



TECHNIUM
SOCIAL SCIENCES JOURNAL

Vol. 27, 2022

**A new decade
for social changes**

www.techniumscience.com

ISSN 2668-7798



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Psychosocial implications of child sexual abuse on the non-offending caregivers following the disclosure: A call for an extended support

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Abstract. Child sexual abuse continues to be a threat to achieving healthy and socially desired development of children across the globe. It leaves unbearable impacts on the child victims. As much as child sexual abuse brings about severe impacts on children, it equally affects the surrounding support systems such as caregivers and families. Caregivers are of specific and unique characteristics to this paper. The authors' central argument is that providing support to non-offending caregivers may help victims adjust and heal from the abuse. This paper is aimed at identifying and describing the psychosocial implications of CSA on the non-offending caregivers – and bring forth the importance of supporting caregivers so that they can extend the necessary support to the child victims of sexual abuse. The authors reviewed and analysed literature in order to develop descriptive themes. The resilience theory was used as a guiding conceptual framework. Five themes were developed and discussed: psychological distress, fear and anxiety, shame in the context of family, lack of support from family, and balancing work and parenting. The paper concludes that in addition to focusing on the well-being of the victims, it is also imperative to focus on the support that the non-offending caregivers need as they are not exempted from experiencing psychosocial impacts following the disclosure of their children's abuse. Recommendations for practice and research are also made.

Keywords. Psychosocial implications, child sexual abuse, non-offending caregivers, disclosure, support

Introduction

Child sexual abuse (CSA) is a contemptible and illegal act that severely undermines and violates the human rights and dignity of child victims across the globe. Chauke (2016) and Ramphabana (2019) describe CSA as a unique serious crime that unfortunately threatens children of different characteristics. While it has been increasingly notably in the literature that CSA brings about severe short- and long-term impacts on the child victims (Fisher, Goldsmith, Hurcombe & Soares, 2017; Hebert, Parent, Daignault & Tourigny, 2006; van Toledo & Seymour, 2013; Putnam, 2003), the authors of this paper are of the argument that non-offending caregivers are also affected both psychologically and socially by the sexual abuse of their children. Non-offending caregivers often have limited, if any, resources and support to deal

with the vicarious traumatization or aftermath of their children's abuse. Therefore, it is important to explore such psychosocial implications on the non-offending caregivers so as to recommend interventions that specifically provide intensive support to caregivers of the child victims of sexual abuse.

With such development and recommendations, it is hoped that tailored support directed to non-offending caregivers may not merely be beneficial to themselves but contributes towards preventing further victimisation of children and also facilitate the healing of the child victims. In respect to the latter, Hebert, Daigneault, Collin-Vezina and Cyr (2007); Daignault, Hebert, Cyr, Pelletier and McDuff (2018); Wallis and Woodworth (2021) concur that caregivers play a significant role in the recovery of child victims from sexual abuse. Lovett (2004) further asserts that when planning for support and the nature of interventions for sexually abused children (SAC), the child welfare systems often overlook the support that caregivers need. Van Toledo and Seymour (2013) recommend that in addition to focusing on the child victims, caregivers should also be a focus or target for therapy and support. To that point, this paper aims to identify and describe the psychosocial implications of CSA on the caregivers - and bring forth the importance of supporting and preserving the psychosocial well-being of the caregivers, which in turn, may help child victims heal from the sexual abuse experiences.

The context of child sexual abuse and its disclosure

Defining child sexual abuse

The Children's Act No 38 of 2005 defines child sexual abuse as any act of sexually molesting or assaulting a child, or allowing a child to be sexually molested or assaulted; encouraging, inducing or forcing a child to sexually gratify another person; using a child in or deliberately exposing a child to sexual activities or pornography, and use or allowing a child to be used for commercial sexual exploitation; or in any way participating or assisting in the commercial sexual exploitation of a child (RSA, 2005). The World Health Organisation [WHO] (2017) further defines child sexual abuse as an act (i) of involving a child in sexual activities, either contact (e.g. sexual intercourse, inappropriate touching, and kissing) or non-contact (e.g. inappropriate sexual remarks, showing a child pornographic material, and voyeurism), in which he or she does not fully understand and cannot give informed consent to, or (ii) that violates the laws or social taboos of society. The authors have deliberately brought these definitions as it often appears that most people within societies commonly tend to limit sexual abuse to contact or sexual intercourse and fail to recognise that serious harm can equally result from the non-contact realm.

