Working with the Non-Offending Caregiver

By Susanne M. Walters

In the early days of the Child Protection System, investigators tended to look at the non-offending caregiver in child sexual abuse cases as a “secondary offender,” someone who must have known what was happening and chose to do nothing to stop the abuse. As research began to emerge from the field some of these perspectives changed. Research claiming that secrecy is an integral part of child sexual abuse left open the possibility that in many cases, the secret is kept from the non-offending caregiver so that the relationship can continue.

This article will examine common reactions of non-offending caregivers after a disclosure of child sexual abuse. Various methods to engage the mother and insure that the child is protected during the process will be explored. Properly engaging caregivers from the start will help insure they are able to support the child through the investigation and court process. Research shows that maternal support during this process can significantly lessen the trauma experienced by children in these cases.

Factors

Examining the factors that influence how a mother will react when a disclosure of child sexual abuse occurs is important in understanding the subsequent reaction. One such factor is whether the caregiver has any history of sexual abuse. For many women who are survivors of child sexual abuse, a disclosure of sexual abuse involving their child can be especially devastating. 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.

Another factor to consider is how the mother deals with crisis in general. Many people’s lives are very chaotic on all levels. For someone in this situation a disclosure of child sexual abuse may not seem as critical as it would to those of us who live in a less hectic environment. This does not mean that this parent can’t provide a supportive environment for the child. She may simply react differently than one might expect when the disclosure is made. Investigators should not base the validity of the case on a predisposed belief regarding appropriate behavior in such a situation.

The type of relationship that the caregiver has with her child needs to be examined. If a mother appears to have a strong relationship with her child, it is likely that she will be able to support the child appropriately during the court process. If it appears that the parent/child relationship is weak or best described as “Buddy/Buddy”, there is cause for concern. It is also useful to consider the caregiver’s relationship with the offender. Has she been with him for...
20 years or 20 days? The intensity of their relationship can also influence how the non-offending caregiver reacts when a disclosure is made.

Having supportive friends and family can significantly enhance the caregiver’s reaction when a disclosure is made. Unfortunately, the very nature of child abuse tears apart family connections, and all too often the stigma of child abuse causes close friends to back away.

Reactions

Caregivers report experiencing a variety of emotions when a disclosure of child sexual abuse is made. Commonly listed emotions include numbness, anger, disbelief and denial. Denial is a very powerful emotional tool that we use to protect ourselves from painful events in our lives. Many mothers deny that the abuse could have occurred, but when presented with details of the disclosure, they become convinced and are able to support their children appropriately through the process. Other caregivers may require years of therapeutic intervention to break through their denial, and some caregivers will continue their denial throughout their lives. Other common emotions include hurt, betrayal, hatred and guilt. Many mothers report feeling a tremendous amount of guilt over the situation. Sometimes, providing information about the dynamics of child sexual abuse can help them begin to understand that it was not their fault.

Some of the more troubling issues include jealousy and revenge. A mother who expresses intense jealousy over the relationship between the child and the offender requires careful evaluation. It is likely that a non-traditional parent/child relationship exists and the mother may perceive the child as “competition” for the offender’s attention. It is unlikely that this parent will be able to provide appropriate support for her child during the court process under these circumstances. Caregivers who profess a strong need for revenge against the offender must also be monitored and counseled carefully.

Financial issues are probably the number one reason why mothers let offenders back into their homes. If a caregiver doesn’t work and has no employable skills, her family’s survival may depend on her partner’s income. If the partner is in jail, there is no money coming into the house and it is not long before the caregiver can’t pay the rent, buy food, and pay household expenses.

How to Help

By helping caregivers meet their needs we can support them as they support their children. Common needs expressed by caregivers are:

1. Someone to talk to.
2. Specific information about what happened.
3. Someone with whom to discuss their own sexual abuse.
5. The ability to make basic life decisions.
6. To know options regarding custody.
7. To understand issues related to domestic violence and child abuse.
8. Ways to safeguard their children in the future.
Many mothers will have a lot of questions when a disclosure is made. Others will be too overwhelmed to ask any questions. To ensure that we offer the proper information and level of support for the situation, it is best to try to anticipate their questions and have answers ready. For those that don’t ask, offer the help anyway. Studies have shown that children who are loved and supported by their mother throughout the court process will recover from the trauma more quickly.10

Some parents will have questions about what they should expect from their child in terms of behavior.11 Although no set of behaviors is diagnostic of abuse, some sexually abused children may experience early sexual activity, early appearance of maturity, acting out behaviors, withdrawing from family/friends, lack of trust, sleeping problems, eating disorders, and low self-esteem. Caregivers should also be aware that behaviors of other children in the home might change as well. Non-abused siblings may be angry that dad was taken away or jealous of the time and attention devoted to the abused sibling. These issues also need to be addressed.

The caregiver should be encouraged to seek an evaluation and any recommended counseling for her child, non-abused siblings and herself. The mother should also be advised that it is best to let the child decide how much and when to talk about what happened to her. Many eager parents will question their child repeatedly because they have a strong need to know what happened. This should be discouraged. The caregiver should tell the child “I am here to listen when you want to talk.” Don’t assume that the child will know that she can talk to the parent.

Many children express anger at their mother for not knowing what was happening and doing something to stop it. Opening the lines of communication with the child can be a step in the right direction. The caregiver should be encouraged to sit the child down and explain that what happened was not the child’s fault, that the caregiver trusts and believes her, that the caregiver will try to protect the child and, most importantly that the caregiver loves her daughter.

The Non-Supportive Parent
Several factors that may be associated with a lack of support are the cognitive functioning of the parent, inappropriate expectations for a child’s developmental level, the cycle of abuse, and substance abuse or domestic violence in the home.
It is imperative to the child’s well being that a non-supportive parent is identified immediately.

Through careful assessment, CPS should be able to discern during its investigation if the non-offending caregiver is supportive. If attempts to convince the non-offending caregiver have failed, removing the child must be considered. Leaving the child in a non-supportive environment can cause significant emotional harm. It also significantly increases the likelihood of recantation.12
By providing guidance and support to mothers during the investigation and prosecution of these cases we are supporting the child victim as well.

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2 It is imperative to the child’s well being that a non-supportive parent is identified immediately.
3 For a discussion on “The Myth of Mother as ‘Accomplice’ to Child Sexual Abuse” see BEVERLY GOMES-

4 Kathleen Kendall-Tackett et al., Impact of Sexual Abuse on Children: A review and synthesis of recent empirical studies, 113 Psychological Bulletin (172) 1 (1993).


6 Id.

7 For further discussion on this issue, see L.B. Stauffer & E. Deblinger, Cognitive Behavioral Groups for Nonoffending Mothers and their Young Sexually Abused Children: A Preliminary Treatment Outcome Study, 1 Child Maltreatment 65-76 (1996).

8 For a complete list of what mothers say they need most, please refer to BYERLY, supra note 5, at 15-16.

9 Sexual Abuse Treatment Program (SATP), Child Protection Center, 1740 17th Street, Building L, Sarasota, Florida, 34234. (941) 365-1277. This program has been providing counseling and support services for child victims of sexual abuse, non-offending caregivers and siblings for over 15 years.

10 Kendall-Tackett, supra note 4.

11 For a discussion on factors that may influence a child’s reaction to sexual abuse, see JOHN E.B. MYERS, A MOTHER’S NIGHTMARE-INCEST 26-27 (Sage Publications 1997).

12 For further elaboration on this topic, see Susan Perlis Marx, Victim Recantation in Child Sexual Abuse Cases: A Team Approach to Prevention, Investigation, and Trial, 75 Child Welfare (1996).