

The Risk of Abuse: *Don't Tell the Children?*

Should abused children be informed of future danger? Is it better to tell children and adults about abuse victimization or not? Why can't we just let them live their lives free of the worry and awareness that they may be assaulted?

By Nora J. Baladerian, Ph.D.

I was recently asked these questions. Should we tell abused children that abuse is likely to reappear in their future? Isn't it better to let them heal however they can without discussing future danger and perpetrators? This is my response.



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As I discussed at the meeting, after “Zoe” and her family were essentially healed from the trauma of the child sexual abuse of their two daughters by family members, and protective measures instituted to prevent further access to the children by these two known perpetrators, as their clinical psychologist, I faced the moral dilemma you illuminate: Do I let them go, now healed, into a future that *very likely* will include future sexual and other assaults? Or do I work with them to design a plan that had potential to reduce the risk of repeated assaults, and that equipped the daughter and the family in case another completed sexual assault occurred?

Scene One: By electing not to provide information about the very great likelihood of repeated assaults, I could comfortably say good bye to the family, grateful that each had achieved a very significant healing from the abuse. I could avoid the pain of providing extant information, that children with disabilities are much more likely to be targeted for abuse than others. I could not assure them that abuse would not occur again to their daughter, but leaving them in ignorance about the high rates of the incidence and prevalence of abuse would not demand that I enter into emotionally difficult discussions of the realities.

I could leave them in the bliss of “mission accomplished,” and enjoy the healing that they had experienced. I could leave the daughters in their delight of having been released from the throes of emotional turmoil that they had experienced in the first round of sexual assaults by her family members. I would be much more comfortable by avoiding a sensitive and negative topic with both the parents and the children.

However, I would, I know, be disturbed by my choice to opt for comfort for them and me over the harder decision: to confront an ugly reality and prepare for it. I would wonder, would my client and her family be strengthened by preparation for another assault or would they be devastated? What about my client? Would she revert into depression and/or terror or would she feel empowered by

having knowledge and skill development? And, if she understood why perpetrators do what they do. And, that they always have a plan: commit their crime and not get caught. And, if she were assaulted later on, how would she react without preparation? She would be shocked by another such experience, not having been prepared with the knowledge that such was not only a possibility but a probability.

Rather than choosing the course described in scene one, the most ethical choice would to address the problem directly with the family. While they would not be happy to learn the probability of another assault, they would be relieved to have support in developing and designing a plan both for themselves and their daughters.

Scene Two: Electing to tell the family that additional assaults are to be expected, then working together to design a plan for their children so that they could be prepared in case such unwanted things happened.

I decided to go this direction, as you know. First, I talked about their children's vulnerability to abuse, and in particular the higher vulnerability of their daughter with a disability. This was a sobering discussion, but all of them immediately "got it" in the moment. We talked about what perpetrators want: prey that will not be able to tell about the perpetration and/or will not be believed even if they do tell, not believed by their parents, or by law enforcement. We had already discussed the importance of the parents believing the children when they disclose abuse. But we needed to address the fact that often law enforcement officers do not believe those with disabilities because they have an uncorrected bias against them. We discussed that perpetrators have a plan...therefore, we needed a plan as well. All agreed. That was the genesis of designing an Individual Response Plan.

Scene Three: If I had not built a risk reduction plan, it is likely that all would have gone well until nine years later when Zoe was 16 and raped again. This time the perpetrator was school bus driver. We do not know how Zoe would have felt. We do not know if Zoe would have been able to tell her mother right away, either due to her communication difficulty or an emotional barrier. We do not know if the mother/father would have known exactly what to do and had the guts to do it. Based on her history, the mother may have been too afraid to call the police and the school. She might have doubted her daughter's disclosure. She may have become enveloped in her own emotional turmoil, and unable to help her daughter. The daughter would likely have been devastatingly traumatized. She might have thought there was something wrong with her, being victimized again. For sure, police would not have been at the school when the bus driver returned to school, with the evidence on himself and in the bus. There would have likely been no arrest and no conviction.

Scene Four: By having a plan, Zoe knew what was happening. She had been "picked" again by someone bigger and stronger than she for his sexual and criminal pleasure. But she had been picked because she was available since she was a student and he the bus driver. There was nothing about her, per se, that "attracted" or caused her to "deserve" the abuse. She understood. She knew exactly what to do. She did all she had practiced in case of this emergency. When free of the rapist, she knew how to communicate this to her parents, knew that by doing so she was now able to fight back in the most powerful way, and she did it. Her mother, also having developed and practiced the PLAN also had the emotional/moral/intellectual strength to take quick action while first telling Zoe that she was proud of her and they both knew what to do. The mother made the call immediately, leading to the perpetrator's arrest and conviction. They both did all they could, all they had learned

and planned. This, in my mind, was a successful response to an unwanted traumatic event. There was less trauma experienced because of the careful and practiced preparation.

Scene Five: This case forced me to build a risk reduction plan. After this was done for Zoe, I knew that this was needed for every child and adult with a disability. This became a labor of love. I then designed Individual Response Plans for many of my clients. All were excited about having a plan. None liked the reason why it was needed, yet they all agreed that having a plan was better than no plan at all, particularly in light of the motto, “Perpetrators have a plan. You should have one, too.” In Zoe’s case, I’m sure the perpetrator NEVER expected her to be able to tell anyone what he had done, and particularly not right away. Perpetrators depend upon the traumatization and disability of the victim to silence them. He had no idea Zoe was well prepared for such an event.

It was a huge effort to put into the book all of the elements for and justifications for it, as you can imagine. Now I am glad that I did it. It has helped unknown numbers of people. As I believe I mentioned, several people have said, “this would work for ANYONE, whether or not they have a disability! You should rewrite this for “boys and men” and another version for “girls and women!”

Frankly, there is nothing like my approach out there. Almost all “prevention” efforts address what to do after an assault. All of the prevention efforts I have seen that do address what to do “during” propose actions impossible for most individuals with intellectual and developmental disabilities. They advise, “say, no,” something that many cannot do first because they cannot speak, but secondly they live in a compliance-or-else culture, where their “no” is meaningless. Approaches such as ABA, behavior modification, basically teach the recipient of such teachings that they must comply, they must obey. There is no such thing, in most cases, of parents and caregivers allowing the child to have a voice in their own lives. Other prevention efforts advise children to say no, run away, and go tell someone. But for those who cannot talk, cannot run and cannot speak to tell someone, this is not helpful. Other programs use abstract concepts for concrete thinkers. Another program erroneously teaches that those in the innermost circle of family and friends is the safest group of people while in fact it is the most dangerous. Over 90% of the perpetrators know the child and may have a caregiving role in their lives. Such as Zoe’s bus driver. Such as her grandfather and uncles who abused her in the first place. This approach, the Individual Response Plan, takes all of these factors into consideration, and designs a realistic, do-able response built upon the skill set of the individual child, and their plan partner, whether that is a parent or a paid caregiver.



So, this is my answer to your question, “should we talk about a next abuse with an abused child?” Yes, because it is the right thing to do. Because failing to do so fails the child. Because we tell children about other unwanted things: don’t cross the street or you may get squished like a bug. Because as the adults it is our responsibility to address ugly realities, unpleasant realities, unwanted realities...so the child is as prepared as possible. So that sexual assault victims like Zoe can survive and thrive, even though she is re-victimized.

I think it is my duty to create and promote Individual Response Plans, now that I know how to do it. I recognize it is not pleasant. But I believe it is unethical on my part to withhold information that is essential to their well-being, they being both the children and parents of those with disabilities...and those without disabilities.

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