

Working with the Caregivers of Child Victims and Witnesses

Caregivers play a crucial role in supporting a child who has experienced violence and abuse, and research has confirmed that high levels of caregiver support are linked to more successful outcomes for the child and their caregivers.¹ ² However, we often assume that caregivers instinctually know how to support their child through these experiences, and may not consider common barriers that could influence their ability to respond effectively. It is essential that practitioners consider how to best engage and support caregivers in order to accomplish the shared goal of facilitating the child's healing process.

A caregiver can be any caring and consistent adult in a child's life that provides for their physical and emotional well-being. Most often, this term applies to birth parents or parent surrogates, but it's important to note that a caregiver can also be a grandparent, foster parent, aunt/uncle, family friend, or others. This guide provides information for practitioners on common factors that could impede caregiver support. It also details best practice strategies that practitioners can utilize to assist caregivers with working through barriers and providing effective support to their children.

Factors that Inhibit Caregiver Support

Some caregivers may be keenly aware of their child's needs and have access to resources to provide immediate support. Other caregivers may know that their child needs support but struggle to provide it. As a practitioner, it's important to be mindful of the factors that may impede caregiver support, so you can assist caregivers with identifying and overcoming them. These barriers can arise from the caregiver's own complicated feelings and experiences of trauma, other unmet needs and vulnerabilities, the circumstances of the case, and systemic and societal factors. Common barriers for caregivers include:³

- Past and/or ongoing experiences of trauma.
- Avoiding discussion of the abuse/violence and other difficult, painful, and uncomfortable topics.
- Concern that addressing the abuse/violence directly will be harmful to the child.⁴
- Typical feelings and responses such as guilt and self-blame, hypervigilance, anxiety about their child's safety and well-being, feeling overwhelmed, fear of saying the "wrong" thing and/or uncertainty about how to best talk to and support their child.⁵

- Reluctance to believe the abuse occurred or that the child was seriously affected.
- Tension between caregivers regarding how to move forward and/or differences in coping styles.
- Lack of support from family and friends.
- Conflicting or negative feelings about the case, especially if the caregiver is also a complaining witness and/or is a respondent in a child welfare matter.
- Continued contact or relationship with the perpetrator, especially if that person is an intimate partner or family member.
- Negative experiences with the criminal legal and/or child welfare systems, which can contribute to mistrust.
- Exhaustion and re-traumatization from working with multiple service providers.
- Inconsistent advice or information across service providers.
- Cultural or societal norms that contribute to stigma, judgment, shaming and secrecy.
- Fear of family members or friends finding out about the abuse/violence.
- Belief that mental health services, such as therapy, are not helpful, worth the time and/ or financial resources, or are a sign of their inability to care for their child.
- Inability to access services because of difficulties with transportation, childcare, lack of insurance, lack of financial resources, lack of information, and work conflicts.

These are only some of the barriers that caregivers may face, and as a practitioner, it's important to recognize that each caregiver has their own unique set of barriers. Working with a caregiver to overcome and adapt to their circumstances can enable them to fully engage and be present and supportive for their child.

Caregivers with Their Own Trauma Experience Caregivers who have experienced violence or abuse themselves often face additional barriers to supporting their child's healing process and engaging in the legal system. Confronting both their past trauma and their child's trauma can be overwhelming and lead to heightened emotions, intense reactions, and in some cases, re-traumatization. For these reasons, it's not uncommon for traumatized caregivers to be less engaged with service providers and legal system practitioners; avoid discussing certain topics or become very distressed when those topics are raised; exhibit angry or aggressive behavior; or miss appointments and court dates.⁶ These caregivers may need supports and resources for managing their emotions and reactions in a healthy way and engaging in their own healing workwhether through formal or informal means-so they can better advocate for their child, more actively participate in the child's healing process, and facilitate intergenerational healing for their family. As a practitioner, it's critical to intervene in ways that are responsive to the trauma-related needs of the caregiver while simultaneously supporting the child.

