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Psychometrics of a Child Report Measure of Maternal Support Following Disclosure of Sexual Abuse

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Abstract

Objective—The purpose of this study was to develop a psychometrically sound child-report measure of maternal support following disclosure of child sexual abuse. Maternal support following disclosure of child sexual abuse is an important predictor of child adjustment; however, this construct is not well defined, and a psychometrically sound method to assess maternal support from a child's perspective does not exist.

Methods—Demographic and abuse-specific information was collected via structured interview from 146 mother-child dyads presenting for an initial forensic evaluation at a child advocacy center. Mothers completed the Maternal Self-report Support Questionnaire, and children completed the Trauma Symptom Checklist for Children and 32 items considered for inclusion in a new measure known as the Maternal Support Questionnaire – Child Report (MSQ-CR).

Results—Exploratory factor analysis of the MSQ-CR resulted in a three factor solution: *Emotional Support* (9 items), *Skeptical Preoccupation* (5 items), and *Protection/Retaliation* (6 items). Each factor demonstrated adequate internal consistency reliability. Analyses with the Maternal Self-report Support Questionnaire and the Trauma Symptom Checklist supported the construct and concurrent validity of the new measure.

Conclusions—The MSQ-CR demonstrated sound psychometric properties. Future research is needed to determine whether the MSQ-CR provides a more sensitive approximation of maternal support following disclosure of sexual abuse, relative to measures of global parent-child relations. Additional research is needed to contextualize discrepancies between mother and child ratings of maternal support. Important limitations of the investigation are reviewed.

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Keywords

maternal support; child sexual abuse; traumatic stress; measure development

Maternal support following a child's disclosure of sexual abuse is often cited as an important predictor of the child's later psychological adjustment. However, the field has yet to settle on an operational definition of this important construct, and there has been little consistency in assessment of maternal support across studies. Recently, the Maternal Self-report Support Questionnaire (MSSQ), a multidimensional mother-reported measure of maternal support following childhood sexual abuse (CSA) was developed, and preliminary support was established for its reliability and validity (Smith et al., 2010). The purpose of the current study is to examine the psychometric properties of a complementary child-reported version of the MSSQ, known as the Maternal Support Questionnaire-Child Report (MSQ-CR).

The importance of this construct is highlighted by studies linking different aspects of maternal support to child adjustment following disclosure of CSA (e.g., Adams-Tucker, 1982; Conte & Schuerman, 1987; Esparza, 1993; Everson, Hunter, Runyon, Edelsohn, & Coulter, 1989; Feiring, Taska, & Lewis, 1998; Lovett, 1995; Tremblay, Hebert, & Piche, 1999). More specifically, low levels of post-disclosure maternal support have been found to predict higher levels of psychological maladjustment in the domains of depression and poor self-image (Everson et al., 1989a), as well as a range of severe behavioral problems including fire setting, running away, and suicide attempts (Adams-Tucker, 1982). Further, a high level of maternal support has been shown to be a protective factor, predicting lower levels of child stress (Esparza, 1993) and externalizing problems (Tremblay et al., 1999), and moderating the negative impact of CSA on mental health (Hébert, Cénat, Blais, Lavoie, & Guerrier, 2016). The impact of maternal support on CSA has been demonstrated both soon after the abuse and longitudinally, particularly when considering the relationship between maternal support and child depression (Zajac, Ralston, & Smith, 2015), and abuse survivors' later relationship functioning as adults (Godbout, Briere, Sabourin, & Lussier, 2014). Finally, youth place a high value on parental support following sexual abuse, and they often wish they had received more of it (Schönbucher, Maier, Mohler-Kuo, Schnyder, & Landolt, 2014).

