

Working with sibling incest

Maintaining the balance

Karen Flanagan and Janet Patterson

This article presents the work of the Child Sexual Abuse Treatment Program and Adolescent Sex Offender Treatment Program, auspiced by the Children's Protection Society. The focus is upon their experiences in working with families in which sibling incest has occurred. It outlines the philosophy, principles and model of the program, gives an overview of the demographic data and client profiles, and finally reflects on practice observations relating to issues which have emerged in their work.

Until the commencement of the Adolescent Sex Offender Treatment Program, families in which sibling incest occurred were often sent to multiple agencies. This was due to a perceived need to keep victims and offenders separate, even in families where the offender continued to reside at home. Outside of the juvenile justice system, there are no other sex offender specific programs, and few therapists with interest, experience and skills in the area. In discussion with families, it appears that their experience of this type of service provision was one of feeling disjointed, receiving confusing/conflictual messages, and being unclear of which direction they needed to take to protect their children who are victims, whilst simultaneously supporting their sons, who are offenders. As workers in this system, we also felt a sense of disempowerment and frustration due to the lack of collaboration and positive outcomes for these families, hence the decision to provide a comprehensive service to victims and offenders.

BACKGROUND

The Children's Protection Society, based in West Heidelberg, established the Child Sexual Abuse Treatment Program (CSATP) for victims of child sexual abuse and their non-offending caregivers in May 1993. A 12 month evaluation of the pilot program confirmed the need for and effectiveness of the program (Children's Protection Society 1995). Through our work with victims, the extent of adolescent sex offending emerged as a significant problem. The Children's Protection Society was always committed to the provision of an integrated and comprehensive program

dealing with all family members affected by sexual abuse. The decision to work with adolescent sex offenders was the next stage in this process. It was decided to concentrate on working with young sex offenders as opposed to adults, based on research indicating that adolescents are more amenable to treatment than adults, who have more highly developed deviant behaviour patterns and entrenched thinking errors. The primary aim of undertaking work with adolescent sex offenders is to prevent them becoming adult sex offenders. The Adolescent Sex Offender Treatment Program (ASOTP) was established in December 1994. The final stage of development for the treatment program is the implementation of a Family Reconstruction program for families where incest has occurred and the perpetrator is returning to live at home with the victim. This would only occur following criminal and statutory investigations and lengthy, intensive individual and family counselling. This program is currently in a developmental stage, with an increasing need for it in situations of sibling incest, where it has been decided that offenders are to be returned home.

Through the evolution of the different components in the sexual abuse treatment program, staff have come to identify sibling incest as presenting particularly difficult issues for families and counsellors alike. These issues are confusing, conflictual, complex and challenging. This article is an attempt to share some of the dilemmas and practice observations experienced by the Children's Protection Society staff to stimulate discussion on this little written about topic – sibling incest.

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PHILOSOPHY OF THE CSATP

To ensure consistency in practice and clarity in boundaries between victim and offender work it is critical that all staff subscribe to a common philosophical stance.

The CSATP believes that the fundamental basis for sexual abuse is the position of greater power that the offender holds in relation to the victim. This may be on the basis of size, age, gender or relationship to the victim. Sexual abuse is a criminal act and total responsibility for the sexual abuse rests with the offender. In order to prevent sexual abuse, the CSATP believes that early intervention with adolescents displaying inappropriate sexual behaviour will reduce the incidence of sexual abuse in the future.

PRINCIPLES OF THE CSATP

A summarised version of the principles subscribed to by program staff advocates the following 'best practice' checks:

- early reporting of all sexual offences to police and protective services;
- offenders to be removed from home, not victims;
- early access to sex offender specific treatment (preferably court ordered) for all adolescent sex offenders;
- close collaboration between victims and offender services/counsellors;
- community and professional education strategies addressing male socialisation, gender, sexuality and power;
- ongoing evaluation of victim and offender programs and information sharing.

(For more detail see CSATP Program Document, 1993).

