

## Child sexual abuse: recommendations for the clinical practice of social workers with families

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**Abstract.** This article is a literature review of the latest information regarding the criteria taken into account for interventions with parents without abusive conduct (carers) by social workers involved in clinical practice in the child protection system, and specifically in programmes to support children who have been victims of child sexual abuse. The search emphasised factors aimed at strengthening the therapeutic alliance between social workers and families, which is considered a key element in preventing families from abandoning the process of overcoming abusive experiences. The search for texts was carried out based on keywords in journals specialising in childhood, family and sexual abuse. Seven key dimensions were identified: a) effects of post-disclosure parental support; b) intrapersonal consequences for carers to be taken into account by social workers; c) interpersonal consequences for carers to be taken into account by social workers; d) importance of involving parent; e) importance of first responses from child protection system; f) therapeutic process with carers; and g) importance of strengthening parental alliance. The article concludes with general recommendations and future lines of research.

**Keywords:** child sexual abuse; non-abusive carers; clinical practice; parental therapeutic alliance.

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### Introduction

Child sexual abuse (CSA) is understood as a social problem, as it can affect the development of children, and its prevalence is considerable: internationally, approximately 20% of women and 10% of men has been abused before the age of 18 (Dussert et al., 2017; Kilroy et al., 2014; Zagrodny & Cummings, 2018). With regard to overcoming child sexual abuse, Capella et al. (2016) point out that there would be three influencing factors: psychotherapy, the family environment and the judicial process.

Taking the family as the focus, the present literature review aimed to answer the following question: What considerations should be taken into account by social workers when supporting caregivers of sexually abused children in the protection system? With this, it is expected to contribute to the understanding of dynamics that emerge in the processes of formation and development of the therapeutic alliance with social workers who intervene with families through a clinical practice in the child protection system.

Clinical social work is a term that designates professional services (development, pre-

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vention or therapy) for and on behalf of users in such a way as to improve the psychosocial functioning of individuals, families or small groups, and in order to maximize available intrapersonal, interpersonal and environmental resources (Northen, 1982). Meanwhile, for Ituarte (2017), it is a specialized practice that seeks to help an individual, couple, family or group to face their psychosocial conflicts, overcome their psychosocial discomfort and achieve more satisfactory interpersonal relationships, using their personal skills and the resources of its socio-relational context. In this regard, Ituarte (2017) and Trevithick (2003) emphasize that clinical practice in social work stands out as a highly relational practice, which to be therapeutic implies the establishment of an affective bond that allows the co-construction of new meanings and ways of thinking or feeling. Hence the interest in understanding the dynamics that emerge in the shaping of a relational process, such as the therapeutic alliance, understood as the collaborative alliance that occurs between an individual and an agent of change (Bordin, 1979).

In Chile, one of the clinical fields of social work is precisely the intervention with caregivers in programs from the National Service of Children that looks to repair child sexual abuse. Its clinical character emerges as they seek to reinforce personal resources for greater biopsychosocial well-being and social justice, which is the horizon of the clinical intervention of social work (Ituarte, 2017). However, while family support programs have been widely studied in Anglo-Saxon countries, yielding valuable information that has made it possible to adapt the intervention models, in

Chile studies in this line and related to the child protection system in Chile are scarce (Gómez & Haz, 2008). Hence the interest in knowing what has been studied internationally on non-offending parents and what criteria would be relevant for social workers who work on child sexual abuse.

## 1. Methodology

The review was focused on specialized journals on abuse, sexual abuse and family intervention, and that were in the first or second quartile of Scopus. The search for articles within the journals was carried out using the following keywords: child sexual abuse & parents / non-offensive caregiver/ family / alliance / social work. Nine key papers were selected. Then, four papers cited in these articles were selected under the logic of tracking citations. All papers were from mainstream journals. Finally, two papers were incorporated because they presented research results conducted in Chile.

After selecting the papers, a critical review was made of each one, synthesizing the most relevant points based on the guiding question. Subsequently, key themes were identified, and comparisons were made between the papers in order to find common ground, contradictions and gaps in the research.

