	20.00
2	1	20.00
2+	2	40.00
Over 18	1	20.00
Do you believe the following acts should be considered child sexual abuse, if they occur between an adult and child?		
Hugging		
No	31	91.18
Don't know/refuse to answer	3	8.82
Kissing on the mouth		
Yes	8	22.86
No	21	60.00
Don't know/refuse to answer	6	17.14
Kissing on other body parts (not including genitals)		
Yes	14	40.00
No	18	51.43
Don't know/refuse to answer	3	8.57
Sending sexual messages (messages that include written sexual content) through electronic communication (examples – email, text messages, and social media)		
Yes	35	100.00
Watching pornography		
Yes	35	100.00
Adult showing child their genitals		
Yes	34	97.14
Don't know/refuse to answer	1	2.86
Child showing adult their genitals		

Yes	27	77.14
No	3	8.57
Don't know/refuse to answer	5	14.29
Adult masturbating in front of child		
Yes	35	100.00
Child masturbating in front of adult		
Yes	30	85.71
No	2	5.71
Don't know/refuse to answer	3	8.57
Attempting to have oral intercourse		
Yes	35	100.00
Attempting to have vaginal intercourse		
Yes	35	100.00
Attempting to have anal intercourse		
Yes	35	100.00
Adult touching child's genitals		
Yes	34	97.14
Don't know/refuse to answer	1	2.86
Child touching adult's genitals		
Yes	33	97.06
Don't know/refuse to answer	1	2.94
Having oral intercourse		
Yes	35	100.00
Having vaginal intercourse		
Yes	35	100.00
Having anal intercourse		
Yes	35	100.00

***"Yes," "No," and "Don't know/refuse to answer" were options for all questions on CSA acts. If a response is not listed above, this indicated that no mothers endorsed this item.

some acts that were defined by all mothers as constituting CSA, such as an adult and child watching pornography, an adult masturbating in front of a child, or an adult attempting to have or having any form of intercourse (oral, vaginal, and anal) with a child. However, other acts were met with more disagreement between mothers, highlighting the importance of context for mothers in some of these cases. As stated by one mother:

I think it comes back down to consent where the first 3 are listed. The Kissing question is

broad. If it's a family kiss/affection then that is different from what normal couples do in a good relationship. The child should be able to give their consent whether they want hugged or not. If they say in a firm voice, that they do not wish to be hugged or tickled and the other person is continuing, then this to me is abuse of personal space. (Participant 28)

In addition to the CSA behaviors asked about directly, mothers listed a number of acts that they also believed should be considered CSA. Specifically, sexual talk, grooming, looking at a child sexually, making a child watch a sexual act, and manipulating a child sexually were listed by multiple mothers in open-ended questions.

In analyses by subgroup, results typically did not differ by participant characteristics (age, educational attainment, etc.), mental health status (depression), or the CSA experience of mothers (perpetrator, type of CSA experienced, etc.), unless noted above.

Discussion

Discussion of Results

This study represents the first attempt to ascertain how survivors of CSA would define CSA. This research benefited from an online survey strategy, which allowed for the recruitment of participants from diverse organizations across a wide geographic area.

Researchers often limit the definition of CSA to contact forms of abuse. While definitions of CSA varied by mothers, the vast majority of mothers defined CSA broadly or included both contact and non-contact forms of abuse in their definition, with just six mothers limiting their initial definition to contact forms of abuse. Critically, even for these six individuals, when presented with a list of acts that could be considered CSA, all endorsed certain forms of non-contact abuse as being CSA, such as an adult and child watching pornography together.

The age the child must be for an act to be considered CSA is perhaps the most contentious issue regarding the CSA definition, as definitions of what age constitutes an adult vary culturally. Mothers also discussed the age of both the child and the perpetrator. Though few individuals mentioned the age of the child in their own written definitions, many mothers did list ages when prompted. Ages tended to vary, with under 16 and under 18 being most frequently endorsed. While mothers varied in their belief of what age constitutes a child, the vast majority of mothers were clear that the perpetrator should not have to be a certain number of years older than the victim for it to be considered CSA. This is critical, as debate currently exists in the field, and juvenile perpetrators of CSA are often excluded.

Finally, mothers discussed the importance of context when defining CSA, stating that it is not necessarily the act itself, but the circumstances under which the act occurred that constituted CSA. For example, a family member kissing a child on the mouth may be deemed appropriate by some mothers, but if this was done by others or without consent, it could be considered CSA. Thus, those developing future definitions may want to allow participants to elaborate on the context of abuse.

Limitations

Results of this research should be interpreted in light of several limitations. First, our sample largely identified as white and had a high level of educational attainment. Additionally, this sample was a small subset of mothers who were survivors of CSA; future research should ascertain the definition for both parenting and non-parenting men and women. Finally, due to ethical constraints, we were unable to collect the contact information of participants, which could have been used to follow up on participant responses and for member checking.

Implications

Ultimately, the lack of standard definition of CSA in the field is problematic for researchers, as it makes it difficult to compare results across studies, ultimately biasing systematic reviews and meta-analyses on the topic. Specifically, this lack of standard definition could result in individuals being considered a CSA survivor in one study, but not others, ultimately influencing results. While researchers have appropriately called for a consistent definition of CSA to be developed (Barth et al., 2013, Senn et al., 2008), these calls often involved ascertaining the views of experts in the field. (Senn et al., 2008). While consulting experts is needed, it is also critical that the voices of survivors of CSA are considered, as working with this population to create a definition may make this definition more acceptable to this population. Specifically, when defining CSA, it is important that researchers consider that women often defined CSA broadly, not separating out contact and non-contact forms of abuse, and took context into account when defining CSA.

This study also has important implications for practitioners. Specifically, the results of this study may be helpful for clinicians assessing abuse among both children and adults. For example, this study highlights the importance of asking about different aspects of CSA and the context in which they occur, as some individuals may not realize that what they experienced could be considered CSA. Further, clinicians may serve as important voices for the victims' perspectives. Thus, a similar study with clinicians may be warranted.

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Discussion

Overview of Discussion

The overall findings of this thesis will be presented below. Specifically, the following main sections comprise the Discussion of this thesis: 1) Overview of Cross-Synthesis; 2) Synthesis of Findings Related to CSA and Parenting; 3) Synthesis of Findings Related to Definitional Issues and Implications of these Findings; 4) Synthesis of Findings Related to Interventions; 5) Implications of all Findings for Intervention Development; 6) Policy Implications; 7) Strengths and Limitations of the Overall Thesis; and 8) Conclusion.

Overview of Cross-Synthesis

As described in the Methods section of this thesis, in sections 2-4 below, results are narratively cross-synthesized. Efforts were made to narratively cross-synthesize papers in an attempt to triangulate the findings of this thesis. Importantly, as will be noted below, there are some areas where the qualitative and quantitative results of this synthesis differ. Most often this occurred when mothers reported an area of parenting to be a key area of concern qualitatively, but this was not found in the quantitative literature. These differences could be due to a number of factors, including the quality of quantitative studies (discussed in depth later in this Discussion) or a lack of quantitative studies on the topic. These instances are critical, as they highlight where future research is needed and may help more fully explain the phenomena.

Further differences may be due to how quantitative and qualitative researchers hypothesize and report on parenting outcomes. Specifically, when quantitative researchers examined the associations between CSA and later parenting, they often hypothesized that CSA would have a negative effect on parenting. However, the qualitative literature often indicates that some M_{CSA} believe their CSA experiences have had a positive effect on their parenting or have not affected

their parenting at all. The mix of M_{CSA} who view CSA as positive in terms of its effect on parenting and those who view it as negative may help explain why some quantitative findings do not triangulate, as discussed in several subthemes below. Critically, in several studies in the quantitative systematic reviews, researchers found significant relationships in the unexpected direction, with $M_{no\text{-}CSA}$ having more difficulties than M_{CSA} (Lange, Condon, & Gardner, 2019d, 2019e) highlighting the importance of examining qualitative literature in relation to quantitative literature to elucidate mechanisms explaining these findings.

Of note, in the context of this synthesis the term "mixed" is used to indicate that significant associations were inconsistently found, with significant and nonsignificant findings (in the expected direction, except for a few cases noted in the reviews) being roughly equal.

Synthesis of Findings Related to CSA and Parenting, and Implications of these Findings

Overview

In this section, a synthesis of two major parenting themes will be presented: Findings related to general parenting and findings related to abuse-related parenting. Following this synthesis, key findings across syntheses in context of the wider parenting literature will be presented. Finally, study methods and findings across studies will be critically appraised.

