

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/238075149>

# THE CHALLENGES OF MANAGING AND RESPONDING TO SIBLING SEXUAL ABUSE

Article · January 2003

---

CITATIONS

0

READS

360

2 authors:



**Helen Kambouridis**

The Royal Children's Hospital

3 PUBLICATIONS 0 CITATIONS

SEE PROFILE



**Karen Marie Flanagan**

Independent Researcher

11 PUBLICATIONS 80 CITATIONS

SEE PROFILE

# **THE CHALLENGES OF MANAGING AND RESPONDING TO SIBLING SEXUAL ABUSE**

Helen Kambouridis  
Gatehouse Centre for the Assessment and Treatment of Child Abuse,  
Royal Children's Hospital, Melbourne  
and  
Karen Flanagan  
Sexual Abuse Counselling and Prevention Program,  
Children's Protection Society, Melbourne

*Paper presented at the  
Child Sexual Abuse: Justice Response or Alternative Resolution Conference  
convened by the Australian Institute of Criminology  
and held in Adelaide, 1-2 May 2003*

Families where sibling sexual abuse has occurred are increasingly presented to treatment agencies for child abuse. Such presentations are fraught with challenges for the family, and are exacerbated at times by the differing responses from the child protection, treatment and criminal justice systems. As a result families that are already devastated by the revelation that one of their children has abused a sibling are confused and potentially further traumatized by such differing responses. Both organizations and the authors of this paper have spent the best part of two decades working in the area of sexual abuse. Using case studies and our own research, this paper will outline some of the challenges as perceived by an agency that provides service to both victims and perpetrators and an agency that provides services to victims only. Recommendations for managing and responding to sexual abuse will be presented.

## **Introduction**

Sibling sexual abuse is gradually becoming recognised as a significant community problem amongst professionals working in the field of sexual abuse. This knowledge however, is not matched in the general community nor indeed amongst childcare, health, welfare and education professionals working with children and young people.

Whilst some specialist treatment agencies are developing practice models to address sibling sexual abuse the statutory and legal systems struggle to provide consistent and effective interventions.

The Gatehouse Centre at the Royal Children's Hospital (RCH), Melbourne and the Children's Protection Society (CPS), Sexual Abuse Counselling and Prevention Program (SACPP) are two of the main service providers to victims of sexual abuse and young people with sexually abusive behaviours in the state of Victoria. Both organisations have received an increasing number of sibling sexual abuse referrals over the last 10-15 years.

The Gatehouse Centre provides assessment and treatment to children, young people and their families where abuse is known or suspected to have happened. Known perpetrators of sexual abuse are not treated at the Gatehouse Centre, although children under ten who may be engaging in sexually reactive behaviours are seen. With this in mind, referrals for sibling abuse have presented the Gatehouse Centre with a particular challenge. Whilst the Gatehouse Centre will provide therapy to the victim/survivor and their parents/carers, the sibling who perpetrated the abuse will be referred to a different agency for assessment. For this reason, the Gatehouse Centre has had to consider how this impacts on the family concerned and what specific interactional dynamics may arise between the family and the agencies and the agencies themselves. Within a context of shock, distress and anger, the sensitive management of these issues becomes critical if families are to be engaged in therapy and feel supported through the process.

For ten years the CPS has operated the SACPP. Counselling staff work with victims of sexual abuse up to the age of 18 years, children who engage in sexualised behaviours and young people up to 18 years old who perpetrate sexually abusive behaviours. The program provides individual, family and groupwork counselling after a risk/needs assessment or impact assessment has been undertaken. The integrated practice model adopted by the SACPP ensures that all family members are worked with within one agency, thus avoiding either the victim or young person with sexually abusive behaviours having to attend another service.

An important principle of practice for both agencies is that the safety of victims is paramount. In order to achieve this it is recommended that the perpetrator of the sexual abuse is removed from the family home until the ongoing risk issues and safety needs of all family members are determined. It is recognised that this is a very difficult process for families and that statutory child protection and police involvement is often warranted to ensure safe outcomes for all concerned.