Table 1 shows the details of the papers, all of which were published in the last ten years. Five of them were published in the same journal (*Journal of Sexual Abuse*) and ten of them are from specialized journals on violence, childhood, psychology and social work.

Table 1. *Papers reviewed*

| Name  | Year | Aim  | Methodology              | Country/<br>Lenguaje |
|---|------|--|--------------------------|----------------------|
| Child sexual abuse and subsequent relational and personal functioning: The role of parental support | 2014 | This study examined the role of nonoffending parental support in the relationship between child sexual abuse (CSA) and later romantic attachment, psychiatric symptoms, and couple adjustment. | MANCOVA-Path analysis    | Canada/English       |
| Examining Parental Expectations and Fault Attributions for Child Sexual Abuse                       | 2018 | To assess potential attributions of blame by comparing non-abusive fathers and mothers   | MANOVA-Thematic analysis | Canada/English       |

|  |      |  |   |                      |
|--|------|--|---|----------------------|
| What Constitutes a Good Working Alliance in Therapy with Children That May Have Been Sexually Abused?  | 2010 | To explore how therapeutic alliance may develop in cases of CSA  | Thematic analysis of the interviews and therapies | Norway/English       |
| Parental Opinions of Their Child's Experience in the Legal Process: An Interpretative Analysis   | 2014 | To demonstrate how parents of children who are victims of sexual assault experience the legal process from the children's and parents' perspective.  | Interpretative analysis of interviews             | Sweden/ English      |
| Systemic Trauma": The Impact on Parents Whose Children Have Experienced Sexual Abuse   | 2014 | This article examines the impact on parents in an Irish context whose children have experienced sexual abuse and aims to explore the pathways to distress.   | Thematic analysis                                 | Ireland/ English     |
| Perceived Needs for Support Program for Family with Child Sexual Abuse Victim in South Korea: Focus Group. Interview with Therapists and Mothers | 2016 | This study assessed perceived needs for psychological support program for family with victim of child sexual abuse in South Korea.   | Thematic analysis of focus groups                 | Korea/ English       |
| Treatment of Individuals and Families Affected by Child Sexual Abuse: Defining Professional Expertise  | 2009 | To explore the concept of expertise on CSA   | Curriculum review                                 | Israel/ English      |
| Social Service Professionals' Perceptions of Nonoffending Caregivers in Child Sexual Abuse Cases   | 2013 | To assess social service workers' perceptions of non-offending caregivers in cases of child sexual abuse   | Análisis de regresión múltiple                    | EEUU/ inglés         |
| Combining Professional Expertise and Service User Expertise: Negotiating Therapy for Sexually Abused Children                                    | 2009 | To explore how professionals, caregivers, and children address sensitive issues such as guilt and responsibility.  | Case study and thematic analysis                  | England/english      |
| Interventions for caregivers of children who disclose sexual abuse: A review.  | 2013 | His review provides summary background information on the prevalence and short-term impact of CSA on children, with a particular focus on variables that mediate outcomes including caregiver support. | Literature review                                 | New Zealand/ English |
| Interventions for families victimized by child sexual abuse: Clinical issues and approaches for child advocacy center-based services.            | 2011 | To describe treatment modalities for child victims and non-offending family members  | Literature review                                 | USA/English          |
| Impact of a group intervention for mothers on their sexually abused children psychotherapeutic change  | 2012 | To evaluate the impact of a psychoeducative group intervention for mothers of sexually abused children, on the psychotherapeutic change of their children  | Assessment intra/inter group                      | Chile/ Spanish       |

|  |      |  |  |                             |
|--|------|--|--|-----------------------------|
| Narratives of Parents of Children and Adolescents who Have Completed Psychotherapy for Sexual Aggression: A Joint Process of Healing | 2016 | This study was aimed at describing parents' and parental figures' narratives concerning the process of overcoming sexual assaults experienced by their children (direct victims) and themselves (indirect victims) | Narrative analysis of interviews             | Chile/<br>Spanish           |
| Validity of the Working Alliance Inventory Within Child Protection Services  | 2017 | To evaluate the psychometrics and validity of the Working Alliance Inventory–Short (WAI-S) in a sample of families, social workers, and trained observers within child protection services.                        | Exploratory and confirmatory factor analyses | USA/English                 |
| Parent-Professional Alliance and Outcomes of Child, Parent, and Family Treatment: A Systematic Review                                | 2017 | To explore research examining the relation between parent-professional alliance and outcomes of psychosocial treatments provided to children, and their parents and families.                                      | Systematic review of literature              | The Netherlands/<br>English |

