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Non-offending parents as secondary victims of child sexual assault

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Foreword | *Informal support systems play an important role in assisting primary victims cope with their experience post-crime. The experience of primary victims can have a vicarious impact on the individuals who comprise these support systems. This research explores the impact of child sexual assault on a sample of 26 non-offending parents, with a particular focus on examining the link between a parent's thoughts and feelings about the assault and their subsequent support of, and assistance to, the primary victim. The results of the qualitative analysis show parents experienced a wide range of negative emotional responses to their child's victimisation, and these reactions may have influenced what support the parent was able to provide. In particular, parents reported feelings of anger, sadness and guilt; they became overprotective and isolated from their children, partners, family, friends and community. The implications of these findings for the treatment and support of parents of victims of child sexual assault are also discussed.*

Chris Dawson APM

Violence does not always only affect the primary victim. The consequences of violent crime can radiate out, affecting the victim's family, friends, colleagues, community and even, in some instances, wider society. This effect is referred to as vicarious or secondary victimisation (Christiansen, Bak & Elklit 2012; Cooney et al. 2011; Remer & Fergusson 1995). In other areas of research, secondary victimisation refers to the retraumatisation of the original victim—for example, through interactions with the criminal justice system or social stigma (Campbell & Raja 1999; Campbell et al. 2001). For the purposes of this research, however, secondary victims are defined as persons who, though not the primary victim of the crime, have suffered some form of vicarious trauma as a result (Fuller 2015a).

Research on secondary victimisation has largely focused on the trauma experienced by psychologists, social workers and other individuals who work closely with victims of crime (for recent studies see Perron & Hiltz 2006; Salston & Figley 2003; Ullman & Townsend 2007). However, very little research has examined the impact of crime on the victim's family, friends and community. This is an important oversight, given the widespread acceptance of the central role of family and friends in supporting the primary victim (Aherns & Campbell 2000; Cyr et al. 2002; Godbout, Briere, Sabourin & Lussier 2014; Orchowski & Gidycz 2012; Foster 2014; Tremblay, Hebert & Piche 1999). Failing to recognise the impact an act of violence may have on these secondary victims limits our understanding of the efficacy of informal support offered to victims more generally. As Aherns and Campbell (2000: 960) noted: '[t]he ability to be supportive and avoid negative responses may be hampered if helpers are burdened by their own emotions.' Ensuring a victim of crime has adequate support should be one of the goals of any after-care program.

Due to the nature of such offences and the vulnerabilities associated with their age, primary victims of child sexual assault (CSA) require considerable support post-incident. Non-offending parents and other close family members can find themselves the main source of support while also dealing with their own feelings about the crime.

This research examines two key aspects of secondary victimisation in this context. The first is how CSA impacts the parents of victims, focusing on their emotional responses to the sexual assault. The second is how these responses shape the way parents help their child cope with the sexual assault. This research uses qualitative information gathered as part of the Australian Institute of Criminology's (AIC) Database of Victimisation Experiences (DoVE) to examine the impact of CSA on a sample of 26 non-offending individual parents. The sample comprises both mothers and fathers of victims, and provides valuable insight into how crimes of this nature affect those closest to the victim.

Informal support for victims of CSA

The experience of crime can present a serious challenge to an individual's sense of self and safety (Fuller 2015b; Janoff-Bulman 1985). In particular, the experience of violence has been linked to the development of post-traumatic stress disorder (PTSD; Betts, Williams, Najman & Alati 2013; Harrison & Kinnear 1998), mental health issues such as anxiety and depression (Coker et al. 2002; Cook, David & Grant 1999) and functional difficulties in intimate and social relationships, as well as other areas such as employment (Fuller 2015b; Hanson, Sawyer, Begle & Hubel 2010).

Beitchman, Zucker, DaCosta and Akman's (1991) review of the literature found victims of CSA shared similar short-term responses to child victims of other types of violence, though some reactions were age-specific. Behavioural disturbances were less noticeable in preschoolers, although age-inappropriate sexual behaviour was common. Among adolescents, however, the behavioural and psychological disturbances associated with CSA tended to be more apparent. For example, adolescents displayed antisocial behaviours and psychological difficulties such as guilt, suicidal ideation, depression and anxiety (Beitchman et al. 1991). Longer-term, there was evidence of sexual dysfunction in adulthood; the development of anxiety, fear and personality disorders; and high rates of revictimisation (Beitchman et al. 1992).

