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### Forgotten Victims: Understanding Latino/a Non-Offending Parents of Sexually Abused Children

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**FORGOTTEN VICTIMS: UNDERSTANDING LATINO/A  
NON-OFFENDING PARENTS OF SEXUALLY ABUSED CHILDREN**

A dissertation presented to the faculty of

ANTIOCH UNIVERSITY SANTA BARBARA

in partial fulfillment  
of the requirements for the  
degree of

DOCTOR OF PSYCHOLOGY  
in  
CLINICAL PSYCHOLOGY

By

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December 2018

FORGOTTEN VICTIMS: UNDERSTANDING LATINO/A  
NON-OFFENDING PARENTS OF SEXUALLY ABUSED CHILDREN

This dissertation, by Alba Rocío Andrade, M.S., has been approved by the committee members signed below who recommended that it be accepted by the faculty of Antioch University Santa Barbara in partial fulfillment of requirements for the degree of

DOCTOR OF PSYCHOLOGY

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## **Abstract**

Childhood sexual abuse is widely condemned by society and religion (Roesler & Wind, 1994; McCallum, 2001). Nevertheless, it is estimated that approximately one in three girls and one in six boys are sexually abused by the time they turn 18 years old (Stauffer and Deblinger, 1996). This trauma affects the victim as well as other members of the family including the non-offending parent(s). However, services are often provided only to the victimized child, which overlooks the needs of the non-offending parents. The existing body of research into the stressors experienced by non-offending parents typically is focused on non-offending parents of all cultural backgrounds, this despite that fact that much psychological research has determined the need to apply culturally sensitive techniques when working with minorities as a result of differences in values, beliefs, and language barriers (Alaggia, 2001; Antshel, 2002). Thus, it is important to understand if Latino/a non-offending parents whose children have experienced sexual abuse are receiving adequate support themselves and so they can adequately attend to the needs of their child and family. Using a qualitative phenomenological approach, this study aims to examine the challenges faced and coping mechanisms used by Latino/a non-offending parents and to assess the effectiveness of the services they are provided. This Dissertation is available in Open Access at AURA: Antioch University Repository and Archive, <http://aura.antioch.edu> and OhioLink ETD Center, <http://www.ohiolink.edu/etd>

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## Chapter 1: Introduction

Child sexual abuse is an act that affects everyone who is directly or indirectly involved. Society considers the sexual abuse of children to be “one of the strictest taboos” (McCallum, 2001, p. 320). The effects abuse can have on a child victim are great, however such effects are not isolated to the victim alone. In many instances the non-offending parent(s) of the victim is (are) also affected, often experiencing a variety of stressors. The nature of these stressors and the resources available to assist non-offending parents are the focus of the current research. However, in order to fully comprehend what stressors a non-offending parent faces, an understanding of the legal definition of child sexual abuse and the impact of abuse on children will be discussed, as complicated legal proceedings and the child’s stressors can be contributing factors to how a parent responds to the situation and how he or she copes with the psychological distress it brings.

Federal law defines child abuse and neglect as:

Any recent act or failure to act on the part of the parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm. (United States Department of Health and Human Services [USDHHS], 2018, p. 15)

Based on this definition, the United States, the District of Columbia, and the United States Territories have each created their own definitions of child abuse (USDHHS, 2018). Most states break down child abuse into four major categories: neglect, physical abuse, emotional abuse, and sexual abuse (USDHHS, 2018, p. viii). Based on how each state defines abuse, an investigation

may be conducted, after which a determination will be made or the referral can be screened out due to not meeting the agency's criteria. The most common determinations made for child abuse investigations are substantiated or unsubstantiated (USDHHS, 2018).

Child sexual abuse is defined as a sexual exploitation, where physical contact occurred between a child and another individual (Cohen & Mannarino, 2000). Additional forms of sexual exploitation include: a financial benefit, molestation, prostitution and pornography for the sexual gratification or financial benefit of the perpetrator (USDHHS, 2018). Furthermore, the abuse must have been forced or coerced (Hiebert-Murphy, 1998). Generally, such abuse is defined as contact experienced by the victim as the result of touching with or without force and it is performed by someone who is at least five years older than the victim (Deblinger, Hathaway, Lippman, & Steer, 1993). Further, the physical contact "includes anal, genital, oral, or breast contact" (Cohen & Mannarino, 2000, p. 985). The physical contact experienced by the victim can be divided into very severe abuse which includes oral, vaginal, and/or anal penetration, and severe abuse which focuses on touching the victim with or without clothes (Hébert, Daigneault, Collin-Vézina, & Cyr, 2007). In addition to the factor of age, exploitation also implies a power difference between the child and abuser as a result of physical size or an already established emotional relationship (Cohen & Mannarino, 2000).

One study found that in the majority of cases the offender is the male parent figure (70.9%), however, other offenders may be a relative, a friend, or an unknown individual (Malloy, Lyon, & Quas, 2007). Additionally, in approximately 77% of cases the offender shared a home with the victim (Malloy et al., 2007). Child abuse cases are often categorized as either intra-family child sexual abuse which is sexual contact between a child and an adult relative (Sirles & Franke, 1989), or extra-family child sexual abuse which is sexual contact between a child or

adolescent with someone who is not related by blood or marriage or a non-nuclear family member (Manion et al., 1998).

Approximately 8.5% of the reports received by social services in the United States are reflective of allegations of child sexual abuse (USDHHS, 2018). Stauffer and Deblinger (1996) found that approximately one in three girls and one in six boys experience sexual abuse by the time they are 18 years old. Victimization of children and adolescents has been noted across all ages, with approximately 16.6% being under the age of five, 35.6% between six and 11 years old, 47.2% between the ages of 12 to 17 years old, and the remaining 0.6% being placed in a category labeled as “unborn, unknown, and 18-21” (USDHHS, 2013).

Society considers child sexual abuse to be an unthinkable act (McCallum, 2001). An act that is illegal, prohibited by society, and condemned by religion (Roesler & Wind, 1994). While changes are being made, particularly due to the influence of the victims’ rights movement (Roesler & Wind, 1994), in the aftermath of such trauma, neither the parent nor the victim receive the public support that is often provided to parents or victims traumatized as a result of a physical accident or illness (Massat & Lundy, 1998) or other types of trauma such as child physical abuse or exposure to intimate partner violence (Evans, Steel, Watkins, & DiLillo, 2014). Furthermore, the legal justice that some victims and their families need or want may never come. A meta-analysis that looked at 21 studies found that in approximately 66% of child abuse cases charges were filed against the alleged perpetrator, and of those 49% of the perpetrators were convicted with only 26% being incarcerated (Cross, Walsh, Simone, & Jones, 2003). For the purpose of this research, social support is defined as assistance given to an individual whether cognitive or emotional support to help them cope with the pain of the event (Evans et al., 2014).

In cases where a child is exposed to trauma, services may by default go to the child, as children often have fewer resources to cope with the aftermath (Jinich & Litrownik, 1999). Due to the stigma of childhood sexual abuse individuals may be more hesitant to disclose the incident (Smith & Cook, 2008). Other stigma associated with childhood sexual abuse includes societal bias that places the responsibility to protect children on the mother, so that if her son or daughter becomes the victim of sexual abuse, the blame for such abuse falls on her as well as the responsibility to react and respond in an appropriate manner (Corcoran, 1998). Experiencing such stigma and stressors often has a negative impact on mothers.

Victims of child sexual abuse often are fearful about how their parent(s) will respond after being told of the abuse; many children or adolescents fear that their parent may not believe them and will not respond with support (Roesler & Wind, 1994). Moreover, children's perceptions of their parents' reactions to other stressful situations can have an impact on their decision to disclose having been sexually abused, as children and adolescents who view their parents as anxious, were found to delay disclosing their abuse (Hershkowitz et al., 2007). Consequently, a child or adolescent may choose to not disclose, resulting in a risk for further victimization (Hershkowitz, Lanes, & Lamb, 2007). A study conducted by Hershkowitz, Lanes, and Lamb (2007) found that in their sample of 30 youth, approximately 53% delayed disclosing the abuse between one week and two years, with the most typical delay disclosure being approximately one month. Furthermore, the sample revealed two main factors that lead to a delay in disclosure. First was the child's age, as children between the ages of 10 – 12 years old were more likely to delay. Second, children in the study who knew the perpetrator were also more likely to delay disclosure (Hershkowitz et al., 2007). In addition, adult survivors of childhood sexual abuse identified two main reasons for delaying disclosing their abuse or not

disclosing the abuse until adulthood: fear for their safety or threats from the perpetrator; and feelings of shame and guilt (Roesler & Wind, 1994).

Summit (1983) described “the child sexual abuse accommodation syndrome” as a reaction with five possible elements: secrecy; helplessness; entrapment and accommodation; delayed conflicted; and unconvincing disclosure and retraction. The first two categories describe the conditions a child may present as a result of the abuse itself. The last three describe the situations the victim may find him/her self in after the disclosure is made. These latter responses can have the effect of placing the child in the situation of having to adjust and accommodate to the abuse itself or having to retract the disclosure in an effort to bring back stability to the home environment.

Additionally, disclosure may not occur or may be delayed if the victim perceives disclosing the abuse may not help (Roesler & Wind, 1994). When children and adolescents choose to disclose, they often choose to do so to a parental figure, usually their mother (Malloy & Lyon, 2006). When disclosure was delayed into adulthood, the disclosure is more likely to be made to a friend, partner, or a therapist (Roesler & Wind, 1994). In cases where the victim waited to disclose until adulthood, it was reported that the response was supportive.

Children can possess protective factors such as genetic makeup and social support that can aid with resilience following trauma exposure (Cohen & Mannarino, 2008). However, in situations where there were multiple incidents of abuse or where the child knew the perpetrator, children may deny that the abuse occurred (Hershkowitz et al., 2007). In either case, children who suffer such abuse may experience a variety of emotional and/or behavioral problems (Cohen & Mannarino, 2008). These problem behaviors or reactions may take the form of sexually acting out behaviors, low self-esteem, and/or anxiety (Corcoran, 2004). In addition to the trauma

experienced from the abuse, some children experience depressive symptoms if they are not believed or are blamed for the abuse (Cohen & Mannarino, 2000). Such mental health problems can result in an increase of psychiatric hospitalizations and suicide attempts (Hernandez et al., 2009).

In order to address these problems, children may receive child-focused treatment (Corcoran, 2004). This can be in the form of individual therapy, where the treatment and the goals are meant to be supportive of the child or adolescent as his or her improved psychological wellbeing is the primary focus (Mannarino & Cohen, 2001). However, child sexual abuse is a traumatic event for everyone involved (Hébert et al., 2007; McCallum, 2001; Hiebert-Murphy, 1998). Therefore, comprehensive services should be offered to the child and the non-offending family members (Tavkar & Hansen, 2011).

Davies (1995) identified three types of coping responses in parents after disclosure or discovery that his or her child has been sexually abused, they are: parents able to cope, parents able to cope but still experience significant problems, and lastly, parents unable to cope. Such coping responses will be addressed in the literature review. The disclosure of sexual abuse of a child can have several repercussions for those involved, including: the emotional anguish that will be experienced by the victim and the non-offending parent(s), possible loss of relationships with loved ones, and loss of resources. While the responsibility of raising a child falls on the parent, safeguards have been created to protect the child (Rieder, 1978).

As the focus of treatment in child sexual abuse cases is often the treatment of the child and their presenting symptoms, non-offending parents most often receive minimal support. This support may be helpful, but does not adequately address his or her significant distress (Davies, 1995). Therefore in order to provide appropriate services that meet the needs of the non-

offending parent, one must first fully understand what the parent is going through (Corcoran, 1998). Furthermore, due to possible cultural and religious differences in background between the victim's non-offending parent and service providers, it is important to determine if effective services are being delivered to Latino/a individuals.

