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Child sexual abuse and subsequent relational and personal functioning: The role of parental support[☆]



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ABSTRACT

This study examined the role of nonoffending parental support in the relationship between child sexual abuse (CSA) and later romantic attachment, psychiatric symptoms, and couple adjustment. Of 348 adults engaged in stable romantic relationship, 59 (17%) reported sexual abuse. In this subgroup, 14% ($n=8$) reported parental intervention after the abuse was disclosed (i.e., support), 15% ($n=9$) reported a lack of parental intervention after abuse disclosure (i.e., nonsupport), and 71% ($n=42$) reported that their nonabusive parent(s) was(were) unaware of their abuse. Results indicated that, compared to other groups, CSA survivors with nonsupportive parents reported higher levels of anxious attachment, psychological symptoms, and dyadic maladjustment. In contrast, CSA survivors with supportive parent(s) expressed psychological and couple adjustment equivalent to non-abused participants, and lower attachment avoidance, relative to all other groups. Path analysis revealed that insecure attachment completely mediated the relationship between perceived parental support after CSA and later psychosocial outcomes. An actor–partner interdependence model showed different patterns for men and women and highlighted the importance of considering relational dynamics in dyads of CSA survivors. Overall, the results suggest that perceived parental support serves as a protective factor among those exposed to CSA.

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Introduction

It is well documented that the trauma of child sexual abuse (CSA) is associated with psychological maladjustment that may begin shortly after the abuse and continues into adulthood (Briere, 1996; Godbout, Lussier, & Sabourin, 2006; Putnam, 2003). CSA survivors are particularly at risk of developing insecure attachment representations, which are associated with relational problems, including couple dissatisfaction (Berthelot, Godbout, Hébert, Goulet, & Bergeron, 2013; Cyr, Euser, Bakermans-Kranenburg, & Van Ijzendoorn, 2010; Friesen, Woodward, Horwood, & Fergusson, 2010; Godbout et al., 2006; Watson & Halford, 2010).

Yet, some survivors of CSA appear relatively unscathed, demonstrating asymptomatic or healthy functioning (Finkelhor, 1990). Although this apparent resiliency may reflect the fact that the lasting effects of CSA are complex and that its assessment

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potentially requires more subtle measures (Godbout et al., 2006), the reaction of non-abusing parents may explain the extent to which CSA survivors experience negative outcomes (Beaudoin, Hébert, & Bernier, 2013). In fact, several studies indicated that CSA survivors with positive family environments and high levels of support experience less severe long-term sequelae than their peers who reported less parental support (Charuvastra & Cloitre, 2008; Elliott & Carnes, 2001; Gries et al., 2000; Hébert, Tourigny, Cyr, McDuff, & Joly, 2009; Thériault, Cyr, & Wright, 1997). Other researchers, however, report that parental support is a relatively weak predictor of later outcomes (Bolen & Lamb, 2007). This discrepancy suggests that the protective role of specific parenting factors on the well-being of CSA survivors remains an underresearched area.

Although research and clinical data revealed that CSA victims who never disclosed the abuse or who delayed disclosure report more psychological distress in adulthood, more information is needed on the impacts of parents who were unaware of the ongoing abuse of their child (e.g., Hébert et al., 2009). Also, no study has evaluated an integrative model to explore the pathways linking parental support after CSA to each partner's adult psychological and couple distress. The current study aims to address these gaps by exploring the relationships between CSA, perceived parental support, psychological distress, and couple adjustment using attachment as a conceptual framework.

An attachment perspective may offer a helpful framework for understanding the role of parental support at the time of CSA disclosure and subsequent intrapersonal and dyadic outcomes. The theoretical and empirical literatures indicate that parental support in the context of CSA influences the development of positive models of self and other or secure attachment behaviors toward the principal attachment figure (for literature reviews on parental support and CSA, see Elliott & Carnes, 2001; Kendall-Tackett, Williams, & Finkelhor, 1993; for an application of attachment theory to the study of sexual abuse, see Alexander, 1992).

