Centre of expertise on child sexual abuse

The experiences and support needs of parents and carers of sexually abused children: A knowledge review

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About the Centre of expertise on child sexual abuse (CSA Centre)

The CSA Centre's overall aim is to reduce the impact of child sexual abuse through improved prevention and better response, so that children can live free from the threat and harm of sexual abuse.

We are a multi-disciplinary team, funded by the Home Office, Department for Education and Ministry of Justice, hosted by Barnardo's and working closely with key partners from academic institutions, local authorities, health, education, police and the voluntary sector.

Our aims are to:

- increase the priority given to child sexual abuse, by improving understanding of its scale and nature
- improve identification of and response to all children and young people who have experienced sexual abuse
- enable more effective disruption and prevention of child sexual abuse, through better understanding of sexually abusive behaviour/perpetration.

We seek to bring about these changes by:

- producing and sharing information about the scale and nature of, and response to, child sexual abuse
- addressing gaps in knowledge through sharing research and evidence
- providing training and support for professionals and researchers working in the field
- engaging with and influencing policy.

For more information on our work, please visit our website:
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Executive summary

This knowledge review provides an exploratory overview of the existing research and resources on the needs of, and support for, non-abusing parents and carers of sexually abused children following the identification of child sexual abuse. It forms part of the CSA Centre's 'Improving Support for Parents and Carers' programme and aims to map what is currently known about the impact of child sexual abuse on the child's parents, the importance of parental support for children, how parents care for their children, the barriers they face in seeking and receiving support, the role of professionals, and the main gaps in the evidence base.

The review takes a pragmatic mapping approach rather than providing a rigorous literature review. Searches were conducted across major academic databases including PubMed, PsycINFO, Scopus and Google Scholar, alongside grey literature such as service evaluations, evidence summaries and practice guidance; backward citation searching was also used to identify further relevant studies. In total, 109 studies and related sources were identified mostly from across the English-speaking world, with the majority drawn from the USA and Canada and a smaller proportion from the UK and other countries, including Australia, Ireland, the Netherlands, New Zealand, South Africa and South Korea.

The review focuses on parents and carers who were not involved in the abuse and uses the term 'parent' as a shorthand for any non-abusing adult in a parental or principal caregiving role.

Key findings

The importance of parental support for children who have been sexually abused

The review found strong evidence that parental support plays a central role in children's recovery following sexual abuse:

- Across the literature, the protective responses most consistently highlighted were believing the child, providing emotional support and reassurance, and taking action to protect the child from further harm.
- Higher levels of parental support were associated with improved mental health, better behavioural outcomes and longer-term resilience in children, while unsupportive or doubting responses could compound the harm caused by the abuse itself.
- Children's own accounts reinforced this point, describing the importance of being believed and of knowing that their parents were emotionally present and actively trying to help.
- The review, therefore, shows that parents are not only affected by the abuse but are also key figures in their children's recovery. When parents themselves receive professional support, this can strengthen their capacity to protect their children, engage effectively with services and respond to their children's evolving needs; support for parents should therefore be understood as contributing to both recovery and safeguarding outcomes, and as an important part of any whole-family response.

The impact of the abuse on parents and their ability to care for their child

The evidence consistently shows that the identification of child sexual abuse can have a profound effect on parents' emotional and psychological wellbeing:

- Parents commonly described shock, guilt, shame, helplessness, anger, distress and self-blame, with some also experiencing trauma symptoms, physical health effects, and resurfacing memories of their own past abuse or other trauma.
- These impacts were often accompanied by disruption to family relationships, social isolation, financial strain and significant practical pressures, all of which could make it harder for parents to care for their child and respond in the way they wanted.
- The review also found that mothers and fathers may experience these impacts in different ways, shaped in part by gendered expectations. Mothers were more often portrayed as carrying the main emotional and caregiving burden, while fathers were less often included in the literature despite evidence that they also experience significant distress and may need support that responds to their distinct roles and experiences.

How parents care for a child who has been sexually abused

The review showed that parents care for their children in complex and multifaceted ways following the identification of abuse:

- The most commonly described forms of immediate support were believing the child, offering emotional support and reassurance, and taking protective action to ensure the child's safety.
- The review also highlighted the importance of longer-term care through everyday parenting, emotional availability, practical care, advocacy, affirmation, and helping children make sense of what has happened over time.
- Parents were shown to be active supporters of their children rather than passive recipients of services. They often needed to navigate therapy, schools, safeguarding systems and wider family relationships while also managing household stability and their own distress.
- Providing this level of support can be demanding and this is often not fully recognised by professionals or researchers, despite its importance to children's recovery.

> Parents often feel shock, guilt, shame, helplessness, anger, distress, self-blame and resurfacing memories of their own past trauma

The barriers parents face when accessing and receiving support

The review found that parents face multiple barriers in accessing support once abuse is identified, and that these barriers can deepen what some authors describe as "systemic trauma":

- Support was often limited, poorly signposted or unavailable, and parents' own support needs were frequently overlooked by professionals in favour of a narrow focus on the child or on investigative processes.
- Fear and mistrust of services were also significant barriers, particularly where parents worried about being judged, blamed or even having their child removed into care.
- Parents reported that shame, guilt and stigma could drive self-isolation and reduce their willingness to seek therapy or disclose their own distress.
- Financial pressures added another layer of difficulty, including travel costs, timing, cost and location of services, absences from work, and childcare.
- Professional responses could themselves become a source of harm in situations where parents were treated as inadequate, blamed for the abuse or left without clear information. Delays, poor communication, fragmented safeguarding and criminal justice processes, and limited coordination between agencies often intensified parents' distress and undermined their confidence in services at a time when support was most needed.
- These barriers were often intensified by structural inequalities linked to ethnicity, culture, sexuality or disability.
-

How professionals can best support parents

The literature shows that professionals can play an important role in helping parents manage their own distress and support their child more effectively:

- Parents benefit from emotional and therapeutic support that helps to reduce self-blame and make sense of the abuse, and that builds their confidence in responding to their child's needs.
- Clear information and guidance are also important, particularly about what is happening, which services are involved, and what parents should expect from safeguarding, criminal justice and therapeutic processes.
- Practical support also matters, especially in the immediate aftermath of identification. Parents may need help with safety planning, issues with their child's education, household routines, and the day-to-day pressures that follow disclosure or investigation.

> Professional support for parents is often unavailable, limited or poorly signposted, with parents' own support needs overlooked

- The review showed that peer support and group-based work were also consistently valued because they reduced isolation, stigma and excessive self-blame while helping parents feel understood by others with similar experiences.
- Support over time emerged as especially important: parents' needs change as the family moves through the aftermath of abuse, so effective professional support needs to be timely, flexible, non-judgemental, trauma-informed and responsive, both to parents' own wellbeing and to their role in supporting their child.
- The evidence also points to the value of whole-family approaches which recognise the interconnections between children's wellbeing, parental wellbeing and family functioning, while ensuring that children and non-abusing parents can each access support in their own right where needed.

Gaps in the literature

Despite the breadth of the literature, the evidence base remains fragmented and uneven:

- There is no shared definition or consistent operationalisation of what parental support means, which makes it difficult to compare studies or draw clear conclusions about which forms of support are most effective.
- Much of the existing literature focuses on the impact of the abuse on parents rather than on their lived experiences of caring for their children, and there is still limited evidence on how parents' support needs vary over time or across different family structures and circumstances.
- Important gaps remain in relation to fathers, parents from minority ethnic backgrounds, same-sex couples, disabled parents, parents with insecure immigration status, parents living in poverty and other under-represented groups.
- There is also a need for more research that differentiates parents' experiences by the form of abuse experienced by their children, and by their child's age and sex; research is particularly lacking in relation to parenting boys who have been sexually abused.
- UK-based evidence is particularly limited, thereby restricting the strength of conclusions that can be drawn for UK policy and practice.
- There are also important practice-relevant gaps. More evidence is needed on how professional responses, inter-agency working, communication and service coordination affect parents' trust, wellbeing and capacity to support their child.

"There is still limited evidence on how parents' support needs vary over time or across different family structures and circumstances"

Conclusion and recommendations

Overall, the review shows that non-abusing parents and carers are profoundly affected by child sexual abuse as well as being central to children's recovery. Their ability to believe, protect, advocate for and emotionally support their child is shaped not only by the abuse itself but also by the quality of the professional and systemic response around them. Supporting parents is therefore not an optional addition to child-focused work; it is a necessary part of an effective response to child sexual abuse. Without adequate support, parents face immense challenges in sustaining their family and providing effective care to their children, with consequences that may contribute to persistent strain on family relationships, fractured family functioning, and, in some cases, family breakdown.

The implications for policy, commissioning, practice and research are clear. The findings support greater recognition of support for parents support as a core component of effective responses to child sexual abuse, rather than an optional addition to child-focused services. Children's wellbeing, parental wellbeing and family functioning are closely interconnected, highlighting the value of whole-family approaches and the need for support that recognises both parents' own needs and their role in supporting their child. The review also highlights the importance of improving communication, coordination and support across safeguarding, policing and criminal justice processes, given the significant impact these systems can have on families' experiences and recovery.

In practice, the review points to the need for parents to receive timely, non-judgemental, trauma-informed, coordinated and sustained support which can adapt as family needs change over time, backed by clearer guidance, better communication and stronger inter-agency working. Commissioners and service providers should also consider how current gaps and geographical variation in provision affect families' ability to access support.

Important gaps remain in the evidence base. There is a need to strengthen conceptual clarity around support for parents, expand UK-based and comparative research, and develop a deeper understanding of parents' lived experiences over time. More research is also required to understand the experiences of fathers and other under-represented groups; the influence of ethnicity, culture and structural inequality; the differences associated with different forms of abuse and service pathways; and the availability and impact of support services for parents across England and Wales.

> The review points to the need for parents to receive timely, non-judgemental, trauma-informed, coordinated and sustained support

1. Introduction

This knowledge review presents an exploratory overview of the existing research and literature on the needs of, and support for, non-abusing parents and carers of sexually abused children. It forms part of our 'Improving Support for Parents and Carers' programme, which seeks to improve the support available for those parents and carers.

1.1 Aim

This review aims to provide a broad and descriptive overview of the existing literature on parental needs and support following the identification of sexual abuse of a child under 18. It explores the following themes which emerged across the literature:

- the impact of child sexual abuse on the non-offending parent(s) and their ability to care for their children
- the barriers they face in accessing support
- the importance of parental support for children
- how non-offending parents can best respond to their child's needs
- the support that non-offending parents require from professionals
- gaps in the literature and areas for further research.

1.2 Definitions and language

Child sexual abuse involves many different, often overlapping types of abuse in a range of contexts. It may involve, for example, child sexual abuse within the family; group-based child sexual abuse; harmful sexual behaviour by other children (including siblings); and/or child sexual abuse in an institutional context. Most child sexual abuse has an online element, and some takes place solely in online contexts.

This review focuses on '**non-abusing**' parents and carers, by which we mean any 'safe' or 'protective' adults in a parental or principal caregiving role to a child – for example, the child's biological parents, step-parents, adoptive or foster parents, or other relatives in that role – who have not been involved in the sexual abuse of the child. We have chosen this term for its clarity and widespread use in child safeguarding literature and policy, but we recognise that it is not unproblematic: it risks oversimplifying complex family dynamics and overlooks the ways in which fear, coercive control, limited information or systemic barriers may constrain a parent or carer's ability to recognise and respond to abuse. For the sake of brevity, we generally refer to non-abusing parents and carers simply as 'parents' in this report.

When we talk about **support for parents**, we mean support that aims to address parents' needs in managing their own feelings of shock, grief, anger and confusion and in helping them to provide the support their child requires through the immediate and long-term impact of sexual abuse.

1.3 Methodology

We took a pragmatic approach to the mapping process, focusing on identifying the range, nature, and key themes of available literature rather than undertaking a rigorous literature review.

A broad search was conducted across multiple academic databases including PubMed, PsycINFO, Scopus, and Google Scholar, using keywords and phrases such as 'support for parents of sexually abused children', 'carers of sexually abused children', 'parental support after child sexual abuse', and related terms (see Appendix 1 for a full list). Grey literature, including evaluation reports from services offering support to parents and carers, was also considered to capture non-academic resources. Additionally, backward citation searching was used, whereby the references cited in a particular study were searched to find other relevant literature.

Through this process, we identified 109 studies, mostly from across the English-speaking world, of relevance to the core topic. These studies were predominantly from the USA or Canada although we drew from a wide range of sources, including the UK, Australia, Brazil, Cyprus, Finland, Ireland, Israel, the Netherlands, New Zealand, South Korea and South Africa. Of particular note is the limited UK based evidence. Only a third of the studies included in this knowledge review, and just two of the 24 studies looking at the effectiveness of support for parents reviewed by St-Amand et al (2022), were conducted in the UK.

Studies and reports published in English in the past 25 years were included, encompassing qualitative, quantitative, and mixed-method research and reviews. The vast majority had been published as journal articles; however, we also looked at dissertations and theses, evaluation reports and evidence summaries, literature reviews and practice guidance. Key information from each source was extracted to identify the aims, sample, key findings and research gaps noted. The literature was then mapped to identify common themes, focusing on what support parents need and the value of their support for their children. The origin of the study is mentioned where relevant.

Appendix 2 presents the reviewed studies and reports and highlights where these were focused on a specific form of child sexual abuse and/or a specific group of parents.

1.4 This report

The rest of this report is structured into the six key themes that emerged through our analysis of the literature:

- The importance of parental support for children who have been sexually abused
- The impact of the abuse on parents' ability to care for their child
- How parents support a child who has been sexually abused
- The barriers parents face when accessing and receiving support
- How professionals can support parents
- Gaps in the literature.

These themes are covered in Chapters 2–7. A final chapter draws together the key findings in a conclusion and makes recommendations for further research.

1.5 Limitations

This knowledge review was designed to map the breadth of available literature on parental needs and support following the identification of child sexual abuse rather than to provide a formal synthesis of the research. Consequently, several limitations should be acknowledged. Firstly, the review includes a heterogeneous mix of study designs, theoretical perspectives, and service contexts, which limits the extent to which findings can be compared directly or generalised across populations. Many of the included sources are small-scale, locally situated evaluations or qualitative studies, and there is limited evidence from large, methodologically robust studies.

> Our literature search identified 109 studies, mostly from across the English-speaking world, of relevance to the core topic

2. The importance of parental support for children who have been sexually abused

Support for parents whose child has been sexually abused has consistently been associated in the literature with better emotional, behavioural, relational and long term mental health outcomes for children, and is often described by adult survivors as one of the most important factors in their recovery (Scott and McNeish, 2017; Vera-Gray, 2023; Zajac et al, 2015). Nonetheless, the empirical evidence for this assertion is somewhat limited, as indicated by a meta-analysis of literature related to the relationship between parental support and children's outcomes following sexual abuse (Bolen and Gergely, 2015).

2.1 Improving children's emotional and behavioural outcomes

Higher levels of parental belief and support are linked to improved wellbeing in children who have been sexually abused. Indeed, the more support a parent can give their child, the more able their child is to come to terms with having been abused (Cohen and Mannarino, 2008; Elliott and Carnes, 2001; Scott and McNeish, 2017). A meta analysis and review of literature identified support from non abusing parents, particularly mothers, as being linked with better emotional and behavioural outcomes for children following sexual abuse (Bolen and Gergely, 2015).

Feeling believed by their parents is one of the strongest predictors of positive mental health outcomes for children following sexual abuse. Parental support is associated with children's short- and long-term adjustment (Elliott and Carnes, 2001; Godbout et al, 2014; Warrington et al, 2017), while a lack of that support is associated with higher risk of trauma symptoms, vulnerability to revictimisation, and poorer long term mental and physical health (Cyr et al, 2016; Fisher et al, 2017).

