Succeeding with Nonoffending Caregivers of Sexually Abused Children

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Contents

Abstract

Child sexual abuse continues to be a significant societal problem. Children's disclosure of abuse and their degree of recovery are associated with the level of

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R. Geffner et al. (eds.), *Handbook of Interpersonal Violence and Abuse Across the Lifespan*,
https://doi.org/10.1007/978-3-319-62122-7_15-1

support they receive from professionals as well as their caregivers. While the forensic interview is a critical tool for gathering information in child sexual abuse cases, nonoffending caregivers are integral to the effective investigation and treatment of child victims of sexual abuse. By definition nonoffending caregivers have not sexually abused or directly participated in the abuse of their children. However, nonoffending caregivers are often scrutinized regarding their children's sexual abuse. Common reactions caregivers frequently express after a disclosure of child sexual abuse are often misinterpreted by professionals. Issues of parental culpability, beliefs, and support in cases of child sexual abuse as well as intergenerational recidivism are discussed. Culturally sensitive investigations and interventions are not only important for successful outcomes but the long-term welfare of the child and family. Effectively engaging caregivers and offering them the necessary resources and services allows them to make decisions that can safeguard their child's future. Implications for research, practice, and policy are discussed.

Keywords

Nonoffending caregivers · Child sexual abuse · Parenting · Abuse disclosure

Introduction

Child sexual abuse is a pervasive societal problem. Although it poses a challenge for child protection professionals as well as youth-serving organizations, it leaves many nonoffending parents and caregivers overwhelmed and often suspected of wrongdoing. By definition, nonoffending caregivers are individuals who have not sexually abused or participated in the sexual abuse of their own or other children. They can be mothers, fathers, step-parents, grandparents, aunts, uncles, foster parents, adoptive parents, or siblings; essentially anyone who serves as primary guardian. Nonoffending caregivers span all socioeconomic statuses, races, ethnicities, religions, levels of education, and occupations. Yet, parents and caregivers of suspected sexually abused children often find themselves in a precarious dilemma with social factors and cultural norms obfuscating the issue. The initial shock, ambivalent denial, unanticipated financial burden, and overwhelming grief often leave caregivers struggling to emotionally support their children.

Further confounding the situation are the often unrealistic expectations of first responders and victim advocates. Caregivers are usually met with a deleterious community response. Yet, caregiver support is crucial to the investigation and ongoing welfare of the child. The ability of caregivers to support their children can be eroded by their own unresolved trauma which may be triggered by the discovery of their child's abuse. Half of mothers of sexually abused children have experienced or been exposed to childhood sexual abuse (Faller 2007). How well individual children are able to cope with and recover from sexual abuse depends heavily on how well their caregivers, especially mothers, are able to provide support and

professional help for them (Corcoran 2004; Everson et al. 1989; Faller 2007; Famularo et al. 1989; Sirles and Franke 1989). Recent research (McGillivray et al. 2018) indicates that nonoffending caregivers' resiliency can be fostered with social support and self-compassion. However, first responders often lack clarity on which measures are most meaningful to improving a child's post-disclosure functioning (Bolen and Gergely 2015). When first responders and victim advocates are educated about the research on and needs of caregivers, they tend to broaden their focus to include working with and supporting nonoffending caregivers. Once first responders and victim advocates view caregivers as crucial for effective investigations and aiding in the child's recovery, they provide more support and resources to the family as a whole, thereby ensuring they receive appropriate interventions. This chapter will discuss nonoffending caregivers' reactions to child sexual abuse disclosures and the importance of first responders and other professionals engaging caregivers in a supportive and trauma-informed manner.

Caregiver Response to Abuse Disclosure

Nonoffending caregivers are typically expected to believe and support their child after sexual abuse disclosure, but oftentimes their reactions can range from anger to complete denial, particularly when put in the context of their experiences. Nonoffending caregivers with a personal history of child sexual abuse report a great deal of self-doubt with their life skills and abilities, anxiety in parenting their children through developmental phases that they had difficulty going through, and feelings of anger that they were unable to protect their children from harm. When hearing about their child's abuse, they become triggered by their own histories and memories of sexual abuse. They may compare what limited information they know about their child's disclosure and experience to their own memories and make inaccurate judgments.