The supportive intervention of a nonabusive parent is likely to assist the formation of positive models of self and others (Bowlby, 1969). Those positive internalized models (secure attachment) may eventually lead to better personal and couple outcomes (Godbout, Dutton, Lussier, & Sabourin, 2009; Godbout, Sabourin, & Lussier, 2009; Roche, Runtz, & Hunter, 1999). Conversely, lack of intervention or deficiency of protective behaviors by nonabusive parents after learning that their children were sexually abused may contribute to the survivors' perceptions of themselves as nonvaluable and of others as not available for help in time of need. We therefore hypothesized that report of parental support should be related to higher attachment security. In contrast, nonsupport should be related to higher attachment insecurity.

Despite its relative commonness in clinical contexts, the effects of a nonabusive parent who is perceived as unaware of the CSA have been less frequently studied (Hébert et al., 2009; Hershkowitz, Lanes, & Lamb, 2007). Based on attachment theory, we hypothesized that perceived parental nonawareness of CSA might produce two types of outcomes. It might be associated with more positive models of self and other than what would be observed in CSA victims with nonsupportive parents because it did not involve direct rejection or refusal to help. However, unaware parents may also be perceived as neglectful to the extent that the victim thinks that the parents should have known about the abuse. In this case, victims with parents perceived as unaware of the abuse might develop less secure attachment representations than victims reporting parental support in the aftermath of CSA. Internal models based on early experiences have been found to relate to adult romantic attachment which, in turn, are related to one's psychological and relational adjustment (Godbout et al., 2006). Some authors report that attachment is relatively stable, developing from childhood in relation with parents and persisting into adulthood in relation with significant others, especially the intimate partner (Bowlby, 1973; Collins & Read, 1990; Hazan & Shaver, 1987; Scharfe & Bartholomew, 1994). Other authors, however, contend that attachment is variable in time (*evolving representations*), as it depends upon significant life experiences with significant others (Kagan, 1996; Lewis, Feiring, & Rosenthal, 2000; Zhang & Labouvie-Vief, 2004). Although this debate continues, we hypothesized in the current study that attachment representations might have been either developed or altered by an exposure to an interpersonal trauma (CSA) depending of the parental behaviors (i.e., support) associated with this trauma. As such, attachment representations are hypothesized to act as mediators in the relation between CSA-related parental support and adult dyadic adjustment.

Disordered attachment is also a robust predictor of psychological distress (Putnam, 2003; Shapiro & Levendosky, 1999), which in turn might diminish couple adjustment (Godbout et al., 2006). In this context, psychological distress is conceived as an intrapersonal proximal variable that reflects the effects of daily hassles and pervasive vulnerabilities associated with past negative experiences and that may impact the couple relationship (Whisman & Uebelacker, 2003).

In the present study, we compared four groups of individuals (CSA survivors with perceived parental support, survivors without perceived parental support, survivors who reported that their parent(s) were unaware of the abuse, and nonsurvivors) on their relational and psychological adjustment as adults. We then tested an integrative model of the associations between parental support, psychological distress, and couple satisfaction, with attachment acting as a mediator between parental support and psychosocial adjustment. Lastly, we conducted an Actor-Partner Interdependence Model analysis (Kenny, Kashy, & Cook, 2006) to examine the dynamic aspect of relationships between parental support after CSA and long term adjustment in intimate relationships.

Method

Participants

The sample ($N=348$) consisted of 153 men and 195 women who were in couple relationships, either married ($n=103$) or cohabiting ($n=245$) with their partner. Both members of the couple were invited to participate to the study;

130 participated individually (i.e., only one partner was involved in the study), and 218 participated as couples (i.e., both partners were involved to the study; 109 couples). The average duration of these relationships was 9.4 years. The mean age of the participants was 31.5 years ($SD = 13.6$). On average, participants had 13.3 years of education ($SD = 2.2$). The average annual income was \$27,475 ($SD = \$20,999$). The mean number of children per couple was .92 ($SD = 1.07$). All participants were French speaking Canadian and reported being engaged in a heterosexual relationship. Those who identified themselves as homosexual ($N = 3$) or bisexual ($N = 4$) were excluded from the study because their small number would not allow any comparison among groups. No sociodemographic difference was observed between individuals who participated individually or as a couple.