Findings Related to General Parenting

Overview

Results from Papers 1 (qualitative review), 3 (quantitative review on general parenting), and 5 (mixed-methods survey) will be synthesized in this discussion (Lange, Condon, & Gardner, 2019b, 2019c; Lange, Condon, et al., 2019d). Specifically, the following main themes and subthemes related to general parenting will be synthesized: 1) Child-Rearing Practices (discipline and setting behavioral limits, intimate parenting behaviors, knowledge and skills, and ability to

parent); 2) Mother-Child Relationship (mother-child relationship broadly, attachment and availability, communication, role-reversal, allowing child autonomy, and other aspects of the mother-child relationship); 3) Breastfeeding; 4) Perceptions of Motherhood (satisfaction and sense of competence/self-efficacy, and stress and other emotions); 5) Perceptions of Child (attributes and emotions); and 6) Coping with CSA Experiences through Parenting. Findings for all major themes will be presented. However, subthemes that have very few studies contributing to them in both the qualitative and quantitative literature will not be included here (though areas with limited research will be discussed in the Implications for Future Research section).

Child-Rearing Practices

In the qualitative review, M_{CSA} described struggling with determining what were appropriate forms of discipline. Many M_{CSA} engaged in non-violent forms of discipline, such as discussions and taking away privileges (corporal punishment will be discussed in a later section; Lange, Condon, et al., 2019c). These forms of non-violent discipline were echoed by M_{CSA} in the mixed-methods survey, though respondents in the mixed-methods survey tended to report more disciplinary behaviors that they refused to engage in, such as shouting or withholding food, than how they actually disciplined their child (Lange, Condon, et al., 2019b). In the quantitative review, studies largely showed no association between M_{CSA} status and engaging in negative disciplinary techniques, though results related to limit setting were mixed (Lange, Condon, et al., 2019d).

M_{CSA} reported struggling with intimate parenting behaviors, such as bathing their child or giving their child a bath in both the qualitative review and mixed-methods survey (Lange, Condon, et al., 2019b, 2019c). Interestingly, in the mixed-methods survey, approximately a quarter of M_{CSA} stated they had difficulty with intimate parenting behaviors when answering the close-ended question on this, but almost forty percent discussed difficulties with these behaviors in their open-

ended responses (Lange, Condon, et al., 2019b). Despite intimate parenting behaviors being seen as a major issue among many M_{CSA} in qualitative studies, only two studies on this topic were located in the quantitative review, with these studies showing mixed results (Lange, Condon, et al., 2019d). Specifically, researchers in one study found that M_{CSA} were more likely to experience intimate parenting anxiety than $M_{no\text{-}CSA}$ (Douglas, 2000), while another study found the opposite (Bowman, Ryberg, & Becker, 2008). Given these mixed results, this is an important area for further quantitative research.

In the qualitative review, approximately a fifth of included studies had M_{CSA} reporting that they did not have the appropriate knowledge or skills to be a mother. Typically, M_{CSA} reported that they lacked these skills, as they never learned what appropriate parenting was from their own parents. Given these difficulties, M_{CSA} reported attempting to gain knowledge and skills through several means, including parenting programs and books. Further, in approximately a quarter of studies, M_{CSA} discussed deciding how to parent by doing the opposite of what their own parents had done (Lange, Condon, et al., 2019c). Though not directly enquired about in the mixed-method survey, several M_{CSA} stated that they lacked the appropriate knowledge and skills to parent, and ultimately decided to parent differently than their own parents (Lange, Condon, et al., 2019b). Despite the large qualitative literature, only four studies in the quantitative review examined whether M_{CSA} have lower levels of knowledge and skills, finding mixed results on disparate measures of knowledge and skills (Lange, Condon, et al., 2019d); thus, further quantitative work is needed on this topic.

In the mixed-methods survey, 57.14% of M_{CSA} stated they believed that their CSA experiences affected their ability to care for their child. Specifically, M_{CSA} in both the qualitative review and mixed-methods survey reported that they were unable to care for their child for periods

of time due to mental health issues and substance use stemming from their CSA experiences (Lange, Condon, et al., 2019b, 2019c), which resulted in them needing to leave their child in the care of others. The literature in the quantitative review on this topic was limited, with only five studies assessing this relationship. In three of these five studies, researchers examined the association between M_{CSA} status and having a child in placements, such as foster care, finding non-significant results (Lange, Condon, et al., 2019d). This finding is perhaps not surprising, given that the majority of M_{CSA} in the qualitative literature described leaving their child with family and friends when they were unable to cope with motherhood and their CSA experiences (Lange, Condon, et al., 2019b, 2019c); further quantitative literature may be needed to explore how commonly CSA experiences are associated with having a child in formal or informal care.

Mother-Child Relationship

In the qualitative review, the number of studies with M_{CSA} viewing their overall relationship as positive was higher than the number of studies with M_{CSA} reporting their relationship as negative (Lange, Condon, et al., 2019c). In the mixed-methods survey, 44.12% of M_{CSA} stated that they believed their CSA experiences influenced their mother-child relationship. Similarly to the qualitative review, M_{CSA} reported that their mother-child relationship was both negatively and positively affected (Lange, Condon, et al., 2019b). Studies in the quantitative review usually did not focus on broad aspects of the mother-child relationship in a similar manner as qualitative literature, but instead focused on specific aspects of the mother-child relationship, such as a lack of enjoyment of this relationship, finding mixed results (Lange, Condon, et al., 2019d).

Approximately one quarter of the studies in the qualitative review reported perceptions of M_{CSA} regarding their ability to attach and bond with their child. Many M_{CSA} reported difficulty

bonding with their child, which was often exacerbated by poor mental health stemming from their CSA experiences (Lange, Condon, et al., 2019c). Attachment was not directly assessed in the mixed-methods survey through close-ended questions, though several M_{CSA} reported difficulty bonding with their child when discussing their mother-child relationship (Lange, Condon, et al., 2019b). While qualitative literature tended to discuss attachment and bonding broadly, studies in the quantitative review were specific to difficulties with attachment, and found mixed results regarding the association between M_{CSA} status and attachment difficulties (Lange, Condon, et al., 2019d).

In addition to assessing the attachment of M_{CSA} towards their children, studies in the quantitative review assessed the attachment of children to the M_{CSA} through observation, again finding mixed results (Lange, Condon, et al., 2019d). However, studies in the qualitative review rarely discussed the attachment of children (Lange, Condon, et al., 2019c). Further, M_{CSA} in the mixed-methods survey did not discuss the attachment of their children to them, though this was not enquired about (Lange, Condon, et al., 2019b).

In studies in the qualitative review, M_{CSA} discussed their communication with their child, with M_{CSA} being roughly split in whether they had positive or negative experiences (Lange, Condon, et al., 2019c). In the mixed-methods survey, 57.14% of M_{CSA} reported that their CSA experiences affected their communication with their child, with most stating that it results in them being more open with their child (Lange, Condon, et al., 2019b). However, in studies in the quantitative review, results were mixed as to whether M_{CSA} status was associated with difficulties with communication generally, increased negative communication, and decreased positive communication (Lange, Condon, et al., 2019d).

Further, studies in the qualitative review also found that the number of studies with M_{CSA}

discussing whether they had difficulty talking to their child about sex were roughly equal (Lange, Condon, et al., 2019c). M_{CSA} in the mixed-methods survey largely reported that they had no difficulty talking to their child about sex (though this was not directly enquired about), stating that they believed that this communication was critical not just to them having a supportive relationship with their child, but to protecting their child from abuse (Lange, Condon, et al., 2019b). Despite M_{CSA} frequently discussing how CSA has affected their communication with their child about sex and the specific relevance CSA may have on these behaviors, only two studies were found in the quantitative review that have assessed this (Lange, Condon, et al., 2019d). Further quantitative research is needed on this topic.

In the qualitative review, approximately a tenth of included studies include M_{CSA} who reported engaging in role-reversal with their child, which includes such behaviors as treating a child as a friend/equal rather than as a child (Lange, Condon, et al., 2019c). Only seven studies were located examining this relationship in the quantitative review, finding mixed results. However, in contrast to other aspects of parenting, many researchers focused specifically on factors that may be contributing to role-reversal amongst M_{CSA} (Lange, Condon, et al., 2019d). Role-reversal was not directly enquired about in the mixed-methods survey and this was not spontaneously discussed by any of the participants (Lange, Condon, et al., 2019b).

As will be discussed further below, many M_{CSA} strongly desired to protect their child from abuse and other forms of harm, ultimately resulting in overprotective behaviors. However, several M_{CSA} in the qualitative review described their need to give their child room to grow (Lange, Condon, et al., 2019c). Though not directly enquired about in the mixed-methods survey, several M_{CSA} did state that they did not feel that they were overprotective of their child and allowed them autonomy. Studies in the quantitative review indicated that associations between M_{CSA} status and

increased possessiveness were mixed, associations between M_{CSA} status and increased control were mixed, and associations between M_{CSA} status and allowing child less autonomy compared to mothers who had not experienced abuse were largely non-existent (Lange, Condon, et al., 2019d).