### **Rationale**

This research project is focused primarily on the distress experienced by Latino/a non-offending parents following the disclosure of their child's sexual abuse. As the literature review will demonstrate, the existing body of research into the stressors experienced by non-offending parents is typically generalized to non-offending parents of all cultural backgrounds. If Latino/a families are to receive effective care following disclosure, it is necessary to determine if people of this cultural group experience similar forms of distress and if Latino/a parent experience unique stressors as a result of their cultural background, including stressors associated with language barrier issues, and cultural and/or religious differences. For example, the fact that many of the research instruments utilized may be geared towards "white, middle class or male modes of communication;" clearly this poses a problem for researchers who are attempting to better understand the impact childhood sexual abuse has on Latino/a families (Hamby & Finkelhor, 2000, p. 836). However, when conducting interviews, it appears to be beneficial for the interviewer be of similar ethnicity, as this allows for more trust to be developed (Hamby & Finkelhor, 2000; Cohen, Deblinger, Mannarino, & de Arellano, 2001). Furthermore, for minority and ethnic groups, seeking treatment may be difficult due to social stigma. Flicker, Waldron, Turner, Brody, and Hops (2008) indicated in their findings the benefits of Hispanic adolescents being matched with Hispanic therapist as this led to significant clinical improvements. While Ficker et al. (2008) research related to adolescents who received treatment

for substance abuse Cohen et al. (2001) note the importance of developing cultural competence when treating children and families exposed to abuse as cultural issues may be of significant importance. In addition, families may worry about the child being removed from the home; therefore they may resist accepting a diagnosis of a mental illness and/or resist seeking treatment until the individual's symptoms become extreme.

As previously stated, trust appears to develop more rapidly and deeply when the researcher and family share a common cultural background—thus enabling subjects to provide more honest responses (Hamby & Finkelhor, 2000). However, it is of interest to learn what happens when a non-offending parent is linked with a service provider who does not share his/her cultural background or who does not speak the non-offending parent's native language. It can be hypothesized that such experience may make it more difficult for Latino/a parents to receive services or engage more actively in the services made available. Due to the psychological distress experienced by parents, which is discussed in chapter two, it is essential to identify services that Latino/a parents find helpful as well as to determine the obstacles that may impede or limit these family's engagement with service providers.

### **Commentary**

Due to the subjective nature of qualitative research it is important that any potential researcher biases are well managed to prevent such biases from influencing participant's responses. Potential biases in the current study include the researcher identifying as a Latina as well as the researcher's extensive employment history with community agencies that may offer services to families with a history of child sexual abuse. In order to prevent potential biases from interfering with the study, the researcher used materials already created (i.e., informed consent, demographic questionnaire, and interview protocol) that was reviewed and approved by the



dissertation committee in all interviews. Additionally, the researcher applied similar procedures when conducting each interview to ensure a clear and consistent method across all interviews.

### **Research Questions**

The present research project will take a phenomenological perspective in attempting to identify stressors that Latino/a non-offending parents face after his and/or her child's disclosure of sexual abuse. In addition, the study will seek to better understand the services that non-offending parents find helpful in coping with such stressors. The following are the questions this research project attempts to answer:

1. What are the challenges faced by Latino/a non-offending parents of sexually abused children?
2. How does a Latino/a non-offending parent cope with the aftermath of their child's sexual abuse?
3. What are the best ways to support non-offending Latino/a parents?
4. What is missing from the services currently provided to Latino/a non-offending parents?

## **Chapter 2: Literature Review**

The following chapter will focus on four main topics. First, the type of support a non-offending parent offers to his/her child and reasons that may lead a parent to provide different levels of support. Second, the stressors parents encounter as a result of a child being sexually abused and the relative impact of such stressors. Third, the coping strategies non-offending parents use to manage such stressors. Finally, cultural influences that can impact Latino/a non-offending parents are examined.

Parental support is essential following an incident of child sexual abuse because, in part, this support can affect the child or adolescent's willingness to take the initial steps in disclosing the abuse, which is critical in ending the abuse (Malloy & Lyon, 2006). The level of support that a non-offending caregiver provides to his or her child further impacts the child's well-being and ability to effectively cope and hopefully surpass the abuse (Leifer, Kilbane, & Grossman, 2001; Cohen & Mannarino, 2008; Hershkowitz et al., 2007; Corcoran, 1998). While some children and adolescents may not develop significant symptoms of distress (Manion et al., 1998), many children struggle with the abuse and continue to have significant problems coping well into adulthood (Roesler & Wind, 1994). While others, specifically those with unsupportive parents may make use of avoidant actions and subsequently have trouble forming satisfying romantic relationships (Godbout, Briene, Sabourin, & Lussier, 2014). For those children who lack support from their non-offending parent, a foster parent can be of help when understanding and comfort is provided through such mediums as emotional support, believing the child, instrumental support, and taking actions against the perpetrator (Gries et al., 2000).

### **Level of Support Provided**

The manner in which a parent responds to a child's disclosure of abuse may range from showing support through the actions they take, to being unsupportive where there is a lack of action and the child's allegations are not believed (Roesler & Wind, 1994). A third response may be to take no stance regarding the alleged abuse and therefore do nothing for the child or against the alleged perpetrator (Myer, 1985). Maintaining this stance can become a barrier for professionals attempting to provide the non-offending parent with the support and services needed.

Malloy and Lyon (2006) found that in most cases of childhood sexual abuse, the non-offending parent is the mother. They further identified five characteristics that typically are observed in non-offending, but unsupportive mothers: an initial expression of disbelief in the allegation; insistence that the child retract the allegation; blaming the child; remaining in a relationship with the alleged perpetrator; and/or being otherwise unsupportive (Malloy & Lyon, 2006). The factors that may influence a mother's decision to fail to support her child include financial dependence on the perpetrator, the quality of the mother's relationship with their own mother, and whether the alleged perpetrator lives in the home (Leifer et al., 2001). Furthermore, if the abuse has been reported and the non-offending mother perceives herself to be the target of blame from the professionals involved in case, this can lead the mother to side with the perpetrator (Everson, Hunter, Runyon, & Edelson, 1989). This issue is of particular importance with non-offending parents who choose not to side with either their child or the perpetrator. The parent's initial contact with a professional who conveys a sense of blame may push a non-offending parent to avoid becoming involved and thus not support his/her child.

A supportive parent may be characterized as a parent who believes the child or adolescent's allegation of sexual abuse and provides protective action for him or her (Corcoran,

1998). Supportive mothers show emotional support for their child, and are aware of and compliant with the need to separate the child from the alleged perpetrator (Alaggia, 2001). The supportive non-offending parent provides protective action by removing the child or adolescent from further harm, complying with child protective services, and seeking counseling services for their child (Corcoran, 1998).

Parents who were themselves victims of childhood sexual abuse may react differently when confronted with this situation (Lewin & Bergine, 2001). Namely, the manner in which a parent responds to a child's disclosure of abuse may be impacted by the parent's own history of abuse (Lewin & Bergine, 2001; Deblinger, Stauffer, & Landsberg, 1994; Rieder, 1978). Additionally, the disclosure may retrigger the parent's own trauma (Banyard, Rozelle, England, 2001). Mothers who have a history of childhood sexual abuse may experience heightened levels of distress and feelings of loneliness (Deblinger et al., 1994; Hiebert-Murphy, 1998). However, having a history of childhood sexual abuse does not appear to impact the level of support that a mother provides when compared to mothers without a history of childhood sexual abuse (Deblinger et al., 1994).

A parent's culture and religion are additional factors that should be taken into consideration when labeling a parent as supportive or unsupportive (Alaggia, 2001). These two factors can be a foundation that is deeply embedded into the parent's belief system, and therefore to deviate from cultural or religious norms (i.e. to commit a sin) may be quite difficult for the parent as it places them in a seemingly untenable position (Alaggia, 2001). In cases where the perpetrator is a member of the family, the action a non-offending parent takes can be influenced by cultural values (Alaggia & Knott, 2008). This factor is specifically present in religious communities that have a specific attitude regarding marriage and divorce (Alaggia, 2001).

A mother's feelings toward and relationship status with the perpetrator may affect the level of support she provides for her child (Heriot, 1996). In some cases, it appears that when the perpetrator is the mother's husband or a live-in boyfriend, the mother is less likely to separate from him (Heriot, 1996). Some mothers find it hard to believe that their partner could commit this kind of abuse (McCallum, 2001). In some cases it may be easier for a mother to believe or be more supportive when the perpetrator is not the father (Sirles & Franke, 1989) or is not the current partner but rather a former spouse (Everson et al., 1989). However, this does not mean that a mother will not believe an allegation made against a current partner, or that if they initially react with disbelief, their opinion cannot change with time (Alaggia, 2001).

### **Parental Stressors Resulting from Childhood Sexual Abuse**

In addition to the sexual abuse that was disclosed, the family may face other problems (Corcoran, 1998). Some families in these situations have also have experienced domestic violence (Malloy & Lyon, 2006; Deblinger et al., 1993) or psychological abuse (Alaggia, 2001). The common form such psychological abuse takes is control and manipulation of the mother's actions, such as influencing the mother's relationship with her children, devaluing the mother's accomplishments, accusing the mother of cheating, and controlling what the mother can and cannot do (Alaggia, 2001).

After sexual abuse has been disclosed to the caregiver, the parent may prioritize the needs of the child, putting aside their own needs (Alaggia, Michalski, & Vine, 1999). However, focusing solely on the needs of the child can strain the parent's ability to cope (Corcoran, 1998). In some cases, parents may be able to handle the stress and prevent their son or daughter from being affected by it. However, dealing with instances of abuse in the home can often end up

negatively impacting or even ending the parent's intimate relationship, thus leaving the parent without a supportive partner with whom to process the situation (Davies, 1995).

Childhood sexual abuse impacts not only the child who was its primary victim but also other members of the family (Hiebert-Murphy, 1998). Therefore, support and other services must also be provided to non-offending parents and caregivers (Tavkar & Hansen, 2011). However, this need is often overlooked. When it is acknowledged, it occurs most often within the context of the provision of services to support the child (Manion et al., 1998).

Parents react differently to their child's disclosure of sexual abuse. In some situations parents may not experience psychological distress but may otherwise be impacted (Elliott & Carnes, 2001; Banyard et al., 2001). However, for some parents the disclosure may result in experiencing secondary trauma (Manion et al., 1996; Deblinger et al., 1993; Alaggia et al., 1999; Banyard et al., 2001; Manion et al., 1998; Alaggia & Knott, 2008). Secondary trauma refers to the emotional distress an individual faces when engaging with trauma survivors (Severson & Pettus-Davis, 2013), as well as the adverse reaction that the individual can have when engaging or wanting to engage in supportive actions with a trauma survivor (Jenkins & Baird, 2002). Figley (1995) described the consequences of secondary trauma as both behavioral and emotional. This research suggests that it may be helpful to consider non-offending parents as potentially secondary victims of the abuse (Deblinger et al., 1993). The additional stressors that can instigate such reactions are discussed below.

Parents who learn that their child has been sexually abused may experience psychological distress (Elliott & Carnes, 2001; Hébert et al., 2007; Corcoran, 1998; Manion et al., 1996). For some parents, learning of the abuse may result in a process similar to the five stages of grief: denial, guilt, depression, anger, and acceptance (Myer, 1985). These parents report that a

number of different experiences can increase the stress (Winton, 1990) they find themselves under, including: emotional turmoil (McCallum, 2001); marital distress (Banyard et al., 2001); financial difficulties (Massat & Lundy, 1998); strained relationships with friends and family (Elliott & Carnes, 2001); perceived blame (Banyard et al., 2001; McCallum, 2001; Myer, 1985); upsetting interactions with service providers (Corcoran, 2004) as well as child protective service workers and the police (Davies, 1995); and finally feelings of isolation (McCallum, 2001).

**Marital distress.** One source of marital distress is that the father may blame the mother for the abuse, out of a sense that she did not effectively protect the child (Banyard et al., 2001). Blame can also be directed from the mother to the husband or live-in partner when that partner is the perpetrator (Regehr, 1990). In these situations, mothers find themselves in a position where they have to choose between their child and their partner (Everson et al., 1989). Such a position can cause the mother to have conflicting emotions, and in many cases can lead to a loss of the relationship and associated grief due to (McCallum, 2001) a separation and/or divorce from, or incarceration of, the offending parent (Massat & Lundy, 1998). In addition to the pain of the abuse, if the marriage or relationship dissolves, the mother also loses her partner—the person who at one point she trusted, confided in, and looked to for support (McCallum, 2001).

