

## **Intergenerational Continuity of Child Sexual Abuse: Comparison of Mother and Emerging Adult Dyads**

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### Abstract

Sexual abuse trauma can have long-term implications for individuals in terms of psychological functioning, relationships, and socio-environmental circumstances, all of which are elements that could explain the CSA intergenerational continuity phenomenon. There are few empirical studies drawing comparisons between families to identify factors associated with the intergenerational (dis)continuity of CSA. The objectives of this study are to compare mother and emerging adult dyads to determine differences between cycle maintainers, cycle breakers, cycle initiators, and a control group in terms of maternal maltreatment histories, mental health, attachment, and socio-environmental characteristics. A sample of 186 dyads was recruited across Canada to participate in an online study. The study represents a cross-sectional design and bivariate and multivariate analyses were used. The results support prior research that there is a higher risk of CSA in dyads where the mother experienced CSA ( $OR = 1.38$ ). Compared to cycle initiators, maintainers reported greater psychological distress ( $M = 27.23; 35.18$ ), and lower mother-rated parent-child attachment ( $M = 115.83; 111.43$ ). Maintainers reported more post-traumatic stress symptoms only in comparison to the control group ( $M = 24.82; 10.13$ ). Mothers in cycle maintaining dyads were exposed to more acts of domestic violence than those in cycle breaking dyads ( $OR = 2.43$ ). No group differences were observed for intimate partner attachment. Findings should be replicated using robust methodological designs (e.g., longitudinal, mixed methods). Preventative efforts should target at-risk families to reduce the chance of intergenerational CSA.

*Keywords:* child sexual abuse, intergenerational continuity, dyads, emerging adults

## **Intergenerational Continuity of Child Sexual Abuse: Comparison of Mother and Emerging Adult Dyads**

Childhood trauma is an experience that has lasting and substantial psychosocial and somatic impacts on a child including on school functioning (e.g., lower grades, educational attainment) (Mitchell et al., 2021), attachment styles (Cyr et al., 2010), and emotion regulation (Langevin et al., 2020). Mental health problems, such as symptoms of anxiety, depression, sleep problems, and post-traumatic stress are common following CSA (Gardner et al., 2019; Langevin et al., 2022). These symptoms, especially if intervention and support are not received, may set children on a challenging developmental trajectory, characterized by a risk for sexual assault revictimization (Papalia et al., 2021) and dysfunctions in adulthood (Noll et al., 2021). These paths may result in a cycle of maltreatment that can be difficult for child maltreatment survivors to break, and the long-term ramifications of a parent's experience of CSA may implicate their children.

Studies on intergenerational cycles of CSA have reported on the prevalence of this problem, ranging from 26.6% (Leifer et al., 2004) to 51% (Testa et al., 2011). Importantly, while there have certainly been investigations demonstrating the increased risk of CSA across generations, these studies are few in number (e.g., Grunsfeld, 2018; Leifer et al., 2004; Testa et al., 2011), particularly with respect to the identification of risk and protective factors (Langevin et al., 2019). More research is needed to identify characteristics that distinguish parent-child dyads where (dis)continuity of CSA is observed in order to inform interventions that are aimed at breaking cycles of maltreatment (Langevin et al., 2019). The goal of this study of mothers and emerging adult dyads is to examine individual, relational, and socio-environmental characteristics in four intergenerational trajectories of CSA: cycle breakers, maintainers,

initiators, and controls. "Cycle maintainers" are mother-child dyads where both members reported CSA; "cycle breakers" refers to dyads in which the mother but not their child reported CSA; "cycle initiators" refers to dyads in which the child but not the mother reported CSA; and controls are dyads where both members did not report CSA. Intervening to prevent cycles of sexual abuse requires investigation into multilevel risk and protective factors that characterize parent-child dyads in which abuse has been maintained or discontinued.

### **Sexual Abuse Trauma**

CSA is a distinct form of maltreatment. As described by Finkelhor and Browne (1985), a unique combination of four traumagenic dynamics or trauma-causing factors (traumatic sexualization, betrayal, powerlessness, and stigmatization) is relevant to understanding the impacts of CSA. Empirical findings support these traumagenic dynamics in showing that some CSA survivors may display more preoccupation with sex (e.g., sexually intrusive thoughts), experience feelings of shame regarding sexual activity, and may be more reluctant to disclose their abuse (Lev-Wiesel & First, 2018). While it is important to conduct investigations into the unique effects of CSA, polyvictimization (experiencing more than one type of abuse) is a common and serious issue. For example, in a populational study of Quebec children, the lifetime rates were 49% for 1-3 victimizations, 18% for 4-6 victimizations, and 9% for 7 or more victimizations (Cyr et al., 2013). Furthermore, experiencing multiple forms of abuse (neglect, physical abuse, sexual abuse) has been related to the intergenerational transmission of child maltreatment (e.g., mothers' history of polyvictimization predicting infant neglect) (see Langevin et al., 2019 for review). Studies of CSA (dis)continuity should therefore consider evaluating multiple forms of victimization experiences.