Finally, studies in the quantitative review assessed M_{CSA} status in relation to decreased involvement, sensitivity, and warmth, with mixed results being found for all three (Lange, Condon, et al., 2019d). Though these aspects of the mother-child relationship were present in the qualitative systematic review and the mixed-methods survey, they did not comprise their own themes and subthemes, as they were often tied to the attachment and bonding subtheme (Lange, Condon, et al., 2019b, 2019c).

Breastfeeding

In the mixed-methods survey, almost half of M_{CSA} felt their breastfeeding had been affected by their CSA experiences, with roughly the same number believing their breastfeeding experiences were negative and positive (Lange, Condon, et al., 2019b). These findings were echoed in the qualitative review, where women reported both positive experiences (stating that breastfeeding helped them cope and bond with their child) and negative experiences (stating that they felt emotionally triggered and viewed their breasts as sexual objects due to their CSA experience; Lange, Condon, et al., 2019c). These differing perceptions of breastfeeding among M_{CSA} in the qualitative literature may help explain why findings in the studies in the quantitative review related to breastfeeding were mixed. However, it is critical to note that within the quantitative breastfeeding literature, there were few studies overall and often only one study on specific aspects of breastfeeding examined, such as early cessation (Lange, Condon, et al., 2019d). Thus, more quantitative research is likely needed to make any definitive conclusions.

Perceptions of Motherhood

In the qualitative review, M_{CSA} typically described themselves broadly as being a good or a bad mother, with slightly more studies reporting that M_{CSA} viewed themselves as a bad mother (Lange, Condon, et al., 2019c). Despite these findings in the qualitative review, M_{CSA} in the mixed-methods survey tended to describe themselves more negatively (Lange, Condon, et al., 2019b). While studies in the quantitative review did not assess whether M_{CSA} felt like they were good or bad mothers, they did assess whether M_{CSA} status was associated with decreased parenting satisfaction and sense of competence/self-efficacy, largely finding no associations in both cases (Lange, Condon, et al., 2019d).

In the qualitative review, M_{CSA} reported experiencing a number of negative emotions as a mother, though these were not specifically assessed in the mixed-methods survey. Frequently, M_{CSA} reported that parenting triggered negative emotions stemming from their past experiences of CSA (Lange, Condon, et al., 2019c). Though M_{CSA} described a number of negative emotions related to parenting qualitatively, studies in the quantitative review almost exclusively focused on stress, largely finding no association (Lange, Condon, et al., 2019d). Thus, future quantitative research is needed to assess other negative emotions outside of stress. In addition to negative emotions, in the qualitative review, M_{CSA} also reported feeling positive emotions, such as happiness, hope, and pride in their parenting role (Lange, Condon, et al., 2019c). Despite this, no quantitative studies assessed positive emotions among M_{CSA} (Lange, Condon, et al., 2019d), marking this as an area where future research is needed.

Perceptions of Child

Almost a third of M_{CSA} in the mixed-methods survey believed their CSA experiences influenced how they view their child. M_{CSA} were usually very positive about their child, describing their positive attributes, such as their intelligence (Lange, Condon, et al., 2019b). Though positive

child characteristics were commonly listed in the qualitative review, most commonly the studies in the quantitative review assessed the perception of M_{CSA} regarding the internalizing and externalizing behaviors of their child, finding mixed results, and negative perceptions of their child, finding no association (Lange, Condon, et al., 2019d).

In the qualitative review, M_{CSA} described a number of positive emotions they felt for their child. The most frequently mentioned positive emotion was love, with M_{CSA} also reporting emotions such as joy, happiness, and pride (Lange, Condon, et al., 2019c). Though emotions were not directly asked about in the mixed-methods survey, M_{CSA} often described a number of positive emotions towards their child, such as feeling blessed by their child (Lange, Condon, et al., 2019b). Despite many M_{CSA} feeling positive emotions towards their child, others felt negative emotions, with many M_{CSA} in the qualitative review feeling anger towards their child (Lange, Condon, et al., 2019c). In addition to anger, M_{CSA} in both the qualitative review and mixed-methods survey reported feeling jealousy and resentment towards their child because they did not have the carefree childhood they felt their child was having (Lange, Condon, et al., 2019b, 2019c). Despite this qualitative literature, only three studies in the quantitative review examined emotions M_{CSA} felt towards their child, finding no association with M_{CSA} status (Lange, Condon, et al., 2019d).

Coping Related to Parenting

Roughly four tenths of included studies in the qualitative review included M_{CSA} describing how they coped with their CSA experiences through motherhood (Lange, Condon, et al., 2019c). Similarly, roughly four tenths of M_{CSA} in the mixed-methods survey reported coping with CSA through motherhood (Lange, Condon, et al., 2019b). For some, it was becoming a mother that led them to make changes, such as attending therapy, to help cope with their CSA experiences. For others, it was the relationship they had with their child that allowed them to cope (Lange, Condon,

et al., 2019c). Despite the significant number of M_{CSA} describing coping with their CSA experiences through motherhood, this has yet to be explored in a quantitative study (Lange, Condon, et al., 2019d); marking this as a potential avenue for future research.

Findings Related to Abuse-Related Parenting

Overview

The following abuse-related parenting behaviors will be synthesized from Papers 1-2 (qualitative review and quantitative review 1) and Paper 5 (mixed-methods survey; Lange, Condon, et al., 2019b; Lange, Condon, et al., 2019c, 2019e): 1) behaviors M_{CSA} engage in to protect their children from CSA; 2) M_{CSA} engaging in abusive and/or neglectful behaviors with their own children; 3) others engaging in abusive and/or neglectful behaviors towards the children of $M_{CSA;}$ 4) M_{CSA} or others combined engaging in abusive and/or neglectful behaviors with the children of M_{CSA}; and 5) reactions of M_{CSA} to the abuse and/or neglect of their children. Critically, in all themes below, with the exception of protecting children from abuse, as explained in the paper, M_{CSA} were not asked about the abuse of their child in the mixed-methods online survey for ethical reasons.

Behaviors M_{CSA} engage in to Protect their Children from CSA

M_{CSA} engaging in behaviors to protect their child from experiencing abuse was the largest theme identified in the qualitative review on the topic (Lange, Condon, et al., 2019c), and was the top-rated concern of M_{CSA} in the mixed-methods survey, with all but one M_{CSA} stating that their CSA affected their desire to protect their child (Lange, Condon, et al., 2019b). Despite the extensive qualitative literature on this topic, only two quantitative studies have attempted to assess protective behaviors. In one of these studies, communication about sex as a form of protection was examined, with this study finding that M_{CSA} status was not associated with this communication

(Anthony et al., 2014; Lange, Condon, et al., 2019e). Examples of protective behaviors across papers included keeping children away from potential perpetrators, communicating about sex and inappropriate touch, checking for signs of abuse, and asking about abuse (Lange, Condon, et al., 2019b, 2019c, 2019e), though many M_{CSA} reported that their behaviors were overprotective (Lange, Condon, et al., 2019b, 2019c).

M_{CSA} Engaging in Abusive and/or Neglectful Behaviors with their Own Children

In the qualitative review, several M_{CSA} reported engaging in physical abuse, though this most often took the form of corporal punishment, which is described below (Lange, Condon, et al., 2019c). However, quantitative literature on this association was mixed (Lange, Condon, et al., 2019e), and no M_{CSA} in the mixed-methods survey spontaneously disclosed engaging in physical abuse (Lange, Condon, et al., 2019b). The mixed-methods survey and the studies in the qualitative review did not assess child physical abuse potential, which measures several domains, including negative emotions, which may indicate risk for child physical abuse (Lange, Condon, et al., 2019b, 2019c), but the quantitative review did, finding associations between M_{CSA} status and higher levels of abuse potential in more methodologically rigorous studies (Lange, Condon, et al., 2019e).

In the quantitative review, largely no association was found between M_{CSA} status and increased use of corporal punishment (Lange, Condon, et al., 2019e). However, qualitatively many M_{CSA} reported engaging in corporal punishment, which was often preceded by negative emotions (Lange, Condon, et al., 2019c). Two M_{CSA} in the mixed-methods survey spontaneously described "smack[ing]" their child as a form of discipline. However, other M_{CSA} specifically stated they would never use corporal punishment when asked about their discipline strategies (Lange, Condon, et al., 2019b).

In the qualitative review, several M_{CSA} reported engaging in emotional abuse, including

becoming verbally aggressive and manipulating their child (Lange, Condon, et al., 2019c). Results of the quantitative review were mixed, with most finding non-significant associations (Lange, Condon, et al., 2019e). No M_{CSA} spontaneously mentioned engaging in emotional abuse in their open-ended responses in the mixed-methods survey (Lange, Condon, et al., 2019b).