Despite a considerable literature documenting links between maternal support and children's post-abuse adjustment, there are several conceptual and methodological limitations that require attention in order to make firm conclusions. One of the most pressing issues is that definitions of maternal support used across studies are variable. In fact, in their meta-analysis of the effects of caregiver support, Bolen and Gergely (2015) concluded that "one of the most interesting and important findings of [the] analysis was the lack of consensus among researchers on how to measure [non offending caregiver] support" (p.276); the authors also reported that nearly all studies measured parent support differently. Several studies have used measures of general social support or parent-child relationship quality to represent maternal support following CSA disclosure, with no reference to the actual abuse event itself (e.g., Conte & Schuerman, 1987; Esparza, 1993; Feiring et al., 1998; Hébert et al., 2016). In studies that have clearly anchored the assessment of maternal support to a CSA

event, a broad range of maternal support behaviors have been queried, including protective actions (e.g., the mother leaves the perpetrator, the mother contacts law enforcement), emotional reactions to the child (e.g., feels hostility or anger towards the child), verbal or emotional support (e.g., empathetic statements), and belief of the child's disclosure (Adams-Tucker, 1982; Everson et al., 1989a; Heriot, 1996). These differing methods of operationalizing support may in part explain why some studies find parental support to not be a particularly important predictor of functioning. For instance, in contrast to the previously reported results, a longitudinal study by Musliner and Singer (2014) found that only current support during adulthood, as opposed to support during adolescence, predicted depression in adult survivors of sexual abuse; however, this study defined support as a general closeness between survivors and their parents (both mother and father).

In addition, researchers have also used different strategies for obtaining ratings of maternal support. Methods have ranged from chart reviews performed by non-researchers (Heriot, 1996; Pintello & Zuravin, 2001) to interviews and self-report questionnaires (e.g., Cyr et al., 2003; Cyr, McDuff, & Hébert, 2013; Everson et al., 1989a; Mannarino & Cohen, 1996; Paredes, Leifer, & Kilbane, 2001). In the majority of studies, ratings of maternal support are obtained from mothers themselves or professionals, such as caseworkers or mental health providers. Fewer studies have utilized child-report ratings of maternal support. Thus, one clear limitation is the lack of studies on children's perceptions of their mother's abuse-specific support. Although several studies have asked children to rate the quality of their relationship with their mother (Esparza, 1993; Feiring et al., 1998; Lovett, 1995; Tremblay et al., 1999), only a few have collected data on child-reported perceptions of abuse-specific support (e.g., Cyr et al., 2003; Morisson & Clavenna-Valleroy, 1998), and some of these have focused on adult sexual abuse survivors' recollections of their maternal support at the time of the abuse (Easton & Renner, 2013; Godbout et al., 2014).

The importance of children's perceptions of maternal support was highlighted by findings that mother and child reports were significantly discrepant from one another and had overlapping, but somewhat different, correlates (Cyr et al., 2003). For instance, one study found that mother and child reports of the mother's belief in the child's initial disclosure did not match nearly 40% of the time (Bick, Zajac, Ralston, & Smith, 2014). Furthermore, research indicates that non-offending mothers of sexually abused children can display a wide array of behaviors, some of which are counterintuitive and socially undesirable. For example, Cyr and colleagues (2013) found that a significant subset of mothers of sexually abused children responded by believing their children and protecting them from their perpetrators, while also expressing high levels of anger toward their children and using more punitive and inconsistent disciplinary practices. Other maternal responses that were more likely to be reported by a child than by a mother include maternal disbelief and failing to protect the child from the perpetrator (Cyr et al., 2013). These findings highlight the importance of considering both the child's and mother's perspectives on maternal support.

Cyr and colleagues (2003; 2013) utilized the Parental Reaction to Abuse Disclosure Scale (PRADS; Everson, Hunter, & Runyan, 1989), which is a modified version of the Parental Reaction to Incest Disclosure Scale (Everson et al., 1989a), and was developed to apply more broadly to both incestuous and non-incestuous cases of CSA (Cross, DeVos, &

