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Disclosure to Children: Hearing the Child's Experience

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What and how should children be told of their parent's sexually addictive behavior? How does disclosure impact the parent-child relationship? Do children want to be told, and if so, what age is appropriate for the disclosure? Are there protective factors, such as a therapist's presence, that promote healthy disclosure? How much information should be shared? The authors are involved in ongoing research to investigate the impact of disclosure to children of a parent's sexually addictive behavior. Participants of the study are males and females over age 13 who have a parent who has acted out sexually and is in a recovery process. Due to the fact that this population has not been previously studied, the authors developed a survey from previously gathered qualitative data. While the research continues to be gathered and analyzed, the authors are using information from the survey to guide clinicians in assisting families struggling with this issue. The intent of this article is to offer practical suggestions for clinicians based on comments made by children who have experienced disclosure of a parent's addiction.

Keeping a secret is like sitting on a time bomb. Powerful events initiate the need to keep a secret, but once kept, the secret itself becomes an explosive device. When and where will the explosion take place? Will it happen in my home with all my family present, in front of the media, in the courtroom, or in my mind? Can I escape the explosion, move to some other place in the world, or into some other place in my mind? And will I survive the explosion? How deafening the noise of silent secrets (Cottle, 1980, p. 85).

Over thirty years ago, Yalom, the father of group therapy, completed a study about secrets with participants from his therapy groups. Norton, Feldman, and Tafoya replicated this study with college age students. Both studies concluded, "Sexual secrets not only dominate the quantity but also represent some of the most risky secrets." (Norton, Feldman, & Taylor, 1974, p. 453). Sexual secrets were the least likely to be told to anyone and carried the heaviest burden. Cottle (1980) published his book *Children's Secrets* based on his observa-

tions of families. While it was not his intent to study secrets, they became the focus of his study. Children repetitively told secrets to him and he would posit that the secrets kept in the family were to perpetuate the myth of stability.

Addiction professionals have long recognized that addiction flourishes in isolation and secrecy. It is a common therapeutic belief that secrets not only interfere with recovery; they preclude the possibility of recovery, or fuel relapse. The authors' professional experience has taught us that while disclosure is difficult, it is often a vital and necessary aspect of the recovery process. The questions remain: who is the recipient of the disclosure, how much is disclosed, and when does it occur?

For the addict, disclosure:

- Reinforces accountability in recovery;
- Reinforces honesty with others and self; and
- Facilitates the letting go of shame.

Most sex addiction professionals believe disclosure is beneficial to the addict, their spouse and the "couple-ship." Truth telling is an important step in restoring trust. An extended follow-up study by Corley and Schneider, (Schneider, Corley, & Irons, 1998) found that of one hundred and sixty four recovering sex addicts and partners, 96 percent of spouses and partners and 93 percent of addicts said making full disclosure benefited mutual recovery.

Such disclosure has the potential to:

- Allow for an adult-to-adult relationship on an equal basis;
- Empower the spouse/partner with truth;
- Give the spouse/partner the ability to make healthy choices based on the truth;
- Allow the spouse/partner to embrace recovery; and
- Break the addictive system.

Disclosure has been a highly debated topic, but general guidelines suggest that the spouse/partner needs to know the generalities, not the specifics, of the acting-out behavior. The addict needs to disclose the type of behavior in which he or she is engaged. Was the acting-out behavior extramarital affairs, prostitution, pornography, voyeurism, masturbation, or fetishes? How long has the person been acting out? Because of the potential for sexually transmitted diseases, will the acting-out behavior affect the spouse/partner's health? Have their finances been impacted? How has money been acquired and how much has been spent to engage in the behavior? Are there any legal issues? Has the addicted person engaged in any behaviors with friends or family or other individuals known to the spouse?

While some spouses/partners are genuinely unaware of their mate's behavior, and some say they would prefer not knowing, most suspected or were partially aware of the acting-out. Knowing the truth reinforces trust in their own perceptions and allows them to deal honestly with the relationship. Knowing the truth gives the relationship the potential for an honest foundation. It gives the spouse or partner the opportu-

nity for recovery by allowing them to take a look at their own codependency issues such as depression, self-destructive behavior, denial, and repetitive generational behaviors.