### **Intergenerational (Dis)continuity of Child Sexual Abuse**

In terms of intergenerational continuity, CSA often represents a victim-to-victim cycle of maltreatment, in which the abused parent is not the perpetrator of their child's abuse (e.g., Cyr et al., 2013). Through a systematic review, Marshall et al. (2022) aimed to summarize theoretical frameworks that explain victim-to-victim cycles of maltreatment. The authors integrated theories from the disciplines of attachment, traumatic stress, family systems, developmental psychopathology, and biological models to present a coherent framework that can be used for understanding the intergenerational continuity of CSA. This cyclical model highlights that maltreatment is perpetuated across generations through its effect on mental health, relationship functioning, and indirectly through parenting behaviours, all of which may be moderated by neurobiological (e.g., genetics, stress regulation) and contextual factors (e.g., income, education).

As identified in a scoping review by Langevin et al. (2019), the role of mothers' psychopathology (e.g., depression, anxiety, post-traumatic stress symptoms) in intergenerational cycles of child maltreatment has been one of the most studied risk factors. For example, mothers' general symptoms of anxiety have been identified as a risk factor for CSA continuation (Grunsfeld, 2018). Mothers in cycle maintaining dyads were more likely to report clinical levels of distress, followed by mothers in the cycle initiating and cycle breaking dyads. Mothers in this study also differed in their reports of post-traumatic stress disorder (PTSD) symptoms, with mothers in the cycle maintaining dyads reporting more symptoms than other groups (Langevin et al., 2020). An important aspect of Langevin et al.'s (2020) study is that the children who experienced sexual abuse were recruited shortly after the abuse was disclosed. Therefore, mothers in the initiator dyads may have exhibited more distress in response to their child's disclosure. Group differences between dyads may be further clarified with a longer duration

between CSA disclosure and study participation. While the results reported by Langevin et al. (2020) provide essential information regarding the intergenerational (dis)continuity of CSA, a major limitation is the use of a child sample, leading to a risk of false negatives where children that were classified in the discontinuity trajectory might be sexually victimized later in childhood or adolescence. Furthermore, this study did not examine differences in parent-child attachment, which might distinguish dyads. Theoretical and empirical evidence converge in showing that CSA may be more likely to occur in future generations through its long-lasting effects on mental health (e.g., Marshall et al., 2022; Testa et al., 2011). As described in Marshall et al. (2022), mental health and caregiving may interact to increase the risk of intergenerational continuity of CSA.

Although there are few studies that have specifically evaluated attachment security in the context of intergenerational cycles of CSA, constructs related to attachment have been investigated for cycles of maltreatment in general. Employing a prospective design with a representative sample of participants, Jaffee et al. (2013) showed that safe, stable, and nurturing relationships with intimate partners and between mothers and their children contributed to breaking these cycles. A study by Thornberry et al. (2013) also supported this finding, highlighting that relationship satisfaction, parental satisfaction, and attachment to the child functioned as moderators of intergenerational maltreatment. Moreover, studies are needed to explore the significance of attachment connections beyond childhood (Theisen et al., 2018).

In addition to parent-child attachment, the effects of CSA can persist into adulthood in the form of intimate partner violence victimization (Papalia et al., 2021), and an insecure romantic attachment has been found to mediate this association (Macke, 2010). Furthermore, children living in homes where partner violence is present are more likely to experience CSA

(Bidarra et al., 2016). As noted by Labadie et al. (2018), the documentation of adult attachment problems in survivors of CSA has not received substantial attention and studies are needed to better understand the role of both parent-child attachment and romantic attachment in the intergenerational continuity of CSA.

In addition to individual and relational-level characteristics, socioeconomic status (SES) is one of the broader-level factors that influences individual and family functioning (Conger et al., 2010) and the intergenerational continuity of maltreatment (Marshall et al., 2022). Factors such as low income, unemployment, welfare assistance, parents' level of education, and single parenthood have been related to the risk of child maltreatment and intergenerational continuity of maltreatment as a broad category (Dixon et al., 2009; Langevin et al., 2019). Having a higher SES, on the other hand, was found to be protective (Jaffee et al., 2013). St-Laurent et al. (2019) studied cycle maintaining and cycle breaking dyads based on whether mothers and children had experienced any type of maltreatment (physical abuse, emotional abuse, sexual abuse, physical neglect, and emotional neglect). The authors found that mothers in cycle maintaining vs. cycle breaking dyads were more likely to present sociodemographic risk (i.e., no high school diploma, single parenthood, adolescent motherhood, receiving social assistance). Greater socioeconomic risk may be due to mothers in cycle maintaining dyads experiencing multiple adversities (e.g., maltreatment, low socioeconomic status, and a lack of readily available or accessible resources), which exacerbate the effects of trauma and could make it more difficult to prevent the perpetuation of maltreatment. In comparison to CSA cycle breaking dyads, mothers classified as cycle maintaining had lower levels of income and were more likely to be the head of single-parent families in Langevin et al.'s study (2020).