In a large UK qualitative study of children's experiences after intra-familial child sexual abuse (Warrington et al, 2017; Warrington et al, 2023), children described the role of family and safe carers as central, highlighting how adverse parental reactions could increase their feelings of guilt and responsibility – and, conversely, how positive reactions could help them feel less alone and more able to cope:

> "What I do is I tell my mum every single bad dream that I have and she always reassures me saying, 'That's okay, it's just a dream'. Another thing that I was constantly told is that, 'You are safe'." (Warrington et al, 2017:77)

The children viewed relationships with their parents, carers and siblings as fundamental and interdependent parts of their own recovery, saying they felt safer and more hopeful at times when family members were calmer, emotionally available and able to advocate for them (Warrington et al, 2023).

> "My family were very supportive. We all helped each other so we all had that strength, we all shared the energy to all get through this and of course I couldn't get all the power that I had from the inside." (Warrington et al, 2017:77)

A longitudinal study of 118 mother–child pairs found that higher levels of maternal support (believing, protecting and emotionally supporting the child) shortly after the abuse had been identified predicted better adjustment and lower rates of depression in children nine months later (Zajac et al, 2015).

However, research has shown that support from both mothers and fathers influences children's healing pathway (Cyr et al, 2014) and that fathers can play a key role. In a study carried out with 142 sexually abused children, feelings of secure attachment with fathers positively predicted reduced behavioural problems, with the exception of some physical symptoms and attention difficulties (Parent-Boursier and Hébert, 2015). Interviews with non-abusing fathers revealed the integral role that they can play in the healing process of their children (Vladimir and Robertson, 2020).

2.2 Building children's resilience

Support from parents is consistently associated with children's longer-term recovery following sexual abuse. The caregiving environment profoundly shapes the trajectory of healing, with stable, supportive parental care linked to improved psychological outcomes and resilience (Fassler et al, 2005; Kilroy et al, 2014). Secure attachment to caregivers and supportive, non-judgemental responses are also key social protective factors which can mitigate the adverse impacts of child sexual abuse over the life course (Bick et al, 2014).

In a study exploring how family environment and type of abuse affect long-term outcomes for sexually abused children, Fassler et al (2005) found that, while specific abuse characteristics predicted some outcomes, the quality of the family environment – particularly cohesion, expressiveness and low conflict – contributed significantly to survivors' long term wellbeing.

Parental warmth, protectiveness and authoritative control have lasting effects on the resilience of sexually abused children into adulthood. Lind et al (2018) showed that perceived parental warmth during childhood predicted greater resilience in child sexual abuse survivors decades later, underscoring the enduring influence of supportive caregiving.

2.3 Supporting children's recovery and engagement with services

A systematic review of 25 studies carried out between 1985 and 2017 (Scoglio et al, 2021) found that, for children who have been sexually abused, feeling their parents care for them is the strongest protective factor against future revictimisation. A higher level of parental support is also associated with a shorter delay before children share information about their abuse, which in turn is linked with better long term mental health (Wallis and Woodworth, 2021; Hershkowitz et al, 2007). However, when a child is aware that their parent does not believe them, or blames them for their abuse or its consequences, the child is more likely to retract anything they have said (McGookin, 2023).

Parents are therefore critical in safeguarding and supporting the recovery of children who have been sexually abused. They are often the primary source of the child's emotional support and physical protection, facilitating recovery and resilience (Fuller, 2016; McGillivray et al, 2018). They play a key role in protecting their children from further harm, including by implementing safety plans, monitoring behaviours, and advocating for them when social care or criminal justice processes are under way (Hill, 2012; McGillivray et al, 2018).

> Parental protectiveness, warmth and authoritative control have lasting effects on sexually abused children's resilience into adulthood

Parental support is also crucial in enabling children to access services and engage with the professionals who can help them. This is particularly the case with very young children, whose parents need to bring them to appointments and help them talk to professionals (Scott and McNeish, 2017). In the study by Warrington et al (2017), children highlighted the value of their parents attending meetings and appointments with them, liaising with services and professionals, and being a conduit for information-sharing, particularly in relation to complex legal processes:

> "[In the lead up to court] I didn't really speak to anyone about it, I spoke to my mum. My mum got all the information and then told me, because I didn't really understand it." (Warrington et al, 2017:78)

Others described the role their parents had played in making them feel less anxious when accessing services for the first time:

> "I got my mum to ask [the questions] even though I was in the room with her, I wanted to be there to know what's going on but I wanted her to say it [that I had been abused]." (Warrington et al, 2017:78)

In addition, there is evidence that engaging parents in their child's therapy further strengthens recovery. Carpenter et al (2016) reported that joint parent–child interventions foster a stronger therapeutic alliance, enabling parents to reinforce coping strategies and create a safer, more regulated home environment.

Summary

- Parental support is consistently linked with better emotional, behavioural and long-term mental health outcomes for children who have been sexually abused.
- Belief, warmth, protection and a stable family environment can help children adjust, build resilience and feel safer, but blaming or unsupportive responses can intensify trauma and delay or undermine them in talking about the abuse.
- Fathers as well as mothers play an important role in recovery, and secure attachment to parents may have benefits that last into adulthood.
- Parents are also central to safeguarding, helping children engage with services and supporting them through criminal justice and social care processes.
- Involving parents in therapy can further strengthen recovery by helping children to use coping strategies and creating a more secure home environment.
- Overall, the literature suggests that supportive caregiving has a strong and beneficial influence on children's immediate recovery and longer-term wellbeing.

"Parental support is also crucial in enabling children to access services and engage with the professionals who can help them"

3. The impact of the abuse on parents and their ability to care for their children

The realisation that their child has been sexually abused is one of the most devastating experiences that parents can go through. Researchers have described how parents suffer the impact of this both as a multi-dimensional, dynamic process (Alaggia, 2002a) and as a form of systemic trauma which reverberates through all areas of family life (Kilroy et al, 2014). Parents typically experience an intricate combination of emotional, cognitive, relational and practical challenges which, together, can reduce their capacity to provide a supportive response to their child.

3.1 Emotional responses and psychological distress

Learning that their child has been sexually abused produces profound emotional shock for parents. Across studies, parents have described a sudden collapse in their sense of stability, accompanied by intense fear, grief and helplessness. This emotional turbulence often affects their capacity to respond calmly or supportively in the immediate aftermath.

3.1.1 Initial emotional shock and overwhelm

Parents commonly describe entering a state of disbelief and paralysis when the abuse is first identified. The revelation is frequently experienced as catastrophic and destabilising, with many struggling to process what has happened or understand how it could have occurred. This initial emotional shock is often accompanied by panic, tearfulness, disorientation and moments of paralysis (Carvalho et al, 2009; Mayekiso and Mbokazi, 2007; McElvaney and Nixon, 2020).

Drawing on grounded theory based on interviews with 13 biological parents in Ireland, Kilroy et al (2014) emphasised shock, powerlessness and anxiety about further harm, alongside shame, guilt, and depressive symptoms such as exhaustion, uncontrollable crying and suicidal ideation. As one parent described:

> "I went through a period when … after I left [alleged perpetrator], initially I had decided I was going to kill myself and I was going to take her with me and that sounds, now when I hear people have done that, other people think that's madness, but in that moment I understand why." (Kilroy et al, 2014:492)

A study of 17 mothers of sexually abused children in South Africa (Masilo and Davhana-Maselesele, 2016) described mothers experiencing extreme distress at seeing or thinking about the impacts on their children; again, this included experiencing suicidal ideation. Drawing on her research with mothers of sexually abused children, Howells (2026) has suggested that mothers should be recognised as having experienced a primary-injury type trauma and are victims in their own right because of their child's sexual abuse.

In a study exploring the experiences of 11 mothers who had attended a specialist peer support group (Hill, 2001), one mother whose partner had sexually abused her child described how learning about the abuse was like a bomb going off:

> "I'd been married for 25 years so it was a real bombshell … It blew my world apart. Everything I thought was okay just seemed as if it was just a sham." (Hill, 2001:388)

Howells (2026) reports how finding out about the abuse was characterised as life-altering by parents, due to the deep emotional pain and devastation they experienced. She goes on to suggest that parents' worlds became forever changed, with parents describing life as 'before and after' finding out.

3.1.2 Guilt, self-blame, helplessness and anger

Mothers in a South African study expressed high levels of maternal guilt relating to the circumstances of the abuse (Masilo and Davhana-Maselesele, 2016); some wished that they could take the pain away from their children, or that the harm should have happened to them rather than to their child.

In narrative interviews with 21 mothers recruited through rape crisis centres in the USA, Clevenger (2016) found that mothers had high levels of guilt and self-blame about not having been aware of the abuse, particularly when they had warned their children about `stranger danger' but were unprepared for risks within their own home:

> "I blame myself for not picking up on it." (Clevenger, 2016:236)

Both Alaggia (2002a), in interviews with Canadian mothers, and Mayekiso and Mbokazi (2007), with mothers in South Africa, reported internalised guilt and self-blame for failure to protect their children, leading to significant rumination over signs they might have missed:

> "I had a feeling that something was going on, but I just couldn't put my finger on what was going on." (Mayekiso and Mbokazi, 2007:54)

These ruminations were closely tied to self-blame and guilt, as parents questioned how they had failed to notice signs of abuse. Fong et al (2020) further suggest that rumination contributed to depression, with changes to sleep patterns and low energy being the most common symptoms:

> "I have a problem with my mind racing, I don't sleep." (Fong et al, 2020:4198)

Carvalho et al (2009) went on to identify a theme of 'unhealable pain', encompassing intense distress, guilt, and intrusive thoughts, including suicidal and homicidal ideation, consistent with post-traumatic stress symptomology. Mayekiso and Mbokazi (2007) also reported that parents' initial emotional reactions to learning about the sexual abuse of their child were often unpredictable. Mothers described intense mood swings, going from uncontrollable crying, to screaming and shouting, being quick to lose their patience and responding to their child with irritation. Mothers also expressed hatred and anger towards the perpetrator (Masilo and Davhana-Maselesele, 2016).

Finch and McCulloch's (2025) evaluation of a UK support service for parents, utilising case notes alongside interviews, noted that common initial psychological impacts included guilt, anger, distress, panic and suicidality. High rates of depression and anxiety were also identified after the initial sense of overwhelm began to subside. Similarly, in interviews with 22 USA-based parents within five months of the abuse being discovered, Fong et al (2020) reported widespread emotional distress, including anger, low mood, and guilt for not having prevented the abuse. Over a quarter of parents in their study met the clinical threshold for at least mild depression and their distress was often compounded by unsupportive responses from family and friends:

> "I was finding that some people shut me down, because they didn't want to hear about it, and it's like, well that's, you know, that's OK, that's your way of coping. But I don't have a choice. This is what we are living every single day." (Finch and McCulloch, 2025:37)

Parents often adopted a range of covert coping strategies, including consuming alcohol and food when alone, while maintaining an outward appearance of strength. In Clevenger's (2016) study, mothers talked about drinking or eating in secret:

> "I would drink after everyone had gone to bed. It was embarrassing … [F]or a while there I drank some wine every night and never told anyone." (Clevenger, 2016:241)

Alcohol, cigarettes and food were also commonly used as a coping mechanism by parents in a study of sexually exploited children in the UK (Unwin and Stephens-Lewis, 2016). These parents were often dealing with ongoing and escalating harm to their children and identified that consuming food and alcohol was an attempt to avoid negative thoughts and feelings:

> "[I] smoke and drink excessively to block out and calm nerves. It's an ongoing battle. Initial shock is horrific but the living with it is never ending." (Unwin and Stephens-Lewis, 2016:22)

3.1.3 Resurfacing trauma

A number of studies (Bernard, 2001; Kilroy et al, 2014; Williams, 2009) note that past traumatic experiences are common among parents; these can include the death of a child or their own childhood abuse. The research highlights that emotions and thoughts emanating from these experiences, which may have been buried for some time, are often triggered again by the identification of the abuse of their child. Parents, therefore, require further support, both to process their own adverse experiences, and to accept that their child may react and cope in quite different ways than they themselves had.

A study involving 120 mothers of children who had been sexually abused (Rancher and Smith, 2025) found that over two-thirds of mothers had experienced intimate partner violence and more than four-fifths had been physically abused during childhood, with nearly half having been sexually abused.

This was echoed in Fong et al's (2020) study, in which over two-thirds of participants had a personal history of abuse, including nearly half who had been sexually abused. For some, their child's abuse triggered painful memories of their own lack of support:

> "I was molested when I was younger … It took me three years to tell my mother what happened, and when I told her she didn't believe me." (Fong et al, 2020:4201)

Others felt that their own experiences enabled greater empathy and openness with their child:

> "I was able to more relate to how she may have been feeling and [it] probably made me less afraid to speak to her about it or less ashamed about the subject in general." (Fong et al, 2020:4201)

3.1.4 Threats to parents' sense of self and self-worth

Parents often experience profound emotional distress tied to their perceived failure as protectors, as evidenced across several key studies. Williams' (2009) review of secondary data from a multi-disciplinary support service notes that parents' guilt over their misplaced trust at having left their child with someone else and not being present to keep them safe was a recurring issue related to their failure to meet expectations as protectors.

Similarly, both Clevenger (2016) and McElvaney and Nixon (2020) noted that parents' sense of their identity as protectors is profoundly threatened by the discovery of the abuse. Mothers in a study by McCallum (2001) went further, describing a complete stripping of their identities due to their isolation and their powerlessness over both the abuse and the resulting investigation:

> "I was nobody, I wasn't a parent, I wasn't a wife. I went through eight months of hell here by myself." (McCallum, 2001:324)

> Past traumatic experiences (e.g. the death of a child or their own childhood abuse) are common among parents of sexually abused children

Hill's (2001) study of 11 mothers in the UK demonstrated a sense of pressure to keep going and 'hold everything together' for the sake of their children. They felt unable to be honest with friends or professionals about the true extent of the impacts they were experiencing. Similarly, Carvalho et al (2009) describe how the societal expectations of motherhood, including the unattainable myth of the 'perfect' mother, exacerbated the pressure to prioritise the needs of their families ahead of their own:

> "I could never say to any of the social workers, as much as I liked them, how I really felt … [T]o keep the family together I had to play their game of being a good mother … They didn't know anything about how difficult life was." (Hill, 2001:391)

Clevenger (2016) reports that this sense of duty to prioritise others left mothers unable to process their own emotions and feeling unworthy of therapeutic support. Some perceived accessing such support as signs of weakness. Self-blame and internalising blaming comments from others often manifested as self-punishment, creating barriers to accessing support and leading parents to deny themselves self-care and to neglect their own needs. Many avoided activities they had previously enjoyed, feeling undeserving and compelled to atone for perceived failures:

> "[T]here was no reason for me to have fun … I was not worthy of that." (Clevenger, 2016:242)

3.2 Cognitive challenges in coming to terms with what has happened

Several studies highlight the ongoing struggle parents face in making sense of the abuse and its aftermath.

3.2.1 Trying to make sense of the abuse and its context

Some of the mothers interviewed by McCallum (2001) described their initial shock and turmoil in understanding that their ex-husbands had sexually abused their children, even when they had been experiencing abuse within their own relationship:

> "I figured do it to me rather than the kids, but all along it was happening to the kids as well." (McCallum, 2001:320)

Hill's (2001) study of 11 mothers attending a peer support group in the UK also noted initial incredulity, as mothers struggled to come to terms with how the abuse had happened, and their failure to prevent it:

> "[A]s a mother you're supposed to be a protector, and you've failed haven't you? … I went through every negative thought. I still do to some degree. No matter how much knowledge you have I still feel partly responsible." (Hill, 2001:388)

Thompson's (2017) doctoral research involved 11 mothers in Australia who were caring for a child after intra-familial sexual abuse had been identified. The study found that the turmoil these mothers had experienced was compounded by the need to make sense of the grooming tactics used by the perpetrator, which had enabled the abuse to remain hidden. Thompson further suggests that, in the early phases, mothers' confusion was exacerbated by incomplete and inconsistent information, including attempts by the perpetrator to discredit the victim.

