

Why Parents Don't Believe

(or don't act like we think or what them to think or act)

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Learning Objectives

1. Attendees will understand the challenging competing issues affecting parent and caregiver belief of child maltreatment.
2. Attendees will review recent research regarding the impact of parent/caregiver belief and support on various outcomes of child maltreatment.
3. Attendees will identify innovative areas for practice development within the multidisciplinary response to child abuse as it relates to parental/caregiver belief and support.

He has what?

“There must be a
mistake. This
can't be true.”



What is the impact of parental/caregiver support on the well-being of children?

- Youth activities
- Health issues
- School success
- Therapeutic engagement (TF-CBT)

Early Research

- 28 children (3-menarche) at Children's Hospital Emergency Department presenting with purely physical complaints but no disclosure or suspicion of CSA
 - Later diagnosed with sexually transmitted disease
- When interviewed only 43% gave any verbal confirmation of sexual contact (57% were "false negatives")
- Children whose caretakers accepted the possibility that their child might have been sexually abused **disclosed almost 3.5 times more** than those whose caretakers denied any possibility of abuse (**63% vs. 17%**).

Lawson, L. & Chaffin, M. (1992). False Negatives in Sexual Abuse Disclosure Interviews. *Journal of Interpersonal Violence*; December 1992, Vol. 7 Issue: 4 p. 532-542.

How was I supposed to know?

What do parents really know about what might suggest sexual abuse?

Pullins, L.G. & Jones, J.D. (2006).

Parental knowledge of child sexual
abuse symptoms. *Journal of Child
Sexual Abuse*, 15(4), 1-18.

Whatdaya know?

- The purpose of this study was to assess parental knowledge of child sexual abuse symptoms in order to identify parents who would most benefit from child sexual abuse education.
- 150 parents were recruited from a University-affiliated pediatric clinic waiting room - mostly women (87%).

Whatdaya know?

- Parents completed:
 - Hollingshead Index of Social Status
 - Determine socioeconomic status
 - Questionnaire asking them to:
 - List symptoms which would cause you to suspect that a child has been sexually abused in four symptom categories,
 - Identify the child's age at which each symptom would be seen,
 - List their sources of learning about CSA symptoms.

Whatdaya know?

- Not all parents could identify at least one symptom in each of the four categories.
 - Specific sexual behaviors/knowledge – 74%
 - Emotional symptoms – 75%
 - Physical or medical symptoms – 85%
 - Behavior toward peers or adults – 91%

Whatdaya know?

- Most commonly expected symptoms of child sexual abuse listed by adults:
 - Specific sexual behaviors or knowledge
 - Verbalizations about sex – 29%
 - Non-interactive sexual behavior – 24%
 - Emotional symptoms
 - Depression – 47%
 - Anger – 25%

Whatdaya know?

- Most commonly expected symptoms of child sexual abuse listed by adults (cont.):
 - Physical or medical symptoms
 - Injuries, not specified with genitals – 42%
 - Injuries to external genitals – 42%
 - Behavior toward peers or adults
 - Fear of/avoidance/withdrawal from others – 86%

Whatdaya know?

- Significant correlation between SES and the number of CSA symptoms identified
 - Suggests that more dedicated efforts are needed with individuals from lower SES.
- Parents are more likely to identify:
 - Emotional and Behavioral symptoms than Physical or Sexual symptoms.

Mommy is under the microscope.

What do we know about mother's perceptions of child sexual abuse?

Plummer, C.A. (2006).

The discovery process: What mothers see and do in gaining awareness of the sexual abuse of children. *Child Abuse and Neglect*, 30, 1227-1237.

What do moms see and do?

- 125 mothers whose children were sexually abused completed surveys.
- The alleged perpetrator in these cases was:
 - Known non-relative 24.8%
 - Other relative 23.2%
 - Spouse/partner 20.0%
 - Ex-partner/ex-spouse 19.2%
 - Another child of mother 9.6%
 - **Stranger 3.0%**

What do moms see and do?

- Initial source of mother learning about child's sexual abuse:
 - Child disclosed to mother – 41.6%
 - Child's behavior – 15.2%
 - Professional told me – 15.2%
 - Someone else told me – 12.8%
 - Witness to abuse – 5.6%
 - "A hunch" – 4.0%
 - Doctor's examination – 3.2%
 - Abuser told me – 1.6%
 - Other – 0.8%

What do moms see and do?