In summary, studies have supported an association between mothers' histories of CSA and their child's experience of CSA. Factors contributing to intergenerational cycles of maltreatment include maternal histories of polyvictimization, mental health, attachment, and broader socio-environmental elements. However, there are mixed findings concerning these variables and insufficient evidence especially pertaining to CSA (dis)continuity.

### **Current Study**

The proposed study is based on dyadic data of mothers and their emerging adult children between the ages of 18 and 25. Emerging adulthood is characterized as a distinct developmental period marked by identity explorations, instability, feelings of being "in-between", self-focus, and exploring possibilities and different directions in life (e.g., work, relationships, education) (Arnett, 2004). This period has not received great attention in the context of CSA continuity despite the fact that the impacts of CSA may extend into adulthood (Noll et al., 2021). Furthermore, including a sample of emerging adults allows for documenting experiences of CSA between the ages of 0 and 18, reducing the risk of false negatives. It also reduces the risk of recall bias, as individuals are closer to their childhood and adolescence at the time of study participation.

The objectives of the current study are to document: 1) the association between mothers' and emerging adults' histories of CSA; 2) the differences between cycle maintainers, cycle breakers, and cycle initiators in terms of maternal maltreatment history; 3) group differences based on maternal mental health and relational variables; and 4) socio-environmental group differences. A control group was included to draw comparisons with dyads in which neither member had experienced sexual abuse trauma, though it is possible they experienced other forms of maltreatment. Based on previous research, it was hypothesized that there would be an



association between mothers' and emerging adults' reported CSA experiences. Hypotheses regarding differences between dyads in mental health and attachment were not specified given the limited and conflicting theoretical and empirical findings related to CSA continuity.

## Method

### Participants and Procedures

Mothers ( $M = 51.16$  years old,  $SD = 5.82$ ) and their emerging adult children (90% woman-identifying;  $M = 20.87$ ,  $SD = 2.17$ ) were recruited to complete online questionnaires. Before data cleaning, the sample included 1,218 individuals (409 mothers and 809 emerging adults). Data screening measures as recommended by DeSimone et al. (2015) were implemented to screen for careless responses that would affect the validity of the results. Data were excluded if participants completed less than 75% of the survey ( $n = 36$ ); did not provide a valid identification number (participant ID used for confidentiality and matching of dyads in the final dataset) ( $n = 39$ ); or indicated at the end of the survey that their data should not be used ( $n = 36$ ). Data were also removed for duplicate identification numbers ( $n = 68$ ); mothers with missing ages or age differences between dyads less than 13 years ( $n = 68$ ); if participants failed to correctly answer at least three out of five attention check questions ( $n = 121$ ) (e.g., did you select "often" to show that you are paying attention?); or completed the survey in 15 minutes or less (half the mode completion time) ( $n = 17$ ). The final sample included 253 mothers and 578 emerging adults for a total of 186 complete dyads that consists of the sample for this study. Based on CSA status, there were 22 continuity dyads, 31 discontinuity dyads, 30 initiator dyads, and 103 control group dyads (see Table 1 for sample characteristics).

**Table 1***Sample Characteristics*

Variable	Mothers		Emerging Adults	
	<i>M or n</i>	<i>SD or %</i>	<i>M or n</i>	<i>SD or %</i>
Age	51.16	5.82	20.87	2.17
Gender <sup>a</sup> (1=female)	-	-	167	89.8%
<b><i>Maltreatment History<sup>b</sup></i></b>				
Child sexual abuse	.81	1.57	.69	1.40
Physical abuse	.96	1.40	.81	1.18
Emotional abuse	1.18	1.71	1.35	1.77
Neglect	.52	1.02	.62	.96
Exposure to domestic violence	.63	1.07	.56	.92
<b><i>Mental Health Factors</i></b>				
Post-traumatic stress symptoms	14.55	15.75	-	-
Psychological distress	25.91	18.63	-	-
<b><i>Relational Factors</i></b>				
Parent-child attachment	118.72	1.32	-	-
Romantic attachment			-	-
Attachment anxiety	3.17	1.51	-	-
Avoidant attachment	2.57	1.29	-	-
<b><i>Socio-environmental Factors</i></b>				
Education				
High School	31	16.8%	63	33.9%
CEGEP or professional school	42	22.8%	25	13.4%
Undergraduate	75	40.8%	84	45.2%
Graduate	33	17.9%	14	7.5%
Ethnicity				
Caucasian	131	72.0%	128	68.8%
Black	4	2.2%	4	2.2%
Asian	35	19.2%	35	18.8%
Hispanic	3	1.6%	3	1.6%
Indigenous	3	1.6%	2	1.1%
Arab/Middle Eastern	4	2.2%	4	2.2%
Mixed race	1	.5%	10	5.4%
Other	1	.5%	-	-
Family Status				
Still with parent of at least one child	121	66.1%	-	-
Separated/divorced	6	3.3%	-	-
Widowed	4	2.2%	-	-
Other/unknown	52	28.4%	-	-
Annual Household Income				
Less than 40,000	22	13.4	63	41.4
40,000–\$79,999	39	23.8	25	16.5
80,000–\$119,999	50	30.5	36	23.7
120,000 or more	53	32.3	28	18.4