## 2. Results

Seven dimensions were identified after reviewing the papers:

### 2.1. Effects of parental support after disclosure

The literature coincides in highlighting the importance for children of the responses and support of their caregivers after a disclosure of CSA. This support would impact the symptoms, the level of stress experienced by the child and the prognosis of the treatment, counteracting the negative effects of abuse and promoting a healthier intrapersonal and interpersonal adjustment in children (Dussert et al., 2017; Godbout et al., 2014; Han & Kim, 2016; Kilroy et al., 2014; Tavkar & Hansen, 2011; Van Toledo & Seymour, 2013; Wolfteich & Cline, 2013). Specifically, the importance of credibility, warmth, availability, protection of caregivers and support in the process of overcoming CSA is highlighted (Kilroy et al., 2014). This process of recovering refers to an integration of sexual abuse in the life continuum as a significant event (Dussert et al., 2017).

Following Godbout et al. (2014), the positive responses of caregivers to a traumatic event can offer a crucial opportunity to build positive cognitive models of both oneself and

others. This would affect later adjustment as children learn that significant people can be trusted, even in situations of high emotional stress.

However, the possibility of caregivers to activate a protection network may be affected by the experience they initially have in the legal and protection system. In this regard, parents refers to adverse reactions from professionals, which is why some would have preferred not to have involved authorities if they had predicted the treatment received (Van Toledo & Seymour, 2013). Another factor that would affect the chances of providing effective support is what Kilroy et al. (2014) call systemic trauma to refer to consequences that occur in family members and in the family system as a whole.

On the other hand, even when it is recognized the consequences produced by an abuse in the family, along with a fundamental role of caregivers in the process of overcoming CSA, studies in CSA have focused mainly on exploring the effects and interventions with children (Álvarez et al., 2012). To a lesser extent, research has focused on family impact and how to provide effective interventions to caregivers so that they can display the aforementioned support behaviors (Godbout et al., 2014; Tavkar & Hansen, 2011; Van Toledo & Seymour, 2013).

## 2.2. Interpersonal consequences for caregivers to be taken into account by social workers

The literature recognizes caregivers as indirect victims (Dussert et al., 2017; Tavkar & Hansen, 2011; Van Toledo & Seymour, 2013). This is defined as the victimization that exists from the closeness with who lives the direct victimization.

Regarding relational aspects, caregivers often see themselves isolated from their family and social networks (Kilroy et al., 2014; Tavkar & Hansen, 2011; Van Toledo & Seymour, 2013). Such impact on support networks can be related to the residential changes that families may experience after a CSA, either to move away from the perpetrator or because the family's economic situation is diminished (Kilroy et al., 2014). This is worrying because the support of the family of origin, mainly the father and mother of the caregivers, would be a key element in the process of overcoming (Dussert et al., 2017).

The aforementioned economic consequences occur mainly when the partner is the abuser, a case where family support becomes ambivalent due to the feelings generated by the offender's departure (Hanki & Kim, 2016; Hill, 2009; Van Toledo & Seymour, 2013). It is also found that some caregivers prefer to interrupt their work based on feelings of responsibility for not having been present for their child (Kilroy et al., 2014), thus reducing their incomes.

Additionally, families may experience a psychosocial crisis with the child's involvement in a protection system, which leads to fears of being removed from their home, along with a discomfort due to the stigma related to the system (Jensen et al., 2010; Killian et al., 2017). Kilroy et al. (2014) also identifies a departure of the child from home as a factor that contributes to family crisis, along with the difficulties of caregivers to assist to the needs of two children when there is abuse between siblings.