CSATP/ASOTP PRACTICE GUIDELINES IN SIBLING INCEST

- Victims' needs are given priority; all family members including the offender are treated with respect and compassion; the victim is generally seen before the offender;
- close liaison between legal, protective and therapeutic systems for victim and offender;
- criminal investigation of the offender is advocated and support is given to

the offender through the court process; the offender is held 100% responsible;

- promotion of open communication within the family with roles and responsibilities examined;
- a separate counsellor for victim and offender, joint counselling when appropriate and regular liaison between all family members and counsellors to ensure vital information is shared to assist in recovery process.

CSATP/ASOTP PROGRAM MODEL

All referrals whether they are victims or offenders come through one joint intake system held weekly with all program staff present. There is an intake policy determining criteria for acceptance. One counsellor is allocated for the victim, a separate one for the offender and one of these counsellors will assume case responsibility and also work with the parents in cases of sibling incest, as well as liaising with other professionals.

The CSATP actively promotes engaging all family members at the appropriate stage and gradually working towards family counselling sessions before any decisions are made to attempt family reconstruction, if any attempt is made at all.

There are numerous advantages in providing therapeutic services for victims and offenders within one agency, the most obvious being the close communication between counsellors. This needs to be monitored closely to ensure that vital information gets passed on. For example, if an offender discloses more offences, this information can be used to validate the victim's disclosure. Conversely, further disclosures from the victim can be used to challenge the offender.

ASSESSMENT AND TREATMENT

Victim

Initial work with the victim aims to assess the impact of the sexual abuse upon the child/young person and their family. This assessment takes place over 4-6 sessions at the end of which time treatment goals are identified. The offender is not involved in the victim assessment stage. The intensity and duration of treatment for victims is dependent on the child's strengths, parental support, available resources,

vulnerabilities, their perception of the impact of the sexual abuse upon them and, particularly, their relationship with their brother in cases of sibling incest. In the treatment phase, if and when the victim, their parents/caregivers and the counsellors feel it is appropriate, work may begin in conjunction with the offender. The aim of this joint work is to bring the issue of the sexual abuse out into the open, to address the issues of responsibility to ensure the victim is clear he/she was in no way responsible for the sexual abuse occurring, to discuss safety requirements relating to any victim/offender contact, and if appropriate, to prepare the family for the offender returning. An essential element of this work is to strengthen the relationship between victim and caregiver, reflecting upon the influence of the offender in shaping this relationship. By resourcing and empowering the victim and non-offending caregivers our aim is to prevent further victimisation.

Offender

A risk assessment takes place over 4-6 sessions to determine the risk of re-offence and the offender's amenability to treatment. The capacity of the parents to support both the victim and offender in cases of sibling incest whilst providing a safe environment is also assessed. There is no joint work with the victim in the assessment stage. Once the assessment is complete, recommendations are made for ongoing therapy (usually group therapy, family work and further individual counselling).

Treatment for offenders includes the following modules:

- taking responsibility/facing up to the abuse;
- victim empathy and awareness;
- context of the abuse;
- sexual offending cycle, breaking and preventing cycle;
- cognitive restructuring/thinking errors;
- fantasy control;
- social/interpersonal skills training.

The aim of treatment for adolescent sex offenders is to assist them to change their way of articulating their offending, to take responsibility for their offending, to reduce their thoughts of denial and minimisation, to assist them to understand and to intervene in their

offending cycle. It is anticipated that this will lead to longer term change in their behaviour and feelings about what they have done. It is our belief that, without change in beliefs and feelings, re-offence is likely. (For more details about this program refer to *Adolescent Sex Offender Treatment Program Document*, Children's Protection Society 1995.)

DEMOGRAPHIC DATA AND CLIENT PROFILE

Referrals of Sibling Incest

Sibling incest is argued to be the most common form of incest, yet the least likely to be reported (De Jong 1989; Loreda 1982, Adler & Schutz 1995). Since the ASOTP began, there have been ninety-four referrals for adolescent offenders. Fifty-six have been accepted for assessment with forty-six having completed assessment. Fifty per cent of these have been referrals for sibling incest offenders. In these situations it is our practice to allocate a worker first to the victim and then to the offender. One of these workers will also be appointed as case manager and work with the parents.

Offences

Sibling incest offenders have been found to commit multiple and more intrusive sex offences over a longer period of time, when compared to other adolescent sex offenders (O'Brien 1991; Laviola 1992; O'Callaghan and Print 1994).