<sup>a</sup>1= female, 2 = male, 3 = non-binary, 4 = gender-fluid, 5 = transgender

<sup>b</sup>Continuous maltreatment scores

French and English-speaking participants were recruited across Canada through convenience sampling by online social media advertisements and through universities. The majority of the sample reported residing in Ontario or Quebec (60%). The questionnaires took

approximately 45 minutes to complete on Qualtrics and were available in both English and French. If both members of the dyad completed the survey, they each received an e-gift card for five dollars. Every participant was entered into a draw for the chance to win one of two iPads. The study was approved by the institutional Research Ethics Boards of all authors.

## **Measures**

### ***Demographics***

Basic demographic information was requested in the survey for both mothers and emerging adults, including family of origin status, education, and annual income.

### ***Child Sexual Abuse***

Mothers' and emerging adults' responses on the Early Trauma Inventory – Short Form (ETI; Bremner et al., 2007) were used to assess histories of CSA. Six items, requiring a “1 = yes” or “2 = no” response were used (e.g., “being touched in intimate parts in a way that was uncomfortable”). Internal consistency for this scale in the current study was good for both mothers' ( $\alpha = .87$ ) and emerging adults' responses ( $\alpha = .83$ ). To create the four groups of dyads, child sexual abuse was dichotomized as 1 = 1 or more items coded as “yes”, and 0 = “no” to all items. The continuous count score for mothers' CSA history, which ranges from 0 to 6 to measure the frequency of sexual abuse experiences, was used as a predictor in the logistic regression (Table 3).

### ***Maltreatment History***

Mothers reported their history of other types of maltreatment, including physical abuse (five items) and emotional abuse (five items), which were also assessed using the Early Trauma Inventory – Short Form (ETI; Bremner et al., 2007). For example, they responded to questions, such as “before the age of 18, were you often put down or ridiculed by a parent or caregiver?” The internal consistency demonstrated good reliability for physical ( $\alpha = .80$ ) and emotional

abuse ( $\alpha = .87$ ) in this study. Childhood physical/supervisory neglect was measured using the 5-item subscale of the ICAST-R, developed by the International Society for the Prevention of Child Abuse and Neglect. Participants responded to items, such as “have you ever not been given food to eat and/or drink even though your parent(s) or caretaker(s) could afford it?” Internal consistency in the current study was acceptable ( $\alpha = .71$ ). Three questions, adapted from the Conflict Tactics Scale (CTS; Straus, 1979), were used to assess exposure to domestic violence, for example: “have you ever seen your mother or father shove, hit, or throw things at their partner?” Participants responded “yes” or “no” to these items. This measure demonstrated good reliability in the current study ( $\alpha = .85$ ). Count scores for physical abuse, neglect, and emotional abuse ranged from 0 to 5, and from 0 to 3 for exposure to domestic violence, representing the total number of abusive acts experienced by the mothers.

### ***Psychological Distress***

The PSI-14 - Psychiatric Symptoms Index - Short version (Préville et al., 1992) was used to assess mothers' psychological distress (anxiety, depression, irritability, cognitive problems) in the past week (14 items) using a Likert-scale ranging from 0: *never* to 3: *almost always*. For example, items include: “did you feel hopeless about the future? Did you feel nervous or shaky inside?” The internal consistency in the current study was excellent ( $\alpha = .93$ ). A total psychological distress score ranging from 0 to 100 was computed, with higher scores indicative of greater distress.

### ***Post-Traumatic Stress Symptoms***

Mothers completed the PCL-5 – Post-Traumatic Stress Disorder (PTSD) Checklist for DSM-5 (Weathers et al., 2013), which is a 21-item questionnaire that examines how often post-traumatic stress symptoms troubled participants in the previous month. A total PTSD score was

computed, which is a continuous variable ranging from 0 to 80, with higher values indicating more PTSD symptoms. This measure demonstrated excellent internal consistency in the current study ( $\alpha = .96$ ).