Unlike most of the literature reviewed, where the negative impacts of CSA on caregivers are reinforced, Dussert et al. (2017) highlights some positive consequences generated in the process of overcoming due to the actions generated by its members tend to containment and family unity. Other positive consequences of the therapeutic processes are the reinforcement of certain parental practices

and filial communication, which would allow caregivers to face future difficulties in a better way and with greater security (Tavkar & Hansen, 2011).

## 2.3. Intrapersonal consequences in caregivers to be considered by social workers

The aforementioned consequences would normally be accompanied by strong emotional stress on caregivers. The literature (Han & Kim, 2016; Kilroy et al., 2014; Tavkar & Hansen, 2011; Van Toledo & Seymour, 2013) mentions a set of symptoms such as: depression, sadness, guilt, shame, feeling of grief, feelings of ineffectiveness when managing symptoms in children, anxiety, fright, hopelessness, anger, loss of confidence, fear for the future of your child and stress associated with the legal process. To this, they add somatic symptoms, suicidal ideation and symptoms of post-traumatic stress, which could last for years.

According to Dussert et al. (2017), understanding the victimization that occurred towards their children implies addressing breaks in personal or family life that could last for years after disclosure. Such emotional anguish would be increased when the perpetrator is a relative due to feelings of ambivalence, betrayal and fear of family disintegration after the disclosure (Han & Kim, 2016).

Back et al. (2014) adds that when parents suspected that children had been sexually abused, but did nothing about it, their feelings of shame and guilt were more serious. They focused on how incompetent or inadequate they had felt, making it clear that they had developed a negative image of themselves. Also the question of responsibility becomes important, even though they could not have done anything to prevent what happened, which leads them to consistently experience a sense of failure in parenting.

In cognitive terms, the following consequences are pointed out: incessant thoughts about abuse, rumination, concern for the legal process, questioning of the behaviors that could have been avoided, concern for her child, trying to make sense of what happened and questions about her role as a mother in the case of women, which is linked to the expectations that exist about them in parenting (Hill, 2009; Kilroy et al., 2014; Van Toledo & Seymour, 2013).



The importance of considering the context to address the emotional consequences is highlighted by Han and Kim (2016) who report that certain cultural factors can increase feelings of shame. For example, oriental values that emphasize the family honor or the patriarchal hierarchy. They add that in Eastern culture there is resistance to asking for support or to strangers getting involved in family matters, along with a limited understanding of the importance of processing emotions (contrary to the suppression that dominates in the culture). Meanwhile, in national context, it can be argued that it is difficult to ask for support or report the facts when the abuser is the father or another provider in the family due to the machismo, as well as the prejudice that the CSA is a private matter that must be solved as a family.

Regarding the concept of trauma, the literature (Kilroy et al., 2014; Tavkar & Hansen, 2011; Van Toledo & Seymour, 2013) refers to different concepts. In the first place, secondary trauma or indirect trauma is mentioned to refer to the trauma that occurs due to being exposed and empathizing with the affectation of the other person. These concepts apply to clinical social workers working with child victims of CSA and make sense for caregivers. There is also talk of relational post-traumatic stress, which refers to the fact that, if the event is traumatic for the caregivers, the child's symptoms are intensified as a result of these interactions. However, given the consequences at the personal, family, social and work levels described, the concept of systemic trauma seems to be more pertinent.

#### **2.4. The importance of fathers' involvement**

An interesting result of the literature review is that the emotional consequences for caregivers have been studied with mothers, who would be the main companions of children in overcoming processes after disclosure. Emotional impact on non-offending fathers who has been less studied, although there are information that would experience more stress than mothers and would have more avoidant and intrusive post-traumatic stress symptoms (Han & Kim, 2016; Van Toledo & Seymour, 2013). Manion et al. (1996 in Tavkar & Hansen, 2011) refers that non-offending fathers may experience significant levels of distress as non-offending mothers.