Due to these complexities, along with numerous other routine obligations, nonoffending caregivers have a variety of reactions to abuse disclosure. While it can be confusing for a first responder to comprehend, a nonoffending caregiver's preoccupation with seemly mundane activities is a coping strategy. For example, they may be focused on their child making a sports practice when there has been a disclosure of rape. However, rather than judge, it is essential to give not only the child victim but the nonoffending caregiver time to process and to cling to routines of things they can control. It is imperative that all disclosures by nonoffending caregivers be dealt with the same empathy given to the disclosing child and with referrals for available evidence-based therapeutic services.

Reaction to Disclosure

Empowering the nonoffending caregiver during the investigation has been shown to improve outcomes and decrease trauma. Caregivers' reactions ranging from

supportive, suspicious, and unresponsive are confusing to first responders whose primary focus is the safety and well-being of the child. They may unintentionally complicate matters by shaming and alienating the nonoffending caregiver. While keeping in mind that caregivers may express a variety of reactions during the course of their child's disclosure, overall their presence is of paramount importance to a child in crisis as well as the child's long-term recovery.

Supporting a child's disclosure is important during the investigation, both for forensic purposes and establishing a long-term path to recovery. Seventy-one percent of five-year-olds kept a secret when told to by an adult, and many children fear that they will not be believed or helped if they disclose (Paine and Hansen 2002). Educating parents on how perpetrators use these tactics to exploit and keep children silent can improve caregivers' understanding of their child's experience. Nonoffending caregivers need supportive first responders who empathize with their secondary victimization and explain why children delay disclosing (Münzer et al. 2016). Explaining how to best encourage without tainting disclosure increases transparency in this issue. Current professional wisdom often directs parents not to question or talk to the child about the disclosure but fail to explain what they should do instead. Nonoffending caregivers need clarity on how to be supportive while not interfering with the investigation. Giving parent a printed list of supportive statements on what to say and not say can be quite helpful in times of extreme stress.

It is important that first responders acknowledge the additional stressors faced by nonoffending parents such as lack of social support and competing needs of providing for siblings of the abused child. Households with multiple children may have higher rates of abuse, even when accounting for socioeconomic class (Sedlak et al. 2010). Asking the nonoffending parent about their competing concerns, showing empathy, and offering victim support services can be paramount to building a trusted professional relationship. Crime victim assistance is available in all states and offers a range of supportive services that nonoffending caregivers and their children could benefit from if made aware.

Yet, nonoffending parents often have a sense of information overload which impedes their ability to hear or to act upon instructions given by professionals. They may require assistance in following through with calls for services instead of just handing them a number to call later. When first responders provide more direct guidance, they will likely have a greater impact on caregivers' ability to support their children.

In cases with adolescents, additional patience and time must be spent with the nonoffending caregivers to help them accept and understand that teenagers are as vulnerable to sexual predators as younger children and should not to be blamed for delays in disclosure. Older children who are abused sexually are often seen as more responsible for their own abuse, while nonoffending caregivers are seen as more responsible for the abuse of younger children (Back and Lips 1998). Nonoffending caregivers also need support to build self-compassion to foster their own resilience while reducing feelings and perceptions of self-blame and hindsight second guessing (McGillivray et al. 2018).

Familial pressures can have an effect on a child's willingness to disclose, recant, or minimize past disclosures (Malloy et al. 2007). Children who disclosed before a forensic interview are more likely to disclose during a forensic interview, especially to professionals with whom they have developed rapport (Azzopardi et al. 2019). However, children often delay disclosing when a family member is involved because they anticipate a lack of stable care and nurturing from their parents (Goodman-Brown et al. 2003). Young children are most likely to disclose sexual abuse to mothers and peers, in an accidental or more informal manner, while older children rely more heavily on friends, as parental supervision declines (Manay and Collin-Vézina 2019). Children disclose stranger abuse most rapidly, especially as the abuse happens at an older age, and are most likely to disclose to close friends (Smith et al. 2000). Some children may not disclose to nonoffending caregivers at all, because they feel that they will not be supported or believed.

When investigators discover corroborating evidence, such as sexually transmitted infections, it may be prudent to privately discuss with caregivers and giving them time to process the information as their emotional reactions or further denial may be difficult for disclosing child to process (Lawson and Chaffin 1992). Furthermore, some victims of child sexual abuse were found to not disclose if they did not trust they would receive protection post-disclosure (Münzer et al. 2016). Nonoffending caregivers should be informed of who their children view as potential recipients of disclosure, and support staff should consider differentiating between emotional and informational support. Involving nonoffending caregivers by explaining these tendencies and understanding their child's relationships may help progress the investigation.

