

Responses to sexual assault including sibling sexual assault



Health

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KTS enhancements

- New Street Clinical Advisor position
- New Street Sydney staffing enhancement
- Rural New Street HNELHD Service enhancement (Newcastle site)
- Rural New Street Western LHD Service (Dubbo site)
- Sparks (children under ten) program staffing enhancement (Kaleidoscope)
- Policy officer (children under ten)

Some comments from adult survivors

- Not as serious
 - "Hey, it's only your brother"
 - "Get over it"
- A "Family Matter"
 - Can't be abuse because its your brother
 - Family disloyalty to speak up
 - Taboo subject (unspeakable)
- Romance
 - "He must really have loved you"
- Family Dysfunction
 - "Your parents fault" (a message alienating child from parents)

South Australian Health Report 2005
"Responses to SSA: As harmful as the abuse itself"

When it first started, I was so unaware that it was wrong. I just remember that it pleased him so much, and I ... looked up to my brother. And since what was going on was pleasing him, I thought ... "Oh, this is good."

Phyllis, age sixteen

Caffaro & Conn-Caffaro 1998

Prevalence

- Sibling Sexual Abuse previously referred to as 'Sibling Incest'
- Approximately ½ of adolescents who perpetrated sexual offences involve sibling victim

Latzman, Viljoen, Scalora & Ullman 2011

Compared with Father/Step-father incest SSA found to be:

- 3 – 5 times more prevalent

Caffaro & Conn-Caffaro 2005

- 5 times more prevalent

Carlson, Maciol & Schneider 2006

Smith & Israel 1987

Recognition and beliefs

- How SSA is responded to is critical to outcomes for children
- Disclosure process itself can be negative for a victim

McVeigh 2003

- Unless well managed disclosure can result in a victim being blamed and otherwise abused

Tsun 1999

Sibling sexual abuse an indicator of other trauma

- High rates of past trauma by both siblings
- Many the subject of past child protection reports
- SSA itself is a form of bullying
- The context of the children's lives is likely to be, or have been unsafe, with exposure to violence at home and direct experiences of child abuse common
- Family 'dysfunction' likely and the more severe and presence of SSA may in itself be an indicator of maltreatment in childhood for the young person who has sexually abused their sibling

Tidefors, Arvidsson, Ingevalden & Larson 2010

- Effects as significant or worse than other sexual abuse

Laviola 1992; Wiehe 1990; Brennan 2006;

Daie, Witztum & Eleff 1989; Canavan 1992;

McVeigh 2003, Robinson 2000; Worling 1995; Caffaro & Conn-Caffaro

2005

New Streets practice re SSA

- Child Protection framework with inter-agency base team approach
- Ensure victim is always visible
- Family/ contextual approach essential
- Focus on inequity, most often based on gender and age within families
- Liaison sexual assault service, New Street/Rural New Street, FaCS as minimum at commencement
- Focus on the meaning and experience of SSA for each individual
- Anticipate disclosure is a process (as for all child sexual assault) and that more detail is likely to be identified in therapeutic process
- Recognise sibling relationships are enduring relationships. For biological siblings their relationships will be the longest of any relationships they will experience

Responding to children under ten who display problematic or harmful sexual behaviour

The NSW Government supported the Wood inquiry's finding that an effective therapeutic intervention is needed for this target group which is not fully recognised by the current system.

Literature review

There are no conclusive characteristics of the target group. Each child needs to be assessed relevant to their developmental age and the context of behaviour.

However, in summary, the strongest correlates of problematic or harmful sexual behaviour in children have been found to be;

- (i) other child psychopathology symptoms (i.e. depression, anxiety);
- (ii) familial adversities (i.e. life stress, income);
- (iii) childhood adversities (i.e., sexual victimisation, exposure to violence).

More recent research suggests a link between exposure to violence and living in a chaotic family environment. This is often at odds with the public and agency perception that all children displaying this behaviour have a history of sexual abuse.

Treatment recommendations

- An ecological or systemic approach to intervention (i.e. involving the wider community, schools, family). Children should not be treated in isolation.
- An understanding of child development, attachment, family and trauma based therapies.
- Access to a multidisciplinary team. A wide range of services can be indicated due to the varying and often complex presenting factors.
- That children are not identified or treated as sex offenders.

Proposed direction

- (i) A NSW Health Policy Directive on responding to children under 10 who display problematic or sexually harmful behaviour is currently in development.
- (ii) An evidence based Service Delivery Model to assist Local Health Districts and Health workers meet the needs of this target group has been completed and is currently in the consultation process.

The principle behind the proposed policy and service delivery model is one of early intervention. This includes seeking to prevent escalation of behaviour that may put children at later risk of entering the criminal justice or mental health systems.

Challenges

- Equity of access to services as recognition translates to referrals
- Ensuring access for Aboriginal children and families
- Staffing
- Training and support for staff
- Ongoing evaluation and review
- Service model
- Multi-agency cooperation
- Stability of funding