

Caregiver Support and Child Sexual Abuse: Why Does It Matter?

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Coohey's paper is a valuable investigation of the substantiation of mothers for failure to protect their children from child sexual abuse (CSA). Drawing on concerns regarding the possible inconsistency of decisions to substantiate, the author sought to determine the factors relied on by CPS investigators in the decision-making process. Multivariate analyses revealed the importance of maternal reactions to abuse,

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including whether the mother believed the child's allegations and whether she acted in a protective or supportive manner. We will put Coohy's findings in the context of other research that has documented the importance of nonoffending caregivers' reactions to sexual abuse. It is understandable that social workers consider the non-offending caregiver's reactions to the abuse as a means of assessing the child's family, because of the importance of caregiver belief and support in ensuring the child's future safety and wellbeing. However, we would emphasize that caregiver supportiveness is not a static quality that is simply subject to measurement but a dynamic quality that may be susceptible to intervention.¹

Supportiveness and its relation to disclosure, recantation, and adjustment. Non-offending caregivers' reactions are important not only in the aftermath of CSA discovery but also in terms of children's willingness to disclose in the first place. For example, a non-offending caregiver's reactions (or the *anticipation* of a particular reaction) may affect whether a disclosure occurs at all, the timing of the initial disclosure, who the child discloses to, and/or the child's willingness to maintain the disclosure over the course of intervention. For example, Lawson and Chaffin (1992) examined a sample of verbal and premenarchal children presenting a sexually transmitted disease but with no prior suspicions of abuse. Nondisclosure rates differed dramatically when children had supportive (37%) versus nonsupportive caregivers (83%), suggesting that children's willingness to disclose was affected by their caregiver's willingness to believe that abuse had occurred. Elliot and Briere (1994) found that among their 8- to 15-year-olds, whether a child recanted a sexual abuse allegation was related to whether the mother was judged to be nonsupportive by the evaluators.

We recently conducted a detailed investigation of recantation in a sample of substantiated CSA cases resulting in a dependency court filing ($n = 257$; Malloy, Lyon, & Quas, 2005). In virtually all of the cases (90.9%), the non-offending caregiver was the biological mother. In order to be categorized as nonsupportive, a caregiver had to meet at least one of the following criteria: (1) they initially expressed disbelief or skepticism about the allegation(s), (2) exerted direct verbal pressure on the child to recant, (3) blamed the child for the abuse, (4) remained romantically or interpersonally involved with the perpetrator after CSA discovery (e.g., the perpetrator continued to live with the caregiver), or (5) otherwise behaved in a nonsupportive manner (e.g., forced the child to leave home). In a multivariate analysis, nonoffending caregiver nonsupportiveness emerged as a significant predictor of whether children

recanted during the investigation. Other factors that predicted recantation were age (younger children were more likely to recant) and abuse by a parent-figure, consistent with our notion that a child's dependency increases the child's vulnerability to recantation pressures.

Disclosure and recantation are critical factors in the discovery, intervention, and treatment of CSA. Many children, if they disclose at all, will disclose to their mothers. In our sample of dependency cases, for example, 36% of the children first disclosed to their mother. Nonsupportive caregivers, however, are unlikely to report the abuse to social services (even supportive caregivers may have reasons not to notify the authorities). In Sas and Cunningham's (1995) sample of sexual abuse prosecutions, one-fifth of the children who had delayed disclosing abuse had initially made a "dead-end disclosure" (i.e., one that was not reported to the authorities) to a parent, and in our sample children made dead-end disclosures to the biological mother in approximately one-third of the cases (32%).

Even if a caregiver reports the abuse, nonsupportiveness may lead the child to fail to disclose the abuse when questioned by social services. This would likely prevent substantiation and intervention, because social workers primarily rely on a disclosure from the child to substantiate abuse (Everson & Boat, 1989; Haskett et al., 1995).

As Coohy notes, nonsupportive mothers are more likely to lose custody of their children to the state (Everson et al., 1989; Leifer, Shapiro, & Kassem, 1993; Pellegrin & Wagner, 1990), and this is largely a result of the link between nonsupportiveness and a social worker's finding that the mother has failed to protect the child. At the same time, nonsupportiveness decreases the likelihood of successful criminal prosecution (e.g., Cross, De Vos, & Whitcomb, 1994). Nonsupportiveness directly reduces the likelihood of prosecution and may do so indirectly through its effects on the child's abuse disclosure. In Gray's (1993) sample of 619 child sexual abuse prosecutions, the most common reasons prosecutors rejected cases presented for filing, next to the lack of corroborative evidence, were that the victim's family was against prosecution (18%) or that the child had changed his or her story (22%). In turn, a failure to prosecute increases the risk of removal. Cross and colleagues (Cross et al., 1999) found that children were more likely to be removed when cases were not prosecuted, presumably because prosecution is a means by which the perpetrator is prevented from having further access to the child.

