SIBLING SEXUAL ABUSE: UNDERSTANDING ALL FAMILY MEMBERS’ EXPERIENCES IN THE AFTERMATH OF DISCLOSURE

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I have worked for nearly 30 years at The Bouverie Centre, Victoria’s Family Institute. This is a centre that values excellence and promotes research although most of its activity is centred on provision of family therapy, postgraduate training and community consultation. In order for me to do this research, I needed the support of my colleagues from Bouverie and this was generously offered. I took five years off working as a lecturer and clinician at this centre, leaving a burden of extra work for many of my colleagues. I thank our past Director, Dr Colin Reiss for his total support in this endeavour and now our new Director, Jeff Young. I particularly want to thank my immediate supervisor, Robyn Elliott, as the last two years in particular have been difficult as this study has been completed within a busy schedule of providing lectures to our many postgraduate students. Robyn’s generosity has enabled me the degree of flexibility to juggle all activities.

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ABSTRACT

This study explores the experiences of all family members following a disclosure of brother-to-sister Sibling Sexual Abuse (SSA) with a focus upon recovery pathways. Using a constructivist grounded theory approach, 40 participants from 22 families recruited from therapeutic settings were interviewed. The abuse situations were serious (80% involved penetration) and only 17% were disclosed at the time of occurrence. Systemic, trauma, feminist, attachment, grief, and justice theories helped shaped the analysis.

Dissynchrony of recovery needs for different family members was common. Many abused sisters suffered severe and long-term symptoms that were often related to the responses of their families following disclosure. If sisters had a secure and connected relationship with their parent, they were less likely to disclose to them or minimised the severity of the abuse to emotionally protect their parent/s. As a consequence, parents often did not "get it" when a disclosure occurred, and the parent-daughter relationship deteriorated as a result. Yet, to enhance recovery, sisters needed strong validation of their trauma from their parents. Parents were also sometimes unable to offer this acknowledgement to their daughters due to their own trauma and shock and their preoccupation with their sons' situation.

The recovery of brothers who had abused was best achieved with firm parental support, confrontation and assistance to accept accountability for the abuse (regardless of their age). The daughters of parents who took a firm position with their brother also recovered better. Many parents experienced grief and felt a loss of family integrity. They also struggled with the difficult task of managing and supporting both children. Other siblings, who were not involved in the abuse, were the most silent and withdrawn of all family members and suffer from the loss of family.

This study strongly suggests the need for an integrative, family systems approach in the treatment of all family members affected by SSA.
STATEMENT OF AUTHORSHIP

“Except where reference is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis submitted for the award of any other degree or diploma. No other person’s work has been used without due acknowledgement in the main text of the thesis. This thesis has not been submitted for the award of any degree or diploma in any other tertiary institution.”

SIGNED:

DATED:
Chapter One: Context and Preamble

This inquiry is seeking new understandings of the experience of sibling sexual abuse (SSA) for the victim, the offender, the parents and the other siblings in the family. What is the impact on each of these family members when the abuse is disclosed? What is each of their recovery needs? And how do their impact and recovery needs interact and conflict with the recovery processes of other family members? Research to date focuses either upon victim experiences alone or upon offender experiences alone. This study seeks a more contextual, holistic and systemic understanding, inclusive of parents and other family members.

I have selected this research topic due to my enduring empathy for, and connection to survivors and families who have journeyed through the difficult times following disclosure of SSA. I am not a victim/survivor of sexual abuse and I come from a family free of an abuse history. However, I am a psychologist and family therapist who has had the privileged position of assisting many families struggling to recover, refocus and reintegrate following SSA. I have chosen to study SSA rather than intergenerational sexual abuse (IGSA). This is because SSA has been neglected in the literature in comparison to IGSA. While there are commonalities of experience between SSA and IGSA, I believe there are also unique aspects of SSA that impact upon the responses of families to the disclosure and the options that families believe they have available to them.

When I commenced my career as a psychologist 30 years ago in the large psychiatric institutions of the time, I was astounded by the numbers of patients who had been sexually assaulted as children: then, as now, most studies estimate that fifty per cent of psychiatric patients have been sexually abused when they were children (Read, McGregor, Coggan, & Thomas, 2006). However, Freudian psychotherapy was a dominant paradigm at that time and many of these patients were not believed and viewed as suffering oedipal complexes, delusions and/or psychoses by their treating doctors. Fortunately with the new applications of trauma theory, many survivors of IGA are now

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1 I shall use this term throughout this dissertation and it always refers to intrafamilial intergenerational sexual abuse. That is abuse from a family member rather than abuse from a person outside the family.
less likely to experience treatment such as this. However, many survivors of SSA still suffer this subjugation of their experiences from family, helping professionals and friends (Rowntree, 2007).

I left the large institutions and joined The Bouverie Family Therapy Clinic in 1983. This Clinic was still part of Mental Health in Victoria, Australia but was a maverick institution seeking to provide contextualised, systemic treatment involving the families of the symptomatic person. I maintained my interest in intrafamilial sexual abuse in this setting and commenced working with families where a major care-provider had sexually assaulted a child.

I was initially joined in this work by Barbara Wood, another psychologist and family therapist. Together, in the 1980’s, we sought to find ways to integrate the ideas of systems theory, feminism and the embryonic models of trauma theory into our work with these families. There were essential contradictions at this time in our models of family therapy that attributed symptoms to the entrenched family patterns and therefore did not provide a (feminist) lens of responsibility and power imbalances in the family. Incest was seen at this time as essentially different to pedophilia. Barbara Wood and I thus applied these concepts from feminism to our family therapy base to find ways of working effectively with these families. That is, we held abusing fathers as responsible for the sexually assaults rather than the family system or patterns but we also utilised the family system in recovery. We presented these early ideas to various conferences and I produced an article in the VAFT News in 1990 (Welfare, 1990, see Appendix E). A seminal article by Laurie MacKinnon and Kerrie James encapsulated these dilemmas at the time. They highlighted the failure of family therapy to consider patriarchy and power and in their analysis of “incest families” but also the failure of feminism to provide an interactional view of power (James & MacKinnon, 1990). Marcia Sheinberg, in the US, also wrote at this time of the importance of utilising both feminism and social constructivism from family therapy in the treatment of incest (Sheinberg, 1992).

Barbara Wood moved interstate and I joined with Jenny Dwyer, Pam Rycroft, Eleanor McDonald and Sandra Griffin to form a specialist “Sexual Abuse Team” at the Bouverie Centre in 1990. The energy and enthusiasm of this group propelled innovative and effective ways of working with these families. Sandra and Eleanor left but we were
joined by Robyn Miller, Simon Bridge, Karen Sutherland and Robyn Elliott as the team continued for the next decade. We presented our work widely at conferences throughout Australia, researched various aspects of the work and continued to provide a quality clinical service to families. Our work was initially ambivalently received by other agencies that were working from a feminist frame (such as many of the specialist sexual assault centres) as we advocated the strategic advantages of including the offender in the treatment equation. We also believed that recovery for the victim was enhanced with the support of the non-abusive parent which often required a repairing of their relationship damaged by the occurrence of the sexual abuse. Robyn and Jenny wrote a paper highlighting this aspect of our work (Miller & Dwyer, 1997). Jenny developed this further in her doctoral research looking at the experience of mothers whose partner has sexually abused their child (Dwyer, 1999)

The lenses of systems and feminism in this intrafamilial work had truly widened into other fields as the work developed. We embraced the trauma model and the concept of complex traumatisation as developed by Herman and van der Kolk (Herman & van der Kolk, 1987; van der Kolk, McFarlane, & Weisaeth, 1996). We developed specialised individual skills in recovery from trauma such as the use of Eye Movement Desensitisation and Reprocessing (EMDR: Shapiro, 1995). We learnt the models of offender treatment and understanding. We developed our own methods of offender work that used the Cognitive Behavioural Therapy (CBT) methods of that time but added a relational aspect to the work that was unique. For instance, Robyn Miller and I researched the benefits of a “confrontative interview” for father/stepfather offenders with their victims in 1996 (Miller, 1996; Welfare, 1996, 1998a; Welfare & Miller, 1999, in Appendix E). A confrontative interview involved an abused daughter verbally confronting their father or stepfather for the assaults and the emotional harm done to them. The daughter usually prepared an impact statement that they read out to their abuser in the context of a safe therapeutic environment. We developed these interviews as an alternative to an apology session from a father to his abused child. Apology sessions were common at this time in CBT offender work. They concerned us as few fathers had the insight to truly understand the impact of their abusive actions on their child and abused daughters were forced to listen to their father’s construction of events and even be expected to forgive him. Confrontative interviews enabled abused daughters to have a voice and reverse the power differential that an apology session was
perpetuating. They were also helpful in assisting the accountability of fathers as they gained a deeper understanding of their actions.

The overall approach that we developed for working with intrafamilial sexual abuse was probably most similar to the work of Sheinberg and Fraenkel at the Ackerman Institute (Sheinberg, 1992; Sheinberg & Fraenkel, 2001) in that it incorporated systems theory and feminism into the models of “relational” trauma recovery. However, we possibly had a greater emphasis on the trauma models being developed from the Boston group (Herman, 1992; van der Kolk & Fisler, 1995; van der Kolk et al., 1996; van der Kolk, Perry, & Herman, 1991) in the treatment of the abused children and adults. We also possibly had a greater focus on the individual treatment of the fathers with the use of cognitive behavioural therapy (CBT) as well as narrative and relational recovery methods (Jenkins, 1990; Miller, 1996; Welfare, 1996, 1998a, Welfare & Miller, 1999).

During this time in 1990s, I also began to work in the muddier area of SSA. The wave of insight and new knowledge across the helping professions that had occurred for childhood sexual assault from a major care giver had not carried over into the area of SSA. There were still no “road maps” for the families and workers struggling in this area. I established a group for parents who were managing a recent disclosure of SSA in their family. While I ran this group for the parents, Robyn Miller ran a group for their abused daughters. I attribute my enduring passion and commitment to working in the sibling sexual abuse area to these inspiring parents. I sat with them for nearly five years while they integrated and struggled with the issues of the sexual assaults for their family and their family members.

From these parents, I learnt about the profound grief they were experiencing around the dissolution of their family. I understood their difficulties in juggling the needs of both their affected children: their offender child and their victim child. I also recognised that the struggle they were enduring was different to those suffering IGSA. Unlike a non-offending mother whose partner has sexually abused, they could not divorce nor leave the offender. Their bonds to both children were strong but in order to

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2 While many brothers are also abused, these two groups only had parents and daughter victims. This was not intentional but was based upon the families that we had referred to our centre at that time. The children that had abused were also only older sons (not daughters) in this group.
support both children, they had to make choices that were impossible. At the time that I was working with these parents, my own three children were young and I was acutely aware of the strength and protectiveness of the parent-child bond for all my children. If I put myself in the shoes of these parents, I would just not have known how to act in such a situation. My loyalty to all my children would have been conflicted. My engagement with the problem of SSA really developed at this time due to my own passionate valuing of my family of creation and my connecting to the devastation of the loss of the family integrity that occurred for these parents.

The interactional nature of the struggles between parents and daughters became very apparent as we connected up the themes of the ‘parents’ and ‘daughters’ groups. Their daughters were very cognisant of the grief and traumatisation of their parents as a consequence of their disclosure. All their daughters in Robyn Miller’s group minimised the impact of the abuse to their parents in order to protect their parents from further hurt. This freed the parents to focus upon the recovery of their sons which, in turn, was distressing to their daughters. The work of the parents’ group consequently focused upon rebalancing this attention and helping the parents to challenge the minimisation of harm to their daughter.

I presented a small qualitative research study conducted with these parents: *Systemic Group Work in the Sibling Sexual Abuse* at the Annual Australian and New Zealand Family Therapy Conference in Brisbane in 1998 (Welfare, 1998b, see Appendix E for conference proceedings). In this study, I identified the grief and loss of parents; their distress and self blame for the abuse; parents’ initial focus upon the “fixing” of their son in order to stop him continuing his sexually abusive behaviour; and the dynamic of the abused daughters protecting their parents from the extent of their trauma symptoms. I argued the need for the group work to be systemically linked (with information passing between the group of parents and the group of daughters) in order to constructively assist the recovery of the daughters and their parents.

The group work with these parents and the small research study had seeded my curiosity and desire to learn more in the area of SSA: I wanted to understand the different positions of all family members following disclosure and, in addition to the individual work that needed to be provided for each of them, I wanted to understand how
the families interacted during this crisis and either productively facilitated a different level of healing and recovery for their victims and offenders or exacerbated the problems. My group work had seen the interactions between the victims and their parents. I wanted to also include the interactions of the brothers who had abused and the other siblings.

My goal for this research has thus been to understand the impact, experiences and recovery needs of all family members when there has been a disclosure of sibling sexual abuse. I have wanted to understand the multiple perspectives that exist in families rather than approach from the angle of one person only. I have attempted to apply a framework of understanding using family/system theory, neurobiology, trauma, attachment theory and feminism to these perspectives to develop some guidelines to inform therapeutic intervention.

The rest of the chapters will take the reader through the journey of this endeavour. Chapter Two overviews the literature in the field. The literature and research specific to SSA is small and has been presented in this chapter highlighting some of the dominant and limited discourses in the field. In addition, I have mined the literature in the area of trauma and childhood sexual abuse in general (focusing upon recovery needs) as there is much in this body of research that is relevant for survivors of SSA. I have also looked at the literature in the field of adolescents who sexually abuse. This area covers adolescents who abuse outside the family as well as within the family but, as is emerging, the difference is possibly only their ease of access to a younger child. This research, in effect, required understanding of three major fields of knowledge in order to adequately cover the area: the childhood sexual abuse trauma field; adolescents with sexually abusive behaviours; and the family/systemic domain. These main bodies of knowledge have been very separate and not connected. Yet when they were put together, the importance of recovery for both abused sisters and brothers who had abused was similar and recovery for both was enhanced with degree of connectedness to a parent. The size of the literature review has been reduced for the requirements of this dissertation but a full version is published by CASA Forum as the first of three volumes (Welfare, in press).
Chapter One

The process of conducting the research proved extraordinarily complicated and took many years due to difficulties with passing through ethics committees and recruiting participants. These difficulties are outlined in the methodology (Chapter Three). A constructivist grounded theory method (Charmaz, 2006) was utilised and proved more than adequate to managing the complexity of the task.

In this research, all sexually abused siblings were female and all siblings who sexually abused were male. Thus, for ease of description in this study, I have labelled the siblings who have been sexually abused as “sisters” or “sexually abused sisters” and the siblings who had offended as “brothers” or “brothers who have sexually abused.” The siblings who had not been sexually abused and had not abused, I have labelled “other siblings” throughout this work. The gendered nature of the sexually offending behaviour is important and will be reflected upon throughout this study.

The findings have been organised around each family member type: Chapter Four covers the stories and experiences of abused sisters; Chapter Five covers the experiences of brothers; Chapter Six looks at the experiences of the parents; and Chapter Seven looks at the experiences of other siblings. I initially organised and wrote the findings in terms of the emerging themes, and integrated the experiences of each family member type within these categories. However, this did not allow the unfolding of the story for the whole family. Instead, writing the findings from the perspective of each family member type parallels the discovery journey of a therapist embarking upon work with a family.

The final chapter, Chapter Eight, integrates the findings and themes within a systemic analysis. The experiences and recovery needs of family members are considered holistically using trauma, feminist, grief, attachment and justice lenses.

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3 It is my opinion that the result of this research - only obtaining families in recruitment with female survivors of SSA and brothers who have offended - reflects the difficulties of accessing male survivors rather than their scarcity. Female offenders appear to be less frequent but may also be less recognised and more likely to be perceived as showing sexualised behaviour as a result of prior victimisation rather than offending behaviour. As will be outlined in the literature review, males who sexually abuse male siblings belong in one particular category of offending type and represent a more entrenched offending pattern that may continue into adulthood.
often conflicting recovery needs of family members are considered and guidelines for therapy are offered in this concluding chapter.
Chapter Two: Overview of the Literature in Sibling Sexual Abuse

“Much of the meaning of what we have done and suffered in the past is a hostage to how we live in the present. The facts of the past are unchangeable, but meaning is seldom fixed.” (Raimond Gaita, 2002, p.97)

What Is Sibling Sexual Abuse?

Many of us struggle to understand what is meant by sibling sexual abuse (SSA). Even as I write this in 2010, there is still limited social and cultural discourse for SSA despite the fact that many epidemiological studies indicate SSA is the most common type of childhood sexual abuse (Caffaro & Conn-Caffaro, 2005). It is estimated by many researchers that SSA occurs three to five times more frequently than father-daughter incest (Cole, 1982; Finkelhor & Hotaling, 1984; Smith & Israel, 1987). Many parents faced with SSA initially believe they are dealing with the simple issue of childhood sexual curiosity. Even many therapists do not understand the seriousness of the assaults and their impact, and SSA is often dismissed as harmless childish play (Crowder, 2002; Owen, 1998; Peterson, 1992; Rowntree, 2007).

The following sections will consider the history of understanding the phenomena, the limited statistics for prevalence of SSA and the confusion of definition that is embedded in a struggle to differentiate SSA from benign and normal childhood sexual exploration.

The confusion of definition.

It is not surprising that parents and victims alike can struggle with the concept of SSA as the field has similarly struggled with definition and issues around mutuality. Haskins’ (2003) definition of SSA is: “sexual contact between a sibling dyad that is experienced by the survivor as traumatic” (Haskins, 2003, p. 338). However, even using this simple definition for SSA is problematic. Seventeen years previously, Russell
pointed out that due to grooming\textsuperscript{4} and feelings of complicity, a survivor may not experience SSA as abusive:

\begin{quote}
“so strong is the myth of mutuality that many survivors themselves internalize the discounting of their experiences ... sisters are even more likely than daughters to be seen as responsible for their own abuse.” (Russell, 1986, p. 292).
\end{quote}

Sisters may later construct the situation as abusive when they are adults and exposed to new discourses or they may continue to view the situation as their fault (Hardy, 2001).

Similarly, Dwyer (1999) argued that abuse is traumatic even when the victim does not recognise it as being the case and impacts upon the victim in negative ways. She coined the term \textit{ambiguous trauma} to explain the experiences of the women in her study, violently abused by siblings, who maintained it was harmless despite evidence to the contrary (Dwyer, 1999).

Defining some sexual activity amongst siblings as abuse has thus been a struggle for the field and reflects the confusion in cultural discourses around SSA. Sexual play is understood developmentally as normal for children (Friedrich, Fisher, Broughton, Houston, & Shafran, 1998; Friedrich, Grambsch, Broughton, Kuiper, & Beilke, 1991; Lamb & Coakley, 1993). But when does this cross the line into abusive activity?

Attempts to define SSA have taken into account age differences (Finkelhor, 1979; Ryan, 1991, 1999a; Ryan & Lane, 1997), developmental stages of the children/adolescents (Finkelhor, 1979; Ryan, 1991, 1999a; Ryan & Lane, 1997), the presence or otherwise of coercion and force (Bank & Kahn, 1982; Finkelhor, 1979; Laviola, 1989; O'Brien, 1989), the experience of trauma in the abused sibling (Haskins, 2003) and the question of consent (Ryan, 1991, 1999a; Ryan & Lane, 1997).

However none of these factors stand alone in defining SSA. While age differences are usually substantial between the siblings (Russell, 1986), and the survivor and offender are often in different developmental stages (Finkelhor, 1980; Russell, 1986), this is not always the case. Sometimes the aggressor is a younger child who has more power within a family system (Hardy, 2001; Pierce & Pierce, 1990). The use of coercion and force clearly indicates that the behaviour is abusive (Laviola, 1992). Yet, like adult offending, SSA can alternatively involve “grooming” of the survivor by the

\textsuperscript{4} Grooming is the gentle and gradual manipulation of the child into accepting the sexual behaviour (J. R. Christiansen & Blake, 1990).
abuser (Conte, 1990). A child may be lured into the activity by thinking it is a game or fun activity (Shaw, 2000).

In the early 1980s, Bank and Kahn (1982) were seminal writers in recognising these differences in the dynamic in SSA. They categorised SSA into “nurture-oriented” or “power-oriented incest.” Power-oriented incest involved force and aggression. Nurture-oriented incest suggested mutuality and was premised on the notion of two innocent children turning to each other for emotional warmth in the context of neglect. Other authors at this time also perceived SSA in this light (Loredo, 1982; Renvoize, 1982). That is, the abuse was perceived as mutual if it did not involve force or coercion, and the concept of grooming that had entered the understanding in the field for IGSA, was not applied to SSA. This concept of mutuality continued to permeate much of the literature over the next 30 years.

Differentiating normal childhood sexual exploration from sibling sexual abuse.


The Kinsey reports indicate that 57% of men and 48% women reported sexual play with siblings or other children before adolescence and this play most commonly involved showing each other body parts: bottoms and genitalia. Curiosity rather than sexual feelings motivate the activity (Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953). More recently, three normal developmental stages of sexual interest in children have been identified by a group of researchers and practitioners (Friedrich, et al., 1998; Pithers, Gray, Busconi, & Houchens, 1998). These researchers proposed that: from ages 0 to 5 years children engage in exploratory touch
and looking at themselves and others; from 6 to 10 years, children begin to play games to explore sexuality such as “doctors and nurses”; at age 11 or 12, peer relationships become important and there is often sexualised exploration with same sex friends.

Friedrich and his colleagues (1998) categorised the range of sexual behaviours in children into adherence to personal boundaries, exhibitionism, gender role behaviour, self-stimulation, sexual anxiety, sexual interest, sexual intrusiveness, sexual knowledge, and voyeuristic behaviour. The most common sexual behaviours for children were standing too close to people (age 2 to 5 years), touching their own private parts in public (aged 2 to 5 years) and privately (aged 2 to 9 years), trying to touch their mother’s or another woman’s breasts (aged 2 to 5 years) and trying to look at others when they are nude or undressing (aged 2 to 9 years). There were no gender differences in this behaviour. French kissing (2.5%) and touching other’s sexual areas (6-10%) were relatively low compared to the most common activities. Other sexual behaviours such as oral/genital contact, penetrative acts and coercion were negligible in these studies (Friedrich, et al., 1998; Friedrich, et al., 1991)

Focusing more on the 6 to 10 year old group (the age group particularly vulnerable to being abused by a sibling), Lamb and Coakley (1993) found six types of “normal” sexual behaviour: 1) playing “doctor” which functioned to provide a framework for the removal of clothing and examination of each other’s bodies, motivated by curiosity rather than sexually motivated; 2) Exposure of bodies but without a game (as in “playing doctor”) attached to it; 3) Experiments in stimulation of each other’s body and genitalia; 4) Kissing games; 5) Fantasy sexual play where children would rehearse various adult roles; and 6) Games such as sex between dolls or singing dirty songs (that is, it did not involve the children directly). Lamb and Coakley’s (1993) study focused upon the perception of coercion, persuasion or force with the children being involved in these games. Mostly the games were played with friends (76%) and only 9% talked about the games involving siblings. Most of the respondents rated the games as normal and not abusive. If the games were between girls, they were less likely to be rated as abusive than if the games were between a girl and a boy.

In summary, in differentiating between normal play and sexually abusive behaviours, the level of coerciveness in the play, the motivation (curiosity versus
sexually driven) and the nature of the sexual acts helped establish this (Friedrich, et al., 1998; Friedrich, et al., 1991; Lamb & Coakley, 1993). In addition, Pithers et al (1993) has offered some important additional factors indicating abusive behaviours including compulsiveness of the behaviour; age or size difference of the children; and the use of secrecy.

What is known about SSA

Prevalence.

Given the confusion about what constitutes SSA, it is not surprising that the statistics on its prevalence are conflicting. Survivors, families and the community cannot agree as to what constitutes SSA so epidemiological studies establishing the degree of incidence in the community will not be accurate. Most of the studies were undertaken in the USA in the 1970s or 1980s, when disclosure of SSA was arguably much more difficult than in the present time. Despite these problems, many studies during this period claimed that SSA is the most common type of intrafamilial sexual assault, although father-daughter incest is the most reported (Cole, 1982; Finkelhor, 1979, 1980; Justice & Justice, 1979; Meiselman, 1978) and this has been affirmed in more recent research (Alpert, 1997; Caffaro & Conn-Caffaro, 2005; Rudd & Herzberger, 1999)

Finkelhor (1979) found that 15% of American college students he surveyed reported “sibling incest” compared to 4% reporting father-daughter incest and that sibling incest represented 94% of all types of family incest. However, this research has been criticised because his definition of SSA was more inclusive than other researchers and possibly also included what some researchers would consider normal childhood sexual play. An early Australian study in Victoria, replicating Finkelhor’s survey method with university students, found that 57% of intrafamilial sexual abuse was sibling (Goldman & Goldman, 1988). In the USA, a study of psychiatric inpatients found 60% of those patients reporting childhood sexual abuse identified the abuse as sibling perpetrated compared to 20% reporting father perpetrated sexual abuse (Bess & Janssen, 1982). This last statistic perhaps also reveals the seriousness of SSA’s impact, as well as its high frequency as it has been consistently found that 50% of female
psychiatric patients and 25% of male psychiatric patients have a childhood sexual abuse history (Read, Mosher, & Bentall, 2004).

Other early researchers, however, found higher rates of abuse from fathers rather than brothers. Russell (1983) found that 15% of her total population of family incest survivors involved sibling abuse compared to 23% for father-daughters. Wyatt (1985) and De Jong (1989) found that SSA represented 12% and 11% respectively of all incest survivors compared to 24% for father-daughter (De Jong, 1989; Wyatt, 1985). Probably these different figures were due to the struggle with definition of SSA at that time: survivors of even violent SSA often did not even consider that they had been abused as the discourses around SSA have been so limited (Dwyer, 1999).

A more recent small American college epidemiological study found that 7.4% of students (n=15) disclosed sexual activity with their sibling when they were younger (Hardy, 2001). However 80% of them considered the activity to have been consensual. The age of study participants when the sexual activity had occurred ranged from seven years younger than their sibling to four years older, suggesting that many of the participants may have been the abusers rather than the abused. This could possible explain the participants’ constructions around mutuality.

