

Protection Clarification: Helping the Non-Offending Caregiver Respond to Child Maltreatment

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Abstract

The non-offending caregiver's response to child sexual abuse is critical to the future safety and well-being of the child victim and the preservation of the family. Protection Clarification (PC) was developed within the context of a Children's Advocacy Center as an approach for working with non-offending caregivers of sexually abused children following disclosure of abuse. It is designed to enhance caregiver's belief of, support for, and protectiveness toward the child. A PC therapist helps the non-offending caregiver develop and orally deliver a letter to their child with seven components: 1) acknowledging the reality of the abuse and defining it as a problem; 2) assigning responsibility to the offender for the abuse and its consequences to the child and family; 3) accepting responsibility for protecting the child; 4) identifying and acknowledging past barriers to protecting the child and the consequences of failed protection; 5) describing what the caregiver wishes they had been able to do to protect the child; 6) defining specific protective actions to minimize future risk and committing to carrying them out; 7) supporting and participating in the child's treatment through to completion.

Keywords: *child sexual abuse, treatment, intervention, non-offending caregiver*

This article describes Protection Clarification, an intervention to bolster non-offending caregiver belief and support to enhance the child and family's safety and well-being following a child's disclosure of abuse. Protection Clarification (PC) is a formal, child-focused intervention for identifying and increasing protective behaviors of the non-offending caregiver in families where child maltreatment has occurred. PC can be provided by the caregiver's therapist in conjunction with providing needed mental health treatment or by a separate mental health professional who, with signed release of information by the caregiver, coordinates and collaborates with the caregiver's and the child's therapist. This intervention was originally developed within a Children's

Advocacy Center and involves coordination with the multidisciplinary team (MDT, see Cross et al., 2024). PC was initially used in cases involving child sexual abuse and will be discussed as such in this article. However, PC has also been utilized in response to child physical abuse, neglect, and child witnessing of parental violence and substance abuse. PC is a developmental process, with changes in thinking and acceptance of responsibility occurring gradually over time, with a great deal of support from treating professionals. Ambivalent or non-supportive caregivers may require an extensive PC treatment to address the barriers to acknowledging responsibility and committing to the future safety of their child.

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The Non-offending Caregiver's Response

The non-offending caregiver's response to their child's sexual abuse is critical to the child's psychological outcome (e.g., Adams-Tucker, 1982; Conte & Schuerman, 1987; Deblinger et al., 1997, 1999; Everson et al., 1989; Spaccarelli & Kim, 1995. Wallis & Woodworth, 2021; Fong et al., 2020). Most research in this area focuses on mothers, and little has been written about non-offending fathers' responses to the abuse of their children. The PC process, however, pertains to any non-offending caregiver.

Numerous studies have found that maternal support following the disclosure of sexual abuse is a protective factor, predicting lower levels of child stress (Esparza, 1993) and externalizing problems (Tremblay et al., 1999), and moderating the negative impact of child sexual abuse on mental health (Hébert et al., 2016). Maternal support has a positive impact both shortly after the abuse and longitudinally, particularly when considering the relationship between maternal support and child depression (Zajac et al., 2015) and the later relationship functioning of survivors in adulthood (Godbout et al., 2014). Maternal support can also significantly lessen the trauma experienced by child victims during the investigation and court process (Goodman et al., 1992).

Believing and supporting the child following the disclosure of sexual abuse reinforces the child's resilience (Domhardt et al., 2015), which may account for how some sexual abuse victims are able to manage their abuse in a positive manner while others are not. Resilience is a dynamic process in which individuals adapt successfully despite adversity (Masten, 1994). The most effective intervention to foster resiliency is to ensure that children receive consistent support from those who are primarily responsible for their care (Masten & Sesma, 1999)). The child's resilience is supported and strengthened when the non-offending caregiver can take such actions as affirming the child's reality of the abuse they experienced and protecting the child from abuse

in the future. This level of caregiver support is also pivotal to keeping children safe in the home, enabling them to remain in the care of the non-offending caregiver, and thus maintaining family preservation.

When a child is at risk of being abused alleged or known to have been abused, state child protective services (CPS) agencies adhere to the Federal Child Abuse Prevention and Treatment Act (2024). This act states that child safety is a primary goal of child protective services (CPS) and mandates the goal of family preservation. In making determinations about these goals, CPS evaluates the level of support and protection that the child's non-offending caregiver can provide to the child victim and any other children in the home. This evaluation is then used to determine whether both CPS objectives can be met (Sally, 2019). In our experience, family preservation is far more achievable and associated with better outcomes for children when the non-offending caregiver can acknowledge the reality of the abuse and take responsibility for the child's future safety.

The disclosure or discovery of sexual abuse requires a coordinated community response that makes the protection and well-being of the child victim its highest priority. Supporting and promoting protective capacity among caregivers who have difficulty ensuring safety on their own strengthens the community response to child sexual abuse. Caregiver support makes it easier to provide the child effective medical assessment and care and facilitates law enforcement investigation. With maternal support of the child, prosecutors are more likely to be able to file criminal charges if that is appropriate (Cross et al, 1994). Also, CPS can operate more efficiently when mandated tasks are accomplished collaboratively, resulting in fewer family court actions and less need for out-of-home placements. This reduces the disruption to children's lives and secondary trauma of the CPS intervention as well as agency costs and personnel time. Moreover, child outcomes are likely to improve when the family remains intact, and the child has confidence in the non-offending caregiver's commitment, intention, and ability to protect them from further abuse.

The Effects of Not Believing the Child

Leaving a child with a non-believing and non-protective caregiver can result in additional abuse and lead to the child being pressured to recant their report of abuse (Malloy, et. al.). In such circumstances, the child may be forced to accept the caregiver's perception of reality over their own experience of abuse. Failing to clarify and affirm the child's abusive experience or requiring that the child accept a false reality of no abuse may also thwart future disclosures of harm by the child and place them at increased risk for repeat victimization. Furthermore, lack of clarification and validation of the abuse experience may distort the child's view of reality and of the world. Caregivers' failure to protect the child and their non-supportive responses may impair the child's ability to learn how to protect themselves as well as their own children in the future. Finally, the caregiver's failure to accept responsibility for protecting the child may also result in the loss of the caregiver to the child due to out-of-home placement, which may be necessary to ensure the child's safety (e.g., Elliott & Briere, 1994; Everson et al., 1989; Leifer et al., 1993).

In our experience in working with child victims of sexual abuse at a Children's Advocacy Center, we have often heard these victims report that their abuse was bad but not being believed and protected was worse. Schönbucher and colleagues (2014) reported that youth place a high value on parental support following sexual abuse and often wish they had received more support. Protection Clarification has been developed to support this need.

