WORKING WITH INDIVIDUALS AND FAMILIES WHERE SIBLING INCEST HAS OCCURRED: THE DYNAMICS, DILEMMAS AND PRACTICE IMPLICATIONS

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The sexual abuse of children is a serious and devastating social problem that until the last two decades, has been hidden behind a cultural veil of denial, secrecy and disbelief (O'Brien, 1991). One aspect of sexual abuse that remains a taboo subject is sibling incest. Despite this lack of awareness, sibling incest is thought to be more prevalent than parent-child incest (Finkelhor, 1979; Goldman & Goldman, 1988). In fact, Wiehe (1990) argues that sibling incest is the most common form of child sexual abuse.

There has been limited research into sibling incest. As a result there are few guidelines to assist families, child protection agencies and other services in the assessment of whether the incest is abusive, and in developing appropriate responses to these families.

This presentation aims to raise discussion and debate about the problem of sibling incest and implications for practice. Firstly a review of the literature outlines the current understanding of the dynamics of sibling incest. Following this, five common dilemmas in responding to cases of sibling incest are explored. To conclude, the authors' ideas for effective intervention and recommendations for work with individuals and families where sibling incest has occurred are presented.

Literature Review: The Dynamics of Sibling Incest

At this time, there are no universally accepted criteria that distinguish abusive sexual contact from normal sexual exploration among children (De Jong, 1989). Whilst it is widely accepted that sexual exploration occurs as a normal part of a child's sexual development, confusion remains as to what extent it is normal, and when it becomes abusive.

Patton and Mannison (1996) argue:

> *Sexual curiosity is normal. All children explore their own bodies to some extent and at the time they may engage in visual or even manual exploration of a sibling's body. This is one way that children discover sexual differences or verify what they have been told by their parents about the differences between boys and girls. Two small children exploring each other's bodies does not predestine them to a life of emotional chaos and suffering (pp.69-70).*

Patton & Mannison (1996) add that whilst it is valuable to understand that children are sexual beings, it is also essential to recognise that "*children's sexual behaviour is vulnerable to manipulation, coercion, and imposition*" (p.5). There is a range of sexual behaviours that begin at the 'mild' end of the spectrum, but soon result in feelings of uneasiness for the child (Patton & Mannison, 1996). Wiehe (1990) cautions about always assessing what appear to be mutual sexual experiences between children, as harmless:

> *Sexual activity among consenting participants probably presents the least risk of unfavourable consequences. But often young children may appear to consent but actually do not because they cannot anticipate unfavourable consequences from a behaviour. In many instances what appears to be consent may actually be only a passive consent of the inability to make a rational decision because of limited cognitive skills and life experiences (p.70).*

Although it can be seen that sometimes sibling incest is mutual, there are more violent forms of incest that involve acting out sexually to gratify needs for retaliation, power or control (Loredo, 1982).

O'Brien (1991) compared the offending patterns of sibling offenders with other teenage sex offenders. Sibling abusers admitted to more sexual offences, had a longer offending history and a majority engaged in more intrusive sexual behaviour than other adolescent sex offenders. The sibling perpetrator has more access to the victim and exists within a structure of silence and guilt (O'Brien, 1991; Laviola, 1992;Wiehe, 1990).

Research into adults who sexually abuse children supports the view that many adults begin their offending history as adolescents (eg. Abel, Mittelman & Becker, 1985; Becker & Kaplan, 1988; Groth, Longo & McFadin, 1982). This research suggests that intervention following sibling incest is often necessary to assist the victimised child, but is also essential to assist the offending child to obtain some help to prevent further offending.

If the sibling incest is abusive or unwanted, the effects on the victim are similar to the effects caused by parent-child sexual abuse (Wiehe, 1990, O'Brien, 1991; Laviola, 1992). The repetitious nature of sexual abuse for siblings resembles that of children who are victims of sexual assault by an adult in the family (Wiehe,1990).

The effects of sibling incest on victims may include lowered self-esteem, re-victimisation in later life, sexual dysfunction as adults, and difficulties with intimacy and trust (Wiehe,1990; Laviola,1992). In Wiehe's (1990) study of adults who had experienced sibling incest, a majority of sibling sexual abuse victims also experienced some form of physical and emotional abuse by their siblings.

