Understanding and responding to Sibling Sexual Abuse

Tiffany Drake, MS LMHC MHP CMHS

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!