The Protection Clarification Process

When sexual abuse is identified, it is imperative to help the non-offending caregiver become a protective resource for the child (McCarthy et al., 2019). PC addresses this issue and defines the safety of the child as the primary responsibility of the child's caregivers. This is clearly distinguished from

assigning responsibility for the abuse to the offender, as in Abuse Clarification. Lipovsky et. al, 1993). By clarifying responsibility for protection, PC can provide guidance to professionals in decision-making regarding family preservation and reunification (Ralston, 1996).

The PC process is designed to help caregivers move from disbelief, minimization, and defensiveness toward acknowledgment, concern, and protective actions. This change is necessary for effective intervention and healing within the family. The success of this process depends on therapists developing a therapeutic relationship and helping the caregiver feel safe enough to accept responsibility for the protection of their child. Motivational Interviewing techniques (Miller, 2023) are utilized to support the engagement of the caregiver. As the professional approaches the caregiver with empathy regarding the difficulty of their position, they can explain to the caregiver the rationale for PC and the steps required.

The Non-Offending Caregiver Assessment

The PC process begins with an assessment of the non-offending caregiver by a mental health professional trained in the PC process. This assessment identifies any barriers to their willingness and ability both to participate in the PC process and to become a protective resource for their abused child. Although some caregivers are immediately able to assume a protective position, others will have many questions or be too overwhelmed (McElvaney & Nixon, 2020). It will help to develop and strengthen a therapeutic alliance when the child's caregiver is approached with respect and provided the support and information needed to respond protectively to their child. Removing barriers identified during the caregiver's assessment becomes the focus of the caregiver's work with the PC therapist. Barriers must be addressed and resolved prior to the caregiver being able to move forward in the PC process.

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Potential Barriers to a Successful Protection Clarification

Emotional Reactions to Learning of Their Child's Abuse

Following their child's disclosure of sexual abuse, the non-offending caregiver may experience fear about what will happen to their child, to themselves, and to the offender. This can lead to guardedness or hesitancy with professionals. These reactions should not be immediately interpreted as an unwillingness to protect their child. This fear may be reduced by approaching the caregiver with empathy and respect, providing them with support, and information about the dynamics of child sexual abuse and the community response.

The disclosure of sexual abuse can also create a crisis for the caregiver. The non-offending caregiver may experience considerable distress (e.g., Byerly, 1985; DeJong, 1988; Myers, 1997; Newberger et al., 1993;) and a range of emotional reactions (Davies, 1995; Famularo et al., 1994) such as denial, disbelief, numbness, and anger. These emotional reactions can keep caregivers focused on themselves, thereby interfering with their ability to focus on the child's needs. They may also serve as self-protective mechanisms, allowing the caregiver to maintain psychological distance from the painful reality of the abuse (e.g., Ovaris, 1991). Intense anger directed at the perpetrator, the child, or themselves can divert the caregiver's attention from the child's immediate needs.

It is important to emphasize that these reactions are normal responses to the trauma of learning that a child has been abused. However, they can interfere with the caregiver's ability to respond protectively. Therefore, it is critical that the caregiver receives support from their PC therapist to process their experience and manage emotions in a manner that enhances the awareness of the child's needs and the capacity to address them (Deblinger & Heflin, 1996). Assisting caregivers in identifying and coping with their feelings more effectively can foster greater objectivity and attention to child safety.

Non-offending Caregiver's Pre-Existing Problems

Some caregivers may re-experience traumatic events from their own history when confronted with information regarding the abuse of their child (Green et al., 1995). Caregivers who have a history of sexual or physical abuse or were victims of domestic violence may struggle to focus on the child's needs, although a history of sexual abuse has not been found to predict maternal support (Deblinger et al., 1996). The discovery of the child's victimization may trigger post-traumatic responses that further impede protective caregiving. The therapist exploring the caregiver's own trauma history could reduce or remove barriers in their becoming a future protective resource for her child. Individual psychotherapy may be indicated to help reduce trauma symptoms prior to or concurrent with PC work.

Caregivers with a history of mental health problems or with chronic or critical medical problems may also have trouble addressing the needs of the child. The presence of mental health issues does not preclude a protective response; however, conditions such as depression, significant anxiety, or other serious and persistent mental illness may have interfered with the caregiver's ability to protect the child from the abuse and can compromise protective responses following the discovery of abuse. Substance abuse and social isolation are particularly strong factors associated with decreased support and protection (Leiffer et al., 2001). It is therefore essential to address mental health and/or substance-related problems through appropriate psychological or psychiatric interventions to enhance the caregiver's emotional and behavioral functioning.

In addition, incapacitating medical issues or those that require life-sustaining treatment may compromise the caregiver's ability to ensure the child's safety. In both situations, external supports such as resources available through community programs and/or extended family for the caregiver may be necessary to reduce social isolation and meet the needs of both the caregiver and child (Leifer et al., 1993).

A non-offending caregiver with significantly limited cognitive functioning may not comprehend what has happened to the child or be capable of organizing an effective protective response. Skill-building interventions and external supports such as temporary placement of the child and caregiver with other supportive and protective adults may be necessary for caregivers with compromised cognitive abilities to maintain a relationship with their child and become a protective resource for that child.

The Cost of Believing the Child

Most caregivers believe, support, and protect their children following discovery of sexual abuse (e.g., see Elliott & Carnes, 2001, for a review). However, these positive caregiver responses can be compromised by the potential cost to them of believing and supporting their child versus the alleged offender. This cost may include the loss of physical, financial, and emotional support from the offender as well as the potential loss of support from family members and friends (Massat & Lundy, 1998, 1999). Failure of other non-offending family members to acknowledge the abuse and appropriately assign the responsibility for the abuse to the offender may negatively affect the response of the non-offending caregiver. Even if the caregiver begins by supporting the child, the costs of doing so can erode that support over time (Alaggia, 2002).

The disclosure of child sexual abuse within a family can create discomfort for everyone, sometimes leading family members and even close friends to distance themselves. Caregivers are then left to choose between believing and supporting their child or maintaining the support of others (Lipovsky, 1991). They can lose support from their own extended family, the offender's family, and from social and church networks.

Other losses—including loss of financial resources, housing, and transportation—can be substantial when the offender is a family member. The family's financial status can be a powerful factor in determining whether the non-offending caregiver can take protective action and separate from the

offender. When the caregiver is financially dependent and lacks job experience or skills, leaving the situation can be extremely difficult. Other potential costs of believing and taking action to protect the child may include damage to the caregiver's self-perception as a spouse and sexual partner and sense of adequacy as a parent. Identifying and providing physical, financial, and social supports is often necessary to strengthen the caregiver's protective response.

Relationship with the Offender

Non-offending caregivers may face the profound dilemma of feeling forced to choose between their partner and their child (Lipovsky, 1991). The caregiver may feel protective of the offender when their relationship is close, if the offender is a sexual partner (Pintello & Zuravin, 2001), and when they are financially and/or emotionally dependent on the offender (see e.g., Everson et al., 1989; Salt et al., 1990; Leifer et al., 2001). In addition, the caregiver may have experienced violence from the offender and/or been threatened by the offender for failing to protect the offender versus the child.