Families often experience confusion, denial and grief following a disclosure of sibling incest. Wiehe (1990) maintains that:

> *In the past parents have excused sibling abuse in a variety of ways. Some have looked the other way. Others have ignored the problem, and still others haven't believed their children when they were told what was happening. Others have blamed the victims for the abuse they experienced - as if they had been asking for it or deserved it. Still others said it is normal behaviour and that all kids do it (p.1).*

Following sibling incest, families experience other challenges including questions about how best to assist their children. One particular challenge for families is the need to weigh loyalties and parenting care between a victim and a sibling offender (Flanagan & Patterson, 1995). This can be both a practically and emotionally demanding endeavour. Furthermore, families where sibling incest has occurred may also be dealing with other problems that would further undermine the parents ability to deal with the issue.

Five Common Practice Dilemmas

Many practice dilemmas are faced by professionals working with families where sibling incest has occurred.

Dilemma One: Are the sexual behaviours 'normal' or abusive?
Thoughts / Comments:

a) Finkelhor (1979) originally based his definition of abusive sexual behaviour between two young people, on an age criterion of 5 full years or more difference between the offender and victim. Although the age criterion is still utilised by professionals as part of the assessment of sexually abusive behaviour, others have suggested that this definition alone is inadequate to deal with the issues involved (Laviola, 1992;De Jong, 1989). These earlier definitions are insufficient to explain other more complex issues of power, control and family relationships. The National Children's Home Committee Enquiry (1992) advises that key factors of consent, power imbalance and exploitation, need to be considered when deciding whether what has happened between two minors is sexually abusive or not (cited in Masson,1995). De Jong (1989) originally used the five year age gap in his definition of sibling incest, but in discussion of this methodology, argued that developmental difference is more useful than age as a criterion.

b) From her study of adult survivors of sibling incest in Australia, Owen (1998) concluded that the "assessment of sexual abuse by siblings needs to involve a range of indicators, including:

- *age or developmental level of the children*
- *age difference*
- *extent and duration of sexual behaviour*
- *power dynamics in sibling and family relationships*
- *physical size*
- *did the behaviour stop when the children wished it to*
- *coercion techniques, and*
- *the extent of emotional and physical abuse in the sibling relationship (p. 21).*

Dilemma Two: What legal response is appropriate?
Thoughts / Comments:

a) Inconsistencies exist in the legal responses to young perpetrators of abuse. Whilst some young people are charged by police and proceed to court, many are not charged. This may relate to reluctance by the family or victim to press charges, or it may relate to a lack of information within the system relating to the seriousness of adolescent sexual offending. Alternatively it may relate to the confusion which exists between assessing 'normal' vs abusive behaviours. Some of the young people who are not charged, are responded to via the child protection system rather than the justice system. Others however are cautioned by police in an attempt to divert them from involvement in the juvenile justice system. In Queensland, a child under the age of 10 is not considered criminally responsible for their behaviour. Children aged over 10 years and under 14 years are not in principle liable to punishment for criminal offences. However, they may be liable if proved that they had the capacity to know that what they were doing was wrong (DFYCC, 1997).

b) Research and literature highlight that adolescents who have sexually offended are more likely to "grow into" rather than "grow out of" their offending behaviour (Abel et al, 1985; Becker & Kaplan, 1988; Groth et al, 1982), that intervention is most likely to be successful before deviant thought and behaviour patterns become entrenched (Knopp, 1985), and that intervention decreases the rate of recidivism (Kahn & Chambers, 1991). This suggests strongly the need for strong legal responses which ensure early intervention with the offending adolescent. Unfortunately most adolescents who sexually abuse require external motivation such as a court order and family support, to ensure their attendance and participation in treatment. In fact, adolescents who sexually offend will generally not voluntarily self-refer for help. Hence, diverting such young people from the justice system may inadvertently increase their likelihood of future involvement in the justice system following reoffence.

c) Fay Honey Knopp (1985) highlights some of the difficulties historically faced by professionals in responding to adolescent sexual abusers and further emphasises the need for early intervention. She states that:

> *The special problems of juvenile/adolescent sexually abusive male youth have been consistently unacknowledged, neglected, or responded to inappropriately. Often, such behaviours are dismissed as sexual curiosity or experimentation, interpreted as purely situational in nature, or excused because they are perceived as normal aggressiveness of a sexually maturing adolescent. Unfortunately, as a result, no intervention occurs at the most crucial stage in the early development of the sex offender - when he first begins to exhibit the symptoms of his pathology and before his assaults have become ingrained and less responsive to treatment (p. 6).*

Dilemma Three: Should the child offender leave the family home in order to create sufficient safety in the family?