Deleterious impacts of child sexual abuse on victims

Society guides children so that they can participate in sexual activities at the appropriate developmental time – and when they are able to make and control their decisions. Child sexual abuse encroaches on the basic rights of human beings, while the nature and dynamics of sexual abuse are often traumatic (Hall & Hall, 2011). According to Maltz (2002), child sexual abuse (CSA) can hinder social growth and may contribute to many different psychosocial problems facing the victim. Hall and Hall (2011) explain that childhood sexual abuse has been linked to “higher levels of depression, guilt, shame, self-blame, eating disorders, somatic concerns, anxiety, dissociative, patterns, repression, denial, sexual problems, and relationship problems” (p.2). They further assert that depression was found to be the most common long-term negative impact on CSA victims. Survivors are also said to show more self-destructive behaviors and experience more suicidal ideation than those who have not experienced abuse (Browne &

Finkelhor,1986). Sexually abused may also have lower confidence, negative thoughts about themselves, and feelings of being worthless. Children need the support of their caregivers in order to deal with the impacts of sexual abuse, whether they are short- or long-term. Thus, it is important that caregivers are in a good position to provide such support to child victims.

The disclosure of child sexual abuse

It is important to acknowledge that for CSA to be known and for relevant bodies to be responsive to the needs of victims and those affected by the abuse, there should be disclosure; regardless of how and who discloses. According to Alaggia, Collin-Vezina, and Lateef (2019), disclosure of CSA is imperative to access both therapeutic and legal support and protection. Early access to therapeutic support and intervention can minimise the impacts of child sexual abuse (McElvaney, 2015). As already mentioned in the introductory clause, not only do the sexually abused children suffer from the abuse, but their caregivers are also not exempted from the suffering; and as such, they need to be supported. O’Leary, Coohy and Easton (2010) add that the disclosure of CSA may have significant impacts, not only on the victims but on other people who are around them. However, it is important to note that although the importance of the disclosure of CSA is widely acknowledged, the actual action has never been an easy task. The uneasiness of disclosing may be exacerbated by the fact that the disclosure does not only have implications on the child victims, but also on the caregivers, families, and society as a whole.

Conceptual framework

Resilience theory

The Resilience Theory is used to provide a contextual framework for this paper. One of the tenets of this very theory is that the nature of hardship is not necessarily a big problem, but the ways in which people deal with the hardship - and their survival thereafter – is important. This theory acknowledges the significant role played by the environment within which a healing person lives. In the context of this paper, this theory is useful for its ability to look at the importance of preserving the psychosocial well-being of caregivers as a tool to facilitate the healing of both caregivers and victims of sexual abuse. Caregivers who have received support regarding the abuse of their children are likely able to provide appropriate support to the children. Cohen and Mannarino (2008) add that the support that child victims receive from their caregivers after the disclosure of sexual abuse and during the intervention processes is important. Positive support from caregivers could help in restoring the child victim’s sense of security and also mitigate the psychological impacts thereof (Bick, Zajac, Ralston, & Smith, 2014). According to McCourt, Peel, and O’carroll (2007), the needs of secondary victims of CSA, largely family members (particularly caregivers), are often overlooked. Even though the focus of this paper is not entirely on the child victims, it is the authors’ argument that providing support to caregivers could be untapping a significant resource that is consequential to the healing process.

Psychosocial implications on caregivers

In this section, the psychosocial implications of child sexual abuse on the caregivers of child victims are presented and discussed. The findings from the literature review will be presented and discussed in a thematic pattern.

Psychological distress

The disclosure of CSA can bring significant psychological distress to caregivers of the child victims (Baril & Touringny, 2015). Menon, Zimba, Thankian, and Mwaba (2015) and Hendricks (2012) found that caregivers are not immune to the severe psychological sorrow following the sexual abuse of their children. In their study, Elliott and Carnes (2001) and Fong, Bennett, Mondestin, Scribano, Mollen and Wood (2017) described the psychological and emotional effects of CSA disclosure on caregivers, which includes anger, depressed mood, and guilt. These effects are characterised by high levels of distress, posttraumatic stress disorder (PTSD) and depression (Jobe-Shields, Swiecicki, Fritz, Stinnette, & Hanson, 2016; Runyon, Spandorfer, & Schroeder, 2014; van Toledo & Seymour 2013). It is almost common that every non-offending caregiver would experience psychological discomforts following the abuse of their child(ren). Caregivers are entrusted with the responsibility to nurture their children through developmental processes. Thus, it becomes anger-provoking and psychologically and emotionally draining, particularly for non-offending caregivers, to imagine the pains that child victims of sexual abuse are enduring. Thus, caregivers need to be assisted and supported in dealing with their psychological distress so that they can be instrumental throughout the healing and long-term adjustment of their children.