Relationship with the Victim

Some caregivers have a strained relationship with their child, especially when the child is an adolescent (Jouriles et al., 2023). The experience of abuse may result in externalizing behaviors by the child that have created problems for the child's caregiver. Social, behavioral, or academic challenges at school can demand significant time and attention from the caregiver, which may be difficult to provide. Children with special needs are often at higher risk of victimization (see, e.g., Jaudes & Mackey-Bilaver, 2008), further compounding the challenges caregivers must address.

The caregiver may blame the child for the abuse itself, for disclosing the abuse, and for delaying their disclosure of the abuse. The caregiver may perceive the child as having "seduced" the offender or blame the child for any family disruptions and personal losses following disclosure (La Treille, 2020). The

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child may be a foster child or a stepchild, and the caregiver may not have a pre-existing commitment to their care.

Sexual abuse occurs in secret, and many non-offending caregivers report no knowledge that abuse had occurred. Even in these situations, the child may believe that the caregiver knew or should have known and should have acted protectively. This perception by the child can generate anger or fear toward the caregiver for the perceived failure to know and/or protect them. Regardless of the dynamic, it is essential that the caregiver address the specifics of the abuse as described by the child as well as their response to learning about the child's abusive experience, to build or rebuild trust between the child and the caregiver.

Risk of Punitive Action

Perpetrators of sexual abuse typically work to conceal their behaviors from the non-offending caregiver to maintain access to the child (Finkelhor, 1984; Summit, 1983). Historically, mothers were unfairly blamed for the occurrence of abuse (Deblinger et al., 1996). In the early history of child protective services' response to the disclosure of sexual abuse, some non-offending caregivers were charged with neglect, based on the belief that they must have known about the abuse and failed to take protective action. This action created fear and was often a barrier to the non-offending caregiver believing the child's disclosure. In addition, this CPS response created a concern in the non-offending caregiver's support system that resulted in a punitive response or a withdrawal of support for that caregiver. As a result, the caregiver's natural response was self-protection, which then becomes a barrier to their ability to safeguard the child.

Protective System Responses

Engaging caregivers with community investigative professionals and sharing information gathered by multidisciplinary team (MDT) members regarding the child's report help make the child's experience become the reality that the caregiver is expected to

address in the PC. An investigation into allegations of child maltreatment will tend to be experienced as somewhat adversarial. If these investigative agencies are perceived as punitive by the non-offending caregiver, this may impact both the investigative process and the caregiver's response. When law enforcement and CPS complete their investigation and CPS assigns an ongoing services worker, the goals of intervention and the role of the professional must shift to achieve the mutually desired outcome of protection and child safety within the family. The new goals must be clearly communicated to the caregiver to foster a genuine partnership between the community system and the non-offending caregiver for the protection of the child. PC can support the development of this partnership. If services fail to provide the support necessary for the non-offending caregiver to feel safe enough to believe and protect the child, the perception of threat may be heightened, leading to the non-offending caregiver being defined as resistant, uncooperative or defensive. This dynamic can complicate CPS' effort to engage the non-offending caregiver as a protective resource for their child.

Bolen and Gergely's (2015) meta-analysis found that caregivers felt better about supporting their children when given information on the dynamics of abuse and disclosure, the consequences of child sexual abuse for their child, the impact of disclosure on their family functioning, and strategies of support. This information may include how offenders groom both the child and their caregiver to gain access to the child; how they hide their abuse from others to prevent losing access to the child; and how they deny their abusive behaviors and blame the child or the child's caregiver for a "false" disclosure (Finkelhor, 1984). Developing an awareness of these dynamics of abuse, including the offender's use of cognitive distortions and manipulative behaviors, can increase the caregiver's understanding of how they were "tricked" or deceived by the offender. Combined with the support and empathy gained through working with the therapist in PC and participation in group therapy or support programs, this awareness may

enhance the caregiver's ability to empathize with and support their child.

The Protection Clarification Letter

Once the non-offending caregiver has overcome any barriers to her willingness and ability to acknowledge the reality of their child's abuse, the next step is to address each of the seven components of PC in a letter to her child. Writing the PC letter serves as a tangible tool to support and guide the process of the caregiver developing the content to be delivered verbally to her child. The caregiver reading the letter that they wrote supports the caregiver staying focused on the function of the PC and reduces the caregiver going "off script." Each component is written by the caregiver and then reviewed with the caregiver by the PC therapist. Caregivers who take immediate protective action upon learning about the abuse (e.g., Elliott & Carnes, 2001) may be able to complete the PC letter relatively quickly. Other caregivers may require considerably more time. Whatever the time required, the goal is for the caregiver to provide a completed PC letter for their child.

The Process of Developing the PC Letter

Prior to the non-offending caregiver writing the first draft of the PC letter, the therapist must ensure that all information about what the child has disclosed at that time regarding his or her abuse has been identified. This information will be addressed as the caregiver progresses through each component of her PC letter. It is critical that the therapist conducting the caregiver's PC have details of the child's disclosure and the child's experience of the caregiver's response to that disclosure. The therapist must gather information disclosed by the child during the forensic interview and medical exam, as well as to others such as teachers. The PC letter must address all issues related to the child's reported abuse experience.

After the PC therapist ensures that the caregiver understands the purpose of the PC letter, the caregiver is invited, on their own time and in a private place, to write the first draft. The caregiver is told to

include what they think the child needs to hear from them about the child's experience of sexual abuse. An illiterate caregiver can audio record the PC letter and re-record it as the letter is developed and revised, with the child and caregiver eventually listening to the final recording together. When working with non-English speaking caregivers, the therapist needs to enlist a professional who speaks the caregiver's language or use a translation app to facilitate the development of the letter and the delivery of the content of the letter to the caregiver's child. The initial letter by the caregiver, either written or recorded, is not typically shared with the child, but instead reviewed by the therapist and revised by the caregiver until it meets the purpose of the PC and is ready to be read to the child. The initial letter offers the therapist an opportunity to meet the caregiver where they are. With feedback on the initial letter, the caregiver is then supported to move forward and address each of the components required for the PC letter.

Caregivers often write multiple drafts of components of the PC letter to complete the PC process successfully. The initial drafts may continue to reveal the caregiver's areas of struggle, highlighting issues that need to be explored and addressed within the PC. Often, these initial drafts also reflect barriers to the caregiver's ability to be protective and thus should not be shared with the child. Reviewing and revising these drafts with the PC therapist helps the caregiver organize their thoughts and provides valuable insight into barriers that could derail success in developing her PC letter for the child. The therapist and caregiver together review each line of the draft letters and assess the extent to which the letter reflects appropriate assumption of responsibility and communicates a protective and supportive response to the child. The potential impact of the words on the child victim is always considered. When the caregiver's first efforts are self-focused, with the caregiver communicating their own feelings and needs, the information contained in the letter offers insight to the caregiver's therapist as to the work that needs to be done for the caregiver to become child-focused and an effective protective resource for the child.