**Age Differences.**

Most studies show a substantial age difference between the abusive adolescent and the victimised child. For instance, Russell’s (1986) early survey found that the average age of a brother who was sexually abusing his sister was 17.9 years while the average age of the sisters was 10.7 years. This age difference is noted by Russell (1986) as representing “a very considerable power difference in childhood and adolescence.” (p. 276). More recent studies have also been consistent in finding a considerable age difference between the abusing sibling and the abused sibling with the average age difference lying between 4.5 and 7 years (Carlson, Maciol, & Schneider, 2006; Cyr, Wright, McDuff, & Perron, 2002; Wiehe & Herring, 1991). When the age difference was only one year (for two of the sisters in Russell’s sample), the abuse occurred only once as the sisters were able to find a method for stopping it (Russell, 1986).
The above researchers also found that the average age for the abused sibling when the abuse commenced was between five and seven years old (Carlson et al., 2006; Cyr et al., 2002; Wiehe & Herring, 1991). O’Brien’s (1991) classic study found that the average age of their boys who offended against a sibling was fifteen years while three quarters of their sisters were under nine years (O’Brien, 1991). Adler and Schutz (1995) found that the average age of offending brothers was twelve and their sisters’ average age was seven. Clearly the discourses around SSA representing normal childhood play are not borne out by the research showing an incongruence of age and developmental stage between the involved siblings.

The only exception to the studies finding large average age differences was Laviola (1992); a high proportion of survivors in her small qualitative study (n=17) reported small age differences but her sample was perhaps different in that many of her families studied had additional sexual abuse from adult caregivers which would have changed the family sexual culture, and her study was substantially smaller than the other research.

**Pattern of the Offending Behaviour.**

Community based, epidemiological studies and studies with clinical populations consistently show that SSA involves more coercion, more force and is more likely to involve penetration compared to sexual abuse from a father or stepfather (Carlson et al., 2006; Cyr et al., 2002; Gioro, 1991; Laviola, 1992; Rudd & Herzberger, 1999; Russell, 1986). However this possibly could be a tautology: the presence of force and coercion may make it more likely that these particular incidents will be defined as SSA while less violent or forceful incidents will not be considered SSA.

The available research has also shown that the severity of the sexual acts is much greater for brother-sister abuse and more likely to involve penetration than sexual assaults from a father or step father (Carlson et al., 2006; Cyr et al., 2002; Gioro, 1991; Russell, 1986). For instance, a recent study by Cyr, Write, McDuff and Perron (2002)
compared the sexual abuse experiences of girls abused by either a brother, a father or a step father (n=72) in child protection cases. Penetration was much more frequent for SSA (70.8%) compared to penetration for father sexual abuse (34.8%) and penetration for stepfather sexual abuse (27.7%).

Considering the nature of the SSA from the perspective of the adolescents who have abused, a study of 170 sexually abusive adolescents by O’Brien (1991) obtained similar findings to the above studies. He noted the increased use of force for sexually abusive siblings. He speculated that this was due to the sexually abusive sibling having less power and authority over their survivor compared to an adult and therefore needing to employ force to ensure compliance. O’Brien (1991) also found that sibling incest perpetrators were more likely to penetrate their victims (46%) than were extra familial adolescent sexual perpetrators (28%) and adolescents who had sexually assaulted peers or adults (13%). O’Brien believed that this higher penetration rate was because sexual offending by a sibling was more prolonged than the other offending categories due to the easy availability of victims. The prolonged offending allowed the development of the abuse into serious penetrative abuse.

Disclosure of Sibling Sexual Abuse.

Studies have suggested that disclosure of SSA is less likely to occur in childhood compared to IGSA (Carlson, et al., 2006; Lamb & Newberger, 1989; O’Brien, 1991). For instance, Carlson, Maciol and Schneider (2006) studied the experiences of 41 adult survivors of SSA in a community sample. Most of their participants reported serious penetrative sexual assault from their sibling, most did not disclose at the time of occurrence, and many still had not disclosed as adults. Lamb and Newberger\(^5\) (1989, as cited in Lamb and Coakley, 1993), found that if a child had been abused by another child or adolescent, they were significantly less likely to disclose to an adult than if they had been abused by an adult. In their study, only 14% of children abused by a

\(^5\) This is unpublished research. However I corresponded with one of the authors, Sharon Lamb, in March, 2009 in order to obtain more information about this study. She informed me that the figures were obtained from The Boston Children’s Hospital in the late 1980s and analysed by Caroline Newberger and herself.
child/adolescent disclosed to an adult at the time and this was independent of the degree of force or coercion used to involve the child. This compares to more than 50% of children disclosing when they are abused by an adult (Lamb & Coakley, 1993).

Lamb and Coakley (1993) speculated that children do not tell because they are confused about whether the experience is abusive/coercive or mutual. Similarly, O’Brien’s (1991) study of adolescent sex offenders, suggested to him that the SSA offender could entrap the survivor into apparent complicity. This stopped the survivor from disclosing and being able to limit the extent of the abuse:

“Survivors of sibling incest are likely to be implicated gradually as coconspirators by the abusive sibling so they will share in the responsibility, blame, and punishment for the behaviour if the secret is disclosed. Once established, this dynamic makes it difficult for survivors to resist offenders’ more intrusive sexual demands.” (O’Brien, 1991, p. 79).

I will talk further about disclosure decisions in the section on recovery for survivors of SSA. If O’Brien is correct about SSA survivors avoiding disclosure until adulthood, it may be due to their re-visioning of the behaviour as abusive.

**Journey of Recognition of SSA in Research and Therapy**

The recognition, understanding of, and response to SSA has changed and developed over time. However, there still remains a number of difficulties in the current responses and depth of understanding within the research and therapy sectors. In this section, I review the journey the research and therapy field has taken in making sense of SSA, alongside the developments in the field of intergenerational sexual abuse (IGSA). In both SSA and IGSA, limited research has occurred in the last decade compared to the 1990’s and this is reflected in this chapter (for both survivors and adolescents who have abused) by the reliance upon studies that are sometimes nearly 20 years old.

Prior to the 1970’s, the dominant psychiatric discourse for father-daughter incest was likely to be the repressed longings and fantasies of a child for the sexual love of their parent: that is, the oedipal complex (Berliner, 1993; Masson, 1992). Or alternatively it was held that sexual abuse of a child did no harm (Kinsey et al., 1948; Kinsey et al., 1953). At this time, if the evidence for the “incest” was irrefutable, then the responsibility for the abuse was viewed as belonging with the survivor and mother,
rather than the father/offender. Sibling incest was invisible in psychiatry at this time; it was not recognised or mentioned in any journals. However “sibling incest” was often romanticised in literature and film (Gilman, 1998) as forbidden love rather than abuse. Even a recent film, “Beautiful Kate” continues this tradition in the area of SSA (a 2009 Australian film directed by Rachel Ward).

The strong contribution and work from feminist activists and researchers allowed a paradigmatic shift to occur in understanding of IGSA (Crowder, 2002; Finkelhor, 1980; Herman, 1983; Russell, 1983). Power and control in family dynamics were identified (Herman, 1983; James & MacKinnon, 1990; Russell, 1983) and survivors were encouraged to speak the unspeakable and seek assistance. With this input, a rich knowledge base about the impact for survivors of IGSA and their treatment evolved over the next forty years (Finkelhor, 1990; Freyd, 1996; Gil & Cavanagh Johnson, 1993; Herman, 1992; Mullen & Fleming, 1998a; Mullen, Martin, Anderson, Romans, & Herbison, 1993; Solomon & Siegel, 2003; van der Kolk et al., 1996). The serious extent of the impact for survivors was recognised and psychiatric diagnoses were developed to take into account the trauma, attachment disruption and relational impact for childhood sexual abuse survivors (Briere, 2002; Courtois & Ford, 2009; van der Kolk, 2002) such as Posttraumatic Stress Disorder with Disorder of Extreme Stress Non Specified (PTSD/DESNOS; (American Psychiatric Association, 2000).

In a separate clinical dialogue, typologies for understanding the fathers and stepfathers who have sexually abused also developed (Knight & Prentky, 1990; Salter, 1988). The early dominant discourse of constructing incest offenders as benign, without responsibility for their actions and different from other adult extra familial sex offenders also was challenged (Briggs, 1995; Marshall, 2006; Salter, 2003). The essential wide range of motivations for adults to sexually offend were identified (Hilarski & Christiansen, 2006) and it became clear, too, that fathers who offend against their own children do not stand alone as an “incest” type but show the heterogeneity of extra familial child sex offenders (Knight & Prentky, 1990).

While this ground breaking thinking and work was progressing for the adult family offender and his survivors, the constructions around SSA profoundly lagged behind (Crowder, 2002; Peterson, 1992; Rowntree, 2007) for both the brother and sister.
Just as an understanding for parent/child incest struggled to emerge due to the dominance of the psychoanalytic discourse, SSA has been and still is misguided viewed as benign and mutual sexual play. The experience and impact of SSA often has been dismissed as trivial or minimised and misguided viewed as less serious than adult-child sexual abuse (Rudd & Herzberger, 1999).

Survivors of SSA have arguably had to “yell louder” than any other childhood abuse survivors to have their experiences heard and acknowledged. Gradually, though, from the early 1980s, a handful of descriptive or qualitative research emerged to provide daughters and sisters a voice (Caffaro & Conn-Caffaro, 2005; Canavan, Meyer, & Higgs, 1992; Carlson, et al., 2006; Cole, 1982; Crowder, 2002; De Jong, 1989; Doyle, 1996; Finkelhor, 1980; Hellesnes, 1998; Laviola, 1989, 1992; Owen, 1998; Peterson, 1992; Russell, 1986; Taylor, 1995).

Similarly, the brothers who have offended have also been misunderstood. Confusion about whether they are survivors of abuse who were acting out their own experiences versus concerns that they will inevitably become adult sex offenders has dominated the literature over the past decades (Adler & Schutz, 1995; Alpert, 1997; Becker & Kaplan, 1993; Becker, Kaplan, Cunningham-Rathner, & Kavoussi, 1986; Bentovim, 2002; Chaffin, 2003; Dwyer, 2006; Epps & Fisher, 2004; O'Brien, 1989; O'Callaghan & Print, 1994; Pierce & Pierce, 1990; Ryan, 1999b; Vizard, Monck, & Misch, 1995) and will be reviewed in more detail later. That is, there have been conflicting discourses: are they innocent survivors of trauma, the result of bad and neglectful parenting? Or are they emerging psychopaths or sex offenders? Until recently, the treatment of young people who have sexually abused has mimicked the treatment of adult offenders.

Several pioneering researchers and writers in the early 1980’s began to question the benign nature of SSA (Cole, 1982; De Jong, 1989; Finkelhor, 1980; Russell, 1986). These were followed by Wiehe’s books which highlighted physical, sexual and emotional abuse from siblings and, in a strong way, dispelled idealised notions of sibling relationships (Wiehe, 1990; Wiehe & Herring, 1991). Writing from the perspective of the brothers who have abused rather than the survivors, O’Brien (1989, 1991) also began to identify the seriousness of the phenomena.
Yet despite these constructions about SSA from key researchers in the field from thirty years ago, the persistence of the myth of benign play or innocent nurturance has continued. Thirty years ago Loredo (1982) understood “sibling incest,” similarly to Bank and Kahn’s nurturance oriented sibling incest, as fulfilling “needs for affiliation and affection; a combating of loneliness, depression, and a sense of isolation; and a discharging of anxiety and tension due to stress.” (Loredo, 1982, p. 178). Renvoize (1982) also viewed SSA as children turning to each other for emotional warmth. As recently as ten years ago, some researchers were still implying mutuality. For instance, Bevc & Silvermand (2000) studied the increased likelihood of “sibling incest\(^6\)” when there has been childhood separation between siblings. The philosophy underlying this study implied that SSA was a mutual decision and desire between the siblings that was heightened when they had been reared separately. This was despite the study’s average starting age of brothers involved in penetrative acts being considerably higher than their sisters’ age and the siblings being in different developmental stages (Bevc & Silvermand, 2000). Recent research has found that the impact of this myth on therapists and our culture is still creating problems for survivors (Rowntree, 2007) as they are not getting the recognition and validation of their traumatic experiences.

**In the Beginning: The Family As The Locus Of Blame For Sibling Sexual Abuse**

As an understanding of the seriousness of SSA was recognised by some researchers, the focus turned to identifying its underlying aetiology. Families became the focus of examination and in the process were blamed; perhaps in a similar way as mothers were blamed for IGSA. The research on SSA, limited as it was, initially sought to define the “family type” or “family dysfunction” that would produce such a situation. Researchers drew on outmoded and limited concepts that mirrored the literature’s analysis of IGSA a decade earlier. They did not articulate their values and assumptions underlying their conclusions which were mother and family blaming (DiGiorgio-Miller, 1998; Gilbert, 1992; Laviola, 1992; Smith & Israel, 1987; Taylor, 1995). Most were limited to the descriptive perspectives of single family members (DiGiorgio-Miller, 1998).

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\(^6\) The use of the word “incest” implies mutuality or consensual activity.
and therefore gave insight into one view only and assumed homogeneity of families. That is, they did not recognise the multiple pathways to SSA or the multiple family experiences. When families were examined, they were generally one type only: early disclosure, multi-problem families with adolescent and young children who had come to the attention of statutory authorities.

In SSA, for a much longer period than IGSA, family types or dysfunctional patterns have been sought to try and establish a one-dimensional explanation for sibling sexual abuse (DiGiorgio-Miller, 1998; Gilbert, 1992; Laviola, 1989, 1992; Smith & Israel, 1987; Taylor, 1995). I will examine these foundational studies in this section as their legacy is still apparent in recent writing and perhaps still influence the thinking of many therapists (Women's Health Statewide, 2005). However an analysis and exploration of the more current constructions of the family and SSA (including attachment) are located in the later sections of this chapter.

The Smith and Israel (1987) descriptive study of 25 families in counselling for SSA is the most widely quoted work in the field. It was ground breaking at the time as it identified the problem, but it is pejorative and even somewhat absurd in some of its assertions. The authors of the paper were either the treating counsellors or the “monitors” of the family’s progress. It was the counsellor/monitor’s judgments and perceptions of these families that were written up. The disclosures all happened when the children were still young and the family was in treatment with these young children. They identified three key features of the sibling incest family:

1. distant, inaccessible parents;
2. parental stimulation of sexual climate in the home; and
3. family secrets and extramarital affairs.

With regard to distant, inaccessible parents, they reported that this was equally the father as the mother and different to IGSA where “the mother’s absence can be profound” (Smith & Israel, 1987, p. 107). With regard to parental stimulation in the home, they reported that the mother was either seductive (40%) or “she exuded rigid, puritanical sexual mores” (32%, p. 104). Significantly, 48% of perpetrators had witnessed parental sexual activity (for example by hiding in a wardrobe) and 52% of sexually abusing siblings had experienced sexual victimisation themselves (sometimes from a parent). One third of daughters were abused by their father before they were abused by their
brother. The secret most common in the families assessed by Smith and Israel (1987) was the presence of extramarital affairs (76%) which, although they were not clear about this, appeared to be mostly involving the father. Smith and Israel’s (1987) other significant finding was the high degree of childhood sexual victimisation in the parents (72% of mothers or fathers in the families had a childhood sexual victimisation history\textsuperscript{7}).

The Smith and Israel (1987) study is embedded in the discourses of the time, particularly around mother blaming. For instance, a mother was blamed if she was viewed as “seductive” by the authors or blamed if she was viewed as “too puritanical” in regard to sexual matters, and blamed for being “absent.” They were also clearly assessing chaotic, multi-problem, and multi-generational sexual abuse families where the abuse was disclosed at an early time and where a third of their cases also involved IGSA. Like many other assessments of families with problems at this time, they perhaps looked at the family functioning after the crisis of disclosure and interpreted the traumatic reaction as the cause of the problem rather than the possibility that the problem caused the traumatic family reactions.

Gilbert (1992) undertook a case analysis study similar to Smith and Israel (1987) examining the dynamics of 14 families from the perspective of their case workers (who were different from the researcher). She obtained strikingly different results from Smith and Israel (1987). She did not find the presence of family secrets or extramarital affairs and she found that parents were physically present in the family as well as emotionally present (Gilbert, 1992). She also found that all the mothers in her study believed the disclosure. However, she deferred to the findings of Smith and Israel (1987) in her discussion and did not highlight her positive findings about the parental care of their children. She also appeared puzzled by her finding that all the mothers believed the disclosures as this was contrary to the previous research. She implied that perhaps her results were skewed due to a small sample size (Gilbert, 1992).

\textsuperscript{7} It is not clear how this figure was derived – it could have been 72% of the families had one parent with a sexual abuse history. This would then have meant that approximately 36% of the fifty adults studied had a sexual abuse history which is within the range found in epidemiological studies. For example, in an Australian study, 35% of respondents experienced sexual abuse or had an unwanted sexual experience during childhood (Fleming, 1997) and this rises to more than 50% in other studies (quoted by Fleming, 1997). That is, Smith and Israel’s figures may simply be representative of the rate in the normal community. However, if their figures meant that 72% of the fifty adults had a sexual abuse history then this was an important finding.
Laviola (1989, 1992) began the trend of interviewing adult survivors of SSA. She firstly interviewed four female survivors of SSA in a case study method and emphasised the seriousness of impact of SSA (Laviola, 1989). Next she interviewed seventeen adult survivors of SSA (all in long term therapy) to obtain their perspectives of family functioning and conducted the first formal qualitative analysis in the area with these adult survivors (Laviola, 1992). Her research was important as it resoundingly emphasised the serious impact of SSA for survivors and underlined the difficulties for survivors to have their trauma validated. A substantial number of her sample were less than five years younger than their sibling, which challenged the existing definitions of SSA (Finkelhor, 1980; Russell, 1986).

Laviola (1992) also was understandably influenced by the discourses of the time; particularly that of family dysfunction. In fact, she assumed that survivors of SSA came from families with extreme family dysfunction and her task was to show that the impact of the SSA was more than would be expected from the family dysfunction alone. Relationships with parents, particularly mothers, were compellingly described by Laviola as “emotionally neglectful” by sixteen of her survivors. However, Laviola’s major example of evidence of this emotional neglect was around the perception of a survivor that her mother did not protect her: “… my mother didn’t protect me then and … it’s like she betrayed me. She let me be abused” (Laviola, 1992, p 416). With the benefit of more recent constructions (Miller & Dwyer, 1997; Sheinberg & Fraenkel, 2001), this example could alternatively be understood as the impact of the SSA on the mother-child relationship: the child (perhaps erroneously) believed her mother knew the SSA was occurring, felt betrayed at her mother for not intervening and, as a result, disconnected emotionally from her mother.

Laviola’s SSA families were described in a generalised way as showing dysfunction in child rearing practices, in relational patterns among family members, family rules and response patterns to family stressors (Laviola, 1992). However, in her sample, nine of the seventeen women had been sexually abused by another family member as well as their sibling (father, grandfather or mother) and another three women were aware of other sexual abuse occurring in the family, indicating, indeed, the high level of family dysfunction in her particular sample. In her discussion she
conceptualised that the family dysfunction “could have contributed to the occurrence of the incest” (p.420). Laviola also noted that, “It can be purported that in the cases of coercion, the sisters were “set up” by their parents to be coerced because they were not getting their attentional and affectional needs met from the parents” (Laviola, 1992, p. 420). This is a surprising conceptualisation as it implicitly puts the responsibility for the abusive behaviours onto the survivors. Other researchers who have considered family dysfunction as causal to the occurrence of SSA consider that the family dysfunction sets up a young person to become a perpetrator of sexual abuse, not to receive it (Ryan, 1991, 1997).

In her doctoral thesis, Taylor examined eight case studies of SSA daughters. Her analysis also was from the perspective of the adult survivors of SSA only. She outlined “predominant themes” about the abused daughters reporting a sense of abandonment from their mothers through death, abuse, emotional illness or self-absorbed behaviours, while the father was the primary nurturer (M. H. Taylor, 1995). As a therapist of sexually abusive adolescents, DiGiorgio-Miller (1998) appeared to adopt a position that had been applied to IGSA a decade earlier, but critiqued for its mother-blaming and focus on family dynamics rather than offender behaviour. She wrote:

“Enmeshment is the hallmark of incestuous families and boundaries are blurred in the family system … often a mother is over-involved with the offender, not allowing him or her to face fully the consequences of his or her behaviour” (p.342).

Thus mothers also were blamed for the treatment failures of their son as well as the cause of their sexual abusing behaviours. Similarly, from the perspective of working with the adolescent who abused, Gil and Johnson (1993) described a sexualised home environment, enmeshed boundaries, a survivor perceived by the offender as “favoured”, the offender’s abuse a retaliation against the mother, physical punishment common in the home and unsuccessful marital relationships.

Recent qualitative research (Caffaro & Conn-Caffaro, 2005) from the perspective of adult survivors of SSA, still searching for family types, suggested a more complex
model for family structure in SSA. They identified four family types (also from the perspective of adult sibling survivors) that might contribute to the abusive behaviour:

1. **Peripheral parent families.** When one parent is more absent than another and re-enters the family in controlling and abusive ways.

2. **Pseudo consensual sibling incest families.** Where children are neglected and turn to each other to obtain connection and nurturance.

3. **Pseudo parent sibling family.** When one child is parentified but does not have the influence to properly care for the younger children. That is, parents have abdicated responsibility to this child but the child does not have authority over the younger children. This child often becomes an offender.

4. **Stepfamily abuse.** With the ambiguity of step relationships, sexuality becomes problematic.

Thus this model provides a more complex conceptualisation than the earlier studies but perhaps does not take fully into account other pathways leading to sexually abusive behaviour. These multiple pathways will be explored more fully in a later section.

Significantly, when *control* studies have been used to examine SSA family types, no difference was found between SSA families structures and interactional styles (using FACES II or 111) compared to control families (Bischof, Stith, & Wilson, 1992; Brown, 1997; Hardy, 2001; Osburn, 2003). These studies have been submerged in the professional literature and the descriptive studies are still quoted without reference to these more enlightening researchers. For instance, Brown’s (1997) study was a dissertation using a matched control group to compare families of an adult daughter in therapy for SSA with families of an adult daughter in therapy for depression (from the perspectives of the daughters). Her results were clear that the only difference between the families was the emotional and behavioural problems of the brother in the SSA family.

Similarly, Hardy (2001) found no differences in family structures or functioning identified by 15 college student survivors of SSA (7.4% of the sample) compared to a matched control group. That is, there was no difference in adaptability and cohesion on
the FACES 111 scales and no difference in family constellation. It did not increase the likelihood of SSA if it was a single parent family or a two parent family. Neither did the number of siblings in the family show a relationship with the occurrence of SSA.

By the early 1990s, several researchers and clinicians (mostly those working with adolescents with sexually abusive behaviours rather than survivors) began to identify that the problem might lie as much with individual problems for the sibling who abused rather than a primary family dysfunction. These researchers and clinicians still emphasised the importance of the involvement of the family in the abusing person’s treatment as the problems with the abusing sibling were connected to the family in unique ways. O’Brien (1991), who studied sexually abusing adolescents, wrote strongly that “family system dynamics probably play a significant role in the development and maintenance of sibling sexual abuse” (p. 90). Although he stressed that focusing only upon a systemic explanation was dangerous because it removed responsibility from the offender and did not address the intrapsychic issues of the offending behaviour.

Ryan, a highly regarded researcher and clinician in the area of adolescent sexual offending behaviour, identified in 1991 that research to date was lacking in understanding the impact of family variables in the establishment of general juvenile sexual offending (Ryan, 1991). She was an early researcher in identifying the multiply pathways to sexually abusive behaviour when assessing families: “There is no evidence of direct causation on a one to one basis but rather a cluster of factors that appear to play some role” (Ryan, 1991, p. 145). She postulated that:

*The exploration and understanding of the family system is less related to the development of deviant sexual arousal patterns and more related to the tolerance of abusive, unempathic relationships and patterns of maladaptive coping.*


That is, her approach was focusing upon how the family system allowed the offending behaviour to flourish rather than being focused upon how the family caused the difficulties (Ryan, 1991).
Using multiple constructions, Ascherman & Safier (1990) suggested that lenses of individual offender dynamics need to be considered side by side with family dynamics. Ascherman and Safier (1990) emphasised that “rigid assumptions and generalizations” (p. 321) about sibling incest families should not be made. Instead “the nature of the incest, its context, the ages of participants, the family dynamics and the individual psychopathology of family members” needs to be assessed and understood (Ascherman & Safier, 1990).

The disparities in many studies of SSA strongly suggest that the nature of the clinical population being assessed in SSA is critically important to consider. The different studies appear to be accessing different populations and getting different results, highlighting the heterogeneity of SSA families and the multiple pathways to sexually abusive behaviour. As outlined earlier in this chapter, fewer than 20% of SSA situations are disclosed when the survivor is a child or adolescent and disclosure is less likely to occur at all with SSA compared with IGSA, even in adulthood (Carlson et al., 2006; Lamb & Newberger, 1989). However, most of the studies of family functioning have been based upon either adolescent sex offenders in treatment programmes or the perceptions of adult survivors in long-term therapy.

In summary, the early studies focused upon seeking an explanation for the abusive behaviours from the family dynamics. They were generally small, descriptive studies that encompassed the perceptions of one family member only. Further bias in these studies was evident when other research has indicated that less than 20% of SSA families disclose early, as these descriptive studies have been mostly restricted to early disclosure families with statutory involvement. In these studies, mothers, in particular, were blamed for the occurrence of the abusive behaviours and the analysis lacked a feminist discourse. When control studies were undertaken, no difference in family types could be found between SSA families and the control group families.
Survivors: The Impact of the Sibling Sexual Abuse and Pathways to Their Recovery

While the therapeutic and research fields have been developing a rich understanding of the impact of IGSA, SSA has still been perceived as a minor problem with a minor impact and not nearly as harmful as abuse from a caregiver (Doyle, 1996; Rowntree, 2007). The following sections challenge this perspective of limited harm from SSA. The diagnoses that reflect the full impact of developmental traumas that occur in childhood will be presented, along with the research that indicates that the impact of SSA is no less severe than the impact of sexual abuse from a parent. Further, some studies that consider the unique aspects of the impact for SSA survivors compared to IGSA survivors will be examined. The lenses of attachment and neurobiological impacts will be considered most in this analysis along with the systemic perspective that the nature of the impact shapes the direction of recovery for SSA survivors.