First responders and victim advocates can enhance this process by explaining to caregivers that it is normal for children, even with the best of parents to delay disclosing or to tell a trusted friend or teacher first. It is also important in helping parents overcome feelings of shame they may feel because their child did not tell them first or immediately disclose as they had instructed their child to do should anyone ever touched them.

Even if the nonoffending caregiver is struggling with denial, minimization, or ambivalence regarding a belief in the child's allegations, they should still be relied upon in their role as a supportive figure and to provide an ongoing safe environment (Bolen and Lamb 2004). Parental support has been repeatedly shown to be a protective factor for child survivors of sexual abuse. Adult and child survivors that have experienced nonoffending caregiver support conveyed psychological as well as better partner relations later in life comparable to non-abused participants (Godbout et al. 2014). Furthermore, even preschoolers who have been abused may feel a sense of betrayal and show less empathy, help, and comfort themes in their narratives, which may lead to a cycle of the nonoffending parent showing decreased support and voicing negative messages (Langevin et al. 2019).

Although it is ideal to have both parents involved in the process, research has shown that having a nonoffending father's support post-abuse may help improve the child's self-esteem and behavior problems more than a nonoffending mother's support (Crocetto 2018). On the other hand, nonoffending mothers' support has

been found to reduce the child's dysfunction in the aftermath of sexual abuse, particularly in foster home placements (Leifer et al. 1993). Parents who find it difficult believing and supporting their child post disclosure, despite first responders and advocates attempts, should be targeted by teams and practitioners to bring awareness to their concern and explore reasons for it, whether cognitive, affective, or social (Cyr et al. 2014).

Multidisciplinary team reviews that encourage the sharing of expressed and perceived obstacles to nonoffending caregiver support and the sharing of what has been communicated in the attempt to overcome such will likely have more success in serving child survivors and holding offenders accountable. Plus the sharing of information will reduce redundancy and ultimately ease work load.

Types of Frameworks for Understanding Caregiver Reactions

While there is no one type of reactions that are experienced by or displayed by nonoffending parents, grouping nonoffending caregiver reactions into frameworks has been attempted by many different sets of researchers. One framework by Cy et al. (2013) provides the following four categories for grouping support profiles of nonoffending caregivers: resilient, avoidant-coping, traumatized, and anger-oriented. These profiles can be helpful for professionals in responding. Understanding these four categories can equip professionals with limited resources and awareness to better prepare to serve and identify some typical types of reactions a parent may experience or vacillate between. Tailoring approaches has been shown to decrease dropout rate for ongoing services (Cyr et al. 2013). Additionally, nonoffending caregivers frequently vacillate through stages of reactions similar to stages of grief. Professionals must be prepared to respond in accordance with nonoffending caregivers' fluctuating reactions.

Another framework has been described for understanding reactions of nonoffending fathers. Nonoffending fathers have been found to have a variety of factors influencing their reaction to disclosure: guilt, anguish, stigma, hypervigilance, competing demands, lack of trust, refocusing on family, and "picking up the pieces" (Vladimir and Robertson 2019). Following the immediate disclosure of child sexual abuse, nonoffending parents most often feel guilt and blame from failing to protect their child, and initial reactions can range and vacillate (Hébert et al. 2007; van Toledo and Seymour 2013).

Some caregivers are less capable of addressing their child's emotional needs, and react with anger and resentment (Cyr et al. 2013). Others may doubt their child due to preexisting assumptions about abuse and delays in disclosing, leading to reactions characterized by confusion and doubt (Bolen and Gergely 2015). Reactions of denial and disbelief are common when the parent does not want the abuse to be true, and therefore copes with reality by denying its existence (Elliott and Carnes 2001). The another typical reaction is guilt and self-blame, where the nonoffending caregiver feels that they have failed to protect their child (Holt et al. 2014). These four support types have been also been framed and summarized as emotional, blame/doubt,

vengeful arousal, and skeptical preoccupation (Zajac et al. 2015). These four emotional reactions can be outlined on a graph showing a progression from did not know/supportive to knew/participating/perpetrating, which can further explain how a nonoffending caregiver might feel throughout the disclosure and investigation process.

Additionally, nonoffending caregivers may go through the classic stages of grief, cycling through shock/disbelief/denial, anger/resentment, bargaining, depression/discouragement, and finally acceptance/adjustment (Jones et al. 2010). Contrary to prior belief, grief processing does not happen linearly and caregivers may move from one stage to another without progressing through them sequentially.