Research has demonstrated clear negative effects of CSA on children's behavior and mental health (see review in Kendall-Tackett,

Williams, & Finkelhor, 2001), and researchers have explored the role that nonoffending caregiver support plays. In a recent review, Elliot and Carnes (2001) cited decades of research indicating that parental support is positively associated with children's emotional and behavioral adjustment following CSA (see also Spaccarelli, 1994). Indeed, some research suggests that nonoffending parental support is among the best predictors of children's adjustment following abuse (Everson et al., 1989; Spaccarelli & Kim, 1995; Tremblay, Hébert, & Piché, 1999). Furthermore, if the case is prosecuted, maternal support may reduce the negative effects associated with testifying (e.g., Goodman et al., 1992).

Legal and social policy implications. Supportiveness of the non-offending caregiver is clearly important to the child, yet it is not obvious that the best reaction to nonsupportiveness is to remove the child from the home. Presumably, a failure to remove puts the child at risk of future abuse. In Sas and Cunningham (1995), 60% of the children who had made a dead-end disclosure to a parent reported that abuse re-occurred. It is unknown, however, whether abuse is likely to reoccur if the abuse is brought to the attention of the authorities and the child remains in the home. Removal obviously has potentially negative effects on the child's well-being, and on the relationship between the child, the non-offending caregiver, and other family members. Moreover, some have speculated that removal increases the likelihood of recantation (Summit, 1983), although in our sample of dependency cases, there was, if anything, a negative relation between removal and recantation, such that children who remained in the home were slightly (but non-significantly) more likely to recant (Malloy et al., 2005).

It is unclear whether and how social workers believe that non-offending caregiver supportiveness may change over time. They may believe that removal spurs protective reactions, or they may presume that caregiver nonsupportiveness is a static quality. Some research shows that maternal supportiveness often changes over time, and that mothers are least likely to be supportive when they first hear of the abuse (Myer, 1984; Salt et al., 1990). In our own sample, almost one-fourth of the mothers vacillated among belief, disbelief, and ambivalence, or a neutral stance during the course of dependency intervention. We know of no research examining the relation between removal and supportiveness over time, although we are beginning to explore this relation with our own data.

Appropriate intervention may increase caregiver supportiveness, including direct instruction on supportive responses (Jinich & Litrownik, 1999) and inclusion of non-offending caregivers in the child's therapy (Celano et al., 1996; Cohen et al., 2004). However, it is unclear

whether interventions, typically examined with relatively cooperative and high-functioning families, would work if implemented coercively among a court population (Elliot & Carnes, 2001). For example, in our sample of dependency cases, families were facing multiple problems. There were other types of substantiated maltreatment in 65.8% of the cases, including physical abuse (46.5%), exposure to domestic violence (32.4%), and caregiver substance abuse (28.9%). It would not surprise us if caregivers suffering from multiple problems are less amenable to interventions designed to make them more supportive.

In order to fully understand caregiver supportiveness, and to intervene successfully, we must understand why some caregivers choose not to support their child when CSA is discovered. Coohy discusses the possible links among supportiveness, abuse severity and chronicity, all in the context of factors that also may correlate with substantiation for failure to protect. However, as she notes, the findings are inconsistent. One of the reliable findings in the literature is that caregivers are least likely to support the child when the child accuses a family member or a romantic partner of the caregiver (Elliott & Carnes, 2001). Just as the child is more reluctant to disclose abuse when the perpetrator is someone close to the child, the caregiver is less likely to support the child when the perpetrator is someone close to the caregiver. We suspect the dynamic is analogous to that of battered women and their difficulties in successfully extricating themselves from abusive relationships: they want to escape the abuse, yet they remain attached to the abusers because of fear, economic dependence, and in many cases, love (Rusbult & Martz, 1995; Strube, 1988). Fortunately, for many battered women, finding out that their intimate partner is also abusing their children is a motivator for severing the relationship (Strube, 1988), and Coohy argues that battered mothers are not, as a group, less supportive. If caregivers can be convinced that their child has in fact been abused, and if they can be helped to end their dependence on the perpetrator, they may provide their child with the needed support. These are, of course, big "ifs," but they provide direction for future research and intervention.

NOTE

1. We recognize that it may be important in many cases to distinguish among belief, supportiveness, and protectiveness. For the purposes of brevity, however, we will often refer generally to "supportiveness" to refer to qualities associated with belief, protectiveness, and support.

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