While the impact of victimisation varies between individuals, most victims require some form of emotional and/or practical support to cope with their experience. This support can be accessed through formal channels or more informally.

Formal support refers to specified services or organisations designed to assist victims. Examples include government compensation schemes, domestic violence or rape crisis shelters, professional counselling and mental health support services. While research has examined how adult victims of violence engage with these services (see Bricknell, Boxall & Andrevski 2014; Finkelhor, Wolak & Berliner 2001; Fugate, Landis, Riodan, Naureckas & Engel 2005; Ullman & Filipas 2001; Weiss 2010), access to formal services for child or adolescent victims will more likely be facilitated by adults—in particular, by their parents.

In light of this, child and adolescent victims may be more likely to seek help and receive support from informal networks. Informal support networks are often comprised of people close to the victim such as parents, other relatives, friends or members of wider social networks such as teachers or coaches. These are also often the first people child and adolescent victims turn to for help. Bradley and Wood (1996) examined disclosure patterns among 234 victims of CSA and found 72 percent of victims in their sample disclosed the abuse informally. Victims most commonly disclosed abuse to their immediate family, followed by to extended family or friends. Due to the limitations of the data, however, it was not possible to determine whether disclosures were accidental or deliberate. (Bradley & Wood 1996). Other studies have replicated this finding, with child victims most likely to disclose abuse to, and seek help from, their parents (see Paine & Hansen 2002 for a review).

The dependent nature of children also means informal networks have the capacity to provide a great deal of support to the primary victim. Very few studies, however, have directly examined what constitutes the most effective support for victims of CSA. Rather, empirical research has focused on those actions and behaviours considered unsupportive or detrimental (Bolen & Lamb 2004; Bolen & Lamb 2007; Cyr et al. 2002; Davis, Brickman & Baker 1991; Miller & Dwyer 1997).

The influence of parental support for victims of CSA

The role of parental support in victim outcomes has been extensively explored. For example, Godbout et al's (2014) retrospective study of 348 French-Canadian adult survivors of CSA found a perception of parental support had positive long-term outcomes—specifically, better relationship and psychological functioning and adjustment in adulthood. Research has particularly focused on the importance of maternal support; mothers have been found to provide a positive source of emotional support and to play an important role in creating beneficial therapeutic outcomes (Corcoran 2004; Cyr et al. 2002).

Support and validation are also the primary themes of the non-empirical resources available to parents of victims. For example, the New South Wales Government manual *Helping to Make it Better* (2014) provides information on what child sexual abuse is, common misconceptions around it, the reporting and justice process and available support services. However, the manual provides no further detail on how parents can best provide support and validation in practice.

Beyond this, very little research has specifically examined the issue of the secondary victimisation of parents. This is an important oversight, since the disclosure of CSA is likely have a substantial effect on members of both the immediate and extended family, which in turn may affect how they support the primary victim.

Post-disclosure, families of CSA victims can experience crisis. Parents are confronted by, and have to deal with, their own reactions to the abuse such as anger, self-blame and feeling overwhelmed (Foster 2014). They may also have to face a change in their relationship with other family members. The

lives of family members are often highly interconnected, which may explain why disclosure can have such an impact.

When discussing why children may not disclose abuse, Oz (2005) considers the role of a family's 'shared reality'. Family members feel bonded, even when not physically together, due to the close way in which they live their lives and share their reality (Oz 2005). When child sexual assault is disclosed in this context, this shared family reality is suddenly and drastically readjusted, resulting in crisis. It is therefore important to understand and respond to post-CSA crisis in a familial context.

Assisting family members to cope with the disclosure and respond in a supportive and effective way can lead to better outcomes for the primary victim (Hill 2012).

Methodology

The data used in this research are drawn from the DoVE, a qualitative database comprising a random stratified sample of 730 psychological evaluations of victims of violent crime in New South Wales who sought compensation from Victims Services between 2005 and 2010. The database was constructed to allow the examination of the nature and experiences of victimisation across four categories of violent crime—physical assault, sexual assault, domestic violence and robbery. (For more information regarding the methodology behind the DoVE, including the sampling process, see Fuller 2015a).