Both the Gatehouse Centre and CPS collaborate and have a working protocol to ensure clients get the best services to suit their needs. Staff share practice ideas through peer supervision and case consultation forums. This working relationship has enabled both agencies to develop practice models to meet the needs of families affected by sibling sexual abuse.

### **Extent of the Problem of Sibling Sexual Abuse**

Research carried out by CPS indicates that 43% of young people referred to the SACPP in a five year period had sexually abused a sibling (*Flanagan & Hayman-White, 1999*). The sexual abuse disclosed by over two-thirds of the victims attending the service at this time revealed the abuse involved penetrative offences and physical force and nearly one-third indicated that the abuse had been occurring for a period of more than one year (*Flanagan & Hayman-White, 1999*).

The majority of these victims were less than 10 years of age. These findings are evidence that sibling sexual abuse cannot be underestimated given the repeated and ongoing nature of sexual abuse forcefully perpetrated against young children by siblings. Ongoing research and practice knowledge is showing the need to intervene much earlier with children or young people engaging in any sexual behaviours to prevent the abusive behaviours escalating. CPS commenced its work in this area over seven years ago when it was becoming apparent so many victims were reporting sexual abuse by siblings. Also, several children were showing signs of sexualised behaviours which were becoming sexually abusive hence a decision was made to provide a therapeutic service to this 'at risk' group.

The Gatehouse Centre, given the nature of the service, has focused on the issues for victims and in the past, sometimes made the assumption that if children or young people were acting out sexually, that they must have their own history of sexual abuse. However, with the growing experience of the SACPP and the emerging body of literature about young perpetrators of sexual abuse, these views are changing.

Experience and research with known perpetrators of sexual abuse has shown that many adult offenders first began sexually offending when they were adolescents and many do not report a history of their own abuse. Whilst this may reflect the offender's perception of what may or may not have been an abusive act against them or the point at which they are asked this question (ie. pre or post sentencing), what does seem to be a consistent finding in the research and is certainly a typical finding in our clinical experience, is that perpetrators of sexual abuse are highly likely to have experienced physical abuse, witnessed family violence, experienced severe discipline and have grown up in chaotic, violent households (Adler & Schultz, 1995; O'Brien, 1991). Recent research carried out by CPS on adolescents who engage in sexually abusive behaviours to be published later this year (Children's Protection Society, 2003) certainly supports these findings.

### **Implications for Practice**

The challenge for both agencies has been how to achieve the best outcomes for families in a situation that is fraught with dilemmas and challenges for all involved. For the professionals involved, one of the greatest challenges is obtaining knowledge about this particular form of sexual abuse. The fact that research in the past has focussed on father-daughter incest has constrained our understanding to date. Furthermore, the fact that sibling incest often goes undetected or undisclosed has contributed to our misconceptions and lack of knowledge. The literature suggests that sibling victims may be reluctant to report an older brother or sister out of a sense of loyalty, family obligation or fear of retaliation (Finklehor, 1980; Forward & Buck, 1978). Wiehe (1990) highlights that the victim is often not mature enough to understand that the sexual activity is abusive or the fact that the abuse often occurs in the context of abuse of authority (eg while babysitting) so they

are less likely to report. In addition, myths about sibling incest, including that it is less serious, was engaged in with mutual consent, has no harmful effects in most cases, involves no betrayal of trust, is just a result of natural curiosity and growing up make it difficult for the clinician to fully understand its complex dynamics.

Clinical knowledge often based on parental reports also poses a number of difficulties. Primarily, counsellors hear the perspective of the parents who often are desperately trying to rationalize, minimize and leave behind the experience. Often their own history of victimization complicates their reaction (O'Brien, 1991). Wiehe (1990) notes that parents often disbelieve, ignore or minimise what has occurred. For example, "Boys will be boys", "They were only playing mothers and fathers". The perpetrator consequently is absolved of responsibility and may even read this as license to continue. In other situations the perpetrator may be physically abused, perhaps only intensifying their anger towards the victim motivating them to be more secretive. The victim's subsequent 'guilt' at seeing their sibling 'in trouble' often leaves them in a much more disempowered position.