One more framework described in the literature characterizes caregiver reaction from the perspective of the responding professionals. Professionals scrutinized nonoffending caregivers in four ways after disclosure: belief or disbelief in the child's allegations, emotional support, response toward the alleged perpetrator, and use of professional services to seek help (Everson et al. 1989). Professional services for nonoffending caregivers focus on both emotional and basic living support, including concerns about finances and shelter. Also, it is important to keep in mind that a nonoffending caregiver's reaction may not be a valid representation of their overall capacity for support, since they are likely experiencing severe distress from the allegations or abuse findings (Bandcroft et al. 2011; Ovaris 1991). Even the most highly functioning caregivers may become overwhelmed and incapacitated upon learning that their child has been sexually abused (Vaughan-Eden 2014). Their secondary traumatization or triggered memories of personal trauma can impact their parenting style (Bux et al. 2015).

Other Factors Contributing to Nonoffending Caregivers Reaction

Aside from the described frameworks grouping reactions to disclosure, nonoffending caregivers may also have a desire to protect the offender, fear domestic violence, struggle with substance abuse or mental health issues, as well as worry about their financial stability. Mothers who appear somewhat supportive can be perceived as showing a lack of support through vacillating ambivalence, when they are in fact attempting to cope with the stress of disclosure while maintaining their daily life (Bolen and Lamb 2004; Bolen and Lamb 2007). Maternal support is not a fixed measure, but is fluid and can be influenced with intervention (Malloy and Lyon 2006). For example, even when mothers held the perpetrators responsible for the abuse, they had difficulty providing emotional support and obtaining professional services for their children (Deblinger and Heflin 1996).

While the reactions of nonoffending caregivers vary in response to abuse disclosure, several factors influence how capable the caregiver may feel in the situation. Strong maternal support has been found to be more likely from mothers who are adults when they have children, are not sexually engaged with the abuser, and do not see sexualized behavior from their child (Pintello and Zuravin 2001). Lack of maternal support was associated with a history of substance abuse and mental health

issues (Vaughan-Eden 2003). Substance abuse issues are correlated with criminal behavior, while mental health issues are more likely with a history of child sexual abuse (Vaughan-Eden 2003).

Nonoffending parents who have a history of child sexual abuse make up the vast majority of women who have child victims of sexual abuse (Deblinger et al. 1993; Friedrich 1991; Hébert et al. 2007). Literature is unclear on the extent to which nonoffending mothers' own history of sexual abuse influences their ability to protect their children from abuse and respond constructively to abuse situations (Kim et al. 2007; Leifer et al. 1993; Parr 2010). Mothers without a personal sexual abuse history were three times more amenable to believing and protecting their sexually abused children than parents with a reported history (Pintello and Zuravin 2001).

Mothers with a history of childhood sexual abuse experience greater emotional distress following their children's disclosure, and typically lacked social support to adequately cope with the disclosure (Hiebert-Murphy 1998). These mothers may minimize the impact of their child's trauma if they used minimization to cope with their own abuse. The quality of care given by these mothers and their ability to establish a productive working relationship with child protective agencies were significant predictors of their children being re-molested in the future (McDonald and Johnson 1993).

Factors for Improving Reaction to Disclosure

Mothers of sexually abused children experience less distress during the investigation when they have support from family and friends, using active behavioral and cognitive strategies to process the abuse instead of avoidance (Hiebert-Murphy 1998). Nonoffending caregiver support at the time disclosure is crucial in how the investigation proceeds and how the child is able to cope, and later recover, from their abuse. A caregiver's ability to believe and support their child following disclosure has a positive effect on the child's future psychosocial well-being. Sexually abused girls were shown to be more resilient when they had a warm and supportive relationship with the nonoffending caregiver (Spaccarelli and Kim 1995). Additionally, children receiving evaluation or treatment as soon after the disclosure as possible have been shown to have more positive outcomes. Non-supportive reactions from nonoffending caregivers led victims to be highly stressed and experience severe emotional distress (Spaccarelli 1994).

When mothers completely believe their children after disclosing abuse, these children go on to have lower risk for tobacco and illicit drug use. When mothers only somewhat believe the child, the child exhibits increased levels of trauma symptoms (Bick et al. 2014). Nonoffending maternal blame and doubt was also associated with child dissociative symptoms (Wamser-Nanney 2018).