- Before learning of abuse, 49% of mothers had a feeling that something “wasn’t quite right”.
- These mothers responded by:
 - Talked with child – 66.7%
 - Watched “things” closely – 46.7%
 - Sought more information – 37.1%
 - Confronted suspect – 35.2%
 - Talked with relatives – 30.1%
 - Talked with friends – 27.6%
 - Avoided contact with suspect – 20.0%

What do moms see and do?

- Factors **decreasing** doubt about whether abuse had occurred:
 - Disclosure of child – 73.6%
 - Behavior of child – 66.4%
 - Child's emotions – 60.0%
 - Therapist's opinion – 36.8%
- Only 37.6% of the mothers never doubted their child's disclosure.

What do moms see and do?

- For those who did have doubts, the leading factors **increasing** doubt about whether abuse had occurred:
 - I would/should have known – 41%
 - Abuser denied allegation – 33.3%
 - What I know of abuser – 32.0%
 - Child's story changed – 22.2%
 - Family didn't believe – 19.2%
- How many of these can we address?
- It's our role to educate involved caregivers about child abuse dynamics!

Kilroy, S.J., Egan, J., Maliszewska, A. & Sarma, K.M. (2014).

“Systemic Trauma”: The impact on parents whose children have experienced sexual abuse, *Journal of Child Sexual Abuse*, 23, 481-503, DOI: 10.1080/10538712.2014.920458

What do parents/caregivers experience?

- Purpose - explore the impact of CSA on parents' experience of these events.
- **Subjects:** 13 biological parents in Ireland whose children were currently being seen in therapy related to CSA (ages 3-17)
- All parents participated in semi-structured interviews
 - Asked to recall what the experience has been like for them as individuals, from the point of finding out about the abuse allegations to the time of the semi-structured interview.

What do parents/caregivers experience?

8 major overarching categories which emerged:

- **Family Context** – already experiencing stress in other areas of family life
- **Abuse Characteristics:**
 - Abuse Context – proximity of the offender in child/family life
 - Abuse Details – how the parent learned of the abuse
 - Child's Symptomatology – overwhelming concern for the physical and psychological impact of the abuse

What do parents/caregivers experience?

8 major overarching categories which emerged:

- **Emotional Impact** – “end of the world for my child”
 - Shock – never thought it could happen in our family
 - Sympathy
 - Powerlessness – “I was unable to protect my child”
 - Anxiety/Fear – “I can’t hide my emotions from my child”
 - Shame/Guilt – “I am a failure as a parent”
 - Anger – “I am angry at offender, family, police, CPS, the world”
 - Sadness/Depression

What do parents/caregivers experience?

8 major overarching categories which emerged:

- **Cognitions:**

- Self-Blaming
- Reviewing and Reliving
- **Believing – “It takes time process this. How could this happen? I know him, surely it is not abuse. There must be another explanation”**
- Making Sense/Rationalizing – “I trusted him/her. He/She would not hurt my child.”
- Thinking about the Perpetrator
- **Worry for Child and Self – “Is my child going to be OK? What does this mean for our family?”**

What do parents/caregivers' experience?

8 major overarching categories which emerged:

- **Support Systems:**

- Family members may not be supportive... no one to talk to about this
- **Governmental services perceived as “unsupportive, deflecting responsibility, lacking in resources, being impersonal, not empathic, lacking in knowledge about abuse, requesting the same information repetitively, making critical comments toward parents/caregivers**

- Impact on Daily Life
- Coping
- Family Dynamics

Is it all or nothing with non-offending mothers?

Is there hope for mothers who are not immediately supportive?

Bolen, R.M. & Lamb, J.L. (2007).

Can nonoffending mothers of sexually abused children be both ambivalent and supportive? *Child Maltreatment*, 12, 191-197.

Ambivalence and Support?

- The purpose of this study was to evaluate the relationship and interaction between parental support and ambivalence in mothers whose children were sexually abused.
 - Ambivalence and support – related or not?
- Another context for support vs. ambivalence:
 - Parents of teenagers



Ambivalence and Support?