Whitcomb, 1994). While this is the most common method of measuring maternal support to date, little psychometric data on this measure have been reported. The PRIDS/PRADS is a semi-structured interview and much of the data available are based on mothers' reports, or a combination of mother and child report to yield overall scores of maternal support. Cyr and colleagues (2003) are the only researchers to date to obtain separate mother and adolescent report scores, and as noted above this yielded different results. The PRIDS/PRADS has also been criticized for being composed of only four or fewer items (Bolen & Gergely, 2015). Morisson and Clavena-Valleroy (1998) developed their own measure of children's perceptions of maternal support for their study, citing the lack of available measures of this construct and acknowledging the limitations of using a measure with unknown psychometric properties. Their measure consisted of six questions (3 scaled and 3 open-ended) that focused on children's perceptions of their mothers' belief in the CSA disclosure, and children's "feelings" on being supported. This measure was used to categorize mothers as "supportive" or "nonsupportive." To date, there is no brief, multidimensional, psychometrically sound measure to assess child perceptions of abuse-specific maternal support.

Collectively, research suggests that maternal support is a key construct in predicting child outcomes following CSA; however, definitions of maternal support have been inconsistent and poorly defined, and measures of this construct have been used inconsistently across studies and have only limited psychometric data. As such, psychometrically and theoretically sound measures are needed to advance research in this area (Bolen, Dessel & Sutter, 2015). Recently, some support has been found for the psychometric properties of the MSSQ, a brief mother-rated measure of maternal support (Smith et al., 2010). The purpose of this study was to develop an analogous brief multidimensional child-report measure to assess maternal support following CSA disclosure, the MSQ-CR. Using data collected from a sample of children receiving forensic CSA examinations at a child advocacy center, a preliminary evaluation of the psychometric properties of this measure was conducted.

Method

Participants

Participants were 146 mother-child pairs recruited from a child advocacy center. Inclusion criteria were that a) children were 7–17 years old; b) children were victims of sexual abuse involving actual physical contact (e.g., fondling, penetration), as determined by a professionally conducted forensic evaluation; and c) mothers were not complicit or involved in the sexual abuse (i.e., "non-offending"). Potential exclusion criteria included psychotic behavior during the forensic evaluation, significant cognitive or intellectual disability, or inability to speak Spanish or English; however, no cases were excluded based on these criteria.

Data were collected over a 3.5-year period, during which 1383 youth presented to the child advocacy center for a first-time forensic assessment. Of these youth, 1060 (76.6%) were ineligible because they did not meet inclusion criteria, most commonly because contact CSA (i.e., CSA in which physical contact occurred) was not indicated, they were outside of the eligible age range, or a sibling was targeted for the study. Of the 317 youth who met study

criteria, 46 declined to participate, 105 were unable to be contacted, and 20 were excluded after they failed four times to attend scheduled assessment appointments. The final sample of 146 mother-child dyads represented 46% of the eligible participants, 54% of those who consented to be recruited, and 88% of those who could be located for recruitment.

Youth were primarily female (80.8%) and averaged 11.63 years ($SD = 2.71$; range of 7 to 17). Regarding racial identity, 80 (54.8%) victims were White, 64 (43.8%) were African American, and 2 (1.4%) were biracial. Caregivers were primarily biological mothers (86.3%); other roles included step-mother (2.1%), adoptive mother (0.7%), and other biological relative (11.0%). Mean maternal age was 40.52 ($SD = 8.67$; range of 27 to 71). Approximately half of the mothers reported that they were married (52.9%), completed some form of education beyond high school (46.2%), and had an annual household income below \$20,000 (46.1%).