Procedure

Upon receiving approval from Laval University's Institutional Review Board, participants were recruited on a voluntary basis through various media outlets (radio, TV, newspapers, e-mail) and invited to take part in the study. Interested participants called the research team with their contact information. To ensure confidentiality, two separate envelopes (one for each member of the couple) containing a questionnaire packet and a prepaid return envelope were mailed to interested participants. Of these, 348 (45.5%) returned completed packets. All participants were informed that the study addressed various dimensions associated with close relationships. They were instructed to complete the questionnaires individually and to not discuss their responses with their partner. No financial compensation was offered.

Measures

History of CSA was measured using the Childhood Sexual Experiences Questionnaire (Godbout, Lefebvre, & Sabourin, 2002), which assesses a variety of sexually abusive experiences. Participants were first asked about any unwanted sexual experience prior to age 18 with an adult, and/or five year older person, and/or authority figure (e.g., guardian). Survivors were then asked to specify their age at the first and last abuse, the frequency of abuse, the status of the perpetrator(s) (e.g., father, teacher, stranger), the act(s) perpetrated (e.g., complete penetration, oral sex, touching), and the level of violence used.

Perceived parental support was assessed by asking the participant about the reaction of his/her nonabusive parent(s) once sexual abuse was disclosed. The options offered to the participant were as follows (translated from French-Canadian into English): "She/he did nothing," "She/he did not help me," "She/he intervened to protect me," "She/he supported or helped me," "I think she/he did not know," and "I am sure she/he did not know." Although there was a "not applicable" option with space provided to explain other options such as contradictory parental reactions (e.g., one nonabusive parent was supportive but the other was not), no participants endorsed this category.

Based on the rationale presented in the introduction, the final categories of abuse and parental support were as follows: 0 (the participant did not report any CSA; *nonsurvivors*), 1 (the participant reported CSA and perceived that the nonabusive parent(s) took action in response to the abuse to offer support or protection; *survivors with supportive parent*), 2 (the participant reported CSA and perceived that the nonabusive parent(s) were unaware of the abuse; *survivors with unaware parent*), and 3 (the participant reported CSA and perceived that the nonabusive parent(s) did not intervene to provide help, protection or support; *survivors with unsupportive parent*). This simple and direct assessment method was selected to allow a clear representation of the participants' perception of CSA-related parental support based on our four categories.

Attachment representations were measured using the 36-item Experiences in Close Relationships scale (ECR; Brennan, Clark, & Shaver, 1998; translated in French by Lafontaine & Lussier, 2003), composed of two 18-item subscales labeled *attachment anxiety* and *attachment avoidance*. The reliability, construct, predictive, and discriminant validity of the two scales have been demonstrated in many studies (e.g., Crowell, Fraley, & Shaver, 1999; Godbout, Dutton et al., 2009; Lafontaine & Lussier, 2003). In the present study, alpha coefficients were high ($\alpha = .88$ for anxiety; $\alpha = .87$ for avoidance).

Psychological distress was measured using the 29-item Psychiatric Symptom Index (PSI; Boyer, Prévaille, Légaré, & Valois, 1993; Ilfeld, 1976). Items on the PSI assess symptoms of depression, anxiety, aggression, and cognitive problems during the last week. Scores range between 0 and 100, with higher scores representing a higher level of psychological distress. The PSI shows good internal consistency ($\alpha = .92$), construct validity, and criteria validity (Prévaille, Potvin, & Boyer, 1995). In the current study, the alpha coefficient was high ($\alpha = .94$).

The 32-item Dyadic Adjustment Scale (DAS; Spanier, 1976; translated in French by Baillargeon, Dubois, & Marineau, 1986) was used to assess level of relationship quality and satisfaction. Global dyadic adjustment scores range from 0 to 151, with higher scores reflecting a higher level of relationship quality and satisfaction. Typically, cutoff scores between 92 and 107 are used to differentiate between distressed and nondistressed couples (Sabourin, Valois, & Lussier, 2005). The DAS is widely used to evaluate couple functioning in clinical and research settings and has satisfactory internal consistency (α range from .76 to .96) and predictive validity (Sabourin et al., 2005). In the present sample, the alpha was .89.