Only two studies in the quantitative review explored the association between M_{CSA} status and the increased sexual abuse of their child by the M_{CSA}, with one finding non-significant associations and the other finding that several M_{CSA} engaged in seductive behaviors with their child (Lange, Condon, et al., 2019e; Ney, 1988; Sroufe & Ward, 1980). M_{CSA} did not spontaneously mention engaging in sexual abuse with their child in the mixed-methods survey (Lange, Condon, et al., 2019b). Further, only one study in the qualitative review had M_{CSA} reporting that they engaged in sexual abuse of their own child (Lange, Condon, et al., 2019c; Rowan, Rowan, & Langelier, 1990).

While the mixed-methods survey did not enquire about whether M_{CSA} engaged in neglect of their child, one M_{CSA} did mention this in her open-ended responses, citing that this neglect stemmed from mental health issues related to her CSA experience (Lange, Condon, et al., 2019b). This finding was also highlighted in the qualitative review where M_{CSA} stated that they believed their neglect of their child was tied to their mental health, substance use, and physical illness (Lange, Condon, et al., 2019c). However, results in the quantitative review were mixed (Lange, Condon, et al., 2019e). Importantly, in many instances, the type of neglect engaged in (emotional or physical) was not described.

Several studies included in the quantitative review assessed whether M_{CSA} were more likely to engage in maltreatment, ultimately finding mixed results (Lange, Condon, et al., 2019e). Few M_{CSA} in the qualitative review discussed engaging in maltreatment, but instead were specific in

the types of abuse and neglect they engaged in (Lange, Condon, et al., 2019c). No M_{CSA} disclosed engaging in maltreatment in open-ended responses during the mixed-methods survey (Lange, Condon, et al., 2019b).

Others Engaging in Abusive and/or Neglectful Behaviors towards the Children of M_{CSA}

Studies in the quantitative review largely found an association between M_{CSA} status and M_{CSA} having an increased likelihood of having a child who experienced CSA at the hands of others (Lange, Condon, et al., 2019e), and M_{CSA} in almost half the studies in the qualitative review stated that their child had been sexually abused by others, with this being the specific focus of many of these included studies (Lange, Condon, et al., 2019c). Only one study in the quantitative review assessed M_{CSA} having children who experienced increased physical abuse and neglect by others (Lange, Condon, et al., 2019e), while few qualitative studies addressed this (Lange, Condon, et al., 2019c); future research is needed in this area. The abuse status of the children of M_{CSA} by others was not assessed in the mixed-methods survey (Lange, Condon, et al., 2019b).

M_{CSA} or Others Combined Engaging in Abusive and/or Neglectful Behaviors with the Children of M_{CSA}

Some studies included in the quantitative systematic review enquired about the abuse or neglect status of the children of M_{CSA} without asking who the main perpetrator was or without being able to obtain the perpetrator identity due to ethical constraints from Child Protective Services. As such, these studies could not be analyzed with the above studies where the perpetrator was clearly listed as the mother or another individual and are instead synthesized here. Ultimately, studies in the quantitative review found inconsistent associations between M_{CSA} status and having a child who experienced increased abuse and neglect by mothers and others combined (Lange, Condon, et al., 2019e). Despite studies in the quantitative literature combining these two types of

abuse, M_{CSA} in both the qualitative review and mixed-methods online survey did not group perpetrators together, and were instead clear on whether they or another individual were responsible for the abuse or neglect of the child (Lange, Condon, et al., 2019b, 2019c).

Reactions of M_{CSA} to the Abuse and/or Neglect of their Children

The quantitative review did not find that M_{CSA} were more likely to believe their child when they disclosed abuse (Lange, Condon, et al., 2019e). The qualitative literature echoed this finding, with M_{CSA} being roughly split in whether they believed their child or not (Lange, Condon, et al., 2019c). Specifically, some women stated they believed their child because they were not believed and knew the importance of this, while others did not believe their child because they believed the perpetrator or found the experience triggered negative emotions related to their own experiences (Lange, Condon, et al., 2019c). The quantitative review largely found associations between M_{CSA} status and negative emotional reactions to the abuse of their child (Lange, Condon, et al., 2019e), a finding also present in the qualitative review (Lange, Condon, et al., 2019c). The mixed-methods survey did not specifically ask about the abuse of the children of M_{CSA} and their reactions to this abuse (Lange, Condon, et al., 2019b).

Key Findings Across Syntheses in Context of the Wider Parenting Literature

As discussed in the Introduction of this thesis, different forms of childhood trauma have been found to influence various aspects of the parenting of mothers who have had these experiences (Hughes & Cossar, 2016; Lange, Callinan, & Smith, 2019; Milner et al., 2010; Umeda, Kawakami, Kessler, & Miller, 2015). One theme that has emerged across this literature, is whether these individuals go on to perpetrate the same type of abuse that they experienced (Milner, 2010; Umeda et al., 2015). This is in keeping with social learning theory, which hypothesizes that these women learn behaviors in childhood (such as the abusive behaviors they experienced or behaviors

nonoffending caregivers engaged in which may have contributed to their abuse), which they then carry forward into adulthood (Bandura & Walters, 1977). This may explain why a significant proportion of the research on the abuse status of children of M_{CSA} focused specifically on whether their child had experienced CSA.

Despite some overlap in the literature on how trauma affects parenting, there were some unique aspects of parenting that appeared to be affected by CSA: breastfeeding, communication regarding sex, protection of children from abuse, and intimate parenting behaviors. In terms of breastfeeding, research shows that women in the general population may have difficulties with breastfeeding. Specifically, a recent narrative review found that mothers may not initiate breastfeeding for a number of reasons, including family influences, marketing, and being provided inaccurate information (Sriraman, 2016). Further, a study stemming from the Pregnancy Risk Assessment and Monitoring System found that mothers stop breastfeeding for a number of reasons, including "sore nipples, inadequate milk supply, infant having difficulties, and the perception that the infant was not satiated" (Ahluwalia, 2005, p. 1408). While M_{CSA} are likely experiencing these difficulties, they also appear to be experiencing unique difficulties with breastfeeding related to their CSA experience. For example, as previously discussed, M_{CSA} reported having difficulty because they view their breasts as sexual objects and breastfeeding often triggers negative emotions or flashbacks to their abuse (Lange, Condon, et al., 2019c).

Further, CSA appears to have a unique effect on how M_{CSA} communicate regarding sex. In the general population, results of a statewide analysis on sex communication between parents and adolescents found that 2/3 of those surveyed reported difficultly communicating with their child about sex at some point, citing reasons such as embarrassment (Jerman, 2010). However, in the systematic reviews in this thesis, reasons for difficulties with sex communication went beyond

embarrassment, with some M_{CSA} in the qualitative review stating they has trouble with this because it triggered negative emotions related to their CSA experience. However, as previously discussed some M_{CSA} felt they were more open in their sexual communication because of their experience (Lange, Condon, et al., 2019c).

Further, the desire of M_{CSA} to protect their children from abuse was seen as especially important to M_{CSA}. It is important to note that the desire to protect children from abuse in not unique to this population, as parents often engage in a number of behaviors to protect their child from abuse, such as attending parenting programs related to abuse prevention (Mikton & Butchart, 2009). However, specific components of the protection of M_{CSA} appeared to be unique to their experiences. For example, M_{CSA} often discussed keeping their child away from males, including significant others, as their abuse was perpetrated by a male (Lange, Condon, et al., 2019c). Ultimately, the extreme concern that the abuse that they experienced would happen to their own child led many M_{CSA} to engage in behaviors that they deemed to be overly protective, often to the detriment of their child. In addition to M_{CSA} being concerned that others would abuse their children, M_{CSA} also sought to protect their children from themselves. Specifically, mothers engaged in a number of behaviors to assuage their concerns that they would abuse their child. For example, mothers would not breastfeed (because the baby could not consent), bathe their child, or clean their child's genitals when changing diapers, or would struggle with these activities (Lange, Condon, et al., 2019c).

Certain known sequelae of CSA, such as poor mental health and negative emotions among those who have experienced CSA (Maniglio, 2009), also appeared to play a role in several parenting related themes. For example, in the qualitative review, M_{CSA} discussed negative emotions proceeding or causing negative parenting behaviors including abuse and neglect, and

difficulties with discipline. As will be discussed later in this Discussion, quantitative results indicated that mental ill health and negative emotions mediated relationships between M_{CSA} status and parenting (Choi et al., 2018; DiLillo, Tremblay, & Peterson, 2000; Mapp, 2006; Rodriguez, 2009; Schuetze & Eiden, 2005).

Further, given increased propensity to experience negative mental health and emotional outcomes, the emotions of M_{CSA} related to parenting appeared to be affected. For example, M_{CSA} were found to exhibit more emotional distress after the abuse of their own children and oftentimes had difficulties with their emotions related to motherhood (Lange, Condon, et al., 2019c), such as feelings of self-efficacy. This is problematic, as research has shown that parenting self-efficacy can ultimately affect child adjustment (Jones, 2005).