Following Zagrodney and Cummings (2018), both mothers and fathers are subject to similar levels of guilt and responsibility. Additionally, as there has been a greater participation of men in child-rearing, professionals would have similar expectations to mothers regarding care responsibilities, which reflects a change since recent years in which more responsibility was given to mothers. However, more research is still needed in professionals working in CSA, where a tendency to blame mothers has been identified. In this way, it is necessary to study how to reduce these attributions and therefore increase access to services.

In another study with mothers of sexually abused children (Han & Kim, 2016), appeared a desire for revenge, anger and guilt as the most common reactions. Although fathers were less likely to participate in therapy, mothers played a fundamental role in involving fathers in therapy. Therapists highlighted the importance of empathizing with these feelings for greater participation.

This interactional expertise for therapists (Hill, 2009) is necessary to allow parents to contribute to the process of recovering with their own experience. In this regard, the author suggests not giving fathers the option to participate or the suggestion to attend therapy, but rather to use more directive strategies. On the other hand, Han and Kim (2016) suggest incorporating alternative forms of intervention to educate parents about CSA (eg: home visits, online education), given the disadvantages of fathers to attend therapy for working issues.

#### **2.5. The importance of the child protection system and its first responses**

The literature (Han & Kim, 2016; Tavkar & Hansen, 2011; Van Toledo & Seymour, 2013) suggests that the support of professional teams provided to children and their caregivers after a disclosure would be one of the variables that most influence the impact of abuse on parents and children. This stage is described as a critical moment for intervention by mental health services given that the crisis caused by a disclosure makes children and their relatives more likely to receive support from others.

Such support from first response professional teams is considered a key variable since it would impact on the ability of caregivers to protect their children after disclosure (Wolfeich & Cline, 2013). However, protec-

tion services that are activated at an initial stage (police, legal area, expert area) have frequently been perceived as non-supportive, impersonal, annoying, repeatedly requesting information from parents, displaying degrading treatment and who lacked professionalism (Killian et al., 2017; Kilroy et al., 2014).

Following Back et al. (2014) and Jensen et al. (2010), caregivers have felt excluded from the process, stigmatized and in fear of being condemned. They also report that they do not receive adequate information and support, and that their parental skills are questioned. Additionally, feelings of guilt appeared if they did not follow the recommendations of how to be a “good mother” in the case of women. This could be related to a specific parenting standard that does not take into account the fact that most users of child welfare services come from vulnerable contexts (Wolfteich & Cline, 2013).

Meanwhile, professionals often considered that mothers do not protect their children, which is not consistent with the evidence in this regard (Wolfteich & Cline, 2013). In this way, the power of the protection system can implicitly create a dynamic that disempowers parents, by causing them to experience feelings of frustration and loss of control over the situation (Jensen et al., 2010; Killian et al., 2017).

Regarding attributions of guilt by professionals who work in CSA, their association with certain characteristics or behaviors of mothers is mentioned, for example in whom they trust for the care of their child or what activities they do outside the home (Zagrodny & Cummings, 2018). However, research has refuted these associations (Wolfteich & Cline, 2013), thus it is concluded that not only children who have been victims can be stigmatized, but also caregivers, which the literature known as stigma by association (Back et al., 2014). The complexity of such stigmatization and attributions is that if social service professionals perceive caregivers in a negative way, the ability of caregivers to seek help for the process of care is significantly affected, as well as the probability of getting involved in treatment and to cooperate with social services (Oz, 2010; Wolfteich & Cline, 2013; Zagrodny & Cummings, 2018).

## 2.6. Therapeutic process with caregivers

The literature (Álvarez Zavala et al., 2012; Dussert et al., 2017; Tavkar & Hansen, 2011;

Van Toledo & Seymour, 2013) suggests that unlike first responders’ professional teams, caregivers would have a better impression on the therapeutic spaces that unfold later, meaning them as a key space for overcoming CSA. Caregivers would value having their own, frequent and timely space to receive information about what happened, to learn about how to support their children and to receive emotional support without being blamed.