Measures

Maternal Support Questionnaire – Child Report (MSQ-CR)—Preliminary items of the MSQ-CR were developed in three theoretically derived domains of abuse-specific support (Finkelhor & Browne, 1989; Spacarelli, 1994): *Belief in Child* (degree of credence in child's abuse disclosure and description; e.g., “my mother asked me if I am telling the truth about what happened to me”), *Emotional Support* (empathy for child's distress, absence of rejecting or negative emotions; e.g., “my mother helped me feel better about what happened to me”), and *Protective Action* (keeping the child safe from further abuse; e.g., “my mother tried to keep the person who hurt me away from me”). These domains closely resemble three of the four relevant domains proposed by several authors (e.g., Cyr, et al., 2014; Everson, et al., 1989) as important facets of maternal support. The fourth, which involves seeking health services for the child, may not be relevant in all cases. Items were developed rationally with consultation from experts in the CSA treatment field in an attempt to sample the constructs comprehensively. Rational scale development in which scale developers begin with hypothesized scale domains and then create items believed to represent those domains has been found to yield psychometrically similar scales to those developed with other methods; rationally developed scales may also exhibit benefits such as including more face-valid items and coherent subscales (Burisch, 1984). Children indicate the degree to which each item describes their perceptions about their mother's behavior toward them since the disclosure of sexual abuse. Responses are made on a Likert-type scale ranging from 0 (*not at all*) to 3 (*very much*).

Maternal Self-Report Support Questionnaire (MSSQ)—The MSSQ (Smith et al., 2010) is a 14-item questionnaire assessing a mother's perceptions of her attitudes and behavior since the discovery of her child's sexual abuse. The MSSQ consists of two theoretically relevant scales: Emotional Support and Blame/Doubt. Higher scores on the Emotional Support scale suggest a mother who is able to provide emotional comfort to her child. Higher scores on the Blame/Doubt scale indicate a greater tendency to doubt the child's disclosure and question the role the child may have played in the CSA. Mothers rate each item on a scale ranging from 0 (*not at all like me*) to 6 (*very much like me*). Preliminary evidence suggests the MSSQ has sound psychometric properties (Smith et al.,

2010). The internal consistencies for the Emotional Support and Blame/Doubt Scales were .76 and .71, respectively. Modest but significant correlations were found between the MSSQ and the CBCL; specifically, higher levels of Emotional Support were related to lower levels of problems behaviors and emotions, where as the Blame/Doubt scale was positively correlated with problem behaviors and emotions. Further supporting the construct validity of the MSSQ, child interview measures of social support were significantly related to mothers' reports of both Emotional Support and Blame/Doubt.

Trauma Symptom Checklist for Children (TSCC)—The TSCC (Briere, 1996) is designed for children ages 8 to 16 to measure their level of reported trauma-related symptoms. The TSCC is comprised of 54 items that constitute six primary sub-scales: anger, anxiety, depression, dissociation, posttraumatic stress, and sexual concerns. Two validity scores, hyper-response and under-response, can also be calculated based on subsets of the clinical items. A growing body of literature attests to the internal consistency and validity of the TSCC (Briere, 1996; Crouch, Smith, Ezzell, & Saunders, 1999), and numerous studies have included the TSCC to measure child trauma-related symptoms. For the purposes of this study, the Anger, Anxiety, Depression, and Posttraumatic Stress Scales (PTS) were used due to their theoretical relevance to maternal support.

Demographic and Abuse Characteristic Information—Data were collected through a structured interview with the mother. In cases where mothers were unaware of CSA characteristics, case files were consulted. Abuse characteristics of interest in the current study were relationship of the perpetrator to the child (intra- vs. extra-familial), severity of the abuse (penetration vs. no penetration), and frequency of the abuse (one time vs. more than one time).

Procedures

All procedures were approved by both the Institutional Review Board at the lead authors' university and the Research Committee of the participating child advocacy center. Trained female research staff approached all families presenting for forensic assessment over a 3-year period. At the time of the initial appointment, guardians were asked to provide consent to be contacted by telephone regarding potential research projects for which they might be eligible. Research staff logged and tracked each case using advocacy center records to determine eligibility. Research staff contacted eligible families, and study procedures were explained. One-time assessment appointments were scheduled at the child advocacy center for families who agreed to participate. All interviewers were female graduate students in a counseling program or doctoral-level psychologists. Mothers and children were interviewed separately.

Results

Descriptive Information on Victimization History

An almost equal number of youth were sexually abused by a family member (e.g., biological father, sibling, or other relative; 48.6%) compared to a non-family member (e.g., neighbor, family friend, or peer; 51.4%). Regarding sexual abuse severity, 79 (54.1%) youth reported

that the sexual abuse involved some form of sexual penetration. The majority of youth (n=82, or 56.2%) reported multiple incidents of sexual abuse.