While the authors recognize the advantages of disclosure as it relates to the spouse, little has been offered in the professional field regarding the rationale and effect of disclosure on young and adult age children of addicts. We conclude that problems occur when disclosure is offered without thoughtful preparation.

The questions of this article are:

What is the rationale for disclosure to pre-adolescent and adolescent age children?

How old should the child be at the time of disclosure?

With that in mind we, the authors, offer guidelines and rationale for healthy disclosure should it be indicated that disclosure is warranted

Carl Jung made an important statement when he said “The most important gift a parent can give a child is to tell them about their dark side. Telling children about your struggles helps them developmentally to have a realistic picture of what it means to be human” (Jung, 1969).

At the same time, one of the initial teachings to those in the medical and psychological fields is to do no harm.

Disclosure to children regarding sexually addictive behavior is undoubtedly a situation that no parent wants to anticipate or face. The information is painful and no one wants to know it. Yet, for the health of the family, there needs to be a time and manner in which to discuss sexual behavior. In reality we live in a highly sexualized culture. Children are bombarded with sexual messages through the media, television, music, and the Internet. With so much cultural shame attached to sexuality, sex has become a major source of acting out behavior. When sexual addiction exists within a family, the need to dialogue about sexuality surfaces earlier than parents would have chosen, but the disclosure can be looked at as an opportunity for children to gain an awareness of what is healthy sexuality and intimacy.

In 2000, Black and Dillon developed a questionnaire to begin a process of hearing from adolescent and adult age children who have a sexually addicted parent. We wanted to learn from children of sex addicts what they knew and how they were told about their parent’s sexual acting-out behavior. We were concerned that the act of disclosure to one’s partner was being generalized to the child without significant thought being given to the child’s experience. Using feedback from the first questionnaire, a second was developed (Black, Dillon, & Carnes, 2001-2002). The second questionnaire is a more valid research instrument to analyze the disclosure experiences of children.

At the time of this writing, eighty-nine questionnaires have been completed. Twenty-two of the respondents were under the age of eighteen. Sixteen of the respondents were male. While more data collection and analysis is needed the authors believe it is of value to begin a discussion.

CHILDREN KNOW

Prior to disclosure, children knew of their parent's behavior or they suspected it. Parents seldom want to share their secrets with their children. They want to protect their children from pain. Yet many children knew, suspected, or would learn of their parent's acting-out behavior. As much as parents wish to protect children from their own mistakes or hurtful behaviors, keeping secrets does not provide the sought after protection. Sixty of eighty-nine respondents indicated they knew of their parent's behavior prior to disclosure. The following is a sampling of responses received:

I was surprised that my mother was not aware that I knew. I carried this secret with me my entire adolescence and no one knew!

I knew. I had read my father's diary. It was quite a shock. I told my best friend, but I never told anyone else.

I can't be totally honest about anything anymore because I am bound to keep his secret. So a good part of my life is a big fat lie now.

Sure I would rather have not known about any of this. I don't think any of us who have had this experience want to know this stuff. But that is impossible because in my case I was living in a house with two addicts, my father a sex addict and my mother addicted to him.

I don't know which part is the most unfair, that he is doing what he does or that he doesn't know I am like the fair princess who has to keep the knight's honor clean.

CHILDREN'S REACTIONS

Of twenty-nine respondents who were asked directly if they were glad they were told, twenty responded affirmatively. While they were glad they were told they also said they did not like the act of disclosure. When questioned further, they said they did not want their beliefs or suspicions to be true.

At the time of the disclosure, many experienced anger: anger for the pain caused to the other parent, anger for the embarrassment, but predominantly, anger over their lives having been turned upside down.

I felt like I wanted to punch them. But I just sat there.

They were often fearful of the financial ramifications.

My dad was going on about his being a sex addict and treatment and steps and other stuff that I could care less about and the word bankruptcy came up because at the time we were being sued, and that really struck a chord with me. What did that mean for me? Would I lose my bike?

For many children the term "sex addiction" created a picture of their parent being a pervert or a child mo-

lester. They frequently found themselves in fear of a parent whom they had previously trusted.

I felt sick, horrified. What are other people going to think? Can I be left home alone with him?

Confusion was a predominant feeling about the impact the behavior would have on the child or their family.