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During the process with non-protective, non-believing caregivers, the initial drafts of the PC letter may reflect what they believe is required rather than actual change in their response to the disclosure of the abuse of their child. The goal of PC is for the caregiver to internalize relevant information and to exhibit behavioral change by initiating protective behaviors independently. This process can be reinforced through the caregiver support or therapy group process as caregivers deal with scenarios and as they receive and provide information and support to new members who join the therapy or support group.

Writing a successful PC letter may take years for some caregivers. Other caregivers are never able to move beyond their own issues and needs and therefore cannot focus on the needs of their child. In these cases, the child is most often placed outside of the home. For these children, another protective adult in the child's family or a foster parent can work with the therapist to write the PC letter to ensure that the messages of affirmation and attribution inherent in PC are communicated to the child. While not ideal, this does communicate the child's reality of the abuse, the offender's responsibility for the abuse and its consequences, the primary caregiver's responsibility for failing to protect the child, and the current caregiver's responsibility for safety and protection going forward, whoever the current caregiver is.

Components of the Protection Clarification Letter

The Protection Clarification (PC) process requires non-offending caregivers to:

1. Acknowledge the abuse experienced by the child and define the abuse as a problem.
2. Assign responsibility for the identified abuse and its consequences to the offender.
3. Accept responsibility for protecting the child.
4. Acknowledge past barriers to protecting the child and the consequences of their failed protection.

5. Describe what the caregiver wishes they had been able to do.
6. Define and commit to specific protective actions to minimize further risk.
7. Support and participate in the child's treatment through to completion.

The Protection Clarification Letter must address and include each of these seven components. Below we describe the steps in the non-offending caregiver developing the PC letter and then provide an example of text for each component.

PC Component 1. Acknowledging the Abuse Experienced by the Child and Defining it as a Problem

In this component of the PC letter, the caregiver acknowledges that they believe that the child was sexually abused. As the non-offending caregiver works on this first component, their therapist must ensure that the letter describes the details of the abuse as described by the child and in language that is appropriate to the child's developmental level. The caregiver also defines the abuse as wrong in this component and expresses appreciation to the child for sharing about the abuse. The letter must use language that the caregiver normally uses and is familiar to the child, so the child knows the information comes from their caregiver. The language should be consistent with the words the child used in their report of their abuse to emphasize the caregiver's willingness to respond to the child's disclosure. In some cases, a caregiver may believe the child and acknowledge the abuse but minimize its seriousness and impact. A simple acknowledgment that the abuse happened is not sufficient; the caregiver must understand and acknowledge the consequences and impact of the abuse on the child and be able to address that impact as they develop the PC letter.

If the non-offending caregiver supports the child following initial disclosure, the child may share additional information. When this happens, the caregiver writes updated content to address the

child's expanded disclosure. Interventions continue to focus on providing support to the caregiver to expand and sustain their protective role, and to communicate this to the child. The professional providing PC support must also ensure that the child's need for mental health services has been assessed and ensure that trauma-focused evidence-based treatment is provided to reduce any mental health symptoms identified through a standardized mental health assessment.

PC Component 2. Assigning Responsibility for the Abuse and its Consequences to the Offender

A caregiver may acknowledge that the abusive behaviors occurred and recognize the abuse as problematic yet still misattribute responsibility—placing blame on the child, on themselves, or on external circumstances. Because some sexual abuse prevention programs historically emphasized children “saying no” and otherwise taking action to stop the abusive behaviors, some adults may react to learning about a child's abuse by suggesting that the child victim is responsible for not resisting or not disclosing sooner. Even understandable initial reactions such as “Why didn't you tell me?” can be experienced by the child as blame and must be addressed and clarified in PC. This step in the PC process emphasizes that the offender is fully responsible for both the abuse and its consequences.

PC Component 3. Accepting Responsibility for Protecting the Child

This component of the PC focuses on the non-offending caregiver accepting the responsibility for protecting their child and for their failure to protect the child from the identified abuse. Completing the previous PC component regarding the offender being responsible for the abuse and for the consequences of the abuse can help the non-offending caregiver accept responsibility for protecting their child and for the consequence of that failed protection for the child and family.

PC Component 4. Identifying and Acknowledging Past Barriers to Protecting the Child and the Consequence of their Failed Protection

Once a caregiver accepts responsibility for protection, the next step in the PC process involves overcoming the barriers that may have prevented them from knowing about the abuse and taking action to stop it. Many factors can interfere with active awareness of maltreatment in a family. Offenders sexually abuse the child in private. They direct or threaten children not to tell, provide false explanations for suspicious behaviors, and describe victims' accounts as lies and non-offending caregivers' reports as vindictive. Non-offending caregivers may not have considered that a spouse or older child could engage in such behavior. The concept of sexual abuse may be too uncomfortable to contemplate. Children may also initially deny the abuse when questioned or recant previous disclosures. The non-offending caregiver may have been afraid to confront the offender or afraid of what acknowledging the abuse might mean for her. Regardless of the specific barriers, the caregiver must articulate how these barriers interfered with their ability to know about or to intervene in the abuse. This lays the groundwork for promoting a protective environment for the future of the child and family.

PC also requires caregivers to accept responsibility for any consequences of their failure or inability to protect. These consequences can include prolonged or intensified abuse, child placement out of the home due to the non-offending caregiver blaming and shaming the child and demanding that the child recant their disclosure. Out-of-home placement for the child may have further consequences such as having to change schools, and losing extended family connections, supportive friends, and their faith community. The child may be blamed and feel responsible for the family disruption. The PC process involves the caregiver accepting responsibility for these outcomes to the extent that they resulted from

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their failure to believe and protect the child following the disclosure of abuse.

Completing the first four PC components can facilitate the caregiver's shift from a passive role of non-offending caregiver to the active role of protective caregiver. Each of these components addresses the child's experience of abuse and of failed protection.

PC Component 5. Describing What the Caregiver Wishes They Had Done

The non-offending caregiver is invited to reflect on what they wish they could have or would have done if they had known about the child's abuse. This offers a shift for the caregiver from a passive role to an active role of protective caregiver. This can strengthen and reinforce the non-offending caregiver's ownership of responsibility for future protection of the child and promote engagement in specific, proactive, protective behaviors moving forward.

PC Component 6. Defining and Committing to Specific Protective Behaviors and Actions to Minimize Further Risk

In PC, the caregiver must commit to specific protective actions required by CPS or the court that are designed to enhance child safety. These actions may include cooperating with safety plans that restrict contact with the alleged offender or requiring that contact be supervised. Support must be provided to the non-offending caregiver to identify and overcome any barriers to the caregiver developing competency in the protective behaviors they are committing to through the community system and their PC letter. This component helps ensure that the caregiver's thinking and beliefs translate into actions designed to help protect the child. Considering and practicing real life abuse scenarios with the therapist and identifying and articulating appropriate protective responses offers the caregiver an opportunity to identify and develop competency in demonstrating protective actions.