How to Support Caregivers

Mothers often experience close scrutiny and unrealistically high expectations from peers and professionals working with their children. Coupled with their instinctive reaction to the abuse, they may experience shame at failing to meet those standards with professionals (Vaughan-Eden 2014). Some agree, arguing that nonoffending mothers are as much the victim as their children, while others question if they contributed to the abuse (Vaughan-Eden 2014). Prior to 1975, literature suggested that mothers were culpable for the abuse of their children, while others focused on the impact of childhood sexual abuse on mothers' parenting practices (Myers et al. 1999).

Nonoffending parents who are blamed for their child's abuse can be impeded from being able to support them afterwards (Theimer and Hansen 2017). Nonoffending caregivers are seen as less responsible guardians when children are described as having an abuse incident, regardless of behavior problems (Theimer and Hansen 2017). Nonoffending mothers often received blame from others due to the perception that she must have been negligent for the abuse to occur (Leonard 2013).

One study utilized a survey that characterizes nonoffending caregivers across two axes – emotional support and blame/doubt – can provide meaningful insight into whether the caregiver is able to support their child during the investigation (Smith et al. 2010). In another questionnaire, caregivers were able to identify their need for child behavior management and self-coping mechanisms post disclosure (van Toledo and Seymour 2016).

Responding professionals can assist by monitoring and addressing the four areas have been identified for consideration when assessing maternal support: the mother's belief in the child's abuse allegation, the mother's level of emotional support of the child, the mother's actions toward the perpetrator following the disclosure, and the mother's use of professional services (Everson et al. 1989). Investigators during the process can benefit from understanding how nonoffending mothers are subject to immense pressures to protect their child and be expected to be their support. Having professional self-awareness of frustrations that arise during the process, especially across a wide range of nonoffending parental reactions, is beneficial for the caregiver and the investigator. Establishing clear lines of communication with respect for cultural differences lays a strong foundation for a working relationship. Giving nonoffending caregivers options where available to influence the course of the proceedings, and advising on physical needs can help alleviate pressure and improve the path to recovery. Providing therapy to nonoffending caregivers may also empower them to support their children (Corcoran 1998). Engaging in interdisciplinary teams and having at least one professional support for the nonoffending caregiver from the initial investigation until the resolution may improve outcomes (Elliott and Carnes 2001). Finally, continuing professional education for investigators, advocates, and all members of multidisciplinary teams will help ensure that best practices are being met and followed during the process.

Engaging Support Systems

At baseline, child sexual abuse strains relations within a family. Nonoffending caregivers with abused children have more family disengagement, less partner relationship satisfaction, and more chaotic functioning (Cabbigat and Kangas 2018). Increasing social support is core to increasing the resilience of the nonoffending caregiver to be able to support their child (McGillivray et al. 2018). In light of potential familiar strain, helping nonoffending caregivers to be able to reach out to other support systems such as friends, neighbors, and faith-based resources may be critical in their ability to exhibit the needed resilience to support their children. Also offering available clinical services and adult educational curriculums on the prevention of child sexual abuse such as *Darkness to Light*, *Enough Abuse*, or *Stop it Now* for the extended family may help reengage needed familiar support for nonoffending caregivers.

Managing Professional Frustrations

For professionals involved in investigating, advocating, or serving on teams addressing child sexual abuse, it is critical that all exercise self-awareness of frustrations arising from varying nonoffending caregiver reactions. By being aware of frustrations in advance of the interaction, the professionals may positively impact the professional-caregiver relationship. Professionals should expect to stabilize the situation without blame or judgment, normalize feelings and responses, respond to the nonoffending caregiver in a supportive manner regardless of their reaction, and acknowledge possible divided loyalties. By approaching the nonoffending caregiver with these reactions in mind, the professional can set up a longer-term positive relationship with the caregiver, which can ultimately aid in minimizing trauma to both the child and the nonoffending caregiver.

Communicating with Caregivers

First responders have been shown to aid in supporting nonoffending caregivers when they treat them with respect, communicate effectively, validate their reality, advocate for them, empower them to make choices about outcomes, and educate them about the investigative and recovery pathways. In addition to these general guidelines, it is crucial to consider cultural differences, establish support systems, collaborate across multidisciplinary team members while involving the nonoffending caregiver, and educating them about both their options and possible actions to safeguard their child's future.