Caregivers Connected to an Offender or Respondent If the offender or respondent is an intimate partner or family member, or provides financial or emotional support to the non-offending caregiver, it can be difficult for the caregiver to navigate the relationship (or extract themselves from the relationship when necessary) and effectively support their child. Ensuring everyone's safety through measures like safety planning or obtaining an Order of Protection should be prioritized; however, service provision should never be dependent on the caregiver having a safety plan or protection order. These safety measures may create space for an honest conversation with the caregiver about their conflicting emotions regarding this person and the child's experience of neglect or abuse/violence. Try to refrain from dismissing or judging the caregiver's feelings about the offender or respondent, and instead support them (or identify others to support them) in working through their emotions and connecting with ongoing healing and practical support.7

Practices to Support Caregivers

Providing psychoeducational information to caregivers about children and trauma and helping them identify practical, day-to-day strategies to provide emotional support can be incredibly helpful—to both children and caregivers. This information can relieve stress and anxiety, provide validation, and increase the caregiver's sense of agency, understanding of their child's experiences, and overall capacity for supporting their child.⁸

As a practitioner, some strategies you can use to support caregivers are:

- Assist the caregiver and/or family with identifying their own concerns and needs, and connect them to concrete services and resources to help address those needs.
- Provide information and resources to caregivers about common trauma responses in children. Allow them to identify whether they have observed any of these reactions or behaviors in their own child and provide practical information and tools to help caregivers respond. These can include coping activities such as deep breathing, and practical strategies such as keeping regular appointments to provide structure in the child's day.
- In cases where one of the caregivers caused harm to the child, strive to heal, maintain, and strengthen the bond between the nonoffending caregiver and the child, as this relationship is one of the most powerful protective factors for children who have experienced violence and abuse.
- Explore concrete strategies the caregiver can use to support their child. These may include: being sensitive to their child's emotional reactions, helping their child name and express their feelings, talking through the child's emotional reactions in a healthy manner, using mobile applications to teach and practice healthy coping strategies, increasing time spent together, creating space for open communication, providing extra attention, comfort and encouragement, empowering the child to make choices whenever possible, limiting the child's exposure to violence in the media, and maintaining familiar schedules and routines.
- Remind caregivers that their well-being is important and vital to their child's healing process. Encourage caregivers to participate



in activities and services that support their own healing, such as support groups, therapy or other self-care activities like meditation/ mindfulness or hobbies they enjoy. Emphasize that attending to their own well-being will be beneficial to their child.

- Suggest that the caregiver identify a family member(s) or friend(s) who can act as a support to them and their child during this process. Support persons might help with transportation, attend relevant meetings, or just provide comfort by being visually or physically present.
- Keep an open and honest line of communication with the caregiver and encourage questions.
- Help the caregiver access and understand information about the legal system so they have a sense of what their child may be expected to do as part of the legal process and can make fully informed decisions about their child's participation. Be prepared to offer referrals, including to crime victim advocacy services.
- Acknowledge and address the stigma that may come with victimization, involvement in the justice system, and participation in mental health services and address common misconceptions about these issues.

Using these strategies to engage and support caregivers can increase protective factors for the family, which can increase resilience and lead to more positive outcomes for both the child and caregiver.