Similarly, Hill (2012) and Kilroy et al (2014) identified parents' ongoing struggles manifesting as an obsessive replaying of timelines and facts, searching for meaning, wondering about signs they had missed, and questioning their parenting decisions. In semi-structured interviews with ten Brazilian mothers, persistent feelings of helplessness and despair were common (Carvalho et al, 2009). One mother commented:

> "It is an immense pain, I wish to die, I feel so guilty … You can never heal from a tragedy like this … things settle down but the pain remains." (Carvalho et al, 2009:503–504)

3.2.2 Believing the child and how parents' understanding develops over time

Cyr et al (2014) suggest that belief in the child was generally automatic, particularly when the child was younger, as parents felt that their child would not have been aware of such details otherwise. Even when some parents reported initial disbelief, this stemmed from their incredulity that child sexual abuse could have occurred within their family.

Plummer and Eastin (2007) highlight that searching for meaning can sometimes extend over months or years, particularly when the abuse has been perpetrated by someone within the family. McElvaney and Nixon (2020) note that parents were initially preoccupied with why their child had not told anyone sooner. Over time, however, empathy grew as parents recognised the barriers that children face in speaking out. This shift was often accompanied by retrospective identification of behaviours that they had not previously understood as indicators of trauma:

> "When I found out what had actually happened to her it was a little bit easier in that it, you know – some understanding of why she behaved in the way she had." (McElvaney and Nixon, 2020:1779)

3.2.3 Cultural pressures, conflicting loyalties and structural barriers

Bernard's (2001) interview-based study provides a unique intersectional insight into the experiences of Black mothers in the UK responding to their children after sexual abuse. While these participants were shocked and distressed upon learning of their children's experiences, they also spoke of the emotional turmoil arising from conflicting allegiances, and the sense of betrayal from partners or family members who had previously been part of their refuge from a racist society:

> "This makes you not trust anyone anymore – not even my own family. So that made it even more difficult to find the words to talk about what I was feeling. My life fell apart, and I was crying all the time." (Bernard, 2001:76)

Bernard (2001) identifies a psychological paralysis affecting Black mothers who were silenced both by the power and control exercised within their own relationships and by their reluctance to expose their family to the treatment that they had learned to expect from professionals and wider society. Mothers therefore felt internal and external pressure to keep their discovery of the abuse within the family, to maintain their informal support systems, and to protect themselves and the perpetrator from structural harm and violence at the expense of protecting their children. Further, Black mothers have to navigate often unsupportive, and at times outright hostile, systems from a position of social powerlessness to secure support and justice for their children. Bernard (2001) also observed the internalised coping mechanisms the women in her study used and the pressure to present as emotionally strong, thereby preventing them from expressing their pain.

Searching for meaning can extend over months or years, particularly when the abuse has been perpetrated by someone within the family

Cultural norms can further complicate parents' ability to seek support for themselves or their children following the identification of child sexual abuse. In some communities, family cohesion is prioritised, making separation unacceptable, while cultures that enforce stark power differentials may limit women's freedom to end the relationship, even if they do wish to protect their children (Andrade, 2019; Futa et al, 2001).

For example, interviews with six parents from Latino/a backgrounds in North America enabled Andrade (2019) to reveal how taboos around talking about sex prevented parents from seeking support from their informal networks. She describes how every parent in her study had reported limiting the number of people and the amount of information they disclosed even when this impacted their support networks. In their study exploring the cultural factors that influenced the prevalence, identification and response to child sexual abuse in Asian American families, Futa et al (2001) noted how cultural and institutional barriers led to an under-utilisation of mental health services.

3.3 Relationship and family system disruption

The trauma of child sexual abuse reverberates across family systems, fracturing relationships, eroding support networks, straining parent-child bonds and imposing financial burdens.

3.3.1 Disruption to family relationships

Kilroy et al (2014) describe how the impact of child sexual abuse radiates through the family, often contributing to conflict between parents, alienation among siblings, and division within the wider family network. Many parents were already managing additional stressors at the time the abuse was identified, such as emotional or physical abuse or relationship breakdown, which compounded their distress following the identification of the abuse.

Some studies show that when the perpetrator was someone within or close to the family, multiple relationships were affected; for example, family tension often increased with siblings sometimes feeling neglected or confused by parental reactions which can give place further strain on parents trying to support their family in the aftermath of the abuse (Han and Kim, 2016; Plummer and Eastin, 2007; Westergren et al, 2023).

Kilroy et al (2014) note that several parents relocated to avoid encountering the perpetrator, but this often led to financial hardship and isolation from local support networks. Parents' eroded trust in others also strained intimate partnerships, with heightened vigilance and suspicion shrinking their circle of trust and increasing their responsibilities as tasks previously shared became theirs alone. In cases of sibling sexual abuse, Westergren et al's (2023) interviews with five Swedish parents revealed the disruption to family life when the abuse was discovered, with the child who had caused the harm being moved in with a family relative, relatives moved in with the family or parent, or the child who caused harm moved to another accommodation.

3.3.2 Isolation, stigma, loss and fractured informal support networks

Finch and McCulloch (2025) found that shame and stigma prevented many parents from telling friends or family members about what had happened, leaving them isolated and without an outlet for their thoughts and feelings, other than when communicating with professionals. Disagreements and conflict with family members and ex-partners caused ongoing stress and upset for parents as well as for the child who was sexually abused and other children in the family.

Where the perpetrator was a partner or family member, wider informal support networks could also become fractured. Fong et al (2020) report that some parents experienced awkwardness because relatives avoided discussing the abuse. Others reduced contact with family members whom they felt unable to trust with sensitive information. Awareness of the perpetrator's actions among community members also resulted in some family members becoming targets of vandalism and other anti-social behaviour:

> "Socially, we have lost some of our support network, including some of the children's most significant friendships, as a result of the social stigma attached to this offending." (Finch and McCulloch, 2025:23)

Mayekiso and Mbokazi (2007) identified high levels of fear disrupting mothers' relationships. Mothers were afraid of the family breaking down and the wider impacts of this, including losing their children, home and financial support. Several also spoke of loss of trust in their child, as they struggled to understand how their child had not felt able to tell them what had happened.

Loss is a central feature of Thompson's (2017) findings, noting the ongoing grief arising from the dissolution of the family unit and extended family relationships after intra-familial abuse. Mothers experienced a forced reframing of their relationship with the perpetrator as they came to terms with the truth about their past actions. These losses had a profound impact on them, both emotionally and cognitively.

As noted above, relationships with community members can also be affected. A loss of social connections led to a subsequent sense of isolation for several of Thompson's (2017) study participants. Isolation could be internally driven, often by an underlying sense of shame, stigma and expectation of harsh negative judgement, leading to inability or reluctance to engage family or friends for support, and ultimately, social and emotional withdrawal.

Findings by Mayekiso and Mbokazi (2007) and Bernard (2001) also suggest that the societal expectations placed on mothers mean they cannot win; some were judged for not having acted quickly enough, while others were accused of lying about the abuse to damage the reputation of the alleged perpetrator.

> "The thing that made it worse was that I knew that behind my back, family and friends were saying I was letting my husband sleep with my girl child – as if I knew about it and did nothing." (Bernard, 2001:37)

> Disagreements and conflict with family members and ex-partners can cause ongoing stress and upset for parents and for their children

Participants in research by Masilo and Davhana-Maselesele (2016) also experienced judgement from family members for reporting intra-familial abuse to the authorities. Similarly, the 13 parents in the study by Kilroy et al (2014) described their family members as "blaming", dismissive or keen to avoid the issue; some of the parents had not wanted to talk about the abuse with their friends, while others said their friends had distanced themselves from them.

Levenson et al (2012) carried out an online survey with 31 parents where a family member had sexually abused their child. They found that more than half reported that family and friends did not seem to understand the unique circumstances of intra-familial sexual abuse and were left feeling sad, hurt, lonely, betrayed, ashamed, guilty, and depressed, without the understanding of family and friends.

For some parents, particularly those whose children had been sexually exploited, the discovery of the abuse is part of an ongoing pattern of intimidation and trauma that overtakes their lives (Hall and Marsh, 2026; Kilroy et al, 2024). In a report describing the implications of child sexual exploitation on parents, one parent describes how they were forced to move house to escape the perpetrators:

> "[T]wo years later when I moved house to get away from them driving up and down outside, I don't know if you've had that intimidation where they drive up and down and they're looking in your window and threatening your family, and telling you what's going to happen to your family." (Unwin and Stephens-Lewis, 2016:29)

3.3.3 Strains within parent–child relationships

Following the identification of sexual abuse, the parent-child relationship is beset by significant challenges. The parent's emotional state and concern for their child's long-term wellbeing strongly influence their interactions with their child.

A number of studies (Bernard, 2001; Williams, 2009) found that mothers often struggled to understand the emotional and behavioural impacts of trauma in their children and how best to respond. Those who pushed themselves to maintain an appearance of strength, or were overwhelmed by the situation, faced challenges in being emotionally available for their children and talking to them about what had happened (Bernard, 2001):

> "I was in a state of numbness. I was using so much energy just keeping myself together that I was physically and mentally exhausted and did not have time for my daughter emotionally." (Bernard, 2001:58)

Feelings of failure could cause parents to struggle to manage their children's behaviour in the same way as before the sexual abuse had been discovered. A combination of the child's emerging needs, parents' emotions, and communication issues contributed to a blurring of boundaries around appropriate behaviour (Clevenger, 2016; Harrison, 2024; Kilroy et al, 2014):

> "I didn't want to yell at them. I didn't wanna punish them for things that they were doing wrong because, um, of course in the back of my head, I'm just rolling through everything that they went through." (Harrison, 2024:124–125)

Attachment disruption posed a significant risk. Harrison (2024) found that fathers struggled to balance work and family responsibilities as their children grew fearful of separation. Anxious attachment further disrupted home routines, including bedtimes and sleeping arrangements (Harrison, 2024; Kilroy et al, 2014).

A literature review analysing 15 studies looking at support interventions for parents (Corcoran, 2004) noted high levels of traumatic sexualisation and consequent sexually reactive behaviour in young children following sexual abuse and the need for parents to be able to manage this behaviour in appropriate ways. They also found that parents needed to be taught more skills for managing their own stress and the impact of this on their parenting.

3.3.4 Heightened protectiveness

Clevenger (2016), Kilroy et al (2014), Fuller (2016) and Vladimir and Robertson (2020) identify parental hypervigilance and overprotectiveness as common responses to feelings of failure and helplessness. Even when parents recognised that these behaviours were causing friction, they struggled to relinquish control:

> "I was on her so close she didn't do anything without me knowing about it. It drove her nuts." (Clevenger, 2016:238)

Fathers often sought to reassert their role as protector by controlling their child's social interactions, particularly with male peers (Vladimir and Robertson, 2020). While intended to safeguard, these restrictions conflicted with fathers' desire for their children to develop resilience and independence.

Around half of the 92 mothers and three-quarters of 35 fathers who participated in Cyr et al's (2014) study expressed reluctance, following discovery of the abuse, to allow their children to engage in new activities outside of the home, or to socialise with new people. Parents in McElvaney and Nixon's (2020) study reported becoming more vigilant and suspicious of others following the discovery of the abuse, thereby reshaping their perceptions of everyday risks. Some who previously had been protective became overly anxious, hindering their children's autonomy. McElvaney and Nixon suggest that this may lead professionals to overlook parents' support needs at a time when their identity as their child's protector feels most vulnerable.

3.4 Financial and practical stressors

The discovery of the sexual abuse of their child often places substantial financial and practical demands on parents, adding additional pressure at a time when many parents are already managing significant emotional strain.

3.4.1 Financial pressures and loss of resources

Financial strain emerged as a recurring theme across studies, particularly in cases where families had been reliant on the perpetrator's income to support them. In a US study involving focus groups with 19 mothers and an open-ended survey completed by 40 mothers, Plummer and Eastin (2007) found that the financial costs incurred by mothers after the identification of the abuse had a significant impact on their subsequent experiences – and were not properly understood by professionals, particularly when the perpetrator was the mother's partner.

Finch and McCulloch (2025) highlight that financial strain affected families regardless of their socio-economic background. Significant costs were incurred by the parents in their UK study as they navigated contact with professionals. This ranged from the regular costs of transport to attend appointments, to payment for ongoing therapy sessions to avoid waiting lists, and the costs of legal representation required during family court processes.

The three mothers in McCallum's (2001) study had had little prior experience of managing practical household responsibilities like finances, home and car maintenance, and were faced with these new challenges at a time when they were already feeling overwhelmed. These mothers were financially impacted by both the removal of the perpetrator from the family home as well as the loss of financial and practical support from extended family members.

Harrison (2024) and Kilroy et al (2014) both note that parents' employment was also frequently impacted, with parents needing time off to accompany their child to appointments or struggling to concentrate or perform effectively due to emotional distress. While most respondents reported that workplaces were supportive of their need for time off, the disruption to work routines added to financial and psychological strain:

> "The biggest challenge for me has been the financial aspect and my job. I don't know what I would do if I didn't have such a great boss, because I've had to take a lot of time off of work." (Harrison, 2024:78)

Fathers interviewed by Harrison (2024) and by Vladimir and Robertson (2020) emphasised the importance of their financial contributions in meeting their family's practical needs, such as food, shelter and clothing. Several fathers viewed this as central to their role. Nonetheless, some fathers described the tension between being physically present at home and meeting financial obligations, highlighting the competing demands of caregiving and being the primary income provider:

> "The worst part is having to take time off of work and not progress, not have my career advance because I am spending time [dealing with the sexual abuse]." (Vladimir and Robertson, 2020:322)

3.4.2 Practical challenges and impacts on daily functioning

Parents interviewed by Fong et al (2020) reported that psychological distress also took a physical toll, exacerbating health issues and reducing their ability to be cognitively and physically present at work. These factors contributed to further financial disruption, as parents required additional time off or were unable to maintain previous performance standards due to the wider impacts of their child's abuse.

One mixed-methods study (Dyb et al, 2003) focused on the impacts of secondary life events on parents following a high-profile case of alleged child sexual abuse by a day-care provider in a small, rural community in Norway. The researchers found that many families reported disruption to work and leisure activities, with the majority of mothers still working reduced hours around four years after discovery of the abuse.

3.4.3 Physical health impacts

The emotional impact of the abuse of their child often manifests in parents' physical health, with studies documenting symptoms like sleep disturbances, fatigue, headaches, and exacerbated chronic conditions.

In their study, Cyr et al (2016) surveyed 109 mothers and 43 fathers of six to 13-year-old victims shortly after the abuse had been identified. A substantial proportion reported physical health declines, including fatigue and sleep problems; more mothers (than fathers) sought help from a family doctor, psychologist or social worker, while fathers more often sought medication for related depression.

In an online survey of parents of sexually exploited children in the UK, researchers found that the majority felt that their general health had been impacted: 40% reported that they suffered from frequent headaches; 84% said that their sleep patterns were disturbed; and 72% reported that they had been prescribed medication (Unwin and Stephens-Lewis, 2016). More recent research by Finch and McCulloch (2025) also identified migraines, gastrointestinal issues, and hypertension.

Similar impacts were identified by Cyr et al (2018), who reported headaches/migraines, gastrointestinal problems, skin conditions, and a weakened immune system among the physical difficulties experienced by parents. Their longitudinal study suggests that physical problems parents experience might be more persistent over time than their psychological difficulties.

The Independent Inquiry into Child Sexual Abuse report into the impact of child sexual abuse (Fisher et al, 2017) also noted that parents experienced physical health mirroring that of the victim's, such as chronic issues from sustained stress, although Scott and McNeish (2017) suggest that parents did not always make a connection between their physical symptoms and the stress of their situation.