Nonoffending caregivers should be educated about normal developmental milestones in sexual behavior, asked about their own history of abuse, and questioned about relationship issues to further understand and document the situation (Vrolijk-Bosschaart et al. 2018). Social workers can also benefit from focusing on engaging

nonoffending fathers, who have typically been an overlooked segment in the care cycle (Crocetto 2018). Parenting practices regarding discipline and addressing undesirable behavior must be explored. Helping parents understand that children impacted by adverse childhood experiences may be perceived as misbehaving. Professionals who take the time to communicate the potential harms of using corporal punishment and providing educational parenting resources by developmental age serve a key informant for nonoffending parents to support their abused children.

Awareness of cultural differences is crucial for establishing a supportive relationship with nonoffending caregivers. Maintaining an open and curious approach when interacting with caregivers, particularly from a minority culture, is important when overcoming cultural challenges (Alaggia 2002). Cultural sensitivity is increased by assuming and exploring the nonoffending caregivers' strengths rather than making assumptions. Recognizing pride and strength despite non-supportive responses is imperative to build the trust and relationships needed to encourage engagement in exiting services. Pretreatment with one-on-one counseling with nonoffending caregivers to encourage them to share their experience has been shown to improve support for their children (Alaggia 2002).

Nonoffending caregivers benefit from investigators increasing their communication about limitations and reasoning behind interviews, decisions made, and timelines on their cases (Jones et al. 2010). Nonoffending caregivers seeking help have been shown to preferentially reach out to social workers and psychologists, with 2/3 of them preferring in person counseling. Law enforcement, investigators, and prosecutors who utilize available multidisciplinary team members to assist with communication and providing needed social support for nonoffending caregivers will be likely be more successful than proceeding alone (Jones et al. 2010).

Families often complain about lack of care continuity with intervention services (Hernandez et al. 2009). In line with increasing communication regarding options for nonoffending caregivers, these caregivers have been shown to be more satisfied with the investigation when conducted at a children's advocacy center (Jones et al. 2007). Children's advocacy centers help systematize, and therefore minimize harm during the investigation of child sexual abuse (Tavkar and Hansen 2011). Child advocacy center based treatment programs have the greatest potential for meeting the needs of victims and families (Tavkar and Hansen 2011). They provide an opportunity for the entire team of professionals to coordinate from the beginning of the investigation and legal proceedings, through treatment (Bonach et al. 2010). At children's advocacy centers, there is a possibility of providing resources such as education, financial training, job skills training, and effective parenting without harm, which can be done in collaboration with treatment providers and overall establish a sense of empowering the family and restoring a sense of purpose in the community (Vaughan-Eden 2014). Child advocacy centers should be used when investigating child abuse claims; these centers can also educate and involve nonoffending caregivers and non-abused children in the family.

Professionals should be aware that households in which abuse has taken place may also have assistance requirements, which the nonoffending caregiver may or

may not disclose, and which may help decrease trauma and increase recovery speed if addressed promptly. Nonoffending caregivers may believe that it is therapeutic to present themselves positively and deny their own abuse or common parenting challenges in an effort to keep their children remaining at home (Vaughan-Eden 2014). In these situations, it is important to bring up the topic of physical assistance independently of the caregiver asking for help.

Social workers helping support nonoffending caregivers post child disclosure should be aware that a significant portion of caregivers need physical assistance, such as food, shelter, and income (Massat and Lundy 1999). Parental separation or moving homes may cause additional anxiety surrounding disclosure. Families with younger victims or spousal abuse were more likely to separate (Spaccarelli 1994). A dysfunctional family environment was shown to lead to more trauma symptoms following child sexual abuse disclosure (Yancey and Hansen 2010).

Additionally, nonoffending caregivers should be asked about their language preference and if their language of origin is not English they should be given a choice of having a professional interpreter's service. Nonoffending caregivers with limited English must be provided adequate professional interpreter services. Children should never be utilized to interpret. If a nonoffending parent expresses that they wish to use a friend or relative as an interpreter, it should be discouraged but if necessary, confirmed and documented with an independent professional interpreter prior to assuming any confidential communications.

Interdisciplinary Collaboration

Interdisciplinary team collaboration is vitally important when working with victims of child sex abuse. Collaboration begins before investigating a case, with training together and having processes in place that consider the goals of multiple team members during the investigation. While investigating, interdisciplinary collaboration is crucial from the beginning, during initial forensic interviewing, to the end, when testifying in court. Having a strong understanding of and involvement with the process from start to finish promotes a more organized approach and better handoff of care for the clients involved. The approach of the investigating team informs how the clients experience trauma and eventually feel empowered to recover. There is a need for frontline workers to be unified in response to victims of childhood sexual abuse, with a consistent and organized system of gathering information, referring agencies, and providing resources. By viewing the nonoffending caregivers and their children as part of the team, professionals encourage stronger outcomes (Vaughan-Eden 2014).