- **Subjects** - 29 non-offending others whose children were allegedly sexually abused by the mother's resident partner (husband, stepfathers, boyfriends, etc.) participated in this study. These mothers reported:
 - 86% stated their pre-disclosure relationship with their child was good or excellent
 - 24% stated their relationship with the alleged perpetrator was good or excellent
 - 66% stated their partner at some time in the past had physically abused them

Ambivalence and Support?

- The following instruments were administered to the mothers:
 - Ambivalence – self-created instrument evaluating cognitive, affective, and behavioral ambivalence
 - Parental Support – Needs-Based Assessment of Parental Support (NAPS-C)
 - Attachment security and type – The Relationship Scale Questionnaire
 - Distress – SCL-90-R
 - Pre-disclosure stressors – Parenting Stress Inventory (PSI)
 - Post-disclosure stressors – self-created survey

Ambivalence and Support?

- Major Finding:
 - Maternal support and ambivalence were unrelated
 - Greater security in attachment related to:
 - Greater maternal support
 - Less ambivalence
 - Suggests that non-offending parents can be both ambivalent and supportive after disclosure of their child's sexual abuse



**National Children's
Advocacy Center**

Rheingold, A.A., Davidson, T.M., Resnick, H., Self-Brown, S., & Danielson, C.K. (2013).

The relationship between knowledge and child and caregiver distress during the medical examination for child sexual abuse. *Journal of Child Sexual Abuse*, 22, 552-571.

Our Mission:

The NCAC models, promotes, and delivers excellence in child abuse response and prevention through service, education, and leadership.

What do you know?

- **Purpose** - provide a better understanding of the impact of knowledge about child sexual abuse medical examinations on child and caregiver anxiety related to the exam.
- 68 children who were seen at a medical center related to allegations of child sexual abuse:
 - Gender:
 - Male – 21
 - Female -47
 - Race:
 - African-American – 34
 - Caucasian - 33

What do you know?

- 68 children who were seen at a medical center related to allegations of child sexual abuse:
 - Caregiver Present at Exam:
 - Mother – 82.0%
 - Grandparent – 6.0%
 - Other relative or guardian – 11.9%
 - **Caregiver's Belief of allegations:**
 - **Believed – 45.1%**
 - **Ambivalent – 51.0%**
 - **Did not believe – 3.9%**
 - Exam Type:
 - Acute – 21.9%
 - Non-acute – 78.1%

What do you know?

- Reported feeling worried about the medical examination:
 - Children - 44.1%
 - Caregivers - 49.3%
- Did not demonstrate an understanding of the purpose or procedure of the medical exam
 - Children - 94.1%
 - Caregivers - 61.8%
- Children who reported limited understanding of the exam also reported significantly more anxiety during the medical examination

What do you know?

- **Caregiver response during disclosure (per interviewer rating) significantly predicted child anxiety prior to the exam**
 - **Believing = Lower Anxiety prior to the Exam**
- **Greater levels of anxiety prior to the exam found:**
 - Caregivers of African-American children
 - Caregivers who were not believing
 - Caregivers with limited understanding of the exam

Grooming?

How does our language influence our work?

Definition of **Grooming** –

1. to clean and maintain the appearance of (as the coat of a horse or dog)
2. to make neat or attractive <an impeccably groomed woman>
3. to get into readiness for a specific objective : prepare <was being groomed as a presidential candidate>

Grooming?

Definition of **Manipulate**:

1. to treat or operate with or as if with the hands or by mechanical means especially in a skillful manner
2. to manage or utilize skillfully or to control or play upon by artful, unfair, or insidious means especially to one's own advantage
3. to change by artful or unfair means so as to serve one's purpose

Grooming?

- Grooming vs. Manipulating?
 - **“to get into readiness for a specific objective”**
 - Grooming is pro-social behavior
 - Get ready for a specific objective like sexually abuse is **NOT**
- Should we change our language?

Craven, S., Brown, S., & Gilchrist, E. (2006).

Sexual grooming of children: Review of literature and theoretical considerations. *Journal of Sexual Aggression*, 12(3), 287-299.