Critical Appraisal of Study Methods and Findings

Overview

Findings related to both abuse and non-abuse related parenting may be affected by a number of methodological factors, including general study methods and the data analysis methods used. Specifically, issues surrounding general study methods centered on 1) sampling, 2) sample size, 3) retention and attrition rates, 4) measures used, and 5) whether data were prospective, while data analysis issues centered on analysis of 1) confounding variables and 2) mediators and moderators. These factors, and how they may influence results, will be discussed further below.

General Study Methods

In assessing study methods, the Cambridge Quality Checklists will be utilized when evaluating quantitative studies (Murray, Farrington, & Eisner, 2009), while the Critical Appraisal Skills Program (CASP) Qualitative Checklist will be utilized when evaluating qualitative studies (Critical Appraisal Skills Programme 2017).

The Cambridge Quality Checklists for studies of risk factors deem total population or random sampling to be an adequate sampling method for this study type (Murray et al., 2009). However, in the vast majority of studies in the quantitative review of abuse-related parenting (73.12%; n=68), and in the quantitative review of non-abuse related parenting (72.12%; n=75), convenience or case control sampling were used (Lange, Condon, et al., 2019d, 2019e). The CASP Checklist for qualitative studies does not place a hierarchy on the type of sampling used in this study type, instead focusing on whether the recruitment strategy was appropriate to address the aims of the research (Critical Appraisal Skills Programme 2017). In the vast majority of studies in the qualitative review, the recruitment strategy was appropriate to address the aims of the research, though it is important to note that the vast majority of studies also relied on convenience sampling (Lange, Condon, et al., 2019c), as did the mixed-methods survey (Lange, Condon, et al., 2019b). The use of convenience and case-control sampling may be affecting results, as those who are receiving services and volunteer for such studies may differ from those in the general population. For example, many studies in the series of linked systematic reviews sampled from mental health clinics (Douglas, 2000; Ruscio, 2001) or intervention programs (Chiang, 2008; DiLillo et al., 2000; Jaffe, Cranston, & Shadlow, 2012), and M_{CSA} in these samples may be different from the general population of CSA survivors. These survivors may differ as they were able to recognize that they needed help to address their experiences and had the resources to do so. Further, these survivors may have experienced a different level or severity of CSA, or of its impacts, resulting in them not feeling they needed help for their experiences.

For quantitative studies, the Cambridge Quality Checklists deem 400 or more to be an adequate sample size (Murray et al., 2009). The mean sample size in the review on abuse-related parenting was 460.97 (SD=1716.55), while the mean sample size in the review on non-abuse

related parenting was 938.59 (SD=5,391.91; Lange, Condon, et al., 2019d, 2019e). Critically, in both reviews there was wide variation in sample sizes; in the case of the review on non-abuse related parenting, when the five largest studies were removed, the mean sample size was 168.77 (SD=165.85; Lange, Condon, et al., 2019d). Thus, some studies may have been underpowered to detect associations, especially if these studies attempted to assess multiple confounders of this relationship. Compared to quantitative studies, the average sample size of qualitative studies included in the systematic review (mean=20.75, SD= 34.24) and the sample size of the mixed-methods survey (n=35) tended to be smaller than sample sizes in the quantitative studies reviewed. Critically, debate exists in the qualitative literature regarding the importance of sample sizes, with the CASP Checklist not including questions regarding sample sizes (Critical Appraisal Skills Programme 2017). Qualitative researchers tend to have less strict criteria for sample sizes, instead believing that the necessary sample size should be based on factors such as the purpose of the research and analysis strategy (Malterud, Siersma, & Guassora, 2016; Sandelowski, 1995).

The Cambridge Quality Checklists state that response and retention rates should be 70% or higher, with differential attrition not being higher than 10% (Murray et al., 2009). Despite the importance assigned to assessing response and retention rates, few studies included in both quantitative reviews listed response and retention rates (Lange, Condon, et al., 2019d, 2019e). It is critical for transparency and quality appraisal that future studies provide this information. While the CASP Checklist assesses if researchers have discussed why some individuals may not have taken part in the research, no strict criteria are placed on response rate percentages (Critical Appraisal Skills Programme 2017), though it should be noted that similarly to the quantitative studies, this information was not consistently reported. Though studies did not often report on response rates, it is likely that some included studies had low response rates, and participants who

chose to participate in these studies may differ from the larger population of M_{CSA}.

The Cambridge Quality Checklist assesses a good measure of a correlate (CSA in the case of this project) to have a reliability coefficient ≥.75 and reasonable face validity (Murray et al., 2009), which the authors refer to broadly as a validated measure in both quantitative reviews (Lange, Condon, et al., 2019d, 2019e). The vast majority of studies in both the abuse-related review (n=79, 84.95%) and non-abuse related review (n=68, 65.38%) did not use validated measures to assess CSA (Lange, Condon, et al., 2019d, 2019e). The CASP Checklist does not specifically enquire as to the validity of measures used (Critical Appraisal Skills Programme 2017), though very few studies included in the qualitative review assessed CSA using validated measures, instead allowing participants to self-report whether they considered themselves to have experienced CSA (Lange, Condon, et al., 2019c). Though the initial inclusion criteria in the mixed-methods survey asked if mothers experienced CSA, a number of validated measures were used to follow up on these questions, including the Childhood Trauma Questionnaire - Short Form (Bernstein et al., 2003), and questions from the original CDC-Kaiser adverse childhood experience study (Centers for Disease Control and Prevention, 2016; Lange, Condon, et al., 2019b). Critically, the use of non-validated CSA measures may be skewing results, as measures used in some studies may not be reliable or valid.

The same criteria used to assess a good measure of correlate are used to assess a good measure of outcome (parenting in the case of this project) in the Cambridge Quality Checklists (Murray et al., 2009). In contrast to validated measures of CSA, validated measures of parenting were used more frequently in both quantitative reviews (Lange, Condon, et al., 2019d, 2019e). Again, though validated measures were not assessed by the CASP Checklist (Critical Appraisal Skills Programme 2017), it was found that very few of the qualitative studies used validated

measures to assess parenting, instead using self-designed interview questions, focus group questions, and questionnaires (Lange, Condon, et al., 2019c). Similarly, the open-ended questions in the mixed-methods survey had not been validated given the lack of a current standardized qualitative interview to assess parenting in this population (Lange, Condon, et al., 2019b). As was the case with measures of CSA, non-validated parenting measures may again by influencing results, as these measures may not be reliable or valid.

Prospective data is deemed to be the gold standard by the Cambridge Quality Checklists when establishing a variable as a risk factor (Murray et al., 2009). Despite this, only three studies in the 166 quantitative studies located on abuse-related and non-abuse related parenting examined CSA behaviors prospectively, assessing the CSA experiences as they occurred and following these women to later assess parenting behaviors (Hyman & Williams, 2001; Kwako, 2007; Kwako, Noll, Putnam, & Trickett, 2010; Lange, Condon, et al., 2019d, 2019e). In some instances, CSA status was measured while M_{CSA} were pregnant with parenting behaviors assessed after birth. However, for the purposes of this thesis, this was not defined as being a prospective report. Though not assessed by the CASP Checklist, studies included in the qualitative systematic review were not prospective (Lange, Condon, et al., 2019c), nor was the mixed-methods survey (Lange, Condon, et al., 2019b). As previously discussed in the Introduction to this thesis, retrospective reporting of CSA can present challenges, as it is possible that individuals may not be adequately recalling their experiences, ultimately influencing the results of studies. When examining the retrospective recall of trauma in research, results have been mixed. Several studies have shown that survivors have good recall of maltreatment generally (Cammack et al., 2016). However, in other studies, it was found that bias did exist in the retrospective reporting of CSA and other adverse childhood experiences, though in both cases, these discrepancies did not affect the overall results of the

studies (Fergusson, Horwood, & Boden, 2011; Hardt & Rutter, 2004).

Data Analysis

It is likely that the type of data analysis used also affected the results. Specifically, confounding variables could be explaining some of the associations seen in the quantitative reviews. For instance, in some cases, initial significant associations became insignificant when controlling for childhood adversity and demographic characteristics (Barrett, 2009, 2010). Only 12 studies in the quantitative review on abuse-related parenting and 13 studies in the quantitative review on non-abuse related parenting used matched comparison groups to limit the effect of confounding variables (Lange, Condon, et al., 2019d, 2019e). Given that few studies used matched comparison groups and that the remaining studies likely did not control for all potentially relevant confounders, it is possible that significant associations found in studies in this review may have become insignificant if certain variables had been controlled for, such as the ones listed above. In terms of causality, discussed in the Introduction to this thesis, this may point to there being other potential explanations for the relationship between CSA and parenting.

In the case of qualitative studies, data analysis may also have affected the results. Specifically, a significant number of studies in the qualitative review did not engage in rigorous qualitative data analysis methods, such as double coding, which would have established inter-rater reliability. Further, researchers in few studies engaged in member checking (Lange, Condon, et al., 2019c). While the mixed-methods survey utilized a second coder to establish inter-rater reliability, member checking was not possible given ethical issues surrounding the collection of participant information in an online survey (Lange, Condon, et al., 2019b).

