

Overlooked Victims: Working with Non-Offending Caregivers in Child Sexual Abuse Cases

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Introduction

The national statistics for child sexual abuse are staggering. In 2004, there were 209, 880 victims of rape, attempted rape or sexual assaults according to the National Crime Victimization Survey (Catalano, 2005). Because of the methodology of the National Crime Victimization Survey, these figures do not include victims 12 years of age or younger. While there are no reliable annual surveys of sexual assaults on children, the Justice Department has estimated that one of six victims is under the age of 12 (U.S. Department of Justice, 2005). When one considers the families impacted by this abuse the result is truly exponential. While we are providing effective treatment alternatives for victims, non-offending caregivers can be easily overlooked.

Mason and Erooga (1990) have described mothers of sexually abused children as “the forgotten parent,” a term that could be argued to apply to any non-offending caregiver. Cammaert (1988) described non-offending guardians or caregivers as “secondary victims.” They are enduring the ramifications of trauma in their own lives even when they have not directly been victimized. Many non-offending caregivers can benefit from participation in individual counseling and non-offending caregiver support groups.

Why is an understanding of non-offending caregiver needs so important? It is essential that counselors and other human service professionals understand the dynamics of working with victims and their families and understand the range of emotions these clients face. In addition, research has indicated non-offending caregiver support is a key factor in the overall outcome for the child who has been a victim of sexual abuse. Research has demonstrated the ability of the non-offending caregiver to believe his/her child and provide support has a positive correlation with to the child’s recovery (Everson, Hunter, Runyon, Edelsohn, & Coulter, 1989). Elliott and Carnes (2001) cite previous research as having suggested, “parental support may be a better predictor of psychological adjustment than are abuse-related factors.”

Recent studies have looked at the relationship between non-offending caregivers feelings of ambivalence, attachment, and distress (Bolen & Lamb, 2004). The researchers hypothesized that non-offending caregivers with greater life stressors would experience greater ambivalence toward their child. A number of different types of stressors were assessed, including those related to the child, the perpetrator, other relationships, work, financial, legal, other family problems, and

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stressors unrelated to the abuse (Bolen & Lamb, 2004). Individuals working with sexually abused children and their caregivers must understand the dynamics of these family systems, stressors which impact caregiver support, and the relationship between caregiver functioning and the therapeutic outcome for the child.

While it was the child who was assaulted, the parent is left dealing with many challenges. After a disclosure of child sexual abuse, most parents feel overwhelming emotional turmoil, which can compromise their ability to support their child and family throughout the investigation process. Caretakers are dealing with enormous shock and betrayal of trust, while at the same time having to cooperate with and trust well-meaning, but unknown, professionals (Elliott & Carnes, 2001). Many parents describe a sense of “immobilization” which can vary from days to weeks in length (Grant, 2004). When other minor children are within the home, this immobilization can have devastating effects on the family system as a whole. Children within the family system who have not been victimized may develop feelings of jealousy and resentment toward their violated sibling and the parent/caretaker within the family. While it is understandable that parents feel a need to focus on the victimized child, they must be encouraged to maintain healthy and nurturing relationships with their other children or grandchildren as well.

For many women who are survivors of childhood sexual abuse, a disclosure of sexual abuse involving their child can be especially devastating (Walters, 2002). Frequently, extreme feelings of guilt and painful memories will surface after such a

disclosure. Some caregivers will disclose their own childhood abuse for the first time after their child discloses (Walters, 2002).

Traditionally psychological theories labeled mothers of families in which child sexual abuse occurred as “collusive” or described the family as “dysfunctional”. These perspectives failed to understand the dynamics and nature of child sexual assault and the significance of placing responsibility for the assaults with the perpetrator. In practice, human service professionals operating from such approaches often neglect the needs of non-offending caregivers (South Eastern Centre Against Sexual Assault, 2006). Non-offending caregivers experience a myriad of feelings following the disclosure of sexual abuse by the child. Some parents of children who have been abused describe feelings of overwhelming “grief.” Some parents of children who have been abused describe the grieving as death without someone dying (SECASA, 2006). For the non-offending parent there may also be the loss of what may have been a good marriage or partnership (SECASA, 2006). If the perpetrator is a spouse or significant other, individuals feel an incredible sense of obvious betrayal and feel as though their entire life and relationship with the perpetrator has been a lie (Grant, 2005). If the perpetrator is not a spouse or significant other, non-offending caregivers often report a sense of overwhelming insecurity and general distrust of everyone within their environment and community.

One of the most difficult issues to face for caregivers is the overwhelming sense of responsibility that the victimization occurred (SECASA, 2006).