Thoughts / Comments:

a) Situations need to be assessed on a case by case basis. In making such decisions, the victim's emotional and physical safety must be considered as well as the risk of further sexual offending by the perpetrating child. The parents ability to respond and protect is also a primary consideration.

b) Some therapeutic programs insist that perpetrators must be living outside of the family home before treatment can commence. This is not the case at the Sexual Abuse Counselling Service in Brisbane. It is recognised that such placements away from home can create more stress on the family, though for some families are essential to keep the other siblings protected. Clearly adequate risk assessments are required to ensure appropriate safety responses are developed.

c) One concern regarding placing an offender outside of the family home involves the limited alternative care options available for teenagers generally, and specifically for those who have sexually offended. If the young person who has offended is placed into a foster home with other younger children, such children are also placed at risk of being abused.

d) Placing the offender outside the family can also put further strain and guilt onto the victimised child for "breaking up the family". It is important to understand that in some cases, the victimised child is very fond of their sibling and concerned about what happens to them. Alternatively, the victimised child sometimes supports the sibling staying at home, in order to please the family, when in reality is may cause the child significant stress and feelings of unsafety.

e) If an offender is to remain living at home, safety strategies (a set of rules) need to be developed with the entire family to prevent further opportunities for abuse. Such rules might include having no unsupervised contact with a younger person, avoiding situations of physical contact with children, not entering children's bedrooms without supervision and not entering the bathroom whist occupied.

Dilemma Four: What therapeutic interventions are required?
Thoughts / Comments:

a) Sibling incest occurs in the context of the family. In fact, all research into sibling incest indicates a link between family dysfunction and sibling incest. Whilst parents are not responsible for their child's sexual offending, they are part of the environment where it occurred. Owen (1998) concluded in her study that:

The families' overall dynamics seem to influence the occurrence of sibling incest. The multi-problems in these families obviously affect all the siblings, including those that offended. There seems to be a link between the parents' emotional distance and the sibling incest continuing over an extended period (p.21).

Parents can also be an important part of the solution. Hence it makes sense that all family members are a part of the therapeutic interventions.

b) Therapeutic interventions with victims of sibling incest need to focus on the experience and effects of the abuse as well as issues relating to family functioning and responses to disclosure. In many of the families where sibling incest has occurred, disclosure can push these often problematic families into extreme crisis. The family can split in loyalties, especially in step-family situations. Sometimes this split is gender specific. Sexism can be a factor in sibling incest families, where the boy is supported and the girl is blamed for what happened. In Owen (1998) and Hellesnes (1998) studies of female adult survivors of sibling incest, the women were emotionally abused by their family when they disclosed, whilst the male was supported.

"*One of the major tragedies for these women is that they were further harmed by their family when they disclosed the sibling incest*" (Owen, 1998; p21).

c) The literature (eg Jenkins, 1990; Steen & Monnette, 1989; Salter, 1988) and clinical experience identify important information and issues to guide work with sexual offenders. These include: promoting and encouraging acceptance of responsibility for the behaviours; developing an understanding of patterns of offending, including grooming behaviours, thinking errors and the events that lead up to the offending behaviours; identifying and reducing levels of denial and minimisation; increasing awareness of victims issues; and developing strategies for future safety, based on the relapse (offence) prevention model (Pithers,1990). Along with these specific themes, other factors also comprise important aspects of counselling, both in the provision of skills and in establishing a context for change. These include: increase self-esteem / self-worth, psychosocial skills development, problem solving skills, exploration of sexuality issues, exploration of issues of own victimisation (where appropriate) and exploration of family relationships.

