The Dorothy B. Hersh Child Protection Center

• One of 4 RDTCs in the state of New Jersey
• Consists of a team of Pediatricians, Social Workers, Psychologists, and Nurse
• Provides assessment and treatment services for victims of abuse and their families

Located at:

123 How Lane
New Brunswick, NJ 08901
732-448-1000
Understanding the Non-Offending Parent

Why is the Non-Offending Parent So Important?

• The parent is a secondary victim

• A supportive parent is one of the strongest factors in a child’s recovery.

• When a parent does not believe the child or blames the child for the abuse or the consequences of the abuse, the child is more likely to recant.
Entering the World of the Non-offending Parent

Most people have imaginary lines they draw in their mind. Suddenly when faced with an allegation, previous assumptions go out the window.

The Crisis of Disclosure

• In confronting their children’s abuse, mothers will enter into a personal crisis which will challenge their internal and external resources.

• Children may be fearful of the consequences of disclosure and may exhibit increased symptoms.

• No mother wants to believe her child is being hurt by someone she trusts. Many mothers will consider other offenders and other possible explanations.

• Disclosure may create conflict with extended family.

• Learning about and believing the disclosure is usually a process, usually not a single event.
Possible Non-offending Parent’s Responses

- Shock and confusion
- Denial
- Guilt, shame, self-blame, blaming the child
- Anger and fear
- Loss and grief
- Feelings of betrayal
- Decreased sense of self-worth
- Loyalty conflict
- Self esteem issues
- Worry about housing or financial security
- Fear of child protection agency and legal involvement
- A mother with a sexual abuse history may experience painful memories.

The Non-Offending Parent

- Non-offending parents are grieving many losses and can be overwhelmed by the tasks of helping their children and coping with the crisis.

  - We should adopt a “teach me” attitude. Ask questions in order to have a greater understanding of the parent’s unique needs.

  - Encourage the parent to obtain counseling for themselves. They deserve to receive support and in turn this will help the child.
Factors that Impact a Family’s Response to Child Sexual Abuse

• A parent’s history of trauma or child sexual abuse
• Previous coping skills, mental health, substance abuse
• The type of relationship a parent has with the child
• The type of relationship a parent has with the offender
  • Dependence on the offender
    • Domestic violence
    • Cultural factors
    • Gender
  • The parent’s support system
    • Immigration Status
    • Income/financial status

Adaptive Family Response Vs. Maladaptive Responses

Adaptive
Believing the child
Protecting the child
Focusing on the child
Accepting the child’s feelings
Maintain an image of the child as a survivor

Maladaptive
Denial
Parental guilt
Rage at the assailant
Blaming the child
Damaged image of the child

The Role Of Denial

What Is Denial?

- Denial is a defense mechanism, used to protect yourself from emotionally painful material. Denial is used to avoid thoughts or situations that are anxiety producing, painful or threatening to one’s security. Often the reality is obvious to others.
DENIAL

• Denial is a common initial reaction to a sexual abuse disclosure. A parent may feel that their whole world is shattered and denial may be part of their struggle to hold on to their security. Parents need time to alter their view of the offender and previous assumptions about their family.

Denial

• Denial is powerful and can seem out of touch with reality. Some women have held onto their denial even after the offender admits to committing the sexual abuse.

• Note: Be aware of the facts of the case when assessing the denial.
Psychological: Psychological denial is unconscious. The truth may be unavailable to the person, even if directly confronted.

Social: Social denial is a conscious decision to deny, generally to protect. A suspect may deny he abused a child, a parent may deny she witnessed touching, a child may recant abuse to protect her family.

Combination: The parent may have difficulty accessing the reality of the abuse and there may also be protective denial.

### Types Of Denial

<table>
<thead>
<tr>
<th>Type of Denial</th>
<th>Non-offending Parent</th>
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<tbody>
<tr>
<td>Denial of the Facts</td>
<td>It couldn’t happen in my family. It’s all a misunderstanding. He would never do that.</td>
</tr>
<tr>
<td>Denial of Awareness</td>
<td>I never saw anything unusual. The child never told me anything.</td>
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<tr>
<td>Denial of Responsibility</td>
<td>I told her not to walk around without a bra. She came on to him.</td>
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<tr>
<td>Denial of Impact</td>
<td>She’ll get over it, she seems to be doing ok.</td>
</tr>
<tr>
<td>Denial of the Need for Protection</td>
<td>Now that I know, I'll watch him more carefully.</td>
</tr>
<tr>
<td>Treatment</td>
<td>My child seems the same as always. It is better to let him/her forget.</td>
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What Keeps the NOP in Denial