### **Professional and Systems Response and Their Impact on Families**

Sibling sexual abuse cases are, without doubt, some of the most complicated and anxiety provoking that we may encounter in our work. Trying to balance the needs of individual family members, trying to make sense of the contradictory opinions in the literature, dealing with the inconsistent responses of the child protection, police and legal systems and not least, having our own beliefs about and experiences of sibling relationships questioned, can be enough to trigger professional denial as well. In comparison with parent-child abuse, parents, teachers, mental health professionals and the community generally underreport sibling abuse. The Child Protection and legal systems often appear reluctant to accept and respond to sibling abuse reports that are filed. The pressures on parents to keep families together, on professionals to reunite where one or more of the children may have been removed and on the children to retract or minimise are often intense and professionals are frequently left unsure as to how to best intervene or even whether they should.

However, prevarication by professionals is dangerous. The risk is that professionals give families the message that sibling incest and assault are less serious than child welfare concerns of parent-child abuse or neglect. Indeed, the Victorian Children and Young Persons Act only deems children to be in need of protection if they are at risk from a parent or caregiver. The legislation makes no allowance for siblings who pose the risk. Children experience confusion about the boundaries that have been violated in the sibling relationship. They feel guilty about their part in what occurred and struggle to rationalise feelings of distress with feelings of relief that the abuse has been stopped by the act of their disclosure. If they perceive that others may not consider what has been disclosed as particularly serious it potentially invalidates their experience. Conn-Caffaro & Caffaro (1993) stressed the high likelihood that children who are the victims of sibling abuse will assume they were willing participants, and if they believe they co-operated, they often believe they could have stopped it. They also will often take responsibility for the turmoil created after disclosure - the removal (or other punishment) of their sibling from the family home, the distress of their parents and other siblings. This turmoil can lead to them denying/repressing their emotions, possibly becoming quite detached from them if they are repeatedly invalidated. There is growing evidence that this dynamic is implicated in the difficulties some abuse victims experience in self-soothing and emotional regulation.

Inconsistent or ambivalent responses from professionals also impact on the parents/carers of the children concerned. To believe that one of their children has abused another of their children opens parents to the pain of guilt and self blame for not having protected their child and the fear that they have failed as parents. To believe that this has happened also brings with it the pressure to divide loyalties to the children. Who should they support? How can they support them both? Should they

make a report or press charges and possibly face the risk of destroying family ties and unity? If professionals are ambivalent in their response, then we run the risk of colluding with the need for families to minimize the impact and the seriousness of sibling sexual abuse. Potentially the opportunity is overlooked to stop sexual abuse occurring within their family in the future. It is critical that professional support is available during this time.

### **The Need for Specialist Intervention**

Experience in working with parents/carers has clearly indicated the need to be firm and consistent in the requirement that both the victim and the perpetrator of the abuse are separated at least during the assessment and the initial period of therapy. Young people with sexually abusive behaviours admit frequently to CPS staff that they could not stop their behaviours alone. They need professional intervention to do so. Experience has also highlighted the critical importance of adequately supporting and engaging parents in the face of the dilemmas they experience. Overall family dynamics and the different perspectives of all involved must be considered; to seek to simply blame either parent for what has occurred may only further disempower them and restrict their capacity to assist in their children's recovery. Parents need support and time to deal with the realities of what one of their children has done to the other. Most of all they need reassurance that there is hope for recovery. This only comes from professionals with relevant experience. The family dynamics and the intrapsychic factors that may have contributed to the situation need to be explored, whilst maintaining their engagement in a process that requires them to question their loyalties, their role as parents.