### ***Parent-Child and Romantic Attachment***

To rate parent-child attachment, mothers completed The Revised Inventory of Parental Attachment (R-IPA; Johnson et al., 2003), a 30-item measure which is a revised version of The Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, 1987). Participants responded on a Likert-scale ranging from *1: almost never* to *5: almost always*. The R-IPA has two subscales including trust/avoidance (e.g., “my child accepts me as I am”), and communication (e.g., “I tell my child about my problems”) (Johnson et al., 2003). A composite score was calculated by summing the items, with higher scores indicative of more positive attachment relationships from the mother’s point of view ( $\alpha = .92$ ).

To assess romantic attachment, mothers completed The Experiences in Close Relationships – Short Form (Lafontaine et al., 2015). This measure consists of 12 items to which mothers responded on a scale ranging from *1: strongly disagree* to *7: strongly agree*. For example: “I feel comfortable depending on romantic partners; I worry about being alone.” Scales of avoidant attachment (six items) and attachment anxiety (six items) are derived from the questionnaire by taking the mean of these items. In the current study, both scores of avoidant attachment and attachment anxiety showed good reliability ( $\alpha = .83$ ).

### **Data Analytic Plan**

Descriptive statistics and preliminary analyses were performed for all variables under investigation. In examining multivariate normality between the continuity variable and the continuous variables of interest, the Shapiro-Wilk values suggested that multivariate normality

was violated. However, the literature suggests that MANOVA tends to be robust against departures from normality (Real Statistics Using Excel, 2020). Additionally, the assumption of multivariate normality can be partially checked by examining normality, linearity, and homoscedasticity, all of which met the MANOVA assumptions (Tabachnick & Fidell, 2013). Instead of removing outliers completely, significant outliers were addressed by reducing the value to their closest non-outlier value identified in the boxplots. Chi-square analyses, logistic regression, negative binomial regressions, and MANOVA analyses were performed to address the research objectives. Negative binomial regressions were chosen to compare mothers' history of other types of maltreatment using count scores (i.e., the number of acts of violence endured, as opposed to a dichotomous score). These comparisons were made between cycle breakers and maintainers, both representing dyads in which the mother experienced CSA; and between cycle initiators and the control group, where the mothers did not report CSA.

### **Results**

Bivariate correlations showed that all variables were correlated with each other ( $p < .01$ ) (Table 2). Sexual abuse was significantly correlated with increased mental health symptoms and decreased quality of parent-child attachment. Potential covariates to include in the logistic regression model were investigated. T-test, chi-square, and ANOVA analyses showed no significant differences between mothers with and without a history of CSA regarding level of education, annual household income, ethnicity, age, or age at the birth of their first child. Therefore, these variables were not added as covariates in the analyses.

**Table 2**  
*Correlations between Maternal Variables*

Variable	1	2	3	4	5	6	7	8	9	10
1. Post-traumatic stress symptoms		.750**								
2. Psychological distress			-.404**							
3. Parent-child attachment				.412**						
4. Romantic avoidant attachment					.428**					
5. Romantic attachment anxiety						-.467**				
6. Neglect							.473**			
7. Physical abuse								.441**		
8. Emotional abuse									.441**	
9. Sexual abuse										.301**
10. Exposure to domestic violence										

\*\*  $p < .01$

### Objective 1: Intergenerational Continuity of CSA

Significant chi-square results ( $\chi^2(1, N = 186) = 6.76, p < .01$ ) showed that emerging adults whose mothers experienced CSA were more likely to report a history of CSA (41.5%) as compared to emerging adults whose mothers did not experience CSA (22.6%).

A logistic regression was performed using continuous scores of mothers' history of CSA included in the first block, and other forms of maltreatment (continuous scores) included in the second block (Table 3). The results showed that the model with mothers' CSA offered an improvement compared to the constant-only model,  $\chi^2(1, N = 185) = 10.54, p < .001$ . The addition of mothers' other maltreatment types in the second block did not significantly improve the model,  $\chi^2(4, N = 185) = 2.60, p = .63$ . The Wald test showed that in both blocks a history of CSA reported by mothers was a significant predictor of emerging adult CSA. In block 1, with each one unit increase of CSA count score in mothers, emerging adults were 1.38 times more likely to be sexually abused. In other words, for every additional act of CSA experienced by mothers, the risk of emerging adults' CSA increased by 38% (OR = 1.38, 95% CI: 1.13, 1.67). In block 2, the risk of emerging adults experiencing CSA increased by 32% for each additional act of CSA reported by mothers (OR = 1.32, 95% CI: 1.06, 1.63), with no significant contribution of mothers' other maltreatment types. Finally, the Nagelkerke pseudo  $R^2$  indicates that blocks 1 and

2 respectively explained 8% and 10% of the variance of emerging adults' CSA. In block 1, 73.5% of cases were accurately classified by the model, and in block 2, this classification was 76.8%.