PC Component 7. Supporting and Participating in the Child's Treatment through to Completion

Child victims of maltreatment deserve to heal from their abuse. Effective trauma-focused mental health treatment models are available to support this healing. Child victims need the support of their caregiver to get to and to participate in such treatment as needed. It is important that child victims be screened to determine the need for a referral for a standardized mental health assessment. The results of the assessment identify the need for mental health treatment and the focus of that treatment. Many of the current evidence-based, trauma-focused treatment modalities include the participation of the child's caregiver (Cohen & Mannarino, 2015). It is important that the child's caregiver supports and participates in their child's treatment. Having the caregiver participate can also benefit the mental health of the caregiver, and the relationship between the child and the caregiver.

Examples of How Protection Clarification Letters Address Each of the Components

This section of the article presents examples of how each of the seven components can be addressed in a Protection Clarification Letter.

Component One: Acknowledging the Abuse Experienced by the Child and Defining it as a Problem

When Joe showed you a picture of a boy's private part that was not okay. When he took you on an errand in the car and talked to you about sex, about private parts, intercourse, and sperm and made you suck his wiener, he broke the rules and the law. What he did was wrong. I know he told you that what he was doing was okay and he said that it was his job as your stepfather to teach you about sex as a way of protecting you. He told you that to try to make you

think what he was doing was okay, but you knew that it was not okay. I am so proud of you for writing me the note to let me know what Joe was doing when he showed you his private part and made you suck it. I was so sure that Joe was a good man, a good husband, and a good father that I could not imagine him breaking the law and hurting you like that.

When I read your note telling me about Joe showing you his wiener and making you suck his wiener, I was so upset I didn't know what to do. I asked Joe about what you had written, and he lied to me and said that you had made it up. He told me he thought you were confused about loving both your dad and him and suggested that I encourage you to spend more time with him. I believed him and I did encourage you to spend more time with him.

Component Two: Assigning Responsibility for the Identified Abuse and its Consequences to the Offender

Again, I want to thank you for being brave and telling about Joe sexually abusing you. What he did was wrong and he has now been arrested because what he did when he sexually abused you is against the law. I know that he lied to you and said that it was his job as your stepfather to teach you about sex. And he lied to me when he told me that you had made up that he was sexually abusing you. You had to leave our family and go into foster care because he lied to me and I believed him. Joe is in jail right now because of sexually abusing you, not because you told. You did nothing wrong and had to leave our home because of what Joe did. Joe broke the law when he talked to you about sex, about private parts, intercourse, and sperm and when he made you suck his wiener, and when he lied to you about doing these things to teach you about sex. Joe will never live with us or be able to be with you or your sister again because of sexually abusing you.

Component Three: Accepting Responsibility for Protecting the Child

As your mother it is my job to protect you and keep you safe from people who might hurt you. I am so proud of you for writing me the note to let me know what Joe was doing when he showed you his private part and made you suck it. It was my job to talk to you about what Joe was doing and to make him leave our home to keep both you and your sister safe

Component Four: Identifying and Acknowledging Past Barriers to Protecting the Child and the Consequence of their Failed Protection

I was so sure that Joe was a good man, a good husband, and a good father that I could not imagine him hurting you like that. Because he is a lawyer I didn't think he would ever break the law. When I read your note telling me about Joe showing you his wiener and making you suck his wiener, I was so upset I didn't know what to do. I asked Joe about what you had written, and he lied to me and told me that you had made it up and that he thought you were confused about loving both your dad and him. He told me how much he loved us and suggested that I encourage you to spend more time with him. I believed him and did encourage you to spend more time with him. After I read your note, I didn't even talk to you. I just believed him and not you and because I didn't believe and protect you, you had to go into foster care and leave our family. You also had to change schools and leave your friends, and you missed playing the lead in the school play. Being sent to foster care was not because you told what Joe was doing. It was because I didn't believe you and I didn't protect you.

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Component Five: Describing What the Caregiver Wishes They Had Done

I wish I had not let my feelings for Joe cause me to be confused about what to do. I wish I had believed you when I read your note. I wish I had talked to you when I read your note and had believed you and not believed Joe. I wish I had protected you by making Joe leave our home and by not allowing him to have contact with you and your sister. I do believe you now. What your stepfather did was wrong. He is responsible for what he did. You are not responsible for what he did. I am so glad that you were strong and able to tell your school about what Joe did after I didn't protect you.

Component Six: Defining and Committing to Specific Protective Behaviors and Actions to Minimize Further Risk

Since you were able to tell someone else, I have gotten help in understanding and believing that Joe abused you, and in learning what I need to do to keep you safe. I am no longer living with Joe, and he will no longer be able to have contact with you or your sister. I will follow the rules and not allow him to come to our house or to have any contact with you or your sister. I have met with the police and told them what happened. Joe has been arrested because he broke the law. I will be working with your therapist and will go to counseling with you to learn more about how to be a protective parent and how to manage the problems that Joe caused by his making you suck his wiener.

Again, I am so proud of you for writing me that note and letting me know that Joe was abusing and hurting you. I wish that I had believed you and protected you so you would not have to go to foster care. I am glad that you are now living with your dad and that he has arranged for you to be in your old school. Your dad and I are working together about how we can each be in you and your sister's life and how we can work together to keep you safe and to focus on you and your sister. I look forward to the time when I will be able to have you come to my/our house to spend the weekend with your sister and me.

I have gotten help in understanding and believing that Joe abused you and in learning what I need to do to keep you safe. I am no longer living with Joe, and he will no longer be able to have contact with you or your sister. I will follow the rules and not allow him to come to our house or to have any contact with you or your sister. I have met with the police and told them what happened. Joe has been arrested because he broke the law. I will also call the police if Joe breaks the rules about coming to our house or having contact with you. I will listen to you in the future when you tell me about something that is hurting, upsetting, or worrying you. I will talk with you about what you tell me, and I will do what is necessary to protect you. I am also learning about how to be more independent so that I can take responsibility for both you and your sister.

I am working with my therapist and with our social worker regarding what I need to do in the future to be aware of things or people that may create a risk to me and to you and your sister. I am also a part of a group of other mothers who are learning about how important it is to listen to our children and to take action to protect you when you are at risk. I have also learned that there are people in our community who will listen to me when I need help in taking action to keep you safe.

Component Seven: Supporting and Participating in the Child's Treatment through to Completion

I am so proud of you for telling me about Joe sexually abusing you. I know that you have had nightmares about what he did. We will see your therapist each week and continue to work with your therapist to learn how to stop the nightmares. Your therapist is helping me learn more about how to help you feel and be safe and not have nightmares so that you are able to sleep at night. I know that because you don't sleep well you are tired at school and that has made it hard for you. I am so pleased that you have a therapist who is going to help you about your nightmares and will help me know how to be more protective and to listen to you and to your sister and to talk to you when you tell me about what is happening in your life.