This is highly skilled work. As professionals we also have to face these issues and our own reactions to them in order to minimise the secrecy and anxiety that surrounds them. The same secrecy and anxiety that surrounded father/daughter incest for many years. At times, when parents hold on to the need to minimise, or to even blame the victim and lament the consequences imposed on the perpetrator, it is very easy for the professional to either take on the anxiety for the victim's ongoing safety or to succumb to the pressure to also minimise. At such times it is critical that professionals manage feelings of frustration and anger or a desire to discount what they may know about the possible continuing risks to the victim with appropriate consultation and supervision. This enables them to support and challenge the family to address the situation. It is also essential that professionals carrying out this work are aware of and respond to any parallel process issues that may occur in families where divided loyalty issues are ever present.

It is essential that the young person with sexually abusive behaviours is given the opportunity to accept responsibility for his behaviour. However, it is also important to seek to understand this young person and develop a framework for intervention that allows both the young person to recreate their identity as someone other than a sexual abuser and for the family to also see hope for their future as a family.

### **Ongoing Work with Families Affected by Sibling Sexual Abuse**

Of course, engaging families in therapy is only the first step. Maintaining this engagement and developing the therapeutic relationship is yet another challenge for the professional. In programs such as SACPP, the entire family may be seen at the one location. Arrangements are made so that there is no unplanned contact between the siblings and each have their own therapist. Parents can attend individual counselling, couple counselling and parent support groups to enable them to understand both the impact on the victim and the processes that may have led their other child to engage in such behaviour. The Gatehouse Centre also works with other agencies that provide a service to young people who engage in sexually abusive behaviour including SACPP. The potential complication for clients of the Gatehouse Centre is that they must negotiate with two treatment

agencies. This is not always a problem, however, as it can clearly delineate for some families the different issues faced by their children and can thus provide them with a different physical and psychological space in which to deal with these issues.

Both experience and the literature indicate that a combination of individual and group treatment for the children concerned, individual and/or conjoint therapy for parents/carers and family therapy at a later point in the process are all a part of the ideal therapy process (MacFarlane, Cockriel & Dugan 1990). Much has been written about the use of individual and group programs for both victims of sexual abuse and young people who engage in sexually abusive behaviours. For parents, experience suggests that much of the growth and understanding needed for recovery takes place in forums where they feel truly understood and free to discuss their worst fears. Parent support groups as run by SACPP can provide this forum. Parental involvement in treatment is of significant therapeutic value to the siblings who can see the family sharing the problem and its resolution. Family therapy can provide an opportunity to explore issues including:

- the understanding that other siblings have of what has occurred and how they are coping;
- what lines of loyalty have been drawn within the family and by whom;
- the general level of sibling violence within the family;
- the incidence of other abuse between family members;
- the availability of parents both physically and emotionally;
- the parents' own sibling relationships;
- the acceptance or otherwise of treatment for both the victim and the young abuser.

It is not unusual for the therapy process to last up to two years and families are to be congratulated for maintaining their connection to the process over such a period of time.

### **Challenges for Future Practice**

The challenges in this work are faced by all individuals involved, including parents, siblings, and professionals alike. Failure to address them in the professional community will maintain existing gaps in service provision and lead to dangerous practice if information is not shared and professionals do not collaborate. Failure to acknowledge them also constrains both the victim and the young person engaging in sexually abusive behaviour from resolving their difficulties as we cannot then wholly understand their experiences and how they have incorporated these into their sense of self.

Adler & Schultz [1995] and O'Brien [1991] conclude that sibling incest must be addressed more seriously by judicial, child protection, and mental health systems on prevention and intervention levels. The eradication of the myth that sibling abuse is benign together with effective prevention work with families at risk for abusive patterns in general must become priorities. CPS research lends support to this. The authors' collective experience is that systems continue to find the issue of sibling incest difficult to manage. While this is understandable given the complexities described in this paper, it cannot continue to impede our work in this area. Nor can we allow this complexity to dissuade us from taking up the challenge to work towards the best possible outcomes for the families concerned. Collaboration between all agencies involved (including professionals in the child protection and legal systems) is essential. Clear working agreements, identification of roles, regular communication and strategies for resolving differences must be established between the professionals concerned.

## **Recommendations**

With this in mind, the following recommendations are made for professionals who encounter situations of sibling sexual abuse in their work.