**Blame.** Additional feelings of blame can result from the parent's interactions with the system at large (Banyard et al., 2001; Myer, 1985). This perception of blame can place increased stress on the mother when inner turmoil arises as a result of feelings of being torn between her partner and her child (Everson et al., 1989). This is particularly important to understand when there are cultural, religious or ideological differences between the service provider and the non-offending parent (Alaggia, 2001; Corcoran, 1998)—as the mother's cultural and religious

background may influence her decision to not separate from her partner, an action that can be construed by services providers as indicating she is an unsupportive parent (Alaggia, 2001).

**Financial impact.** Non-offending parents are often impacted financially due to the loss of income provided by the perpetrator (Massat & Lundy, 1998). While some mothers may work, often their own income is not enough to provide for their child and thus they have come to rely on their partner's income, this is especially true when the biological father fails to contribute willingly or fails to make child support payments (Corcoran, 1998). In some situations the non-offending parent may also experience a disruption or even loss of employment (Massat & Lundy, 1998). The reduction of income can lead to further stressors such as the need to change residence (Massat & Lundy, 1998). Additionally, the financial challenge faced by these families mean that many parents become dependent on government programs (Elliott & Carnes, 2001; Massat & Lundy, 1998) for the provision of food, clothing, and housing (Massat & Lundy, 1999).

**Impact on relationships with friends and family.** In situations where the offender was a family member, the non-offending parent and the victim oftentimes experience resentment from the family as a result of involving the police (Davies, 1995). Non-offending parents further reported that disclosure of the abuse led family members to be dissatisfied and angry (Massat & Lundy, 1998). The non-offending parent is also left in a position of having to explain to the child or adolescent, and any siblings why extended family members are no longer actively present in their life and why their contact with their alleged perpetrator, in some cases the father, has been impacted (McCallum, 2001). Further, while many non-offending parents reporting finding their friends supportive, others report a strain in some friendships (Massat & Lundy, 1998).



**Isolation.** Some non-offending parents report experiencing feelings of isolation and loneliness; these feelings may be particularly present prior to the start of supportive services (Davies, 1995). Other non-offending parents experience isolation as a result of the loss of their partner or in some cases a family member with whom they can talk about the situation (McCallum, 2001). Furthermore, some parents develop trust issues, especially in situations where the perpetrator was a known individual, making it difficult for the parent to trust other adults (Davies, 1995). Additionally, the mother's own history of sexual abuse may induce greater feelings of isolation, as Deblinger, Stauffer, and Landsberg (1994) found that mother's with such history felt more alone.

**Psychological distress.** Stress is thought to result when environmental pressures imping on a person, and is seen as acute when such pressures lead the person to feel they have reached the limit of their resources—such that their basic sense of well-being is markedly strained (Folkman, Lazarus, Gruen, & DeLongis, 1986). The stress a person experiences can evolve into distress due to prolonged exposure or the inability of coping mechanisms to address the problem (Wheaton & Montazer, 2010). In cases of child sexual abuse, the emotional turmoil experienced by some parents may be the result of denial and confusion regarding the abuse (McCallum, 2001; Perry, Wells, & Doran, 1983). Some parents experience guilt, because they were unable to stop the abuse (Holt, Cohen, Mannarino, & Jensen, 2014). Non-offending parents may also experience a range of emotions regarding the alleged perpetrator, extending from disbelief that their partner would commit such an act (Alaggia, 2001) to anger (Regehr, 1990).

The parents of sexually abused children may question their own parenting skills and efficacy as a parent, possibly as a result of the perceived believe that they failed to protect the child (Johnson, Wolfeiche, & Harrell, 2014). This feeling may be further exacerbated when the

abused child displays conduct problems as such behaviors may be more difficult for the non-offending parent to manage and may also place a strain on the parent's limited resources (Hiebert-Murphy, 2000).

The dynamics of the relationship between the non-offending parent and their child may change as a result of the abuse and its disclosure. In some cases, the non-offending parent's guilt may lead them to be overprotective of their child (Banyard et al., 2001)—consequently limiting or restricting the activities the child or adolescent may engage in (Regehr, 1990). In other cases, parents may feel that they no longer know their child as a result of difficulties with communication (Davies, 1995). Parents of adolescent victims have reported feeling alienated from their child, whom they describe as having grown-up “overnight” (Davies, 1995, p. 404).

A parent's relationship with his or her child may be further impacted as a result of the interactions with or feelings towards the child (Davies, 1995). Parents may experience anger towards their son or daughter as a result of a delayed disclosure regarding the abuse (Corcoran, 2004). Parents may be angry with their child or adolescent because the child did not prevent the abuse from occurring, and thereby were instrumental in creating a disruption in the parent's life (Regehr, 1990). Additionally when the victim is an adolescent, the parent may feel ambivalence regarding the minor's “consent” to the abuse (Banyard et al., 2001; Regehr, 1990).

**Interactions with service providers.** In addition to the emotions that the parent must cope with as a result of the abuse, some parents experience “system induced trauma” (Alaggia et al., 1999, p. 59)—trauma that results from the investigative procedures conducted by child protective services and the police (Alaggia et al., 1999). As crisis and service providers become involved in the case, these providers may have some say as to what happens to the abused child. In such situations, the professional's opinion may derive from a number of factors including

societal observations of the non-offending parent's ability to care for the child (Everson et al., 1989). The stress associated with interactions service providers may be heightened by the non-offending parents belief that communication regarding the investigation was poor, or the investigation dragged on for too long, or was cut short (Jones et al., 2010). In addition to having to deal with the stress of the investigation, once this process has ended and the safety of the child has been established, oftentimes the services provided to support the child and the non-offending parent are short lived (Davies, 1995).

### **Parental Coping**

Coping refers to a person's ability to take action be they via thought and/or behavior in a manner that assists in managing and resolving the demands faced as a result of a stressor (Folkman et al., 1986). Coping can be broken down into two functions meant to deal with the stressor: problem-focused and emotion-focused coping (Carver, Scheier, & Wintraub, 1989). Problem solving coping refers to the individual's attempt to handle the problem inflicting stress, while emotion-focused coping aims to regulate the emotional distress activated by the problem (Folkman et al., 1986).

A non-offending parent's ability to cope is a significant factor in determining the emotional distress the parent will experience after disclosure of his or her child's sexual abuse (Hiebert-Murphy, 1998). As parents process their son or daughter's disclosure of sexual abuse, it is unclear if and how they cope (Davies, 1995; Hiebert-Murphy, 1998). Helping non-offending parents develop and enhance coping strategies can support parents in better managing any stress they experience and consequently help them to effectively support their child (Banyard et al., 2001).

**Avoidance.** Experiential avoidance is defined as an individual's purposeful effort to escape from, or avoid awareness of, a private sensation (such as a thought) that creates an adverse internal reaction (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). Individuals may choose to engage in avoidant actions in order to escape the emotional pain of a distressing event—for example, the emotional turmoil and stressors non-offending parents may experience after learning of their child's abuse (Leitenberg, Gibson, & Novy, 2004). Comparison between mothers and fathers indicated that mothers appear to engage in avoidant coping at higher levels than fathers (Manion et al., 1998).

However, despite the appealing nature of engaging in avoidant actions to prevent unwanted thoughts, engaging in avoidant coping is often not in the best interest of abused children or adolescent, as mothers who engage in avoidance appear to be less capable of supporting their children (Stauffer & Deblinger, 1996). Furthermore, such coping may result in the parent becoming overwhelmed (Hébert et al., 2007). In child abuse cases, as the child and caregiver attempt to cope with the aftermath of the sexual abuse, parents may often be challenged on how to address and process the topic with his or her child (Hill, 2006). As a result, the caregiver may avoid the conversation entirely (Gries et al., 2000). Parents who may be especially inclined to use avoidant coping and experience distress as a result, are those who were also the victim of childhood sexual abuse (Banyard et al., 2001).

**Group support.** Receiving and engaging in treatment can be helpful in assisting non-offending parents to cope with the emotional turmoil and other stressors caused by the abuse (Corcoran, 2004). For some parents, engagement in supportive services (such as support groups) can alleviate feelings of isolation and provide the parent with a forum to give and receive information that may be reassuring (Banyard et al., 2001). Receiving social support can assist

parents with emotional distress, leaving them feeling better equipped to cope with the additional stressors that may arise as a result of the abuse (Hiebert-Murphy, 1998). Non-offending mothers who relied on behavioral and cognitive strategies to cope with the situation appeared to have experienced less distress than those who engaged in avoidance (Hiebert-Murphy, 1998).

Engaging in a group can serve as a way for the parent to gather resources that can support and expand the family's network (Banyard et al., 2001). Engaging in support group services may help parents realize they are not alone, and thus allow them to express their feelings more effectively (Winton, 1990). Additionally, some parents may find support in other areas such as in programs where they receive training in parenting skills, which may allow parents to regain confidence in their parenting capability (Winton, 1990).

Regardless of the type of treatment a parent chooses to engage in, teaching parents new skills and providing encouragement can help parents feel empowered, which may aid non-offending parents in utilizing coping methods that are better suited to their specific needs (Hiebert-Murphy, 1998).

### **Cultural Influences**

A parent's presence in his or her child's life is multilayered. Among the responsibilities a parent has is the task of providing their child with the tools necessary to develop a healthy autonomy that will guide the child throughout their life. For many parents providing those tools is an extension of teaching cultural values and beliefs (Calzada, Fernandez, & Cortes, 2010). Latino and Latina parents do this through molding and teaching an array of cultural values that were modeled to them as a child, including *familismo*, *respeto*, *personalismo*, and gender roles derived from *machismo* and *marianismo*.

*Familismo* refers to the desire to maintain a family-centric unit through placing value in maintaining strong family relationships, not only with immediate family members but also with extended family members (Halgunseth, Ispa, & Rudy, 2006). This family-centric value further allows increased social and emotional support (Calzada et al., 2010).

*Respeto* refers to level of respect that children are expected to display to authority figures, a position that may be established by person's age, gender, or position of authority such as an elder or a professional like a doctor or police officer (Antshel, 2002). This may be conveyed through actions such as polite greetings and being mindful to not interrupt others' conversation (Halgunseth et al., 2006). Calzada, Fernandez, and Cortes (2010) found that mother's described *respeto* "as the foundation for successful child development" (p. 81).

*Personalismo* is described as the importance placed by the Latino person on the individual and personal relationship with another. Similarly important is *simpatía*, which refers to the value placed on maintaining positive interactions by attempting to be agreeable and thus reduce conflict and minimize confrontation (Antshel, 2002).

*Machismo* and *marianismo* are cultural norms and expectations for behavioral patterns an individual should possess. Although *machismo* may possess a societal negative connotation, both *machismo* and *marianismo*, have adaptive and maladaptive traits. *Machismo*, traditionally descriptive of males, contains adaptive traits such as honor, pride, responsibility, and obligation to family; and maladaptive traits such as aggressiveness and an inclination for excessive alcohol consumption. *Marianismo*, traditionally descriptive of females, contains adaptive traits as being: family oriented and devoted, nurturing, and self-sacrificing and maladaptive traits such as submissive, compliant, and dependent upon others (Edelson, Hokoda, & Ramos-Lira, 2007).

A combination of the above cultural values and gender norms specific to the Latino/a culture can influence and affect the engagement and interaction with service providers. For example, Antshel (2002) notes that it can be challenging for a professional service provider to develop a relationship based on *personalismo* with clients; but for Latino/as who feel a sense of *personalismo* is a critical component of trusting relationships, it can be difficult to engage in and continue long-term services if this aspect of the relationship is missing.

## Chapter 3: Methodology

### Qualitative Research

This study utilized a qualitative approach to investigate the challenges and coping mechanisms of, and the services that support, non-offending parents of sexually abused children. Qualitative approaches can make use of a variety of methods for data collection, such as: interviews, direct observations, and group discussions (Snape & Spencer, 2013). Qualitative research is defined as:

Any type of research that produces findings not arrived at by statistical procedures or other means of quantification. It can refer to research about persons' lives, lived experiences, behaviors, emotions, and feelings as well as about organizational functioning, social movements, cultural phenomena, and interactions between nations. (Strauss & Corbin, 1990, pp. 10-11)

However, in a qualitative approach, the information gathered is often coded and quantified in order to allow for a statistical analysis of, or a means of categorizing the data to reveal relationships or themes that may arise (Strauss & Corbin, 1990).