- She feels that she has to choose between the child and the perpetrator.
- She feels ashamed to admit that she couldn’t protect her child.
- She loses trust in herself and her own judgment.
- She may feel that the abuse is a reflection of her own sexuality or attractiveness.
- She may fear losing financial security.
- She may fear child protection agency involvement.
- She may fear being blamed.
- She feels emotionally dependent on the abuser.
- She may be afraid of the perpetrator.
- She may be ashamed of her choice of mate.
- She was sexually abused herself, and the current situation brings up painful memories.
- She was not protected from abuse in her own family growing up and doesn’t know how to protect her child.
- She makes her own attempts to protect the child.
- She believes she can handle it on her own.

Working With the Denial

- Utilize a sympathetic, non-adversarial approach
- Hypothetical questions may help parent explore alternative possibilities
  - Empathy and sensitivity is important
  - Education is key

If denial remains, Can the parent protect and respond appropriately to child in spite of denial? Some parents experience ambivalent feelings and still act protectively.
Confront the Myths

CHILDREN
- Children are mostly sexually abused by strangers
- When a child is sexually assaulted s/he will tell right away
  - S/he is only a child and won’t remember
- The child is ruined forever and will inevitably become emotional disturbed
  - Boys are not abused very often

PARENTS
- If mothers are around, no harm can come to their child
- If a parent really loves their child, they can protect them
- If a parent is close with their child, they will be able to tell if something were wrong
- If a parent is close with a child, the child would disclose to the parent
  - A supportive parent believes immediately

OFFENDERS
- I could tell if a person were a pedophile or child abuser
Education is Key

Questions the Non-Offending Parent May Have
- What is child sexual abuse?
- How did I know if my child has been sexually abused?
  - How will sexual abuse affect my child?
  - Why didn’t my child tell me sooner?
- How do I know if my child is telling the truth?
- Why did my child go along with the abuse?
- How can I best help my child recover from this abuse?
  - How do I prevent abuse?
  - Does my child need therapy?
  - What will happen in counseling?

What is Child Sexual Abuse?
What is Child Sexual Abuse?

- Fondling
- Oral sex
- Penile penetration: Vaginal or anal
- Digital or object penetration
- Non-contact activities: sexual comments, voyeurism, cyber sex, taking nude or videos or photographs of child, instructing the child to take off clothes, instruct child to engage in sexual activity with another child, etc.

Incidence of Child Sexual Abuse

- As recently as 50 years ago CSA was thought to be rare. In 1955 a landmark work on incest estimated the rate of incest in the United States to be one per million.

- Today researchers believe as many as one in 3 or 4 females and one in 6 to 10 males will be sexually abused during their childhood.

- Professionals from all disciplines will encounter sexually abused children and non-offending parents.
**Who are the perpetrators?**

125 mothers whose children were sexually abused completed surveys

The alleged perpetrator was:
- 20.0% spouse/partner
- 19.2% ex-partner, ex-spouse
- 9.6% another child of mother
- 23.2% another relative
- 24.8% known non-relative
- 3.0% stranger

What research tells us about the discovery process:

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**How Do I Know If My Child Has Been Sexually Abused?**
How Do We Know If A Child Is Being Sexually Abused?

• **Sexualized Behavior**
  Normal sexual behavior vs. abnormal sexual behaviors

• **Abuse is Witnessed**

• **Physical Findings**
  Can you tell if a child has been abused by doing a physical exam?

• **Disclosure**

Concerning Sexual Behaviors in Children

**Preschool Aged Children:**
- Uses force
- Cannot be redirected
- Sexual knowledge inappropriate for their developmental level
- Humping other children; simulated or real intercourse without clothes; oral sex
- Significant age difference

**Kindergarten through 4th grade**
- Manipulates or forces other child to allow touching of genitals, breast, buttocks
- Forced or mutual oral, anal, or vaginal sex
- Overly familiar with strangers. Talks/acts in a sexualized manner with unknown adults. Physical contact with adult causes excessive agitation to child or adult
- Sneakily or forcibly touches genitals, breasts, buttocks of others. Tries to manipulate others into touching him/her
- Any coercion or force
- Significant age difference
Physical Findings in Sexual Abuse Cases

- Physical Findings are UNCOMMON in sexual abuse exams.
- Most findings disappear quickly.
- Abnormal findings don’t always mean abuse.