Analyses

First, group differences on attachment, psychological distress, and dyadic adjustment were assessed using a multivariate analysis of covariance (MANCOVA) and controlling for socioeconomic variables (i.e., gender, education level, marital status,

and income). Tamhane's T2 (Hochberg & Tamhane, 1987; Tamhane, 1977) post hoc tests, a conservative pairwise comparisons test allowing groups and observed variances to be unequal, were performed to identify significant differences. An additional MANCOVA was performed to assess the potential contribution of CSA characteristics, including level of force, type of abusive acts, relationships with the perpetrator, duration, and frequency.

The hypothesized integrated model was tested through path analysis. This procedure is an extension of multiple regression and depicts the direct dependencies among a set of variables while considering all relationships simultaneously in the model. The current study used a cross-sectional design and the causal order of the variables was determined based on theoretical grounds (e.g., attachment theory) and historical bases (e.g., CSA was experienced before current dyadic adjustment). This theoretically based analytic strategy is a routine statistical recommendation (Byrne, 2006, 2011) and is frequently adopted in the trauma literature (e.g., Briere, Hodges, & Godbout, 2010; Godbout, Dutton et al., 2009). In path analysis, evidence of mediation is found when: (a) there is good model fit for the mediational model, (b) the indirect paths (i.e., from parental support to attachment and from attachment to psychological distress and couple adjustment) are nonzero and significant, (c) direct paths from the predictor (i.e., parental support) to outcome variables (i.e., psychological distress and couple adjustment) are zero and nonsignificant when the mediator is inserted in the model, and (d) there is no difference in model fit as indicated by a nonsignificant χ^2 DIF test when comparing the mediation model to the model with direct paths between the predictor and outcomes variables.

The dynamic aspect of relationships between parental support after CSA and long-term adjustment in intimate relationships was examined with a path analysis based on the actor-partner interdependence model (APIM; see Kashy & Kenny, 2000; Kenny et al., 2006), within the subsample of intact couples (i.e., both partners participated to the study, $n = 109$ couples). APIM involves using the couple as a unit of analysis, and consider (a) the covariance between men and women's predictors, (b) paths from women's variables to their own outcomes, (c) paths from men's variables to their own outcomes, (d) paths from women's variables to their partner's outcomes, (e) paths from men's variables to their partner's outcomes, and (f) covariances between the residual terms of the men and women's outcomes (see Kashy & Kenny, 2000; Kenny et al., 2006).

The fit of estimated models to the observed data was assessed with several indices of adjustment: goodness-of-fit index (GFI), comparative fit index (CFI), and non-normed fit index (NNFI). These indices range from 0 to 1, where 1 indicates the best possible fit. Values above .90 indicate a good fit, but values superior to .95 are ideal (Hu & Bentler, 1999). We computed the chi-square test, with nonsignificant value being preferred (Byrne, 2006) and the relative chi-square, with values between 1 and 5 indicating a model adequate fit (Jöreskog & Sörbom, 1993; Schumacker & Lomax, 2004). Finally, the root mean square error of approximation (RMSEA) was examined. Values less than .08 are used as thresholds for adequate model fit (Hu & Bentler, 1999; Kline, 1998).

Results

The prevalence of CSA in the present sample was 17% ($n = 59$). Five participants failed to respond to CSA related questions and were excluded from further analyses. Among CSA survivors, 80% were female, the average age at the first assault was 9.7 years ($SD = 4.2$, range: 2–17), 32 (54%) reported threats and 7 (12%) reported violence during the assault, 6 (10%) reported abuse by their father figure, 48 (81%) reported unwanted oral or digital sexual touching, 22 (38%) reported had been forced to orally or digitally touch the perpetrator sexually, 9 (15%) reported anal or vaginal penetration, and 33 (56%) reported more than one CSA incident. A total of 8 (14%) reported parental intervention after the disclosure of the sexual abuse, whereas 42 (71%) reported that the nonabusive parent(s) was unaware of the sexual abuse, and 9 (15%) reported lack of parental intervention.