Following Álvarez et al., (2012), Han and Kim (2016), Tavkar and Hansen (2011) and Kilroy et al. (2014) therapy should include different goals. With regard to children, it is suggested to strengthen the support and credibility of parents, along with providing education in post-abuse and long-term symptoms. With regard to caregivers, it is suggested to provide support to face their own symptoms, feelings of isolation and stigma, along with learning self-care behaviors and providing emotional support. It is also recommended to strengthen a network so that they can deal with economic consequences. In relation to other family members, it is recommended to support caregivers so that they can respond to the needs of other siblings and prevent revictimization.

Regarding the type of intervention, there are different modalities at individual and group level, with a consensus that intervention with caregivers facilitates the impact of CSA for both children and families (Álvarez Zavala et al., 2012; Dussert et al., 2017; Tavkar & Hansen, 2011; Van Toledo & Seymour, 2013). However, research on its effectiveness and effects on caregivers is limited. There is also less information on the frequency and recommended extent of therapy (Van Toledo & Seymour, 2013).

Finally, it is worth highlighting what was raised by Dussert et al. (2017), who refer that recovery processes follow different trajectories in both caregivers and children. The authors state that in general it is expected that caregivers can make sense of the abusive experience, develop tools that allow them to face aggression and its consequences, achieving growth or positive change in their families.

## 2.7. The importance of strengthening the therapeutic parental alliance

Research on interventions efficacy has increasingly investigated the elements that lead to positive results, for example a therapeutic alliance,

an element that has been widely studied in the field of individual therapies (Killian et al., 2017; Oz, 2010). However, there is little evidence on how professionals such as social workers can optimize the results in clinical interventions with caregivers and how the parental alliance (alliance between caregivers and professionals) can contribute to the results in therapies for different family members (de Greef et al., 2017).

Therapeutic alliance is understood by Bordin (1979) as a collaborative relationship that occurs between an individual and an agent of change. This alliance centrally implicates an emotional bond between patient and therapist, as well as an agreement about the goals of treatment and the tasks needed to attain those goals. Following Hill (2009) and Jensen et al. (2010) the literature on alliance when children are involved has focused on the alliance with the child. Contrarily, there is less research on alliance with parents. However, when children are involved it is not just an alliance between two people. Establishing an alliance with caregivers is essential since they protect child's participation, and the development of goals and tasks is together

Ensuring a good alliance with caregivers can be particularly difficult in cases where children are brought to therapy under conditions that can be very emotionally charged for the caregiver, such as in cases of CSA (Jensen et al., 2010). Following Hill (2009), therapist's interactional skills, reflexivity and the recognition of the expertise of caregivers contributes to the alliance. Contrarily, the categorization of cases according to maternal support or according to mother-child difficulties are elements that make alliance more difficult.

It has been found associations between a parental alliance and persistence of children in therapy, better results in treatment, less resistance to participate and with better parental practices (De Greef et al., 2016). Following Jensen et al. (2010), a relationship with a lower dropout is because parents can motivate children to continue with therapy when they are anxious or ambivalent. Second, children interpret attitudes and emotions of their caregivers, so the positive attitude and opinion of parents towards therapy is interpreted by children as something that they both want to do and that caregivers appreciate.

Finally, in the case of the child protection services, alliance not only takes place in a clinical space, but there is a dynamic and chang-

ing context (institution and legal policies) that impacts alliance and with which clinical social workers must interact (Killian et al., 2017). Hence, De Greef et al. (2016) emphasize the need to look at the interactions between caregivers, professionals, and contextual variables in the alliance-building processes.

### 3. Conclusions

From the literature review it was concluded that child sexual abuse is a potentially traumatic situation for both children and caregivers who have not committed abusive behaviors, to the extent that their life narratives can be affected due to a set of consequences they face on a personal, family and social level. At an emotional level, reactions of the caregiver with respect to the child, the offender, himself and the protection system were described. However, the body of research regarding how social workers can provide assertive support to mitigate the impact on caregivers remains limited. Hence, more research is necessary to identify the heterogeneous impact of CSA on caregivers. Through a better understanding of this impact, more effective and accessible interventions can be developed and adapted (Tavkar & Hansen, 2011).

