

Understanding and responding to Sibling Sexual Abuse

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Welcome!

- Introduction
- Learning objectives
- One-word check in: chat
- Take care of yourselves!

Statistics

- Children are more likely to be victimized by a sibling than adult family member (2.3% vs .12%)
- The average age of a juvenile sex offender is 15
- Most RSOs commit first offense prior to age 18
- 1 in 8 juvenile offenders are under age 12
- 7% of all juvenile sex offenses committed by females
- Perpetrators' early adolescence is peak time for offending against younger children
- AFAM tend to perpetrate when younger, whereas AMAB tend to perpetrate when older

Family characteristics

SA does not occur in isolation

- Families with sibling SA often have several areas of dysfunction:
 - DV or non-DV conflict
 - Lack of supervision
 - Sexualized environment
 - Child abuse/neglect
 - Substance use (parent or child)
 - Children typically 3-5 years apart, with average onset of 13 (perpetrator) and 7 (victim)

Situations that lead to sibling SA

- Supervision: Parents/adults don't provide appropriate supervision
- Access to porn: internet has increased access and acting out
- Older siblings left in charge/in caretaking role (AMAB)
- Sharing rooms
- Erroneous beliefs about sibling relationships
- Poor boundaries within family
- Ineffective discipline and communication from caregiver to child(ren)
- Sexualized home environment

How it happens

- Grooming is involved, similar to other types of child SA
 - Favors, coercion, threats, etc
- Younger siblings may not know this is not normal behavior
- Usually occurs with other forms of sibling abuse (emotional and physical)
- Disclosure is less frequent with this type of SA
- Sibling SA more frequent than in other forms
- Parents don't recognize signs of CSA in victim or abusive behavior in perpetrator

Parental reactions to sibling SA

- Guilt
- Denial
- Worry for both victim and perpetrator
- Disgust
- Anger
- Helplessness
- Blame on outside factors (stress, job loss, financial concerns, etc)

Increasing Safety

- Locks: bedrooms, bathroom
- Increase supervision
- Changes in bedrooms: where are children are sleeping?
- Maintain privacy rules: one person in bathroom at a time, etc.
- Door alarms
- Internet monitoring
- Giving victim agency to tell
 - Identifying safe adults
 - Using appropriate terminology

Increasing Safety

- Notifying/working with authorities (CPS, police)
- Increase attachment between parent and children
 - * Finding time to spend with victim and perpetrator individually, no focus on SA
 - * Giving parents skills to manage traumatic reactions
 - * Education

Emotion management

Fingerholds for anxiety

- Easy for child to learn
- Easy for child to use in any setting
- Easy for parent to model, direct, and observe

Let's practice!



Emotion management

Worry Box

- Decorate a box with the child, child led
- Explain that the box will hold worries the child doesn't want to focus on now
- Write worry down, put in box
- Helps child feel more in control of thoughts/anxiety



Emotion management

Breathing exercises

- Assists with nervous system regulation
- Use bubbles, balloons: practice regulating breath to blow biggest bubble, etc
- Good activity to do with parent & child together



Wrap-up

- Questions?
- Reactions?

Thank you for your work on behalf of child survivors!