I was only seven! I was too little to understand. And now we had to move, and I had to leave my friends. That is what I understood. The last thing I needed was to feel different from other kids.

I was really too young (eleven). I didn't know much about sex and it was foreign. I really couldn't imagine my dad doing the things he did and that was hard for me.

This made my relationship with my dad very awkward when I didn't find it that way before. I felt very uncomfortable being left alone with him.

Children often acted compliant or even reached out to emotionally take care of their parent(s).

I knew my dad was feeling forced to tell me. If he didn't tell me, my stepmother would. She was really angry and was divorcing him. He was crying and so embarrassed, I didn't know what to do or feel, mostly I felt sorry for him. He really was my only safe parent, and I knew what he did was suppose to be bad, but how could I be angry? I was more scared I would lose him.

I felt twinges of guilt and a sense of needing to protect my dad.

I felt like I had to defend and protect my father.

While some children were shocked and confused, some found immediate relief.

I was initially so shocked, my stomach kind of dropped. I had this dialogue going on inside. I can't believe I am hearing this. It just blew me away and at the same time incredible relief, wow.

Some children experienced immediate validation. There were reasons they had lived with the confusion, anger, and mixed messages.

I was not crazy. I had known all along!

I think a lot of parents think that their kids don't know. I think that is a huge mistake. We know almost everything our parents' do. We aren't stupid. We may not know exactly what it is but we know enough to wonder why is mom or dad doing this? I think disclosure is a good thing.

RATIONALE FOR DISCLOSURE

Why do we tell children? The authors believe there are four pertinent reasons to disclose to children.

- 1) Validation: Disclosure validates what they know. Having their unspoken perceptions validated takes away the “craziness” of knowing but not knowing. It diminishes the additional shame and anxiety that comes with secrecy.
- 2) Exposure: Children will find out. Others who know will tell them, such as a parent, a sibling, someone in the community, the media, or another source. Thoughtful disclosure can be offered in a healthy manner to counteract a mean spirited, or otherwise simply thoughtless act.
- 3) Safety: If a parent has engaged in sexual behavior with young people, and the child lives in the addict’s home, or visits the addict, the child needs to be educated on how to protect themselves and what to do in case of a suspected or known behavior. If a child’s safety is threatened, he or she may be better able to protect him or herself if they have prior knowledge of the behavior. Children need to know they are not at fault if an act or behavior occurs. The departments of social and health services within the states and the courts are often involved at this stage and it may be that visiting is not allowed or allowed only with supervision. It is always the responsibility of adults to protect the interests and welfare of the children.
- 4) Breaking generational cycle: Addictive behavior is a cycle that repeats itself generationally. To be able to discuss the addiction honestly, to offer an understanding of addiction and recovery sets the stage for the potential of the cycle to not be repeated.

APPROPRIATE AGE

At What Age is Disclosure Most Appropriate?

Ideally, the authors suggest a minimum age of mid-adolescence. If the children are pre- or early adolescent, the issues of the child’s safety or exposure to the information via another avenue are the strongest reasons to talk to them. It is the authors’ bias that even though pre- and early adolescents said they were aware, developmentally they need a greater belief in the stability of the family. It is the child’s own sense of security that is most challenged at this moment. To have sexual data about their parent prior to mid-adolescence is too confusing for them to be able to derive positive meaning or value from having that information. Certainly maturity varies greatly and the professional involved needs to assess the maturity level. By mid-adolescence, as much as children don’t want to be told, being told validates their knowing and they can better cope with the information.

There is no negating the difficulty of the decision to disclose. There are times when a pre-adolescent’s behavior may be the greatest indicator of the need to disclose. They may be acting-out confusion, fear, or anger in aggressive or otherwise destructive ways; they may demonstrate sexual behavior premature to their development (e.g., a nine-year-old hiding pornographic magazines). They may be repetitively asking

questions that point to some knowledge on their part (e.g., “Is Dad still working late with that woman again?”).

There were respondents who said they had no awareness of the behavior until disclosure and they were shocked. The majority of them said to hear of the behavior was a negative experience. Further research analysis will tell us if their negative experience was due to (1) the impact this behavior had on their life as the parents were now openly reacting to the consequences, (2) the confusion as to what it meant about their parent, and what meaning they found in the understanding of sex addiction, or (3) other factors. The difficulty is how does the professional know this child is unaware. As said earlier, of eighty-nine respondents, sixty said they knew.