Additional Considerations Regarding PC

For some children, the outcome of their telling supports their willingness to report risk in the future (Sas et al., 1995). Being believed and protected is a powerful factor in this willingness. The caregiver and the child's therapist can reinforce this by discussing with the child in their therapy how telling about their abuse protected the younger sibling from being abused, and how their caregiver is now aware of the abuse and willing and able to protect the child. They can also do so by communicating that the caregiver will be more alert to signs of abuse if it occurs again and responsive to the child's sharing about abuse or other concerning experiences. The caregiver can also praise the child for talking about abuse and risk. However, care must be taken not to put the responsibility for stopping the abuse on the child. The child should be encouraged to tell when they feel able to tell. Alternatives to verbal disclosure can be identified, such as writing a note, saying a key phrase, or giving a signal. This part of the process also demonstrates to the child the caregiver's willingness and ability to talk about abuse. This may improve communication between the child and the caregiver and other protective adults and strengthen their relationship.

Most caregivers do not consider their children at risk for abuse and thus do not think through how to manage this risk. Fire drills are designed and held to teach people what to do if there is a fire, but families do not have "abuse drills." Caregivers involved in PC have already seen the consequences of failing to understand the risk of abuse to their children. Following the successful delivery of the caregiver's PC letter to the child, the PC therapist works with the family to identify possible scenarios to practice how the family will handle possible future incidents of abuse or situations that create risk. This process is like establishing a family fire drill and will provide the child/ren in the family and the caregiver with identified and defined behaviors they can implement in a risk or crisis. Thus, PC helps the caregiver think

through how to respond to any future suspicion or knowledge of abuse. Rehearsing protective responses following PC helps them manage the emotion. It also provides information to the child victim(s) and siblings about how their caregiver/s will be more alert to risk and what protective behaviors they will implement in the case of future risk including abuse.

Other Applications of Protection Clarification

PC is also useful for siblings of the victim, with other types of abuse than intrafamilial child sexual abuse, and with substitute caregivers. It can also help connect children and families with community resources. In addition, it can be adapted to be used with caregivers who are willing but are unable to protect the child.

Protection Clarification with Siblings

Discovery of child maltreatment can create a family crisis. The interventions focused on investigation and child protection often disrupt the entire family. Siblings of the victim may blame the victim for the abuse and the disruption. Some caregivers want to protect siblings from knowledge about the abuse. This protection may leave the siblings feeling scared and at risk, as they know something is wrong, but they don't know what. In this situation, the siblings may imagine all sorts of problems that do not exist. With the help of the PC therapist, the non-offending caregiver writes PC letters for each of the child victim's siblings to acknowledge their reality that there is something happening and to give information consistent with their developmental level (McElvaney et al., 2022). In writing a PC letter for the siblings the caregiver addresses anything that is specific to that individual child. A PC conference for each sibling is also held. The purpose of an individual PC letter and PC conference for each sibling is to get the secret out, to clarify the reality of and responsibility for what has happened within the family, to offer each child an opportunity to disclose any exposure to abuse, and to reduce anxiety inherent in disclosures or the identification of child abuse in a family.

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Example of Text from a PC Letter to a Sibling. The reason that your dad cannot live with us right now is because he broke the rules about touching. He touched your sister on her private parts and that was wrong for him to do. I know that you have been angry with your sister for telling about what Dad did. Dad can't come home right now because of what he did, not because your sister told. Your sister was right to tell so that I could protect her and make Dad leave so that he could not break the rules again. Dad is working with a counselor to learn how to follow the rules and he is living with grandmother. You didn't do anything wrong and your sister didn't do anything wrong. It was my job to protect you, and I couldn't because Dad lied to me about what he was doing. Now that I know about his touching your sister, he will not be able to live with us. He will be able to have supervised visits with you. That means either your therapist or I will be there with you when he visits.

PC in Response to Extrafamilial Sexual Abuse

In extrafamilial child maltreatment, developing and delivering the PC letter, with support from the child's therapist or the caregiver's therapist, is the responsibility of the non-offending caregivers, as their child experienced abuse and a lack of protection from them. They may need therapeutic interventions to help them move through their guilt and anger and enable them to focus on the needs of the child. For the child, PC again assigns responsibility for the abuse to the offender and the failure to protect from the identified abuse to the caregiver(s). When the offender is outside of the family the PC still involves developing a plan and future protection behaviors to be implemented by the non-offending caregiver(s).

Example of Text from a PC Letter in an Extrafamilial Case. When I left you with Johnny [the babysitter] I did not know that he would break the touching rules and make you touch his pee pee and that he would touch your pee pee. What Johnny did was wrong. I know that he told you not to tell anyone what he did, or you would be in trouble. You were smart and brave to tell me, and you are not in trouble. Johnny is in trouble because he broke the touching rules, and I

will not let him babysit or be with you again. If I had known that Johnny would break the rules by touching your pee pee and making you touch his pee pee, I would never have left you with him. Now that I know what Johnny did when he touched your pee pee, I will never let him come to our house or ever babysit you again.

PC with Kinship and Foster Caregivers

PC has also been used by kinship caregivers and foster parents when the child is placed out of home, with the same assignments of responsibility to the offender and non-offending caregiver. Substitute caregivers accept the responsibility for keeping the child safe and define the behaviors designed to ensure this safety. This may include restricting contact with an offender and a non-protective caregiver or defining structured supervised contact. This process provides the child with accurate information on visitation and reunification when the child's parents are unable or unwilling to participate.

Example of Text in a PC Letter from Kinship Caregivers and Foster Parents. You are living with me now because your mother could not protect you when your dad was hitting you with the electrical cord. As your foster parent, it is my job to keep you safe. It was your mom and dad's jobs to keep you safe, and they could not. Your dad won't be able to live with you until he learns how to discipline you without hurting you. Your mom won't be able to live with you until they are able to protect you from your dad hurting you.

It is my job to tell you about the rules at our house and to help you follow the rules. If you break a rule, you will not be spanked or hit, because one of the rules at our house is no hitting allowed. If you break a rule, you will not be able to use the computer or the phone for the rest of the day. If I or anyone else in our home does something that hurts or scares you, I want you to tell me or tell [name of caseworker], because you deserve to feel and to be safe.

PC and Community Resources

Participating in PC can help caregivers understand how the community system functions in promoting the safety and protection of child victims, as well as

the protective caregiver's role within that system. Working with community professionals such as the MDT at a CAC can provide the caregiver with support and resources to use in following CPS or court orders and directives designed to provide future protection for their child. While working through the PC process, the caregiver's therapist or the PC therapist may identify tangible barriers to the caregiver's ability to be a protective resource, such as deficits in housing, transportation, employment, and childcare. The therapist, CAC victim advocate or MDT professional can help the caregiver identify and access community resources and sources of support to help overcome barriers to protection. By enhancing the caregiver's ability to know and understand the community response system and community resources, the PC process may also help the caregiver connect with resources to help manage other stressors—such as the often-lengthy duration of court proceedings. The availability of resources can be reported as a part of the caregiver's PC letter.