Dilemma Five: Attributions of responsibility when other abuse has also occurred?
Thoughts / Comments:

a) Prior victimisation can be a significant contributing factor to later sexual offending by an adolescent. The links between previous experiences of victimisation and perpetration of abuse is well documented in the literature. Ryan, Land, Davis & Isaac (1987) describe the following:

when the young male is victimised and finds himself powerless to defend himself, he may have been conditioned to believe that it is his weakness, his failure as a male, or perhaps even his behaviour, which caused his victimisation. He is not likely to seek help or protection; rather he will more likely internalise the guilt for his own victimisation, carrying with him his feelings of anger and powerlessness. ....Victims, without therapeutic intervention, are often destined to a future of repeated victimisation of themselves, an inability to protect others, or the development of similar abusive behaviours toward others (p. 386).

b) If a child has sexually offended against a sibling, but has experienced extensive child abuse themselves, are they completely responsible for their actions? If their socialisation and life experiences have led them to believe that abusive behaviours are acceptable, can such a young person be expected to fully understand the impacts of their own abusive behaviours. These questions create difficulties in working with adolescent perpetrators of sibling incest. Young people have previously questioned this; eg "*My dad sexually abused me all my life and he hasn't had to do anything about that, yet I am the one who has to attend this program for what I did to my sister, which was mild compared to my sexual abuse*".

c) The link between prior victimisation and abusive behaviours is clear, although the vast majority of victims do not follow this path. It is important in dealing with a young person who has experienced sexual abuse as a child and has perpetrated abuse, not to minimise their offending behaviour or allow prior victimisation to be used as an excuse to justify their behaviour. Regardless of whether a young person has experienced abuse or not, they still make a choice to offend and must be held responsible for this.

Intervention Framework and the authors' recommendations

The authors' professional framework for working with families where sibling incest occurred is based on the following principles:

I. priority is for safety of the child who has been victimised,
II. interventions must aim for the prevention of further abuse,
III. interventions must be determined on a case by case basis,
IV. working effectively with the adolescent perpetrator can reduce their likelihood of reoffending,
V. the most effective intervention will involve all family members,
VI. an integrated and wholistic approach to intervention is essential. This should include appropriate prevention strategies, appropriate statutory responses, as well as therapeutic services.

- The victimised child's safety is of primary concern and this should be the priority of the family and the professionals involved. The child who has been victimised requires support, understanding and assistance to deal with the effects of the abuse. They also need information and help to understand the manipulation and tricks used in sexually abusive relationships. The child's feelings about the other sibling should be accepted (ie. whether they love or are angry at their sibling). However, their thoughts or beliefs about the sibling incest may need to be challenged (ie "It was all my fault because I wanted to hang out with him").
- Whether or not the offending child remains in the family home is dependent on the parents' ability to ensure the physical and emotional safety of the victimised child/children. This should be assessed on a case by case basis. In some circumstances where the parents are acting protectively, alternative care may not be necessary. However, the victimised child is the priority in the decision of whether the offending sibling remains at home.
- Adolescents who have sexually offended usually require extensive help to understand and cease their offending behaviours. An aim of intervention with such adolescents is to encourage acceptance of responsibility, enhance understanding of offending issues, development of victim empathy, and the development of relapse prevention strategies. Counsellors working with offenders require knowledge and experience in working with this specific client group. The legal system should be utilised to adequately respond to the young offender
- Parental involvement in counselling is encouraged. Family and individual counselling should be provided in whatever capacity the family can attend. Adolescent offenders should be made to attend counselling for as long as is required. The child who was victimised should be encouraged to attend counselling, but not forced to attend. Family sessions can be very effective, especially to discuss issues about safety. In some circumstances it may be appropriate for family sessions to be held with both the victimised child and perpetrator present. Where such sessions have been conducted previously by the authors, safety issues were discussed prior to the session and a support person (usually the individual counsellor) attended with the victim of abuse, to assist in the voicing of issues or concerns. Time out periods were also structured into these sessions to allow victims opportunity to raise any issues in a less threatening situation. These sessions were found to be very effective in empowering the victimised child to have a voice in the family, and in addressing 'real' issues within the family context.
- Prevention strategies are important. One such example includes the provision of protective behaviours training to children. This includes giving children the information and tools which may assist them in keeping themselves safe, and to know what they can do if they feel unsafe in a situation. A further example relates to the provision of age appropriate sex education to all children. Such education could teach children that it is normal to feel sexual, but not ok to take advantage of someone sexually. Many children believe schoolyard myths about sex, rather than being given appropriate and accurate sexuality information. A global teaching of sexuality and consent issues would mean that all children receive information which may influence positive decision making in the future.

Conclusion

It is hoped that this presentation will challenge the audience to think about their current and future interventions in this area of work. The authors' believe it is important that professionals continue to look for innovations in practice when working with families where sibling incest has occurred.

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