Impact: PTSD/DESNOS

The diagnosis of Posttraumatic Stress Disorder (PTSD) was established in 1980 (American Psychiatric Association, 1980) and has been used since this time to understand the trauma experience from childhood sexual abuse (CSA). However, prolonged, interpersonal trauma experienced as a child has additional and more severe symptomatology than PTSD resulting from a single adult trauma incident (Herman & van der Kolk, 1987; van der Kolk et al., 1996). In addition to the triad of intrusive re-experiencing of the traumatic memories, avoidance of reminders of traumatic memories and emotional numbing, and hyperarousal (Courtois & Ford, 2009a) that makes up PTSD, a person abused as a child by a caregiver may experience difficulties with: (a) regulation of affect and impulses; (b) memory and attention; (c) self perception; (d) interpersonal relationships; (e) somatisation; and (f) systems of meaning (van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005).

This collection of problems following interpersonal, childhood trauma is often referred to as Complex Trauma or Complex PTSD by leading practitioners and researchers in the field (Briere & Spinazzola, 2005; Herman, 1992; Herman & van der
Kolk, 1987; van der Kolk, 2002, 2003; van der Kolk et al., 1991). An associated diagnosis to PTSD of Disorders of Extreme Stress Not Otherwise Specified (DESNOS) was added to the Diagnostic and Statistical Manual of Mental Disorders in 1994 (American Psychiatric Association, 1994) to assist with categorising these additional difficulties experienced with interpersonal trauma (Ford, Stockton, Kaltman, & Green, 2006; van der Kolk et al., 2005). It covers a range of difficulties including Dissociative Disorders, substance abuse and suicidality, affective dysregulation, self harming and self destructive behaviours, relational disturbances, somatic complaints and anger.

The symptoms of survivors of IGSA have been well recognised within these diagnostic frameworks by therapists and families, but the symptoms of survivors of SSA have not been generally acknowledged in this way (Doyle, 1996; Rowntree, 2007). This is despite various studies consistently indicating that the severity of impact of SSA is comparable to or worse than the impact for father-daughter abuse (Cole, 1982; Cyr et al., 2002; Doyle, 1996; Gil & Cavanagh Johnson, 1993; Gioro, 1991; Owen, 1998; Rowntree, 2007; Rudd & Herzberger, 1999; Russell, 1986).

Is there an idiosyncratic impact for SSA compared to IGSA?

While the severity of impact of SSA has clearly been shown to be as severe as IGSA (Cole, 1982; Cyr et al., 2002; Doyle, 1996; Gil & Cavanagh Johnson, 1993; Gioro, 1991; Owen, 1998; Rowntree, 2007; Rudd & Herzberger, 1999; Russell, 1986), it could also be expected that there would exist idiosyncratic differences in the impact due to the genesis of the interpersonal trauma coming from a sibling rather than a major adult caregiver.

The studies in the above section found no difference in trauma responses but trauma responses are heterogeneous depending upon a range of different circumstances with developmental age of the trauma being the most important factor. Some authors have indeed found specific symptomatology more likely to occur for SSA; some of it related to the sibling relationship but others related to the unique dynamics that can occur for SSA, such as the reduced likelihood for disclosure and the lack of validation in

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our culture and families (Caffaro & Conn-Caffaro, 2005; Doyle, 1996; Rowntree, 2007; Russell, 1986).

A striking finding from Russell’s (1986) early study was that 47% of the SSA survivors never married compared to 27% for all incest survivors. Of those that married, 50% of them partnered with men that were violent toward them compared to 18% of women who had no incest experiences (Russell, 1986). Other researchers have found a similar low involvement for survivors of SSA in intimate relationships (Alpert, 1997; Caffaro & Conn-Caffaro, 2005; Rudd & Herzberger, 1999). Caffaro et al (2005) in fact found that 64% of their large sample over 25 years old never married. This consistent finding suggests that SSA survivors as compared to IGSA survivors particularly experience disruption in intimate relationships.

Doyle (1996) proposed a differential impact for SSA survivors compared to IGSA survivors after a qualitative study of 12 adult survivors of SSA. She found a similar impact for SSA and IGSA in areas of traumatic response (PTSD) but also found other features of the SSA that were unique. Firstly, she identified that the minimisation of the SSA that occurs from the survivors themselves, from the parents, the community and from professionals is a major problem for these women. This finding was also highlighted in separate qualitative studies by Rowntree (2007) and Owen (1998). It impedes survivors from seeking help and maintains ambiguity of responsibility. Secondly, the issue of responsibility is not clear, particularly when the offender is younger than the survivor, which occurred for several of Doyle’s participants. Owen’s (1998) qualitative study found that “if sibling incest (disclosure) is handled inappropriately by families, it can increase the negative effects felt by the person involved.” (p. 21).

The reaction of others to the disclosure of sexual abuse also has been measured quantitatively by Ullman (2007). She assessed survivors’ symptoms and compared them with positive and negative reactions to the disclosure. Overall, survivors who experience a negative social reaction to their disclosure had more PTSD symptoms than those receiving a positive reaction (Ullman, 2007). Thus SSA survivors, who are more
likely to experience a negative social reaction to a disclosure, will have greater PTSD symptoms than IGSA survivors.

Remarkably, Doyle (1996) also identified that the SSA survivors are more likely to lose their relationship with their parents than they are for IGSA. Significantly, she found that the SSA often damaged family relationships despite pre-existing good relationships, rather than poor family connectedness contributing to the abuse (Doyle, 1996). Damaged connections with parents occur, according to Doyle’s results, through the pressure of maintaining the secret and, sometimes, as a consequence of protecting the offender from the parents. Doyle’s (1996) survivors talked about having caring and affectionate parents but that they withdrew and repelled their love. Some of her survivors felt dirty and violated, not worthy of their parents love. Others talked about their strong drive to protect their parents from the hurt and distress of finding out about the situation. Both these positions had the same outcome of ultimately damaging the relationships.

Furthermore, recent research that will be reviewed in the next section underlies the quality of the relationship and support from the parent as the best predictor of good outcomes following CSA. Thus, if survivors of SSA are more likely to lose their relationship with their parent than survivors of IGSA, then ultimately the long-term prognosis for survivors of SSA is more compromised.

**Neurobiological aspects of impact.**

An understanding of both the severity and the variability of impact of CSA has emerged from neurological studies. CSA has been shown to have a profound impact upon the neurological development of children (Perry, 2006; Schore, 2003; Siegel, 2003) depending upon the developmental stage of the child at the time of the trauma. Schore (2003) has written extensively about how severe traumatic attachments result in structural limitations of the early developing right brain. This limits the ability of the person to regulate emotional states under stress (Schore, 2003). The inability to regulate fear-terror states is the core attribute of post traumatic stress disorder. In addition, Schore identifies that the emotion of aggression also is dysregulated by early relational
trauma. Aggressive dysregulation is central to both borderline personality disorder (BPD) and antisocial personality disorder (Schore, 2003). Schore conceptualised PTSD as representing a dysregulation of the “flight” system while BPD and antisocial personality disorders represent a dysregulation of the “fight” centres of the brain.

The prefrontal cortex plays a major role in affect regulation and secure attachment (Schore, 2003). In addition the right brain and subcortical structures (the amygdala, the periaqueductal gray and the brainstem) are centrally involved in emotional processing (Fosha, 2003). Trauma and emotional neglect lead to disorganised attachment. This, in turn, compromises the structure and function of right hemisphere, subcortical structures and the prefrontal cortex (Fosha, 2003).

Connections between the severity and nature of the SA and the impact.

A fairly consistent, but not surprising, finding is that the seriousness of CSA predicts worse long-term outcomes. Thus, if the assault involves penetration, then the impact is statistically a lot more severe for the survivor (Black, Dubowitz, & Harrington, 1994; Browne & Finkelhor, 1986; Conte & Schuerman, 1987; Mullen, et al., 1993; Ullman, 2007). If the assault involves coercion and force, then the outcomes are also usually a lot worse for the survivor (Black, Dubowitz, & Harrington, 1994; Browne & Finkelhor, 1986; Conte & Schuerman, 1987; Mullen, Martin, Anderson, Romans, & Herbison, 1993; Ullman, 2007). As outlined in earlier sections, SSA is more likely to involve penetration and more likely to involve violence compared to IGSA (Cyr, et al., 2002; Gioro, 1991; O'Brien, 1991).

The nature of the relationship of the offender to the child is also a good predictor of outcome. If the abuser is a family member, then understandably, the outcome is much worse than if the abuser is an extrafamilial offender (Black, et al., 1994; Browne & Finkelhor, 1986; Freyd, 1996; Tremblay, Hebert, & Piche, 1999). A child abused by a family member tends to show more anxiety, depression, somatic complaints and withdrawal symptoms (Tremblay, Hebert, & Piche, 1999), perhaps indicating the importance of the interpersonal betrayal (Freyd, 1996).
Further, duration of the abuse is understood to create a cumulative effect and worsen the outcome for the survivor (Caffaro-Rouget, Long, & van Santen, 1989; Conte & Schuerman, 1987). The age of the survivor at the time of the abuse also impacts on outcomes: a different impact occurs neurologically, affectively and behaviourally depending upon the developmental stage of the child (Courtois & Ford, 2009b).

Another important factor that has been explored has been the timing of disclosure: whether the disclosure occurs at the time the abuse is occurring or later, as an adult. As outlined above, survivors of CSA (both intrafamilial and extrafamilial) have more PTSD symptoms if they delayed disclosure (Ullman, 2007); the holding of the secret appears to cement the negative outcomes. This is an important finding for SSA as research suggests that more than 80% of survivors of SSA are more likely to delay disclosure until adulthood (Carlson, et al., 2006; Lamb & Coakley, 1993).

Variables that minimise impact.

Trying to make sense of the range in impact of CSA has been a useful exercise in seeking understanding of the best recovery pathways for survivors. If we can understand why some survivors do well and others do not, despite the severity of their experiences, then it should give us guidance toward how to provide the best therapy. In the next section, I will present some findings that have led to a revisiting of attachment theory and the importance of a supportive connected relationship in the life of the survivor.

Individual coping styles and parental support.

An assessment of “coping styles” has been looked at by various authors and they report results that show a polarity of coping styles, sometimes labelled approach and avoidance (Herman-Stahl, Stemmler, & Petersen, 1995; Roth & Newman, 1993; Tremblay et al., 1999) or, more recently, constructive, destructive and avoidant (Merrill, Thomsen, Sinclair, Gold, & Milner, 2001a). It is now well established that a constructive coping style is one that allows the facing up to the fear of the traumatic
memories and facilitates the processing of trauma. Survivors of CSA with a constructive coping style recover best.

Merrill et al. (2001) found that parental support was highly correlated with survivors developing a constructive coping style. Those survivors who had a constructive coping style and recovered best also had the best parental support. Accordingly, Merrill and his colleagues considered that parental support assisted the child or adult survivor to obtain constructive coping.

Several other studies have also uncovered the critical importance of parental support in the recovery from CSA (Aspelmeier, Elliott, & Smith, 2007; Esparza, 1993; Kinard, 1995; Spaccarelli & Kim, 1995). Furthermore, Tremblay et al. (1999) have shown that it is only the perceived level of support from family members rather than any other abuse related variables that contributed to a positive outcome following CSA. In contrast, support from peers did not show any correlation with better recovery in their study (Tremblay et al., 1999).

Re-viewing attachment: the importance of attachment to recovery of childhood sexual abuse.

The critical importance of parental support for a positive recovery in CSA that has emerged in these and other studies have led to a re-viewing of attachment theory (Bowlby, 1969) in the field. Attachment theory has provided a useful framework for understanding the impact of abuse and the recovery required. Attachment theory, in its original form, focused upon the normative parent-child bonding and attunement as the result of an evolutionarily adaptive set of organised care-giving and care-seeking strategies (conceptualised as behavioural systems) that are activated in times of distress or threat (Aspelmeier et al., 2007). If a child has a secure base, they are confident of having their needs met and are therefore able to comfortably explore the world. Insecure infants can be clingy, anxious, ambivalent or avoidant of relationships. These individual differences in attachment relationships set up the individual differences in internal working models, which many authors believe shape all future relationship patterns (Soares, Fremmer-Bobbik, Grossman, & Silva, 2000). In addition, the quality of attachment developed during the first 12 to 18 months of life, has be shown by some
authors to be relatively stable and predicts a broad range of social, emotional and
cognitive behaviours in the preschool years (Rauh, Zeigenhain, Muller, & Wijnroks,
2000).

The modern application of attachment theory looks at how individuals can get
emotionally close and feel secure in childhood and adult relationships (Aspelmeier et al.,
2007; Kazlowska & Hanney, 2002). It is applied in the field of relationship counselling
and family systems work, as well as sexual abuse. The focus has been on looking at
attachment security and affect regulation in close adolescent or adult relationships
(Aspelmeier et al., 2007). In its application to CSA, “survivors’ assumptive worlds are
reconstructed within an interpersonal context,” (Janoff-Bulman & Berger, 2000, p. 36).
Janoff-Bulman and Berger (2000) understand this process as one of the survivor being
valued and valuing the other (reciprocal valuing). Once they are loved and valued, they
can move forward. They also postulate that if this occurs, then the survivor can move
from a perception of the negative impact of the trauma to a positive one through a lens of
appreciation of life (Janoff-Bulman & Berger, 2000). Thus, CSA survivors with secure
attachment styles (and available carers) are more likely to recover better (Aspelmeier et
al., 2007), perhaps due to their enhanced ability to employ constructive strategies of
working through the trauma (Merrill et al., 2001a).

In stark contrast to this view, one widely published author believes that as most
survivors have an insecure attachment style, insecure attachment precedes the sexual
abuse (Alexander, 1992). This direction of causality has not been established
empirically but Alexander (1992) argues that it is an intergenerational transmission of
insecure attachment that is a pre-condition for the occurrence of CSA and a child or
adolescent is more likely to fall victim to CSA if they have insecure attachment.
Alexander’s (1992) notions are harshly parent and family blaming and her ideas are at
odds with other researchers in the field. For instance, several researchers in longitudinal
studies involving trained raters in attachment have found that babies and children who
had developed secure attachment, lost that secure attachment following traumatic events
and maternal depression in their adolescence (Allen, McElhaney, Kupermine, & Jodl,
2004; Weinfield, Sroufe, & Egeland, 2000).
Crittenden, a leading researcher in the field of attachment offers a dynamic-maturation model of change as a more useful conceptualisation of attachment in comparison to the traditional “continuity of attachment” notion (Crittenden, 2000). She argues that the studies indicating continuity of attachment are based upon secure, middle class families that do not experience any trauma or disruption. Instead, she presents research that shows that discontinuity of attachment is more likely to occur in the transition to a two year old, in the transition at puberty and with major stressors. She also suggests that the notion of a continuity of attachment pattern from an infant does not take into account the neurological changes that occur with maturation and the increase in cognitive and affective ranges (Crittenden, 2000). She therefore also postulates that the notion of attachment is a much more complex one when it is applied to a child, adolescent or adult, as the greater range of cognition and affect makes the model more intricate.

The development of disrupted attachment following trauma raises further issues in CSA and SSA. The studies in the previous section indicated that the presence of a nurturing care-giver was the best indicator of recovery for children and adults who had experienced CSA. However, if a survivor has a disrupted attachment as a result of the sexual abuse, then they may not be able to utilise the care that is being offered to them. They may have a willing caregiver available to them but the survivor may not have the ability to trust and stay connected to that person. That is, those survivors who are able to seek and receive care and nurturance do a lot better than those survivors who are avoidant of this. The consistent research finding that the best recovery for CSA occurs for survivors in a supportive relationship with a major caregiver, could in fact be identifying those survivors who have the least attachment disruptions as a consequence of the traumas.

**Pathways to recovery for sisters.**

Utilising the different lenses (trauma, resiliency, attachment, neurological, systemic) outlined above, a major component to the pathway to recovery from SSA appears to be relational enhancement. Trauma processing certainly needs to occur to target the PTSD symptoms but the predominant difficulties, the DESNOS aspects, need another approach.
The fields of cognitive behaviour therapy (coping strategies), attachment and neurobiology have merged together in their findings that a caring and nurturing relationship with a non-offending parent seems to moderate the extent of the impact of the sexual abuse. When a CSA survivor has had the benefit of a caring relationship post the disclosure, the severity of the impact of the abuse is greatly diminished (Aspelmeier et al., 2007; Conte & Schuerman, 1987; Esparza, 1993; Fassler, Amodeo, Griffin, Clay, & Ellis, 2005; Gold, Milan, Mayall, & E., 1994; Kinard, 1995; Merrill, Thomsen, Sinclair, Gold, & Milner, 2001b; Mullen & Fleming, 1998; Spaccarelli & Kim, 1995). However, even when a caring non-offending parent is available, the traumatised child or adult may not be able to connect to them due to the severe disruption of their attachment (Crittenden, 2000). This disruption may have occurred as a result of the abuse (Weinfield et al., 2000). Consequently, a therapeutic focus upon this problem is strongly warranted. As Miller and Dwyer (1997) emphasised, often the therapeutic response requires a directed and determined mending of this relationship. Once the recovery of the relationship occurs, the recovery from the trauma for the survivor is greatly enhanced.

Most neurologically informed therapists have used the therapeutic relationship as the vehicle for a positive change in attachment and therefore change in neural pathways (Fosha, 2003; Schore, 2003; Siegel, 2003; van der Kolk, 2003). Solomon (2003) also focused upon disrupted attachments but used the vehicle of relationship counselling to develop healthy attachment within the couple relationship (Solomon, 2003). A therapeutic relationship may be all that is available to some survivors due to their family situations. Other therapies, developed from systemic theories, have used relational enhancement (usually with the non-offending mother and child) as the vehicle for change (Miller & Dwyer, 1997; Sheinberg & Fraenkel, 2001). It follows that if the relationship between the traumatised person and a significant person in their life is enhanced, then the same correction of the attachment can be attained through a different route.

However, with regard to SSA survivors, it has been identified that they are more likely than father-abused survivors, to lose their relationships with caregivers (Doyle,
1996; Rowntree, 2007). This is a very concerning finding and possibly underpins the severity of problems that survivors of SSA experience. This dynamic needs further exploration. The experiences of other family members following disclosure in regard to these relational aspects is critical to adding to our knowledge in this area. Understanding the relational dynamics further will contribute to better approaches to helping SSA survivors recover.

Understanding the Complexity and Diversity of Child and Adolescent Sexually Abusive Behaviour

Hatch, an Australian researcher and psychologist, reports that the only distinguishing feature between adolescents who engaged in SSA and adolescents who sexually abused outside of the home is the presence or otherwise of an available younger sister in the household (Hatch, 2005). Thus, in order to understand adolescents who sexually abuse a sibling, we need to explore the general literature and research on adolescents who are sexually abusive in their behaviour.

There are no simple explanations for adolescent sexual offending behaviour. The field is complex; the personality type of a young person who offends is diverse and a range of contributory factors and models of explanation exist. Some of these personality types, models and contributory factors will be summarised in this section. Furthermore, the dominant understanding in the field for the past thirty years, that adolescent sexual offending behaviour progresses, without intervention, into adult offending has only recently been challenged (Morrison, 2006; Rich, 2006; Ryan, 1998, 1999a).

Differences between adolescent sexually abusive behaviours and adult sexual offending.

Understanding and treatment of adolescents with sexually abusive behaviours have, until the last decade, been based on the frameworks of adult sexual offenders (Morrison, 2006). The adolescent treatment programmes were modelled on adult programmes of treatment of pedophilia: usually group programmes utilising Cognitive
Behaviour Therapy (CBT) and addiction frameworks (Flanagan & Patterson, 1996; Marshall et al., 2005; Pithers, Marques, Gibat, & Marlatt, 1983) and were based upon concerns that without intervention, these young people would sexually abuse in adulthood (Abel et al., 1987).

More recent research suggests that there appears to be one type of adolescent offending (deviant arousal to same-sex children) that once established, continues into adulthood. However, the other types of adolescent offending are not so entrenched (Morrison, 2006) (such as offending against younger girls and offending against peers) and are less likely to continue into adulthood. Furthermore, the recidivism rate for adolescent sex offenders is lower (7.1%) compared to adult offenders (13%) as studied over a three to five year period (Chaffin, 2003).

Recognising diversity: typologies for adolescents who sexually offend.

Understanding the different types of personality for adolescents who sexually abuse might be helpful in assisting understanding of aetiology, it might assist with treatment choices and it may also provide an insight into the experiences of the victims. A number of studies, using different measures, have obtained clusters or distinct personality types of adolescents who sexually abuse (Higgens, 2009; Hunter, Figueredo, Malamuth, & Becker, 2003; O'Brien & Bera, 1986; Oxnam & Vess, 2006; Worling, 2001). Despite the different methods and numbers of typologies found, there is a similarity in the range and variety of types. All studies had one or more “pathological” types with significant emotional or mental disturbance. All studies had a withdrawn and socially inadequate personality type and all studies had a group who perhaps represented antisocial, aggressive behaviour types. There also was a group who measured relatively “normal” on the various scales.

All of these clusters of offender types are probably represented in SSA. This raises the issue of the differential impact of the sexual assaults on the SSA survivor, depending upon the type of personality and approach used by their brother. For example, Salter (1988) identified a very different response in survivors of sexual abuse.
from an adult depending upon the offender type (Salter, 1988); The victim of a sadistic sexual offender experienced a very different impact to the victim of an offender who groomed, as survival of the experience required different strategies. A differential impact may occur for SSA depending upon the personality type of the brother although this has never been considered in any studies to date as the victim and offender fields are so disparate.

**Factors that might contribute to the development of adolescent sexually abusive behaviour.**

In this section I will consider the factors of prior traumatic victimisation, early attachment problems or attachment disruptions, and pre-morbid conditions that predispose a young person to abusive behaviour. I emphasise that no one factor stands alone as “causing” the abusive behaviour but they may contribute to a “matrix” of factors (Ryan, 1999a) that leads a young person to sexually abuse. It is noteworthy that these possible causes all occur within a patriarchal culture with gendered social relations and imbalances of power between males and females. However, a feminist contribution to understanding of adolescent sexually abusive behaviour has not yet impacted upon treatment approaches (Chung, O’Leary & Hand, 2006). Boyd (2007) emphasises the limitations of the current conceptualisations of adolescent sexual offending when the gendered structural, political, cultural and social factors are ignored. He also comments upon the role of abusive masculinity and masculine entitlement in sexual offending behaviour. However, he notes that the family may or may not have contributed to this; the historical and social context of the offender’s life is important as are the structures of power that constrain his life.

**Prior victimisation.**

The experience of a significant prior childhood trauma or victimisation is understood by most clinicians and researchers in the field as an important precondition for the development of sexually abusing behaviour in young people (Creeden, 2006; Hall & Hirschman, 1991; Lane & Ryan, 2010; Rasmussen, Burton, & Christopherson, 1992; Ryan, 1999b; Ryan & Lane, 1997; Ward, 2003). Prior traumatisation can create complex trauma symptoms in a young person. The sexually abusive behaviours are then
often understood as a young person’s maladaptive method of managing their trauma and distress (O’Reilly & Carr, 2004). In addition, if the prior trauma is CSA, the prior sexual abuse provides the learning and template for repeating the experience. However, it must also be emphasised that prior victimisation does not necessarily lead to abusive behaviour in a young person (as many young people fear).

A potential range of prior traumatisation events are possible but the three areas of sexual, physical and emotional victimisation have been most closely examined in the field and I will outline their possible contribution to sexually abusive behaviour. In addition to these three areas of sexual, physical and emotional victimisation, I will also look in this section at the controversial issue of early exposure to pornography: a phenomena that flourishes in a patriarchal culture.

**Sexual victimisation.**

Studies looking at the statistics for prior sexual victimisation of youth with sexually abusive behaviours, or specifically youth who have abused a sibling, get a vast range of results reflecting the diversity in this population (Adler & Schutz, 1995; Clark, 1996; Flanagan & Cox, 2003; O'Brien, 1991; Raymend-McHugh & Nisbet, 2003; Thornton et al., 2008). Most of the studies (O'Brien, 1989, 1991; Raymend-McHugh & Nisbet, 2003; Thornton et al., 2008; Worling, 1995) obtained a substantial prior sexual victimisation figure in the range of 38% to 63% for adolescents who have abused their siblings. Two other studies (Adler & Schutz, 1995; Flanagan & Patterson, 1996) found very low rates (8% and 10%) for sexual victimisation and may have done so as a result of the difficulty for a young person to disclose this experience to a researcher or because of the sample characteristics of their study; certainly the studies that had a longer engagement with the young men obtained higher rates of sexual victimisation (Bentovim, 2002).

A recent, rigorous multivariate analysis of 329 sexually abusive adolescents found four pathways to sexually abusive behaviour. One of these pathways was a direct route from prior sexual victimisation to sexually abusive behaviour (Daversa & Knight, 2007). This study will be looked at in more detail in a later section but it emphasises
that prior sexual abuse may exist as a stand-alone factor in the development of sexually abusive behaviours in some young people. 

*Early exposure to pornography.*

Given that prior sexual victimisation may provide a template for future offending behaviour, the viewing of pornography at a developmentally too early age could perhaps be considered as similar to a prior sexual victimisation experience. Amongst treating therapists, early viewing of pornography is often viewed as a triggering factor in sexually abusive behaviour. However, pornography has not been strongly identified in the mainstream literature as a significant aetiology factor and a journal search shows limited research in the past decade. Instead the viewing of pornography has been considered normal behaviour for an adolescent male (Becker, 1991). The studies do not consider the viewing of pornography in the pre-adolescent age group and the impact of this on the developing sexuality of the child. Nevertheless, a feminist discourse views the presence of pornography in a culture as indicative of an objectification of women’s bodies and a valuing of abusive masculinity (Boyd, 2007).

In most studies of sexually abusive adolescents, pornography has been viewed as an additional manifestation of the abusive behaviour rather than a cause of the abusive behaviour (Becker, 1991). There have been a few rare studies that challenge the benign nature of pornography in offending behaviour but these have not been embraced by the field (Bonino, 2006; Zgourides, 1997). Thus the implication of pornography in sexually abusive behaviour may be important but is not the major focus of most studies.