Grooming Overview

- Three different types of offender-victim interaction proposed:
 1. Aggressive – use of force, violence, or threats
 2. Criminal-opportunist – one-off offenses with more stranger or less well-known victims
 3. **Intimate – cause less physical harm and a significant focus of their grooming behaviors is to:**
 - Gain compliance of victim
 - Avoid disclosure/criminal justice intervention

Grooming Overview

Three types of grooming proposed:

1. Self-Grooming
2. Grooming the environment & significant others
3. Grooming the child

Grooming Overview

- Grooming the environment & significant others
 - Necessary in order to gain access to the child
 - Involved “grooming” both the environment and the child’s significant others
 - **Are we manipulated by our past experience and beliefs?**
- **Extra-familial Offender**
 - Parents may be unsure of the offender’s motives initially
 - Offender must gain the trust of the parent long before any abuse may occur
 - Clearly suggests cunning and planning

Grooming Overview

- Grooming the environment & significant others
 - **Intra-familial Offender**
 - Offender is already in a position of trust and will exploit this in a variety of manners
 - Targeting single-parent families – Dennis P.
 - Isolating the victim from non-offending parent, siblings, and outside world
 - “How does the offender get alone time with child?”
 - Isolate non-offending parent from the child
 - Encourage substance use/abuse by non-offending parent
 - Criticize the parenting behavior of the non-offending parent in front of friends and families

Alternative Hypotheses

- Not just for forensic interviews
- May also apply to role of involved parent/caregiver
- How do we know if a parent/caregiver is involved?
- Ever been surprised about a parent/caregiver involvement in case?
 - Cataloging Child Porn images
 - Involved in abuse
 - Others?

Non-offending caregiver vs. Involved Caregiver

- **Language is important here too!**
- **“Non-offending caregiver”**
 - Suggests there is an offending caregiver
 - Suggests value judgement that NOC is not involved in abuse
 - How do we know this?
- **“Involved caregiver”**
 - Non-judgemental statement of caregiver involvement
 - Allows for more holistic view of case while not being accusatory

Victim Advocacy – the KEY

- Who should/can be a victim advocate?
 - Can you be a victim advocate and supportive of parents/caregivers?
- What is the purpose?
 - Connect with resources
 - Support while they experience diverse feelings/thoughts
- What do they need?
 - Empathy
 - Provision of practical advice
 - Support in managing child's symptoms
 - Creating open lines of communication
 - Help in processing the experience

Victim Advocacy – the KEY

- Who else can they talk to about this?
 - Who would you talk to?
 - Social media
- How to not feel like a failure?
- Are any of our parents/caregivers impacted by their own abuse?
- Identify possible motivations for lack of support and ambivalence, and provide support:
 - Financial
 - Public embarrassment (sometimes fueled by pessimism about child getting better, or not)



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1. Research article: The inclusion of open-ended questions on quantitative surveys of children: Dealing with unanticipated responses relating to child abuse and neglect



Academic
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By Lloyd, Katrina; Devine, Paula. In *Child Abuse & Neglect*. October 2015 48:200-207 Language: English. DOI: 10.1016/j.chiabu.2015.03.021, Database: ScienceDirect

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2. Assessment for self-blame and trauma symptoms during the medical evaluation of suspected sexual abuse



Academic
Journal

By Melville, John D.; Kellogg, Nancy D.; Perez, Nadia; Lukefahr, James L.. In *Child Abuse & Neglect*. May 2014 38(5):851-857 Language: English. DOI: 10.1016/j.chiabu.2014.01.020, Database: ScienceDirect

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3. Responses to Allegations of Child Sexual Abuse in Family Court Hearings.



By: Foote, Wendy L. Women in Welfare Education. 2010, Vol. 9, p63-78. 16p. , Database: SocINDEX with Full Text

Subject: CHILD sexual abuse; DOMESTIC relations courts; JUVENILE courts; SEX crimes; AUSTRALIA; TRIALS (Child sexual abuse)

<http://calio.org/images/nonoffending-caregivers-bib5.pdf>

Caregivers of Abused Children

A Selected Bibliography

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Chris Newlin, MS LPC
National Children's Advocacy Center
(256)-327-3785
cnewlin@nationalcac.org