Example of Text Regarding Community Resources in Clarification Letter. I didn't make John leave our house when you told me about him sexually abusing you because I don't have a job and I was worried that I couldn't pay the rent or buy the food we need without your stepdad. I wish I had been brave enough to tell Granny what your dad was doing and ask her to help us. Now I've been able to get help from her, from our caseworker and from a food pantry at a church. Johnny will not be allowed to visit you or live with us because he hurt you and broke the law when he made you rub and lick his ding dong. I'll make sure you are not alone with John in the future. I'll also make sure we continue to go to the Children's Advocacy Center for counseling to help you not have nightmares anymore. I'll be getting counseling there too, so I can learn more about how to keep you safe.

When Caregivers are Willing but not Able to be the Protective Resource for their Child

For caregivers who are motivated and willing to be protective but lack the resources or capacity to fully act in that role, the PC process provides an

opportunity to communicate to the child both their willingness and the barriers they face. In other situations, the caregiver may be able to participate in the PC but cannot assume full-time responsibility for the child—for example, due to illness or limited cognitive capacity. In these situations, the PC letter clarifies the reality of the offender's responsibility for the abuse and any past failures of the caregiver to protect, while describing the barriers to caring for the child full time. Importantly, the PC letter helps the child understand that these barriers relate to the caregiver's circumstances and are not due to the child and are not the child's responsibility. In such situations, visitation between the non-offending caregiver and the child may be an option.

Example of Text from a Caregiver Who is Unable to Protect the Child. You and your sister are living with Aunt Suzy because I am unable to take care of you. Because I am still having treatment for my cancer, I often feel bad and am in bed sleeping. When I learned that your dad was hurting you by hitting you and locking you in the closet, I immediately called Aunt Suzy who came to our house and took you home with her. I then called the people who help protect children and told them about what your dad was doing to you and to your sister. They came and talked to me and said I did the right thing to protect you from your dad. They helped me make your dad move out and live with his mother for now. He will have to go to counseling to learn how to discipline you without hurting you. He won't be able to live with us until he learns and agrees to stop hitting you and locking you in the closet. I am continuing my chemo treatment for my cancer and as soon as I finish that treatment and regain my strength, I will do what is necessary to have you back home. Aunt Suzy will bring you and your sister to our house so we can see each other, and they will take you and your sister to school every day, so you won't have to change schools.

The Protection Clarification Conference

The caregiver reads the PC letter to the child in the PC Conference. This section discusses preparing the caregiver and child for this conference, conducting the conference, and debriefing following it.

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Caregiver Preparation for the PC Conference

The caregiver must share the PC letter with the child's therapist to ensure that the content of the letter is consistent with the information provided by the child and their experience as the child described it. Any modifications required are completed and the caregiver practices reading the letter to the child's therapist and then processing with that therapist how the child might "hear/experience" the information and the PC process. Any concerns identified by the caregiver and/or the child's therapist are addressed and resolved. This process can help the caregiver manage her emotions during the actual PC and supports the successful delivery of the PC letter by the caregiver. In those cases, in which one therapist is working with both the child and the caregiver, it can be helpful to review the letter with a supervisor or colleague to help maintain focus on the child's experience.

The caregiver must also agree to follow four behavioral rules during the protection clarification conference. Clearly defined rules ensure that the conference focuses on the child's needs rather than the caregivers. Establishing these rules provides a learning opportunity for the caregiver to practice empathy and supportive behaviors with the child. First, the caregiver cannot expect the child to show or verbalize affection. Second, the caregiver must not request forgiveness from the child but instead focus on assuring the child of their commitment to safety and the other protective commitments outlined in the clarification letter. Third, the caregiver is asked to present the letter without crying, as crying draws attention to the caregiver and makes the child feel responsible for the caregiver's distress. The fourth rule requires that the caregiver not to ask the child any questions during or after the conference to avoid any misattributions of responsibility.

Preparing the Child for the PC Conference

The child's therapist must prepare the child prior to scheduling the PC Conference. The therapist shares with the child that their caregiver has prepared a letter containing things the caregiver wishes to

share with the child, which they will read to the child in a room in the building where they come for therapy. The therapist also assures the child of the therapist's presence in the room with the child and the caregiver to support the child. The child's task is identified as listening as their caregiver reads them the letter. The therapist will then ask if the child has any questions they want to ask the caregiver during the PC conference. The child is assured that they can ask any questions during the conference—whatever they feel comfortable asking—and can ask to leave the meeting at any time. The child is also told that it is the therapist's job to make sure the caregiver reads the letter to the child and answers any questions the child might have. In addition, the therapist shares the four caregiver rules and explains to the child that the therapist will stop the PC Conference if the caregiver fails to follow those rules during the PC conference. The child may have questions about what the caregiver shared in her letter such as "Why did you leave me with Dad after he hurt me?" or "Why did you get angry when I told you about Dad hurting me?" Or the child may have other questions about the family such as, "Will Dad come back to live with us?" During this preparation session, the therapist also addresses any concerns the child might have at that time.

If during or after preparation, a child expresses reluctance or resistance to the process, these feelings must be explored and understood. The process may be modified to accommodate the child's concerns. For example, if the child is not willing to be with their caregiver, the caregiver could record their reading of the letter for the child, allowing the child and therapist to process the information before any direct contact between the caregiver and child.

Conducting the Protection Clarification Conference

The child, the child's therapist, and the caregiver meet for the clarification conference. The meeting usually takes place in the child's therapist's office, as this is familiar and presumably experienced as safe by the child. The child, who is familiar with the room,

determines who will enter first and where each will sit. The child's therapist reviews the purpose and rules, shares that the meeting will be terminated if the rules are not followed, describes the role of each participant, and then moderates the meeting. The child's role is to listen. The child may ask any questions they want to ask, but they are not required to respond. The caregiver's role is to read the letter and answer any question the child has and any clarifying questions from the child's therapist.

The caregiver reads the PC letter to the child. After the caregiver reads the letter, the child is given an opportunity to ask questions, express feelings, and comment on the contents of the letter. The child's questions may require clarification by the therapist or the child's caregiver. This can be done during or after the PC Conference. For children of all ages, it is important that the child's therapist process with the child what the child has heard from their PC letter and involve the caregiver as appropriate in responding to any questions that arise related to the content, as well as to past and potential future protective actions. It is ideal to do this during the PC Conference if the therapist believes the caregiver can respond appropriately to the child's issues. Otherwise, the child's issues can be addressed during debrief individual sessions with the child and the caregiver.

