

# Sibling Incest

---

Working with Parents



# Sibling Sexual Abuse: The Dilemma

---

1. Being a good parent to both children.....what does it mean??
  - a. What would it mean to be a good parent to the victim child?
  - b. What would it mean to be a good parent to the child with the sexual behavior problems??



## The Dilemma (continued)

---

2. Parental sense of responsibility for welfare and happiness of family: The “Happiness” Myth
  - a. In order for a family to be “happy”, everyone must be living together
  - b. Happiness and healthiness are one and the same



# Levels of Denial

---

- A. Denial of the abuse
- C. Denial of the seriousness of the abuse
- E. Denial of the impact of the abuse
  - 1. On victim
  - 2. On family



# Parental Denial

## .....breaking it down

---

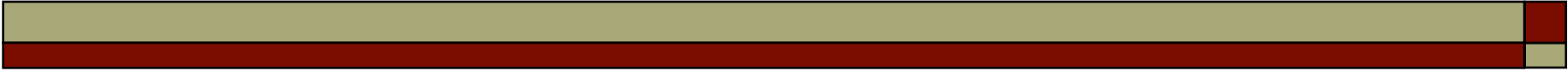
1. Educate parents about the dynamics of sexual abuse between siblings
2. Encourage discussion and reading
3. Reinforce the wish to be good parents, by teaching them what that would look like in this specific situation with each child



# Denial

---

- 4 - Encourage the parents to talk about their dilemma; their guilt; their shame; their confusion
- 5 – Help them sort out their guilt realistically
- 6 – Present didactic information related to sibling abuse and how parents can help each child



---

7 - Involve family in regular ‘staff meetings’ with all treatment providers; parental involvement facilitates their understanding of therapeutic ‘markers’ used to measure success

8 - Assure that therapeutic goals for each phase of treatment for each member of family are clear, and addressed



# Stages of Treatment for family – group or individual

---

## STAGE ONE – “The Shattered Myth”

1 - Disclosure Shock

2 - Reaction to the Loss of the Ideal



# Stages

---

## STAGE TWO – Keeping the Problem at “Bay”

- 1 - Externalizing; blaming the messenger
- 2 – Minimizing the impact
- 3 - Overt anger and resistance



# Stages

---

## STAGE THREE – Limited Acceptance

- A. Parental ambivalence; often marked by superficial compliance with treatment
1. Characterized by ‘allowing’ child with SBP to attend treatment
  2. Sporadic or limited treatment for victim (i.e. ‘group’ but not ‘individual, etc.)
  3. Minimal to no engagement of parent in treatment



# STAGES

---

## STAGE FOUR – Active Involvement

- 1 – Parents begin to understand the components of the abuse cycle
- 2 – Understanding the effect on the victim
- 3 – Beginning to see the effect on the family and receive validation and support



# STAGES

---

## STAGE FIVE –Therapy Works

- 1 – Parents begin to witness small but noticeable changes stemming from therapy
- 2 – Parents begin to more realistically assess responsibility and deal with shame and guilt
- 3 – Parents develop clarity related to their roles and functions



# Therapeutic Goals - Parents

---

- 1 – Improved parental attunement to each child's individual needs
- 2 – Parental expectations realistically revised
- 3 – Parental capacity to intervene; to 'hear'; to 'see' improved
- 4 – Parent allows for individuation of child and encourages autonomy as appropriate



# Therapeutic Goals - Victim

---

- 1 – Develop capacity and ability to communicate levels of comfort/distress
- 2 – Develop ability to identify and articulate feelings
- 3 – Identify and seek the assistance of an adult when necessary



# Therapeutic Goals - YSBP

---

- 1 – Identify and take responsibility for abusive behavior
- 2 – Understand the pre-disposing and precipitating factors that contributed to the abuse
- 3 – Understand the ‘triggers’ immediately leading up to the abuse, and the reinforcing factors following the incidents



# Therapeutic Goals - YSBP

---

- 4 – Demonstrate motivation to manage and change abusive behavior
- 5 – Demonstrate an ability to identify feelings and communicate verbally rather than acting them out



# Family Work

---

- 1 – YSBP meets with parent(s) and share details related to the abusive incidents
- 2 – Family hears more about the youth's abuse cycle and understands what some of the contributing factors were
- 3 – Family works together to create a safer environment with clear expectations and boundaries pertaining to interactions while creating opportunities for active communication



# Family Work

---

- 4 – As family sees the possibility of family reunification their motivation to continue building on change increases
- 5 – Family able to take on active role in assuring compliance with established rules for children
- 6 – Family more aware of protective roles
- 7 – Family more identified with maintaining change and importance of it