This method of collecting data places the emphasis on the participant's experience and knowledge (Snape & Spencer, 2013) and thus is focused on information regarding the individual participant's thoughts and feelings (Strauss & Corbin, 1990). Qualitative research also allows the researcher to pull from his or her own experiences in order to set a foundation to support the analysis of data (Strauss & Corbin, 1990). However, while qualitative research allows for the study of a phenomenon based on the experiences of a single or multiple individuals, it also



becomes limiting for the same reason and thus cannot be generalized (Merriam, 2009).

Qualitative research may also be limiting in how results are developed, as it is the researcher who collects and interprets the data (Merriam, 2009).

Due to the sensitive nature of the topic this study addresses, and its more demanding goals, a qualitative approach allowed for a thorough and detailed extraction of the feelings and thoughts of non-offending parents. A qualitative research approach was particularly advantageous in this case, as it allowed the researcher to develop a clear understanding of the participant's experience through examination of both their verbal and nonverbal communication, as well as through the ability to ask follow-up questions that aided in clarifying the participant's perspective (Merriam, 2009).

### **Phenomenological Research**

Phenomenology refers to a particular method within the qualitative approach whose focus is on allowing the researcher to transform "the world into mere phenomena" (Moustakas, 1994, p. 12) by finding the commonalities in the experiences between participants (Creswell, Hanson, Plana, & Morales, 2007). As the present research was conducted through the use of interviews, the researcher was able to identify common themes across participants to better understanding the common difficulties Latino/a non-offending parents experience.

Phenomenological research was created by Edmund Husserl who wanted to formulate a scientific method to support the understanding of human experience (Wertz, 2005). This method requires the researcher to refrain from imposing a judgment or assumption about the topic (Wertz, 2005; Moustakas, 1994). Refraining from creating an assumption will allow the researcher to clearly observe and learn from the information being gathered and thus be able to understand the experience rather than focusing on generalizing the material (Moustakas, 1994).

A researcher using the phenomenological method is often most interested in being able to understand the lived experience of participants. Thus, the focus is on obtaining a real and detailed explanation of the event as opposed to formulating a hypothesis or making inferences regarding the experience being studied (Wertz, 2005). As this study employed qualitative interviewing, it is believed that participants were able to provide knowledge based on their experiences, and so directly and effectively address the study's research questions.

A semi-structured interview was utilized which provided the interviewer with the freedom to ask follow-up questions. This methodology allowed the researcher to rephrase questions to make them more understandable for the participant if needed; and allowed the researcher to clarify and/or explore more deeply a topic that came up in the discussion (Barriball & While, 1994).

Qualitative research places a unique challenge on the researcher, as it is the researcher's responsibility to fully engage the participant and conduct a meaningful interview that will deliver significant information (Patton, 2002) in a manner that flows and mimics an ordinary conversation (Brenner, 2006). Therefore, developing rapport is essential, as the participant will often take cues from the researcher regarding what to expect and what is expected during the interview (Brenner, 2006). With this in mind as well as the importance of utilizing cultural values such as *personalismo* and *simpatia* to better develop rapport, the current research utilized an interview protocol that consisted of open-ended questions allowing the participant the room to express him or herself freely.

### **Participants**

Due to the methodology applied in phenomenological research (namely a focus on the experience of the individual(s)), and the amount of data that can be generated from one or

multiple interviews, the number of participants needed to conduct a quantitative study may vary (Starks & Trinidad, 2007). Furthermore, there may be situations in which the number of participants may not be predetermined prior to the beginning of the study and even into the data analysis (Wertz, 2005). Depending on the topic and nature of the study a researcher may be able to use only one participant if that individual is someone who possesses enough knowledge or experience to fulfill the goal of the study (Wertz, 2005). However, Mason (2010) identified sources that suggest having a minimum of five or six participants for qualitative phenomenological research.

For the purpose of this study, six self-identifying Latino and Latina non-offending parents who have a child who was sexually abused or molested were recruited. For the purpose of this study non-offending parents was defined as biological parents and/or caretakers who had the primary responsibility for the child. In the case that both parents of the child were available and able to participate, interviews were done separately to provide each parent with privacy and thus freedom to express him and her self fully. All parents were required to be over the age of 18 and speak English or Spanish. Additionally, parents and caretakers needed to self-identify as Latino/a as this population was the focus of the current study.

### **Procedures**

A flyer was provided to each resource to give to potential participants. A Spanish version of the flyer was also created to make participation accessible to Spanish speaking Latino/a parents. Interested participants contacted the researcher via phone in order to conduct a preliminary phone interview. The goal of the preliminary interview was for the researcher to provide a brief explanation of the purpose of the study, ensure the potential participant met inclusion criteria, and begin to establish rapport (Englander, 2012). Criteria for participation in

the current study included being a non-offending parent or primary caretaker of a minor who was sexually abused or molested, parents needed to self-identify as Latino/a, and the parent or caretaker needed to be a primary caretaker of the child or adolescent when the abuse was disclosed. In cases where the potential participant met inclusion criteria and communicated interest to participate, an appointment was set up to conduct the interview.

Interviews were conducted one-on-one, in person or over the phone. Participants were provided with an informed consent to sign (see Appendix A and B) and a demographic questionnaire to fill out (see Appendix E and F). Upon completion of both, the researcher began the interview protocol (see Appendix C and D). All interviews were recorded using an audio recording device as this supported the accuracy of the interview including insight of interactions and nuances that occurred (Barriball & While, 1994). Additionally, the researcher maintained field notes to record significant information that occurred during the interview process such as specific responses or observations made (Starks & Trinidad, 2007). Interview length was expected to be between 45 to 90 minutes in order to accommodate the needs of each participant.

### **Data Analysis**

This study collected information through interviews with self-identifying Latino and Latina non-offending parents. The approach used to analyze data gathered for the present study was qualitative phenomenology. Wertz (2005) stated that phenomenology employs four key elements to analyze and understand what participants reported during each interview. The researcher should read, reread, reflect and synthesize the information gathered. Wertz (2005) explained that each of the four steps allow the researcher to better extract meaning and insight from what participants reported.

As previously mentioned, qualitative research can be analyzed and interpreted by coding and categorizing the data from each interview. The process of interpreting the information may consist of breaking down the data gathered from each participant then placing it back together (Starks & Trinidad, 2007). By breaking down the information a researcher can start the process of coding while placing data back together may refer to the identification of themes across interviews.

Merriam (2009) described the process of coding by which the researcher will assign codes to pieces of data throughout the transcript of each interview. The assigned codes serve as a means of quickly identifying pieces of information for each interview (Merriam, 2009). The researcher then proceeds to group and categorize codes that have been identified to share similarities to form what are called “themes.” Identification of common themes across all interviews allows for further comprehensive and in-depth analysis of all material gathered (Wertz, 2005). The identified themes can often be noted to provide insight and answers the research questions (Merriam, 2009).

In the present study, the researcher transcribed all the interviews and began identifying code (e.g., aftermath, change, family, providers, etc.). Once codes were identified the researcher analyzed the commonalities reported by parents through the use of the identified codes. This process allowed for themes to be identified enabling the researcher to gain insight regarding culture, common stressors, coping strategies, and resources non-offending parents experienced.

### **Risks**

Due to the sensitive nature of this topic, participants face the risk of becoming emotionally triggered. While the interview did not focus on the abused child(ren) or the sexual abuse incident(s), the interview included discussion of the stressors that arose from the disclosure

of the abuse as well as the parents' experience of their ability to cope. To support participants who might have become overwhelmed by the context of the interview, the researcher explained the voluntary nature of this study, and encouraged participant to communicate if he or she needed of a break, wanted to divide the interview to be completed over two days, or wanted to end the interview. Additionally, the researcher provided each participant with list of available resources that are accessible to each parent should he or she express a desire to process their emotions and stressors with a professional.

### **Ethical Considerations**

Prior to the commencement of interviews, the researcher obtained approval to conduct the research from Antioch University's Institutional Review Board for human participants research (IRB) and adhered to ethical standards set by the American Psychological Association (APA). Identifying information will be kept confidential and code names were utilized to identify the interview transcripts.

Additionally, at the onset of the interview, participants were informed that should they feel they are unable to continue with the interview for any reason, they had the option to pause or terminate the interview. This information was included in an informed consent that participants were asked to read and sign before the interview was initiated.

## Chapter 4: Results

### Overview of Findings

For the current study six self-identifying Latino and Latina non-offending parents were interviewed. Participants consisted of five females and one male ranging in age between 29 and 49 years old. At the time of the abuse, three parents identified their marital status as single, two as married, and one as separated/divorced. Participants were asked about their relationship to the alleged perpetrator, three described it as a live-in-relative and three described it as “other,” however when asked about the alleged perpetrator’s living arrangements five parents reported he lived in the home. Additionally, while the gender of the alleged perpetrator was not asked, during the course of the interviews all participants identified the alleged perpetrator as male. The age range of the children at the time of disclosure was between three and a half years to 10 years old, and the time since the abuse was reported to the parent was between one to four years prior to interviews.

This study was conducted with two thoughts in mind. First, to better understand the stressors that Latino/a non-offending parents experience when learning about the sexual abuse their son or daughter experienced; and second, to better understand how Latino/a non-offending parents cope with the identified stressors. Based on participant responses four main themes emerged: feelings and stressors, coping strategies, community services, and culture and family.

### Feelings and Stressors

The first question of the interview protocol prompted participants to share his or her experience after learning of their child’s abuse. Words that were used to describe how parents felt after learning of the abuse included feeling: “betrayed,” “sadness,” “resentment,” “worry,” “anger,” “frustration,” “overwhelmed,” “alone,” “guilt,” and “lost.” Furthermore, parents also

identified a need to maintain composure and stay present in the moment as described by one participant “I think finding out...I, I went into a...like um almost like a survival mode. So, finding out I didn’t have a lot of emotions I felt like I had to keep it together.” Another parent shared “in that moment I was just literally in problem-solving mode and my brain was jumping from one thing to another and so on” as the parent described staying present in the moment to support her child while also trying to figure out what to do next. All parents expressed having an emotional reaction; however, they indicated that their ability to understand and process those feelings was overpowered by an almost instinctive need to protect their child.

As the immediacy of the disclosure concluded and the child’s needs were being addressed, parents began to take note of their own emotional response resulting from their child’s disclosure. Parents in the current study addressed feelings of guilt and pain. As one parent stated, “I felt guilty from day one when she disclosed. I...I beat myself up for it because I should have kept her safe.” The same parent later stated:

There was a lot in retrospect. Honestly Rocío [interviewer’s name], in retrospect there were little thing that I would see, that should have been red flags for me, and that’s what kicks me in the ass the most. You know how as a mother you have a gut [feeling]? And I would always justify them in my head. I would leave and I would start...like [pause] processing it ‘ok there’s no reason for this’ and I would just quiet it, but then something else would show up or something else would happen and then I would be like...that’s weird.



This parent was not alone in feeling guilt. Other parents reported their guilt led them to blame themselves, reporting that they should have seen that their child was going through something, that he or she should have seen the signs or realized that the child's behaviors were unusual for them. For one parent seeing how the abuse affected her child, led her to feel a mixture of pain, guilt, and self-blame, as well as the fact that she failed in "connecting the dots," and to realize that her child was going through something. Another parent described how knowing that this type of abuse occurs in society increased his experience of emotional "pain" once he came to recognize that his child had been a victim of abuse.

Many parents reported feeling betrayed, which impacted their ability to trust in others. Parents felt betrayed by a number of parties, including: the perpetrator, their family members, and the legal system. Furthermore, in the case of all but one of the participants, the perpetrator resided in the same home as the child. This fact perpetuated each parent's difficulty trusting others, as one parent explained:

(M)ore than anything, how will I surpass this? I mean, um [pause] I thought family was supposed to take care of each other. Where I thought we [mother and child] were the safest is where my child was the least safe.