It was also confirmed that caregivers would play a crucial role in the processes of recovering from the abusive experience. Hence the importance of helping caregivers cope with the psychosocial consequences that limit their ability to protect and support their children. However, there is necessary to prevent protectional systems from becoming a harmful space and their professionals do not blaming and stigmatizing.

It is worrying that the explicit consequences can be amplified by the treatment of the protectional system teams, mainly those who are in the first phase of the intervention, which is a critical moment. This can have consequence that caregivers may feel left out of the process and end up dropping out. In this way, the risk of re-victimization is increased, since children and their parents are left without a professional support network.

It is important to know more about reactions and attributions' teams towards caregivers in order to develop greater awareness about the impact of their behaviors. Professionals who treat CSA should be aware of how dislo-



sure processes decrease caregivers' confidence in their competencies along with self-esteem, and that their reactions can intensify this (Back et al., 2014).

On the other hand, a gap that became clear is that the research has focused mainly on mothers, with less study on the impact on fathers and how they can facilitate or hinder the processes of improvement. In the literature, the incorporation of online interventions is suggested based on the difficulties of attending treatment centers (Van Toledo & Seymour, 2013). However, research on online parent support programs (Russell & Lincoln, 2016; Rusell et al, 2016) shows that participation of fathers is a minority, so the challenge of incorporating fathers is not solved with the change of modality. It is also unclear if virtual interventions are reaching families that really need it or those that traditionally access these means, or if they are equally effective for all families.

The low male participation also corroborates that even when the literature recognizes that there has been progress in sharing parenting within the home, mothers continue to be the main responsible for family recovering. Therefore, future research work should explore the experiences of mothers who undertake this process without the support and participation of the non-offending father.

The power of patriarchy is also evident because mothers are objects of prejudice associated with certain child-rearing standards that must be viewed with caution in contexts of greater vulnerability. This, given that there are contextual factors interfering with the ability to protect their children, for example, difficulties in having a safe after school or greater overcrowding. In this regard, it would be interesting to research how the prejudices of professionals, mainly those of the first line of response, are modified when faced with high or low-income families.

Regarding types of intervention, although it is not the focus of the present review, it was concluded that it is a subject that requires further investigation as there is no clarity on its effectiveness. In the same way, studies in parental alliance and CSA are scarce. Studies on

alliance with other professionals rather than the child's therapist or with social workers are also limited.

In this regard and considering that the needs of caregivers are inseparable from those of their children, it is believed that parental alliance should not only be considered as a mediating factor in the child's process, but also in the well-being of the caregivers themselves. However, it is worrying that, following the results of this review, the crises experienced by caregivers and their own victimization may become invisible, not taken into consideration or even exacerbated by a poor professional treatment. Hence the importance that caregivers can be involved at all times of the process, informed, supported by the protection system and their role as indirect victims of CSA be recognized.

Finally, from this literature review it was concluded that some considerations to be taken into account by social workers are: a) Parental support is key to the process of overcoming CSA, as well as the support provided by the system of protection for both caregivers and children; b) CSA has intra- and interpersonal impact on caregivers, which can interrupt family narratives and become a traumatic experience; c) Mothers are being the main responsible for the process of recovering due to cultural values, so it is necessary to be sensitive about how they are experiencing their motherhood, avoiding falling into judgments that only affect their well-being; d) Therapists have to deploy strategies to involve caregivers since they too would be affected by the abuse of their children; and e) More research is still required on the effectiveness of interventions with caregivers and how to strengthen the therapeutic alliance, considering contextual factors that may influence.

In this way, it is expected that social workers can provide responses that help children and their parents to perceive themselves as worthy of protection and, from a constructivist perspective, help the family group to redefine the abusive experience and integrate it into life as one more experience within the set of experiences, and thus their narratives are more hopeful, coherent and integrated (Neimeyer et al., 2006; Capella, 2017).

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