Studies across the quantitative reviews indicated that a number of variables were and were not mediating or moderating the associations between M_{CSA} status and different parenting

behaviors. Examples of significant and non-significant results in the two quantitative reviews can be found below (Lange, Condon, et al., 2019d, 2019e).

Specifically, when assessed, the majority of studies found that variables were mediating the relationships between CSA and negative parenting outcomes. Specifically, mental health and negative emotions were most often found to mediate this relationship. As discussed in the Introduction to this thesis, this finding is not unexpected given that theories, including trauma theory, indicate that CSA is likely to result in negative mental health, which in turn, may affect aspects of the survivors' lives, such as parenting. Critically, few studies have attempted to assess each of the potential mediators listed below. Thus, future research is needed to assess these relationships.

Table 1: Mediators of the Relationship between CSA and the Parenting of M_{CSA}

Mediator	References of Significant Studies	References of Non-Significant Studies
Depression (general and post-partum)	(Choi et al., 2018; Mapp, 2006; Pazdera, McWey, Mullis, & Carbonell, 2013; Renner, Cavanaugh, & Easton, 2015; Rodriguez, 2009; Schuetze & Eiden, 2005; Zvara, Meltzer-Brody, Mills-Koonce, Cox, & Family Life Project Key Investigators, 2017)	
Generalized anxiety disorder	(Ehrensaft, Knous-Westfall, Cohen, & Chen, 2015)	
Maternal anger	(DiLillo et al., 2000)	
Childhood physical abuse	(Rodriguez, 2009)	
M_{CSA} has a history of adolescent conduct disorder	(Ehrensaft et al., 2015)	
The bond of a M_{CSA} with her own mother		(Fitzgerald, Shipman, Jackson, McMahon, & Hanley, 2005)
IPV (general, recent, lifetime)	(Barrett, 2010; Schuetze & Eiden, 2005; Zvara, Mills-Koonce, & Cox, 2017)	(Barrett, 2010)

Substance use	(Appleyard, Berlin, Rosanbalm, & Dodge, 2011)	
Cultural coping	(Miller-Clayton, 2010)	(Miller-Clayton, 2010)
General coping		(Burke, 1998)
Emotional over-involvement	(Rea & Shaffer, 2016)	

In contrast to the examination of mediators, fewer studies have assessed moderators of the relationship between CSA and parenting with most finding variables not to moderate this relationship, as shown below. However, in several instances, moderation did exist. Specifically, higher levels of maternal education resulted in fewer parenting issues (Zvara, Mills-Koonce, Appleyard Carmody, & Cox, 2015) and marital instability resulted in increased parenting difficulties (Zvara et al., 2015). Similarly to mediation analyses, few studies exist assessing each of the potential moderators shown below. Thus, future research is needed to assess these moderators, and other potential moderators of this relationship.

Table 2: Moderators of the Relationship between CSA and the Parenting of M_{CSA}

Moderator	**References of Significant Studies**	**References of Non-Significant Studies**
Depression		(Kwako, 2007; Pazdera et al., 2013)
Antisocial behaviors		(Kwako, 2007)
Support (family, partner, general)		(Burke, 1998; Doyle, 2016; Wright, Fopma-Loy, & Fischer, 2005)
Maternal education	(Zvara et al., 2015)	(Zvara et al., 2015)
Marital instability	(Zvara et al., 2015)	(Zvara et al., 2015)
Family income	(Zvara et al., 2015)	
Family structure	(Alexander, Teti, & Anderson, 2000)	
Child gender	(Zvara, Mills-Koonce, & Cox, 2017)	(Anthony et al., 2014)
Child age		(Brandon, 2010)
Mother-grandmother relationship		(Baumgardner, 2007)

*Please note that some studies may appear as both significant and non-significant, as these analyses are in relation to different parenting behaviors.

No mediation or moderation analysis occurred within the mixed-methods survey (Lange, Condon, et al., 2019b).

Implications for Future Research

Implications of Critical Appraisal for Future Research

As previously discussed, many of the studies included in the systematic reviews in this thesis were not methodologically rigorous. This is problematic, as it is often unclear if an association between CSA and parenting is truly present or is confounded by other factors, such as sampling method, sample size, unvalidated measures of CSA and parenting, or inadequate controlling in analyses. Thus, future research is needed on this topic using methodologically rigorous study designs and evaluation.

In terms of design, these studies should use total population or random sampling and matched comparison groups (if total population sampling has not occurred), and attempt to recruit as large a sample size as possible. Validated measures of CSA and parenting should also be used. Specifically, future studies in this area would benefit from consistent use of similar measures to assess CSA and parenting to allow for later pooling of results. If a definition of CSA is standardized, as will be discussed further below, measures using this definition could be validated and used moving forward.

In terms of data analysis, studies should make efforts to control for potentially confounding variables, and conduct mediation and moderation analyses where possible. These analyses could be informed by the findings of the papers included in this review; for example, Tables 1 and 2 of this Discussion outline examples of mediators and moderators in the current literature, which could be tested in studies with more methodologically rigorous designs.

Taken together, ideally, in the future, the relationship between CSA and parenting would

be assessed in longitudinal birth cohort studies. This would allow for CSA to be measured prospectively, eliminating potential issues of recall bias, which occur when giving retrospective reports. This would also allow for a larger, and potentially more representative, sample to be assessed. This study could collect key demographic information throughout the lifespan and use this to control for potentially confounding factors or use these variables to determine if they mediate or moderate the relationship between M_{CSA} status and parenting.

Other Implications for Research

The papers included in this review were also able to highlight where a paucity of current literature exists. Specifically, limited quantitative research has currently been conducted on M_{CSA} status and protective behaviors they engage in to prevent the abuse of their child, communication with their child regarding sex, and whether M_{CSA} are able to cope with their CSA experience through parenthood. Further, limited qualitative and quantitative research has been conducted related to M_{CSA} who have a child that has been abused non-sexually or neglected by others. Further limited qualitative and quantitative research has been conducted on parenting style, reflective functioning, empathetic awareness of a child's needs, perceptions of future parenting, and expectations of their child.

Further, the existing quantitative literature has tended to focus on negative aspects of parenting. For example, while a large number of studies exist assessing whether M_{CSA} are more likely to experience parenting stress, no quantitative literature has attempted to assess positive emotions M_{CSA} may feel (Lange, Condon, et al., 2019d), despite this being found to be a large subtheme in the qualitative literature on this topic (Lange, Condon, et al., 2019c).

Synthesis of Findings Related to Definitional Issues and Implications

Synthesis of Findings

Issues surrounding the definition of CSA were discussed in the context of the series of linked systematic reviews (Lange, Condon, et al., 2019c, 2019d, 2019e). Given space limitations of journals, we were unable to fully discuss the large differences in definitions across studies, including whether abuse was contact or non-contact, the age an act must occur before for the victim to be considered a child, and the number of years older a perpetrator must be. Despite this, definitions listed by authors were extracted and are summarized below.

Perhaps one of the largest debates regarding the definition of CSA centers on the acts that constitute CSA, with researchers split on whether they include contact forms of abuse only or both contact and non-contact forms of abuse. It is important to note that researchers were sometimes not explicit in their definitions, instead referring to broad "sexual activities", without stating whether these activities were contact or contact/non-contact. Overall, studies in the qualitative review were less likely to state whether the CSA had to be contact or contact/non-contact. In contrast, a larger number of studies in the quantitative review specified this, with most defining CSA as contact forms of abuse only.

Debate also exists regarding the definition of a child, as shown in the table below. Again, qualitative researchers were less likely to explicitly define a child than those in quantitative studies. Though wide variation in ages is shown, most commonly researchers defined a child as being under the age of 18. This may be because the majority of studies located in the systematic review were conducted in the United States, where the legal definition of an adult is 18.