Exploratory Factor Analysis

Our data analytic plan was based on recommendations for best practices in scale development laid out by Worthington and Whittaker (2006). Specifically, to determine factorability of the response set, the Kaiser-Meyer-Olkin (KMO) Test of Sampling Adequacy was conducted. Results indicated $KMO = .79$, which was well above the Tabachnick and Fidell (2001) recommended cut-off of .60. Therefore, the 32 items were subjected to a principal-axis factor analysis using oblique rotation. Factors to be retained in the final measure were selected through examination of eigenvalues, scree plot, and factor interpretability. Examination of eigenvalues indicated that 9 factors resulted in eigenvalues greater than 1. However, Floyd and Widaman (1995) suggest that the Cattell-Nelson-Gorsuch (CNG) scree test (Gorsuch, 1983) is a more accurate method for retaining factors than the commonly used criterion of eigenvalues > 1.00 due to the tendency of eigenvalues to be too liberal in deriving factors. The CNG scree test suggested retaining three factors. Preliminary analyses and visual inspection of factor items were conducted to examine the interpretability and utility of all of the factors. Factors 4 through 9 each consisted of 3 or fewer items and had alpha coefficients of less than .42. Therefore, consistent with the scree test results, a 3-factor solution for the MSQ-CR was chosen that accounted for 39.49% of the variance, or 22.92%, 9.45%, and 7.12%, respectively.

Items were included on a factor if the item loading was .40 or greater (See Table 1 for factor pattern matrix). One item (i.e., *Believes everything that I said happened*) loaded on Factors 1 and 3, .50 and .42, respectively. Preliminary reliability analyses revealed negligible changes in alpha coefficients when retaining or excluding the item on either factor. Based upon factor loading and congruency with factor item content, the item was included on Factor 1. Additionally, the item, *Takes me to the doctor*, loaded on Factor 1 (.41), however, due to a Corrected Item-Total Correlation of less than .4 and a negative impact on the alpha coefficient, the item was dropped from Factor 1.

Following the above decisions, three highly interpretable factors emerged. Factor 1 was labeled “Emotional Support” and consisted of 9 items reflecting the child’s perception of the mother’s ability to provide him/her with emotional support. Higher scores correspond to higher levels of emotional support. Factor 2 was labeled “Skeptical Preoccupation,” as it contained 5 items that reflect the child’s perceptions of their mother’s tendency to question the truth of the disclosure and dedicate significant time and energy to worrying or thinking about the sexual abuse. Higher scores reflect greater skepticism of and preoccupation with the child’s sexual abuse. The third factor, “Protection/Retaliation,” consisted of 6 items related the child’s perception of the mother’s tendency to want to protect the child from further harm and/or take vengeful action against the perpetrator. Higher scores indicate higher levels of focus on retaliation against the perpetrator and protection of the child.

There were significant correlations amongst each of the scales. The Emotional Support scale was significantly related to the Skeptical Preoccupation scale ($r = .28, p < .01$) and the Protection/Retaliation scale ($r = .38, p < .01$). The correlation between the Skeptical

Preoccupation and Protection/Retaliation scales was .27 ($p < .01$). Means for the individual scales are as follows: Emotional Support $M = 20.21$ ($SD = 5.74$, range = 3–27), Skeptical Preoccupation $M = 6.97$ ($SD = 3.72$, range = 0–15), and Protection/Retaliation $M = 9.58$ ($SD = 4.13$, range = 0–18).

Internal Consistency

Reliability analyses of the MSQ-CR were conducted to examine the internal consistency of each scale. Corrected Item-Total Correlations were all greater than .4, indicating that no items should be deleted. The internal consistencies for the Emotional Support, Skeptical Preoccupation, and Protection/Retaliation scales were adequate, with Cronbach's α of .87, .71 and .73, respectively. Elimination of any individual item did not improve α coefficients.