A total of 136 cases involving victims of CSA are recorded in the DoVE. Of these 28 were classified as secondary victims as defined for this study; two were excluded, as the subject of the report was not a parent of the victim. Selected characteristics of the final sample of 26 parents of victims are summarised in Table 1.

Table 1 Selected characteristics of sample of 26 parents of victims

Selected sample characteristics (n= 26)	Number	Percent
Relationship between SV and PV		
Father	14	54
Mother	12	46
Gender of primary victims		
Male	6	23
Female	20	77
Age of primary victims at initiation of CSA		
Less than 4 years	1	4
4–9 years	9	35
10–13 years	5	19
14–17 years	5	19
Not stated	6	23
Relationship between PV and offender		
Immediate family/Intimate partner of parent	6	23
Non-immediate family	4	15
Family friend	6	23
Known, other	6	23
Stranger	2	8
Not stated	2	8
Type of victimisation		
Single incident	12	46
Multiple incidents	10	39
Not stated	4	15
Length of victimisation		
Less than 1 day	12	46
Less than 1 year	3	11
1 year to less than 2	3	11
2–5 years	2	8
More than 5 years	1	4
Not stated	5	19

Just over half the sample were fathers or stepfathers (n=14, 54%). Over three-quarters of the primary child victims were female and 54 percent of victims were aged between four and 14 years at the time of the sexual assault(s). In the majority of cases the offender was known to the victim or the victim's parent, with 22 victims assaulted by immediate family members, family friends or other known individuals.

Analysis was conducted using NVivo 10. NVivo 10 is a software tool for coding and exploring qualitative data. The data comprised comprehensive psychological evaluations of the secondary victims conducted by trained psychologists. These evaluations were used to determine the veracity of the subject's claim for compensation from the NSW Government. As a result, they contain detailed information on both the crime itself and the subject's reaction to it. The reports also contain information around the subject's physical, psychological and social functioning pre- and post-disclosure, and their familial, educational and occupational histories.

Given that the sample is drawn from individuals who sought compensation, the potential issue of generalisability must be acknowledged. There may be inherent qualitative differences between those in the sample, who sought assistance from a government agency, and other victims who did not engage with government or other services, or chose not to seek compensation. In the absence of similar data, however, and given the rich qualitative information contained in these reports, DoVE data is a suitable measure of the nature and impact of victimisation.

For ethical and privacy reasons, the psychological reports in the dataset are paraphrased, rather than directly quoted, in this paper.

Results

Analysis focused on parents as secondary victims of CSA, specifically exploring the relationship between their emotional response to the abuse and their subsequent actions toward the primary victim.

Thoughts and feelings

Post-disclosure, parents experienced a wide range of negative emotions. Their emotional reactions were defined as either short-term responses reported at the time of disclosure or longer-term reactions to the abuse.

The way in which subjects learnt about the CSA varied. Eleven of the 26 parents were told about the abuse by their children; others learnt of it indirectly, for example through their partners or the police.

Short-term responses

Thirty-one percent (n=8) of parents reported feeling distressed when they learnt of the abuse. This does not imply other parents did not feel distressed when they learnt of their child's abuse; rather, the distress response of this 31 percent was described by the report writer. For example, a woman whose adolescent child was raped by strangers at a shopping centre stated she was unable to stop crying when she found out about the assault; she internalised her daughter's experience and felt the victimisation was the worst thing that could have happened to both her and her daughter. She felt this reaction had made the situation much harder to deal with (SA0636).

Other parents (n=8) reported feelings of intense anger at the time of discovery. All but one of these were fathers. One father claimed he went insane after his son was raped by an adolescent neighbour (SA06114). Another reacted so violently his gun license was revoked by police to protect the offender (SA0502). The only mother who reported anger as her strongest emotion at the time of discovery described her anger as having no outlet or direction, and lasting for days (SA0515).

Distress and anger were not the only feelings reported by parents. Two mothers did not initially believe their daughters when they disclosed abuse by their stepfathers. Four parents reported overwhelming feelings of confusion at the time of discovery and had only sporadic memories of the time, accompanied by feelings of numbness or shock.

Long-term responses

Over time, these short-term reactions appeared to deepen or become more entrenched. Three fathers remained fixated on killing or hurting the offender/s for some time after the event. One father described his daughter's fear that her attackers would come to their house and hurt the family; this father sometimes found himself wishing they would, so he could have vengeance (SA0629).