Even though she or he may come to accept that they are not responsible for the abuse itself, often the non-offending parent is left with many feelings of responsibility (SECASA, 2006). Many non-offending caregivers struggle with questions such as “Why did I not see this situation? How did this happen within my own home - am I a terrible parent because I could not protect my child?” While these feelings are understandable, they must be dealt with swiftly to ensure that the recovery process begins for the victim as well as the caregiver.

For many non-offending caregivers facing extended family and friends is a painful endeavor. Caregivers may seek guidance from counselors and other social service providers in dealing with extended family members and close friends. Many caregivers feel a need to “come clean” with family sharing the details of what has occurred to their child (Grant, 2005). Caregivers should be encouraged to share the issues with those family members who are likely to be supportive and encouraging. Oftentimes, a family relationship which is already strained will not withstand the pressure of a sexual abuse disclosure. Caregivers must also be aware that the issue will be difficult to mask, particularly if the perpetrator is a family member who has been removed from the family system. Grandparents should be encouraged to participate within the non-offending caregiver support group whenever possible, as they are often called upon to provide support for the victim and members of their immediate family. Grandparents can serve as great sources of

wisdom and strength. Often, their participation in the therapeutic process ensures that the immediate family will deal with emotional issues in a more functional manner and will fully participate in the journey through recovery.

There are a number of issues which need to be discussed with non-offending caregivers whether they are receiving individual counseling services or are participating in a non-offending caregivers support group. Many caregivers report enjoying the sense of “community” they receive from participating in such groups. When asked, “what have you gotten out of attending a non-offending caregiver group?” one respondent shared the following response:

“I have a real support network. If I have something I need to talk about I can, without fear of someone judging me. I also feel I can handle crises better. I am able to talk about what happened in my family without feeling guilty. I always thought this only happened to kids whose parents didn’t care and to kids who were from families where there was improper upbringing” (Family Learning Program, 2002)

Children have been found to improve more quickly and to a greater degree when non-offending caregivers participate in treatment of their own (Walters, 2000). It is imperative that family members have a safe environment where they can ask questions, share feelings, and feel understood.

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Non-offending caregiver support groups offer family members a “safe place” to recover and begin the difficult recovery process. Group treatment can help the entire family work through and understand their own response to the sexual abuse, deal with strong emotions related to the abuse, form a support network with other families who have experience with sexual abuse, learn better ways to communicate and avoid power struggles within the system (Family Learning Program, 2002). One of the many goals of group counseling are for the parents/caregivers to normalize their feelings and thoughts about their child’s experience, teach them the coping skills such that they can coach their children in the use of the skills, and provide behavior management training for externalizing symptoms. Using education, the group facilitator teaches parents the relationship between emotions, thoughts, and behaviors and relates this model to the rationale for group counseling. Many parents also benefit from cognitive restructuring training which allows them to deal with their own symptoms and model appropriate coping skills for their children (Brown & Khan, 2003).

Many non-offending caregiver support groups can also offer parents practical information on housing, social services, legal assistance, and school support. Many victims and their caregivers require immediate assistance with basic needs such as food and shelter. Other caregiver support group members who have been involved with the system can offer these parents valuable advice and assistance on programs within the community of which they may not be aware.

Often within group, members have assisted others in locating temporary employment, legal assistance at a reduced cost, and public housing. Many caregivers report feelings of “healing and closure” through their ability to assist others who are early in the recovery process. Many are surprised by the number of clients within group who are unaware of the services within the local community (Grant, 2004) Other non-offending caregivers serve as peer supports in connecting new group members to these community-based services.

Groups and their facilitators can also offer non-offending caregivers information regarding their rights and roles within the system. Basic rights typically afforded to victims and their families include protection, information, dignity, compassion, and reparations. Group facilitators must always be honest regarding issues surrounding victim’s court testimony. Too often, caregivers are told by well meaning professionals that their children will not have to testify in court (Walters, 2000). Counselors and group facilitators must exercise caution in defining the role the victim may play within the judicial process and utilize the services of legal advocates to guide these clients. It is often helpful to have guest speakers who work within human service agencies, family advocate centers, and law enforcement who share their expertise with caregivers who are learning to “navigate” the legal system. Such collaboration reduces anxiety among family members who are early in their recovery and ensures that information they are receiving is accurate and up-to-date.

Conclusion

It is important for counselors and caseworkers to remember that by offering support to non-offending caregivers, they are having a direct influence on the child who has been a victim of abuse. Caregiver support in the form of individual or group counseling can offer critical support to families who have been traumatized by sexual abuse. Practitioners who understand the needs of families who have been touched by sexual abuse are a critical step in the road to long-term recovery. While we may be unable to stop the incidence of sexual abuse of children within this country, we can offer critical counseling and support to the families who have been touched by this abuse. As the research suggests, parent/caregiver support is associated with better emotional and behavioral outcomes for children who have been victims of abuse (Elliot and Carnes, 2001). ♦

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