Table 3: Age an Act Must Occur Before to Constitute CSA

Age	Qualitative	Quantitative
11		(McCloskey, 2013)
13	(Krigbaum-Rich, 1991; Langham, 2007; Wangerin, 1994)	(Lange, 2008)
14	(Burkett, 1991)	(Burkett, 1991; Campbell, 1996; McMillen, 1993;

		Testa, Hoffman, & Livingston, 2011; Zuravin & Fontanella, 1999)
15		(Islam, Baird, Mazerolle, & Broidy, 2016; Zvara, Meltzer‐Brody, et al., 2017; Zvara, Mills-Koonce, & Cox, 2017; Zvara et al., 2015; Zvara, Mills-Koonce, Carmody, Cox, & The Family Life Project Key Investigators, 2017)
16	(Byrne, Smart, & Watson, 2017; Coles, 2006; Douglas, 2000; Erdmans & Black, 2008; Jackson, 2008; Montgomery, 2012; Wangerin, 1994)	(Buist, 1998; Collishaw, Dunn, O'Connor, & Golding, 2007; Douglas, 2000; Fava et al., 2016; Grocke, Smith, & Graham, 1995; Madigan, Wade, Plamondon, & Jenkins, 2015; McCloskey & Bailey, 2000; McNeill, 1999; Miller-Clayton, 2010; Seltmann, 2011; Seltmann & Wright, 2013)
17		(Ethier, Lacharite, & Couture, 1995; Fitzgerald et al., 2005; Nieto, Lara, & Navarrete, 2017)
18	(Cavanaugh et al., 2015; Dabney, 2000; Elfgen, Hagenbuch, Görres, Block, & Leeners, 2017; Esperat & Esparza, 1997; Farris, 1996; Haiyasoso, 2016; Lee, 2001; Oubre, 2004; Palmer, 2004; Roller, 2011; Schmidt, 2015; Summer, 2008)	(Ahmed et al.; Appleyard et al., 2011; Banyard, 1997; Banyard, Williams, & Siegel, 2003; Baril, Tourigny, Paillé, & Pauzé, 2016; Baumgardner, 2007; Benedict, 2001; Bottos & Nilsen, 2014; Bryson, 2007; Chiang, 2008; Collin-Vézina, Cyr, Pauzé, & McDuff, 2005; D'Zatko, 2011; Danskin, 2016; DiLillo et al., 2000; Doyle, 2016; Edel, 1989; Elfgen, Hagenbuch, Gorres, Block, & Leeners, 2017; Hiebert-Murphy, 1998, 2000; Jaffe et al., 2012; Kim, Trickett, & Putnam, 2011; Lyons-Ruth & Block, 1996; Mapp, 2006; McKay, 2006; Noll, Trickett, Harris, & Putnam, 2009; Pazdera et al., 2013; Renner et al., 2015; Renner, Whitney, & Easton, 2013; Rodriguez, 2009; Saum, 2008; Schuetze & Eiden, 2005; Sorbo, Lukasse, Brantsaeter, & Grimstad, 2015; Timmons-Mitchell, Chandler-Holtz, & Semple, 1996; Wortel, 2015; Zuravin & DiBlasio, 1996; Zuravin, McMillen, DePanfilis, & Risley-Curtiss, 1996)

Finally, significant debates exist as to whether the perpetrator needs to be a certain number of years older than the victim for the act to constitute CSA. As shown in the table below, most commonly when providing this age, researchers say the perpetrator must be five years older than the victim. However, in many cases, researchers acknowledged that the perpetrator should be a certain number of years older than the victim, but did not provide an age, instead saying that the abuse must be perpetrated by an “adult”; thus, juvenile perpetrators would be excluded from this

definition. However, in other cases, researchers did not state that an individual had to be a certain number of years older, acknowledging that the perpetrator could be close to the age of the victim, but more developmentally advanced, which is consistent with the World Health Organization's definition (World Health Organization, 1999).

Table 4: Number of Years Older a Perpetrators must be than the Victim for act to Constitute CSA

Age	Qualitative	Quantitative
3		(DiLillo et al., 2000)
4		(Buist, 1998; Noll et al., 2009)
5	(Fisher, 2000; Oubre, 2004; Stephens, 2015; Wangerin, 1994)	(Ahmed et al.; Alexander et al., 2000; Baumgardner, 2007; Benedict, 2001; Campbell, 1996; D'Zatko, 2011; Deblinger, Hathaway, Lippmann, & Steer, 1993; Doyle, 2016; Grocke et al., 1995; Hiebert-Murphy, 1998, 2000; Hyman & Williams, 2001; Jaffe et al., 2012; Leifer, Shapiro, & Kassem, 1993; Mapp, 2006; McCloskey & Bailey, 2000; McNeill, 1999; Pazdera et al., 2013; Renner et al., 2015; Renner et al., 2013; Rodriguez, 2009; Schuetze & Eiden, 2005)
10	(Wangerin, 1994)	(Hiebert-Murphy, 1998, 2000)

Given these inconsistencies in definitions, M_{CSA} were given the opportunity to elaborate on their own definitions as part of the mixed-methods survey. When giving their own definition, M_{CSA} were more likely to describe contact and non-contact forms of abuse or to describe sexual abuse broadly, than to describe contact forms of abuse only. M_{CSA} were split in whether they believed the maximum age a child could be for an act to be considered CSA was 16 or 18, and few M_{CSA} believed that there should be a requirement on the age of the perpetrator (Lange, Condon, & Gardner, 2019a).

Implications for Future Research on Definitions

As noted above, in the series of linked systematic reviews many researchers did not provide a definition of CSA, and even fewer provided a complete definition of CSA, with a complete listing of the types of acts included, the age of the victim, and age of the perpetrator (Lange, Condon, et

al., 2019c, 2019d, 2019e). Future researchers would benefit from providing a thorough definition of CSA given the current variation in definitions. Specifically, given that many researchers referred vaguely to sexual activities in their definition, efforts should be undertaken in research to explicitly list these acts, as participants may self-define the acts and their own CSA definition may be different than what the researcher intended.

While explicit definitions within future research are needed, there is also work needed to standardize the definition of CSA in research in this field given this large variation. As part of this thesis, efforts were made to ascertain the views of survivors of CSA on the definition of CSA (Lange, Condon, et al., 2019a), as ascertaining the views of survivors may make the definition more acceptable to this population. While this is an important starting point, future research is needed with larger and more diverse samples of survivors. The results of these projects can be summarized and used by experts in the field when working to create a standardized definition. Though it may have its drawbacks, as different researchers may conceptualize CSA differently, having a more standardized definition will allow researchers to more easily make comparisons across studies and may allow for the potential pooling of data across studies.

While a broad standardization of this definition of CSA may be important for future researchers, it is critical that researchers examine the ways that frequency and severity of CSA are measured and how these factors influence results. For example, when measuring specific acts of CSA, it is critical to determine the frequency of these occurrences and who perpetrated these acts, as these variables may influence findings. For example, it would be expected that those who more frequently experienced CSA would have more difficulties related to parenting. However, these factors are not typically assessed in research in this area.

Critically, while the standardization of a definition for research on CSA is needed, this may

need to differ from legal definitions of CSA. For example, as previously discussed, there are often nuances involved in defining CSA, such as the relationship between the victim and perpetrator, and issues surrounding the developmental capacity of both parties, that may need to be taken into account into legal cases, but may be too complicated to fully address in a definition for research.

Synthesis of Findings Related to Interventions

Though not a focus of the systematic reviews examining the relationship between CSA and parenting (Lange, Condon, et al., 2019c, 2019d, 2019e), several M_{CSA} in studies included in the qualitative review discussed the need for interventions designed for M_{CSA}:

> Like you'll open books and…you'll be like "Oh, how to be a mother. You'll go through this and this and this." NO ONE ever tells you…if you've been through something traumatic, how will you cope and how will it affect you later (Bellhouse, 2013, p. 36).

Given the large body of literature on the association between CSA and the later parenting of mothers who experienced this trauma, a systematic review was undertaken to determine what interventions have currently been evaluated for this population. This review found that only four, low-quality interventions have been evaluated in the literature. Critically, the existing evidence on the association between CSA and mothering was often not used in the creation of these interventions, nor did M_{CSA} appear to have been consulted in the development of these interventions (Lange, Bach-Mortensen, Condon, & Gardner, 2019). As such, as part of the mixed-methods survey, M_{CSA} were asked what they may want from an intervention to address their CSA experiences in relation to their parenting. Most commonly, M_{CSA} desired an intervention to provide them with information on aspects of parenting that they found challenging given their CSA experiences, such as appropriate touch and protecting their child from abuse (Lange, Condon, et al., 2019b).

Implications of all Findings for Intervention Development

All portions of the project have important implications for intervention development for M_{CSA}. Potential avenues for interventions were discussed in depth in the Discussion of the systematic review of interventions for M_{CSA} (Lange, Bach-Mortensen, et al., 2019). For example, these interventions could be developed based on evidence-based interventions currently designed for adult survivors of trauma and for parents who experienced trauma. Further, they could be developed by determining what aspects have been shown to be most problematic for survivors of CSA (Lange, Condon, et al., 2019c, 2019d, 2019e), and based on what M_{CSA} have requested from such an intervention (Lange, Condon, et al., 2019b), which are all aspects covered in this thesis.

It is recommended that interventions for M_{CSA} occur in a group setting, as M_{CSA} believed this would be beneficial, as this would allow them to talk through their parenting difficulties and know that they are not alone in their experiences (Lange, Condon, et al., 2019c). This feeling of universality has been identified as a critical factor in group therapy (Yalom, 1995). Several strategies are possible for intervention delivery. First, the intervention could occur as a standalone intervention that is specific to M_{CSA} and their needs. Second, additional sessions specific to the needs of M_{CSA} could be added into existing parenting programs designed for trauma survivors, such as Mom Power and home visiting programs (Muzik et al., 2015; Shenk et al., 2017). Further, additional sessions could be added to existing evidence-based programs not focused specifically on parent's trauma, such as the Triple P-Positive Parenting Program (Sanders, 2008), Incredible Years Parenting Program (Marcynyszyn, Maher, & Corwin, 2011), and Parenting for Lifelong Health (Cluver et al., 2018).