**Table 3***Logistic Regression of Mothers' CSA Predicting Emerging Adult CSA*

<b>Mothers' Maltreatment<sup>a</sup></b>	<b>Emerging Adult CSA</b>			
	<i>B</i>	<i>SE</i>	<i>OR</i>	<i>95% CI</i>
<b>Block 1</b>				
Child sexual abuse	.32**	.10	1.38	[1.13, 1.67]
<b>Block 2</b>				
Child sexual abuse	.27*	.11	1.32	[1.06, 1.63]
Emotional abuse	-.18	.15	.84	[.62, 1.13]
Physical abuse	.18	.19	1.20	[.83, 1.72]
Neglect	.15	.21	1.16	[.77, 1.76]
Exposure to domestic violence	.07	.19	1.07	[.74, 1.56]

\* $p < .05$ ; \*\* $p < .01$ <sup>a</sup>Continuous maltreatment scores

## Objective 2: Maternal Maltreatment Histories

Negative binomial regressions were carried out to test for differences in maternal maltreatment history between cycle maintaining and cycle breaking dyads. There were no significant differences between these two groups in terms of mothers' histories of neglect, physical abuse, and emotional abuse. A significant difference was observed for exposure to domestic violence, such that mothers in the cycle maintaining dyads were exposed to 2.43 times more acts of domestic violence than mothers in the cycle breaking dyads ( $p = .03$ , 95% CI: 1.09, 5.39). Comparing cycle initiators with the control group (both groups including mothers without a history of CSA), negative binomial regressions showed no significant differences in mothers' histories of maltreatment (Table 4).



**Table 4***Negative Binomial Regression Comparisons*

Mothers' Maltreatment <sup>a</sup>	Cycle Maintainers and Breakers			Cycle Initiators and Control		
	<i>B</i>	<i>SE</i>	<i>OR</i>	<i>B</i>	<i>SE</i>	<i>OR</i>
Emotional abuse	-.03	.34	.97	.17	.30	1.18
Physical abuse	.16	.45	1.54	.15	.32	1.16
Neglect	.43	.41	1.54	.35	.37	1.42
Exposure to domestic violence	.89*	.41	2.43	-.32	.38	.72

\* $p < .05$ <sup>a</sup>Continuous maltreatment scores

### Objective 3: Maternal Mental Health and Attachment

As presented in Table 2, the variables of interest were significantly correlated with each other, confirming the appropriateness of conducting MANOVAs. Two separate MANOVA analyses were performed, one with mental health variables and one with attachment variables. Post-hoc analyses (Fisher's LSD) were performed to examine individual mean difference comparisons across the four groups. The first MANOVA, including PTSD and psychological distress, was significant, Wilks's  $\Lambda = .87$ ,  $F(6, 362) = 4.53$ ,  $p < .001$ . The multivariate partial  $\eta^2$  based on Wilks's  $\Lambda$  was .07. Mothers classified as cycle maintainers reported more PTSD symptoms compared to initiator dyads and dyads in which neither member experienced CSA. Mothers in cycle maintaining dyads reported greater psychological distress compared to dyads in which neither member had experienced CSA. No other group differences were significant (Table 5).

**Table 5***Group Differences in Mother-Rated Mental Health and Attachment*

Variable	Cycle Maintainers		Cycle Breakers		Cycle Initiators		Control	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Post-traumatic stress symptoms	24.82 <sup>a</sup>	16.86	18.29 <sup>a,b</sup>	15.37	14.00 <sup>b,c</sup>	14.30	10.13 <sup>c</sup>	10.95
Psychological distress	35.18 <sup>a</sup>	23.71	28.50 <sup>a,b</sup>	18.85	27.23 <sup>a,b</sup>	17.72	22.38 <sup>b,c</sup>	15.57
Parent-child attachment	111.43 <sup>a</sup>	23.00	120.13 <sup>a,b</sup>	16.86	115.83 <sup>a,b</sup>	17.48	120.51 <sup>b,c</sup>	16.87
Romantic attachment anxiety	3.62 <sup>a</sup>	1.50	3.24 <sup>a</sup>	1.47	3.37 <sup>a</sup>	1.52	3.00 <sup>a</sup>	1.51
Romantic avoidant attachment	2.90 <sup>a</sup>	1.30	2.37 <sup>a</sup>	1.02	2.70 <sup>a</sup>	1.21	2.52 <sup>a</sup>	1.38

Note. Different superscripts indicate significant group differences

A second MANOVA was conducted to evaluate group differences based on mothers' ratings of attachment to their child and romantic attachment. The MANOVA was not statistically significant, Wilks's  $\Lambda = .96$ ,  $F(9, 430.92) = .86$ ,  $p = .56$ . The multivariate partial  $\eta^2$  based on Wilks's  $\Lambda$  was .01. Examining pairwise comparisons, there were no significant group differences in mothers' ratings of avoidant or anxious romantic attachment. Mothers in the neither-CSA dyads had higher parent-child attachment ratings than mothers in the cycle maintaining dyads.