*Physical victimisation.*

Some research has found a relationship between previous experiences of physical assault and perpetration of SSA (50% – 92%). In these studies, adolescents with sexually abusive behaviours were more likely to have experienced physical assault or exposure to family violence than sexual victimisation (Adler & Schutz, 1995; Flanagan & Patterson, 1996; Hatch, 2005). It should be noted, however, that high figures for physical abuse among SSA perpetrators tended to come from studies conducted in adolescent treatment
programmes (in fact two of these studies recruited from the same agency). It is possible that these programmes are more likely to be assisting a particular type of offender. As it was indicated earlier in this chapter, only a very small amount (14%) of SSA is disclosed when the children are young (Carlson et al., 2006; Lamb & Newberger, 1989) suggesting that the families who access early intervention might be more likely to have a range of other problems that make them more visible to child protection, such as violence. The study that found the highest rate of physical victimisation (92%) recruited from a specialist family violence programme (Adler & Schutz, 1995). This contrasted dramatically with a recent Australian study finding only 18% of adolescents with abusive behaviours had prior physical victimisation (Thornton et al., 2008).

*Emotional victimisation.*

Emotional abuse of children is noted by several studies as having been important in the aetiology of sexual offending behaviour in adolescents (Daversa & Knight, 2007; Flanagan & Cox, 2003). However the definition and measurement of this type of victimisation is not clear and relies upon self report from the adolescent who has sexually offended. It perhaps relates more to attachment difficulties and this will be developed in more detail in the next section in this chapter.

*Attachment Problems.*

I have outlined the importance of attachment theory in understanding the recovery needs of the abused sibling. Essentially the nature of the attachment of the child sets up their internal working models, affecting all future relationship patterns (Soares et al., 2000). Similarly, in the study of adolescents with sexually abusive behaviours, the framework of attachment theory is helpful in understanding aetiology (Bentovim, 2002; Boyd & Bromfield, 2006; Creeden, 2006; Flanagan & Cox, 2003; Friedrich & Sim, 2006; Hatch, 2005; Rich, 2006; Ryan, 1999a; Ryan & Lane, 1997). These attachment problems that may underlie causality of offending behaviour include both poor early attachment patterns and attachment disruptions that occur later in a child’s life. Attachment disruptions that occur later in a child’s life can be caused by
traumatic events, maternal depression or losses around parental divorce (Crittenden, 2000; Friedrich & Sim, 2006; Hatch, 2005; Weinfield et al., 2000). That is, a traumatic experience can cause an attachment disruption at a later time in a child’s life and a secure attachment can become insecure.

Trauma and attachment can also be interconnected: trauma can create an attachment disruption and an attachment disruption such as neglect can be traumatic. Trauma and attachment disruption can also occur without the other. However, many theoreticians in the field of adolescent sexual offending now believe that the presence of both trauma and attachment problems most predisposes a young person to sexually offend (Creeden, 2006; Friedrich & Sim, 2006; Ryan, 1999a). Creeden (2006) contends that two main variables stand out as being consistent in the aetiology of adolescent sexual offending: (1) the presence in childhood of some type of trauma. This can include prior sexual victimisation, physical abuse, neglect, abandonment, witnessing domestic violence and other overwhelming experiences; and (2) problems in attachment relationships that emerge in difficulties with intimacy, social competency and empathy. In fact, Creeden (2006) and others report that the difficulties offenders experience with empathy, intimacy, social skills and even cognitive distortions can be understood as the consequence of their poor attachment relationships (Creeden, 2006; Daversa & Knight, 2007; Friedrich & Sim, 2006; Ward, 2003; Ward & Siegert, 2002).

Friedrich and Sim (2006) speculated that it is the disorganised, insecure attachment that particularly lends itself to the development of sexual offending. Recently, there have been three dissertation studies investigating attachment styles for sexually abusive adolescents. Two of the studies involved control groups and they both found no differences in attachment style between adolescents who act out sexually, adolescents who act out non-sexually and a control group (Osburn, 2003; Sullivan, 2008). The third study, that did not use a control group and used projective measures, found that all 25 of her tested adolescents with sexually abusive behaviours showed an insecure attachment style (Lehmann, 2009).

Phil Rich has devoted a book to the application of attachment theory to adolescent sexual offending (Rich, 2006). However, paradoxically he raised several questions around this recent focus on attachment. Firstly, he stated that attachment
theory is firmly embedded in infant behaviour and therefore the extrapolation to adolescent behaviour needs to be examined; there is no theory in attachment for adolescents\(^8\). Secondly, he questioned whether the construct being considered is really an elaborate way of looking at social connectedness. And thirdly, he questioned the embracing of attachment by academics and professionals working in the perplexing field as the latest fad and highlights the simplistic thinking that looks at unilateral causality.

Rich (2006) suggests that it is possible that the attachment phenomena we are trying to understand for juvenile sexual offenders is really two separate but related constructs, both consequences of early attachment experience: firstly, an internalised experience of emotional security and secondly, a sense of social connectedness. He also indicated that concepts of empathy, intimacy, morality and remorse, and the experience of self-efficacy and social competence are important components of the attachment experience. All of these aspects are critical themes in the clinical work with sexually abusing adolescents.

**Co-morbid Problems.**

Many studies have shown a significant co-morbidity of offending behaviour, particularly with Attention Deficit/Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) and Conduct Disorder (CD) (Adler & Schutz, 1995; Becker, Kaplan, Tenke, & Tartaglini, 1991; Becker et al., 1986; Kavoussi, Kaplan, & Becker, 1988; Thornton et al., 2008). Other problems such as mental illness, Asperger’s Syndrome, developmental delays or intellectual disability have been implicated in sexual offending behaviours but not to the same extent (Thornton et al., 2008). Major Depressive Disorder (MDD) has also been found at high levels by two researchers (Adler & Schutz, 1995; Becker et al., 1991). The most common early co-diagnosis was CD (Johnson, 2006) with figures of more than half the adolescents having this diagnosis, suggesting that the sexual offences were committed in a context where the adolescence had difficulties with impulse control and antisocial behaviour (O'Brien, 1989). ADD or ADHD has been more frequently diagnosed in recent times (Johnson, 2006) and

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\(^8\) This is actually incorrect as Patricia Crittenden offers a developmental and maturational model of attachment that takes into account the increased cognitive and affective capacities of an older child and adolescent (Crittenden, 2000).
Posttraumatic Stress Disorder (PTSD) has also featured in recent studies (Thornton et al., 2008).

While Hatch (2005) found that there was no difference in her study between adolescents who offended outside the home compared to inside the home except for the availability of a younger sibling, other researchers have found differences between the two groups in terms of these co-morbid difficulties. O’Brien (1991), Raymend-McHugh & Nisbet (2003) and Flanagan and Cox (2003) found that sibling incest offenders, compared to extrafamilial adolescent offenders, were more likely to have generalised conduct disorder and antisocial behaviour.

Models to explain sexually abusive behaviour.

The previous sections have considered the different personality types of sexually abusive adolescents and a range of individual factors that might possibly contribute to offending behaviour. There is another body of work in the field where the models or pathways to offending behaviour have been sought. These models utilise the findings of personality type studies and aetiology factors in an integrative way but still recognise diversity of offending behaviour.

Finkelhor’s (1984) four factor pre-conditions for adults who sexually abuse children, while not a model, is historically important for providing an all encompassing, integrative framework from the available theories of the time: 1) Sexual arousal to a child (often precipitated by a prior sexual victimisation); 2) Emotional congruence (that is, children appear to the abuser to be at a comparable emotional and psychological stage of development as them); 3) Blockage (the person is unable to have their sexual and emotional needs met from normal sources); and 4) Disinhibition where the abuser breaks through social and cultural restraints in order to abuse – for example, using alcohol or having poor impulse control (Finkelhor, 1984). While Finkelhor’s pre-conditions are not a model and do not encompass developmental considerations for adolescents, they have seeded the development of the models which will be listed below.
Firstly, Barbaree, Marshall and McCormick (1998) offer a developmental model for understanding the aetiology of adolescent sexually abusive behaviours, emphasising attachment style in “dysfunctional” families and lack of nurturing: a) the failure of the person who sexually abuses to learn competencies in interpersonal relationships; and b) their subsequent development of a coercive interpersonal style. They also consider prior victimisation experiences for the child, temperament factors around impulsivity, failure to achieve normal peer relationships and the replacement of normal sexual contact with abusive, coercive sexual contact (Barbaree, Marshall, & McCormick, 1998; O'Reilly & Carr, 2004). O’Reilly and Carr (2004) note that the limitation of this developmental model is that it assumes homogeneity of adolescent offenders and that it was constructed from information provided by adult offenders (thus telling us little of the other types of adolescents whose offending behaviour extinguishes before adulthood).

More heterogeneous frameworks have been offered by other authors (Hall & Hirschman, 1991; Lane & Ryan, 2010; Rasmussen, et al., 1992; Ward & Siegert, 2002). For instance, Hall and Hirschman’s (1991) model was developed with adult offenders against women and against children, not adolescent offenders, but was included as it may have some merit when considering sexually abusive adolescents. Like Finkelhor (1984), Hall and Hirschman consider four dimensions, but their view that is each offender, while having aspects of each factor, is primarily motivated by one of them, accounting for the variability in offender types. Their four factors are: 1) deviant sexual arousal; 2) cognitive issues (such as distortions to justify their actions); 3) affective dyscontrol (eg, depression, anger and hostility); and 4) personality difficulties (eg antisocial personality disorder).

Ward and Siegert (2002) outline five potential pathways that can lead to adult sexually abusive behaviour with a particular “mechanism” underlying each pathway. In this way they also cover the heterogeneity in aetiology of the sexually abusive behaviours. Like Hall and Hirschman (1991), they perceive that each pathway utilises all mechanisms but one of them is dominant or primary for each offender. Their five pathways are: 1) intimacy and social skills deficit; 2) deviant sexual scripts; 3) emotional dysregulation; 4) antisocial cognitions; and 5) multiple dysfunctional mechanisms (representing pure pedophilic behaviour). Their model has not been empirically tested.

Another well respected model is offered by Sandy Lane and Gail Ryan (Lane & Ryan, 2010). Like many adult models of sexual offending, they conceptualise adolescent sexually abusive behaviour as part of a cycle, including a build up, offending and cognitively distorting the event. Similarly to the previously presented models, they view the pathways to sexually abusive behaviour in adolescents as complex and that the abusive behaviour often functions for the adolescent to mask or erroneously correct their distressed feelings: “a maladaptive response to stressors in a young person’s life,” (O’Reilly & Carr, 2004, p. 51). Lane & Ryan (2010) view that control and dominance of others in an attempt to control their environment and interpersonal interactions is a critical feature for sexually abusive young people. They postulate that underlying their controlling behaviour is anxiety, helplessness, lack of control and sense of loss.

In the development of sexually abusive behaviours in young people, all of the above models agree upon the importance of a prior traumatisation (often creating affective dysregulation), difficulties in interpersonal relationships and possibly other behavioural problems (perhaps due to poor attachments), the maladaptive use of dominance and control in an attempt to self soothe or to gain a sense of personal power in the world, and the development of cognitive distortions to justify and allow the ongoing abusive behaviour. Lane & Ryan (2010), in particular, highlight the addictive nature of the sexual aspect of the offending.

Daversa and Knight (2007) undertook an interesting and informative structural equation modelling (SEM) to test a model of adolescent sexual coercion. They tested 329 incarcerated adolescent sexual offenders using a self-reporting measure, the Multidimensional Assessment of Sex and Aggression (MASA). They did not measure attachment histories but found four pathways to sexually abusive behaviour following physical abuse, sexual abuse and/or emotional abuse. One pathway was a direct route to sexually abusive behaviour and this followed prior sexual victimisation. The other three pathways were the result of emotional or physical abuse. Their construct of emotional abuse was made up of neglect and perceived parental “antipathy”: hostile parenting and criticism. It was the component of perceived parental antipathy rather
than neglect that was the major contributory factor to the pathway to sexually abusive behaviour and it was boosted by the presence of physical abuse. However, physical abuse alone, without perceived emotional abuse, did not contribute in their modelling to the development of sexually abusive behaviours.

Two of the pathways that started with emotional and physical abuse led to a factor they labelled sexual inadequacy, that in turn led to sexually abusive behaviours with younger children. This factor includes adolescents struggling with masculinity issues, slow developers and issues of sexual inadequacy and anxiety. The other pathway also starts with emotional and physical abuse but leads to a factor of antisocial behaviour. This confirms that a subgroup of adolescent sexual offenders may be impulsive, angry, manipulative, sadistic and aggressive.

Daversa and Knight’s (2007) study has added to the field and confirmed many of the theories being offered by clinicians. However, it is limited by the self-reporting method of the tool and does not measure any interactional aspects of the parent and child interchanges. For instance, it is possible that the hostility a young offender reported from his parents could have been in response to the offender’s problematic behaviour at an earlier age rather than a major cause of the offending behaviour. They also assessed incarcerated offenders which may have meant that SSA offenders were less likely to be represented.

Recovery pathways.

Until recently, the dominant models of treatment for sexually abusive adolescents has been based on adult treatment models: cognitively and behaviourally based around the development of awareness of offending cycles, awareness of cognitive distortions, covert sensitisation, assertiveness training, anger management, sex education, relapse prevention and development of victim empathy (Becker & Kaplan, 1993). Most treatment programmes have used group therapy to achieve change with these young people rather than being individually tailored (Swenson, Henggeler, Schoenwald, Kaufman, & Randall, 1998).
Some systems/family therapy or ecological approaches also have been available for treatment of these adolescents and particularly for SSA, but these have not been mainstream. For instance, “multisystemic approaches,” or ecological approaches, have been offered in the US since the late 1980’s (Borduin, Henggeler, Blaske, & Stein, 1990; Borduin & Schaeffer, 2002; Borduin, Schaeffer, & Heiblum, 1999; Swenson et al., 1998) and family systems work (combining individual work with family work) has been offered by The Bouverie Centre in Australia (Dwyer & Miller, 2007; Welfare, 1990, 1998b) and The Ackerman Institute and others in the US (Friedrich, 2007; Gil, 1996; Gil & Cavanagh Johnson, 1993; Ryan, 1999a; Sheinberg & Fraenkel, 2001; Thomas, 1991, 2004, 2010).

Both the perception of the increasing importance of attachment and evidence-based practice requirements has challenged the dominant models. The only randomised control group study that has shown efficacy in the treatment of adolescents with sexually abusive behaviours are the multi-systemic approaches (Borduin et al., 1990; Borduin & Schaeffer, 2002; Borduin, Schaeffer, & Heiblum, 2009; Letourneau et al., 2009; Swenson et al., 1998). They have shown significantly better outcomes over “usual” treatment approaches (CBT group and individual approaches) with recent long-term results of 8% recidivism for sexual offending for MST compared to 46% for the usual treatment approaches (Borduin et al., 2009).

The essential features of the MST involve strength-focused family work where the parents are empowered to be the change agents for their adolescent. The approach is individualised for each adolescent (Swenson et al., 1998). It involves assertive engagement of the family members, a home-based (rather than removal and institutional-based) treatment and well trained therapists in family systems theory (Swenson et al., 1998). A focus on the positives in a family rather than a blame orientation toward the causes and problems in a family also distinguishes this approach from many other family/systemic approaches utilised in adolescent offending behavior.

It is perhaps the reconnection of the abusing adolescent with his family and community that holds the key to the success of the MST method. Support for this comes from a large epidemiological study that assessed over 36,000 adolescents for health and well being (Resnick, Harris, & Blum, 1993). Their analysis showed the highly
protective function of caring and connectedness for youth (both male and female) particularly a sense of connectedness to family and to school. In their study, connectedness to family and others protected against “quietly disturbed” behaviour and “acting out behaviour.”

Jerry Thomas (1991, 2004, 2010) has been writing for nearly two decades about the importance of systemic/family work in the treatment of sexually abusive adolescents: “Family therapy can mean working with the biological family or the institutional family … it sometimes means separating from the family of origin and dealing with issues of grief and loss” (Thomas, 1991, p331). He offers a five stage model of intervention beginning with the “Crisis of Disclosure” (Thomas, 1991, 2004). He stressed the need for pro-active, non-blaming crisis assistance for the family to get the best outcomes for the young offender. He also suggested that multifamily therapy (that is, group therapy involving families) is an effective adjunct due to the isolation, shame and secrecy that families carry with this type of offending (Thomas, 1991, 2004, 2010).

The recent focus on attachment has generated other approaches interested in connecting the adolescent to parents. For example, an approach called “re-parenting” has been advocated by clinicians (Shi & Nicol, 2007).

_The offender is given a chance to feel the love and care provided, based on which they can start exploring new behavioural options for themselves…to establish meaningful relationships with others_ (Shi and Nicol, 2007, p401).

Ryan (1999a) has focused more on the therapeutic relationship and rectification of attachment problems through this modality. She recommended family therapy as an adjunctive treatment but her view of the family is harsh at times and not strength based (Ryan, 1997).
**Other Family Members: What are their Experiences and Recovery Needs?**

A rich understanding of the experiences of daughters who have been abused and sons who have shown sexually abusive behaviour is gradually emerging in the writing around SSA. However, the experiences of other family members remain unexplored. These family members are critically important to the recovery of their daughter/sister and son/brother but what are their experiences and recovery needs?

I have found no studies that have considered the perspectives of parents, other than my own small, qualitative study (Welfare, 1998b, see Appendix E). This research involved understanding both the parents’ and survivors’ experiences and recovery processes as they underwent concurrent systemic group work: the information and themes from each group (the parents’ group or the survivors’ group) was used to inform the treatment of the other group. This study identified parents’ grief and trauma at disclosure around the loss of the family unit and their difficulties with a dual focus of care required for both their daughter and their son. It also suggested that survivors tended to want to protect their parents from the extent of their trauma symptoms and were highly sensitive to their parents’ distress. Parents consequently focused upon recovery for their sons, oblivious to the extent of their daughter's trauma. Parents had no “roadmaps” for understanding the situation and held the belief that their survivor offspring had recovered once she had made the initial disclosure, while their sexually abusive offspring needed intensive help to overcome a potential future as a sexual offender (Welfare, 1998b, Appendix E).

There may be some similarity of experience for mothers managing the disclosure of abuse of their child from a partner with the experience of parents facing the disclosure of SSA. There is a body of literature that has examined mothers’ experiences of disclosure of intrafamilial sexual abuse. These authors highlight that mothers are more protective and predominantly nurturing and believing of their children following a disclosure than the literature had previously suggested (Carter, 1993). Furthermore, these women were often severely traumatised and grief stricken by the knowledge of the
sexual assaults perpetrated upon their child. The trauma and grief of the mothers sometimes impacted upon their capacity to care for their abused child.

Dwyer (1999) considered the decision-making these mothers were faced with at disclosure and identified that women who were reluctant to end their relationship with a sexually abusive partner did so less for their own needs and more as they privileged the ideal of an intact family. That is, they juggled the needs of their other children against the needs of their abused child; believing that their children were better off having their father in the family unit. Mothers (and fathers) of SSA have different decision-making to this, but also need to juggle the needs of both their children who have serious primary problems (Welfare, 1998b, Appendix E).

With regard to other siblings (not involved in the abuse incidents), there has been one small study undertaken by Holl (2006) who looked at the experience of non-abused sisters following a disclosure of intrafamilial sexual abuse (three instances of SSA and one incidence of paternal IGSA). She identified that the prior family dynamics and the quality of the sibling relationship prior to disclosure were important determinants of the impact of the disclosure to these sisters. All of the sisters reported “being rendered helpless by the shock (of disclosure)” (p. 60) and that the entire family experienced chaos and confusion (Holl, 2006). Three of the siblings that she interviewed experienced loss of relationship with their abused sister at some stage and also experienced alienation and ambiguous and disenfranchised losses of relationship with the rest of their family. Three of the siblings had a burden of care of their sister as a result of the lack of support their abused siblings were obtaining from their parents. Holl (2006) describes a never ending grief for those interviewed in this study and recommends that parents and non-abused siblings are provided with clinical support at the time of disclosure to assist them through these processes.

**The Family as the Locus of Recovery: Increasing Awareness of Good Attachments**

This chapter has outlined the journey of gradual recognition and seriousness of SSA in our culture; the early discourses around family and parent blaming when SSA occurs; the development of an understanding of the importance of
connectedness/attachment and support from a parent in the recovery of their traumatised, abused child; the parallel importance of connectedness/attachment in the recovery of their offspring who has sexually abused; and the lack of research and clinical attention to the experiences of parents and other siblings following disclosure; and the recovery journey. Of particular note, difficulties and disconnectedness of abused daughters with their parents also has been identified in some research as unique to SSA despite prior close bonds and good early attachments (Doyle, 1996; Rowntree, 2007), perhaps making the goal of family connectedness difficult for SSA daughters.

The field of sexually abusive behaviours in adolescence has matured from an application of adult models of sexual offender treatment to an understanding of the importance of developmental issues, attachment and treatment of prior traumatisation in recovery for these young people. The healing and recovery of both the abused child and the abusing child has been shown to be best achieved with the use of a family systemic/ecological approach, with goals of emotional reconnectedness as well as an individual trauma focus. However, our treatment fields are deeply divided between those that assist victims who have been traumatised and those that assist adolescents who have sexually abused (Dwyer, 2006). Both fields have developed approaches to recovery based on new research and findings around attachment and connectedness. This is straightforward when a son offends outside the family or when a child is abused from an outside family member. However, it is extremely complex and difficult in SSA, when one child offends against the other. The family is required to attend to both children’s needs concurrently and usually within a culture of disconnected and competing treatment services for victims and offenders.

The treatment service for an abusing son might require one set of action and system of support from parents, while the treatment service for their daughter may be requiring another. For instance, at a very basic, practical level, the treating agency for the abusing adolescent, utilising a MST approach, may require that he remain at home in order to assist with his reconnection to his family and to allow his parents to manage his recovery needs. However, his sister may be severely traumatised, fearful of him and triggered into terror in his presence. Her treating agency may be recommending that the son be removed in order to establish safety for his victim. Furthermore, what are the parents’ and other family members’ emotional responses to the situation? How does this
impact upon their decision-making and support? For instance, in order to support their son do they emotionally need to minimise the impact for their daughter?

Research also has suggested that substantially more disclosures of SSA occur when the survivors are adult (Carlson et al., 2006; Doyle, 1996; Lamb & Newberger, 1989). However, all the assessment and treatment approaches in SSA have been developed for adolescents or children. Is there any difference in assessment in late disclosure families compared to early disclosure families, and how different are their treatment needs?

There have been several case studies written in the area of SSA, each strongly advocating for a systemic approach and each one providing a different cultural lens (Abrahams & Hoey, 1994; Bass, Taylor, Knudson-Martin, & Huenergardt, 2006; C. Christiansen, 1990; Tsun, 1999). The earliest published case study for a young family was integrative (in that it attended to the recovery needs of both children) but it was less complex than many situations as the children did not live together (C. Christiansen, 1990). Bass et al.’s (2006) case study looked at two early disclosure families and attempted to make sense of the families’ constructions around the SSA and connected these meanings to the family members’ responses to the disclosures. One family was closely connected (labelled cohesive) while the other family was disconnected. They focused upon the treatment of the adolescents who had abused and tracked their treatment. They identified that the adolescent from the closely connected family found removal from the family intolerable while the adolescent from the disconnected family found it a relief. Their work was predominantly focused upon the recovery of the sexually abusive adolescent and not the abused sibling.

Ironically, the treatment models for the offending brothers are more dominant over the treatment models for the abused sibling; they currently carry more power (including legislative power in Victoria, Australia). The field involved in the treatment of sexually abusive adolescents has now embraced the ecological or multisystemic models. However, the field of recovery for victims is less organised in this manner and is still predominantly individually focused. This is currently the case in Victoria, Australia, where a positive intervention called a Therapeutic Treatment Order (TTO) has been legislated for children aged 10 to 14 years since October, 2007. It provides a
pathway for the young person with sexually abusive behaviours to go straight into treatment with their family rather than wait for court proceedings. If the child is compliant in treatment, the court proceedings will be dropped. Thus, the treatment is activated in a way that is focused around the young person who has abused and motivates them to attend therapy and motivates the family to be involved as defined by the treating agency, for their son. Involvement of the abused sister is therefore in order to progress the treatment of the abusing son rather than for her own needs.

An example of the power differential in treating systems emerged in one doctoral dissertation. It looked at the relationship between the young abusing brother and the abused sister as part of the brother’s recovery (Fontana, 2001). She argued that a complete recovery for both siblings could only occur with the repairing of their relationship to enable a safe, “non-powered” relationship between the siblings, to enable the offender to develop empathy and to recognise the need of the survivor to continue their relationship with the offending sibling. Many of the abused sisters in her study had not even been offered therapy (as this required private money) while their brothers were involved in a state-funded programme to change their behaviour. While one of her major findings was that the little sisters were missing their brothers who were in a residential programme, these little sisters had not had the opportunity to construct understandings of the abuse nor process their trauma.

Given the sometimes competing recovery needs, there is a strong requirement for an integrative approach to be developed that balances the needs of both the victim and the offender. How can decisions be made in families that address this potential conflict? Families need help from service providers that assist in this task rather than focus upon their particular specialist area: abusers or survivors. Colleagues of mine have presented at a conference for workers in the juvenile sexually abusive field arguing that if a choice has to be applied, it should be prioritising the needs of the abused child (Dwyer, 2006; Dwyer & Miller, 2007). Yet how do we as therapists make such choices in an ethical manner? How, indeed, do the parents make such choices?
Rationale for the Research

SSA is an important field of study in its own right within the intrafamilial sexual abuse area. It has, until recently, been hidden as a serious problem and there has been cultural blindness to its frequency and impact, with a common misunderstanding that the phenomena represent childhood curiosity and play rather than abuse (Crowder, 2002; Peterson, 1992; Rowntree, 2007). Yet for more than thirty years it has been known that SSA occurs up to five times more frequently than father-daughter abuse or stepfather-daughter abuse (Caffaro & Conn-Caffaro, 2005; Finkelhor, 1979; Finkelhor & Hotaling, 1984; Smith & Israel, 1987). The impact of SSA has been understood to be the same or worse than IGSA due to the greater use of violence and greater likelihood of penetration in SSA compared to IGSA (Adler & Schutz, 1995; Ascherman & Safier, 1990; Caffaro & Conn-Caffaro, 2005; Carlson, et al., 2006; Cyr, et al., 2002; Finkelhor, 1980; Gioro, 1991; Hardy, 2001; O’Brien, 1991; Peterson, 1992; Rudd & Herzberger, 1999; Russell, 1986). Furthermore, the impact also has been understood to have been worse for the survivor due to the lack of validation of its serious nature (Doyle, 1996; Rowntree, 2007).