Debriefing Following the PC Conference

Following the PC Conference the child's therapist meets individually with the child to process the child's experience and to identify any further issues that need to be clarified and addressed by the caregiver. Some children will not be willing or able to respond to the information shared by the caregiver during the PC Conference. The debriefing offers an opportunity for the child's therapist to help the child identify their feelings and respond to what they heard from their caregiver. The child's therapist and the caregiver's therapist (when the caregiver has her own therapist) then meet with the caregiver to process the PC Conference with her. These debriefing individual meetings with the child and caregiver may identify issues that need to be clarified during an additional PC meeting.

The intent of a successful PC Conference is for the child's caregiver to convey to the child their commitment and readiness to assume an active protective role for the child. Additional therapeutic work may be needed to resolve other issues, to support the caregiver, and to strengthen and maintain the caregiver's protective response. Such additional work may be especially important when tangible barriers are a major factor in the caregiver's initial non-protective response. Interventions that address issues such as employment, housing, transportation, and physical or mental health may be needed to support the caregiver's on-going ability to provide future protection of the child.

Conclusion

Protection Clarification focuses on the needs of the child victim for affirmation of the abuse they experienced, for clarification of responsibility for the abuse and its negative consequences, for clarification regarding responsibility for protection of the child, and for affirmation of the child's experience of failed protection from the identified abuse. PC provides reassurance on the specifics for future protection and a commitment for non-offending caregiver participation in treatment to support their child's healing from any negative consequences of their abuse. Protection Clarification, along with Abuse Clarification, (Lipovsky et al., 1998), address issues of attribution, belief, and feelings that may be barriers to successful resolution of the child's abuse. Reunifying children with caregivers without clarifying these roles and responsibilities leaves confusion regarding what happened, who is responsible, and what will be different in the future for the child and the family. Without such acknowledgment, the child may be less likely to benefit from mental health treatment. Although Protection Clarification and Abuse Clarification are important treatment interventions to support future child safety, a standardized mental health assessment must be completed to identify the treatment needs to support the future well-being of the child. Treatment needs are then addressed through trauma-focused, evidence-based mental health treatment. Non-offending caregivers who are

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dealing with their own trauma after learning about the abuse of their child may also require individual treatment to be able to focus on the needs of their child, including their child's treatment and safety needs.

The Value of PC for CPS

The successful completion of the PC process by the non-offending caregiver may provide CPS professionals behavioral indicators of the non-offending caregiver's willingness and ability to be a protective and supportive resource for their child. As such, the outcome of PC can be used to inform CPS decisions regarding child placement, family visitation, and family reunification (Ralston, 1996). PC also offers CPS a structured non-offending caregiver intervention to support the caregiver in understanding their need to move into a believing, supportive, and protective role. This outcome can prevent or shorten out-of-home placement for some children and shorten the time CPS professionals are involved in the life of the victim's family. These outcomes support the mission of child protective services, which aims to protect the safety of the child and family, as well as improving outcomes for child victims and their families.

Research Considerations

The PC process may help inform research regarding what caregiver behaviors are experienced as supportive by the child victim following their disclosure of sexual abuse. The individual debriefing process after the PC conference offers an opportunity to study the caregiver's and the child's observations of how each component of the PC was heard and experienced by the child. The caregiver's experience in delivering the components, observing the child's reactions, and reflecting on their own responses is carefully assessed. Identifying discrepancies between

the child and caregiver's perceptions of the support given and received can inform modifications to the PC process, helping to clarify understanding and enhance the positive impact of the experience for both the child and caregiver.

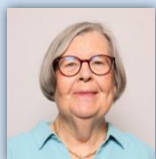
There has not been consensus among researchers regarding what actions constitute non-offending caregiver support for their sexually abused child. The content of each of the PC components offers actions that are measurable. Such information is needed by researchers as they work to identify non-offending caregiver responses that support a positive outcome for child sexual abuse victims.

PC has not been subjected to empirical investigation and needs to be. Many studies demonstrate the importance of the non-offending caregiver's response in promoting positive outcomes for child victims. These findings provide a strong conceptual basis for evaluating the efficacy of PC. Research on the PC process could inform the structure and content of this child-focused, non-offending caregiver intervention and support the expansion and positive impact of Protection Clarification.

The Impact of PC

PC was developed and implemented by mental health professionals working within a Children's Advocacy Center. The CPS professionals on that CAC's multidisciplinary team saw the value of PC in their work with child victims and their non-offending caregivers. Family Court judges found the PC helpful in making child placement and permanency decisions. The successful development and application of PC in a community's multidisciplinary response supports the mission of victim healing and family preservation and supports the belief that victims have a right to heal.

About the Authors



M. Elizabeth “Libby” Ralston, PhD was the founding director of the Dee Norton Child Advocacy Center, an accredited Children’s Advocacy Center located in Charleston, SC until 2012 and now serves as the Director Emeritus.

Dr. Ralston currently serves as a curriculum development and training consultant for the National Children’s Alliance. Libby co-leads the AimWell training for Victim Advocates and the CAC Directors Mental Health Academy twice each year. She has served on the NCA Board of Directors, the NCA mental health standard revision committee, the NCA Mental Health Implementation committee and participated in the partnership between NCA and NCTSN to develop the CAC Director’s Guide to Mental Health services. Libby served as the co-lead on the NCA Mental Health Workgroup. In addition, she is a faculty member of Project BEST and serves on the South Carolina Children’s Justice Act Task Force.



Polly B. Sosnowski, MSW received her MSW from Adelphi University in 1975. Her career involved working with children and families in a variety of settings, including psychiatric hospitals, mental health clinics, residential treatment centers, child welfare, and public health agencies. Within a year of its opening in 1991, she joined the staff of the Lowcountry Children’s Center, now known as the Dee Norton Child Advocacy Center, an affiliation that continued until her retirement from clinical practice in 2018.

While there, she had the opportunity to participate in many aspects of service development and delivery, including group treatment programs for child victims and for non-offending caregivers, providing supervision for graduate students and clinical staff, developing and delivering training curricula, and participating in research efforts including a multi-site evaluation of services provided through Children’s Advocacy Centers.



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Previously, Mrs. Ciesar served as Dee Norton’s Director of Grants and Programs, leading grant-funded initiatives promoting evidence-supported interventions for child abuse professionals and families. She also served as Co-Principal Investigator on a U.S. Department of Justice OJJDP project focused on improving access to treatment for youth with problematic sexual behavior and affected families. Prior to her leadership roles, she worked with the South Carolina Department of Mental Health as a forensic interviewer and therapist.

Mrs. Ciesar has provided expert testimony on child maltreatment and trained professionals locally and nationally. She was founding co-chair of the National Children’s Alliance National Workgroup on Problematic Sexual Behavior in Youth and has served as a board member of Charleston County First Steps and faculty for Project BEST (Bringing Evidence Supported Treatments to Children in South Carolina).

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