3.5 How mothers and fathers are affected differently

The next two sections consider how child sexual abuse affects parents differently, first examining the impact on mothers and then turning to the experiences of fathers.

3.5.1 The impact on mothers

A body of research has highlighted the intense pain and distress that mothers experience following the identification of their child's sexual abuse. Studies report a broad emotional toll, including intrusive thoughts, somatic symptoms, post-traumatic stress, shame, anger, anxiety, self-blame and, in some cases, suicidal ideation (Dyb et al, 2003; McLaren, 2013; van Toledo and Seymour, 2016).

In a study involving children who had been abused online, mothers were described as struggling with depression, anger and guilt, which manifested as constant crying or an inability to talk about the abuse (Butterby and Hackett, 2022).

In cases where the perpetrator was their husband or intimate partner, many mothers also described a deep experience of betrayal, which, in turn, was tied to wider changes in how they viewed other people and the world around them (Pretorius et al, 2011; van Toledo and Seymour, 2016). In her thesis, Howells (2026) captures this more broadly as a catastrophic moment of realisation, where learning of the abuse fundamentally alters a mother's life. As such, the discovery is not only a painful event but also the beginning of a deeper wound that can leave a lasting imprint on sense of self and self-understanding.

For many women, the impact is intensified by the way motherhood is socially framed. Clevenger (2016) found that participants in his study saw their child's victimisation as a direct attack on their own identity as a mother and as a failure of their protective role. One mother said:

> "It was my job as her mom to keep her safe … I failed and it will haunt me forever." (Clevenger, 2016:235)

The study found that this sense of not having protected their child often led women to keep functioning for everyone else rather than stepping back to process their own feelings. Some women also described punishing themselves, for example, by denying themselves treats or everyday pleasures because they felt they did not deserve them. Williams (2009) found that mothers were more likely to neglect themselves, for example, by ignoring personal hygiene and not eating regularly, when feeling overwhelmed by their child's needs. Another mother in Clevenger's (2016) study said:

> "I let my child get hurt. I did not deserve anything new." (Clevenger, 2016:242)

Clevenger noted that mothers were frequently left to manage the practical and emotional aftermath of abuse alone, including caring for their child and attending appointments, often alongside managing their employment. Some mothers reported how their male partners withdrew emotionally, isolating themselves through work or alcohol use. Gendered expectations reinforced this dynamic, with some partners framing caregiving as the mother's responsibility:

> "[H]e thought of it as my job because I was the mom. When I needed help, he shut down and would often leave the house." (Clevenger, 2016:241)

Overall, the literature suggests that discovering a child's sexual abuse can be a deeply traumatic event for mothers, affecting trust, identity and emotional wellbeing long into the future.

> For many women, the impact of the sexual abuse of their child is intensified by the way in which motherhood is socially framed

3.5.2 The impact on fathers

Fathers' experiences, while less frequently studied, reveal distinct patterns. For example, some of the fathers interviewed in Harrison's (2024) study discussed detaching emotionally from their child, while others stopped providing physical comfort or engaging in contact play due to their discomfort and uncertainty about how to act:

> "I feel like I can't help her when she has anxiety or flashbacks, I didn't know what to do or how to comfort her." (Harrison, 2024:68)

Fathers also experienced guilt and shame, linking these feelings to perceived failures in protecting their children or missing warning signs. Fathers felt powerless when seeing their children suffer and in coming to terms with the long-term impacts the sexual abuse had on their children. Vladimir and Robertson (2020) describe how this sense of responsibility was compounded by societal stigma:

> "You got to look at the shame part of it, feeling ashamed and embarrassed and vulnerable. No one wants to feel like they did not do enough to protect their kids." (Vladimir and Robertson, 2020:319)

These fathers also reflected on the expected paternal roles of protector, supporter, role model and breadwinner. These roles had previously been sources of pride for some, who then felt overwhelmed trying to fulfil all these roles after the abuse had come to light. Harrison (2024) noted that fathers felt judged and devalued as caregivers, owing to their focus on maintaining their role as breadwinners; as a result, they felt excluded and treated unfairly by systems of support:

> "Dads get a bad rep from the fact that they're not home all the time, because they're at work trying to support their family. And somehow that means that the mom is a better parent because she's at home with the kids. That's a stigma that has been around for a long time." (Harrison, 2024:82)

Some fathers were also reluctant to express their emotions around others, noting that they felt pressure to remain strong:

> "[Y]ou gotta find a way to stay strong because at the end of the day, you have an obligation to support and be there for your child." (Harrison, 2024:60)

Others experienced extreme anger and, in some cases, a desire for retaliation against the perpetrator, although most recognised quickly that acting on these impulses would worsen the situation (Harrison, 2024; Vladimir and Robertson, 2020):

> "[W]hen I listened to what he asked her to do and she talks about that is when I get the most angry, when I'd actually contemplate killing him, you know, just for a brief second because it absolutely just infuriates me to think about somebody, a 55-year-old man, doing that to a nine-year-old girl and let alone that's her grandpa." (Harrison, 2024:56)

Seeking to maintain family cohesion was important to fathers, and they worked to strengthen bonds with their children through honest communication and shared activities:

> "The biggest thing is, I wasn't as good, prior to all of this, kind of involving myself in their interests and doing something with them that they want to do. My nine-year-old, she loves doing, uh, it's called rainbow loom. It's like literally making things with rubber bands. So, I'll sit down at the table with her and, you know, just kind of watch her or help her with that." (Harrison, 2024:126)

> Some fathers are reluctant to express their emotions, feeling pressure to remain strong; others experience intense anger

Summary

- Parents experience the sexual abuse of their child as a profoundly destabilising event that affects them emotionally, cognitively, relationally and practically.
- The literature shows high levels of shock, guilt, self-blame, helplessness, anger, shame and sometimes suicidal ideation, alongside longer-term trauma symptoms and physical health problems.
- The abuse can disrupt partnerships, sibling relationships, informal support networks and family cohesion, with shame and blame sometimes leading to isolation and withdrawal.
- Financial strain, work disruption and practical pressures add to the burden, especially where the perpetrator was part of the family.
- Many parents also respond with heightened protectiveness, but advocating for their child, helping them access therapy and navigating multiple services can place further strain on their own lives, sometimes alongside major disruptions such as relocation.
- Mothers are often presented as carrying a particularly heavy burden, shaped by expectations that they should protect and hold the family together, while fathers more often describe powerlessness, stigma and uncertainty about how to respond.
- These findings underline the severe and wide-ranging impact of child sexual abuse on parents, with mothers' and fathers' experiences shaped both by trauma and gendered expectations.

> Many parents also respond to their child's abuse with heightened protectiveness, but this can place further strain on their own lives

4. How parents support a child who has been sexually abused

Only a small number of studies have explored parents' experiences of supporting their children after the identification of sexual abuse:

- Alaggia (2002a), in her study with Canadian mothers, outlines three dimensions of support that mothers provided to their children: belief, emotional support and protective actions and introduces the notion that initial and enduring response should be considered by practitioners working with mothers of sexually abused children.
- Bolen et al (2015) drew on interviews with 17 parents to offer an expanded model of eight domains: basic support; safety and protection; decision-making; active parenting; instrumental support; availability; sensitivity to child; and affirmation.
- Cyr et al (2014) propose that support is a multidimensional concept, comprising instrumental support, informational support, emotional support, companionship and validation support. They also note that it is the "abuse-specific" support that parents offer their children immediately after the abuse has been identified that has been most investigated. Like Alaggia (2002a), they suggest that this involves believing the child, giving emotional support in relation to the abuse, and protecting the child from the perpetrator. However, they also highlight the non-specific ongoing support that parents provide through their day-to-day parenting.

Two studies (Allnock et al, 2022; Warrington et al, 2017) have explored what children say they need in terms of support from their parents.

4.1 Immediate support following the identification of the abuse

4.1.1 Believing their child

Alaggia (2002a) outlines how believing their child was one of the three dimensions of the support that mothers provided to children who had been sexually abused. One mother described how she gave her child unconditional belief:

> "And I said, 'Mommy will always be there for you. I will never be mad at you for telling the truth'." (Alaggia, 2002a:46)

This need for parents to believe their children was also emphasised by children who took part in Warrington et al's (2017) study, in which children were asked how they thought parents could best support their children:

> "My advice is to believe what your child is saying – because they're not just going to make it up. To believe your child and to give them support and to tell them, 'Right, we're on our way'." (Warrington et al, 2017:79)

Drawing on interviews with 17 parents, Bolen et al (2015) described this as a process of parents coming to terms with what their child has said. Some mothers had initially denied the abuse because they did not want it to be true, with one saying:

> "It's terrible to hope your child is lying." (Bolen et al, 2015:53)

4.1.2 Providing emotional support

Alaggia (2002a) identifies ways in which mothers in her study provided emotional support to their child by acknowledging the seriousness of the abuse and their child's psychological distress, and by seeking and supporting treatment for the child. One mother described how she had sought to understand the impact on her daughter:

> "It was robbed from her at a very young age. Her womanhood, everything was taken away from her when he had the first contact with her." (Alaggia, 2002a:47)

Bolen al (2015) also point to the need for parents to understand the impact of the abuse on their child and take account of their child's personality and needs. In some cases, mothers had chosen to tell their child about their own sexual abuse in order to let them know that they truly understood what their child was going through.

Providing their child with emotional support and love was also identified by parents in a study carried out by van Toledo and Seymour (2016), along with being patient, offering reassurance and calmness and showing understanding. The importance of this support was also echoed by children in Allnock et al's (2022) study where children valued knowing that their parents were there to listen, support, and 'hold' anything they chose to share with them:

> "I was constantly told, even by my own dad, that it was okay to cry, it was okay to feel how I was feeling. Nothing that I was feeling was wrong." (Allnock et al, 2022:40)

4.1.3 Protecting their child

Bolen et al (2015) highlight the role that parents played in protecting their child from the perpetrator; monitoring and supervising their child; planning and creating a sense of safety; and protecting their child from potentially harmful behaviours such as self-harm. As well as creating physical safety, mothers also sought to create emotional safety; one was described as using 'a magic bottle of dreams to spray the child's room before the child went to sleep to help her young child feel safe' (Bolen et al, 2015:51)

Alaggia (2002a) portrays how mothers had insisted that the perpetrator leave the family and made changes that protected their child from further abuse:

> "Not in my wildest nightmare would I let this man anywhere near my girls again!" (Alaggia, 2002a:49)

For parents in van Todelo and Seymour's study (2016), providing safety, consistency and stable family dynamics were an important part of caring for their child following the abuse.

> Sexually abused children say they value knowing that their parents are there to listen, support, and 'hold' anything they choose to share

4.2 Providing ongoing support

Bolen et al (2015) also describe the ongoing support parents in their study provided to their children, including meeting their needs for safe and sufficient housing, social and spiritual support, and having enough money to live off.

4.2.1 Being available to their children

Parents in Bolen et al's study (2015) reported making themselves available to their children both physically and emotionally. Being physically available included continuing to engage in fun activities with their child, as well as sitting quietly with them. Some also talked about the importance of physical touch. However, emotional availability was the most demonstrated by parents in this study, who made clear in their words or actions that they were there for their children. This also included letting children know that they were not to blame for the abuse, reassuring them, and trying to calm them when they were distressed.

One of the children in Warrington et al's (2017) study highlighted the importance of parents being available to them:

> "Ask them when they need help so like just after things have happened, saying, 'I am here for you whenever you need me, if you want to talk about it now we can, you don't have to tell me everything, you tell me what you want to tell me, I will keep asking you every now and again whether or not you want to talk, if you don't, just say so and I'll back away and leave you alone' … So being there for them when they need to talk but also asking when they need to talk but if they say no, just to back away and leave it so you get that sort of balance between talking and letting them sort through their own emotions and what they're going through." (Warrington et al, 2017:79)

4.2.2 Actively parenting and affirming their child

For some parents in Bolen et al's study (2015), day-to-day parenting activities became more difficult or complex because of the effect of the abuse and its identification on the child. This meant that they needed both to prioritise their child's needs as well as take care of themselves e.g. by getting counselling. Some parents also found that they had to set boundaries for their child, both in terms of their own relationship with their child and in terms of when it was appropriate for the child to talk about the abuse and to whom, something they described as being particularly necessary with younger children. In van Toledo and Seymour's (2013) study, parents also highlighted the role that they played in responding appropriately to their child's behaviours and teaching them how to manage their emotions.

Additionally, parents sought out services for their child to address the impact of the sexual abuse, as well as facilitating relationships between their child and their teachers or a school counsellor (Bolen et al, 2015).

Bolen et al (2015) recognised how parents can help their children feel good about themselves through praising them and expressing their love for them. Parents sought to build their child's self-confidence and self-esteem and help their child understand that they were loved and worthy of love. This was reflected in a comment made by another of the children in Warrington et al's (2017) study:

> "Never give up on your child and, just make sure that your child knows that you will be nothing without them." (Warrington et al, 2017:79)

> Ongoing emotional support includes telling the child they are not to blame, reassuring them, and calming them when they are distressed

Allnock et al (2022) presented a set of key messages expressing how children feel that parents can best support them in the aftermath of child sexual abuse:

- 'Do not punish – or make them feel they are being punished – for the abuse they have experienced.
- Prioritise their safety, needs and wellbeing over personal anxieties, discomfort or feelings of shame.
- Listen, be interested, and take the time to understand how they are feeling and behaving.
- Be patient and ensure they know you are available if and when they want to talk.
- Be proactive and engage in wider self-learning about sexual abuse and how young people can experience and be impacted by this.
- Support them to access and engage with other forms of support.
- Respect their needs for privacy about certain things.
- Take time to deal with personal feelings but be sensitive to displaying emotion that can be difficult for them to deal with.' (Allnock et al, 2022:41)

4.3 Factors influencing the care that parents provide for their children

A number of factors can influence the care that parents provide for their child. In their study, Cyr et al (2014) found that maternal developmental history, psychological and psychosocial resources, current stress and support, and the mother–child relationship were all important factors to take into account.

A later study by Wamser-Nanney and Sager (2018) notes that the mother's relationship to the perpetrator was a predictor of support and protection, with mothers being more likely to believe, support, and protect their children in cases where the perpetrator was not a current partner. On the other hand, family-related factors, such as levels of education and household income, did not affect the amount of emotional support offered or blame/doubt shown. Their study also suggested that the type of abuse affected the amount of support provided, with abuse involving penetration and/or multiple instances of abuse being associated with higher levels of emotional support and lower levels of doubt. Crucially, the amount of information known to parents (in this case, mothers) about the abuse affected how much emotional support they provided. The study concludes, however, that the field is still lacking research that determines how best to conceptualise parental support; which aspects of support are the most impactful; how to most accurately measure support; and which characteristics are most important in enhancing parents' support for their children.

> Mothers were more likely to believe, support, and protect their children in situations where the perpetrator was not their current partner

A minority of studies have looked specifically at how fathers support their children following sexual abuse. Cyr et al (2019) describe two strategies that were specific to fathers in their study: opening the child to the external world in order to foster their self-esteem, and setting clear boundaries for their child around sexualised behaviours resulting from the abuse.

A subsequent study by Vladimir and Robertson (2020) suggests that, as well as seeking to protect and support their children, fathers could also serve as role models:

> "I was able to model and to allow Jessica to express her needs and wants and be able to say anything she wanted to. There is some guidance but whatever she wanted to be, that was okay. If she wanted to be an astronaut as opposed to [me] guiding her into typically female roles [or] professions [then I support her]." (Vladimir and Robertson, 2020:321)

Fathers in that study highlighted the importance of spending quality time with their children in order to strengthen their relationship:

> "I would view time as quality time; we try to do something that everyone likes. We toss the volleyball around, go bowling, or go fishing together." (Vladimir and Robertson, 2020:324)

In addition to protecting, supporting and acting as a role model, the fathers also described being responsible for meeting their children's practical needs, such as for food, shelter and clothing.