Fear and anxiety

Caregivers often require personal assistance in order to increase their ability to cope and to work through feelings of denial, guilt, anger, self-pity, resentment, and fear as well as needing help to keep their child safe (Hill, 2005; Print & Dey, 1992). As a result of being emotionally connected to their children, caregivers often feel a heightened sense of fear and anxiety regarding the impact of abuse on the child and what it may mean to their future (Holguin & Hansen, 2003; Kouyoumdjian, Perry, & Hanse, 2005; Yamamoto, 2015). The non-offending caregiver may possess fears of leaving the child unattended or not within their proximity. Fears may also manifest through insecurities around leaving the child victim with someone of the same gender as the perpetrator. Non-offending caregivers may also experience anxiety through questioning their ability to protect their children at any given moment. This may cause the non-offending caregiver to be overprotective over the victim, which may frustrate the victim as they may feel overwhelmed over the fuss displayed by the caregiver. These levels of fear and anxiety cause harm to the non-offending caregivers and the child victims. Thus, it is imperative to assist caregivers in facing and dealing with their fear and anxiety associated with the sexual abuse of their children.

Lack of support from the family

Families are known for standing with and supporting those who are considered to be doing what is right for the family. Whoever does what the family does not stand for is likely castigated and declared an enemy to the family, and this is often done without rationalising the matter at hand. Plummer and Eastin (2007) and Ramphabana, Rapholo, and Makhubele (2019) found that it is difficult to get support from the family more especially when the perpetrator is a known person or a member of the same family. Non-offending caregivers are entrusted with the responsibility to provide support in four dimensions, namely, (i) believing the child, (ii) protecting the child, (iii) supporting the child emotionally, and (iv) getting necessary resources and services for the child (McCarthy, Cyr, Fernet, & Hébert, 2019; Priebe and Svedin, 2008). It thus becomes difficult for non-offending caregivers to cover all the dimensions of support

without any support from the family. For instance, in striving to get necessary resources and services, non-offending caregivers may face financial hardships – particularly when they have to travel to areas where they need to get services such as social services or legal services.

Balancing work and parenting

In a study by Zimba, Menon, Thankian, and Mwaba (2016) on the psychological impacts of CSA on primary caregivers, a participant recalled being given several days off work to focus on the incident as he was failing to focus on his work duties. Following the sexual abuse of their children, caregivers' level of functionality is interrupted as they are engaged in meditations about the whole incident (Mayekiso & Mbokazi, 2007). The interruption further affects caregivers' lack of concern for their own life and duties of roles they assume (Hendricks, 2012), for instance, that of their job or of being a parent. It is indeed a tough task to balance work demands and the responsibilities of being a parent – in addition to dealing with the impacts of CSA and its disclosure. In some worse scenarios, some caregivers are forced to quit their jobs so that they can have ample time to focus on the child victims. Such situations often bring financial challenges to the family. All in all, the support that children receive from their non-offending parents following the disclosure and interventions is always imperative (Cohen & Mannarino, 2008).

Shame in the context of family

A body of literature in CSA has noted shame as a one of the greatest barriers to the disclosure of sexual abuse by both children and adults, and access relevant therapeutic services and support, which makes it a significant challenge for relevant professionals to help affected individuals to deal and heal from the shame that is associated with CSA (Dyer, Dorahy, Corry, Black, Matheson, Coles, Curran, Seager, & Middleton, 2017; Lemaigre, Taylor, & Gittoes, 2017; MacGinley, Breckenridge, & Mowll, 2019; McElvaney, 2015; Morrison, Bruce, & Wilson, 2018; Sanderson, 2015). Some caregivers feel disgraced and ashamed by the incident and accuse the victims of bringing shame to the family. Families usually prioritise upholding the name of the family to protect themselves from the shame that comes with sexual abuse. The secrecy surrounding CSA and the knowledge that exposure of such experiences reflects negatively on the self and family may contribute to feelings of shame (Deblinger & Runyon, 2005). Thus, non-offending caregivers may find themselves battling with deciding on whether to focus on protecting the well-being of the child or the family. Such psychological battle and conflict often drain the caregivers.

Conclusion

This paper has demonstrated that non-offending caregivers are not excused from feeling and experiencing psychological and social impacts related to child sexual abuse and the disclosure. There have been discussions on how supporting non-caregivers can be instrumental in the adjustment and healing journey of the victims of child sexual abuse. With such correlation, it is therefore concluded that intervention should also be extended to the caregivers so that they can be supportive of the victims.

Recommendations

The following recommendations are made for both practice and research:

- Social workers should have designated and strengthened programmes that specifically focus on assisting non-offending caregivers in dealing with the psychosocial impacts following sexual abuse of their children.
- Social workers should conduct continuous awareness campaigns aiming at sensitising people about designated support programmes.
- Intervention approaches should embrace and appreciate the role of supporting systems, particularly that of the non-offending caregivers, when rendering services to victims of CSA.
- More empirical studies on the psychosocial implications of CSA disclosure on the non-offending caregivers are recommended to develop a rigorous model or tool through which support can be provided to caregivers.

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