Due to the many variables of the family system, the individual child and the addictive sexual behavior, we recognize that even with these parameters, disclosure for the pre- and mid-adolescent child needs to be done on a case-by-case basis.

HEALTHY DISCLOSURE

While there is no ideal situation, the following criteria support a healthy environment for disclosure to children.

- Disclosure is facilitated with a clinician or therapist
- Both parents are present and participatory
- Both parents are in agreement to disclose to the children
- Both parents articulate why this is important and of value to the child
- Both parents have strategized and agreed upon what is and is not disclosed
- Parents speak for themselves. The addict and co-addict each speak about their own behavior
- The addicts speaks in generalities about addictive behavior, not specific details
- Parents display signs of recovery
- Neither parent takes on the role of victim
- Child is not used as a confidant
- Parents are clear that it is not the child’s responsibility to fix or take care of their parents’ needs. It is very easy for the child to become caught in a triangle of choosing sides and then reacting on behalf of the person or one who is perceived to be the victim-parent at the moment
- An ongoing openness for dialogue and discussion with a clinician is demonstrated
- Set the tone for the child to know he or she can discuss it with you as they need to or as you believe it is appropriate. To say or imply, “We’ll talk about this today and never again talk about it” reinforces the shame of disclosure and the behavior. Disclosure is not a one-time process

Historically the disclosure process to children has been the sexually addicted parent sharing information about their behavior. It is the authors’ belief that the co-sex addict also has a role in the disclosure process. While this is not a time for an educational presentation on coaddiction, children frequently want to know how long the coaddict has known, how he or she is feeling, and if a divorce is imminent. Their main concern is

how their life will be affected.

Upon hearing disclosure, most adolescents and certainly pre-adolescents don't understand addiction even when it is explained to them and, consequently, are more concerned with the sense of emotional betrayal. Children want to hear and feel hope, thus, it is the responsibility of parents and helping professionals to reassure children that the adults are handling and taking control of this painful situation.

Basic Rule: Parents must exercise caution whenever they intend to disclose sensitive information to children. Always consider what is best for the child.

Whether or not a child asks directly, there are crucial questions that need to be answered.

What Does it Mean to be a Sex Addict?

The word addiction or compulsivity doesn't make sense to most children. It is important that the parent share how engaging in the addictive behavior was about garnering control and power to overcome feelings of powerlessness, responding to unhealthy anger, medicating and anesthetizing pain, or bolstering self-esteem. Addiction is when someone engages in behaviors repetitively in spite of negative consequences. Children can be told how denial and rationalizations are used to maintain the behavior; or how the need for power, to control, to medicate emotional pain, or to bolster esteem became greater than anything else. Examples of actual behavior in child sensitive language might be:

I was unfaithful to your mom/dad and our marriage vows.

I was having extramarital affairs.

I have been engaging in sexual behavior that is wrong (such as...).

These explanations might be used for a mature early adolescent and mid-adolescent.

The following examples are brief but often sufficient explanations of sexual activities.

- Pornography: looking at sexually explicit pictures of people or behavior in magazines, videos, the Internet
- Voyeurism: viewing people unknowingly who are undressed or are being sexual
- Compulsive masturbation: frequently touching one's own genitals to a state of arousal. (Note: Parents and professionals need to use caution to not distort what is healthy adolescent sexual behavior. Key to differentiating unhealthy and healthy masturbation is when it is used as a response to anger or pain, used to medicate, dissociate, or results in physical self-harm.)
- Extramarital affairs: being sexual with someone other than your spouse/partner
- Exhibitionism: exposing yourself sexually unexpectedly to unwilling people

When children ask for specific details, such as whom, where, or when, it is advisable to say that this is

information shared only with their other parent unless the answer has a direct impact on them (the children). An example in which the need for greater detail could be indicated would be when it explains the reasons the family is moving as the sexual behavior was with the next-door neighbor. Or, the reason the family is not seeing a certain relative this holiday is because the sexual behavior was with a relative.