Summary

- The literature shows that parental support after sexual abuse is multidimensional, with the most consistently discussed abuse-specific responses being believing the child, offering emotional reassurance and protecting them from further harm.
- It also emphasises ongoing care, including emotional availability, everyday parenting, affirming the child's worth and seeking services or support where needed.
- Parental support is shaped by wider factors such as the parent's own history, stress, resources and relationship to the perpetrator.
- Mothers are most often the focus of the literature but the smaller body of work on fathers suggests that they also play an important role through protecting, role modelling, providing practical care and spending time with their children.

"In addition to protecting, supporting and acting as a role model, fathers also feel responsible for meeting their children's practical needs"

5. The barriers parents face when seeking and accessing support

The lack of support for parents after the sexual abuse of their child has been highlighted as one of the key components of 'systemic trauma' experienced by parents (Kilroy et al, 2014). This includes a lack of support from family, friends, school, employers and statutory services such as social work, the police and the courts, as well as specialist services offering therapy.

5.1 General lack of support and understanding of parents' needs

A number of studies have revealed the lack of support available for parents as well as insufficient understanding of the need that parents have for support in their own right.

5.1.1 Limited availability and signposting of support

In a foreword to the CSA Centre's review of support provision for people affected by sexual abuse, a group of parents and adult survivors of that abuse wrote:

> "The lack of support for families and parents is a huge concern. How can a parent know how to support their child if they don't have access to support themselves? To support a child after they've suffered sexual abuse takes a lot of understanding and patience at a time when the parent is dealing with a huge amount of trauma themselves." (Parkinson and Steele, 2024:6)

A more recent review focusing specifically on support for parents (Steele and Parkinson, 2026) demonstrates the scarcity of provision across England and Wales and the considerable geographical variation in access to support. This indicates that far too few parents are able to obtain appropriate help, and that the gap between family need and available provision remains significant, with particularly worrying implications in some areas.

Similarly, in an evidence report for a service supporting exploited children and their families, Kay et al (2022) note that families were not signposted towards any form of advice, voluntary support or peer support groups when self-referring into children's social care or the police, and were often missed out of specialist services entirely.

A recent national review looking into intra-familial child sexual abuse (Child Safeguarding Practice Review Panel, 2024) also found that parents had not been offered appropriate support, particularly in caring for their child and in coping with the information about the abuse. One mother with a learning disability, whose partner had sexually abused her three-year-old child, had been told that there were no specialist support services available and was instead offered a mental health support group at which she was required to tell people the reason she was attending. The review also found that practitioners did not always share information appropriately with parents, seek their views, or listen properly to them, as well as a more general lack of recognition and exploration of parents' own support needs.

Mothers in the study by Plummer and Eastin (2007) stressed the importance of finding "someone who really listens and gives guidance". One said:

> "Mothers need to make sure they get good emotional support, find a good therapist, really good, because regardless of what the courts do and don't do there is so much emotion with this, there's so much guilt and there's so much pain. If they don't do that, I don't know how they can ever heal." (Plummer and Eastin, 2007:784)

5.1.2 Failure to recognise parents' needs in their own right

In a review of the literature related to mothers of sexually abused children, undertaken through a feminist criminological lens, Gueta and Condry (2024) report how the needs of mothers for support in their own right, and independent of their mothering role, were ignored. They describe how mothers' needs were usually seen only in the context of their interaction with their abused children, with professionals focused on assessing the quality of the support that the mothers were providing for their children.

In a study carried out in New Zealand, Davies at al (2001) also highlight the importance of parents being referred to services that have their needs as the focus. They describe how, without support for themselves, many parents had difficulty supporting their children, with support from social workers being perceived as particularly lacking for women who were torn between commitment to their children and to the alleged perpetrator, and for women with their own histories of abuse.

Drawing on their interviews with mothers of children who had been sexually abused by their mothers' partners, Pretorius et al (2011) conclude that the needs of the non-abusing parents are often seen as secondary to those of their children and the perpetrator. Wager et al (2015) suggest that this lack of attention to parents' needs may also be partly attributed to Bacon's (2008) theory that parents are erroneously conceived of as a unit and that the non-abusing parent is therefore seen as complicit in the abuse.

5.2 Fear, lack of trust, shame and guilt

Alongside a lack of support and an understanding of parents' support needs, parents' own fears and lack of trust in services act as further barriers in the way of their access to support.

5.2.1 Fear and mistrust of services

Hill (2001) describes how a fear of their child being removed made it impossible for mothers to share with social workers their doubts about their own abilities as mothers, particularly in a context in which those workers were making judgements about their 'ability to protect.' Similarly, a YouGov survey of 750 parents of children aged between nine and 17 in the UK found that the potential trauma to their child or the threat of losing their child were the most mentioned barriers to parents seeking advice and support if if they were concerned about a child in their family being sexually exploited (YouGov, 2013).

In her research with mothers in Northern Cyprus, Serin (2021) found that mothers were often unaware of the professional role and responsibilities of social workers as well as of their own needs for support. Others knew about the role of social workers but distrusted the service quality or believed that current services would not help their abused child. Parents in a South African study also described being caught in a paradox where they faced suspicion and judgement from the same agencies/systems that were expecting them to support their child (Masilo and Davhana-Maselesele, 2016). In an evaluation report of support for parents of children who had been sexually exploited, some parents said they had been offered generic parenting interventions, which heightened their feelings of shame and isolation (Pike et al, 2019).

5.2.2 Shame, stigma and self isolation

Parents' ability to provide crucial emotional support to their children can be impaired by responses from support services that reinforce self-blame and intensify feelings of guilt and shame (Hernandez et al, 2009; Stitt, 2007). This dynamic creates a harmful cycle in which distressed parents and carers become less emotionally available precisely when their children most need their support (Fuller, 2016; Stitt, 2007).

In her study, Serin (2018) also notes how a sense of shame was likely to enhance the level of self-isolation experienced by mothers of sexually abused children, in turn, hindering them from accessing sources of support.

Clevenger (2016) comments how mothers who were able to access therapy often felt guilty for taking time away from the children or from the household to deal with their feelings; these women began to dislike themselves as they felt they were becoming "weak" or "needy" in getting advice from a therapist. One mother said:

> "I wasn't the one who was raped … I should not need a therapist." (Clevenger, 2016:241)

Interviews with mothers in South Korea (Han and Kim, 2016) also reveal how a sense of stigma and shame created barriers for parents seeking psychotherapy.

5.3 Financial barriers

While there does not appear to be any research looking at how poverty or low income affects parents' ability to access services in the UK, this has been highlighted as a barrier in several international studies. In one study by Han and Kim (2016) a lack of resources to take care of the family at home made it difficult for parents to attend therapy. Similarly, in a study carried out with six parents from Latino/a backgrounds in North America, Andrade (2019) found that parents faced additional challenges in accessing services, due to their opening times, locations, costs, and limitations on the length of time that services were available to families.

Researchers from South Africa explored the financial challenges facing families with little income, where mothers were often unemployed or held precarious employment. These mothers explained that they could not afford the costs of accessing healthcare for their children following sexual abuse, including travel costs to attend appointments (Masilo and Davhana-Maselesele, 2016).

> Parents' ability to support their children is impaired if support services reinforce their self-blame and intensify their feelings of shame

5.4 Professional responses

The quality of responses from statutory service professionals, such as police, children's social care, and education agencies, present a further significant barrier to parents receiving support.

5.4.1 Inadequate and blaming responses

Various studies have described how parents feel they are treated as 'inadequate parents' or are blamed and judged by professionals who see them as failing to protect their child (Pike et al, 2019; Plummer and Eastin, 2007; Stitt, 2007):

> "I had the very very strong opinion that [the police officer] did not believe what I was telling him. It was sort of like another traumatic experience on top of finding out about the abuse. What happened there was so different from what I expected." (Plummer and Eastin, 2007:779)

In a case study written by a crisis worker at a Sexual Assault Forensic Examination Centre, Gibney and Jones (2014) describe the experiences of a mother they had contacted following her report of her child's sexual abuse. The authors reveal how the mother had experienced extremely poor support after having reported her child's abuse and that she had described the experience as "hell". She told them that she had been left without any idea as to what she should be doing as the child's mother or whether she was doing the right things for her daughter. Five months later, she said that her divorce solicitor was the only person providing her with psychological support.

Through interviews conducted with ten mothers and four fathers in Ireland, McElvaney and Nixon (2020) explored parents' experiences following the identification of the abuse. They found that parents had struggled to find their way through child protection and police services and had experienced mixed responses from professionals as they navigated these services, with a feeling of there being "no one there for me" (McElvaney and Nixon, 2020:1780).

Research looking at the experiences of parents affected by intra-familial child sexual abuse found that they had felt blamed, dismissed, or unsupported by statutory services with some describing the justice process as "brutal," "not fit for purpose" or retraumatising (We Stand, 2026:3). 5.4.2 Gendered expectations and their impact on parents

5.4.2 Gendered expectations and their impact on parents

Gendered and heteronormative discourses contribute powerfully to this dynamic. Mothers are disproportionately viewed, both by professionals and more widely by society, as having been responsible for the abuse, often marked as failures or neglectful, regardless of their actual actions (McLaren, 2013; Toews et al, 2019). In a study of mothers' interactions with social workers in the aftermath of technology-facilitated child sexual abuse, McGookin (2025) also notes that interactions with professionals left mothers feeling that they were to blame for the abuse:

> "It's not fair to have to carry the burden of somebody else's crimes as if you're the criminal … We've done nothing wrong." (McGookin, 2025: 792)

Being accused of encouraging 'false allegations' was nearly routine among the mothers in the study by Plummer and Eastin (2007), especially in cases of intra-familial child sexual abuse. Indeed, their experience of statutory child protection agencies was so negative that some mothers regretted that they had ever sought help:

> "Sometimes I'm afraid that if I were back in the same situation again, I'd be afraid to pick up the phone and call anybody." (Plummer and Eastin, 2007:783)

> One study found that some mothers' experience of child protection agencies was so negative that they regretted ever having sought help

5.4.3 Causing harm

Procedural complexities within child protection investigations and legal proceedings add further strain. Harrison (2024) and Kay et al (2022) describe families of children who have been sexually and/or criminally exploited navigating confusing bureaucratic systems, unclear agency roles, and prolonged timeframes, all of which create ongoing emotional stress.

In their evaluation of a voluntary sector service specialising in supporting parents and carers, Finch and McCulloch (2025) found that parents' interactions with professionals, such as the police and social workers, appeared to cause secondary harms, which further impacted on the primary harm caused by the abuse itself. Several parents commented on the failure of professionals to keep them updated:

> "Over the course of a few weeks, I kept emailing her [police investigator] and say, look, I still haven't heard from you. What's happening? Constantly looking for the postman, thinking something is going to come through me door, or is it going to be the day that I'm going to hear something every time the phone rings." (Finch and McCulloch, 2025:42)

Several parents also reported harmful interactions with children's social care. In one case, a parent felt that the social worker had misinterpreted her initial reactions to the abuse having been discovered and felt that they suspected that she did not accept what her children had said:

> "I'm accepting what they said, but I just can't get my head around it … when that family member has been involved in your life, virtually all your life, and as somebody you've trusted to look after your children. That is the only thing I think social service need to take from it, listen to parents, understand where we're coming from, instead of being judgemental." (Finch and McCulloch, 2025:43)

At the time of this study, a minority of participants were involved in family court processes, sometimes with alleged abusers who did not meet the criminal threshold for prosecution but met the family court standard in fact-finding procedures. Participants experienced these processes as long and drawn out and very expensive, as they required the assistance of solicitors and barristers. Such processes inevitably caused significant anxiety and distress (Finch and McCulloch, 2025).

Dyb et al (2003) and McElvaney and Nixon (2020) highlight how legal and investigative processes can intensify trauma, particularly when families lack clear guidance or advocacy. Extended court proceedings can retraumatise both children and parents, with support often diminishing when it is most needed, such as post-verdict, regardless of the outcome (Kay et al, 2022). Dyb et al (2003) found that parents' distress was particularly exacerbated by the criminal justice process, including providing police statements, testifying in court and receiving the not-guilty verdict.

Inconsistent communication and fragmented services leave parents feeling excluded from decision-making and unsupported in understanding their child's needs or legal options (McElvaney and Nixon, 2020). Poor inter-agency coordination further reduces access to timely, integrated support (Forbes et al, 2003; Hill, 2012). Parents in Finch and McCulloch's study (2025) also reported mixed experiences of other voluntary agencies, but these were generally less distressing and traumatic than the criminal justice process.

"Inconsistent communication and fragmented services leave parents feeling excluded from decision-making and unsupported"

5.4.4 Racism and discrimination

In her study of Black mothers' experiences of child sexual abuse within their families, Bernard (2001) found that perceived racism and discrimination within the institutional structures of statutory agencies led mothers to not seek help from child protection services. In addition, Bernard identified that the way in which Black mothers had internalised the 'strong Black woman' image also hindered their ability to seek emotional and practical support. Referencing the findings of Bernard (2001), a review of research related to the sexual abuse of children of African, Asian and Caribbean heritage noted that 'the intersection of race, gender and class placed contradictory pressures on Black mothers and led to divided loyalties [and] material and emotional dilemmas', particularly as they were often financially dependent on the men who had perpetrated the abuse; they 'struggled to navigate unsupportive and hostile environments to get support for their children' and were 'subjected to intense scrutiny' and labelled as 'dysfunctional and unstable' (Dhaliwal, 2024:46). Similarly, in a study carried out in South Africa (Bux et al, 2016) the researchers highlight the barriers posed by a patriarchal culture where fathers and community elders rarely allow mothers to report the abuse or seek emotional support.

In an article that discusses the ways in which culture plays a significant role in the identification and reporting of child sexual abuse, Fontes and Plummer (2010) provide insight into the structural barriers that prevent abuse being identified and reported. These include a lack of communication using families' native languages, unfair immigration laws, racism and other forms of discrimination as well as economic barriers that interfere with investigations and interventions. They note that cultural norms may influence parents' decisions about whether and to whom they disclose their child's abuse. Ali et al (2021) noted how such barriers can lead some parents from minority ethnic backgrounds to deter their children from disclosing child sexual abuse, and explored ways in which practitioners can work to overcome these barriers

The way that cultural context can affect parents was illustrated by Andrade (2019): every Latino/a parent she interviewed reported limiting the number of people they talked to and the amount of information shared, even when this impacted their support networks. Indeed, she found that many parents described their involvement with community services as an additional source of stress. Parents described the lack of 'personalismo' – a Latino cultural concept that prioritises warmth, caring and trust – in their interactions with some service providers, leading some parents to highlight the need for more culturally sensitive services and culturally competent practitioners.

In England and Wales, the failure in services' response to parents from minority ethnic backgrounds was also identified in the Child Safeguarding Practice Review Panel's report into intra-familial child sexual abuse, which found that 'the lack of attention to parents' needs in relation to their race, ethnicity and culture was striking … this makes it more difficult for some parents to build trusting relationships with practitioners' (Child Safeguarding Practice Review Panel, 2024:88).

Although much less researched, parents who are gay, lesbian, bisexual or transgender face other forms of stigma and discrimination. They will typically have come across professionals who make assumptions about their parenting – and, because of those experiences, they may find it harder to trust professionals (Brown, 2024; Hudson-Sharp, 2018).

> The way that Black mothers internalise the 'strong Black woman' image can hinder their ability to seek emotional and practical support.

Similarly, disabled parents and carers also often face particular challenges in caring for their children after sexual abuse has been discovered. Those with physical disabilities frequently face physical and environmental barriers in accessing services, exacerbating isolation and hindering their access to support (Dockerty et al, 2015). Parents and carers with learning disabilities encounter attitudinal, organisational and political barriers that can make the environment hostile to their needs, while neurodiverse parents may be even less able to access interventions (Spencer et al, 2024).