- Firstly, that sibling sexual abuse is acknowledged as a serious community problem.
- That professionals aim for early identification of children at risk of sexually abusive behaviours by asking questions about family dynamics and relationships and considering that such abuse may be occurring in conjunction with other abusive or punitive dynamics within the family.
- That collaboration between child protection, police and legal systems be paramount in managing such presentations.
- That agreed practice standards for agencies responding to sibling sexual abuse be developed.
- That the learning from practice be used to generate ongoing research to prevent sexual abuse.

Experience over the last fifteen years has shown that we can modify our responses, practice models and therapeutic approaches based on learning from the families worked with. Most importantly, experience has taught us that we can make a difference in the lives of these families. Clarity about the impact of sexual abuse ensures that all interventions are aimed at preventing its recurrence, ultimately reducing the numbers of victims and victimisers in the future.



## References

- Adler, N. & Schultz, J. (1995). "Sibling incest offenders." Child Abuse and Neglect, 19(7), 811-819.
- Children's Protection Society (2003). *Sibling Sexual Abuse Project* (to be published)
- Conn-Caffaro, A. & Caffaro, J.V. (1993). "Sibling affairs: The impact of abuse on sibling relationships." The California Therapist, 5(4), 51-60.
- Finkelhor, D. (1980). "Sex among siblings: A survey on prevalence, variety and effects." Archives of Sexual Behaviour, 7, 171-194.
- Flanagan, K. & Hayman-White, K (1999). "Sexual Abuse Counselling and Prevention Program: Five year review of work with victims and adolescent perpetrators of sexual abuse." Melbourne, Australia. Children's Protection Society.
- Forward, S. & Buck, C. (1978). Betrayal of innocence: Incest and its devastation. Los Angeles: J. P. Tarcher.
- O'Brien, M. (1991). "Taking sibling incest seriously." In Pattom, M. (Ed.), Understanding family sexual abuse, Newbury Park, CA: Sage, pp 75 – 92.
- Wiehe, V. (1990). Sibling abuse: Hidden physical, emotional, and sexual trauma. New York: Lexington Books.

## **Case Studies**

This first case illustrates how important the active involvement of the statutory child protection system is in cases of sibling sexual abuse.

### **Case A**

Two young people with an intellectual disability.

A young man who had sexually abused his sister was significantly angry due to his removal from the family home. He placed all blame for both the abuse and his current situation on his sister and his mother. He clearly saw himself as the victim and took no responsibility whatsoever for what had occurred. In the course of taking a family history, it became apparent that he had a history of engaging in controlling and bullying behaviour. Whilst in care this behaviour manifested in his threats to self harm and in verbally abusive interchanges with his mother.

The parents were particularly concerned about his well being and the mother in particular, was feeling guilty about what was happening to her son. It was difficult to keep the parents focussed on the needs of their daughter. The young girl was feeling stuck in the middle and struggled to rationalize her feeling of relief that her brother was no longer in a position to abuse her, alongside her feelings of self-blame for the distress she felt she caused her parents.

Child Protection remained involved with this family for almost two years. This allowed the treatment agency the time to work closely with the parents to assist them to understand the dynamics of what had occurred within their family, the perspectives of both their children and the changes that needed to occur to keep both their children safe and supported. The parents made it clear that were it not for the mandated power of the child protection services, they would not have been able to tolerate their son being out of the family home for such a period of time and they would not have been able to address the issues that were put before them.

### **Case B**

This second case involved the sexual abuse of a young male and his sister by their older step brother. This family was faced with many dilemmas, not least the need to support each of their children and to keep everyone safe. Managing the impact on the family as a whole and on the marital relationship was a particular challenge for this family.

Decisions had to be made about where the step brother would live and which agency he would attend for treatment, as well as whether the family could commit to the time required and significant challenges of the treatment process. This family did commit and successfully managed the process of attending more than one agency; however, amidst the very difficult dynamics of grief, blame and anger, the family unit eventually broke down. On a more positive note, however, the children have moved through their treatment process and are moving towards resolution.