A MANCOVA was performed on four dependent variables: attachment anxiety, attachment avoidance, psychological distress, and dyadic adjustment. Self-reported parental support was the independent variable, with four levels: nonsurvivor, supportive parent, unaware parent, and unsupportive parent, and covariates were gender, education level, marital status, and income. Wilks' criterion indicated the combined dependent variables were significantly affected by parental support $F(12, 873) = 3.02$; $p = .001$, $\eta^2 = .04$.

An additional MANCOVA was performed to assess the potential contribution of CSA characteristics (i.e., level of force, type of abusive acts, relationships with the perpetrator, duration, and frequency). However, those covariables were not significant and were excluded from further analyses to avoid multicollinearity.

Univariate analyses (see Table 1) revealed a significant effect of perceived parental support on all dependent variables: anxiety about abandonment, avoidance of intimacy, psychological distress, and couple distress. Post hoc tests revealed that CSA survivors who reported parental support were less avoidant in their romantic relationship as compared to all other groups (nonsurvivors, survivors with unaware parent, and survivors with unsupportive parent). As compared to all other groups, CSA survivors with unsupportive parent(s) showed a higher level of anxiety about abandonment in their romantic relationship and more psychological distress. Finally, as compared to survivors with supportive parent(s) and the nonabused group, CSA survivors with unsupportive parent(s) also showed more couple distress.

Integrative model

We then tested the integrative model examining the role of parental support (0 = nonsurvivor to 3 = survivors with unsupportive parent) on the development of insecure attachment representations, psychological distress, and couple adjustment

Table 1

Comparison tests between non-survivors and CSA survivors (with supportive, unaware or unsupportive parents), on attachment, psychological distress, and couple adjustment.

	Parental support				F	η^2
	Non-survivors (n = 284)	Survivors with supportive parent (n = 8)	Survivors with unaware parent (n = 42)	Survivors with unsupportive parent (n = 9)		
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)		
Attachment avoidance	1.99 (.76)a	1.48 (.38)b	2.26 (1.06)a	2.51 (.87)a	4.13**	.04
Attachment anxiety	2.97 (.98)a	2.69 (.99)a,c	3.33 (.91)c	4.60 (.82)b	8.12***	.07
Psychological distress	18.79 (10.80)a	18.39 (9.05)a	22.06 (16.40)a	30.60 (9.40)b	3.07*	.03
Dyadic adjustment	118.00 (13.86)a	124.38 (6.14)a	117.13 (11.74)a,b	106.96 (11.30)b	2.56*	.02

Means with different letters differ at $p < .05$.

- * $p < .05$.
- ** $p < .01$.
- *** $p < .001$.

in adulthood. Results of a path analysis performed with AMOS 5 (Arbuckle, 2003) supported the hypothesis that lack of parental support might predict the development of anxiety about abandonment and avoidance of intimacy toward the life partner. In turn, these insecure attachment representations were related to elevated psychological distress and lower couple adjustment (all path were significant with ps between .02 and <.001). The two dimensions of attachment were correlated at .16. Overall, the proposed model fitted the data well, NFI = .98, CFI = .99, GFI = .99, RMSEA = .05, CI [.00, .10], $\chi^2[3] = 5.33$, $p = .15$, Ratio $\chi^2/df = 1.78$). The standardized coefficients are presented in Fig. 1.

Test of indirect effects

We used Baron and Kenny’s (1986) procedures and compared our mediated model to a direct-effect model in which direct paths from parental support to psychosocial outcomes were added. Results supported the hypothesis of indirect relationships via attachment. First, the paths from parental support to psychosocial adjustment were nonsignificant in the presence of attachment. Second, a comparison of the mediation model (Fig. 1) to a model adding direct paths yielded a nonsignificant chi-square difference, $\chi^2 DIF (2) = 1.90$, $p < .001$, which suggests indirect relationships (mediation).