Hall and Marsh (2026), in their study of support for parents of children who have been sexually and/or criminally exploited, highlight how racial, gender-based, and socio-economic biases shape safeguarding responses. They found that parents from minority ethnic and working-class backgrounds frequently reported experiencing disproportionate scrutiny and being excluded from decision-making processes.

Summary

- Parents face multiple barriers when seeking support after their child's sexual abuse is identified.
- The literature shows that the process of seeking and accessing support can deepen the systemic trauma experienced by families.
- Support is often limited or poorly signposted, parents' own needs are frequently overlooked, and many are left without help that is practical, emotional, timely or culturally appropriate.
- Professional responses can themselves become a source of harm when parents are blamed, dismissed or treated as inadequate. Poor communication, fragmented processes and lengthy legal or investigative procedures can then add to parents' distress and leave them feeling excluded when support is most needed.
- These difficulties are often intensified by structural barriers linked to ethnicity, culture, sexuality and disability.

> Parents from minority ethnic and working-class backgrounds say they face disproportionate scrutiny and are excluded from decisions

6. How professionals can support parents

There is a body of evidence that highlights the value of parents receiving support, both in strengthening their own emotional and physical wellbeing as well as in helping them understand and support their child. A review of service provision for parents of children who had been sexually exploited (Scott and McNeish, 2017) found that support for non-abusing family members is critical in:

- addressing parents' own support needs
- helping parents to better understand and respond to their children's needs
- promoting family stability and safe positive relationships
- reducing the additional burden on children and young people.

Children who have been sexually abused also see professional support for their non-abusing family members as crucial in alleviating the 'ripple effect' of additional challenges and harms emanating from the abuse (Warrington et al, 2023). Children have described how their parents need support that addresses their own needs:

> "I wish that my mum and my sister could come to places like this [counselling service] so that they could actually understand a bit more. Because obviously they deal with me at home when I was going through all that, but then they don't have anywhere to let off their steam from it, and they don't have anywhere to go to get help and understanding from it." (Warrington et al, 2023:8)

Equally, support for their parents helps children feel less responsible for the distress and turmoil ensuing from the identification of the abuse:

> "[H]aving support for the rest of my family helped me know that I'm not going to be a massive burden on everyone really." (Warrington et al, 2023:9)

6.1 Types of support wanted by parents

Research has also demonstrated the need for, and value of, specific forms of support for parents.

6.1.1 Emotional and therapeutic support

Research by Runyon et al (2014) with 68 mothers of sexually abused children shows that providing emotional support for parents can help to counteract negative beliefs, particularly about self-blame. Runyon et al also stress the need for practitioners to explore mothers' beliefs about the abuse and replace any distorted thoughts, such as 'My child's life is ruined', with more positive and helpful thoughts, such as, 'My child can overcome the abuse with my support'. They highlight the need for parents to be offered therapeutic support such as trauma-focused cognitive behavioural therapy (CBT).

Other researchers have noted how helping parents to develop self-compassion and find positives to draw from their experiences can help build resilience in mothers of sexually abused children (McGillivray et al, 2018). Similarly, mothers in Han and Kim's (2016) study emphasised the importance of being understood and validated, particularly in their confusion, shock, anxiety, depression and guilt.

> Being helped to develop self-compassion and find positives to draw from their experiences has been found to build mothers' resilience

Gueta and Condry (2024) demonstrate the therapeutic value of support for mothers in focusing on the mother's needs (e.g. their own history of child sexual abuse) and on self-care that goes beyond child symptomatology and behaviour. Fathers have also been shown to experience therapy as a positive support (Harrison, 2024), with evidence that it had provided hope at a time when they were struggling to see a positive outcome or a hopeful future. It had also enabled them to express their emotions without the fear or guilt of hurting their child:

> "[Therapy has] given me a spot where I know that I can break down. And it's also allowed me to, you know, be able to work through some of those things, like I was talking about as far as having to kind of separate myself from what the girls are going through and, deal with my, my own anger and my own, you know, issues, you know, separate from what I'm trying to work with the girls on." (Harrison, 2024:114–115)

A number of programme evaluations have demonstrated the value of targeted support for parents and carers. Finch and McCulloch (2025) found that a programme offering casework and therapeutic services resulted in improvements in clients' wellbeing, confidence, and health, alongside reduced depression and anxiety from therapeutic interventions. Similarly, an evaluation of a Parent Liaison Officer (PLO) programme providing support for families affected by child sexual exploitation (Hobson et al, 2024) reported strong outcomes, with parents feeling more confident about protecting their children, enhanced mental wellbeing, social connectedness, and more positive about their parenting.

6.1.2 Information and guidance

Several studies discuss the need for parents to have clear information and guidance. McElvaney and Nixon (2020) suggest that the frustrations described by parents arising from their interaction with services (see section 3.4) would be lessened if parents were provided with information, both in terms of where to go for help and what to expect from services. Similarly, a report produced by Barnardo's (Kay et al, 2022) found that parents wanted information and practical guidance on what the various services they were involved with were, their roles, how procedures worked, and to whom they should go in different situations:

> "It can be really overwhelming not knowing the procedures and the next steps. So, someone guiding you through the process or just help familiarising yourself with how the agencies work and what they can offer and a comprehensive guide to that would be helpful." (Kay et al, 2022:82)

Drawing on their interviews with parents, McElvaney and Nixon (2020) emphasised the value of services that focus on strengthening parents' psychological resources and helping them to understand the psychological impact of abuse and how this may manifest in their children as well as on their child's ability to report the abuse. They advised that psychoeducation and support from professionals at an early stage can help parents feel reassured, reduce self-blame and enhance their ability to protect their children. Plummer and Eastin (2007) suggested that parents need professional help to make parenting decisions, particularly in talking to their children about the abuse.

> Research stresses the value of services that help parents understand the psychological impact of abuse and how this may manifest in their children

Mothers have also said they wanted to know more about the course of the psychological or behavioural symptoms exhibited by their children, how to respond to any potential long-term negative outcomes, and how to help their child return to school and with other areas of normal functioning (Han and Kim, 2016). Similarly, Bernard (2001) found that mothers did not always understand their children's behavioural and developmental needs in the aftermath of abuse and stressed the need for mothers to be able to help their children through the emotional impact of the abuse and convey to their children that their needs matter.

Other studies have shown that providing parents with guidance on navigating child protection systems, managing challenging child behaviours, and coping with social stigma can help parents regain confidence and develop the skills necessary for sustaining a safe and nurturing environment (Hill, 2012; van Toledo and Seymour, 2016). Runyon et al (2014) demonstrate how teaching parents cognitive coping skills could help reduce their distress, thereby enabling caregivers to model adaptive coping skills for their children, support them, and help them to overcome sexual abuse.

Hernandez et al (2009) note how parents attending group-based interventions that integrated trauma-focused cognitive-behavioural therapy with psychoeducational and supportive elements demonstrated reductions in parental post-traumatic stress disorder (PTSD) symptoms and improvements in family functioning.

Another review by van Toledo and Seymour (2013) found that parents attending psychoeducational groups reported improved coping and stress management, and a greater ability to deal with professionals. Meanwhile, Scott and McNeish (2017), in their review of support for parents of sexually exploited children, found that psychoeducational groups which combined group support with the provision of information about the dynamics and impacts of abuse, along with practical advice on how to manage children's feelings and behaviours, were particularly effective; parents in numerous studies report increased wellbeing, confidence and ability to care for their child as a result of participating in such groups.

6.1.3 Practical support

Some parents value receiving practical support, particularly in the immediate aftermath of the identification of the abuse. For example, Hobson et al (2024) found that parents of children who have been sexually and/or criminally exploited appreciated assistance with practical matters, such as creating safety plans and helping with educational issues, while Finch and McCulloch (2025) illustrate the value of simple items like a family diary:

> "We were in absolute turmoil … they also sent a weekly planner for the family that we put on the fridge so that we could put what everybody was doing and at what points, and we still use that now." (Finch and McCulloch, 2025:36)

Another parent had appreciated the help they had received to ensure that they were keeping on top of their household finances:

> "… reassurance of when your MOT is, have you got enough money to pay your mortgage, are the cars taxed? Have you got any bills coming up you weren't expecting? Is the house clean? Do you need a skip to come and remove any items that are related to … the perpetrator." (Finch and McCulloch, 2025:36)

> Guidance on navigating child protection systems, managing child behaviours and coping with social stigma can help parents regain confidence

6.1.4 Access to peer support

Recognising the impact of the discovery of the abuse on parents' social support systems, several studies have shown the value of helping parents find support from other parents.

Serin (2018) reviewed 12 studies carried out between 2000 and 2017 that looked at support for mothers and found that they could not always rely on family and friends to be understanding and supportive. Consequently, she highlighted the value of support groups in which parents and carers could share their experiences and feelings. Similarly, the literature review carried out by McGookin (2023) concludes that group support could decrease isolation and stigma. In their feminist review of the literature, Gueta and Condry (2024) echo these findings but also point to their specific value in alleviating excessive self-blame and guilt.

Hill's (2001) study of a support group for mothers of sexually abused children in Yorkshire describes the vital role that peer support groups can play in providing a safe and non-judgemental forum in which powerful emotions could be expressed and dealt with:

> "At the women's group you could talk about feeling like a failure as a mother and be totally safe because all those other people had felt exactly the same, and they knew that vulnerability that you were in really, and the fear of losing your children." (Hill, 2001:392)

A strong consensus emerged that the strength gained from the group enabled the women to support their children in the aftermath of the abuse much more effectively than they could otherwise have achieved (Hill, 2001).

In their study of a support group for parents, Hernandez et al (2009) found that attending the group had helped participants build vital social networks with others who shared similar experiences, helping to normalise their children's behaviour, and, in some cases, had contributed to a reduction in participants' levels of depression.

A report published by Barnardo's (Kay et al, 2022) that looked at support for families affected by child sexual exploitation found that groups helped parents build friendships and a sense of community, connecting them to other local parents who shared their fears. The groups also helped parents know more about their rights, for example, they could learn from each other whom to contact and what to do if their child had been excluded from school.

More recently, the evaluation of a peer support group for parents whose children had been sexually abused in online contexts (Leivo et al, 2024) found that participants particularly valued the sense of not feeling alone, had gained valuable information about criminal justice and healing processes, while developing a deeper understanding of both themselves and their child. The researchers reported that this, in turn, had helped them to feel more confident in addressing the challenges the family faced and had given them a greater sense of hope for the future.

6.1.5 Support over time

Some research has shown how parents' support needs change over time. For example, We Stand (2026) found that parents prioritised clear advice, emotional support, and legal guidance in the immediate period following the discovery of the abuse. In the following months, they wanted ongoing emotional support and practical resources. Longer-term, the need for counselling and reflective support became most important. Parents emphasised that recovery is long term and non linear:

> "Support should be a journey throughout life as different challenges emerge." (We Stand, 2026:3)

In their evaluation of support for parents affected by child sexual abuse, Finch and McCulloch (2025) concluded that families are likely to need continuing support after sentencing, when perpetrators are released from custodial sentences, or at key transition points in young people's lives. However, they suggest that parents' longer-term support needs require further research, particularly to see how effective caring strategies and improvements in parental confidence are sustained over time to mitigate against the impacts of abuse.

6.2 Specific support needs

6.2.1 Mothers

The importance of recognising and addressing the distinct experiences of mothers and fathers is gaining attention. While most of the literature focuses on the needs of parents as a group, some have emphasised the needs of specific groups. Serin (2018) stresses the importance of enabling the voices of mothers to be heard not only as mothers but as women. She concludes that mothers' own needs for support, independent of their mothering role and the heteronormative expectations of society, have been largely overlooked in the current literature around child sexual abuse.

This finding has since been echoed by Gueta and Condry (2024), whose literature review revealed very little theory, research or practice development that directly addresses the experiences of mothers as women. It found that "very little theorizing, research, and practice development directly confronts the issue of mothers, mostly studying mothers as an object at the service of their offspring's desistance or recovery, and only limited attention is directed toward the physical, emotional, and financial toll it takes on her" (Gueta and Condry, 2024:462).

6.2.2 Fathers

Research into paternal responses reveals that fathers also suffer psychological distress yet are often overlooked in support interventions (Harrison, 2024; Vladimir and Robertson, 2020). Tailored, accessible services that address gender-specific support need to empower both mothers and fathers to fulfil their protective roles effectively, thereby reducing the risk of shifting caregiving demands onto the child (Harrison, 2024). Cyr et al (2019) and Vladimir and Robertson (2020) also highlight the need for father-specific interventions that encourage paternal involvement in the care of children who have been sexually abused.

6.2.3 Parents of very young children

Another group to be recognised as having specific support needs are the parents of very young children. For example, Jessiman et al (2017) note how the group of parents they interviewed were particularly concerned about 'traumatic sexualisation' and wanted help in teaching their children how to understand 'right from wrong' in sexual behaviour.

Parents of children who were very young at the time of the abuse have to decide whether and what to tell their children about what happened to them. Based on a longitudinal study carried out with parents of very young children who had been sexually abused in a nursery, van Duin et al (2024) found that parents faced a dilemma as to whether or not to tell their child as they grew older. They found that some parents waited for a specific time to talk to their child about the abuse, such as in the summer holidays or when prompted by an event such as a new item on television or the radio. Others had decided to postpone telling their child, or not to tell them at all. However, when the study was carried out, approximately ten years after the discovery of the abuse, more children had been informed about the abuse than not (25 out of 41). These parents had often sought a therapist's help for guidance on when, how, and what to tell their child, and described professional support as helpful in this process.

Most parents reported that, when told, their child had no recollections of the events and, for most children, everything seemed to go back to normal after a short time. Four children were negatively affected and were supported with this. Many parents felt relieved after telling their child, as it had lifted a burden of secrecy, facilitated open communication, and contributed to their own healing process. None of the parents regretted disclosing. Equally, a few of the parents who had decided not to tell or to delay telling were content with this as they felt it had spared their child from an unnecessary burden. However, not telling left parents fearing that their child might discover the information independently and resent them for not having told them.

6.2.4 Parents affected by different forms of child sexual abuse

Much of the research related to parenting children who have been sexually abused focuses on intra-familial child sexual abuse or is not specific to a particular form of child sexual abuse. However, some research has also shown the specific needs of parents whose children have been sexually abused in particular ways or contexts, although there is clearly much cross-over between parents' needs.

Intra-familial child sexual abuse

Mayekiso and Mbokazi (2007) found that the discovery of intra-familial child sexual abuse is a profoundly traumatic event for many mothers. Williams (2009) describes families' experiences as marked by isolation, guilt, and emotional devastation. Several studies also highlight the influence of wider social and cultural pressures on parents' responses. For example, Alaggia (2002b) found that cultural and religious beliefs shaped how mothers interpreted the abuse and what actions they took, especially where rigid patriarchal norms created conflicts around family preservation, loyalty to the perpetrating partner, and fear of rejection by the wider community. McLaren (2013) similarly shows how heteronormative discourses can blame and silence mothers, making leaving their perpetrating partner more difficult, and obscuring the ways in which their partner may have actively undermined the mother-child relationship.

The evidence also points to the broader damage done to family systems in situations involving intra-familial child sexual abuse. Levenson et al (2012) found that many parents reported hurt, loneliness, betrayal, anxiety, depression, guilt, shame, and misunderstanding from friends and family. Recent research carried out by a charity supporting families affected by intra-familial child sexual abuse has shown how these families face profound emotional, practical, and systemic challenges, and often struggle to access the specialist, trauma informed support they need (We Stand, 2026).

Child sexual exploitation

A number of studies (Hall and Marsh, 2026; Hobson et al, 2024; Lloyd, 2022; Scott and McNeish, 2017) and) note the challenges for parents whose children have been sexually and/or criminally exploited. Lloyd (2022) reports that parents are often traumatised by what has happened to their child and by their child's distress; while Hobson et al (2024) shows that parents are often responding to crisis situations over long periods of time and struggle to maintain their resilience in extremely complex and harrowing circumstances.