Effects of Child Sexual Abuse
Child Sexual Abuse Accommodation Syndrome

Roland Summit discovered that many sexually abused children display a common pattern of behavior and feelings in response to sexual abuse.

**Stage 1: Secrecy**
**Stage 2: Helplessness**
**Stage 3: Accommodation**
**Stage 4: Disclosure**
**Stage 5: Recantation**

Effects of Sexual Abuse

*Boundaries are violated when a child is sexually abused*
- Creates confusion over modesty, privacy, body parts, and touching
- Child’s trust in adult’s is betrayed
- Adults are supposed to know (and do know) right from wrong
- Child feels responsible for adult’s behavior
- When a child can’t say no, he or she has no power or control

*Roles Change*
- Role reversal; child takes care of offender physically and emotionally
- Child protects the offender rather than the other way around
- Child may begin to feel that they have to care for the non-offending parent or other family members since they feel at fault for the family disruption.
**Events after the Disclosure**

For some victims, events that happen following the sexual abuse can be almost as damaging as the abuse itself. These children may be doubly traumatized by:
- Telling and not being believed or protected
- Being removed from their home
- Being told by other adults to keep secrets
- Being accused of betraying the family
- Being returned to the home without protection, allowing the abuse to continue
- Having to testify against someone they love

**Victims May Feel That:**

- That their bodies are not their own to control
- That love or caring has to be paid for in some way
  - That adults can’t be trusted
  - That the world is not a safe place
- That they have to give up part of their childhood
  - That some may blame them for the abuse
- That the perpetrator, most likely, is willing to lie about what happened
- That the courts sometimes don’t provide the result hoped for
Effects of Sexual Abuse
Trauma Model

Betrayal
Powerlessness
Stigmatization
Traumatic Sexualization

THE TRAUMAGENIC MODEL
Finklehor & Browne, 1985

Trauma Model Dynamics
Related to Non-offending Parents

• Traumatic Sexualization
• Stigmatization
• Betrayal
• Powerlessness
Feelings Associated With Sexual Abuse:

Anger
Depression
Shame
Guilt
Confusion

Victim Response to Child Sexual Abuse

Mild or No Symptoms

Short duration
Low Frequency
No Force
No Physical Contact
Stranger/Distant
No Other Maltreatment
High Support
Effective Coping
?

Severe Symptoms

Long Duration
High Frequency
High Degree of Force
Penetration
Father figure/close
Additional Maltreatment
Low Support
Neg. Coping Strategies
?
**Possible Long Term Effects of Sexual Abuse When Related Issues Are Not Addressed**

- Promiscuity
- Early pregnancy
- Substance abuse
- Self-destructive behavior/self-injurious behavior
- Poor relationships
- Poor concentration
- Anger
- Lack of trust in others
- Guilt
- Shame
- Problems with sexual functioning
- Feels alone, different
- Depression
- Suicidal Ideation

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**Why Didn't My Child Tell Me Sooner**
Why Didn’t My Child Tell Me Sooner?

• Many children wait months or years before disclosing that they have been sexually abused
  - May have thought that he/she would not be believed
  - Delayed disclosure is not a sign of a poor parent-child relationship
  - Child feared they would get in trouble
  - It is embarrassing to talk about
  - I did not want to get the person in trouble
  - The child was scared they or their family members would be hurt if they told

Why Did My Child Go Along With the Abuse
Why Did My Child Go Along With The Abuse

• Children are raised to be nice, to be courteous and polite. They have natural trust and affection for others. These qualities set up children to be abused.
  
  • The child often knows the offender
  
  • Grooming
  
  • Confusion and guilty about compliance.
  
  • Powerlessness of children
  
  • Want to teach the child that it is not their fault

How Can I Best Help My Child Recover From This Abuse
How Can I Best Help My Child Recover From This Abuse?

- Believe and support your child
- Be ready to listen but don’t pry
  - Treat your child as usual
- Increase positive messages about the child
  - Allow your child to be a child
  - Don’t blame or punish yourself
  - Rebuild appropriate boundaries
- Help children learn and understand their rights
  - Open communication
  - Allow your child to express their feelings
  - Strong parental role

How Can I Prevent Abuse From Happening?
How Do I Reduce the Risk of Abuse

• Carefully screen caregiver
• Don’t ignore suspicious behavior
• Let your child make his/her own decisions about giving and receiving affection
• When bathing and dressing your child openly talk about all the body parts, including the private parts
• Pay attention to your child when he or she does not want to be alone with a certain person
• Build up your child’s self-confidence
• Take advantage of everyday opportunities to talk to your child about sexual abuse prevention
• Never mistrust a child who hints that sexual abuse may be occurring
• Don’t scold or laugh at your child for telling you a secret
• Develop open communication

Will My Child Need Counseling?
Will My Child Need Counseling?