The authors suggest the parent connect the addictive behavior to the consequences for the family by describing the impact on the child. Is the child impacted by financial consequences, the possibility of marital separation, divorce, the changing of schools and friendships, or possibly public exposure? For example, As a consequence of the behavior:

I wasn't home spending time with you.

When home, I was preoccupied.

I spent what was family money on non-family activities.

There are legal problems that are public and create embarrassment for the family.

I have not been available to model healthy sexual or relationship behavior.

There have been arguments at home because I've been dishonest with your mother/father.

Do You Still Love Mom or Dad? Does Mom or Dad Still Love You?

Children want to know how the parents feel towards each other. These may be difficult questions to answer. While the answer may be a clear yes, if this is not a reality, a parent might say, "Right now your (other parent) is very angry and is questioning how she or he feels." Or, "I do not know how I feel at this time." The parents need to have empathy and be sensitive to the child.

Do You Still Love Me? Did I Do Something Wrong?

Children need to be reassured that they are loved and that whatever happens between mom and dad, they will always love them. Children need to understand that this is not about them or their behavior.

How Does This Affect My Life?

The parent must be honest and tell the child what he or she knows. The greatest concern is usually whether or not their parents will remain together. Perhaps there will be a temporary separation. Perhaps the parents will be home more often and more involved in their life. If the parent is not sure of what may happen for the family the uncertainty may be expressed, and then the parent needs to commit to tell the child when they do know.

Other concerns may be: Are there things they can or cannot talk about at home? Are there television shows or movies they can or cannot watch? Are there any restrictions regarding going places or seeing certain people? Can they ask more questions if they arise?

Who Else Knows?

It is important to discuss who else knows. The disclosure itself does not have to become the “family secret.” Recovery is not about replacing one secret with another. Recovery is demonstrating healthy boundaries and discriminating with whom one does and does not share. If others know, prepare children with an honest response to questions and remarks of others.

Can I Tell any of my Friends?

Anticipate this question. Parents are encouraged to support children in their own support system that may be one or two close friends, a counselor, or another trusted adult. If the child needs to keep what you have told them a secret, you need to seriously question any disclosure.

Are You Sorry?

Children need to hear that both the addict and the co-addict are sorry for their individual acting-out behavior.

What are You Doing so it Won't Happen Again?

Children need to hear of the recovery plans of their parents, as individuals and as a couple. What are the parents willing to do for the relationship, the family, and for recovery? Children need to have reasons to be hopeful.

When the survey respondents were asked to offer feedback to improve the disclosure process, they commented:

A little humility would have made me feel better about my dad. He really let Mom do most of the talking.

Not so much detail.

My step mom went crazy, she shouldn't have been so angry in front of us.

More resources like reading material about sex addiction.

Questions should be accepted, even welcomed so the family unit can face the problem in its entirety.

Disclosure would have been better had there been help for what his behavior did to us, rather than

everything being centered around *his* recovery.

A qualified therapist present would make the disclosure much easier.

A counselor who didn't just work with my dad.

I should have been taken to counseling again when I got a couple years older.

Disclosure opens up the process for a multitude of feelings. At the time of the disclosure and after, parents and clinicians need to be willing and available to listen and validate those feelings. This may be very painful for parents, but is a necessary part of healing for the family. As an adult child said in her questionnaire, "Truth, even if in very small pieces, can lighten the load. Shame is a burden we as children should not have to bear."

Parents do not want to cause their children pain, but that possibility was lost in the act of the addiction. The parents must forgive themselves for their behavior, move on in recovery, and learn greater recovery skills. Those recovery skills begin with honesty to one's self and then to appropriate others. They cannot change the past addictive behavior but they can influence their children by example in their recovery practices. If the commitment to changing the family system does not exist, disclosure alone will not break this addiction cycle. Changing the family system begins with the parent's individual commitment to recovery. Then, at the appropriate time, disclosing secrets to children is effective in breaking the generational cycle.

It is in recovery that adults will find the strength to be the parent their children need them to be. It is likely the parents will always feel sad their children have been exposed to addiction, and that their behavior has caused them pain. It is normal for parents to be concerned and fearful of the consequences for their children. With support from others in recovery and with the guidance of skilled helping professionals, parents can do their part by taking responsibility and being accountable to their children. Then, as they say in Twelve Step language, there comes a time to "let go, and let God."

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