This sense of mistrust led three parents to report experiencing post-traumatic stress disorder like symptoms. One parent described her emotional strain by stating:

I was super angry that there wasn't any justice and I had like a lot of PTSD, like after. Like...like I couldn't have her take a shower without me being in the shower...I couldn't

have her being anywhere without me knowing where she was. Like I couldn't have her eat from the bedroom with me going to take a shower because...I...I felt like 'oh my god someone is going to go in and hurt her.' I couldn't leave the windows open. I couldn't um...I had to call her all the time.

Furthermore, the parent also expressed "I was also mad at her [child] because she wasn't able to disclose it" referring the child's limited ability in disclosing to law enforcement details regarding the abuse – which resulted in her case being closed. Another parent expressed heightened concerns when away from her child for her child's safety. She described this as:

I feel more insecure about my faith. Is my child protected where I leave him? Are they taking care of him? Is he ok? Is he safe at school? So, I ponder about all this. Is my child safe? Are they touching my child while he is at school?

A third parent described an intense concern regarding his child when the child was under the care of the mother with whom he shared custody. The parent described the experience as:

I even monitored the house sometimes. And find out if anyone is coming in, you know, what their situation was like. I would check them [out from] outside; it's a one-story house. And then also, you know...just talking to other family members of her [child's mother], calling her [daughter] frequently and hanging out with my daughter.

All the parents described an increased wish to protect their child, along with heightened feelings of stress and worry—all of which impacted their day-to-day lives. The parents' discussions of their feeling of betrayal were accompanied generally by an effort to hold back tears, with one parent becoming actively tearful, while another appeared quite nervous and uncomfortable. One parent was noted to say that this feeling continues to affect her presently as it causes her to be insecure about herself and her parenting.

Furthermore, several parents addressed a larger concern and worry regarding the safety of other children in the community. For several of the parents, first-hand knowledge that his or her child had been victimized led to added insight regarding the vulnerability of other children in general. Throughout the course of the interviews, parents addressed the position of authority the perpetrator was in, not only because of their individual relationship with the child but also because of the perpetrator's occupation. For these parents knowledge that other children had possibly been victimized was too real, and for one parent it led to a larger investigation in her child's case. A second parent addressed having first-hand knowledge of the presence and effects of child sexual abuse through her own occupation. Additionally, this parent along with another parent addressed normal developmental stages and verbal communication limitations in some children and questioned society's ability to protect these children. One parent stated, "If they can't communicate and we [adults] don't see [the abuse], who will speak-up for them [children]?"

Parent's emotional reaction to the disclosure and the initial process of the investigation led to a variety of feelings, most prominently sadness. One parent described the experience of having to take her child to a central location to initiate the investigation as "in that moment, honestly, it feels like your life...it's just crumbling, because it's your baby!" Other parents

described significant emotional distress that prompted a consultation with a medical professional to address the need for antidepressants.

Several parents addressed the personal trial and difficulty of balancing their child's need to talk about the abuse with how difficult they found it to remain attentive while managing their emotional reaction to the child's emotions and thoughts. Parents discussed the difficulty of having these conversations with their children and the challenge they felt to reassure their child that they made the right choice in disclosing the information and that the abuse and consequences of the disclosure were not their fault. Additionally, while most parents reported limiting the number of people they shared information with regarding the abuse. One parent reported not sharing this with an older son who lived in the home. Understandably, the parent's decision was in an effort to protect all of her children. However, one has to wonder if there are repercussions to keeping this "family secret."

For many parents the choice to limit who they told of the abuse appeared to be determined by culturally and family-based perspectives. The nature of this decision making process will be addressed later. However, for two parents limiting who they told of the abuse, led them to experience additional stress, as were left with fewer people with whom they could speak and process their emotions. Both of these parents used the phrase "broken record" to express how they felt when discussing the abuse. Such feeling resulted from the sense that they were complaining, that the people to whom they opened up to did not want to talk about the topic. As a result, they were left feeling that they didn't have a right to feel bad, or that they needed to "get over it."

Some parents were troubled by the perception that they had failed as parents because they failed their child, and thus questioned their parental capability. One parent reported experiencing

the turmoil of the “what ifs.” In this case the parent witnessed the perpetrator fondling her child from a distance, and questioned what would have happened if she opted to not go on the family outing, or told her child to stay with her rather than go off with the perpetrator, or had chosen not go on the outing herself, or had been distracted rather than maintaining a watchful eye over her son. This parent expressed insight regarding the disadvantage of thinking about the “what ifs,” but stated she could not help but to think of how much worse the situation could have been or how much longer it could have been before she realized her child was being abused.

For other parents, doubt of their parental capability resulted from failure to realize their child’s behavioral outbursts were linked to abuse, and so feeling they were unable to support their son or daughter. Some of these parents also reported having difficulty making decisions regarding the child’s mental health treatment, and wondering what they could have done better. For one parent who shared custody of his daughter, stressors arose not only from questioning of his parenting skills but also his ability to be a provider, even his very persona. He stated:

I want my daughter to stay with me but I guess my wife has more money so she [child] got to stay over there. So I can’t do anything about it. There was a disagreement for her to live with me, I may not be able to afford it but I think I can, maybe not lavishly but it was a disagreement. She [child’s mother] makes more [money] and she has more comfort in life...and also I’m a little immature and not as stable as she is.

The process of the investigation and/or outcome of the investigation, whether through Child Protective Services (CPS) or the Law Enforcement (LE), also was a significant source of stress for several of the parents interviewed. While some parents communicated some positive

impressions of the service providers they encountered, most expressed disillusionment with the overall investigative process, particularly the legal side. All parents revealed the abuse was reported to CPS leading to an initial screening process, after which only two cases were opened for services with the Department of Children and Family Services (DCFS). Five parents communicated an additional report to LE for an initial investigation, however only one parent reported that the perpetrator was incarcerated. One parent reported the perpetrator faced legal charges, however she added the case has been pending in court for over three years. A third parent communicated that a LE investigation was initiated. However that parent reported uncertainty about the process. Two other parents reported that after LE concluded its investigation no charges were filed against the perpetrator.

The investigation process was identified as a significant source of stress for many of the parents interviewed. For example, the parent whose child's case was not investigated by LE expressed frustration regarding the legal consequences faced by perpetrators of child sexual abuse, stating "there should be stricter laws about this."

In addition to stressors faced due to the logistics of law enforcement's investigation, two parents stated being advised by the detective and/or victim advocate not to share information regarding the investigation. One parent stated "I was a mess here at work because I couldn't tell anybody and the investigation was ongoing so, they advised me to not disclose it to anybody." The second parent expressed that was an additional factor in her decision to limit the number of people she told of the abuse, consequently affecting who she was able to turn to for emotional support.

Furthermore, parents expressed frustration regarding their individual interactions with members assigned to investigate or provide support during the initial investigative process. One

parent identified law enforcement's investigative process as poor and conducted by poorly trained individuals. This parent stated her child's verbal limitations due to her age at the time of disclosure resulted in limited information given to LE, which led the case to be closed. After the parent questioned if the case could be reopened as the child began to verbalize more information, she was told no and was accused of "coaching" her child.

A second parent addressed her frustration with the Victim's Advocate assigned to her child. The parent reported she sought therapy for her child but finding a provider proved to be a challenge due to the parent's occupation. The parent stated she communicated this to the Victim's Advocate who repeatedly referred the child to an agency the parent had previously declined. The parent added that she felt the Victim's Advocate became frustrated with her. She reported further that she tried to bring to the Victim's Advocate's attention by deferentially apologizing for "being difficult," but the Victim's Advocate's affirmative response ("yeah") made her feel even worse. The parent cited this interaction as poor and unprofessional, which led her to avoid contact with this provider—someone who was supposed to be an important support.

### **Coping Methods**

The topic of coping mechanisms was one that appeared to stump some parents as observed by pauses, their reporting a need to reflect upon this, and for some a difficulty identifying the coping skills they utilized. One parent addressed the challenge in coping with their child's victimization by stating, "What can I do to start over? I mean emotionally, in my life, what can I do? How do I cope with what I feel right now? [pause] How do I cope?" Despite this, this parent and others identified a variety of coping mechanism, ranging from using

skills they already possessed, to making use of external forms of coping and support, to relying on avoidant behaviors.

**Internalized coping mechanisms.** An example of using natural coping skills is the use of positive self-talk in order to motivate oneself. Parents expressed a need to stay “strong” for a variety of reasons, most prominently as a manner of coping and ensuring he or she stayed present in the moment to be supportive of their children and continue to be a good role model. Parents made statements such as: “I felt like I had to be strong for my kids;” “I felt like I needed to keep it together;” and “I need to be strong; yes, it’s not easy but one has to be strong.” Such positive self-talks led some parents to cope with the abuse by learning from what happened, making changes within him or herself and/or regarding actions and decisions they made, and by encouraging him or herself to move forward. For example, one parent stated: “I feel like everything is just a challenge, like it just makes you a stronger person.” Additionally, while no parent in the present sample communicated self-forgiveness or letting go of their guilt, many addressed a desire to move on and made clear efforts to do so. Moreover, one parent attempted to coping by using her religious beliefs and attempting to forgive the perpetrator for his actions.

**Externalized coping mechanisms.** Externalized forms of coping most commonly took the form of talking with someone. Who that someone was varied, but included: a spouse, relative, friend, or mental health professional such as a therapist or case manager. The two parents in this study who reported being married described receiving a significant amount of support from their spouse. One parent described her initial hesitation to inform her husband about her child’s disclosure. However, she stated that after sharing with him, she wished she had done it sooner as he immediately was supportive of her. The second parent stated that her husband was her main source of support from the moment they found out about the abuse. This



parent described an initial fear that she and her husband would have marital problems, however reported that this was never the case as they maintained active and honest communication and remained supportive of each other.

While every parent reported limiting the number of people he or she told about their child's abuse, all but one parent reported reaching out to friends. Most reported doing so for moral support as well as for suggestions regarding possible services or providers (e.g., recommendations for a therapist). Parents communicated that it was a great source of support to be able to have someone who listened to them, provided advice, served as a check-in, or helped in finding community resources. However, due to most parents' decisions to limit those to whom they disclosed the abuse, such natural supports were limited. Three of the five parents who reached out to friends reported only telling two friends and giving them very limited information. Some reported doing so because they were mindful that it was not their story to tell, and they wanted to respect their child's privacy; others reported not knowing what to say or how to say it, being afraid of being judged as a parent, and the taboo nature of the topic as impacting their decision to withhold information. Consequently, for at least one parent this led to the belief that the friends she confided in quickly tired of hearing about the case. The parent noted the case was stalled in court for several years, and stated that coping with this has been difficult leading her to believe that her friends "are done listening to me talk about this topic and so I try not to talk about it anymore." The parent felt her friend's avoidance was evident as they ceased checking in with her and inquiring about her well-being as it related to the case. Several of the parents in the study described a sense of loneliness. For some this was due to the perpetrator living in the home and in some cases being a family member. However, a

contributing factor may have also been the limited amount of friends and family (i.e., natural supports) to whom these parents were able to reach out.

As previously mentioned, three parents sought therapy or some form of professional support while one confided in the case manager assigned to her for an unrelated reason. Two parents conducted their own research and/or reached out to someone for a recommendation of a therapist, while one parent was encouraged to attend therapy and was referred to a therapist by her daughter's clinician. The three parents who attend therapy all communicated being in a better place thanks to the support received within this context. In addition to individual therapy, one parent reported attending a few sessions of a support group. This parent described the experience as perhaps the most significant thanks to the advice and encouragement received from other parents who were struggling with similar issues.

For the three parents who did not engage in therapy, two communicated a need and desire for this type of support. For one parent this was evident after attending a family session with her child's therapist when she stated: "I do remember ignoring some stuff and not fully answering things because it would trigger stuff in me...that I guess now thinking back is a clear sign I should have been in therapy." Another parent described that she was actively looking for a therapist. In this case the parent reached out to her case manager who she described as good, kind, and "the only one who's helped me." The third parent who did not access mental health services stated that making this decision was carefully thought and decided the comfort and support from her natural resources was sufficient.