This chapter has shown that the role of the family has recently emerged as critical in the recovery of both survivors of SSA (Aspelmeier, et al., 2007; Conte & Schuerman, 1987; Esparza, 1993; Fassler, et al., 2005; Gold, et al., 1994; Kinard, 1995; Merrill, et al., 2001; Mullen & Fleming, 1998b; Spaccarelli & Kim, 1995) and for the perpetrators of SSA (Borduin, et al., 1990; Borduin & Schaeffer, 2002; Borduin, et al., 2009; Letourneau, et al., 2009; Thomas, 2004, 2010). This is despite much research which has implicated the family as the cause of the SSA (DiGiorgio-Miller, 1998; Gil & Cavanagh Johnson, 1993; Gilbert, 1992; Laviola, 1989, 1992; Smith & Israel, 1987; Taylor, 1995). Many early descriptive studies of families managing SSA were written through the lens of the therapist or adult survivor, often producing contradictory and absurd causative findings which have shaped the discourses and treatment directions in the field for several decades (Gilbert, 1992; Laviola, 1992; Smith & Israel, 1987). Therapists are now utilising families in their treatment when they sometimes still hold deeply embedded conceptualisations around blaming families for the abuse.
The studies to date in the area of SSA have been clearly separated between those that examine the experiences of adult sibling survivors and those that seek to understand causes and best treatments for adolescents with sexually abusive behaviours. The treatment of survivors and abusers also have been historically separated and remain distinct and non-connecting domains today (Dwyer, 2006).

There have been several valuable qualitative studies from the perspective of the survivor (Doyle, 1996; Rowntree, 2007) and informative studies from the perspective of the abusing adolescent, usually employing multivariate quantitative analyses (Daversa & Knight, 2007; Hunter, 2006; Worling, 2001). The methodological differences in generating knowledge in the two fields perhaps parallel the great divide in the areas. Quantitative studies seeking to understand why a young person would become involved in sexually abusive behaviours often utilise rating scales from the perspective of the adolescent about their family and their relationships with family members (Daversa & Knight, 2007; Hunter, 2006; Worling, 2001). These perspectives then become “truths” embedded in a scientific method. For instance, if an abusing adolescent rates his parent as “hostile,” then the parent is classified as hostile and emotionally abusive. The parents’ view of their relationship with their son is not sought and the interaction of the parent and child is not understood. The “hostile” behaviour from the parent is considered as a cause of the abusive behaviour and not potentially a result of the abusive behaviour.

Further, there have been no studies that attempt to connect and reconcile the differences in understanding of the SSA and family situation as described by survivors and as described by their abusers. For instance, a classic difference of perspective arises in these separate studies around the power and position of the other sibling in the family. Survivors will often describe their abusing brother as “the golden haired” boy in the family who can do no wrong and has power over them as a consequence of the power invested in him by the parents (M. H. Taylor, 1995). In contrast, abusing brothers will often describe their sister as privileged and special in the family and their selection of her as a victim of their abuse is triggered by their anger and rage at her privileged position in the family (Gil & Cavanagh Johnson, 1993; O'Brien, 1991).
Further, there have been no studies which aim to connect the experiences of survivors and abusing brothers with their other family members. Two important qualitative studies with adult survivors found that the relationship between the abused daughter and her parents is often irretrievably damaged following disclosure of SSA despite the prior good connectedness and relationship enjoyed (Doyle, 1996; Rowntree, 2007). However, there is no understanding of this rift from the perspective of the parent or carer of the survivor.

Despite the focus and importance of family in understanding aetiology and in recovery for both survivors and abusers, the actual voices of family members have been silent in all prior research, in either the survivor field or the abusing adolescent field. Further, the parents’ experiences and knowledge have not been included in theoretical conceptualisation of the issue. Even the experiences of other siblings have not been sought when they potentially could provide rich information about the aetiology of the SSA and family dynamics.

Parents are placed in a role that most experienced therapists avoid – supporting the offender and the victim. How do they manage this difficult task? The grief, trauma and losses for parents and siblings following disclosure of SSA are submerged discourses (Welfare, 1998b, Appendix E), yet how does this impact on their ability to assist the recovery of their children? Many studies have listened to the voices of the victims alone, while other studies listen to the voices of adolescents who have offended. These lone voices lack a systemic understanding of the family functioning and interactions. The need is critical for a study that hears the voices of every family member.

The field is now urgently requiring an integrative family approach to provide good treatment for both the survivor and the abuser. This current study therefore seeks to incorporate the experiences and perspectives of all family members in an attempt to obtain an integrative understanding of SSA and the pathways to recovery for all family members. This study particularly seeks to hear the silenced voices of parents and other siblings in the family and to look at the differences in experiences of survivors and abusers in a family. It is recognised that multiple and contradictory perspectives will be obtained but these will enrich our understanding, provide scope for a systemic and
interactional analysis and, hopefully, provide guidelines for an integrative treatment approach for families.

This study will consider families at different developmental stages given that most of the disclosures in SSA occur when families are in adulthood, particularly as the voices and reflections of adult brothers who have abused have also been lacking in prior research. While the gap in our understanding of SSA is mostly at the level of parents’ and other family members’ perspectives, this research seeks to interview all family members, including the abuser and abusing siblings, in order to obtain multiple perspectives and a more integrative understanding of the problem.
Aim

To understand the experiences, recovery needs and perspectives of all family members following sibling sexual abuse disclosure and its aftermath.

Research Questions

- What is the impact of disclosure of SSA for different family members?
- What is the impact of disclosure of SSA upon family relationships and patterns?
- What are the important relational aspects of recovery for the abused daughter, the son who abused, and other family members?
- What are the possible constraints and dilemmas for family members in the provision of support and assistance for relational recovery for both the abused sister and the brother who has abused?

Goals

- To explore best models of family management and restructuring following disclosure of SSA.
- To develop an integrative understanding of the pathways to recovery for all family members after an analysis using the frameworks of systems theory, attachment, relational trauma recovery and feminism.
- To offer integrative treatment recommendations.
Chapter Three: Methodology

“The real voyage of discovery consists not in seeking new landscapes but in having new eyes.” Marcel Proust

The Research Paradigm: Interpretivism/Constructivism

This inquiry has used the paradigm of interpretivism (Charmaz, 2006; Guba & Lincoln, 1994; Willis, 2007) as it allowed reflection of multiple perspectives in a family; it aligned well with the philosophical underpinnings of systemic theory, constructivism and feminism; and it recognised recursivity between the researcher and the participants. Interpretivism provided a way to hear and understand the different perspectives of all family members participating in the research, and also the recursivity of the researcher/therapist. It offered an epistemology that was deductive and reflective rather than reductive, an approach that recognised subjectivity rather than made claims of objectivity, an approach that allowed multiple constructions of reality, a recursive process rather than linear and an approach that recognised the influence of the experiences and constructions of the researcher of the inquiry (Denzin, 1997; Denzin & Lincoln, 2005).

Interpretivism embraces two main philosophies of thought (Willis, 2007): rationalism and relativism. Rationalism is an alternative to empiricism and has its roots in Plato’s philosophy. It purports that you can know reality by thinking about it. It offers reflection and thinking as an alternative to the empiricalist approach of observation and testing (Willis, 2007). It argues that the social sciences have attempted to copycat the paradigm of the physical sciences when this approach is too deductive to obtain meaningful information for the social sciences. Relativism identifies that the reality we perceive is always conditioned by our experiences and our culture. Humans construct their views of reality in groups and their version of reality is influenced by their culture and context (constructivism). The goal of interpretive research is an understanding of the particular situation or context much more than the discovery of universal laws or rules as in positivist and postpositivist research (Willis, 2007). A core
belief of the interpretive paradigm is that the reality we know is socially constructed. Researchers therefore have access only to a socially constructed reality.

Despite the good fit of this enquiry with the interpretivist paradigm, I have struggled with some essential dilemmas due to the nature of childhood sexual abuse and adolescent sexual offending, and the problems associated with the social constructions around each of these events. For instance, is it possible and ethical to understand the concept of the trauma of SSA as a socially constructed reality only? Similarly, is it ethical to view that adolescent sex offending is a socially constructed problem only? How do I situate myself as a researcher when my interviewees might hold very different social constructions to me?

When I commenced this research I suspected that I would be faced with different understandings and discourses about the SSA from different family members. I was concerned about how I could be respectful and deeply explore the various constructions of family members about the SSA and their victim and offender when these notions may be problematic for their other family members and conflict with my beliefs. Furthermore, how could I be true to constructivism; listen and explore the numerous perspectives without the power of my therapeutic intervention (my usual situation) to challenge these views if it might be beneficial to survivors?

In order to situate myself as the researcher, I clearly state that I see sexual abuse and offending and the subsequent trauma as a fixed reality outside of culture, history and context even when the culture or time in history has offered a different discourse. Is it possible for me to do this while taking a constructivist paradigm in this inquiry? Am I really a closet postpositivist? I read with interest a debate between a philosopher and a constructivist sociologist about the issues of truth and reality (Bowker & Sankey, 1993/94). Sankey (the philosopher) outlined that the notion “reality is a social construction” (p.234) was problematic as it implied that reality was only ever the product of social processes. However, he then suggested that it is not reality itself which is socially constructed but our interpretations of it. Thus while abuse and violence is inherently real, it has been constructed very differently across cultures and history and the area of SSA in particular remains vulnerable to being subjugated by dominant discourses that discount the seriousness of the situation.
A recently published book has further relieved me of this particular concern with the constructivist paradigm in the field of violence and abuse (Bryant & Charmaz, 2007). Kathy Charmaz and Anthony Bryant wrote that in the development of social constructionism “some social constructivist statements came perilously close to the extreme of arguing that in fact no external reality existed; a clearly non-tenable position” (Bryant and Charmaz, 2007, p. 37). In addition, they freed me of another unease when they state that they do not agree with some forms of social constructionism that give equal status to all constructs of reality. That is, some viewpoints must have a higher validity (Bryant & Charmaz, 2007). Charmaz (2006) also argues that constructivism provides a way for conflicting discourses to be managed (although she does not offer guidance regarding how this can be practically achieved). She sees the advantage of constructivism lying in the middle ground between postpositivist research and postmodernist research. Similarly, Patterson and Trathan (1994), employing Harding’s (1987) feminist theories, argue for a both/and position of principled ambivalence in juggling conflicting claims to knowledge.

The Method Journey

I searched for a method of research, within the interpretivist tradition, that would not only allow me to listen to multiple perspectives and constructions of different family members, but also encourage a holistic understanding for these different perspectives. Without this overarching view and connection between the constructions, the presentation of the individual experiences of each family member type would repeat the disjointed and disparate research that has been undertaken to date. Systems theory (one major paradigm upon which family therapy is based) is a framework to understand this level of analysis. I sought a method that would allow a systemic analysis; a holistic focus upon the interactional patterns between family members as well as their different perspectives.

Systems theory conceptualises that the whole entity is much greater than the sum of its parts (Bertalanffy, 1968). A family is an integrated, dynamic and organic entity that is made up of dynamic organised sub-systems (Street & Downey, 1996). In order to
understand a family system, we need to analyse the recurring patterns of interaction that occur within the family system and between the subsystems (Lowe, 2004). A common metaphor to describe this phenomenon for families is that of a dance or ballet: the system consists of the dancers and the dance. The individual parts plus the way they function together (M. P. Nichols & Schwartz, 2006).

An early qualitative researcher, Patton (1990), noted that a systems perspective is important in dealing with and understanding real world complexities, viewing things as whole entities embedded in context and still larger wholes (Patton, 1990). He explains that a system as a whole cannot be understood by analysis of separate parts, and “furthermore, the function and meaning of the parts are lost when separated from the whole” (Patton, 1990, p. 79). Thus I did not want to simply explore the constructions and experiences of individual family member types following SSA disclosure without also finding a way to connect these experiences of the different family members, understand the way they interact together, understand the family system’s interactions with broader cultural and political systems, and to understand these experiences in a holistic and contextualised way.

I also strongly believed that a method allowing a feminist perspective was important to this inquiry as the influence of feminism in the social constructions around childhood sexual abuse have been critical in the past two decades (Herman, 1983, 1992; James & MacKinnon, 1990; Patterson & Trathan, 1994; Russell, 1983). The contribution of feminism to the field of sexual abuse has been greatest in the explication of power differentials in families (James & MacKinnon, 1990), and it was this aspect that I particularly wished to harness with a selection of method. The two most early influential schools of feminist research are those by Harding (1987) and Fonow and Cook (1991). Harding argues for the inclusion of class, race, culture, and gender assumptions, beliefs and behaviours of the researcher in the analysis and her approach fits well within an interpretivist paradigm (Harding, 1987). Fonow and Cook add an emancipatory, pro-active component to the research. For instance, they advocate: consciousness raising during the research process with the participants; collaborative scholarship rather than working alone; action oriented approaches with the goal of helping an oppressed group take control of their lives, and finally; attention to the emotional realm in the development of knowledge (Fonow & Cook, 1991). A feminist
method alone may miss the important systemic and constructivist elements sought for in
the analysis but an inclusion of a lens that addressed power was important.

I initially explored the viability of using a multiple case study approach (Stake,
2005; Yin, 1994) but rejected this method as it did not allow a way to present the
findings that would maintain confidentiality for the participants. If I had interviewed
families as a whole group, the multiple case method would have allowed this holistic and
systemic analysis. However, due to the conflict and trauma in these SSA families, I
needed to interview family member types individually in order to maintain physical and
psychological safety of the participants and to promote non-censored responses. Yet, if
interviewed individually, the confidentiality of family members would have been
violated in writing up a case study.

I then turned to the grounded theory method (GTM). GTM has been embraced
by the family/systems therapy field over the past twenty years as a method of doing
research consistent with the philosophical underpinnings of family systems therapy
(Moon, Dillon, & Sprenkle, 1990; D. P. Nichols, 1993; Rafuls & Moon, 1996; Seymour
& Town, 1990). This is because GTM, like family systems therapy, is not reductive and
allows a contextualised, expansive analysis. Family therapy privileges concepts of
recursive patterns rather than linear causality and this can be adequately attended to with
GTM (Seymour & Town, 1990). Family therapy, similarly to the philosophy of GTM,
also recognises uniqueness and specificity rather than seeking generalisability
(Minichiello, 2003; Minichiello, Aroni, Timewell, & Alexander, 1990). Furthermore,
the more recent manifestations of GTM recognise that the researcher is not independent
and separate from the research but is an integral aspect of the research endeavour
(Charmaz, 2000). Similarly, family systems therapy holds this philosophy in regard to
the therapist and family (Lowe, 2004).

GTM was developed in the 1960s (Glaser & Strauss, 1965, 1968) as an
alternative to positivist and quantitative epistemologies. While it has evolved and
1987; Strauss & Corbin, 1990, 1994) along a continuum of positivist to postpositivist
methods, it remained essentially a postpositivist approach. However, its most recent
evolution has been to constructivist GTM (CGTM). Charmaz is recognised as explicitly
introducing CGTM (Charmaz, 2000). CGTM lies between a postpositivist and postmodernist approach (Charmaz, 2006). It also neatly aligns with constructivist systemic/family therapy paradigms and feminism, and is the method that was used for this study.

GTM involves the inductive development of theory about the studied area through the systematic collection and analysis of the data (Glaser, 1998; Strauss & Corbin, 1990, 1994). Unlike positivist research where the process involves the construction of a hypothesis and its testing, GTM allows the data to reveal the concepts, categories and emerging themes that, in turn, shape the direction of the theory development (Charmaz, 2000, 2006; Liamputtong & Ezzy, 2005). It is the relationship between the categories that produces the developing theory. An essential feature of this approach is the simultaneous data collection and analysis (Glaser, 2001, 2003, 2006; Glaser & Strauss, 1967; Strauss & Corbin, 1994). The ongoing analysis informs the subsequent data collection in a recursive manner: “Theory evolves during actual research, and does this through continuous interplay between analysis and data collection” (Strauss & Corbin, 1994, p. 273). A constant comparative method is also central to the work and involves making comparisons between categories throughout the analysis in order to understand difference and similarity (Charmaz, 2000, 2006).

The method or technique is the same for CGTM and GTM but the essential difference lies in the perception of the data (Charmaz, 2006). CGTM sees the data as socially constructed and part of a reflexive process with the researcher, while the more objectivist GTM views the data as real and does not privilege the processes that have led to the data’s creation (Charmaz, 2006). In contrast to GTM, CGTM considers that the viewer or researcher creates the data and analysis in a recursive interaction with the viewed or object of the study (Charmaz, 2000). Thus the personhood, experiences and context of the researcher defines what they will see and will shape their analysis and findings.

Constructivist GTM is not seeking a truth or reality. Rather the inquiry produces a construction of reality: an interpretation of the phenomena being studied (Charmaz, 2006). Of particular importance to this study, with multiple and conflicting voices of different family members following SSA, CGTM allows and encourages the
incorporation of these multiple voices (Charmaz, 2000). This is particularly important for family research.

The development of theory that is the cornerstone to the GTM is less grand in CGTM. The researcher *theorises* in CGTM while the researcher *creates theories* in GTM (Bryant & Charmaz, 2007). CGTM strikes a good balance as, at one extreme, in positivist research, a theory is proven true, and at the other extreme, in postmodernist research, the narratives are presented without any analysis or theory development from these stories. CGTM allows theorising to occur without it taking over the experiences (Charmaz, 2006).

This research project sought theorising about the multiple perspectives and patterns that emerge from the different family members following disclosure of SSA, and CGTM allowed this to occur. Modern family therapy utilises both systemic and constructivist paradigms in conceptualisation (Lowe, 2004) and this aligned well with a GTM that involved a constructivist paradigm (Charmaz, 2000, 2006). It also fitted well with a feminist lens and was consistent with the feminist method of research advocated by Harding (1987).

**Ethical Considerations**

This study was in a sensitive and secretive area. The sensitive nature of the project caused extreme difficulties in progressing through ethics committees; in recruitment; in access to agencies for this recruitment (when it was initially provided); in the access to family members other than the sexually abused sisters; and in the interviewing process itself. The nature of the situation meant that I needed to ensure the emotional and psychological safety of a participant in undergoing a research interview. It required careful scrutiny from two ethics committees before recruitment could occur (taking more than one year for this process to occur). The Ethics Informed Consent Forms are provided in Appendix A.

One ethical aspect was relatively simple to attend to. It involved care that information from one family member could not be revealed when I was interviewing
another member from their family. A more difficult aspect occurred when I wished to connect and theorise about the different perspectives of family member types. However, I could not present this research in a way that would reveal personal information from one family member that would be recognisable to their other family members: the data had to be thoroughly disaggregated in order to maintain confidentiality.

This tricky issue of confidentiality raised great dilemmas in the writing up of the data. Forbat and Henderson (2003) have written about this dilemma for qualitative research involving two people in intimate relationships who are interviewed separately. My research involved up to five people in intimate relationships and thus the problem was even more troublesome. In the final cut, I have discarded some extraordinary and elucidating material as it would have violated this requirement. However, this hidden material has enriched my formulating and theorising in this study and influenced me in the development of the concepts. If I had only interviewed family members from completely separate families, I don’t think that I would have made the connections and obtained the understanding that I did in this study. That is, the specific and unique family patterns that emerged during this analysis provided the understanding that allowed me to develop the theory in a particular way.

I also paid attention to the information provided to me and carefully ascertained that the divulging of this information would not be detrimental to the participant (Ramos, 1989). For instance, I included three emails in the brother’s chapter that provided key data but were potentially identifying of him to his family. I was concerned that their inclusion could impact upon his family relationships if they were discovered. I discussed this issue at length with him and, even with this risk; he was pleased for them to be used. However, there was other potentially identifying data that I did not present from other participants.

**Recruitment**

I used theoretical sampling for this study. Theoretical sampling involves selecting a study sample on theoretical rather than representative grounds (Charmaz, 2006; Finch & Mason, 1990; Liamputtong & Ezzy, 2005; Strauss & Corbin, 1990). I
initially sought participants where at least one family member was in therapy following the disclosure of SSA or had been in therapy in the past. This was to ensure that only participants with well managed levels of distress and trauma were interviewed. Otherwise, an in-depth research interview could be difficult and problematic for participants without this stabilisation. A reasonable degree of stabilisation, as assessed by their therapists, was particularly important for the abused sisters and for the brothers who had abused. Each of the brothers and sisters recruited for the study had been, or currently were, in therapy. All of the parents had also been in counselling at some time after the disclosure of the SSA. The therapists assessed the level of resiliency of their clients for the research interview.

Thus my clinically derived sample definitely was not representative. Of relevance to this research, van der Kolk and colleagues found that the difference between a treatment seeking sample compared to a community sample with PTSD was not the prevalence of PTSD symptoms themselves but depression, outbursts of anger, self-destructive behaviour and feelings of shame, self-blame and distrust (van der Kolk, 2002). Since a focus of this research was to understand some of the factors influencing this severe and lasting impact, and to develop guidelines to assist counselling in these situations, the inclusion of participants from a clinical population was appropriate but must not be mistaken for being representative.

I required that participants were older than 14 years (an ethical committee requirement) but had no requirements about the timing since the SSA disclosure. Thus, for some participants, the SSA had only recently been disclosed while for others, many years had gone by since the disclosure or since the cessation of the sexual abuse. I also utilised a snowballing process on several occasions. Thus I gained access to one family member through a therapeutic recruitment and then this person encouraged other family members to also undergo an interview.

GTM and CGTM requires theoretical sampling as the inquiry progresses (Charmaz, 2006; Glaser & Strauss, 1967). That is, the sampling criteria changes in the process of the research according to the emerging theory generated by the analysis. Participants who fit a certain requirement or category to advance the development of the theorising are then sampled. As this inquiry progressed, I selected more specific family
types or category of participant that was needed to explore the key concepts evolving from the analysis. For instance, it was particularly difficult to recruit the brothers who had abused and the other siblings. I focused upon attempting to recruit these particular family types in order to obtain these perspectives. Also, as the analysis proceeded, I needed more information from mothers who had had a close connection with their daughter but had lost this once the SSA was disclosed. I therefore specifically sampled for this category.

Due to the sensitivity and secrecy of the subject of my inquiry it was extremely difficult to obtain participants for the research. The recruitment and interviewing of my participants took exactly six years from start to finish due to the excessive difficulties of recruitment. The first interview took place in September, 2003 and the last interviews took place in September, 2009; the recruitment was a drip-feeding process but still utilised theoretical sampling within the constraints of finding participants to fit the categories.

The method of recruitment changed three times due to the difficulties of obtaining participants. Each of these changes were reassessed by the ethics committees and approved. Each of these changes also remained true to the theoretical sampling needs at that stage of the process and analysis. The initial recruitment process involved the posting of a notice in the waiting room of agencies (three agencies) likely to be working with families experiencing SSA, inviting potential participants to discuss with their therapist the idea of becoming involved in the study. This was to ensure that there was no coercion or use of power to obtain permission to participate in the study (more of a concern than normal due to the sensitivity of the study), and to ensure that the potential participant was stabilised and safe to be interviewed.

The initial recruitment method only yielded two participants (one mother and one other sibling) and these two participants did not eventuate until after the commencement of the second recruitment method. After several months of no responses to the posters, a second method was employed which involved sending out letters to over 100 private practitioners (psychiatrists, psychologists and social workers) in the Melbourne area known to work with patients who have experienced childhood sexual abuse. These
therapists were invited to ask their clients who fitted the criteria to participate. The therapists were required to assess the readiness of their patient for participating in the research. A trickle of ten participants resulted: one brother who had abused, one father and eight abused sisters. Most of these abused sisters had not even disclosed to their parents so a further snowballing method of recruitment was limited although I was able to interview an additional mother and father of two of the abused sisters and an additional mother (the partner of the father).

The trickle of participants ceased with the second recruitment method also and I was faced with a major problem of needing to recruit further participants in particular categories in order to develop the emerging theoretical ideas further. With encouragement from my supervisor, I re-thought my criteria of excluding families that I had worked with in the past. As well as my therapeutic work at The Bouverie Centre in the Sexual Abuse Team, I had seen a substantive number of SSA families over the years in my private practice. This did raise the methodological issue of my prior co-constructions with these families but I considered that it would still provide me with new information as the task would be very different. I requested consideration to see my prior families to the La Trobe Ethics Committee and this was conditionally granted.

The conditions from the ethics committee for my approaching past families was that they had to be private practice not public practice clients and they had to have completed therapy more than 12 months prior to my approaching them. I was required to write to them rather than phone them. The reasons for the conditions on recruitment were to ensure that: there was no sense of duty or misuse of power to encourage participation if the family had received a free service from me; there was a clear boundary between the therapy and the research with the 12 month break; and to write rather than call in order to give the families an easy way out of not participating. I sent out letters and eventually obtained 17 participants using this method: eight abused sisters, two mothers, two fathers, three other siblings and two brothers who had abused.

In addition to these past families that I had seen, I obtained several other participants, at this time, who were currently in therapy with other practitioners in the field who became aware of my research endeavours through conference presentations. I interviewed four members of one young family in therapy (mother, father, abused
daughter and son that had abused), and an adult brother who was also in ongoing therapy with his family. It was helpful to have the opportunity to interview, analyse and compare family members that I had worked with in the past, with family members that were currently in therapy with other clinicians. Thus I was able to get a sense of the process of recovery for my research, with all participants being at different stages of recovery and different developmental stages in life.

A final recruitment occurred after I had analysed to the theoretical concept level. I felt that I needed to deepen my understanding of mothers’ experiences in regard to their relationship with their abused daughter. I sought two more participants in this category and their interviews were more focused around these emerging themes. They were both past patients of mine who had met the ethics criteria of post twelve months since cessation of their therapy. Their generous and reflective interviews provided a rich development of the unique experiences of mothers struggling with SSA and their relationship with their daughters.