Scott and McNeish (2017) reveal how parents of sexually exploited children are likely to face challenges in maintaining a positive relationship with their child and how perpetrators of extra-familial child sexual exploitation deliberately seek to undermine relationships between children and their parents. They conclude that the principles of accessible, non-judgemental and strengths-based support to parents are more important than ever for parents of children who have been sexually exploited.

The evidence also indicates that safeguarding systems are not fit for purpose in responding to extra-familial child sexual exploitation, as children and families are too often left to navigate fragmented services, variable thresholds, and poor inter-agency coordination, with some falling through the gaps altogether (Firmin, 2020). Lloyd (2022) emphasises the importance of professionals taking a contextual safeguarding approach (Firmin, 2020) and working in partnership with parents to protect and support children who are being sexually exploited.

> Parents of sexually exploited children are often responding to crisis situations over long periods of time and struggle to maintain their resilience

Child sexual abuse in online contexts

Research carried out in Sweden with police forensic interviewers and clinicians with experience in supporting children subjected to online sexual abuse (Jonsson and Birgersson, 2025) found that parents often react with shock when they learn their child has been sexually exploited online, even when they believed they had already warned them about online safety. Many are deeply concerned and supportive, but their responses can also include anger, confiscating phones, or relief that the abuse was "only" online, which suggests parents have a limited understanding of how central digital life is to children's relationships and vulnerability. They suggest that professionals need to help parents respond in ways that do not reinforce children's feelings of guilt, or risk damaging the relationship between them and their children.

In McGookin's study (2025) of mothers whose partners had been arrested for online sexual abuse, even when the children in the family had not been sexually abused, mothers had been left feeling traumatised, blamed, overwhelmed and unsupported. McGookin identified key messages that these mothers wanted to communicate to practitioners:

> "We are terrified", "We are not the perpetrator", "We are on our knees" … "We want to work together to protect our children". (McGookin, 2024:789)

Specialist resources emphasise parents' needs for psychoeducation, safety planning, and trauma-informed multi-agency support (ThinkUKnow Australia, 2025), while emerging research indicates that online sexual abuse can affect the wider family system, including parents' wellbeing and confidence in supporting their child (Leivo et al, 2024).

Sibling sexual abuse

Research on sibling sexual abuse suggests that this can have a profoundly distressing impact on parents, who often experience shock, guilt, family breakdown, and uncertainty about how to respond (Westergren et al, 2023). A recent study has also shown how professional responses are shaped by inconsistent training, taboo beliefs, limited resources, and conflicting attitudes (Cain et al, 2026).

Emerging evidence suggests that parents need structured, trauma-informed support following the discovery of the abuse, backed by coherent guidance, cross-sector training, and the implementation of consistent, trauma-informed, whole-family approaches that take account of the nuanced realities of families' situations (Cain et al, 2026; Lewin et al, 2025; Yates and Allardyce, 2021).

> Some parents' reactions to online abuse suggest they have a limited understanding of how central digital life is to children's relationships

Institutional child sexual abuse

Research suggests that institutional child sexual abuse can have substantial ripple effects on parents and other family members, not only on the child directly harmed. Research finds that parents can experience high levels of secondary trauma and emotional distress, with adverse effects on health, relationships, employment and finances (Fisher et al, 2017). The Independent Inquiry into Child Sexual Abuse's report into the impact of child sexual abuse also indicates that parents often struggled to support their child while coping with their own distress, which could make recovery more difficult for the family as a whole (Fisher et al, 2017).

In another study (Dyb et al, 2003), parents affected by alleged abuse at a day-care centre experienced enduring distress, including PTSD symptoms. The aftermath of the case itself, particularly the court process and media attention, added to their burden, indicating a need for both emotional and practical support that extends beyond the initial discovery of the abuse.

Parents also express grief, guilt, shame, and rage at not having been able to prevent abuse or recognise that it was happening; some felt responsible for having placed the child in the institutional context where the abuse had occurred (Bennett et al, 2000). These feelings were experienced both in the immediate aftermath of abuse and many years later (Morrison et al, 2007).

6.2.5 Parents who are survivors of child sexual abuse

Parents who are themselves survivors of child sexual abuse may benefit from trauma-informed parenting support, including anticipatory guidance, help with attachment and boundaries, and therapeutic input that recognises how their own history of sexual abuse can affect parenting confidence and emotional responses (DiLillo and Damashek, 2003; Fatehi et al, 2022).

6.3 Evidence of effectiveness of support for parents

Evidence on the effectiveness of support for parents is limited, but various research studies and service evaluations suggest that some forms of intervention can be helpful.

Hernandez et al (2009) reported positive outcomes from a pilot group intervention for non-abusing parents that combined trauma-focused cognitive behavioural and psychoeducational elements, including improvements in parental distress and family functioning. Meanwhile, an evaluation by Finch and McCulloch (2025) found that parents valued support that helped them make sense of the abuse, manage their emotional responses, and navigate the practical demands of caring for a child who had been sexually abused. Similarly, an evaluation of support for parents affected by intra-familial child sexual abuse revealed the profound difference that kindness, clarity and specialist support made to parents; it also found that offering parents information and emotional support provided clarity, validation, and a sense of being believed, which they identified as essential, particularly in the period immediately following the discovery of the abuse (We Stand, 2026).

An evaluation of 'Letting the Future In' – an approach to therapeutic intervention with children affected by sexual abuse – found that parents valued having their own practitioner, particularly for helping manage guilt, understanding their child's response, and supporting recovery, although practitioners felt that the parent support element should be more extensive and flexible (Carpenter et al, 2016). Another programme providing parents of sexually exploited children with one-to-one support has also been demonstrated to have significant positive impact, enhancing the wellbeing of both parents and children, and improving the skills of parents in responding to their child's exploitation (Hobson et al, 2024). Other research highlights the importance of interventions that address both emotional and practical needs, including advocacy, psychoeducation, and support in navigating child welfare and legal systems (Hill, 2012; McGookin, 2023; Stitt, 2007).

A review of support for parents of sexually exploited young people (Scott and McNeish, 2017) concludes that the evidence base is small but indicates that support works best when it is flexible, strengths-based and delivered in the context of trusting relationships with professionals. The CSA Centre's guidance for practitioners similarly emphasises emotional support, practical guidance, and collaborative relationships with professionals (Parkinson, 2022). Another review also suggests that interventions are more effective when they address a wider range of parent-specific needs rather than focusing on a single issue in isolation (St-Amand et al, 2022).

The evidence also demonstrates that timing matters. The period around the initial discovery of the abuse appears to be a critical intervention point because supportiveness and parental responses may become established at that stage (Corcoran, 2004; Elliott and Carnes, 2001). Other studies show that parent–child CBT and similar combined interventions may improve adjustment in both children and parents, and that parent-involved interventions can reduce child symptoms more effectively than child-only or non-directive approaches in at least some circumstances (Corcoran, 2004; Elliott and Carnes, 2001; Hernandez et al, 2009; Scott and McNeish, 2017).

At the same time, the current evidence does not present strong conclusions about comparative effectiveness. Much of the research is based on small samples and qualitative feedback, which means that findings are best understood as indicative rather than definitive. The literature therefore supports a focus on core principles of effective practice – timely, non-judgemental, flexible, and trauma-informed support – rather than on any single model of intervention.

Summary

- Professionals can support parents by offering or helping them access emotional and therapeutic support that reduces self-blame, helps them make sense of the abuse, and builds confidence in responding to their child.
- Clear information and guidance are also important, especially about what is happening and what services are involved.
- Practical support matters too. Parents may need help with safety planning, issues with their child's education, household routines and the many day-to-day pressures that arise immediately after the abuse is identified.
- Peer support and group-based work are also important, as they give parents the chance to speak with others who share similar experiences, reducing isolation, stigma and excessive self-blame, while helping them feel understood and less alone.
- Support over time is equally important rather than only at the point the abuse is identified. Parents' needs change as the family moves through the aftermath of the abuse, so they need flexible sustained support that can adapt to different stages of recovery.
- Overall, effective professional support is timely, non-judgemental, trauma-informed and responsive to both parents' own wellbeing and their role in supporting their child.

7. Gaps in the literature

Our review of the literature has provided valuable insights and learning into the need for support for parents and the types of support parents require. Nonetheless, it has also revealed some significant gaps in the literature, particularly around how best to understand and provide support that responds to parents' diverse needs and situations.

7.1 Mothers, fathers and intersectionality

Cyr et al (2014) note the need for research to understand the complex processes by which mothers and fathers react to the discovery of child sexual abuse, especially regarding protective behaviours towards children.

Existing studies also point to the need for more research exploring the distinct needs and experiences of fathers and male carers (Clevenger, 2016; Cyr et al, 2014; Cyr et al, 2019; Elliott and Carnes, 2001; Harrison, 2024; Kilroy et al, 2014; Vladimir and Robertson, 2020; Warrington et al, 2023). For example, studies note a lack of in depth exploration of fathers' emotional responses, coping mechanisms and help seeking. Cyr et al (2014) also suggest that future research could examine whether different forms of child sexual abuse (e.g. extra-familial versus intra-familial abuse) cause fathers to react differently and how this then influences the support they offer, or explore what types of support fathers offer when they themselves have been victims of sexual abuse (Cyr et al, 2019). Researchers may also want to explore relational challenges or strengths between father–daughter and father–son dyads over time (Vladimir and Robertson, 2020)

Gueta and Condry (2024) emphasise the need for more research on how social and professional responses affect mothers and their help-seeking behaviour, while Hill (2001) emphasises the need to think about intersectionality in research with parents, suggesting that more research is needed around the experiences of lesbian, disabled and Black mothers. Research looking at the experiences of parents in same-sex couples is also needed (Clevenger, 2016).

7.2 Parents from minority ethnic backgrounds

The specific challenges faced by parents and carers from minority ethnic backgrounds are also lacking in the evidence base (Kilroy et al, 2014; van Toledo and Seymour, 2016). For example, Kilroy et al (2014) note the need for more research around the needs and experiences of parents from different cultural backgrounds, and those who do not have ready access to parenting support. With the notable exception of Bernard's 2001 study, even when research has been carried out with a sample of parents from minority ethnic backgrounds (e.g. Fong et al, 2020), there appears to have been little exploration of the impact of ethnicity or culture in the findings presented.

> There is a need for more research around the needs and experiences of parents from different cultural backgrounds

7.3 Parents in complex social circumstances

Other researchers have highlighted the need for more understanding of the lived experience of parents with complex social circumstances such as poverty, disability and migration status. For example, Fong et al (2020) suggest that while there has been some research into how women on low incomes face practical, psychological, and cultural barriers in accessing mental health services, further exploration of these and other barriers among caregivers of sexually abused children would be an important area of future inquiry.

Research is also limited in relation to families involved in different service pathways such as statutory child protection, criminal justice, or voluntary sector support (van Toledo and Seymour, 2016). Additionally, Santa-Sosa et al (2013) suggest that researchers should include a broad set of demographic and psychosocial variables, including socio-economic status, when designing new research studies.

7.4 Parents' experiences of caring for their children

While there is much more research exploring the impact of child sexual abuse on parents, our mapping of the literature reveals very few studies that explore and conceptualise parents' lived experiences of caring for children following sexual abuse. The model offered by Bolen et al (2015) draws on interviews with 17 parents and sets out eight domains in which parents care for their children. However, since then, there has been very little further research exploring the support that parents provide and how this can be understood and better supported by professionals. Indeed, Bolen et al also found that parents perceive that they provide support to their children in ways professionals might not recognise, and stress that research in this area remains to be done.

In addition, there is a notable lack of research examining the long-term impact of child sexual abuse on parents' experiences of caregiving and their relationships with their children into adulthood. Given the well-established effects on survivors' mental and physical health, as well as their relationships (Vera-Gray, 2023), it is likely that parents continue to play a significant yet underexplored role in their lives. Research addressing the experiences and needs of parents of children at different life stages, from very young into adulthood, would therefore be valuable.

Equally, there has been little research exploring how parents' experiences are shaped by the sex of their children, particularly in relation to parents' experiences of caring for boys.

> Research has found that parents feel they provide support to their children in ways professionals might not recognise

7.5 What good support for parents looks like

Across the evidence base, there is neither a consistent nor a shared definition of what good support for parents looks like, nor a clear operationalisation of what this support entails. In particular, the field is lacking research that has determined how to best conceptualise parental support, which aspects of support are the most impactful, how to most accurately measure support, and what characteristics are most important in enhancing support (Wamser-Nanney and Sager, 2018).

This makes it difficult to compare studies or draw firm conclusions about what works in supporting parents. To date, research has largely focused on short term outcomes or has been concentrated in particular countries, leaving significant gaps in understanding longer term impacts, cross cultural differences, and socio economic influences on parenting following the identification of child sexual abuse.

Further research is needed to explore parents' needs and experiences in greater depth and to identify which forms of intervention best address their support needs (van Toledo and Seymour, 2016). There is also a need to examine the effectiveness of online resources, noting their potential for far greater population reach than face-to-face interventions (van Toledo and Seymour, 2013). In addition, future research would benefit from greater attention to key contextual and process related factors, including the severity, duration and timing of the abuse and its identification, as well as families' experiences of, and involvement in, court and wider safeguarding processes (St Amand et al, 2022; van Toledo and Seymour, 2016).

Finally, this review has focused on literature that explicitly addresses parental needs and support, which rarely captures children's perspectives on what they want their parents to know or receive, or what support they want from their parents. This gap highlights the need for future research that explicitly juxtaposes children's and parents' perspectives.

Summary

- There are still substantial gaps in the evidence, especially around how parents' support needs vary by role, background and circumstance.
- There is limited research on mothers and fathers separately, little exploration of parents from minority ethnic backgrounds, and very sparse work on parents facing complex social circumstances such as poverty, disability or migration status.
- There is also a lack of research that focuses on parents' lived experiences of caring for children after sexual abuse, rather than only on the impact of the abuse on parents.
- In addition, the field does not yet have a consistent definition of what good support for parents looks like, which makes it difficult to compare studies or identify the most effective forms of intervention.
- The evidence base is also limited by the small amount of UK research, the lack of long-term studies, and the absence of definitive findings on which interventions work best for which groups of parents.

> The evidence base is limited by a lack of UK research and of definitive findings on what interventions work best for different groups of parents

8. Conclusion and recommendations

8.1 Conclusion

This knowledge review has drawn together a diverse and largely international body of literature on supporting non abusing parents and carers following the identification of child sexual abuse. Across qualitative studies, quantitative research and service evaluations, a consistent picture emerges of parents experiencing profound emotional, psychological, relational and practical impacts that can significantly compromise their capacity to care for their children without appropriate help. It also highlights the important role of professionals in providing timely, coordinated and non-judgemental support, including emotional and therapeutic help, clear information and guidance, practical assistance, and peer support.

Supporting parents is not an optional addition to child-focused work; it is a necessary part of an effective response to child sexual abuse. Without adequate support, parents face immense challenges in sustaining their family and providing effective care to their children, with consequences that may contribute to persistent strain on family relationships, fractured family functioning, and, in some cases, family breakdown.

The evidence demonstrates that parents commonly experience shock, guilt, shame, helplessness and ongoing distress, often alongside resurfacing trauma from their own past experiences. These impacts are not transient. For many parents they persist or evolve over time and are compounded by family disruption, social isolation, financial strain and the demands of navigating complex safeguarding, criminal justice and therapeutic systems. Parents' distress is frequently exacerbated by the responses of professionals, including lack of information, inconsistent communication, and experiences of blame or judgement. Structural inequalities, racism and cultural barriers further shape parents' ability to access support and to engage safely and confidently with services.

At the same time, the review highlights the central role of parental support in children's recovery following sexual abuse. Higher levels of parental belief, emotional availability and advocacy are associated with improved mental health, behavioural outcomes and longer term resilience for children.