**Avoidance as a coping mechanism.** A common coping method for parents, whether intentional or not, was avoidance. Most parents in the present sample appeared to engage in avoidant behaviors such as becoming goal oriented and addressing day-to-day tasks as well as

needs that were coming up as a result of the disclosure. They reported focusing on attending appointments, searching for resources or services, finding activities that can be done to enhance positive bonding time with their child, attending work and/or school, without full awareness that as a consequence they were failing to address their own emotional well-being. It was observed that only one parent actively used the word “avoid,” most parents who engaged in these behaviors stated doing so with the intent of staying strong, and while some expressed knowledge they were internalizing their feelings, few recognized the possible harm of this.

Upon being asked how they coped with emotions that came up after learning about the abuse, one parent responded, “I cried every night [laughs]. No I did. I internalized a lot I think and um, I honestly didn’t talk to anybody.” A second parent stated, “I don’t know that I did. I ignored what I could and cried when I was sad or overwhelmed.” A third parent communicated, “I talked to some family about it but I kinda just held it in.” For some parents, this initial reaction of internalizing their feelings continued to the present time but took the form of staying busy. Five of the six parents reported being employed while two also reported being full time students. Parents addressed the need to remain attentive to these tasks as well as new tasks that arouse such as appointments with a therapists, law enforcement investigator, social workers, doctors, and case managers.

### **Community Resources and Services**

Every parent in the present study had some level of involvement with community services and providers, at the very minimum through the course of the investigation conducted by child protective services and/or law enforcement. Several of the parents identified stressors as well as support within these systems that were more thoroughly explained in the **Feelings and Stressors** and **Coping Methods** sections respectively. However, as involvement with the

community went beyond that of the initial contact for the investigation, parents also provided information regarding what was helpful and not helpful from the service itself or from the parent's one-on-one interactions with providers. They also discussed the challenges they faced when accessing or attempting to access community services, including those from a cultural standpoint.

Five of the six parents in this study reported taking their child to a centralized location to initiate the investigation. The parents described that there the child was thoroughly interviewed by law enforcement and/or social workers and received a medical check-up if recommended or needed. Furthermore, while such locations were specifically designed to support the investigation of the child's allegation, this was seen as a positive support because the children were being referred to a location that had a specialization in child sexual abuse and thus had trained professionals who understood the sensitive nature of these cases. One parent expressed her appreciation of providers personally checking-in with the child and giving him a safe space to express himself. Another parent described interactions with professionals as positive stating the providers were "professional," "honest," "straight forward," and "showed compassion." Furthermore, such centralized locations likely reduced the number of times a child and parent had to be interviewed.

Additional support from community providers was described by one parent who expressed that maintaining contact with those conducting the investigation made her feel included. The parent was provided with the contact information for the primary detective assigned to the case and stated:

I think that was great because I think I will never get rid of her number. Because she was very accessible and very nice and very...um that was the detective. I think the most positive [pause] person from it all was the detective herself.

Two other parents explained that contact with their child's therapist through collateral or family sessions led to an improved understanding of their child's presenting symptoms. For these parents increased insight led to a better-developed ability to support their child and thus less self-doubt about their competence as a parent. Furthermore, for one parent such collaboration led to someone noticing her need for therapy. Two parents reported accessing services from a case manager; both parents described such support as extremely helpful as they explained that through their case manager, they were linked to services of which they were unaware. Case management services were described as inclusive for the whole family, as one parent explained that she was linked to services for a daughter who was not the identified patient, nevertheless explained that linkage to such services became a significant source support for the family as a whole as it supported with unrelated and preexisting family stressors.

Parents also provided their feedback regarding what they found as unhelpful and unsupportive. For example, some parents described feeling that the services provided at these centralized locations were solely focused on the child. One parent described this experience as impersonal as she stated, "they [community resources] were offered to me in a piece of paper. They just said, 'here you go, these are the resources we have' and honestly it was overwhelming." This lack of care in providing information about where to access services for their child and the family made accessing services more difficult. Parents described being unprepared for things such as: leaving voicemail messages for potential providers, wait time for

returned calls, being placed on a waitlist to access services for him or herself as well as their child, needing to consult his or her insurance provider, having co-payments for services received, and scheduling challenges. Therefore in the case of one parent, this led to unanswered and unreturned phone calls from providers given to her in a list, a need for her to conduct her own research, and consequently, a delay in accessing needed services.

Another parent expressed frustration with the legal system and some providers as she reported her perception that numerous delays in the perpetrator's legal proceedings served the perpetrator's interests, adding that the judge, district attorney, and victim's advocate failed to see the negative impact this was having on the child and the parent. The parent reported conducting research regarding the logistics of the legal system in these cases stating that she's received little information regarding her child's case. She added that her requests to the victim advocate for a meeting with the district attorney went unanswered. For this parent, the possibility of her child having to testify several years later has raised concerns about re-victimization, and led her to question her ability to support her daughter.

Interactions with social workers and CPS were more commonly described as poor. One parent identified her frustration in trying to determine who would investigate her child's allegation stating, "the thing that upset me was the initial contacting, that CPS deferred me to the detec- the police department. So it was kind of like a disconnect between them [CPS and LE]." Another parent explained her surprise in finding that police officers displayed more friendliness and sensitivity than the social worker and detective stating, "once I got into the end of it where it was dealing with the social worker, dealing with the like uh the detective that was almost like um...it was almost like they weren't sensitive to the parent." This parent along with another parent addressed concerns regarding the interview approach with their child, which they believed

was not age appropriate. One parent communicated, “I felt like they [social worker and LE], they didn’t understand that a 4-year-old can’t really disclose a lot of information” and “I felt like the understanding of how a child’s mind works...I felt I like they lacked on it and didn’t understand the psychology of a young child and how that affects like what a child is able to disclose” leading to being dismissive of the allegation and a possible perpetrator. A second parent stated, “she [social worker] was asking very direct questions to my daughters and I just felt like, you don’t have to be like this towards my daughters...like they are little kids.” The parent further explained that the social worker’s use of unfamiliar words with her children led to “I don’t know responses” from the kids, which the parent believes were interpreted by the social worker as the children hiding information. The parent added that based on how the social worker presented herself when conducting the investigation the parent “felt like...like she [social worker] had already picked a side before talking to us.”

As an outgrowth of experiencing barriers, challenges, gaps in services, or missing services parents also voiced opinion about changes they would have liked to see in the services rendered or offered to them. Parents communicated a need to search for their own services whether meant for him or herself or for their child. One parent was asked if her social worker offered linkages to mental health services after the parent voiced her desire for this. She stated, “She [social worker], um no. She only asked me, well told me that I needed...to tell my case manager that I need family therapy.” The parent denied her social worker providing referrals or linkages to service locations and instead referred her back to her case manager, thus delaying her ability to obtain services.

Three parents addressed the challenge of accessing services due to insurance-related barriers. For example, one parent communicated that the Victim’s Advocate communicated the

parent was eligible to access services through the California Victim Compensation Program (CalVCP). However, the parent was told she only had one year to access services. In this case the parent reported that once she was able and ready to start therapy, she was informed she no longer qualified and stated that because she lacked her own insurance she would have had to pay-out-of-pocket. A second parent experienced similar insurance related barriers stating that she was not provided with the option of accessing services through CalVCP, which led her to a long process of trying to access services through her insurance provider. After being informed of what her co-payment would have been for herself and her daughter she instead opted to apply for Medi-cal at which point she was able to access services. A third parent described what for her could have been a similar barrier as the parent did not have insurance. Through her daughter's therapist, however, she was referred to the indigent program within the same agency where the parent was able to access services free of cost.

When asked if parents believed their cultural or religious background impacted the services or quality of services received, the most common answer was some variation of the notion that they felt uncertain about this—which seems to imply some sense that they felt some tension in this direction. Throughout the course of the interview, parents described changes that could have been made to improve the quality of the services they received or improve their interactions with service providers. Additionally, parents identified services they would have liked to see. However, parents were observed to be cautious about suggesting that their cultural background impacted the services or quality of services provided.

Nevertheless, despite caution or an initial disbelief that this could have been the case, examples of such interference were provided throughout the course of the interview. One parent stated her believe that if she had reported the abuse at a different police precinct from the one in



her predominantly Hispanic neighborhood the response would have been better. She felt her child would have been “heard and treated better,” rather than dismissed as “just another case.” A second parent expressed her belief that if she had been more “pushy,” communication between herself and investigators would have been better and she would have received information she needed and wanted.

Another case was that of a parent who reported her observation of being a fluent English speaker with a primarily monolingual Spanish-speaking husband. The parent expressed that despite having a Hispanic-identifying, Spanish-speaking social worker, the differences in their cultural backgrounds quickly became noticeable. The parent explained that the social worker used many colloquial terms unknown to her husband leading to poor communication and misunderstandings by her husband. This placed the parent in a position of having to serve as translator and led the parent to express the need for bilingual and bicultural service providers.

A second parent addressed an automatic thought she had when observing difference in cultural backgrounds between herself and the services providers working with her and her child. She stated, “I thought ‘OK, these are White educated women, that um...come from good families and have good schooling and stuff like that, and haven’t really experienced anything negative like this,’ you know.” This parent expressed feeling isolated and alone in this experience even when surrounded by people intending to be helpful. She expressed the belief that the service providers failed to relate to what she was going through, adding that this further supported her observation of the need to have a parent-peer support group. She explained:

So, even though they [service providers], they’re knowledgeable, I think the just ‘related to’ would have been helpful. Like somebody that has, that could say, ‘I went through this

too and umm...’ I don’t know, just like having somebody to be able to just say ‘it’s going to be ok.’

Other study participants expressed similar feelings. For example, one parent communicated that even though providers were professionals, because the victimized child was not their own, they could not and did not seem to fully understand what the parent was going through. Feelings such as these led several parents to express their desire to have access to a parent-peer support person or a parent support group.

Therefore, changes parents expressed they would have liked to see include things like: 1) better training for law enforcement and social workers, (with the hope this will aid in a better understanding of the developmental stages younger children go through); 2) improved accessibility to services for children and parents, 3) providers taking the time to develop rapport with the child and parent; and 4) improved communication and provider follow-through. Parents also expressed the hope that providers would be mindful of the possible difference in cultural background between the provider and the parent. Lastly, parents expressed the importance of providing bilingual and bicultural providers, because speaking the same language is not the only critical factor in conducting an appropriate investigation and providing support.

### **Culture and Family**

The current study focused on the Latino/a population and for Latino/a individuals family and community is often a central part of their lives. The impact that parent’s cultural background had on each parent was seen across the three aforementioned themes. However, more specifically, parents addressed cultural norms, observations regarding engagement of the

community at large, and the personal impact that the parent's Latino/a cultural upbringing had for these parents.

Several parents in the present study addressed the role of cultural norms as it relates to child rearing and family conversations, as well as the cultural factors that influenced their involvement with people outside of the family. For example, one parent addressed a cultural norm practiced within her family in where child rearing includes children greeting all visitors to the home with hugs and kisses; failure to do so will result in the child being labeled as rude and an assumption he or she is being poorly raised. Subsequent to the child disclosure of abuse, the parent began to change her attitude regarding this cultural norm; stating she no longer places her children in such situations—a stance which led to backlash from family members. Furthermore, two parents in the present sample who were married addressed their thought process following their child's disclosure as they contemplated how to address the topic with their husbands. Each parent cited struggling with this due to their belief that their husbands would be hurt and worrying about how their husbands would react. Both parents noted that the cultural expectation that Latino men must remain “strong minded” and be “overprotective,” especially of daughters, created a worry that the husbands would react in a hostile manner towards the perpetrator.

Furthermore, parents addressed parenting practices related to child rearing. One parent explained her belief that she was providing her child with valuable and developmentally age appropriate information to support her child's growth. Since she thought, she and her child were safe within the confines of her family, information regarding sexual abuse was a topic she did not address and felt she was not prepared to address. A second parent addressed “cute” terms commonly used within the Latino and Latina culture to refer to male and female genitalia. The parent later noted this was something she and her family were no longer practicing.

The impact that culture and family had on community engagement varied in spheres such as the one-on-one provider interactions that was more thoroughly addressed in the community resources and services section above, as well as in parents perception of the services they needed, and in the overall society's and community's involvement in child sexual abuse.