- Many children demonstrate psychological symptoms following the disclosure of abuse.
  - Approximately 33% of children do not exhibit overt observable distress.
- Sexual abuse is a confusing experience for children and parents.
- Every child survivor of sexual abuse and their parents deserve to work with a counselor trained in issues related to sexual abuse.
- Know that children can recover from sexual abuse, particularly if they have the support of a caring, available parent and therapeutic services.

How You Can Help

**Police/Prosecutor’s Office:**

- Understand that the NOP is a secondary victim
- Be mindful of the role that denial plays
- Understand the complexity of the difficult situation a NOP faces when there is a disclosure of sexual abuse
- Be careful not to approach the parent in an accusatory manner
- Be sensitive to the fact that NOP’s will have very mixed feelings regarding involvement of the legal system
- Keep the NOP informed
How You Can Help

DYFS Workers:

• Understand and communicate to the NOP the importance of counseling
• Encourage counseling services for the NOP and/or siblings
• Do not approach the NOP in a accusatory manner. Work together as allies.
• Understand the concrete needs of a NOP and be available to problem solve and implement necessary resources
• Understand the difference between denial and not being protective
  • Be cautious about making threats to remove the child without understanding and evaluating the parent’s emotional denial versus her ability to protect
• Be careful to provide accurate information to the NOP
• Keeping the NOP informed is important to decrease their level of anxiety and increase their level of cooperation

How You Can Help

Mental Health Providers:

• Consider advanced training in the area of child sexual abuse and working with NOPs.
• Many NOPs are in financial crisis and may not be able to afford counseling services. Consider using VCCO funding.
• Help the NOP process their feelings of guilt and recognize their own needs.
• Recognize the hierarchy of needs and its impact on the NOPs ability to deal with the crisis.
• Recognize that this is a systemic issue and you may need to reach out to the other systems involved.
Working With the Non-Offending Parent:
Treatment Needs

• Feel validated and empowered, learn they are not alone
• Education on child sexual abuse
• Understand and navigate the systems
• Understand themselves and their children
• Help the parent support their children
• Problem solving ways to meet the family’s needs
• Resolve the parent’s trauma related to the abuse allegations and subsequent events
• Address negative cognitions
• Process and resolve guilt and grief
• Develop hope for the future: Process ambivalent feelings about the offender and explore hopes and fears about establishing a new life.

Special Issues for Therapists

• Assess trauma history and, as needed, obtain corroboration prior to trauma focused work. Caution is needed with unclear/unsubstantiated cases.
• Report abuse to DYFS. This may be new abuse, new information about a previous unsubstantiated case or if you learn that there is contact with the suspect when DYFS has prohibited contact.
• Avoid interviewing the child. If a child discloses take careful notes. Clearly document using quotations.
• Role of the therapist is not to substantiate abuse (DYFS) or determine innocence or guilt (jury/judge) or evaluate/determine custody/visitation (independent evaluator/family court)
Taking Care of Yourself

• Vicarious traumatization is unique to trauma work
• Vicarious trauma can impact: identity, world view, spirituality, ego resources (managing life, coping skills), relationships (trust, intimacy, control)
• As a result, professionals may become over involved (want to fix everything, bystander guilt, lack of boundaries), or withdraw (become demoralize, desensitized)
• Awareness and self care is important
• Compassion fatigue/Compassion Satisfaction

Selected Trainings & Resources

• Free online training on Trauma Focused CBT: www.tfcbt.musc.edu
• National Child Traumatic Stress Network: www.nctsn.org
• American Professional Society on the Abuse of Children: www.APSAC.org
• International Trauma Conference: www.traumacenter.org
• EMDR: www.emdr.com
• Trauma Center at JRI (Boston): www.traumacenter.org
Selected Trainings & Resources

- Victims of Crime Compensation Office: [www.NJVictims.org](http://www.NJVictims.org)
- Prevent Child Abuse NJ: [www.preventchildabusenj.org](http://www.preventchildabusenj.org)
- Hope for Families- Resources for CSA prevention: [www.hffbooks.com](http://www.hffbooks.com)
- Child Sexual Abuse Prevention Information: [www.darkness2light.org](http://www.darkness2light.org)