Parents also levelled their anger elsewhere. For example, two parents expressed their anger at the perceived failure of the criminal justice system to protect their children.

Alternatively, for some parents feelings of distress at their discovery developed into anxiety and depression. One woman reported experiencing suicidal ideation after finding out that her eight-year-old child was repeatedly assaulted by a family friend over a period of weeks. She was so overwhelmed by depression she found it almost impossible to continue functioning (SA0683). Another woman was still struggling with depression two years after the incident (SA10137).

The overriding long-term response among parents, however, was a feeling of failure, mostly due to a sense of guilt at not realising the abuse was occurring and, hence, stopping it. For example, one father who discovered his daughter had been abused by a close friend for a number of years felt he finally understood aspects of his daughter's behaviour that had previously puzzled him. He felt an extreme sense of failure as a father and described ruminating on the incident, constantly going back through his memories in an attempt to identify any signs he might have missed (SA0514). Another parent's feelings of failure as a mother diminished her sense of self-worth and gave her a sense of hopelessness (SA0516).

Some of the responses described by parents may be considered as symptomatic of post-traumatic stress disorder (PTSD). Intrusive thoughts, in particular, were a problem for parents. One mother reported experiencing distressing images of the

abuse throughout the day, and nightmares three to four times per week. These nightmares were exacerbated when her daughter began to self-harm (SA0523).

Potential gender differences in reactions could not be further explored using this sample. Half of the 14 fathers in the sample (n=7) reported reacting primarily with anger at the time of disclosure, compared with only one mother. While this may indicate a tendency for fathers to react differently to mothers, the small sample and the qualitative nature of the data prevent more definitive statements about this finding.

Response and actions

The priority of all but two of the 26 parents was helping their child cope with the sexual assault. The two cases where this did not occur were very similar: both involved a non-offending mother siding with her boyfriend (the offender) against the victim. The other 24 cases, however, demonstrate that, even while parents felt they were in crisis, they still attempted to respond to their children's needs.

One mother, whose son spontaneously disclosed his abuse at the hands of his stepbrother, immediately reassured him that the situation would improve. Both she and her child's father continually communicated with their son about his wishes and needs; as a result, they supported him in his desire to have the perpetrator charged and to seek counselling (SA10124). Another mother gave up her place in counselling for her daughter (SA0528), and a third was still her daughter's primary caregiver two years after the assault, despite the victim now being an adult (SA0680).

However, some parents also reported engaging in negative behaviours that may have arisen from their reactions to their child's abuse. These included becoming overprotective of their children or intruding in their children's lives; isolating their family or themselves; and mistrusting family, friends or members of the wider community.

Approximately 10 parents described becoming overprotective after finding out what had happened to their child. One father, whose daughter was gang-raped at a party when she was 16, reacted to his fears for his daughter by wanting to know where she was at all times and constantly calling her when she was out. He was continuing to check on his daughter this way two years after the incident, and their relationship was becoming strained (SA0629). Another father refused to let his son out of his sight, altering his work schedule so he could arrive at his son's school half an hour before home time to ensure his son was constantly supervised (SA1163).

While child victims need to feel safe and secure post-assault, some of the reviewing psychologists suggest such responses could have a detrimental effect on the child. For example, one psychologist reported that a mother's overprotectiveness was preventing her daughter from developing an age-appropriate level of separation (SA10137).

Some parents' actions also increased the isolation of the primary victim—by relocating the family, removing their child from social interaction or withdrawing from their child, leading to a relationship breakdown. Three families reported relocating because of the abuse, a response driven by fear and discomfort. One man became so fixated on reminders of the events and his relationship with the perpetrator—his best friend—that he moved his family to get away from them (SA0514). Another woman reported that she and her daughter, a victim of stranger rape, both felt so unsafe they relocated to another country. The move initiated a pattern of continual relocation between Australia and overseas, with both feeling unsafe and unable to remain in one place for a long period of time (SA0636). Such constant relocation may prevent both the primary victim and the family from achieving stability.

Other parents reported isolating themselves from their child. For example, a mother whose daughter was assaulted by her (the mother's) husband was concerned that her children blamed her. As a result, she distanced herself emotionally from her children, no longer engaging with them as she once had. Though she still tended to their physical needs, the children were left to their own devices. She was saddened by this because she did not know how to show or tell her children she still loved them (SA0528). In another case involving difficulty expressing emotions, the father's inability to cope with his response to the abuse was so severe he eventually left the family for a short time, leaving his wife to deal with both it and their business.