The referrals to the ASOTP also reflect these patterns, with a tendency for sibling incest offenders to have committed more serious sexual offences, often involving vaginal, oral or anal penetration, over at least a 12 month period. For example, in one of our groups of seven offenders, five boys sexually abused their siblings, with three of the boys abusing two siblings. Five out of seven committed acts of vaginal and/or oral penetration on their sisters. The offences began as less serious and escalated to more intrusive offences over time. All boys have admitted that they would not have ceased their offending had they not been caught.

Our experience has been that there is a general tendency that adolescent sex offenders are not charged/sentenced for their offences. Although there is a requirement that all offenders referred to

our program must have their offences reported to the police, only one third of adolescents attending the program have received a sentence. The remainder attend on a 'voluntary' basis.

Dynamics of offender – victim relationship

The dynamics of the offender-victim relationship in cases of sibling incest are complex and different to the relationship between victims and other types of offenders. It has been our experience that victims of sibling incest experience a high degree of ambivalence towards their brothers – expressing positive feelings and love toward them, whilst at the same time wanting the abuse to stop. Many victims take responsibility for the abuse, perceiving themselves as 'co-conspirators'; they question why they were chosen, and want nothing more than to be assured that their brother still loves them. They appear to find it difficult to express negative emotions toward them. For example, in one family a nine-year-old girl who was sexually abused by her fourteen-year-old brother over two years consistently expressed her love towards her brother whilst he consistently expressed his contempt for her. This young girl wanted nothing more than to be told that her brother still cared for her, though sadly he was unable to respond to her request.

The victims we have worked with are often highly concerned about the welfare of their brothers, particularly when their brothers have been removed from home. Interestingly, after they have received intensive individual counselling, the victims are often ready for joint work much sooner than their offending brothers. Our experience has been that once their brothers engage in the treatment process they find it difficult to 'face' their victims, due to the beginnings of the development of empathy and responsibility.

Family dynamics

Families in which sibling incest has occurred have been found to be characterised by other incestuous behaviour, physically abusive behaviour and prior incest in parents (O'Brien 1991).

Gil and Johnson (1993) have developed a typology of sibling incest families in

which they describe an undercurrent of sexuality in the home/diffuse boundaries; the victim perceived as 'favoured'; the offender's abuse is seen as a retaliation against the mother; the victim-offender have a strong bond with a jealous and negative relationship; physical punishment is common; and there are often unsuccessful marital relationships. Similar patterns have been noted by others (Worling 1995; Adler & Schutz 1995).

These trends have been consistent with our experience. In most of the families we have worked with in which sibling incest has occurred, the parents have been separated or divorced. Commonly the adolescent offender moves in with his father following the disclosure. This at times has created further difficulties, depending upon the father's attitude to his son's sex offending and his willingness to engage in the counselling process. A further pattern has been that in many of these families sexist and patriarchal attitudes have prevailed. One young man in our group has identified receiving conflicting messages from home and the group. While the group is educating him about non-sexist ways of being, his father maintains very negative and sexist attitudes to women. This young man lacks the power and/or confidence to challenge his father's views directly, however, he is able to identify the sexist behaviour, and now expresses his embarrassment about it. Twelve months ago it is likely that he would have accepted this culture as normal and acceptable.

Prior sexual abuse of offender

Studies with prevalence rates of prior victimisation in sibling incest offenders range from 23% to 52% (Adler & Schutz 1995). It has been our experience that there has been a history of physical abuse in the backgrounds of approximately 50% of sibling incest offenders, while less than 10% of those in our program have reported a history of sexual abuse.

TENSIONS IN SIBLING INCEST WORK: MAINTAINING THE BALANCE

The initial tensions between victim and offender work centre around the following issues in our experience of sibling incest cases.