No parents in the current sample reported explicitly being discouraged by a service provider to seeking support from others. However some parents were encouraged to limit who they spoke to and what they said about the case, especially during the initial phase of the investigation. This message created a challenge for some parents, as they reported experiencing an internal battle regarding what to do. For example, two parents were noted to describe providers as "the professional" or an individual whose experience places them in a position of providing professional advice that should be considered and likely followed. One parent explained that as she contemplated the decision to seek mental health support, she sought the advice of someone involved in the investigation. The parent reported that while she did not receive a concrete answer, the information given to her was helpful in her decision. However, for a second parent the experience of valuing a "professional's" position was different as the parent reported the professional in her case failed to follow through and negated responsibilities leaving the parent in a position of challenging her cultural upbringing of respecting and believing in the professionalism of authority figures.

The place of the community at large in these types of situations was addressed by two parents who both expressed their desire for more awareness and support. One parent explained that during the process of healing, which she characterized as becoming more "empowered and not afraid," she reflected on the importance of the following:

So being able to speak up because a lot of people don't. I feel like it's [CSA] not very talked about. Like I even researched some agencies where I can be a part of, you know like a movement. Like they had big huge like cancer movement and people march and have, you know, t-shirts and have all kinds of stuff like that. But you know for child abuse or sexual abuse like, I hardly ever found anything that I could be a part of. 'Cause I wanted to be someone that spoke about it and wasn't afraid of it.

A second parent expressed "community should be more involved with other people. I mean I don't know, in the United States like the community is not very tight-knit like uh...people don't really care socially about you." This parent comments were consistent with another parent's cultural observation, "in our culture we have this bad believe that, it's like, that something happens and then it's forgotten...like it never happened." Which led her to hope that within the Latino/a culture and community real work is occurring on accepting that the sexual abuse of children is real and does occur. She added that she believes discussion needs to occur about how to prevent such abuse from happening again. Similarly, another parent stated that she would have liked to receive some psychoeducation to assist in learning warning signs, preventative measures, and what to do if the parent and child find themselves in this situation.

Parents in the current study disclosed mixed feelings about how their cultural background impacted their actions, decisions and emotional wellbeing. All the participants in the present study reported that family members could be both a source of support as well as producers of additional stress and emotional turmoil. For example, one parent, in describing her need to communicate knowledge of the abuse to her family prior to contacting the police. She explained:

I knew I had to call the police but before I did that...because I didn't know what the police would do...I felt I needed to tell my family. I don't know if I was looking for their blessing but...I guess it's a respect thing. Because I knew I had to call the police but I didn't want my other family members to feel like I betrayed them for calling the police. I wasn't going to change my mind and not call the police but I felt like I owed them that.

Moreover, several parents described how they felt betrayed by their family members because family members openly favored the perpetrator. One parent explained that the family chose to pay for the perpetrator's bail and legal fees but offered no financial or other support to the parent or victimized child. Two other parents reported that members of their family were not supportive of the parent reporting the allegation to authorities, and that they further minimized the abuse, making statements such as, "he only touched her a little" and "why are you making a big deal about it?" This led the parents to feel as if they were wrong in reporting the abuse and cooperating with investigators. Two parents communicated that at least one family member expressed outright disbelief of the abuse and explicitly favored the perpetrator.

One parent addressed her personal struggle in trying to figure out how to feel about the situation and the perpetrator. The parent addressed being religious, and through her faith, understanding the value and importance of forgiveness. However, the parent expressed feeling hatred and resentment towards the perpetrator, and therefore expressed difficulty in finding it within herself to forgive him. This parent expressed difficulty balancing these emotions, which she identified as a significant source of emotional turmoil, and led to her belief that her family had become "disintegrated."

The sense of betrayal by family members was a common theme that led some parents to feel alone and/or unable to trust or confide in family. One parent reported “I felt like I couldn’t talk to my mom, and the reason is because I thought she was going to say ‘I told you so’” due to the setting in where the abuse took place. Moreover, two parents addressed the impact it had on them to consider reaching out for mental health services for themselves. One parent explained that despite having the ability and access to such services, a sense of “pride” took over, leading her to decide that she and her family would be able to cope with the situation on their own. A second parent described the internal debate she went through as she battled with a cultural believe which labels therapy as a “taboo” that only “crazy” people use, as well as the feeling that she would be “wasting time” on herself, instead of attending to day-to-day demands.

## Chapter 5: Discussion

The following discussion will address how the data from this study address its primary research questions.

### **Question 1: What are the challenges faced by Latino and Latina non-offending parents of sexually abused children?**

Every parent participant disclosed experiencing some level of emotional turmoil. For the majority of the parent participants this turmoil reached a level such that they experienced psychological distress and symptoms. Not surprisingly, the kinds of distress parents reported was similar to what has been identified in the literature, including feelings of sadness, anger, betrayal, worry, guilt, loneliness, resentment, questioning of one's parenting competency, and disillusionment with the legal system (e.g., Corcoran, 2004; Banyard et al., 2001; Holt et al., 2014; Johnson et al., 2014). Several parents addressed feeling guilty as a result of believing they failed to protect their child or failed to notice signals indicating their child was experiencing something. The research literature shows that it is not uncommon for parents to feel they have failed in their duty in such circumstances. Regher (1998) explained that such beliefs may develop from feelings of guilt due to allowing others to care for the child, a perception that can be further perpetuated by societal norms, especially for mothers.

Parents also reported that their cultural background and family relationships also were a source of stress. Parents in the present sample reported that they were cautious and careful in what they disclosed to extended family members. Many reported the fear of being judged by family members and a desire to be mindful of the child's privacy. Moreover, while the two married parents communicated with their spouses regarding their child's disclosure, those parents reported worrying, prior to the disclosure, about how their spouse would react. Actions



such as this are not uncommon, Fontes and Plummer (2010) addressed that cultural norms may influence parents' decision about whether and to whom they disclose their child's abuse.

Involvement with community services was described by many of the parents as an additional source of stress. All the parents in the study had some involvement with community services as it related to the investigative process. All but one of the parents in the study were in contact with mental health services, at the very least through the mental health services provided to the victimized child. However, interactions with providers involved in the investigation were described as the most stress-inducing encounters for these parents. This is further supported in the literature (e.g., Jones et al., 2010; Regehr, 1990).

**Question 2: How does a Latino/a non-offending parent cope with the aftermath of their child's sexual abuse?**

Parents in the present study described making use of several coping mechanisms. These included internal and naturally developed coping skills such as positive self-talk, trying to have a positive outlook, staying "strong," and avoidance. Parents also described the use of more external resources, such as talking with a natural support like a friend, relative, or spouse as well as seeking professional support from a case manager or a therapist. Parents identified benefits from their chosen coping skills, which included that these mechanisms allowed them to stay positive, to remain present in the moment, and to develop a positive outlook for the future.

Additionally, all parents reported feeling positively about the benefits of mental health services. While only three parents engaged in therapy, two expressed an interest and willingness to engage if and when they are able to find a provider that fit their needs. Those parents who did engage in therapy or another form of mental health support (e.g., support group), reported a sense of relief that that came as a result of such engagement. Regehr (1990) identified the need

for parents to have the opportunity to engage in their own therapy that does not include the child. Such engagement will allow parents to express feelings they would not otherwise talk about or have the opportunity to address and process.

Furthermore, in the present sample only one parent explicitly indicated using cultural based coping in reference to using her religious faith. However, other parents were observed to address the influence of their culture as they considered engaging in mental health. For example, one parent addressed her decision to not access mental health or share with other's about her experience for fear of being judged and labeled as a bad parent. A second parent addressed her decision to not engage in therapy despite acknowledging the possible benefits due to culturally negative stigma attached to mental health services.

### **Question 3: What are the best ways to support non-offending Latino/a parents?**

In the present study, four of the six participants contacted law enforcement and/or the child protective services hotline to report the abuse, one parent reported this to her case manager who then proceeded to file a suspected child abuse report, and one parent did not disclose. While the decision to report was not a focus of this study, it is important to highlight that several parents addressed the difficulty they experienced after finding out that their son or daughter had been abused, and every parent reported limiting the number of people and the amount of information they disclosed even when this impacted their support networks. Therefore, one has to wonder what is the impact of contacting a complete stranger over the phone to report such painful information—information that parents are just beginning to process themselves. For example, one parent described the reporting process and initial investigative and interviewing procedure as emotionally exhausting and affecting her in other areas, such as work. Such feedback was not uncommon; as several parents addressed their need to continue their normal

routine in an effort to remain as supportive as possible to the child and prevent further disruption to the family's homeostasis.

One method of supporting parents may be through offering preventive services. One parent in the present sample expressed that she wished she had received psycho-educational training that addressed this topic. She described wishing she had known prior to the abuse about the signs to be aware of, and how to foster an age-appropriate conversation with her child about child abuse. For several years, the USDHHS has released a child maltreatment report, which contains data reflective of child maltreatment as reported by each state. Review of this data in regard to child sexual abuse revealed that for the 2016 fiscal year 8.5% of reports received by CPS were allegations of sexual abuse (USDHHS, 2018). This number is a change from the 2012 fiscal year when 9.3% of the reports were allegations of sexual abuse (USDHHS, 2013). Due to the scope of the report, the reasons for this decrease were not addressed. However, one possible reason may be that in 2016, the same report indicated that in 45 states approximately 1.5 million children received prevention services (USDHHS, 2018). Based on the information provided in the child maltreatment report, in order to access such services a family does not have to have an open case with Child Welfare Services (CWS). However, families who are referred are given access to such services. Aside from reporting the quantity of children who had access to services when not being directly served by CWS, information such as service type, reason for service, and duration of services were not addressed. Additionally, the motivating factor for parents to engage in services was not discussed.

In the present sample several parents addressed poor interactions with services providers, and for one parent this led to explicit avoidance of the provider. The provider in this example failed to build rapport, did not remain sensitive to the parent and child's needs, and did not

follow through with their responsibility to provide needed services to the family. For service providers working with Latino/a non-offending parents, care must be taken to prevent such negative interactions in order to ensure that linkages to appropriate and needed services are made to support both the child and parent. Parents also described the lack of *personalismo* in their interactions with some services providers. Leading some parents to report the need for culturally sensitive services and provider insight regarding their own cultural limitations.

Options for preventative services are available through other resources. This may be of special value for Latino families who fear involvement with CPS for fear of issues such as being deported or having their child removed from their care (Thomas, Medina, & Cohen, 2010). Mendelson and Letourneau (2015) note that due to the non-discriminatory nature of by whom and where a child is victimized, preventive services can be set in place in a wide array of locations. For example, by providing treatment to known sexual offenders as well developing programs through the justice system to prevent re-offense. Additionally, media companies can bring awareness to the issue, school-based program that can provide psycho-education to students regarding sexual abuse, and treatment of victims can be helpful in preventing further victimization. Notably, schools can be a great resource to promote parent involvement and thus provide parent geared psycho-educational programs.

**Question 4: What is missing from the services currently provided to non-offending parents?**

Overwhelmingly, parents communicated that access to parent-specific services proved to be difficult to come by. For many parents this lack of access to services was an issue almost immediately after the abuse was disclosed, as service providers focused their efforts almost entirely on the identified child. Additional challenges to accessing services included, times and

locations available, insurance barriers, cost of services, time limits for how long services are provided to families, and the parents' own readiness to seek the help they may need.

However, several of the parents in the present study addressed their desire to have more parent-peer support. Parents explained that even though service providers are well intended they face the challenge of not fully comprehending what the non-offending parent is going through. Therefore, parents in the present sample expressed that having someone who can remain supportive through a shared experience, while also providing comfort for the parent and child (including the sense that they will “be ok”) would be ideal. Additionally, parents identified a desire to have access to a parent support group. One mother reported the hope that this would be a form of support and guidance that would involve, “not talking about exactly what happened [CSA] but how to cope with depressing [thoughts]— depression, or resentment, or feeling guilty.” Furthermore, parents addressed their desire to have access to services and providers who are bilingual and bicultural. Thomas, Medina, and Cohen (2010) interviewed CPS workers who explained that a challenge in delivering services to Latinos is a lack of access to bilingual and bicultural CPS workers. They went on to explain the importance of being able to convey appropriate tone and emphasis when communicating needs and expectations in order to prevent misunderstandings.