#### **Objective 4: Socio-environmental Group Differences**

To investigate differences in socio-environmental variables between the four groups, chi-square analyses and an ANOVA were conducted. The chi-square showed significant results between family status and the four groups,  $\chi^2(9, N = 186) = 21.36$ ,  $p = .01$ . Cycle maintainers mothers were more likely to be separated, divorced, or widowed than the other groups. No differences emerged in mothers' annual income,  $\chi^2(15, N = 186) = 21.74$ ,  $p = .11$ , nor in their level of education,  $\chi^2(12, N = 186) = 7.53$ ,  $p = .82$ . There were no differences in mothers' ethnicity,  $\chi^2(9, N = 186) = 9.42$ ,  $p = .40$ . ANOVAs showed no differences in mothers' age,  $F(1, 51) = 0.03$ ,  $p = .87$ , nor mother's age at the birth of their first child,  $F(1, 51) = 0.12$ ,  $p = .73$ .

### **Discussion**

The goal of this study was to examine intergenerational cycles of CSA in mothers and emerging adult dyads to find key elements that could further our understanding of CSA (dis)continuity. The initial research objective was to determine if there was evidence of CSA continuity between generations in this cohort. In line with the literature, an association between mothers' and emerging adults' experiences of CSA was confirmed (e.g., McCloskey, 2013; Testa et al., 2011). Emerging adults whose mothers experienced CSA were more likely to also experience CSA (OR = 1.38). Using longitudinal data, Grunsfeld (2018) reported a similarly high

odds ratio of 2.29. However, none of the mental health and attachment variables distinguished cycle breakers from cycle maintainers.

As polyvictimization is prevalent (Cyr et al., 2013) and has been related to an increased risk of intergenerational continuity (Langevin et al., 2019), it was vital to determine if there were any disparities in child maltreatment experiences of mothers amongst the groups of interest. The only type of maltreatment that revealed significant differences between cycle maintainers and breakers was exposure to domestic violence. Mothers in the cycle maintaining dyads were exposed to 2.43 times more acts of domestic violence than mothers in cycle breaking dyads. Increased exposure to domestic violence is consistent with past findings showing that exposed children have a higher risk of experiencing CSA (Bidarra et al., 2016; Graham-Bermann et al., 2012). Based on systematic review findings, IPV and intrafamilial CSA may co-occur at rates between 12% to 70% (Bidarra et al., 2016). Factors which may explain this co-occurrence, and which should be studied in future research on CSA continuity, include family functioning and conflict, parent drug use, community violence, and disclosure of sexual abuse, as children exposed to IPV may not feel safe to disclose other abuse (Bidarra et al., 2016). Mothers exposed to domestic violence as children may internalize this behaviour as normal, which could lead to acceptance of violence in adult relationships, and unintentionally expose their children to risk factors for CSA. The role of parent-child and romantic partner attachment needs to be investigated further.

The goal of comparing mother and emerging adult dyads, particularly cycle maintainers and breakers, is to learn about the factors that are involved in breaking CSA cycles. We did not find significant differences between these groups based on mothers' reported psychological distress or post-traumatic stress symptoms. The mental health differences found in our study only

represent the known differences between sexually abused and non-sexually abused adults. This attests to the mixed literature on the role of mental health in the intergenerational (dis)continuity of maltreatment. As the scoping review by Langevin et al. (2019) pointed out, some research found that mental health was a significant component in the transmission of maltreatment (e.g., Dixon et al., 2009), while others found no such effect (e.g., Williams, 2015). It appears that additional studies are required to better understand how mental health could play out in the intergenerational (dis)continuity of CSA. Moderating variables have not been thoroughly considered in this context, such as safe, stable, and nurturing relationships (Thornberry et al., 2013), or participating in therapeutic interventions (e.g., Pasalich et al., 2019).

Although the level of mothers' distress and post-traumatic stress symptoms is lower in the cycle breaking dyads, this was not a statistically significant difference compared to cycle maintaining dyads. This could reflect a certain level of resilience on the part of cycle breaking dyads, where mothers have managed to cope with CSA trauma and the cycle of maltreatment has discontinued, but they do not come out of this experience completely unscathed. This may also explain why distress remained higher in cycle breaking dyads compared to the control group. Breaking cycles of maltreatment can be an extremely challenging and stressful process to navigate, one which requires available and accessible supports.

In line with the model of victim-to-victim cycles of maltreatment presented by Marshall et al. (2022), the current study investigated the roles of mothers' mental health and attachment, but parenting, another central feature of this model, was not included. As mothers in cycle maintaining dyads reported high levels of distress and post-traumatic stress symptoms, it would be pertinent for future research to examine how these symptoms may impact their parenting in a way that may increase the risk of intergenerational continuity of CSA.