While a group setting would be the preferred format for an intervention with M_{CSA}, this may not always be feasible. For example, though the prevalence rate of CSA is high globally

(Barth, Bermetz, Heim, Trelle, & Tonia, 2013), there may not be enough M_{CSA} is rural areas for a group-based intervention to occur. Thus, this intervention could be designed to occur with individuals or could be designed in a web-based format, so that those in rural settings are able to connect with other M_{CSA}.

No matter if the intervention is designed to be standalone or an optional component of existing evidence-based parenting programs, these interventions need to be rigorously planned and evaluated in future research. In terms of design, though this research project did not take a community-based participatory approach (CBPR), it is the goal that future interventions developed for this population will use CBPR. Ultimately including the voices of M_{CSA} is critical, as a CBPR approach can help alleviate "racial and ethnic health disparities through engaging community members as partners in research design, collaborative knowledge creation, intervention development, and health policy-making" (Belone et al., 2016, p. 117). Further, future intervention developers need to consult the extensive evidence on this subject, which was synthesized and further developed in the papers in this thesis (Lange, Bach-Mortensen, et al., 2019; Lange, Condon, et al., 2019b, 2019c, 2019d, 2019e). Finally, researchers may want to consult experts in the field using the Delphi method (Linstone & Turoff, 1975) and work to develop clear program theories prior to the start of the intervention (Fraser, Richman, Galinsky, & Day, 2009).

It is also critical that the intervention is extensively evaluated not only after the end of the intervention, but throughout its delivery. While the intervention is taking place, researchers should undertake efforts to identify core components (Blase & Fixsen, 2013), measure harms, and assess the perceptions of both participants and facilitators. Based on these aspects, the intervention should be further refined.

Once the efficacy of pilot interventions has been established, the intervention could be

extended to larger populations in different geographic locations, with these scaled interventions still collecting information on efficacy, potential harms, and participant/facilitator perceptions, so interventions can be further refined. Specifically, though recent research has suggested that evidence-based interventions for parenting related to child behavior problems did not become less effective when transported to different cultural contexts, there was some variation in these findings (Gardner, Montgomery, & Knerr, 2016; Leijten, Melendez-Torres, Knerr, & Gardner, 2016), meaning that this should be carefully monitored, and if needed, modifications to the intervention should be made.

Policy Implications

In addition to interventions to address the consequence of CSA on M_{CSA}, policies are also needed that attempt to prevent these negative outcomes from occurring or that support intervention efforts to address these issues. Specifically, the results of this thesis illustrate that a large number of mothers who experienced CSA are struggling with their parenting. Given the high prevalence of CSA (Barth et al., 2013), it is likely that a significant proportion of the population is affected. Despite this, current funding in the United States for sexual violence is well below what physical health issues, such as diabetes and HIV/AIDS, receive (Waechter & Ma, 2015). As such, increased funding is needed at the federal and state level in the United States, and increased funding generally is needed across countries, to aid in efforts to prevent and address CSA.

Unfortunately, it is not possible to prevent all CSA from occurring and policies need to be in place to identify those that have had these experiences, as early intervention may help mitigate long-term negative effects, such as negative outcomes related to parenting. One potential way to identify CSA victims is through increased mandatory reporting laws. A recent study found that the introduction on mandated reporting resulted in a significant increase in reporting of CSA:

> Results indicate that the number of reports by mandated reporters of suspected child sexual abuse increased by a factor of 3.7, from an annual mean of 662 in the three year pre-law period to 2448 in the four year post-law period…The number of substantiated investigations doubled, from an annual mean of 160 in the pre-law period to 327 in the post-law period, indicating twice as many sexually abused children were being identified. (Mathews, Lee, & Norman, 2016, p. 62).

Strengths and Limitations of the Overall Thesis

Limitations of the Thesis

Summarizing Studies Lacking Methodological Rigor

Though attempts have been made to address the methodological issues in the studies included in the systematic reviews that comprise this thesis (Lange, Bach-Mortensen, et al., 2019; Lange, Condon, et al., 2019c, 2019d, 2019e), it was not possible to fully disentangle in what instances methodological issues may be unduly influencing the results. Thus, while a synthesis of results across studies was provided earlier, it is critical that these not be considered definitive, as more methodologically rigorous studies are needed to determine if associations do exist. Critically, though quality thresholds could have been set by this research team to exclude some of the lower quality studies found in the systematic review, this was not done, as we believed that it was important to synthesize the full range of studies in this area, as lower quality studies could have assessed different types of parenting not considered in higher quality studies, and mechanisms explaining these associations. We believe these are important aspects to capture, as they identify areas where more research is needed.

Decision not to Meta-Analysis

Disagreement currently exists regarding when meta-analysis should be utilized (Mueller et

al., 2018). Given methodological issues in studies, significant heterogeneity in the measurement of CSA and parenting, and a lack of statistical power to explore this, we did not conduct meta-analyses in the quantitative systematic reviews included in this thesis. For example, for the breastfeeding theme of the quantitative review, six studies were located. Outcomes regarding breastfeeding were varied: three studies assessed early cessation (defined by different time periods in each study), one study assessed breastfeeding initiation, one study assessed exclusive breastfeeding, and one study looked at physical complications of breastfeeding (Lange, Condon, et al., 2019d), meaning a meta-analysis would not have been appropriate.

In some instances, a meta-regression would have been more justifiable; however, in the vast majority of cases there were too few studies on each risk-outcome association, as illustrated in the breastfeeding example above, to conduct a meta-regression (Borenstein, Hedges, Higgins, & Rothstein, 2009). Our lack of meta-analysis is further in line with other reviews in the field assessing the association between childhood trauma and parenting, which have also not meta-analyzed data (de Jong, Alink, Bijleveld, Finkenauer, & Hendriks, 2015; DiLillo & Damashek, 2003; Hughes & Cossar, 2016; Hugill, Berry, & Fletcher, 2017; Rumstein-McKean & Hunsley, 2001; Wark & Vis, 2016). Finally, given the high levels of bias present in studies included in the reviews stemming from methodological issues, which have been discussed previously, meta-analysis was further deemed inappropriate, as pooling biased studies potentially "will produce equally biased combined estimates with narrow confidence intervals that may wrongly be interpreted as definitive evidence" (Dekkers et al., 2019, p. 15).

Location of Intervention Evaluations

In the systematic review on interventions that have currently been evaluated for M_{CSA}, we searched for potentially relevant interventions in both academic databases and search engines.

Given our thorough use of search engines in addition to academic databases, we believe that we were able to identify all interventions that have been evaluated and designed for this population that are currently discussed in the published and grey literature in English. However, it is possible that organizations may be in the process of evaluating or designing interventions for this population and have yet to post or publish material on this. Additionally, though the systematic review focused specifically on studies where interventions had been evaluated, it is possible that broadening our inclusion criteria to allow for studies proposing intervention designs may have resulted in additional insight.

Generalizability

Results included in this thesis are also limited in terms of generalizability. As noted previously, many of the studies in the systematic reviews came from North America (Lange, Bach-Mortensen, et al., 2019; Lange, Condon, et al., 2019c, 2019d, 2019e). This may be partially due to the fact that only studies in the English language were included in the systematic reviews given practical limitations. Further, the majority of participants in the mixed-methods survey came from the United Kingdom (Lange, Condon, et al., 2019a, 2019b).

Strengths of the Thesis

Despite its limitations, this thesis represents the first attempt to comprehensively synthesize the large literature on the association between CSA and parenting, and interventions that have been evaluated to address the needs of this population. The synthesis of this literature is critical, as it allowed for overarching parenting challenges, potential methodological issues, and gaps in the literature to be assessed, which can contribute to research in this area moving forward. Further, having a thorough synthesis of this literature is critical for practitioners and policy makers who may have been previously relying on an incomplete set of literature on these associations when

making decisions.

Finally, given that this thesis was able to synthesize this large literature, it was able to not only identify gaps in the literature, but take steps to address these gaps. Specifically, the mixed-methods survey was able to address several gaps and methodological issues that had been identified in previous literature (Lange, Condon, et al., 2019a, 2019b).

Conclusion

The results of this thesis demonstrate that experiences of CSA can negatively affect parenting behaviors, yet very little is known about the best ways to intervene with this population and the extent to which specialized parenting interventions are needed. Given the pernicious effect that CSA can have on parenting, and the potential negative effect that parenting difficulties can have on the children of these women, it is critical that interventions address these issues. Further, given issues surrounding the definition of CSA found throughout this thesis, efforts should be made to standardize this definition. The results of this thesis form a strong basis for the development of future parenting interventions and research with this population.

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