### **Clinical Implications**

One parent reported questioning her decision to not seek treatment, particularly at times when her child brings up the topic. The parent explained, “I think that...more than anything—I guess I’m at a loss sometimes ‘cause even having all the [personal] connections here. There’s some great therapists, there’s some great people here, you don’t want to go tell people your story.” Comments such as this one highlight the difficulty for Latino/a-identifying parents to

seek support. That having been said, five parents reported a need to take their child to a specific location where the investigation was initiated after the abuse was reported to authorities. Based on these services, it may be beneficial for a mental health screening to be conducted not only on the child but also on the parent. The intention of this being to provide the parent with as many tools and sources of support as possible to provide some comfort and stabilization to the parent and family, not only in the time following the disclosure but also in the long term.

For clinicians who work with children who were the victims of childhood sexual abuse it is especially important to include the parent in the treatment process to help empower the parent. Additionally, the child's clinician may be one of very few people who may be aware of the parent's stressors and thus can provide the parent with recommendations, linkages, and referrals to resources better suited to address the parent's needs. Hiebert-Murphy (1998) and Hébert, Daigneault, Collin-Vézina, and Cyr (2007) explained in their findings that engaging in avoidant behaviors may fall short as an effective tool to cope with the emotional distress non-offending parents experience. Therefore, vigilance and support from the child's therapist becomes especially important to provide the necessary linkages.

### **Limitations**

The current study attempted to focus specifically on the Latino/a population, and throughout the course of interviews participants provided rich information regarding how culture impacted his or her response, emotional reaction and wellbeing, and engagement in services after learning about their child's abuse. While the semi-structured format of the interviews allowed for additional querying after the participant's initial response, the study suffered from some limitations including the study's small sample size, the fact that most participants were female, and the inability to quantify and generalize responses to a larger Latino population.

### **Implications for Future Research**

This study found several stressors experienced by Latino/a non-offending parents, however, due to the study's qualitative nature it is unknown if the findings can be applied to the greater Latino and Latina population. Future studies should seek to build upon quantitative research to further address the impact of cultural values on a parent's decisions and engagement with community services, particularly mental health services that clearly can be beneficial. Furthermore, differences in the stressor experienced by male and female non-offending parents, as well as the coping mechanisms they utilize, and their differing levels of access to and engagement with services should be studied. The present sample consisted of five mothers and one father and therefore provided limited information. Additionally, the present study contained an equal number of parents who did and did not make use of mental health services. It would be of significant benefit for future studies to investigate the psychological wellbeing of those non-offending parents who choose to engage in mental health services and those who did not.

### **Conclusion**

The purpose of this study was to identify specific stressors non-offending Latino and Latina non-offending parents experience as the result of their child's disclosure of being sexually abused and/or molested. Based on the responses from the present study, feelings and stressors experienced by each parent as a result of their child's abuse were varied, and manifested in a wide range of internal and external symptoms. However, one parent explained her own feeling of being victimized as:

I think that, you know, as a parent and us being, I think that you also feel that you're the victim too. Because as parents I think we suffer, if not more than our kids. I think that—

that because we have a better understanding of what happened to them, it hurts us more. Because, you know, we failed to protect them.

Furthermore, coping strategies and utilization of community resources and services were examined through a cultural lens. Results indicated that every parent in the present study reported experiencing psychological stressors for which they used a verity of coping mechanisms. The parents reported disclosure of their child's abuse led them to cry, to feel agony and disbelief, to experience sadness and anger, but nevertheless all parents reported using some form of coping mechanism helped them relieve some of their anguish. Moreover, while no parent identified a skill or resource that lead to a complete relief of his or her emotional turmoil, avoidant actions whether intentional or not appeared to be helpful to all. Information provided by each parent based on his or her lived experience detailed stressors suffered by the non-offending parent. The ability to focus on one specific culture allowed for further understanding regarding how one's cultural beliefs and values can impact parents' decisions and actions from the moment of disclosure to and well into the years that follow.



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## Appendix A

### INFORMED CONSENT

Dissertation Title: Forgotten victims: Understanding Latino/a non-offending parents of sexually abused children.

Project researcher: Rocío Andrade, M.S.  
Dissertation Chair: Daniel Schwartz, Ph.D.

Dear Participant:

My name is Rocío Andrade, I am a doctoral student at Antioch University Santa Barbara. As part of my doctoral program I am required to conduct a dissertation study. The process will consist of one-on-one interviews in which I will be asking you questions that focus on your experience of being a Latino/a parent of a child who was sexually abused or molested. Specifically, what you as a non-offending parent experienced, how you coped with stressors, and services that you engaged in as a result of the abuse inflicted upon your child.

Participation in this study is completely voluntary, if for any reason during the participation process you feel you can no longer participate you may withdraw. Participation in this study is confidential, and only this researcher and committee members will access the information you provide. Due to the sensitive nature of this study, if you feel you need to take a break from the interview please let researcher know.

Interviews are expected to last approximately 45 to 90 minutes. The interview will be audio recorded and written notes will be taken. All information collected will be stored in a locked cabinet and audio recordings will be stored in a password-protected computer. Information will be kept for seven years, after which all information will be destroyed.

By signing your name below, you indicate that you fully understand the intent and purpose of this study.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Rocío Andrade, M.S. Researcher

\_\_\_\_\_  
Date

Daniel Schwartz, Ph.D. Committee Chair



## Appendix B

### CONSENTIMIENTO INFORMADO

Título de la disertación: *Forgotten victims: Understanding Latino/a non-offending parents of sexually abused children.*

Investigador del proyecto: Rocío Andrade, M.S.

Profesor supervisando: Daniel Schwartz, Ph.D.

Estimado Participante:

Mi nombre es Rocío Andrade, soy estudiante de doctorado en Antioch University Santa Bárbara. Como parte de mi programa de doctorado estoy obligada a realizar un estudio de tesis. El proceso consistirá en entrevistas individuales en las cuales le haré preguntas que se centren en su experiencia de ser un padre/madre Latino/a de un niño que fue abusado sexualmente o molestado. Específicamente, las experiencias por las cuales usted paso como padre/madre que no cometió la ofensa paso, cómo lidió con factores estresantes, y servicios en los cuales participó como resultado del abuso infligido a su hijo.

La participación en este estudio es completamente voluntaria, si por alguna razón durante el proceso de participación cree que ya no puede participar, puede retirarse. La participación en este estudio es confidencial, y sólo este investigador y los miembros del comité tendrán acceso a la información que usted proporcione. Debido a la naturaleza sensible de este estudio, si usted siente que necesita tomar un descanso de la entrevista, por favor informe al investigador.

Se espera que la entrevista dure aproximadamente de 45 a 90 minutos. La entrevista será grabada en audio y se tomarán notas escritas. Toda la información colectada será archivada en un gabinete bajo llave y las grabaciones de audio se almacenarán en una computadora protegido por contraseña. La información se mantendrá por siete años, después de lo cual toda la información será destruida.

Al firmar su nombre a continuación, usted indica que comprende la intención y propósito de este estudio.

\_\_\_\_\_  
Firma del Participante

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Rocío Andrade, M.S. Researcher

\_\_\_\_\_  
Fecha

Daniel Schwartz, Ph.D. Committee Chair

## Appendix C

### INTERVIEW PROTOCOL

1. Please walk me through what you experienced after learning of your child's abuse?
2. How did you cope with the emotions that came up?
3. How do those emotions affect you today?
4. How do you continue to cope with those emotions today?
5. Tell me about the resources or services that were offered to you (e.g. individual therapy, support groups, family therapy)
6. Tell me about the services you utilized?
  - a. If services were utilized,
    - i. What did you find most helpful?
    - ii. What did you find least helpful?
    - iii. What did you find helpful and unhelpful of the individuals providing the service?
    - iv. Please tell me about a moment in which you feel your culture or religion impacted the services or quality of service you received?
  - b. If no services were accessed, help me understand why you did not use any?
7. Tell me about services you feel you were unable to access based on you culture?
8. Tell me about the services that you searched for on your own?
9. Describe a service or support that you believe would have made it easier to better cope with the situation.

## Appendix D

### INTERVIEW PROTOCOL – SPANISH

1. Por favor describa su experiencia después de aprender del abuso de su hijo/a.
2. ¿Cómo se enfrentó a las emociones que surgieron después de aprender de lo que pasó?
3. ¿Cómo le afectan esas emociones ahora?
4. ¿Cómo continúa a enfrentar esas emociones?
5. Dígame sobre recursos o servicios que se le ofrecieron a usted (e.g., terapia individual, grupos de apoyo, terapia para la familia)
6. Dígame sobre los servicios que usted usó
  - a. Si servicios fueron usados,
    - i. ¿Qué fue lo que usted encontró más útil?
    - ii. ¿Qué fue lo que usted encontró menos útil?
    - iii. ¿Qué fue lo que a usted le pareció más útil e inútil en las personas proveyendo el servicio?
    - iv. ¿Por favor dígame de algún momento en el cual su cultura o religión afectaron los servicios o la calidad de los servicios que usted recibió?
  - b. Si usted no usó o no tuvo acceso a ningún servicio, por favor ayúdeme a entender por qué.
7. Dígame de servicios que usted siente que no pudo acceder a base de su cultura.
8. Dígame acerca de los servicios que usted buscó por su cuenta.
9. Describa un servicio o apoyo que usted cree que le hubiera ayudado a mejor enfrentar la situación.

## Appendix E

### DEMOGRAPHIC QUESTIONNAIRE

Code Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Gender:**     Male     Female                      **Edad:** \_\_\_\_\_

**Ethnicity:**     Caucasian     African-American     Hispanic     Other

**Marital status at time of abuse:**

Single     Married     Divorced/Separated     Remarried     Widowed

Co-habituating

**What is/was your relationship with the perpetrator?**

Spouse     Live-in relative     Non-live-in relative     Family friend

Other \_\_\_\_\_

**If the perpetrator was your husband/wife/partner, did you seek separation/divorce?**

Yes     No     N/A

**Gender of abused child:**     Male     Female

**Approximately, how old was your child when s/he first reported the abuse?** \_\_\_\_\_

**How long has it been since your child(ren) first disclosed being sexually abused?** \_\_\_\_\_

**What type of abuse was committed?** \_\_\_\_\_

**How long did the abuse last?** \_\_\_\_\_

**Was this perpetrator living in your home at the time of the abuse?**     Yes     No

**Was the incident reported to CPS and/or the police?**     Yes     No

**If yes, was there as case opened with ether agency?**     Yes     No

**Did the perpetrator have a legal repercussion (e.g. probation, jail time)?**     Yes     No

## Appendix F

### QUESTIONARIO DEMOGRAFICO

Nombre Clave: \_\_\_\_\_ Fecha: \_\_\_\_\_

**Sexo:**         Masculino         Femenino        **Edad:** \_\_\_\_\_

**Etnicidad:**    Blanca     Afro-Americano/a     Hispano/Latino     Otro

**Estado civil cuando ocurrió el abuso:**

Soltero/a     Casado/a     Divorciado/Separado/a     Casado de nuevo     Viudo/a  
 Cohabitando

**¿Cuál es/fue su relación con el perpetrador?**

Cónyuge     Pariente viviendo en hogar     Pariente no viviendo en hogar  
 Amistad de la familia     Otro \_\_\_\_\_

**Si el perpetrador fue su cónyuge o pareja ¿busco separación o divorcio?**

Yes         No         N/A

**Sexo del niño/a abusado:**     Masculino     Femenino

**Aproximadamente, ¿Qué edad tenía su hijo/a cuando primero informo sobre el abuso?** \_\_\_\_

**¿Cuánto tiempo ha pasado desde que su(s) hijo/a(s) revelo el abuso?** \_\_\_\_\_

**¿Qué tipo de abuso fue cometido?** \_\_\_\_\_

**¿Cuánto tiempo duro el abuso?** \_\_\_\_\_

**Durante el tiempo del abuso, ¿estuvo el perpetrador vivido en su casa?**     Yes     No

**¿Se reportó el incidente a CPS y/o a la policía?**     Yes     No

**Si afirmativo, ¿se abrió un caso con cualquier agencia?**     Yes     No

**¿El perpetrado tuvo una repercusión legal (por ejemplo, probación, encarcelamiento)?**

Yes         No