Mediated model: couple as the analytic unit

We then tested the model using actor–partner interdependence model (APIM; see Kashy & Kenny, 2000; Kenny et al., 2006). The proposed mediated model fitted the data well, NFI = .92, CFI = .96, GFI = .95, RMSEA = .09, CI [.04, .14], $\chi^2[18] = 30.38$, $p = .04$, Ratio $\chi^2/df = 1.28$. Based on theoretical grounds, on the parsimony principle and on Wald and Lagrange statistics, nonsignificant paths were released and unpredicted significant direct paths leading from women and men’s parental support to men’s psychological distress were added (see Fig. 2). The revised model yielded very good fit to the data, NFI = .94, CFI = .99, GFI = .96, RMSEA = .00, CI [.00, .07], $\chi^2[25] = 22.76$, $p = .59$, Ratio $\chi^2/df = 1.11$. The correlations between men and women variables were .26 for parental support, .58 for attachment avoidance, .38 for psychological distress, and .39 for couple’s adjustment (nonsignificant for attachment anxiety). These results suggest a slight tendency to associate with a partner sharing a similar history of CSA/parental support and an influence of one partner’s levels of attachment avoidance, psychological distress, and couple adjustment on the levels of these variables in the partner. In this regard, women’s lack of parental support was linked to their own insecure attachment and their association with a partner reporting attachment anxiety and psychological distress. Attachment anxiety in men was related to psychological distress in their partner. Lack of support in men was related to their own attachment avoidance and to psychological distress. In turn, both in men and women,

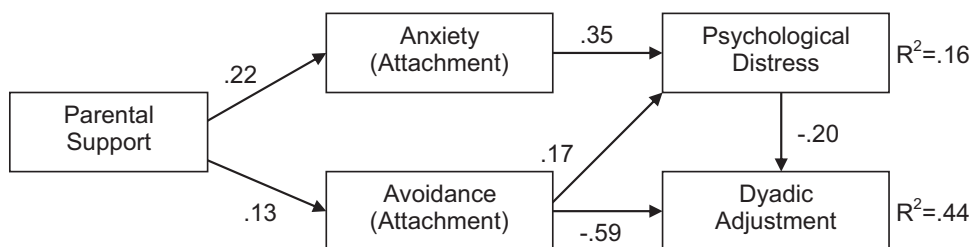


Fig. 1. Integrative model for the mediator role of attachment in the relationships between parental support after CSA, psychological distress and couple satisfaction. All paths are significant at $p < .05$.

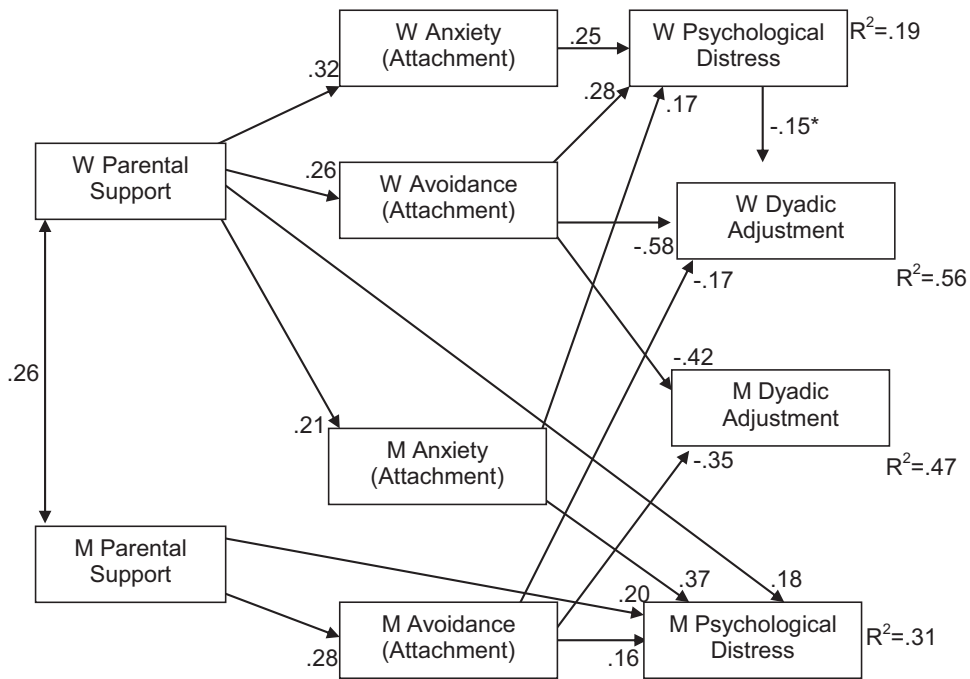


Fig. 2. Integrative model using the couple as unit of analysis. W, women; M, men. All paths are significant at $p < .05$.

attachment avoidance was linked to lower couple adjustment in the individual and the partner. All paths are reported in Fig. 2.