Therapy for Nonoffending Caregivers

While it is common for the child sexual abuse victim to be referred for evidence-based therapy, recent research has also focused on the necessity of providing therapeutic services for the nonoffending caregiver. Both receiving individual therapy and involving the nonoffending caregiver in therapy with the child may help the parent and child, especially when not all symptoms are initially identified, and the family system may be disrupted through intra-family abuse (Corcoran 2004). Certain parents are more vulnerable to psychological and physical symptoms following disclosure; they should engage with services for an extended period. Symptoms of post-traumatic stress disorder tend to wane over time in nonoffending caregivers, so ability to identify signs early may lead to improved outcomes (Cyr et al. 2018). Additionally, engaging in a parent group for sexually abused children helps decrease the silence typical of this issue and may help decrease symptoms of post-traumatic stress disorder, increase family functioning, and increase motivation for helping their child recover (Hernandez et al. 2009).

It was found that nonoffending fathers use health services such as general practitioners for depression following a child's disclosure (Cyr et al. 2016). Nonoffending caregivers are at greater risk of depression symptoms following abuse disclosure and were found to have more abuse specific cognitions than caregivers without those cognitions (Runyon et al. 2014). Additionally, caregivers with reported depression or anxiety showed more conflict and distant relationships with their children (Cabbigat and Kangas 2018). Professionals aware of this trend may identify and suggest services to parents following disclosure, and potentially capture a larger proportion of nonoffending caregivers with depressive symptoms that could greatly benefit from this attention.

Research has found that cognitive behavioral therapy as a joint parent-child intervention may lead to better adjustment in the parent and child (Elliott and Carnes 2001). Providing therapy for a nonoffending caregiver has been shown to result in fewer psychological symptoms and emotional reactors in the caregivers, while decreasing observed and reported depressive, fearful, aggressive, and sexualized behavior in children (Yancey and Hansen 2010). These caregivers report less depressive, fearful, anxious, and guilty symptoms, which may increase their capacity to support their child and provide a blueprint for recovery (Yancey and Hansen 2010).

Engaging Their Children in Evidence-Based Therapy

Evidence-based therapeutic treatments such as trauma-focused cognitive behavioral therapy commonly called TF-CBT or Stepped Care TF-CBT view nonoffending caregivers as the "central therapeutic agent of change" (Griffin et al. 2019). These proven therapies have demonstrated the largest gains in the shortest time period and recognize that the nonoffending caregiver is the child's strongest source of healing and is the expert of their child (Griffin et al. 2019). Like these evidence-based

therapies, all the professional members of the multidisciplinary team of a children's advocacy center must also view and convey that the nonoffending caregiver is the leading expert on the child. This can be difficult for the experts who are serving the family but crucial in building the child's strongest source of long-term healing.

Other benefits of the trauma focused cognitive behavioral therapy include emphasis on increasing effective and positive parenting practices. Multidisciplinary teams that share concerns about a nonoffending caregiver's parenting skills can be assured that efforts to encourage the nonoffending caregiver to engage and complete therapy will also address those general parenting concerns. In fact, the eight main components of trauma-focused cognitive behavioral therapy is spelled out as PRACTICE – "Psychoeducation and Parenting skills; Relaxation skills; Affective regulation skills; Cognitive coping skills; Trauma narrative and cognitive processing of the traumatic event(s); In vivo mastery of trauma reminders; Conjoint child-parent sessions; and Enhancing safety and future developmental trajectory" (Cohen and Mannarino 2008, p. 159). The parenting skills component allows therapists to work collaboratively with parents to teach basic parenting skills to support their traumatized child. Additionally, evidence-based therapy will help the nonoffending caregiver develop positive self-talk and build their confidence and competence in helping the child heal and being the child's go to person.

All professional contacts with the nonoffending caregiver must be aware and communicate the need and benefits of completing trauma-focused therapeutic services. While most nonoffending caregivers initially recognize the need for therapy, many do not follow through with making the initial appointment or completing the therapy. Yet, Children's Advocacy Centers and multidisciplinary teams sometimes operate as though having free access to therapy, and giving the nonoffending caregiver a number to call will address the problem. The research indicates more needs to be communicated and done to assure that the first appointment is made and therapy is completed.