Removal of offender

This program advocates that the offender be removed from the home at least for the period of risk assessment, until we have assessed the level of risk to the victim. This immediately places parents in a bind of loyalties between their offending child and their other children who are victims. This program's clear stance on the issue may make it easier for some parents to accept that outcome. In other cases however parents have been resistant to this option and tensions have grown between our program staff, statutory authorities, and parents as a decision is made regarding the best interests of the victim. For example, some professionals consider that the distress that is caused to all family members as a result of separation is greater than the effect of the sexual abuse itself. Whilst we advocate removal of the offender, this at times is difficult when there are no appropriate placements for them to go. This places us in a bind in maintaining our philosophical stance, and puts the parents in an invidious position of sending their child to a less than ideal placement, or leaving them at home to pose a risk to their other children. Which is worse? When victims say they want their offender to remain at home, the situation becomes more complex. One must examine closely the victim's motivation for saying this, that is, feeling responsible for 'breaking up the family', a concern for their brother's welfare, subtle/overt threats from the offender, confusion about responsibility for abuse not yet addressed in counselling, or a desire to believe that now the abuse is out in the open it won't happen again.

Counsellor Loyalties

There have been times when counsellors from the ASOTP and CSATP have challenged one another regarding their assessment of cases. For example, in the early days of the ASOTP, victim counsellors at times felt that offender counsellors were 'too nice' or 'being conned' by the offender. It took time for all counsellors to understand and apply the concept of separating out the behaviour from the person. There have been tensions for counsellors around a number of issues in working with sibling incest: counsellors advocating for their own clients and feeling protective of their own clients; the timing of the first

therapeutic meeting between victim and offender; a concern for the well being of their own clients; attempting to respect other colleagues' opinions and decisions while holding different views; being aware and honest about the relationship between counsellor and client; and lastly, a concern for the perception of other agencies about the work we are doing.

Accommodation

When the ASOTP was initially established there were many discussions around the location of the service. Staff in the program felt that it was important to maintain strong links between CSATP and ASOTP, and for this reason wanted both services located together. Being located in a two storey house, it was possible to separate out offender and victim areas. Initially there was much discussion about geographical layout and boundaries of space. However, over time and with careful counsellor planning, it has not posed any major problems. It is our practice to advise all families of the nature of the services provided in the building.

Intra/interagency

It is to be expected that different agencies, or indeed workers from within one organisation working with different family members (due to families living apart, etc), may view the family from different perspectives. Tensions in this area have particularly emerged in decisions around the management of young offenders. This program has a clear philosophy and strong stand on these issues. At times we have provided input on offender behaviour to other services who do not manage offenders on a regular basis, to ensure that risk assessments are as accurate as possible. Whether or not the focus is victim, offender or family work, it is critical agencies and staff communicate their assessments, thoughts and opinions about the family and its future regularly to avoid professional splitting. It is quite easy to fall into the trap of advocating for one's own client at the expense of other family members. The CSATP philosophy of always placing victim needs first assists us in avoiding conflict over case management. It requires a lot of effort by all parties in ensuring all decisions and new information are communicated effectively to the relevant parties.

Benefits of the integrated victim/offender model

- Our clinical understanding of incestuous families is increased;
- communication between therapists is improved by location in one program;
- facilitation of a vehicle for communication between victim and offender, from which the family benefits;
- the links with other systems is better coordinated, eg, legal;
- advocacy for all affected by sexual abuse;
- case management has tended to be more effective as an agency working with all family members is in a good position to make recommendations;
- additional information/new disclosures of abuse have emerged.

CONCLUSION

Four years ago the Children's Protection Society set out to provide an integrated sexual abuse treatment program for all family members affected by sexual abuse. This article has been a brief glimpse of the evolution so far, with a particular focus upon our experience working with families in which sibling incest has occurred. This work has been new and challenging to all, with the process being interesting and dynamic. As practitioners we have had to examine our views about offender treatment and make choices about the level of involvement we will have. Individual and group supervision has played an important role in supporting workers through this process. The team now shares a commitment to the provision of an integrated service. The work has involved risks, in terms of seeing victims and offenders together in a safe way, but these have been managed well. Whilst it is early days in the development of the service we have been encouraged by the responses from families and in particular young offenders. Long-term evaluation is under way and will hopefully reiterate the optimism now felt. We have received a great deal of support from other agencies who have welcomed our program model. The program feels that it has been well placed to work in this area with our background being in work with victims. We have been clear throughout the process that victim needs remain a

priority, and the prevention of future victims is the motivation underlying our decision to work with offenders. Whilst the balance between advocating both victim and offender needs is often delicate we believe that to date we have maintained that balance, attempting to meet all parties' interests in a safe and supportive way, and in the context of the family. ☼

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