Parents are therefore both deeply affected by the abuse and crucial to their children's recovery, so it is vital that their own needs are recognised and addressed in their own right. Professional support for parents can strengthen their capacity to protect their children, engage effectively with services and respond to their children's needs.

The review also shows that parents actively support their children in complex and multifaceted ways. These include meeting basic and practical needs; protecting children from harm; navigating services; maintaining emotional availability; responding sensitively to children's evolving needs; and helping children make sense of what has happened over time. Fathers, mothers, carers of very young children and parents of adolescents each face distinct challenges, yet many remain under represented or overlooked within research and practice.

Taken together, the findings indicate that children's recovery, parental wellbeing and family functioning are closely interconnected, and that parents' emotional availability, belief in their children and ability to navigate support systems can positively influence children's outcomes. Recognition of parents' needs therefore complements, rather than competes with, a child-centred approach. The findings point to the value of whole-family approaches which support both children and non-abusing parents while recognising that each may also require support in their own right.

Additionally, the review highlights the significant impact that safeguarding, policing and criminal justice processes can have on families. Delays, fragmented communication, poor information-sharing and experiences of blame or judgement frequently intensify parents' distress and undermine their confidence in services. Improving system responses – including through better communication, coordination and family support during investigative processes – may be as important as expanding therapeutic provision in supporting family recovery.

Overall, the evidence provides a strong basis for recognising and responding to parents' support needs following child sexual abuse. However, important gaps remain in understanding how best to provide support across different contexts, populations and stages of recovery. In particular, there is no shared definition or consistent operationalisation of parental support, and relatively little evaluation of the effectiveness of different forms of intervention. UK based evidence is particularly limited. Much of the literature focuses on describing impact rather than on understanding how parents are best supported over time, or how support can be tailored to different forms of abuse and family contexts. These gaps limit the ability to draw firm conclusions about what works best for whom and under what circumstances.

In practice, the review points to the need for parents to receive timely, non-judgemental, trauma-informed, coordinated and sustained support which can adapt as family needs change over time, backed by clearer guidance, better communication and stronger inter-agency working. It also highlights the current lack of support for parents in the UK, reinforcing the extent to which provision remains scarce and uneven, and raising important questions about whether families are receiving the support they need to promote recovery, wellbeing and safety following child sexual abuse.

8.2 Recommendations for policy, commissioning and practice

8.2.1 Recognise parental support as a core component of recovery and safeguarding

Support for non-abusing parents should be recognised as a core component of effective responses to child sexual abuse, rather than being seen as an optional addition to child-focused services. The evidence reviewed suggests that parents play a critical role in children's recovery, engagement with services and longer-term wellbeing. Parents who receive support may have greater capacity to protect their children, engage effectively with professionals, navigate complex systems and respond to their children's evolving needs. Assessment of and support for parents should therefore form part of a child-centred response to child sexual abuse, and be recognised as contributing to both recovery and safeguarding outcomes.

8.2.2 Promote whole-family approaches

Children's wellbeing, their parents' wellbeing and family functioning are closely interconnected following child sexual abuse. Services should adopt whole-family approaches which recognise these connections while also ensuring that both children and parents can access support in their own right and independently of one another where needed.

> Support for parents should be seen as a core part of responses to child sexual abuse, not an optional add-on to child-focused services

8.2.3 Commission dedicated support for parents

Service commissioners should explicitly consider the needs of non-abusing parents when designing and commissioning child sexual abuse services. Support should include emotional and therapeutic support, psychoeducation, peer support, practical guidance and help with navigating safeguarding, criminal justice and health systems.

8.2.4 Improve family experiences of safeguarding and criminal justice processes

Agencies involved in responding to child sexual abuse should work to improve communication, coordination and information-sharing with parents. Clear explanations of processes, regular updates and consistent points of contact may help reduce distress and improve families' experiences during investigations and any court proceedings.

8.2.5 Clarify responsibilities for parental support

The findings suggest that gaps and geographical variation in provision may reflect not only limitations in the evidence base but also uncertainty regarding organisational responsibility for supporting parents. Local safeguarding partnerships and commissioners should consider how accountability for parental support is defined across health, social care, child sexual abuse services and the criminal justice system.

8.2.6 Strengthen practice guidance and professional support

National and local guidance should provide clearer expectations regarding support for non-abusing parents following child sexual abuse. Professionals should have access to training, supervision and inter-agency support which enables them to deliver timely, trauma-informed, non-judgemental and culturally responsive responses. Practice should prioritise clear communication, relationship-based working and continuity of support for parents from the initial identification of the abuse and throughout subsequent safeguarding and criminal justice processes. Guidance, training and service development should also take account of how structural inequalities, racism and cultural barriers may affect parents' engagement with services and access to support.

8.3 Recommendations for future research

8.3.1 Strengthen conceptual clarity around parental support

Future research would benefit from clearer theorisation of what constitutes parental support following the identification of child sexual abuse, how it develops over time, and which dimensions are most salient in different contexts. Greater conceptual clarity is required to support comparability across studies and to enable more robust synthesis of findings.

8.3.2 Expand UK-based and comparative research

Further research in the UK is needed to explore parents' experiences within specific safeguarding, criminal justice and health systems following the identification of child sexual abuse. Comparative research across countries would also help to illuminate how different systems, cultures and welfare regimes shape parents' experiences of and access to support.

8.3.3 Deepen understanding of parents' lived experiences over time

There is a need for research that explores how parents' own experiences, needs, coping strategies and capacity to support their children following the identification of child sexual abuse change over time, including during key transition points such as court proceedings, adolescence and transition out of services, as well as in the longer-term as children move into and through adulthood.

> National and local guidance should provide clearer expectations around support for non-abusing parents following child sexual abuse

8.3.4 Address gaps relating to under represented groups

Further research is needed to address gaps in understanding the experiences of parents from minority ethnic backgrounds, those in same sex couples, neurodiverse parents, parents with learning disabilities, very young parents, parents with lived experience, parents with insecure immigration status and kinship carers. Research is also needed to understand fathers' emotional and caregiving roles, help seeking behaviours, and experiences of engagement with services following the identification of child sexual abuse.

8.3.5 Improve understanding of ethnicity, culture and structural inequality

Future studies should move beyond descriptive inclusion to analyse how structural inequalities affect how parents from minority ethnic backgrounds are able to trust services and access support following the identification of child sexual abuse. Culturally informed and intersectional approaches are essential to improve understanding in this area.

8.3.6 Explore parental experiences by form of abuse, context and children's characteristics

Further research is needed to explore how children's age, their sex and how they were abused affect their parents' experiences and support needs following the identification of child sexual abuse. Greater specificity would support more nuanced understanding of how different characteristics and abuse dynamics interact with family systems and parental roles.

8.3.7 Examine system interaction and process related factors

More research is needed to examine how system processes, communication practices, timing of interventions and professional responses affect parents' wellbeing and their ability to support their children following the identification of child sexual abuse.

8.3.8 Explore parents' access to and experiences of peer and family support

Further research should examine how peer support, family networks and community-based support shape parents' ability to cope after the identification of child sexual abuse. This would help clarify when informal support is protective, when it is unavailable or insufficient, and how services can better complement existing sources of support around families.

8.3.9 Build a stronger evidence base on effectiveness

While there is indicative evidence that parent focused support can be beneficial, the evidence remains limited by small samples and inconsistent outcome measures. Future research should prioritise more robust evaluation designs, including longitudinal and mixed methods approaches, to improve understanding of what types of support are most effective for different groups of parents and in different circumstances following the identification of child sexual abuse.

8.3.10 Strengthen evidence on availability and impact of parental support

Further research is needed to explore the availability of support services for parents across England and Wales. Such research should examine how geographical variation in provision affects access to help, and how inadequate support influences parental wellbeing, family functioning, and long-term outcomes for families. A mixed-methods study that captures both the breadth of need and the depth of parental experience, including what good outcomes look like for parents – grounded in their needs – would help to clarify the consequences of current gaps in provision and guide policy and service development.

> Research should explore how children's age, their sex and how they were abused affect parents' experiences and support needs

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Appendix 1: Search terms used

Concept area	Core terms	Expanded terms/synonyms	Example search strings
Population (Parents/carers)	parents; carers	caregiver*; mother*; father*; guardian*; family; non-offending parent*; non-abusing parent*; primary caregiver*	parent* OR caregiver* OR carer* OR guardian* OR "non-offending parent*")
Child sexual abuse	child sexual abuse	sexual abuse; sexual victimisation; child sexual exploitation; intra-familial abuse; extra-familial abuse; online abuse; sibling abuse; harmful sexual behaviour; CSA	("child sexual abuse" OR CSA OR "sexual abuse" OR "sexual victimisation" OR "child abuse")
Support / Intervention	support	intervention*; service*; programme*; therapy; counselling; psychosocial support; advocacy; assistance; therapeutic; group*; helpline; pyschoeducation*	(support OR intervention* OR service* OR program* OR therapy* OR counselling OR "psychosocial support")
Parental outcomes / needs	parental support; impact	coping; wellbeing; mental health; trauma; stress; resilience; needs; experiences; perceptions; parenting;	coping OR wellbeing OR "mental health" OR trauma OR stress OR resilience OR need* OR experience*)
Context (post-abuse)	after abuse	disclosure; post-disclosure; recovery; post-trauma; safeguarding response	(disclosure OR "post-disclosure" OR recovery OR "post-trauma" OR safeguarding)
Combined Search Example			(parent* OR caregiver*) AND ("child sexual abuse" OR CSA) AND (support OR intervention* OR counselling) AND (coping OR wellbeing OR trauma)

Appendix 2. Scope of material included in the knowledge review

The table below lists the sources cited in this report, with brief information about where they were carried out/published (or, in the case of literature reviews, their geographical scope) and whether they were specific to any particular form of child sexual abuse and/or demographic group. Unless otherwise stated, the research in these articles and publications covered all forms of child sexual abuse and parents from all demographic groups.

Publication/article	Where carried out/ published	Specific to type of abuse	Specific to demographic group
Alaggia (2002a)	Canada	Intra-familial child sexual abuse	Mothers
Alaggia (2002b)	Canada	Intra-familial child sexual abuse	Mothers
Ali et al (2021)	UK		Parents from minority ethnic backgrounds
Allnock et al (2022)	UK		
Andrade (2019)	USA		Parents from Latino/a ethnic background
Bacon (2008)	UK		
Bennett et al (2000)	USA		
Bernard (2001)	UK		Mothers from minority ethnic backgrounds
Bick et al (2014)	USA		Mothers
Bolen and Gergely (2015)	North America		
Bolen et al (2015)	USA		
Brown (2024)	UK		Transgender people
Butterby and Hackett (2022)	UK		Mothers
Bux et al (2016)	South Africa		
Cain et al (2026)	UK	Sibling sexual abuse	
Carpenter et al (2016)	UK		
Carvalho et al (2009)	Brazil		Mothers
Child Safeguarding Practice Review Panel (2024)	UK	Intra-familial child sexual abuse	
Clevenger (2016)	USA		
Cohen and Mannarino (2008)	USA		
Corcoran (2004)	USA		
Cyr et al (2019)	Canada		
Cyr et al (2018)	Canada		

Publication/article	Where carried out/ published	Specific to type of abuse	Specific to demographic group
Cyr et al (2016)	Canada		
Cyr et al (2014)	Canada		
Davies et al (2001)	New Zealand		
Dhaliwal (2024)	UK		
DiLillo and Damashek (2003)	USA		
Dockerty et al (2015)	UK		
Dyb et al (2003)	Norway		
Elliott and Carnes (2001)	USA		
Fassler et al (2005)	USA		
Fatehi et al (2022)	Georgia		
Finch and McCulloch (2025)	UK		
Firmin (2020)	UK		
Fisher et al (2017)	UK		
Fong et al (2020)	USA		
Fontes and Plummer (2010)	USA		
Forbes et al (2003)	UK		
Fuller (2016)	Australia		
Futa, Hsu and Hansen (2001)	Canada		
Gibney and Jones (2014)	UK		
Godbout et al (2014)	Canada		
Gueta and Condry (2024)	International		Mothers
Hall and Marsh (2026)	UK	Child sexual exploitation	
Han and Kim (2016)	South Korea		South Korea
Harrison (2024)	USA		Fathers
Hernandez et al (2009)	USA		
Hershkowitz et al (2007)	Israel and UK	Extra-familial child sexual abuse	
Hill (2012)	UK		
Hill (2001)	UK		Mothers
Hobson et al (2024)	UK		
Howells (2026)	UK		Mothers
Hudson-Sharp (2018)	UK		
Jessiman et al (2017)	UK		
Jonsson and Birgersson (2025)	Sweden	Child sexual abuse in online contexts	

Publication/article	Where carried out/ published	Specific to type of abuse	Specific to demographic group
Kay et al (2022)	UK	Child sexual exploitation and/or child criminal exploitation	
Kilroy et al (2014)	Ireland		
Leivo et al (2024)	Finland, Ireland		
Levenson et al (2012)	USA	Intra-familial child sexual abuse	
Lewin et al (2025)	USA		
Lind et al (2018)	USA		
Lloyd (2022)	UK	Child sexual or criminal exploitation	
McCallum (2001)	Australia	Intra-familial child sexual abuse	Mothers
McElvaney and Nixon (2020)	Ireland		
McGillivray et al (2018)	Australia		Mothers
McGookin (2025)	UK		
McGookin (2023)	International	Intra-familial child sexual abuse	
McLaren (2013)	Australia	Intra-familial child sexual abuse	Mothers
Masilo and Davhana-Maselesele (2016)	South Africa		Mothers
Mayekiso and Mbokazi (2007)	South Africa	Intra-familial child sexual abuse	Mothers
Morrison et al (2007)	Australia		
Parent-Boursier and Hébert (2015)	Canada		Fathers
Parkinson (2022)	UK		
Parkinson and Steele (2024)	UK		
Pike et al (2019)	UK	Child sexual exploitation	
Plummer and Eastin (2007)	USA		Mothers
Pretorius et al (2011)	South Africa	Intra-familial child sexual abuse	Mothers
Rancher and Smith (2025)	USA		
Runyon et al (2014)	USA		Mothers
St-Amand et al (2022)	USA, UK		
Santa-Sosa et al (2013)	USA		Mothers
Scoglio et al (2021)	USA		
Scott and McNeish (2017)	International	Child sexual exploitation	
Serin (2021)	North Cyprus		Mothers
Serin (2018)	International		Mothers

Publication/article	Where carried out/ published	Specific to type of abuse	Specific to demographic group
Spencer et al (2024)	UK		Parents with learning disabilities
Steele and Parkinson (2026)	UK		
Stitt (2007)	Ireland		
ThinkUKnow Australia (2025)	Australia	Online child sexual exploitation	
Thompson (2017)	Australia	Intra-familial child sexual abuse	
Unwin and Stephens-Lewis (2016)	UK	Child sexual exploitation	
van Duin et al (2024)	Netherlands		
van Toledo and Seymour (2016)	New Zealand		
van Toledo and Seymour (2013)	New Zealand		
Vera-Gray (2023)	International		
Vladimir and Robertson (2020)	USA		Fathers
Wager et al (2015)	UK	Intra-familial child sexual abuse	
Wallis and Woodworth (2021)	Canada		
Wamser-Nanney and Sager (2018)	USA		Mothers
Warrington et al (2017)	UK	Intra-familial child sexual abuse	
Warrington et al (2023)	UK	Intra-familial child sexual abuse	Mothers
We Stand (2026)	UK		
Westergren et al (2023)	Sweden	Sibling sexual abuse	
Williams (2009)	USA	Intra-familial child sexual abuse	
Yates and Allardyce (2021)	UK	Sibling sexual abuse	
YouGov (2013)	UK	Child sexual exploitation	
Zajac et al (2015)	USA		Mothers

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The photograph on the cover was taken using actors and does not depict an actual situation.

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