Construct Validity

In order to explore construct validity of the MSQ-CR, relations between the MSQ-CR and maternal ratings of their own levels of support were examined using the MSSQ (see Table 2). Modest but significant correlations were found between the MSSQ and the MSQ-CR Emotional Support and Protection/Retaliation scales. Specifically, youth who viewed their mothers as high in Emotional Support also had mothers who viewed themselves as high on MSSQ Emotional Support ($r = .35$, $p < .01$) and who reported less Blame/Doubt of their child's disclosure and possible role in the sexual abuse. Finally, youth who perceived their mother as wanting to take protective or retaliatory action toward the perpetrator had mothers who self-reported higher levels of Emotional Support.

Concurrent Validity

In order to explore the MSQ-CR's relations with clinically relevant behavioral and emotional outcomes, correlations with the TSCC were examined (Table 2). Modest but significant correlations existed between the TSCC and all of the MSQ-CR scales. Specifically, youth who perceived their mother as higher in Emotional Support also reported lower levels of Anger and Depression. In contrast, youth who viewed their mothers as being more skeptical of and preoccupied with the sexual abuse reported higher levels of Anxiety, PTS, and Depression. Finally, youth who reported higher levels of Protection/Retaliation in their mothers also tended to have higher levels of PTS on the TSCC.

In addition, characteristics of the sexual abuse and child demographic variables were examined in relation to the MSQ-CR, including relationship to the perpetrator (relative vs. non-relative), severity of the abuse, frequency of the abuse, child age, child gender, and child race (White vs. other). Independent Sample t -tests were used to examine relationships between the MSQ-CR and the dichotomous variables. Male victims tended to report higher levels of maternal Emotional Support, $t(137) = 1.59$, $p < .01$, than did female victims. Additionally, youth who experienced multiple incidents of abuse, $t(139) = -1.02$, $p < .05$, and did not experience penetration during the sexual abuse, $t(135) = .70$, $p < .05$, tended to have mothers who were more skeptical of and preoccupied with the sexual abuse. Lastly, to examine the relationship between child age and the MSQ-CR, Pearson correlations were used. Results suggest that younger CSA victims tend to perceive their mothers as demonstrating higher levels of Emotional Support ($r = -.25$, $p < .05$) and Skeptical

Preoccupation ($r = -.24, p < .05$). There were no other significant relationships between MSQ-CR scores and sexual abuse or demographic characteristics, including relationship to the perpetrator, severity of the abuse, or race.

Discussion

The results of this investigation advance the child maltreatment field by demonstrating the basic psychometric properties for the MSQ-CR, a brief child-report measure of children's perceptions of their mothers' support following disclosure of sexual abuse (see Appendix A for the measure and item-scale composition). Prior to the current study, the field lacked such a measure with demonstrated sound psychometric properties. As a result, investigations evaluating the effects of maternal support on psychological adjustment following CSA disclosure produced conflicting results that are likely attributable, in part, to inconsistencies in measuring the maternal support construct.

A total of 32 items were originally considered for the MSQ-CR and data from 146 mother-child dyads presenting for a forensic evaluation resulted in the identification of three reliable factors. Consistent with our theoretically-derived expectation that an *Emotional Support* domain would emerge, nine items reflective of maternal emotional support loaded onto a single factor. Children's scores from the *Emotional Support* domain were positively and negatively correlated with the Emotional Support and Blame/Doubt subscales, respectively, of the MSSQ (Smith et al., 2010). Thus, this provides preliminary evidence to support the construct validity of this domain and we view these correlations as cross-informant evidence that the MSQ-CR can measure this important facet of maternal support following a child's disclosure of sexual abuse. Furthermore, scores from the *Emotional Support* domain were negatively correlated with the Depression and Anger subscales of the TSCC (Briere, 1996), which suggests that the measure may hold predictive utility in future studies that seek to delineate relationships between maternal support and psychological adjustment in children who have experienced sexual abuse.