Forty participants were recruited and 22 families were represented in this research. As some families had more than one sibling abused, there were 30 abuse situations (80% involved penetration). Four families had four or more members interviewed. The forty participants consisted of seventeen sisters, eight mothers and five fathers, five brothers, four other siblings, and one partner of a sibling. One father (Trevor) was interviewed on three occasions over a period of two and half years which allowed a prolonged engagement and longitudinal understanding of the impact of disclosure for him and his family.

**Data Collection: Interviews**

My method of data collection was unstructured or open-ended interactive interviews. Unstructured interactive interviews are “shared experiences in which researchers and interviewees come together to create a context of conversational intimacy in which participants feel comfortable telling their story” (Corbin & Morse, 2003, p. 338).
Within unstructured interviews there are also different levels of control taken by the researcher. Some researchers wait until a participant has told their story, in their own words and with little prompting before asking for clarification. Other researchers will probe or ask for clarification throughout the interview (Corbin & Morse, 2003). In my inquiry, I tried to have times of both. I helped the participant begin (and set the scene for the importance of family dynamics) by asking them to tell me who was in their family and how they fitted into its organisation. I was less interested in their story of the abuse and more interested in their constructions around how their family had reacted to the disclosure and its aftermath. Yet sometimes the participants needed me to bear witness to what they had gone through. I allowed this process to occur and then asked questions to direct them to the areas of my inquiry.

In the interviews, I used my therapeutic skills to engage with the participants and, importantly, to make good judgments about the timing and safety in asking questions that might be distressing to the participant. For instance, initially I asked participants to tell when and how they disclosed the abuse to their family if they were the abused sister; or how they learnt about the abuse if they were non-offending family members; or how the abuse became known in the family if they were the brother who had abused. These opening questions were less frightening than asking details about the abusive experiences but provided initial important data. This stage of the interviewing represented the tentative stage according to Corbin and Morse (2003). The interview has commenced and taping is occurring. However, participants need to work up to telling their story as they begin to trust the researcher. “The narration begins with background information about the persons’ lives and the events leading up to the event of interest. Slowly the layers of a participant’s life are peeled back, exposing the self to varying degrees” (Corbin and Morse, 2003, p. 342).

Corbin and Morse (2003) also identify pre-interview, immersion and emergence stages of an unstructured research interview. In the pre interview stage the purpose of the interview is explained and the consent form is examined. While the taping has not yet begun, Corbin and Morse (2003) emphasise that this period is very important for informally setting the tone for the interview and it is also the period when the “groundwork for reciprocity” occurs (p. 342): the participants are sharing something important but the researcher also provides a presence and a promise of a witnessing of
their story. In this stage of the interview, I organised food and drink for the participants and worked to reduce their anxiety.

The immersion stage is the heart or core of the interview where the participant talks of their experiences and makes meaning and constructions from these experiences. Corbin and Morse (2003) emphasise that this stage is usually not a clear, linear process but that the participant jumps back and forth between events and in time as they struggle with their ideas. The role of the researcher at this time is to remain connected and empathic to the experience of the participant (Corbin & Morse, 2003). Given the subject matter of this research, this stage of the interview was often extremely harrowing. I bore witness to many painful experiences that had not been told before. This was the most difficult stage to stay in the role of researcher rather than therapist. I asked clarifying questions to obtain the thicker descriptions required for a good analysis. However the choice of the questions arose from a reciprocal, co-constructed interaction between myself and the participant and also decision-making about the capacity of the participant to withstand the questions.

The final stage of the interview, Corbin and Morse define as emergence (Corbin & Morse, 2003). They outline that you cannot just abruptly finish an interview when it is at an intense and emotional phase. Instead, you need to wind down and slowly bring the participant into a calmer state. They note that you can sometimes still obtain important information for your research in this stage but the participant is not as emotional. In this stage of the interview, I often summarised some of the main themes of the participant’s story and further clarified their experiences. I assessed the mental state of the participant and provided soothing and closure. I also reiterated the next phases of the research process such as the written transcript being sent to them to enable them to check for meaning and written accuracy.

I planned and started to interview participants in groups of like family member types. That is, groups of sisters, groups of brothers who had abused, groups of parents and groups of other siblings. It was planned this way as I believed that the groups would be a helpful and unique experience for participants, giving them a chance to share their stories with other people in the same situation as themselves: giving them something valuable back for participating. I also thought that it would allow a co-construction with
each other around the dilemmas of their recoveries, and that these group constructions might give the research a different aspect than if the co-constructions just occurred between the participant and me.

I ran three of these groups for sisters. While the abused sisters valued this experience, it made my researcher task very difficult. One of the groups ran for four hours with three participants. This was because each participant needed the space to convey their meanings and understandings in-depth. The story for each participant was unique and at times it felt too crowded and disjointed for each person to have the space to be able to convey their meanings. I needed to obtain a thick description from each participant and at times, this felt awkward as the group was a more public experience than the intimacy of one interviewer and one interviewee. Managing each participant’s distress and safety needs was also more difficult in this format. Co-constructions amongst participants sometimes occurred and sometimes did not. The most valuable co-constructions occurred in this format when I interviewed two sisters from the same family who had both been abused by their brother. They had each received treatment from the same agency but had never sat down together and shared their understandings of the events and their family dynamics.

After these three group interviews, I decided to revert to interviewing participants individually, with the exception of parents; each parent decided whether they wished for the interview to be with their partner or individually. I interviewed the parents of six different families. All of these parents were couples except for one family where the father had completely left (and offended in the past) and one couple who had divorced but were both closely involved with their children. In the five families who had both parent couples, two chose to be interviewed together and three chose to be interviewed separately. I also interviewed one young sister in the presence of her mother. This was her request in order to have support. I had previously interviewed her mother separately. The length of the interviews ranged from one to four hours and further clarifying contact with participants occurred at the time of the checking of the transcripts.

The essence of the research interview in CGTM is that it is about co-constructing ideas between the researcher and the participant (Charmaz, 2006). This becomes
difficult when the interview is with a participant who holds a disparate perception of a situation to the interviewer. One paper outlines this problem when the authors describe the power relationships and underlying conflicts between interviewers and interviewees when conducting research with both partners of domestic violence (Enosh & Buchbinder, 2005). Their dilemmas were very similar to my own. While the brothers I interviewed were all at a much greater level of accountability of their past abusive behaviours than the brothers who refused to be interviewed, several still held constructions of mutuality or lacked empathy for their sister’s experiences. Different beliefs and constructions to my own were also presented by several parents. It was a difficult position as a researcher to hear comments that conveyed these different constructions in an area involving sexual abuse. I was faced with dilemmas about whether I should challenge these notions or explore them further. If I explored them further, was I implicitly co-constructing a reality that I do not support? If I challenged them, was I crossing the line into therapy? I mostly resolved this problem by maintaining a position of curiosity and explored their experiences and constructions neutrally without confrontation.

Analysis and Interpretation

Interviews were recorded and transcribed verbatim. I also created a journal and memos as I progressed through the interviewing and analysis process. I did not correct or edit the transcripts for grammar or ease of understanding. The stammering and sometimes confusing sentences were maintained in order to convey the degree of emotional difficulty with the subject area. This was most obvious in the transcripts of the brothers as they struggled to articulate their experiences. In no way was this intended to be disrespectful of the participants. Some authors argue that the publication of incoherent and stumbling transcripts is an unethical stigmatisation of research participants (Kvale, 1996). However, I believed that the authenticity of the participants’ words provided the reader with the true lived experience of the participants. Any stumbling or confusion represented their hesitancy in articulating their emotional and intellectual recollections and experiences and was not a reflection of their class or education levels.
My core analytic tools were coding, memos and journalising. I used the computer programme, NVivo (Richards & Richards, 1994) to assist with organisation and management of the large amount of data: transcripts, memos and journal. This programme also allowed an easy way of writing short memos as I analysed and connected them to the transcript. In addition to NVivo, I created a spreadsheet that put a large amount of demographic data together for each person sorted into their families. I cannot present this spreadsheet in this report as it would be too identifying of families but it was an essential tool for my thinking and analysis. It allowed me to compare situations and events for families as I linked theoretical codes.

I initially used a tape recorder for the interviews but switched to a digital recorder when they arrived onto the market. This enabled me to easily run the recording (stored on the computer) when I was analysing the transcriptions. I would often replay a segment of the recording over in order to pick up the meaning and nuances that sometimes do not come through when reading a transcript.

A constant comparative analysis of data occurred with recruitment, analysis and choice of further interviewee categories (Charmaz, 2000, 2006; Denzin & Lincoln, 2005; Glaser, 1998). It involved comparing the experiences and constructions of different family member types; it involved contrasting the same incident between different family members; and it involved contrasting and making sense of different levels of recovery from one family to another through the development of various categories. It also involved comparing the data from one person over time. Furthermore, as Charmaz (2006) emphasises, the constant comparative method also involves the engagement and interaction of the researcher: various levels of interaction occurred between the participants and myself that shaped the interpretations.

Journal writing.

I used a journal to compare the stories of each family member and reflect upon different family narratives. That is, I not only kept a journal to reflect upon each individual person’s experiences, I kept a journal that linked the experiences of different family members within one family. This reflection allowed the systemic and holistic understandings of SSA families to emerge. Thus information about different
constructions of events and meaning, and the often conflicted recovery needs of different members within one family could be identified, sorted and integrated into the data. While the major analysis was the experiences of each type of family member, this reflection when several members from one family were interviewed, also provided critical data and ideas that shaped my thinking and theoretical development. I could not explicitly use this data in the presentation of the findings as it may have violated confidentiality but it significantly impacted upon my thinking and analysis.

The journal keeping and memo writing (Charmaz, 2006; Minichiello, 2003; Minichiello et al., 1990) added a significant contribution to the trustworthiness of the data as it records unspoken or tacit knowledge. Altheide and Johnson (1994) identify tacit knowledge as that which goes beyond the text or words used by informants. Tacit knowledge is “the largely unarticulated, contextual understanding that is often manifested in nods, silences, humor and naughty nuances” (Altheide and Johnson, 1994, p. 492). By listening to the tapes, writing interview notes, as well as reading the written transcripts, I was able to pick up some of the unsaid meanings as I analysed.

**Memo writing.**

The memos written throughout the coding process, along with the development of more detailed memos in the journal, provided the basis for the theorising that will be revealed in the next five chapters. For instance, I had interviewed and analysed the parents of one sister prior to her interview. I had understood from her parents their stance of providing respectful distance from their daughter, their feelings of being pushed away, and the fears they had at upsetting her. They also reported that they had not been told any details about what had occurred with the SSA. When I interviewed this sister I noticed one comment very clearly which first triggered the development of the category of “protection of a parent.” The use of memo writing facilitated this as follows:

**SISTER:** *I mean, they’re the last people I want to talk about it to, because it’s so difficult, and I know how, you know, how hard it is for them, and, and I take that on. I can’t help it. Not that I feel like I’m responsible, but I don’t know. You know, it’s you can’t help but see that link between something that comes out of*
your own mouth and the look on their face [laughs] - I can see it. So, um, it’s easier for me to talk to other people, and I’ve gotten by all right, and that. So it’s, it’s something that I’m completely closed off from them about.

I constructed a brief memo about this situation in the initial analysis:

MEMO: This is so important – this sister is protecting her parents from the pain of the situation. She has actively sought assistance from others to move forward rather than seek nurturance and care from her family as it is too difficult and may hurt them.

I then developed this further in a more extensive memo in the journal. It inter-related the information from her family as well as the information from this sister. It also speculated a connection between her protection of her parents with her lack of feelings of validation from them:

Journal Memo: Interesting in terms of her feelings about her parents. Similar theme to other sisters of feeling that they had not been validated enough regarding the SSA - angry that her brother had been allowed to return home after she first disclosed - but when we unpicked it, she was not sure that she had disclosed at the time her brother returned home - when she thought about it, she realised that she had not disclosed about the SSA, but had only indicated to them the level of violence from him. When she thought about it, her parents had acted appropriately and have continued to do so, but somehow it just has not FELT enough for her – eg when she married, they made sure that her brother was not invited and dealt with the extended family issues around this. She did not and still does not allow herself to be nurtured by them - she perceives her mother as critical – is this part of the negative interaction that has developed? - and for the past 12 years she has only obtained emotional assistance from outside the family. She PROTECTS her parents but does not let them emotionally close. Her parents are also clear that the children should sort it out themselves – therefore maybe they are complicit in this protection. Their view is that it is not their place to arbitrate. Maybe this was part of the sister’s problem in recovery, maybe it would have been better for her to have found or allowed emotional support from her parents. Maybe it would have been better if her parents had been more active in arbitrating. Maybe then she would have experienced deeper validation.

Coding

The classic “cut and paste” method of coding would have been impossible with this amount of data. The data were complex as I had constructions provided by each participant about their own experiences but I also had each of their ideas about the constructions of other family members. In many instances I had the actual family
member’s constructions as well as other family members’ beliefs about their constructions. Thus the analysis was complicated by these interactional aspects of the family. I could have simply elicited the ideas of each family member for themselves but it was the understandings about the others in their family that provided richer and more systemic data. As outlined earlier, in systems theory, the operating principle is that “the sum of the whole is greater than the sum of the parts.” In the analysis, the sum of the belief systems for each individual needed to be fully analysed and thought about individually and inter-relationally prior to drawing conclusions about the overall family interactional system.

There is a split in the method of coding in GTM suggested by Strauss and Corbin (1994) versus Glaser (1998). I favoured the Glaser method and utilised a constructivist approach outlined by Charmaz (2006). I initially used a line by line coding method and applied no pre-conceived structure to the analysis. Line by line coding involves an initial microanalysis of the transcript. Rather than using a paragraph or several sentences portraying a theme, each line of the transcript is coded to seek the nuances in the data. This process was helpful as an initial thematic coding would have missed some of the issues. For instance, after interviewing one brother, I was left with a nagging feeling that, while he was saying the right things such as expressing remorse at his past actions, he appeared to be forgiving himself too easily and not, perhaps, really feeling the impact of his actions. A thematic analysis would have provided a category of “remorse” and “empathy.” I was puzzled and suspicious that I had had such a strong negative response to his interview and felt concern that I was reacting to him in an unjust manner. Undertaking a line by line coding allowed me to locate and deconstruct his conversation to understand the source of these uneasy feelings I had about his responses. I interpreted that there was a narcissistic or self absorbed element to the remorse that he was expressing. He was not feeling the distress of his sister except in how it impacted upon him. Charmaz (2006) recommends a line by line analysis in order to truly be alert to all the possibilities and to free the researcher from becoming so immersed in the participant’s worldview that you accept them without question. If I had initially undertaken a thematic analysis, I would have missed the important nuances of the remorse of this brother. This understanding, along with the use of constant comparative methods in analysis and interview with other brothers, triggered the development of a major theoretical coding of accountability. Furthermore, this then developed into theory
connecting the importance of parental involvement in confronting and assisting accountability for brothers.

I developed an extensive and wide range of codes with the line by line coding method. These then required structuring in order to focus the inquiry. I used focused coding. Focused coding involved making decisions about which initial codes will be continued with in order to make the most meaning from the data (Charmaz, 2006). Charmaz (2006) recommends using those focus codes that arise with the most frequency or appear to be the most significant in terms of the theorising. In this process, I merged some of the codes, rejected some as irrelevant, and sorted them into areas that were similar. I developed nine main focused codes as follows:

1) DYNAMICS OF THE ABUSE
2) CONTEXTUAL INFORMATION
3) DISCLOSURE PROCESS
4) EXPLANATIONS FOR THE SSA
5) IMPACT
   IMPACT OF ABUSE FOR SISTERS
   IMPACT OF ABUSE FOR PARENTS
   IMPACT OF ABUSE FOR BROTHERS
   IMPACT OF ABUSE FOR OTHER SIBLINGS

6) REACTIONS
   REACTIONS RECEIVED BY VICTIMS
   REACTIONS OF PARENTS
   REACTIONS BY BROTHERS
   REACTIONS BY OTHER SIBLINGS

7) ACTIONS
   SISTERS’ ACTIONS FOR RECOVERY
   PARENTS’ ACTIONS FOR RECOVERY
   BROTHERS’ ACTIONS FOR RECOVERY
   OTHER SIBLINGS’ ACTIONS FOR RECOVERY
8) RECOVERY

FACTORS THAT ENHANCED SISTERS’ RECOVERY
FACTORS THAT ENHANCED PARENTS’ RECOVERY
FACTORS THAT ENHANCED BROTHERS’ RECOVERY
FACTORS THAT ENHANCED OTHER SIBLINGS’ RECOVERY
CONSTRAINTS FOR SISTERS’ RECOVERY
INDICATORS OF FAMILY RECOVERY

9) INTERACTIONAL ASPECTS

FAMILY RELATIONSHIPS
FAMILY CULTURE
EXPERIENCE OF THE HELPING SYSTEM

Within each of these codes were several levels or branches of additional codes. For instance, under the code of “Impact of Abuse for Sisters” were twelve sub-codes: spirituality; “didn’t mess me up;” trauma symptoms (14); mental health problems (7); physical health problems (5); grief and loss (3); negative view of self (3); acting out behaviour (3); lack of power (12); education/career impact (3); family issues (18); and relational issues (9). Within each of these twelve codes were a further number of codes as indicated in the brackets (some the original line by line coding) and these helped define the properties of the codes. This aspect of analysis is sometimes labelled coding to concepts to categories (Glaser, 1998). Appendix B offers a printout of all the branches of codes, and focused codes developed in the study.

While this focused coding and development of categories was useful and formed some of the framework for the reporting of the findings, it did not address the interactional aspects of the study adequately and did not allow the development of theoretical integration. Memo and diary writing, as exemplified earlier, were critical in the analytic process to develop integration between the different family members as well as comparing the differences of experiences of each family type. The thinking and analysing from the memo writing allowed me to develop theoretical coding to both develop theory for each family member in their journey following disclosure of the SSA, as well as consider the inter-relatedness between the categories of family member types. Theoretical coding is favoured by Glaser while axial coding is favoured by Strauss and Corbin (Charmaz, 2006). Theoretical codes integrate the theory by weaving the
fragmented concepts into hypotheses. It reassembles the data that had been fractured by
the initial coding but not in the structured manner of axial coding suggested by Strauss
and Corbin (Charmaz, 2006; Saldana, 2009).

For instance, continuing the memo writing example above, I had noticed that
some of the abused daughters protected their parents from the details of the abuse.
However, many daughters also experienced a lack of validation of their traumatic
experiences from their parents. Furthermore, many of the abused sisters who had been
particularly close to their parent inexplicably experienced loss of relationship with their
parent following disclosure or considering disclosure. I thus had a concept of
“protection of parents,” a concept of “loss of relationship with parents” and a concept of
daughters who experienced “invalidation” of their traumatic experiences from their
parent. Each of these concepts developed into significant theoretical codes that were
important for daughters and have been presented in Chapter Four. I also developed
theoretical coding for parents around their loss of relationship with their daughter
presented in Chapter Six. I recruited further participants in order to explore this
experience for a parent more fully. Next, in order to attend to the interactional nature of
the events, I developed theoretical coding where these concepts for each family member
were integrated into systemic theoretical coding and a theory hypothesis: the possibility
of a prior close relationship between the parent and the daughter contributing to the
protection of the parent by the daughter. However, by protecting the parent, the
daughter’s experiences are not understood or heard by her parent. This may create
feelings of invalidation of her trauma from her most important caregivers. This, in turn,
may contaminate the relationship with her parent. As a result of these integrative
theoretical codes, I established further categories such as “supportive parent who has
been pushed away” and theoretically sampled to develop thicker descriptions for further
theoretical exploration.

Other major integrative theoretical coding (such as around accountability, justice,
grief and conflicted recovery pathways) were developed and have been presented in the
final chapter. Other potential theoretical coding could not be pursued due to the
difficulty of recruitment. For instance, I could not recruit brothers who totally denied the
abuse and/or rejected their families. I could not recruit parents who were hostile and rejecting of their daughters. However, I heard other family members’ stories of these parents and these brothers.

The issue of how many interviews to undertake in order to get quality understanding is difficult. In early qualitative GTM studies, the goal was the attainment of saturation (Glaser, 1998). Glaser (2001) describes saturation as having occurred when the researcher does not hear the same story over and over again. Therefore, saturation has perhaps commonly been misunderstood as occurring only when there is no new material emerging from the interviews (Miles & Huberman, 1994; Minichiello et al., 1990). However, more recent writers consider saturation at a different level: as having occurred when new theoretical constructs no longer emerge from the interviews (Charmaz, 2006; Dey, 1999). Charmaz wrote, “categories are saturated when gathering fresh data no longer sparks new theoretical insights, nor reveals new properties of your core theoretical categories.” (Charmaz, 2006, p 113). That is, saturation is not related to emergence of new material rather it relates to the saturation of the theorising process (Charmaz, 2006).

Dey (1999) used the term theoretical sufficiency rather than saturation, to describe the time when interviewing should stop. Dey challenges the notion of saturation for two reasons – the meaning of saturation and its consequences. He says that grounded theorists produce categories through partial, not exhaustive coding (Dey, 1999) and the categories are only suggested by the data rather than produced by the data. He also sees saturation of categories as an artifact of how grounded theorists focus and manage data (Dey, 1999). He questions when does this really occur? In this study, as outlined above, I was only able to get partial saturation in some categories.

Charmaz (2006) also has concerns around the application of saturation. She believes that its application can “foreclose analytic possibilities” (p.114) and can create superficial analyses. Both Charmaz (2006) and Dey (1999) suggest that the seeking of saturation may mean that other categories or ideas are ignored or lost as the interviewing and process of constant comparative analysis proceeds; the categories are suggested in the early interviews and blindness may occur with subsequent interviews to potentially new theorising.
This was a large but complex study with many categories and, as such, involved much greater numbers than many qualitative studies. The process of the study appeared to reach theoretical sufficiency as new ideas were not emerging within the limitations of the recruitment. Later interviews were confirming and developed the theoretical concepts that had emerged earlier.

**Trustworthiness and Rigour**

Positivist and postpositivist research seeks reliability (repeatability of the research to obtain the same findings) and validity (describing the true reality that was perceived to exist and be measurable). These notions of reliability and validity are “the holy grail” in western research endeavours and provide the authority and legitimisation of research in academia, science and the business world (who often provide the funding). Early qualitative research sought this scientific legitimisation by claiming it was reliable and valid. This was true of early positivist grounded theory methods as developed by Glaser and Strauss (1967). The history of qualitative research in terms of reliability and validity has mirrored the changes in the developments in the philosophical underpinnings. A postmodernist qualitative approach would argue that there is no one true reality to be understood and measured. That is, that there are multiple realities that are only applicable in the context of the history, culture, gender and backgrounds of the researcher and participants and that each reality is equally valid. Thus both reliability and validity are not concepts that make sense with a postmodernist approach: there is no truth to be discovered so there is no validity. As many therefore argue, often the findings of a postmodernist approach to research lacks practical application as it is so specific and cannot be generalised at any level (Liamputtong & Ezzy, 2005). This interpretivist research lies in-between postpositivism and postmodernism. The field is still struggling with providing a measure of trustworthiness and rigor of findings within an artful and creative frame.

Interpretivist research aims for rigor and trustworthiness in the research process. This involves rigor in the selection of the theoretical method, rigor in the procedures and rigor in the interpretations. In addition, making overt the reflexivity involved in the
research process is viewed as increasing the trustworthiness of the findings (Altheide & Johnson, 1994). The interpretative approach recognises, like postmodernism that there is not one true reality to be discovered but rather the co-constructions that become visible out of the many options are those that resonate in the relationship between the informant and researcher. Some researchers claim that the validation of the research is out of the control of the researcher as it is the way it is received by the community and colleagues. That is, good valid research resonates and makes sense in an “aha” manner to the audience. It seeks sound moral and practical relevance rather than reliability and validity (Angen, 2000).

Early qualitative research sought to increase the trustworthiness of the data with the following strategies: prolonged engagement, triangulation, peer review, negative case analysis, clarifying researcher bias, member checks, thick description and external audits (Minichiello, 2003; Minichiello, et al., 1990; Patton, 1990). Many of these strategies are problematic to interpretivist research as they assume an external reality that can be discovered, and assume that a researcher can be objective. Nevertheless, I did employ some of these strategies in this research. I used prolonged engagement with participants. The interviews were lengthy and I interviewed some participants more than once. I also utilised member checking. That is, I sent copies of the transcripts of the interviews to the participants to confirm that this is what they had actually said. As some researchers point out, this can be problematic when informants decide that they want to retract what they had reported in the interview (Angen, 2000). In my research, I did not experience retraction but rather entered new conversations with participants: obtaining deeper explanations about some of the issues and, for some, learnt of the positive impact of the research interview on their lives.

Peer review is also considered meaningless by many interpretivist researchers (Angen, 2000) due to the limited immersion and involvement of the peer in the project. In contrast to this view, I considered that I had the advantage of good peer review with this research as I had an academic supervisor, Dr Jenny Dwyer, with whom I had worked collegially for many years. We were part of the ten year duration therapeutic team that evolved and constructed systemic, feminist and trauma theory around intrafamilial sexual abuse: thus we shared similar world views making the supervision truly meaningful. While I did not require Dr Dwyer to read through all the transcripts and the
thematic analysis, she was an ideal person with whom to discuss and be challenged about the emerging theory from the analysis. I consider therefore that this research was enriched by this peer review and that it did add to the trustworthiness of the findings. Furthermore, toward the end of the research process, I was fortunate to have supervision from A/Prof Amaryll Perlesz. She lent another eye to the analysis that was helpful due to her broader theoretical position.

Triangulation is another key strategy used in qualitative research to increase rigour and trustworthiness. It has been used in postpositivist (Miles & Huberman, 1994; Moran-Ellis, Alexander, Cronin, Dickinson, & Thomas, 2006) as well as postmodernist qualitative research (Richardson, 1994). A postpositivist metaphor for triangulation uses a surveying metaphor: it seeks a focusing from different sources thereby confirming the measures utilised. That is, that different ways of looking should converge at the same place. Another, more recent metaphor used for triangulation is that of a crystal or prism with multiple angles. This position by postmodernist researchers views triangulation as capturing the complexity and multiple truths (more than three truths encapsulated in the name).