Without this united emphasis and follow-up of all professionals, many nonoffending caregivers do not make the initial appointment. The reasons for not engaging are vast but one that is now frequently addressed is that the nonoffending caregiver does not recognize the need. Some believe that not talking about it or forgetting about, as they may have dealt with their own trauma, is the most effective way to deal with trauma. The multidisciplinary professionals should help the nonoffending caregivers understand the impact of child sexual abuse can be substantial if the child does not complete evidenced based therapy. The message must include that the impact of child sexual is serious but there is substantial hope for full recovery if therapy is completed. Additionally all professionals and first responders must address that the impact of child sexual abuse sometimes has "sleeper effects" that do not manifest for years after initial disclosure. Nonoffending caregivers and family may mistakenly perceive the child's behavior as "OK or normal" and perceive therapy as making the child's behavior and affect worse. As a result, between 20% and 60% of therapeutic relationships terminate prematurely (Griffin et al. 2019).

Summary and Conclusion

Child sexual abuse remains an evolving field. As new research becomes available, continued professional development is important for those working with suspected child abuse victims and their caregivers. What we believed 20 years ago has changed in light of ever-increasing research in the field and enables those working with nonoffending caregivers to provide the best possible care. Practitioners who remain self-aware of emotional frustrations, as well as educating oneself in the field, allow professionals to be supportive and successful. It is important for professionals to remain up-to-date on the latest research. Knowledge of programs that automatically place caregivers in education/support groups, child advocacy centers that have family advocates on staff and simultaneously provide services, as well as provide a list of community resources are imperative. Connecting the nonoffending caregiver with therapeutic services and other community resources early has been shown to decrease familial trauma post-disclosure.

In summary, the complexity of investigating and preventing child sexual abuse must include a greater acceptance of the crucial role nonoffending caregivers have in the child's recovery. Multidisciplinary teams that spend equal time collaborating on supporting the nonoffending caregiver as they focus on gathering evidence will be more successful in assuring recovery of child sexual abuse and holding adult offenders accountable. Fostering resilience in nonoffending caregivers will ultimately serve the child survivor in the long-term more than focusing on nonoffender caregivers' predictable yet distressing reactions and behaviors. Nonoffending caregivers' resiliency can be fostered by increasing social support and self-compassion (McGillivray et al. 2018). Recognizing and offering support and therapeutic services for the nonoffending caregivers' untreated trauma will aid the child's recovery and the ability of the caregivers to provide ongoing care. Nonoffending caregivers are the key to carrying out effective trauma informed investigations and aiding in the child's overall well-being.

Key Points

- Nonoffending caregivers are integral to the effective investigation and treatment of child victims of sexual abuse.
- How well individual children are able to cope with and recover from sexual abuse depends heavily on how well their caregivers are able to provide support and professional help for them.
- Caregivers' reactions ranging from supportive, suspicious, and unresponsive are confusing to first responders whose primary focus is the safety and well-being of the child.
- Nonoffending caregivers may go through the classic stages of grief, cycling through shock/disbelief/denial, anger/resentment, bargaining, depression/discouragement, and finally acceptance/adjustment.

- Nonoffending parents who have a history of child sexual abuse make up the vast majority of women who have child victims of sexual abuse.
- Nonoffending parents who are blamed for their child's abuse can be impeded from being able to support them afterward.
- For professionals involved in investigating, advocating, or serving on teams addressing child sexual abuse, it is critical that all exercise self-awareness of frustrations arising from varying nonoffending caregiver reactions.
- Awareness of cultural differences is crucial for establishing a supportive relationship with nonoffending caregivers.
- Interdisciplinary team collaboration is vitally important when working with victims of child sex abuse.
- Multidisciplinary teams that spend equal time collaborating on supporting the nonoffending caregiver as they focus on gathering evidence will be more successful in assuring recovery of child sexual abuse and holding adult offenders accountable.

Cross-References

- ▶ Adult Sex Offenders Against Children: Etiology, Typologies, Investigation, Treatment, Monitoring, and Recidivism
- ▶ Adverse Childhood Experiences: Past, Present, and Future
- ▶ Child Sexual Abuse Disclosure and Forensic Practice
- ▶ Mother-Child Attachment in Violent Contexts: Effect of Complex Trauma and Maternal Trauma History
- ▶ Overview of Child Maltreatment
- ▶ Sexual Abuse of Children

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