Next, five items converged into a second factor, which resembled the *Belief in Child* domain that was anticipated. The item content also suggested the presence of maternal skepticism about and preoccupation with the abuse. Significant correlations with the two scales from the MSSQ (Smith et al., 2010) were not detected for this domain; however, it was positively correlated with the anxiety, PTSD, and depression subscales of the TSCC (Briere, 1996), which again highlights the promising nature of this measure for use in future investigations involving maternal support, especially as it pertains to understanding discrepancies between child and mother reports and the correlates of such discrepancies. It is notable that this subscale did not correlate to the conceptually similar Blame/Doubt subscale of the MMSQ. This further highlights the need for high-quality measures of both parent and child perspectives on maternal support.

Finally, six items loaded onto a third and final factor, which closely resembled the anticipated theoretical domain of *Protective Action*. The item content for the third factor goes above and beyond simple protection and includes an emotionally-driven attempt to hold the perpetrator accountable for his or her actions. Notably, this domain was positively

correlated with the Emotional Support subscale of the MSSQ (Smith et al., 2010) and the PTSD subscale from the TSCC (Briere, 1996). These associations further support the construct validity of the MSQ-CR and suggest that the measure holds promise for exploring the relationship between maternal support and psychological adjustment, specifically in relation to children's traumatic stress reactions.

Important limitations of this investigation, most notably the cross-sectional design, limit the extent to which conclusions about the nature of the relationship between child and mother ratings of maternal support and the relationship between maternal support and child adjustment can be made. Specifically, if conflict in the mother-child relationship pre-dates the CSA event, the measurement of maternal support may reflect conflict in the relationship more generally, as opposed to maternal support that is specifically linked to a CSA event. That being said, the MSSQ (Smith et al., 2010) and MSQ-CR offer a means to measure maternal support and longitudinal research can assist in resolving this limitation, while providing additional insight into the relationship between maternal support and child adjustment. A methodological strength of this investigation involves the fact that our sample was presenting for an initial forensic evaluation and not necessarily a treatment-seeking sample. Thus, our sample likely captures a wider array of maternal behaviors that might otherwise not be present had we sampled from a treatment-seeking sample. While it could be argued that our sample is "help-seeking" by virtue of their attendance at a CAC-based forensic assessment, many families are required to present for such forensic examinations, and might not have sought one without mandate.

Overall, the results of this investigation highlight the importance of querying both children and their mothers about maternal support from both a research and child advocacy/protection perspective. The research demonstrates that assessing child-report ratings of maternal support is feasible and that the construct can be assessed using a brief-child report measure. Although the main goal of this investigation was to test the psychometric properties of a new scale, the results suggest some intriguing future questions. For example, within the context of treatment planning and intervention, the results highlight the importance of assessing maternal support from the child's perspective, due to the potential for mothers to engage in behaviors (e.g., Protection/Retaliation) that they themselves view as supportive, but that are associated with higher levels of post-traumatic stress symptoms in the child. The reliability and context of this finding should be elucidated in future studies. Taken together, the MSSQ (Smith et al., 2010) and MSQ-CR offer a means to assess and compare ratings of maternal support as provided by mothers and their children, which may provide useful clinical and theoretical information about adjustment to sexual abuse.

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Appendix A: MSQ-CR

When mothers find out that their children have been abused, they do many different things. How much has your mother has done each of these things during the past month?

My mother:

1. Believed everything I said happened.

0

1

2

3

Not at all

A little bit

A lot

Very Much

2. Asked what she can do to help me feel safe.

0

1

2

3

	Not at all	A little bit	A lot	Very Much
3. Talked about wanting the person who hurt me to get in trouble.	0	1	2	3
4. Got really upset about what happened to me.	Not at all	A little bit	A lot	Very Much
	0	1	2	3
5. Asked me if I am telling the truth about what happened to me.	Not at all	A little bit	A lot	Very Much
	0	1	2	3
6. Tried to get me to talk about what happened to me.	Not at all	A little bit	A lot	Very Much
	0	1	2	3
7. Tried to keep the person who hurt me away from me.	Not at all	A little bit	A lot	Very Much
	0	1	2	3
8. Said she wants to do something to harm the person who hurt me.	Not at all	A little bit	A lot	Very Much
	0	1	2	3
9. Tried to make sure I was telling the truth about what happened to me.	Not at all	A little bit	A lot	Very Much
	0	1	2	3
10. Said what happened to me is the abuser's fault.	Not at all	A little bit	A lot	Very Much
	0	1	2	3
11. Told me that she loves me.	Not at all	A little bit	A lot	Very Much
	0	1	2	3
12. Has done things to make me feel safe at home.	Not at all	A little bit	A lot	Very Much
	0	1	2	3
13. Really listened to me if I talked about what happened to me.	Not at all	A little bit	A lot	Very Much
	0	1	2	3
14. Helped me feel better about what happened to me.	Not at all	A little bit	A lot	Very Much
	0	1	2	3
15. Cared about my feelings.	Not at all	A little bit	A lot	Very Much
	0	1	2	3
16. Thought about what happened to me a lot.	Not at all	A little bit	A lot	Very Much
	0	1	2	3
	Not at all	A little bit	A lot	Very Much

17. Seemed to know when I was feeling upset about what happened to me.

0	1	2	3
Not at all	A little bit	A lot	Very Much

18. Seemed to want to “get back at” the person who hurt me.

0	1	2	3
Not at all	A little bit	A lot	Very Much

19. Knew how to calm me down when I was upset about what happened to me.

0	1	2	3
Not at all	A little bit	A lot	Very Much

20. Tried to get more information (from the library, internet, doctors) to learn about what happened to me.

0	1	2	3
Not at all	A little bit	A lot	Very Much

Scales:

Emotional Support: 1, 2, 11, 12, 13, 14, 15, 17, 19

Skeptical Preoccupation: 5, 6, 9, 16, 20

Vengeful Arousal: 3, 4, 7, 8, 11, 18

Table 1

Communalities and Factor Pattern Matrix for Items on the Maternal Support Questionnaire – Child Report

Item Description	Communalities	Factors		
		1	2	3
Believes everything that I said happened	.60	.50	-.12	-.42
Asks what she can do to make me feel safe	.45	.46	.01	-.26
Tells me she loves me	.48	.68	.15	-.24
Has done stuff to make me feel safe at home	.66	.72	.13	-.13
Really listens to me if I talk about it	.57	.72	.08	-.35
Helps me feel better about what happened	.61	.67	.11	-.21
Cares about my feelings	.54	.72	.05	-.13
Seems to know when I am feeling upset	.58	.60	.14	-.17
Knows how to calm me down when I'm upset	.65	.59	.24	-.12
Asks if I am telling the truth	.50	-.02	.80	-.02
Tries to get me to talk about what happened	.39	.18	.47	-.11
Tries to make sure I'm telling the truth	.45	.18	.61	-.10
Thinks about what happened to me a lot	.58	.20	.46	-.33
Tries to get more information to learn about it	.44	.28	.42	-.09
Talks about wanting the perp to get in trouble	.45	.10	.09	-.66
Gets really upset about what happened	.54	.31	.23	-.49
Tries to keep the perp away	.48	.33	.09	-.55
Says she wants to harm the perp	.44	.03	.08	-.55
Seems to want to "get back at" the perp	.48	.15	.04	-.66
Says what happened is the perps fault	.46	.34	-.02	-.62

Note. Boldface indicates on which factor the item was included.

Table 2

Pearson Correlations Among MSQ-CR Scales and the MSSQ and TSCC

	MSQ-CREmotional Support	MSQ-CR Skeptical Preoccupation	MSQ-CRProtection/Retaliation
MSSQ Emotional Support	.35 **	.05	.25 **
MSSQ Blame/Doubt	-.29 **	.12	-.12
TSCC Anxiety	-.07	.28 **	.16
TSCC PTSD	-.02	.22 *	.24 **
TSCC Depression	-.18 *	.18 *	.08
TSCC Anger	-.23 **	.05	.09

Note.*
 $p < .05$ **
 $p < .01$