Discussion

The results of this study suggest that, to some extent, perceived parental support counteracts negative outcomes and foster healthier intrapersonal and interpersonal adjustment in CSA survivors, perhaps through the development of positive internal working models of self and other. As compared to other groups, survivors with unsupportive parent(s) reported more abandonment anxiety and psychological distress. However, CSA survivors with supportive parent(s) presented levels of adjustment similar to that of the nonabused group on abandonment anxiety, psychological, and couple distress. Moreover, sexually abused participants who reported that their parent(s) intervened when they learned about the crime also reported more comfort with intimacy in comparison with all other groups, including nonsurvivors.

We had hypothesized that lack of intervention by a significant adult(s) might be interpreted as evidence that (a) the abuser is dangerous or powerful because even the attachment figure is helpless in face of the perpetrator, or (b) the attachment figure is not to be trusted. Both options potentially lead to the perception that others are not able or competent to provide support or help in time of needs such that that one can only rely on oneself (i.e., avoidant attachment dimension). Yet, the comparison tests indicate that survivors with unsupportive parents (aware of the CSA but nonaction) were not more avoidant in their attachment as compared to the other groups. As expected, however, unsupportive parental response was specifically related to anxious attachment.

As hypothesized, survivors with supportive parents expressed lower avoidant attachment, not only in comparison to those with unsupportive parents and those reporting their nonabusive parents were unaware of their abuse, but also compared to non-abused participants. This positive effect of parental support in the aftermath of a sexual abuse potentially highlights the healing effect of a positive attachment figure in traumatic situations. The child may learn that his or her attachment figures were reliable and worth of trust in a critical situation, where the child was particularly vulnerable, leading to the view that significant others might be present and trustworthy in the future, even in stressful situations.

The results of the integrative model also supported the hypothesis that nonsupport from a nonabusive parent may reinforce the sexually abused child's view that he/she is worthless and that others (i.e., the attachment figure) are unreliable or untrustworthy, which then leads to the development of discomfort with closeness, concerns about love, and worries about abandonment. In turn, as observed in previous studies (e.g., Godbout et al., 2006), these insecure attachment representations are associated with higher levels of psychological and relational distress. These findings highlight the importance of addressing the reaction of attachment figures in the treatment of acute or chronic trauma effects, especially as they reinforce or repudiate positive perceptions of self and others.

Significantly, an integrative model using the couple as the unit of analysis yielded, as hoped, rich and detailed information on support, attachment, and psychological outcomes. In women, a lack of parental support was related to their own insecure

attachment representations, and also with elevated attachment anxiety and psychological distress in their male partner. In men, CSA related parental support was directly associated with less attachment avoidance, and lack of support was linked to psychological distress. In turn, men and women's insecure attachment led to more psychological and couple distress. These results are in general accord with a recent study indicating that decreased parental support is a specific predictor of avoidant attachment (Briere, Godbout, & Runtz, 2012). These preliminary data suggest that women who lack parental support may develop a mixture of both deactivating and hyperactivating secondary attachment strategies (i.e., fearful or disorganized attachment) whereas men may acquire mostly deactivating strategies (i.e., avoidance of intimacy, dismissing attachment). A strategic hyperactivation of the attachment system keeps the focus on signals of relationship's threats and on the search for love and security, while strategic deactivation of the attachment system is used to reduce negative emotional states and vulnerability to rejection and neediness (see Mikulincer & Shaver, 2003). Despite these sex differences, in both women and men, insecure attachment explained self-reported and partner-reported personal and couple distress. These dyadic associations underline the value of a dynamic, systemic viewpoint in studying the long-term correlates of developmental trauma and the role of perceived parental attitudes toward these negative life events.