Finally, some parents' despair and feelings of failure saw them turn to alternative means of coping. For one mother, this involved removing herself from the family and becoming a workaholic (SA0680). Another six parents used alcohol as a coping mechanism. One mother deliberately drank to excess, wanting to poison herself and forget everything (SA0683), and a father stated he used alcohol to avoid intrusive thoughts and create a barrier between himself and his daughter (SA1152). These behaviours further isolated parents from their children and potentially limited their ability to provide support.

The relationship between the non-offending parent and the offender did not appear to strongly influence the parents' responses and actions—that is, in cases where the offender was a partner or family member, parents were no more or less likely to engage in overprotective behaviours than in those where the offender was extra-familial. This could be a result of the small sample and the qualitative nature of the data; a more focused examination of the reports might uncover any differences that may exist.

Treatment

Of the 18 parents who discussed treatment, 13 reported receiving some form of counselling. All but two found this beneficial. Some sought assistance from trained psychologists, and two accessed services provided by specialist sexual assault services. One woman who particularly struggled with her daughter's disclosure of assault highlighted the benefit of these specialist services. She attended regular counselling sessions in the months following her discovery of the abuse and, when her mental health prevented her leaving the house, staff from a sexual assault counselling service conducted home visits.

She valued how, when she cried during these sessions, the staff would simply sit with her (SA0683). Another mother described how counselling helped bring her perspective, allowing her to challenge her thinking and normalise her responses (SA0523).

These findings show the benefits of counselling in helping parents deal with their own issues. However, none of the parents reported receiving counselling with their children—which is of note given that research supports the use of holistic family therapy in cases of CSA. Including the family in therapy has been linked with improved outcomes for all participants (Feather & Ronan 2009; Foster 2014; Hill 2012; Silverman et al. 2008). Therapy that incorporates trauma narratives allows parents to understand the nature of the abuse and address their own feelings. Ultimately, the aim is to bring the parents, primary victim and other siblings together to discuss the situation in an open and supportive environment (Foster 2014).

Discussion

Parents of CSA victims experienced a wide range of negative emotions on learning of the abuse, which affected how they responded to their child. They described feelings of anger, shock, guilt and failure which led, in some cases, to them becoming isolated and overprotective or otherwise intrusive in their child's life. It also affected their confidence in their ability to emotionally and practically support their child through the experience.

The struggles described by the parents in this sample highlight the need for a multifaceted approach in effectively responding to CSA—in particular, by providing support that simultaneously meets the needs of the primary victim and those of the parent, providing both the time and care necessary to cope and adjust post-victimisation. Researchers and practitioners advocate family therapies that offer this type of support (for example, Blumer, Papaj & Erolin 2013; Corcoran 2004; Foster 2014; Hill 2012; Miller & Dwyer 1997; Tjersland, Mossige, Gulbrandsen, Jensen & Reichelt 2006). Some effective therapies use trauma narratives to help family members, including the primary victim, to express themselves and feel validated (Tjersland et al. 2006). Another approach combines trauma narratives with elements of cognitive behavioural therapy and includes the use of relaxation skills, cognitive coping skills and conjoint child-and-parent sessions (Foster 2014). These therapies address CSA in the context of the familial environment, thereby offering support to both primary and secondary victims. Further, Tjersland et al. (2006) found the majority of child victims showed improvements in the negative behavioural and psychological symptoms displayed prior to therapy, which supports the idea that holistic family approaches are important in the recovery processes of primary victims.

While some parents in the sample reported benefits from counselling, the findings from the literature suggest that more inclusive, family-focused therapies may produce more beneficial outcomes. The nature and limitations of the sample prevent comment on why, or if, family therapies or other support options were made available to parents and their children. The literature around the needs of secondary victims of crime is generally limited and further investigation of the type of support services they engage (or do not engage) with, and how they engage with them, is warranted.

Research is needed to examine and better understand the relationship between primary and secondary victimisation. As one type of victim influences the other, they are uniquely placed to facilitate beneficial outcomes. This research provides some insight into the nature of this relationship. Regardless, it is important that the needs of secondary victims and the impact of the 'ripple effect' of CSA are not overlooked by service providers, academics or the wider community.

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