For More Information

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Endnotes

- Children that have higher levels of caregiver support have been found to have increased rates of disclosure and better engagement in therapy. See Loos, S., D. Tutus, R. Kilian, and L. Goldbeck. 2020. "Do Caregivers' Perspectives Matter? Working Alliances and Treatment Outcomes in Trauma-Focused Cognitive Behavioural Therapy with Children and Adolescents." European Journal of Psychotraumatology 11 (1). https://doi.org/10.1080/20008198.2020.1753939.
- This is especially true in child sexual abuse cases, where research has consistently shown that non-offending caregiver support is a protective factor for the child while also facilitating the caregiver's healthy adjustment. See McCMcCarthy, Andrea, Mireille Cyr, Mylène Fernet, and Martine Hébert. 2019. "Maternal Emotional Support Following the Disclosure of Child Sexual Abuse: A Qualitative Study." Journal of Child Sexual Abuse 28 (3): 259–79. https://doi.org/1 0.1080/10538712.2018.1534919.
- Theimer, Kate, Akemi E. Mii, Emily Sonnen, Kelsey McCoy, Katie Meidlinger, Brittany Biles, T. Zachary Huit, Mary Fran Flood, and David J. Hansen. 2020. "Identifying and Addressing Barriers to Treatment for Child Sexual Abuse Survivors and Their Non-Offending Caregivers." Aggression and Violent Behavior 52 (May): 101418. https://doi. org/10.1016/j.avb.2020.101418.
- Getz, Lindsey. n.d. "Parental/Caregiver Support of Child Abuse Victims." Social Work Today. <u>https://www.socialworktoday.com/news/enews_0412_01.shtml</u>.
- Vladimir, Marina, and Derek Robertson. 2020. "The Lived Experiences of Non-Offending Fathers with Children Who Survived Sexual Abuse." *Journal of Child Sexual Abuse* 29 (3): 312–32. https://doi.org/10.1080/10538712.2019.1620396.
- 6. National Child Traumatic Stress Network, and Justice Consortium Attorney Workgroup Subcommittee. 2017.

"Trauma: What Child Welfare Attorneys Should Know." Los Angeles, CA and Durham, NC: National Center for Child Traumatic Stress. <u>https://www.nctsn.org/sites/default/</u> files/resources//trauma_what_child_welfare_attorneys_need_ to_know.pdf.

- 7. Yamamoto, DeAnn. 2015. "The Advocate's Guide: Working with Parents of Children Who Have Been Sexually Assualted." Enola, PA: National Sexual Violence Resource Center. <u>https://www.nsvrc.org/sites/default/files/2015-04/publications_nsvrc_guides_the-advocates-guide-working-with-parents-of-children-who-have-been-sexually-assaulted.pdf.</u>
- McCarthy, Andrea, Mireille Cyr, Mylène Fernet, and Martine Hébert. 2019. "Maternal Emotional Support Following the Disclosure of Child Sexual Abuse: A Qualitative Study." Journal of Child Sexual Abuse 28 (3): 259–79. <u>https://doi.org/1</u> 0.1080/10538712.2018.1534919.

Additional Resources

- For more information on the impact of childhood trauma and strategies on how to be a positive, caring adult, see "Changing Minds." n.d. Futures Without Violence. <u>http://</u> changingmindsnow.org/.
 - For more information on supporting birthparents involved in the child welfare system, see the *Resources* section of "Working with Parents in the Child Welfare System." n.d. The National Child Traumatic Stress Network. <u>https://</u> <u>www.nctsn.org/resources/working-parents-involvedchild-welfare-system.</u>
- 2. For more tips on wellness and selfcare for parents and caregivers see the following resources:
 - a. "Children and Domestic Violence: A Parent's Self-Care and Self-Reflection: (546792013001)." 2014. The National Child Traumatic Stress Network. <u>https://doi.org/10.1037/ e546792013-001</u>.
 - b. Cuellar, R., M. Rains, A. Hirsh-Wright, S. Valenti, C. Grosso, K. Louie, and M. Brymer. 2020. "Pause-Reset-Nourish (PRN)* to Promote Wellbeing." The National Child Traumatic Stress Network, Los Angeles, CA and Durham, NC. https://www.nctsn.org/resources/prn-to-promotewellbeing-as-needed-to-care-for-your-wellness.
 - c. American Academy of the Pediatrics. 2014. "When Things Aren't Perfect: Caring for Yourself & Your Children." *HealthyChildren.Org* (blog). October 28, 2014. <u>https://</u> www.healthychildren.org/English/healthy-living/ emotional-wellness/Building-Resilience/Pages/When-Things-Arent-Perfect-Caring-for-Yourself-Your-Children. aspx.