Perlesz and Lindsay (2003) outline the four types of triangulation that are usually employed but often not specified: data triangulation (the use of a variety of data sources), investigator triangulation (the use of more than one researcher), theory triangulation (using multiple perspectives to interpret a single data set; and methodological triangulation –the use of multiple research methods to study the problem. Perlesz and Lindsay (2003) raised the dilemma of which data to privilege when divergence rather than convergence occurs, and concluded that complex multiple perspectives in post-positivist enquiry enhanced theoretical development (Perlesz & Lindsay, 2003) — a position taken in the current study.

In this research, there was data triangulation for some of the families as I had information from different family members about the same issues. I also clearly had theory triangulation as I employed systemic, feminist, trauma, attachment and constructivist theories to the analysis. I did not use multiple research methods in the study. Investigator triangulation occurred through the use of good supervisors. The goal of the different data formulations for my research was not around convergence but
rather around obtaining the different perspectives to help develop a systemic theory to account for these. The use of systemic theory allowed multiple views to co-exist.

As I write this, I have been unable to find an agreed understanding from interpretivist and qualitative researchers about validation. There are multiple words to describe validity in the qualitative studies and no agreement on a definition (Dellinger & Leech, 2007). The recent literature raises more dilemmas than solutions. In my opinion, a learned paper by Maureen Angen (2000) best addresses this tricky issue. She argues the term validation over validity and identified two main aspects of this concept for the research: ethical and substantive validation. Her review of ethical validation had several strands from different authors. Firstly, it pertains to the recognition of the moral assumptions that underlie all research with the aim of more fully understanding the meanings involved in our everyday existence (Angen, 2000). Secondly, it pertains to a fairness criterion (Guba & Lincoln, 1989; Haraway, 1988) whereby “no one voice is excluded or demeaned” (Angen, 2000, p. 388). Angen (2000) quotes Flax (1990, p. 43): “we must continuously struggle to be conscious of how our work responds to (or neglects) difference and ambiguity.” Thirdly, it requires that we provide practical, generative, and possibly transformative answers (Angen, 2000). That is, it should be aimed to inform practice and provide practical answers to the research questions. It should provide new interpretations in the field and hopefully provide transformation or change in the field, often with the researcher acting as an advocate for the researched. Angen (2000) points out that the judgment of this aspect of ethical research is something that unfolds in the responses by the audiences/communities and is not something that can be predicted by the researcher.

Substantive validation relates to the researcher documenting the process of the research that lead to their interpretations (Angen, 2000): “Accounts of how self-reflectivity, prior research, and popular and personal understandings affect the prejudgments of the researcher also increase the substantive validation of the work” (Angen, 2000, p. 390). Mishler (1990) suggests that being transparent about the process from which the interpretation emerged is a key method for validation to occur. He particularly argues that including substantial parts of primary text in the report enables transparency. The reader can then judge the interpretations that have emerged from
these texts (Mishler, 1990). I therefore have used as much primary text as was possible in retaining confidentiality in the presentation of the findings in the next chapters.

**Limitations of the Research**

In the previous chapter, I have criticised much of the family research undertaken in the past in SSA as it appeared to be recruiting a small subset of the pool of SSA families. Prior research mostly accessed those families whose children were adolescent or younger (early disclosure families) and they had come to the attention of statutory authorities. I sought to recruit more widely than this but was constrained from undertaking an epidemiological or community sample due to concerns about the emotional and psychological safety of participants undergoing a research interview. Consequently I accessed families from a clinical population in order to ensure their safety and stabilisation with therapeutic involvement.

I appeared to have recruited both late and early disclosure families in approximately the same proportions that are suggested by a community sample (Carlson et al., 2006). However, the severity of the sexual abuse and its impact appeared to be greater for my participants compared to this community sample. Because I have recruited from a current (or past) clinical population it is likely that I have recruited families with the most serious SSA histories and the most serious impacts. I have not accessed those families where the SSA may have been well dealt with and not left any lasting problems. As my focus has been on recovery pathways, these families would have been vital to know about and explore how this occurred, and hence should be the subject of future research in this area. Their successful recoveries may simply have been due to the less severe sexual assaults or the good outcomes may have been due to the responses of the family members to the disclosure.

In undergoing the analysis, I became aware of the importance of connectedness of both the abused sisters and brothers who have abused with their parents or adult partners in the recovery process. However, due to limitations of the scope of the thesis, I made the choice to focus my investigation on the family of origin system rather than include the perspective of the partners with whom sisters or brothers had entered into
relationships as adults. I still included the role of the partner in the systemic analysis but the study lacked their direct voices. The research would have been enriched by the understanding of the experiences of these partners and the roles that they played in recovery. It was an intriguing aspect of the research that many partners of brothers who had abused were fully supportive and understanding. This appeared to be related to their belief in the integrity and essential goodness of their partner rather than denial or avoidance.

A substantial limitation of the research was the difficulties in recruitment and the consequential problem of theoretical sampling. When I developed some theoretical categories, I was able to recruit further to explore more fully their experiences (such as the experience of caring and supportive mothers who had lost their relationship with their abused daughter). However, there were other categories where I could not access the participants to obtain this thick description. For instance, I developed categories around brothers who had experienced good support and confrontation from their parents and brothers who did not. I developed a theory around these categories for the attainment of good accountability. However, I could not access any brothers who were aggressively denying or avoiding their past abusive incidents. I recruited brothers at different levels of accountability but not brothers who had no accountability at all.

Similarly I had limited voices of the other siblings. I only managed to recruit four of these siblings and one of these was problematic as she had recently begun to remember being abused by the brother ten years post the disclosure of her sister. These family members are extremely difficult to recruit and although they are very important in the family system, their presence is not as clear as I would have liked for this project.

The other voices that were missing from this research were the voices of the therapists doing the work with these families. As the study has progressed, there have been more and more therapists attempting systemic interventions with families experiencing SSA. The experiences and dilemmas of these therapists would have added another dimension to the work.
**Chapter Four: The Voices Of Abused Sisters**

**Mother of Mine**

Take my hand, Mother,  
Clasp it tightly with your love.  
Let me know of your comfort, Mother,  
Through your touch,  
And secure my pains within your heart, Mother,  
That I may share my sorrows,  
And rest upon your breast,  
To hear your warmth through each breath.  
Stroke my hair, Mother,  
Let each tender stroke take yet another pain,  
Until my bleeding soul congeals,  
And the deathly secrets of my past erase.  
Whisper softly in my ear, Mother,  
Of the peace you have found in me,  
And help me feel that peace so that I may rest.  
Kiss my brow, Mother,  
Love my skin and caress the terror out of my bones.  
Let us stay here, Mother,  
Until I am lithe and still,  
For then and only then will I know I am free, Mother,  
Free from the horror you let slip into my life.  
Free from our past,  
Free from our pain,  
Free to forgive you, Mother,  
And free to find Me.

Survivor of Sibling Sexual Abuse

**Introduction to the Sisters**

Seventeen sisters were interviewed directly for this study and the stories of another eight sisters were raised by their family members. I excluded the indirect stories of sisters as my analysis showed that significant details about the SSA experience and its

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9 Naomi is a client and did not participate in this research. She wrote this poem about her relationship with her mother and she was delighted to give me permission to start this chapter with her poetry. She proudly chose to use her name rather than remain anonymous.
sequelae were often not passed on by abused sisters to their other family members. Thus, without the abused sisters' direct participation, I would not be able to accurately capture their perspectives. This finding: that abused daughters minimise or do not reveal the extent of their traumatic experiences to other family members, will be explored at length over the next three chapters. It will be argued that the lack of knowledge and understanding of the detailed information of the SSA experience by other family members appeared to be common and it contributed to the family patterns around management following disclosure.

The sisters ranged in age from 15 years to 40 years at the time of interview and had different life experience and knowledge about the impact of the SSA upon different aspects of their life. Some of them had not disclosed to their families while others were immersed in the experience of the disclosure process. They were all passionate about telling their story and being heard in a context where their SSA experiences were understood and recognised as serious.

**Age Differences and Experiences of the Abuse**

Table 1 provides a summary of the age of each sister when the SSA occurred and the age of their brother. It also provides details about the age of disclosure, the nature of the abuse and the age at interview. The mean age of the sisters when first abused is substantially pre-adolescent (average age of 7.58 years) and the abuse continued to an average age of 12.18 (if the outlying age of 24 is taken out, the average age of the sisters when the SSA ceased is 11.43 years). The average age of their brothers is 11.76 years when the abuse commenced and 16.12 years when the abuse ceased. However, it is interesting that there appears to be a bimodal distribution for their brothers with one group averaging 10.86 years old (n=14) and the other group averaging 16 years old (n=3) when the abuse started; perhaps indicating the different aetiologies of sexually abusing behaviour outlined in Chapter Two. In summary, the sisters were predominantly pre-adolescent and the brothers were predominantly in early adolescence at the commencement of the abuse. The average age gap was 4.18 years and the average length of time that the abuse continued for was 4.76 years, usually stopping when the sisters reached adolescence.
Table 1

*Sisters’ Age of Abuse, Type of Abuse, Age of Disclosure and Age at Interview*

<table>
<thead>
<tr>
<th>SISTER</th>
<th>Age of Abuse</th>
<th>Age of Brother</th>
<th>Age at Disclosure</th>
<th>Nature of Abuse</th>
<th>Age at Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erica</td>
<td>9-12</td>
<td>18-21</td>
<td>38</td>
<td>Non penetrative. Touching. Grooming. (Penetrative and violent sexual abuse by father prior to this which was perceived by the participant to be much worse)</td>
<td>40</td>
</tr>
<tr>
<td>Susan</td>
<td>5-8</td>
<td>Adoles</td>
<td>20. Father knows, not mother</td>
<td>Penetrative. Grooming.</td>
<td>28</td>
</tr>
<tr>
<td>Ester</td>
<td>8-17</td>
<td>11-20</td>
<td>Not disclosed</td>
<td>Penetrative. Extremely violent (constantly bruised and hurt). Brother pimped her to friends.</td>
<td>40</td>
</tr>
<tr>
<td>Shona</td>
<td>6-10</td>
<td>10-14</td>
<td>9 (girlfriend disclosed but no action as mother had Acquired Head Injury)</td>
<td>Penetrative. Extremely Violent eg brother split her head open with axe, tried to drown her. Penetrative abuse by father prior to brother abuse and after disclosure (father’s abuse perceived to be not as bad)</td>
<td>39</td>
</tr>
<tr>
<td>Christina</td>
<td>5-11</td>
<td>9-15</td>
<td>18</td>
<td>Penetration. Physical violence: eg broke her collar bone; Tried to suffocate her. Penetrative abuse by Grandfather prior to and perceived as not as bad.</td>
<td>20</td>
</tr>
</tbody>
</table>

\(^{10}\) I have given each sister a pseudonym for ease of reading. They are not the actual names of the sisters.
<table>
<thead>
<tr>
<th>SISTER</th>
<th>Age of Abuse</th>
<th>Age of Brother</th>
<th>Age at Disclosure</th>
<th>Nature of Abuse</th>
<th>Age at Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronwyn</td>
<td>6-12</td>
<td>9-15</td>
<td>12</td>
<td>Penetration. Physical violence. Suffocation. Penetrative abuse by grandfather prior to and perceived as not as bad.</td>
<td>21</td>
</tr>
<tr>
<td>Alice</td>
<td>8-12</td>
<td>12-14</td>
<td>10</td>
<td>Anal rape: preceded and followed by violence and physical assault.</td>
<td>36</td>
</tr>
<tr>
<td>Lavidia</td>
<td>8-</td>
<td>11-</td>
<td>21</td>
<td>Penetrative and violent.</td>
<td>31</td>
</tr>
<tr>
<td>Megan</td>
<td>12-14</td>
<td>14-16</td>
<td>14</td>
<td>Penetration preceded by violence and physical and verbal assaults.</td>
<td>15</td>
</tr>
<tr>
<td>Tamara</td>
<td>10-24</td>
<td>13-27</td>
<td>24</td>
<td>Anal, oral and vaginal rapes. Extreme violence eg cutting hunks of flesh from her breasts, cutting of vagina and imprisonment.</td>
<td>24</td>
</tr>
<tr>
<td>Sarah</td>
<td>9</td>
<td>13</td>
<td>18</td>
<td>Penetration. Initially grooming and then violent.</td>
<td>31</td>
</tr>
<tr>
<td>Kate</td>
<td>10-14</td>
<td>16-20</td>
<td>32</td>
<td>Oral sex, masturbation of her. Grooming.</td>
<td>37</td>
</tr>
<tr>
<td>Robyn</td>
<td>8-14</td>
<td>11-17</td>
<td>19</td>
<td>Penetrative. Violent/sadistic – inserted corrosive fluid into her vagina, inserted sharp objects.</td>
<td>28</td>
</tr>
<tr>
<td>Janice</td>
<td>9-15</td>
<td>11-17</td>
<td>20</td>
<td>Penetrative and sadistic as above (sister). Used threats of harm to younger sister to get cooperation.</td>
<td>29</td>
</tr>
</tbody>
</table>
Nature of the Abuse

The nature of the SSA can be read in Table 1 for each of these seventeen sisters. As can be seen, the nature of the abuse was very serious for most sisters and often involved violence and physical harm as well as the sexual assaults. Fourteen of the seventeen sisters reported repeated penetrative penile abuse (vaginally or anally) by their brother (82.4%). Of the remaining three sisters, one suffered repeated but failed attempts of vaginal penetration, one had frequent oral sex performed on her by her brother and the remaining sister suffered penetration and rape from her father before her brother abused her. These figures of penetration are even higher than those found by other researchers (Cyr et al., 2002) and are much higher than the rate of penetration for IGSA. For instance, in Cyr et al’s (2002) study, the rate of penetration for stepfather incest was 27.8% and for father incest was 34.8% while the rate of penetration for SSA was 70.8%. The higher rate of penetrative offences for the sisters in this study might be explained by the fact that participants were recruited from a clinical population while Cyr et al (2002) surveyed all children referred to assessment following disclosure.

While it is often difficult to differentiate between violent and sadistic sexual abuse and a grooming type of sexual abuse (as SA often commences with grooming and moves to violence (Salter, 1988), thirteen situations of SSA (76%) reported by sisters in this research clearly involved high degrees of violence, sadism and coercion while four situations (24%) reported appeared to have remained more at the grooming level of

<table>
<thead>
<tr>
<th>SISTER</th>
<th>Age of Abuse</th>
<th>Age of Brother</th>
<th>Age at Disclosure</th>
<th>Nature of Abuse</th>
<th>Age at Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Margaret</td>
<td>7-12</td>
<td>12-17</td>
<td>Not disclosed</td>
<td>Penetrative. Made to watch pornography. Grooming.</td>
<td>27</td>
</tr>
<tr>
<td>Brittany</td>
<td>3-9</td>
<td>9-15</td>
<td>24</td>
<td>Penetrative. Aggressive and violent.</td>
<td>28</td>
</tr>
<tr>
<td>Julie</td>
<td>6</td>
<td>8</td>
<td>32</td>
<td>Attempted penetration over several months</td>
<td>33</td>
</tr>
</tbody>
</table>
SSA. The high levels of violence and sadism provide an indicator for the degree of seriousness of this type of intrafamilial abuse being examined. While our dominant cultural stereotypes are such that SSA is often dismissed as “doctors and nurses” these figures lend support to other research that indicates SSA to be generally more violent and aggressive (less grooming) than father-daughter incest (Gioro, 1991; Russell, 1986; Tremblay, Hebert, & Piche, 1999). This is due possibly to an older sibling not having as much power and authority as fathers might to enforce the abuse through a powerful presence or verbally induced fear. Brothers thus resort to greater physical force to subjugate their sisters.

Many quantitative studies investigating the nature of SSA take an epidemiological or community survey approach, or target specific populations such as college students, rather than using clinical patients as in this research. It is possible that the nature of abuse was much more serious for my participants as they were obtained from a clinical source. In contrast, Carlson, Maciol and Schneider (2006) assessed the abuse of 41 SSA survivors recruited from university advertisements. They developed a Sibling Incest Severity Scale (see Appendix C) to quantify this assessment. Their scale takes into account the duration of the abuse, the presence of threats and coerciveness, the seriousness of the assaults and other offenders. Notably, their scale considered threats and sadistic abuse but did not take into direct account serious physical harm that might have accompanied the sexual assaults. They found that their survivors of SSA scored between 4 to 24 out of a possible 25 in terms of severity with a mean of 14.8.

In order to locate the severity of the SSA for the sisters interviewed in the current study compared to a non clinical population, I obtained their score on the Sibling Incest Severity Scale. In this study there was a range of 12 to 22 on the Sibling Incest Severity Scale and a mean of 17.24 (see Appendix D) compared to a range of 4 to 24 and a mean of 14.8 for Carlson et al (2006). In comparison to Carlson et al’s study (2006), it appeared that the sisters in this study had more severe sexual assault experiences involving violence but were less likely to have been assaulted by other family members compared to Carlson et al’s study (2006). It also appeared that sisters in the current study scored higher than in Carlson et al’s study due to the severity and coerciveness of the abuse experience but lower due to fewer other abuse experiences. This scale has offered a way of comparing the experiences of the women recruited clinically to that of
women recruited from College advertisement. It appeared that my recruitment of women from a clinical sample meant I was interviewing women where there had been more serious assaults from their brother, it was more likely to have included violence, but they were less likely to have been sexually assaulted by others, compared to a community sample.

**Disclosure Experiences**

The primary traumatic experiences and impact of the sexual abuse is a major aspect of this study and will be looked at in the next section. However, the disclosure experiences of these sisters will be closely examined here first of all. This is because the disclosure experiences of the sisters often created a second traumatic impact and influenced their recovery positively or negatively. The disclosure could be a very positive experience or it could be further traumatising for these women depending upon the responses of their family and others. I will be examining the decisions of these women about disclosure and also the responses of their family to the disclosure.

The construct of disclosure is a complex one as “disclosure” may occur to a friend or counsellor or one member of the family rather than the whole family or parents. It may also only involve telling a small amount about the SSA endured, or it may involve being able to fully detail the abuse experience and the impact of that experience. That is, the degree of detailed information about the nature of the SSA told to family members is an important factor of the disclosure. Similarly, the degree of information told to family members about the symptomatology of the sister/daughter becomes another aspect of the disclosure. Thus rather than being a discrete event, disclosure is actually a complex process with many different factors or aspects to it that makes each person’s experience of it different. In her work with non offending mothers in intergenerational abuse, Hooper (1992) uses the concept of “discovery” rather than “disclosure” in order to capture the process rather than an event: “Discovery is an active and interactive process which develops over time and has no clear beginning or end” (Hooper, 1992, p. 54).

While there are differences for SSA compared to intergenerational abuse, I will argue in the following section that disclosure is definitely an interactional process in
SSA. That is, it is dependent as much upon the reactions of the significant carers as it is upon the actions of the sexually abused daughters and the sexually abusing sons. Furthermore, disclosure is a process that has many different levels of information telling. The disclosure journey for these sisters appeared equally as important as their experiences of the primary trauma for their recovery.

The category in Table 1 for “Time of Disclosure” represents only the beginning of the disclosure journey for all of these participants and may not correspond to the disclosure or discovery of their other family members. Examination of this section immediately highlights the late beginning of the journey for many of these sisters in this research. The SSA was only disclosed to parents at the time the abuse was occurring by three sisters out of the seventeen (17.6%) and two of these were after many years of being subjected to violence and SSA (Bronwyn for six years and Megan for two years). One disclosure involving Shona did not originate from her but from her girlfriend reporting the abuse (the brother was attempting to sexually assault her too). The remainder of the sisters who disclosed did so years later, and they were in their late teenage years or adulthood.

Three of the sisters in this research had not fully disclosed. For instance, Susan had disclosed to her father but it was being kept a secret from her mother at her father’s insistence. Similarly, Erica had now told her mother but was still keeping it a secret from her other family members with her mother’s encouragement. Ester had made attempts to disclose to her mother as an adult but these were not heard.

The delayed disclosures for SSA in this study are similar to findings from other research that has been outlined in the Chapter Two (Carlson et al., 2006; Finkelhor, 1980; Lamb & Newberger, 1989; O'Brien, 1991). That is, children are less likely to disclose sexual abuse at the time that it is occurring when it is perpetrated by another child or adolescent compared to sexual abuse perpetrated by an adult. These studies obtained figures of 12% to 19.5% of early disclosure of SSA compared to 17.6% for this study. O'Brien (1991) reports that sibling offenders operate to gradually implicate their victim as a co-conspirator, making it impossible for victims to disclose. Lamb and Coakley (1994) speculate that victims of SSA and peer abuse feel more complicit than intergenerational abuse and that this constrains a disclosure. Doyle (1996) provides a
different perspective from the results of her qualitative study: that survivors of SSA often avoid disclosing due to their emotional protection of their parents.

In the next sections, I will look at these sisters’ explanations for their late disclosures, their constraints to disclosing, and their decision to not disclose or partially disclose. I will then explore the reaction and interaction of their family and significant caregivers to the disclosure and the impact of this for sisters.

**Disclosure decisions.**

*Fear of Loss of the family or Important Relationships.*

Fears of loss of the family unit or loss of an important relationship in the family were the major factors which drove the decision to not tell about the abuse or to defer the telling. Some women in this category did disclose when the decision was taken out of their hands but expected that this would signal the end of their relationship with their family. The genesis of this fear was sometimes because of their perceived subjugated role in the family compared to their brother and/or other times due to the unique family characteristics.

Erica described a subjugated position in her family. She reported being chronically denigrated by her siblings and mother for her symptoms of trauma. She was sexually abused by her father until he left the home when she was thirteen but she was blamed and rejected for this when she disclosed her father’s abuse at this time. At age 38, she has now told her mother about the SSA, but she is still keeping it secret from other family members. I asked her why she keeps it a secret.

**ERICA:** I don’t want to upset anyone.
**RESEARCHER:** what would happen if you told?
**ERICA:** um.... I’m scared of losing my family.

Brittany also feared losing her family if she told. However, this was based around her family dynamics where her parents had been preoccupied with “fixing” her brother. Her brother had major behavioural problems growing up and he had become
the focus of her parent’s life. She and her other siblings were not less important to her parents but her parents were preoccupied with her brother:

BRITTANY: My parents were consumed (by my brother): they’ve had so much time invested in him; trying to keep him on track in his life.

She only disclosed to her parents as her estranged husband was threatening to tell them against her wishes. When she told her parents, she assumed it would be the last time she would see them as her allegations against her brother undercut everything her parents believed they had achieved for her brother.

BRITTANY: Even if they did or if they didn’t believe me, I still expected them to kick me out, and say we don’t want to see you again, because you know, it’s not appropriate to make those accusations about people.

The reasons for fearing the loss of their family were different for Erica and Brittany. Brittany was aware of the emotional investment her parents had made in her brother and their reluctance to hear appalling news about him. She felt that they would reject her for revealing this information and shattering their view of their parenting and themselves. Due to their family dynamic, disclosing about her brother meant she was actually “making accusations” about her parents. Underlying Erica’s fear of losing her family was the belief that she would be blamed and rejected for naming it. Her disclosure of paternal sexual abuse outside of the family was more of a transgression than the abuse itself. She appeared to be close and dependent upon her mother and, although her mother now knows that SSA occurred, the clear message to Erica from her mother was that she must keep this information to herself both within and outside the family. Thus she has told of the SSA event to her mother but cannot continue the disclosure process to include detailed information about the assaults and the life threatening physical symptoms that she is experiencing. She is now criticised by her mother for going to therapy for assistance; she cannot talk to her mother about the abuse or the symptoms for which she is currently seeking treatment; and she cannot openly do the therapeutic homework in the household. I asked her what happens if she tries to talk about the SSA and her father’s abuse:

ERICA: sigh..... She gets mad... she gets angry... (she says,) “I don’t want to hear about it.”.... She’s angry that I’m talking about it outside the house. But she
won’t, it’s something she won’t talk about in the house ... but she doesn’t want me to talk about it outside the house.

Julie also feared telling her family due to her unique family dynamics. She believed she would be rejected and she would lose everyone, particularly her father to whom she was close. Differently to Erica and Brittany, she already felt only a tenuous connection to the family due to her mother’s devotion to her brother and her perceived mother’s dislike of her. Even although Julie was close to her father, he always supported her mother over her when he had to choose.

JULIE: I probably knew that the response would be a negative one, that it would, you know, have an impact on the family that would be negative and permanent. Researcher: What do you mean by negative? JULIE: Um, that I wouldn’t get any support from my mother, so that they (my mother and father) would reject me ... because she hasn’t been supportive of me, um, ever [laughs] she’s never really been on my side, so and that sounds very, um, sort of negative in a way, but it is actually the case in my family [laughs]. So yeah. That’s why I just knew that, um, given a choice, that the choice would not be me.

Julie did lose her relationship with both parents when she disclosed while Brittany did not. Erica has complied with her mother’s wishes and not disclosed to any other family members. Thus the fear of loss of relationship with the family or family members is very real for some of these women but has different reasons due to their different family dynamics.

Protection of fragile parents: “I can’t deal with supporting her as well as myself.”

Margaret, a daughter who decided not to disclose to her parents as both an adult and a child, based her decision not to tell her parents upon her perception of their emotional fragility. She has experienced serious symptomatology throughout her life and has been denigrated in the family as the “hopeless” child while her brother is seen as successful. She believed that if she disclosed to her parents, they would not cope, her father could be triggered into a hospital admission (he has a mental illness) and the burden of care for her parents would fall on this daughter rather than her getting any support for herself. Furthermore, she believed she would be blamed for causing them emotional upset.
MARGARET: Well, see, mum nearly died five years ago. She had cancer and she’s a bit all over the shop: like emotionally - lovely person and everything, but she’s fucking a bit loopy … and it would sort of end up my fault (if she disclosed the SSA). And I can’t deal with supporting her plus supporting myself. I just can’t do it. And I’ve always supported them. I have to support her with how my dad is - dad’s mad [laughs]. You know what I mean? He's nutty … Like he sort of functions well, but he’s mad. Anything could set him back in hospital.