Finally, we found that women who lack parental support also tend to be nonrandomly paired with men who report higher abandonment anxiety and psychological distress. Our design did not allow a clear determination of whether this is a selection effect (i.e., these women systematically choose an anxious partner who needs extensive reassurance) or whether women's lack of parental support exert a longitudinal direct influence on men's hyperactivating strategies and psychological distress through alternative pathways. These hypotheses may be evaluated in future studies.

Limitations and suggestions for further research

The conclusions of this study should be tempered by consideration of its limitations. The current findings are exploratory, and the generalizability of our conclusions should be replicated and tested in larger samples; the significant findings observed in this study remain conservative and might only reflect the tip of the iceberg given the small statistical power of our analyses.

Also, the cross-sectional, retrospective methodology used in the current study only allows for the examination of covariation. The specific order of causation between the variables was hypothesized based on clinical and theoretical grounds and should be further confirmed through multiple-wave longitudinal designs. Ideally, longitudinal studies with multiple measures of parental support might best reveal the complex relationships between CSA, parental support, attachment, and associated outcomes. For example, further research might compare the perceptions of the survivor and his or her nonabusive parent and examine the evolution of perceived support (i.e., perceptions of support at the time of abuse vs. current perceptions) and the elaboration of working models in order to assess the complexity of the relationships between parental support and current adjustment.

Another limitation of this study is the use of a simple self-reported measure of parental support, which may poorly capture the complexity of this construct. Multi-item questionnaires that specify the type of intervention offered by the parents and compare CSA-specific parental support to general parental love and support may be more useful in future studies. For example, a study using the Briere et al. (2012) validated multi-item measure of parental emotional support revealed that general support did not specifically protect against subsequent externalizing symptoms in CSA survivors (Vaillancourt-Morel, Godbout, Runtz, & Sabourin, 2013), which suggests a specific effect of parental support that was provided in relation to the CSA disclosure. Also, retrospective self-reports of CSA may lead to biases or distortions in recall, although critical analysis of retrospective reports suggest that such presumed biases do not systematically affect the association between child abuse and later outcomes (Brewin, Andrews, & Gotlib, 1993).

This study highlighted that the majority of survivors reported their nonabusive parent(s) did not know about the abuse, but the reason why they did not disclose remains unknown. Perhaps they maintained the secret because the survivors (a) perceived the parent(s) as an accomplice of the perpetrator, (b) viewed the parent(s) as powerless in relation to the perpetrator or too fragile to be faced with the reality of the crime, or (c) perceived the parent(s) as neglectful or violent. Studying the impacts of these, and potentially other, attributions may explain why survivors do or do not disclose their abuse, thereby potentially increasing the efficacy of trauma-focused preventive and therapeutic interventions.

Finally, it is likely that the relationship between parental support following CSA and subsequent psychosocial adjustment is more complex than what was examined in the current study. Many other distal variables (e.g., other childhood traumatic events like bullying or cumulative trauma, revictimization after CSA, specific child characteristics, and parental factors other than support) and proximal phenomena (e.g., current life stressors, recent traumas) should be considered.

Conclusions and practical implications

An important finding of the current study is that the majority of CSA survivors reported that their nonabusive parent(s) was unaware of their abuse. The long-term relational effects of parental unawareness remain understudied and have not been addressed by most previous papers on parental support following CSA, which, instead, tends to focus on the reason why victims did not disclose (e.g., feeling afraid of parental responses, intra-familial perpetrator) or why parents failed to provide adequate support (e.g., parents dealing with symptoms of posttraumatic stress and anger; see Cyr, McDuff, & Hébert, 2013; Elliott & Carnes, 2001; Hershkowitz et al., 2007).

Another major finding is that the child's perception of the parent(s) as available and ready to intervene in traumatic situations (i.e., CSA) may have a significant impact on the subsequent development of secure adult attachment and positive psychological and dyadic adjustment. From a clinical point of view, the results of the current study bring hope for survivors of interpersonal traumas regarding their recovery: positive parental responses to a traumatic event may offer a crucial opportunity to build cognitive models of the self and others that will positively affect later adjustment. By extension, therapists, via attuned intervention and consistent response to (including reporting of) child abuse and neglect, may offer important assistance by helping survivors to perceive themselves as worthy of protection and not devalued by the traumatic events and by increasing trust that significant competent others will be available for them in times of need.

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