In terms of attachment, there were no significant differences in mothers' ratings of romantic attachment between any groups. Amongst cycle maintainers and neither-CSA dyads, there were variations in parent-child attachment. These findings do not support a distinction between cycle maintainers and breakers in terms of attachment, but they are consistent with the literature showing that CSA may disrupt parent-child attachment (e.g., Ensink et al., 2020). This should be studied further in qualitative research to explore the mechanisms that may have contributed to mothers forming more positive or secure relationships with their children despite their traumatic history.

Family status differed across the four groups in the present study with fewer cycle maintaining mothers indicating that they were still with the parent of at least one of their children. This is in line with existing literature supporting the role of family status in the risk for CSA victimization (Jaffee et al., 2013; Langevin et al., 2020). While there were no significant differences between groups in terms of romantic attachment in this study, this result suggests that mothers with a history of CSA may face other difficulties in relationships that can lead to single parenthood (e.g., problems with intimacy, interpersonal conflicts; Nielsen et al. 2018). As well, in cases of intrafamilial CSA, some mothers may have left their partners if their partners were the ones who perpetrated the abuse of their child, or perpetrated violence towards themselves, in the case of intimate partner violence. Future research could focus on identifying available sources of support to families. Other socio-environmental indicators did not differ between groups, which could be explained in part by the low diversity of our sample in terms of income and education.

### **Strengths and Limitations**

This study contributes to the literature on an understudied topic, the intergenerational (dis)continuity of CSA. It is hoped that further investigations will be devoted to exploring the association between mothers' and emerging adults' CSA experiences. The dyadic design and the collection of multi-informant data using validated and reliable questionnaires are notable strengths of this study. The rigorous data cleaning procedures used in this study meant that missing data was a minor concern. Although our strict approach to data cleaning and the inclusion criteria of participant data was a strength, we acknowledge that this may have led to the exclusion of some eligible individuals. The use of convenience sampling is a weakness. Although extensive efforts were made to recruit a diverse sample of participants across Canada, the majority represents well-educated and high-income mother-emerging adult dyads. Furthermore, because most of the emerging adults are woman-identifying, it is crucial to highlight that the results may not be representative of the experiences of man-identifying survivors of CSA. The data should be interpreted in light of the cross-sectional design of the study, the use of self-report questionnaires, and a lack of sample diversity. Efforts should be made to include fathers in similar investigations.

### **Implications and Future Directions**

The current study's findings can be viewed as supporting interventions which target parents' histories of maltreatment, mental health symptoms, and parent-child relationships. Mothers who have experienced CSA, regardless of which dyad group they belonged to, exhibited greater levels of psychological distress and post-traumatic stress symptoms. Individual therapy and psychoeducation could be used to address the mental health symptoms of parents before progressing to attachment work. Based on our findings, it is also important to target families in

which there is co-occurrent intimate partner violence and CSA, and to intervene with emerging adults to break cycles of victimization.

Our study adds to the growing body of evidence that having at least one parent with a history of CSA increases the probabilities of CSA in the next generation (Grunsfeld, 2018; Leifer et al., 2004; Testa et al., 2011). This association needs to be examined and explained further to identify which factors contribute to this intergenerational risk. Longitudinal studies or population-based surveys with large samples of mother-child dyads would allow for path analyses to be conducted and the identification of temporal relationships. Additionally, populational studies would have more power to detect statistically significant differences that were not observed in the current study. As there are mixed findings in the literature regarding the effects of CSA on adult relationships, future studies may benefit from using measures which may tap into different aspects of attachment relationships (e.g., reflective functioning and attachment to children and intimate partners). We recommend that future research also collect data on parenting behaviours, which would be informative and consistent with the model proposed by Marshall et al. (2022). In addition to methodologically strong quantitative studies, more qualitative exploration with survivors and the practitioners working with them will be particularly informative on this topic. Such studies would provide a wealth of insight into the quantitative data on CSA continuity and contribute to bridging the gap between research and practice.

### **Conclusion**

The intergenerational (dis)continuity of CSA victimization was explored in this study of mothers and emerging adults to analyze individual, relational, and socio-environmental variations among dyads. Although there were no significant differences between cycle

maintaining and cycle breaking dyads in this study in terms of maternal mental health and attachment, the findings highlight the important long-term effects of CSA on these variables. In-depth analyses using varied measures of both attachment and parenting behaviours are encouraged to better understand the potential roles of parent-child and intimate partner attachments in CSA continuity. We also suggest examining more specific mental health symptoms (e.g., borderline, depression, anxiety, PTSD), and the role of polyvictimization and family violence, particularly to clarify the link between exposure to domestic violence and CSA continuity. Employing methodological designs to clarify non-significant findings through the use of longitudinal, population-based, qualitative, and mixed methods designs is urged.



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