Susan has disclosed to her father but, like Erica has to maintain the secrecy for the rest of her family. Her father has instructed her that her mother, in particular, must not be told due to her fragility. Keeping the secret has had an impact upon her relationship with her father who was her primary carer as she grew up:

SUSAN: My mum is probably more fragile than my dad because my mum, I’m not too sure, but I think my mum, something happened to my mum when she was younger, which she probably tends not to talk about … So my dad knows and he thinks maybe we should keep this away from mum. And we are an Asian family so its taboo really, which shits me, excuse my language - it just shits me, because I am fed up with the way I am always protecting him (my father). Always protecting him. And I am the one that - I’m pissed off because they don’t ask me how I am doing, at all … and I don’t look at my father anymore like I used to, and think that you’re the man that I grew to love.

Emotional protection of parents: “I can’t destroy mum and dad’s life.”

Similar but also quite different to the protection of fragile parents is the emotional protection of parents by some daughters. Daughters who seek to protect their parents emotionally tend to be very connected to them and want to protect them from hurt (Doyle, 1996). By comparison, the daughters of fragile parents know that they will be increasing their own burden by telling their parents about the SSA as they will have to support them in addition to themselves.

Kate talks about her sensitivity to her parents’ emotional distress if she were to disclose and the struggle she had with thinking it better to sacrifice herself rather than destroy her parents’ lives. Suicide seemed the only option:
KATE: It just sort of festered and festered, and then it sort of got to the stage where you think, “no I can’t keep this secret anymore.” But then you think, “No, but I can’t destroy mum and dad’s life.” So what’s the easy way out? Just take my own life. And you do. You do seriously think I’m better off taking this to the grave.

Bronwyn disclosed when she was twelve years old but only after enduring six years of violent SSA from her brother. She disclosed the sexual abuse from her grandfather when she was six years old but could not disclose the much worse abuse from her brother. She disclosed the SSA to her mother inadvertently when she was upset about something else and became angry with her brother. She implied that she did not tell earlier as she was worried about the impact on the family:

BRONWYN: I chucked a fit [about another matter], and [my brother] was trying to come into my room, and mum was in there talking to me, and I just cracked it and called him a nasty name and mum said, ‘That’s not very nice, like, the only person who deserves that kind of slander is a dirty old man, or whatever.’ Then I kind of went, yeah, I went all quiet, and then told mum … I am really not clear why I didn’t tell (about the SSA from her brother earlier) — maybe some of the reason might have been the effect on the family.

Bronwyn had a supportive experience from her mother when she disclosed the SA from her grandfather but recognised the difference for her mother if she disclosed the sexual abuse from her brother. Her sister (Christina), also abused by their grandfather and brother, did not disclose the abuse from her brother until she was an adult. This was due to the family fallout following Bronwyn’s SSA disclosure and the acute distress of both their parents.

Julie, who lost her family following her disclosure of the SSA, was also reluctant to make the disclosure for many years due to the pain she believed it would cause her family:

RESEARCHER: you didn’t want your family to know about it?
JULIE: No I didn’t.
RESEARCHER: why was that?
JULIE: I was not wanting to inflict any pain on other members of the family so just, you know, feeling responsible for me saying something, and then changing everything by what I’ve said.
Some of the women interviewed had disclosed the SSA to their families but had not gone into any detail about the assaults and also had not gone into any detail with their family members about the impact of the trauma for them. This was another way in which they were emotionally protecting their family members. They understood the pain their parents were experiencing already and could not make this worse by disclosing more of these details. Because they had a close relationship with their parent, they knew that it caused pain to their parent to know that they were suffering:

RESEARCHER: So there’s been a big issue about you protecting them (parents) in a way, through all of this, hasn’t there?
BRITTANY: Yeah. You know, it’s something he did to me, and I don’t want other people (eg my parents) to suffer from it. Why should others suffer because of him? I’ve done it - it’s happened to me, so I’ll deal with it. No-one else needs to suffer. If anything, I’d prefer to help other people in the situation and that’s it, but he doesn’t need to, he doesn’t need to hurt any more lives. You know, mine’s enough.

Sarah was emotionally close to her parents and disclosed to them in late teens. However, she emotionally disconnected from them soon after and has lived overseas and interstate for most of the following years. She does not share with them her struggles that are the legacy of the SSA.

SARAH: They’re (my parents) the last people I want talk about it to, because it’s so difficult, and I know how hard it is for them, and, and I take that on. I can’t help it. Not that I feel like I’m responsible, but I don’t know, you can’t help but see that link between something that comes out of your own mouth and the look on their face. I can see it. So it’s easier for me to talk to other people, and I’ve gotten by all right with that. So it’s something that I’m completely closed off from them about.

In summary, the emotional protection of parents is a major factor for many survivors of SSA in both commencing and limiting the disclosure process. Usually, the closer the connection between the parents and their children, the more likely their daughter will attempt to protect them from the emotional harm of either understanding what has happened in their family, the extent of the SSA or the ongoing struggles that they are experiencing around the trauma. It is ironic, as I will show in the next section, that these women with close and caring relationships with their parents often make the decision to emotionally protect their parents by not fully informing them of their sexual
abuse experiences. Unfortunately, this then often means that they do not get understanding and validation from their parents and their relationship with their parents deteriorates. This finding was also found by Doyle (1996) in her qualitative study of SSA adult survivors.

*Lack of protection from parent: “I am not going to tell the person (my mother) who was emotionally and physically abusing me”…. “It’s not going to make any difference”… “It will be my fault.”*

In contrast to some of the families where the closeness between the daughters and their parents constrained the disclosure, other participants came from families where there was just no protection or potential help for them if they did disclose. They knew this and knew there was no hope for anything to be different in their life if they did disclose. Janice was one such sister. She only disclosed as an adult after her younger sister disclosed the SSA and was being denigrated in the family for her symptoms. She had decided not to disclose at all and only did so to provide support to her sister. Her reason for not disclosing was the poor relationship that she had with her mother prior to the disclosure. Unlike her younger sister who had a close relationship with their mother, Janice was emotionally and physically abused by their mother throughout her teenage years. Furthermore, Janice understood more than her sister the high regard and privileging of their brother from their mother.

JANICE: *Deep down I would know that she would still support him regardless, anyway ... there’s no way I was going to tell her because she had [my brother] on a pedestal, and because she and I didn’t get along ... I’m not going to tell someone that I was sexually abused, and tell the person who was emotionally and physically abusing me. I wasn’t going to go tell her, so I don’t — no — that wasn’t even a question — I was never going to tell her.*

Ester was similar to this. She has never “disclosed” but had made attempts to as an adult. Her parents had tolerated an extraordinary amount of physical abuse from her brother themselves (for instance, her brother had assaulted her father leading him to require surgery) but her parents always “bailed him out.” Ester reported that they were
still rescuing him now that he was nearly 50 years old. She was also fearful that her parents and she would be harmed by her brother if he was confronted now:

ESTER: They’d always get the best solicitors for him. They’d always bail him out ... And I used to say to them, “Why are you bailing him out of jail, out of prison? Let him rot there.” I mean, he has done some terrible things to them — a whole range of people, not just to me, yet they would bail him out every time - and go to prison and visit him ... and did all these sorts of things so I just thought what hope have I got if I, you know, say something — it’s not going to make any difference ... and it’s going to cause a lot of heartache for everyone. You know, if she (mother) knows, or if she says something to my brother — the other concern that I have is that if she actually says something to my brother, on my behalf, that he would actually, he would hurt her and me. And he has hurt her before, he has assaulted her before. Um, so that there would be retribution and there would be quite serious consequences.

There appears implicit in Ester’s thinking that the support her parents give her brother means that she does not get support from them. That is, either her brother is supported or she is supported. Like Julie and Bronwyn, the extreme violence that her brother showed in all aspects of his life meant that her parents were also “consumed with caring for him” throughout his adolescence and young adulthood thereby neglecting her and her younger brother and creating the construct for her that she would not be supported over him if it came to a choice. Furthermore, there is a belief in her thinking that because her parents have supported her brother, that they could not stand up to him if he became violent to her or to them.

Shona was also in a family situation where she was not protected. Her mother had an acquired brain injury and could not protect her. Her father had also sexually abused her. She reported that her inability to disclose was not about complicity or protecting her brother. She knew that she was not complicit but she also knew that she would be blamed if she disclosed:

SHONA: It wasn’t protecting him. I realised then that what had actually happened was actually quite bad. There was no one, I was already in trouble enough, I had already, it was, you know, like it was my fault and that was the way that happened. It was like everything that had happened was my fault and I had caused it.
Protection of brother.

Megan was the only participant who expressed concerns for her brother if she disclosed. Perhaps significantly, she was the youngest sister interviewed and she was only fourteen at disclosure. She recognised that she would be helped and protected if she disclosed but feared her brother would be ejected from the family. She did not disclose until her mother extracted it from her when she was fourteen years old and the abuse had been occurring for two years. She was constrained from telling her mother because she recognised that she would be protected but that the consequences for her brother could be more extreme than she would be comfortable with:

MEGAN: [I thought] they would turn against [my brother] ... I wanted mum to be really angry at him, but in the other way I didn’t want her to banish him, or get police or anything like that involved.

The constructions of Megan around disclosure were similar to those of Ester in that they both considered that parental support of one child would mean no parental support for the other child. Megan knew that she would be supported by her parents but she feared for her brother. Ester believed that the support her parents had provided to her brother over the years would mean she would not be supported. That is, there was a shared construction that parents would take a side and only care and support one child following the disclosure. Megan believed that she would be supported while Ester believed that her brother would be supported.

The myth of the perfect family: “Keeping up appearances.”

The myth of “the perfect family” permeated many of the sisters’ stories. Some sisters were caught up in this myth themselves while others recognised their parent’s attachment to it as a major impediment for their opportunity to disclose what was happening to them. The power in many of these families to maintain this myth was very strong and over-rode any of the evidence to the contrary with the physical and sexual abusiveness of the son in the family.

SUSAN: I am ashamed to tell my friends because I don’t want them to think badly of my family, because I am trying to protect that perfect family, so to speak. I’m dying to tell one of my best friends, but I don’t want her to hate my
brother because I am protecting him and I don’t want her to hate my parents, I don’t want her to hate my family. Is it an issue that should be kept just in the family? My friends, then again my friends don’t need to know, it is a very personal issue. But then again, I do want some of my friends to know to understand how goddamn hard it is to pretend.

LAVIDIA: I come from this family where image is everything. So we have the perfect family you know three kids, two parents, dog, very happy, high achieving kids and stuff like that and ... you’re so lucky you know, you — you do so well and, and that kind of thing. So I just didn’t kind of connect the two people as one, because there’s no way that I could explain it to anyone.

TAMARA: We have in our family a huge importance on appearances. And, you know, to go to a doctor’s appointment we had to dress up — everything was very — and if someone was coming over, or we were going somewhere as a family unit, you had to look right, you had to behave correctly, and nothing was ever wrong when someone was over or if we were somewhere else. Everything would be peachy clean and perfect, and that’s just the way that mum wanted it. And so, really, it felt it was a huge secret, and if it was kept within the family then, “It’s all right, it’s in the family.”

“I did not think I was complicit in the abuse.”

None of the participants interviewed indicated that a reason for their not disclosing as a child was due to a feeling of complicity as speculated by several researchers (Lamb & Coakley, 1993; Lamb & Newberger, 1989; O’Brien, 1991) These participants all understood that what was happening to them was wrong and serious.

Summary of disclosure decisions.

In summary, disclosure decisions in SSA appear to be different to disclosure decisions in IGSA. In IGSA, power differentials in the family (Freyd, 1996; Gil, 1996; Herman, 1992; James & MacKinnon, 1990; Sheinberg & Fraenkel, 2001) are generally understood as critical. In this research and other studies, sisters who had been sexually abused by their sibling were less likely to disclose as children and teenagers (Carlson, et al., 2006; Lamb & Coakley, 1993; Lamb & Newberger, 1989) and disclosure as adults also appears more difficult than for IGSA. It has been speculated that sisters do not disclose earlier because they feel that they were complicit or that they do not have a
construction about events as abuse (Lamb & Newberger, 1989; O'Brien, 1991). However, this was not the experience of the sisters interviewed for this research.

There were many different reasons to do with their family situation that stopped these sisters disclosing. Significantly, it was not just the non-protective and subjugating families where it was difficult to disclose. It was also the very close and connected families where abused daughters did not disclose in order to protect their parents from emotional pain. Some of the constraints to disclosing were identified as: (1) Difficulties in disclosing SSA can be related to a daughter’s awareness of her parents’ fragility and inability to manage a disclosure; (2) Daughters with close and caring relationships with their parents often make the decision to emotionally protect their parents by not fully informing them of their sexual abuse experiences. (This then often means that these daughters do not get understanding and validation from their parents, and their relationship with their parents deteriorates); (3) some daughters, who have seen their parents’ devotion and support for their antisocial son over the years, develop a notion that their parents will not support them if they disclose, they perceive that their parents have prioritised their son throughout their life and will continue to do so; and (4) some daughters also believe that if they disclose, their parents would be forced to choose between them and their son, and they therefore avoid putting their parent in this position; (5) The daughters’ fear of losing important family relationships also kept some of these women silent.

**Sisters’ experiences of the disclosure reaction from family members.**

Family reactions to disclosure were critically important to the women in this study and shaped their recovery just as powerfully as the trauma of the SSA. The reaction to the disclosure from the non-offending family members was variable and pre-existing family dynamics shaped responses.

Table 2 shows the parental responses as experienced by each of these sisters over time (initially at disclosure and later at time of their interview). Sisters needed belief and acknowledgment of the SSA when they disclosed. A deeper level of parental
Table 2

*Degree of parental support initially and at the time of interview*

<table>
<thead>
<tr>
<th>SISTER</th>
<th>CODING OF PARENTAL SUPPORT AT DISCLOSURE</th>
<th>CODING OF PARENTAL SUPPORT AT INTERVIEW</th>
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<tr>
<td>Erica</td>
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<td>Susan</td>
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<td>Ester</td>
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<tr>
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<td></td>
<td>Fa: 0</td>
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<tr>
<td>Janice</td>
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<td></td>
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<tr>
<td>Margaret</td>
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<td>Brittany</td>
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<td>Julie</td>
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Coding of parental support:

0 – No contact with parents due to their hostile responses and disbelief.
1 – Parents deny and/or offer no support but remain in contact.
2 – Parents acknowledging and partially supporting but denying impact and focusing upon brother.
3 – Parents acknowledging, supporting and weakly validating. Not confronting brother.
4 – Parents supportive and validating but not confronting brother.
5 – Parents supportive, validating and holding brother accountable.
support was then obtaining validation for the extent of the trauma that the sisters had undergone. A final level of parental support involved confronting their brother and strongly holding him accountable for the abuse.

Parents gave nurturance and care.

According to their daughters, the majority of parents for ten sisters (coding two and above) in this study, did react with belief and did ultimately attempt to provide the care and support that their daughters needed (see Table 2). However, there were limits to what some parents could provide for their daughters. A minimum requirement for sisters was belief and support. However, if their parent could fully validate their daughter's experiences and even confront and assist their brothers to be accountable, the sisters experienced a better reaction. Thus support and nurturance was complex as it required several different elements for the daughters to feel it was sufficient. Furthermore, the ability of a parent to provide this nurturance was interactional as well as limited by their own traumatic experiences. When a daughter sought to emotionally protect her parent by not disclosing the full extent of her trauma, this in turn would mean that the parent was not able to validate her daughter's experiences or trauma.

Brittany conveys the complexity of this support from her parents. Her mother reached out to her emotionally when she disclosed but Brittany, who was very emotionally close to her mother, was intensely aware of the limits to disclosure due to her mother's vulnerability:

BRITTANY: Mum turned round and gave me a hug before I left (when I first disclosed). And you know, she — I could feel that she wanted to say, “I’m sorry,” or apologise, or try to do something to make it up, but she knew that there was nothing that she could do. It wasn’t enough for her, and, and she’s still very much like that today ... But in the beginning I knew that I couldn’t go too far with her, because it was going to push her over the edge.

This daughter was close to her parents but was sensitive enough to their emotions to realise that while they were being as nurturing as they could at this time, they were in shock and she could not rely upon them completely. She had to go slowly with them and withhold information about the extent of her symptoms or she feared losing them.
completely. They were supportive to the level they could be in the shock of the situation but not supportive enough as this daughter needed:

BRITTANY: Instead of me sitting down and saying ‘hey, you know, “I’ve been having nightmares, I’m kicking in my sleep, I’m screaming, I’m waking up you know, I’m acting you know, I — I’m having all these different symptoms come out of me from the abuse and the nightmares, this is what they are blah blah blah blah blah,”’, um I didn’t have the strength to say that to them because I didn’t want to make things worse for them. I didn’t want to push them away anymore than what they were. You know, they were sort of at cuddle stage, they were just like when you hold arms together and they were sort of, they were just holding me: trying to stabilise me like you would a child, helping me get back on my feet, when I needed to be carried.

Even as time went by, this daughter experienced that there were limits to her parents in providing the support and care to her. Her parents were vulnerable to slipping into avoidance:

BRITTANY: She’ll be there for me with some things but when it comes to, like if I start having a bad day or whatever, I sort of say to mum, “I’m having a bad day.” She’s like, “Oh OK well, do you want anything?” You know, she’ll sort of do that, and you can tell with the way she says it, it’s like, “Well I’ll come over and drop some soup off for you if you want, but I’d prefer to sort of let you be and go through it yourself. I don’t want to see you when you’re bad.

Brittany understood that a major constraint for her mother being more there for her emotionally was the guilt and blame that her mother felt for the occurrence of the SSA:

BRITTANY: I couldn’t go into too much detail or depth of what had happened, or how bad I was feeling because she kept blaming herself ... If she could let go of that self-blame, then she could actually spend that little bit more time with me, and realise that I don’t blame her, you know, and I just want her to be there and, and to give me a hug and tell me it’s OK and, you know, tell me that she loves me even though I’m, I’m damaged and I’m a bit loopy at times and I do silly things. You know, I just need to know that, you know, she’s there for me.

Lavidia’s mother was avoidant of the SSA but Lavidia describes a situation similar to Brittany whereby her mother was as supportive as she could be but could not tolerate being too close to the reality of the situation. Parents who protect themselves emotionally do not react in the manner needed by their children:
LAVIDIA: Mum couldn’t verbalise it, mum has ended up backing off completely. She just can’t cope with it. She’s, she’s supportive, like she’s kind of, she doesn’t even want she doesn’t even say I hope you’ll be better you know I ... I’m sorry or anything like that. It’s more, “Buck up,” you know, “Life’s good, you’re very lucky, the sun’s out, come on I’ll go and buy you something, some nice new clothes,” and, and you know, “Everything’s going well, you’ve got a good job now and you’ve got a loving partner.”

Her father, who was similar to her mother in reaction initially, is now able to provide more of the nurturance needed by his daughter:

LAVIDIA: At the beginning — I couldn’t cope with this, but he (father) has come around, he has. So now, although he may not give me a big hug, he might pat my hand which is a lot of affection (for him).

A necessary part of daughters' feeling that their parents were there emotionally for them involved their parents recognising the seriousness of the SSA (“getting it”) without them having to argue it: that is, validating the abuse experience. Most daughters, at some stage in the journey after disclosure, felt that their parents did not “get it” and this inability to validate their experiences sometimes drove a wedge into the relationships. Sarah clearly experienced her parent’s as “not getting it” when she was young. She disconnected from her family and moved interstate and overseas:

SARAH: I guess I felt like that I shouldn’t have had to go into details and really drive it home that’s how bad it was. Like I felt like I should have been able to say to them (parents) that he did this to me and it was really crap and they would understand. And, yeah so I guess that’s where I — it’s also — I think it’s just also part of my personality that I don’t like having to force people to show concern, or you know, sort of think well I have to force them to do it.

As outlined above, sisters Robyn and Janice did not get any support from their mother and lost the relationship. However, they felt supported by their father (who was divorced and estranged from their mother). Even although they were aware that their father still saw their brother and supported him, the way that he managed it was acceptable to them. This father “got it” and was supportive of his daughters in a respectful way while he still maintained his connection to his son:

ROBYN: I believe he (my father) still sees him (my brother). And then you might say, “Well why do you see him and not your mum?” But, yeah, that the difference being for me is that he (my father) was that he listened. He, he came
to the psychology session that I asked him to, and he was able to not talk about him (the brother) in front of me (as requested).

**Need for validation: “I want my parents to be shocked and distressed about this.”**

Part of the “getting it” involved parents showing shock and grief about what their daughter had been through. Paradoxically, while their daughters did not want to distress their parents and emotionally hurt them by disclosing, many daughters identified that they needed an initial strong emotional reaction from their parent in order to feel that their parent understood what they had been through. That is, validation required evidence of emotional pain from a parent:

SARAH: I remember [my parents] looking quite horrified ... it was good to see them understanding what had happened, and I guess that that makes a difference as well to see that — to see that that was probably the first time they really understood what had happened.

TAMARA: I want [my mother] to feel terrible. I want her to feel absolutely terrible about what’s happened, because it is. It’s a fucking tragedy and you know if she can’t accept the extent of it all, and her role in it, well I don’t want anything to do with her.

SUSAN: I would want my dad to feel guilty because he knew about it. I’m sure he knew about it, Christ, I’m the youngest, it happened to the second youngest. Put two and two together. Of course it is going to happen to me. I am the next on his list — my brother’s list. So I certainly want him (father) to cop a lot of the blame for it.

ESTER: This sounds awful, but they deserve to feel that way (blaming themselves). Because as being a parent, you are supposed to look after, provide for and protect your children. And, I’m not saying that parent’s know what children are doing every minute of the day, but certainly one would suspect, well in my case, I was a very isolated child, I hardly had any friends, um I was frightened of people finding out and didn’t want people to see my bruising and all this type of stuff. I was quite introverted and I took an overdose of pills when I was about 16. I mean symptoms that you would expect come from somewhere. So, um, yes they might, if they found out, they might blame themselves, but I would think that that would be justified — it would be helpful for me short term. I wouldn’t want them to stay in the phase for a long time. So I would hope that they would move on from having that blame otherwise in some ways, keeping
that blame to themselves and feeling bad, is in some ways perpetuating the abuse in some ways really. I didn’t probably explain that very well what I meant but it allows them to wallow in self pity when perhaps the pity and support should be for me.

Even Megan, the youngest participant in this research, who had received exceptionally good care and nurturance from her mother, reported that she had needed more of an emotional response from her mother at the time she disclosed:

MEGAN: Yeah, but I was wanting to see more of a reaction. She (mother) was very calm ... (I would have liked her) to show like how, know she was thinking, and how she was feeling.

So even when parents believed their daughters and tried to provide nurturance and support, it is a complex exchange and parental reactions may not have been what their daughters believed they needed, which in some cases resulted in the abused sisters feeling invalidated in their trauma. The daughters who are close to their parents try to protect them from emotional distress by not disclosing all the details of the situation, but when their parents do not fully understand the extent of the problem, these daughters can feel let down that their parents do not “get it.” Paradoxically, the daughters also expressed a need for a strong emotional response or even an expression of guilt or responsibility from their parent in order to obtain validation of their ordeals. Often they did not get this. This could be because parents do not perceive the situation as abuse or because they become numb in response to the shock of discovery. The experiences of parents will be considered in Chapter Six and this will be explored more fully from their perspectives.

**Lack of importance of brother’s response to disclosure.**

There was little interest for many of these sisters in the reaction of their brother per se to their disclosure, except in how it influenced their parents and the influence parental response had on the brother. For instance, the denial of even minor aspects of the SSA by Bronwyn’s brother influenced her parents negatively despite the involvement and belief by police:
BRONWYN: I did the statement and I left out a lot of what happened, and he (my brother) had to do a statement, and I think his was recorded, like I don’t know if it was videoed or taped or whatever, and then he (my brother) said that some of the things I had said in my statement weren’t true, and things like that. And then that was told to Dad and Mum and then dealt with; you know, by (my parents saying that) “(Bronwyn) is lying”. Yeah. Dad always thought it was games and I had to always tell him that it wasn’t, it was serious.

In other families, with different dynamics, the brother would not have been allowed to deny his role. However in Bronwyn’s family, the parents had been pre-occupied with the care of her brother for many years due to his difficult behaviour and a belief that he had Attention Deficit Disorder (ADD). He had also, like his sisters, been abused by his grandfather when small (but did not disclose this when his sisters did at six years old but waited until he was sixteen years old). It is likely that he was showing severe trauma responses as this is often misdiagnosed as ADD or Attention Deficit Hyperactivity Disorder (Ackerman, Newton, McPherson, Jones, & Dykman, 1998; Cook, et al., 2005). The family could appropriately manage the disclosure of grandfather abuse when the children were small but the disclosure of SSA when the children were teenagers threatened the integrity of this family unit and the daughters were silenced. Bronwyn minimised the SSA in her police statement due to the response of her family (she felt she was breaking up the family by her disclosure). Christina, who was from the same family, did not disclose at all at this time, and to a large extent, the brother was given the opportunity to deny due to this situation.

Megan’s parents, in contrast, took a very authoritative and strong position with their son when he was confronted as a teenager. He was compelled to attend counselling weekly for over a year and began to accept responsibility. Megan experienced validation through this and a sense that her brother had had appropriate consequences for the SSA. She appeared to have recovered well:

MEGAN: I know that he knows what he did was wrong but I don’t think he knows, he doesn’t know why he did it ... Now he goes to counselling every week without complaining — Whereas I dread going ... Yeah, and he’s just taken responsibility ... I know he is sorry ... Mum reckons I’m happier now — which I am.
I want my parents to arbitrate justice: Legal justice versus intimate justice

The parents were the preferred arbitrators of justice for these sisters. That is, the sought for justice was intimately based rather than legally based. Some sisters needed strong “punishment” for their brother, from their parents, perhaps as validation for their experiences. For many sisters, like Megan, the punishment required simply involved their brother attending therapy to confront their actions. Other sisters wished for punishment that involved their parents cutting their brother from their lives, as they believed the transgression warranted this. Banishment was regarded as appropriate by those sisters whose brothers refused to attend counselling and refused to “face up” to their past actions. Brittany, whose brother avoided counselling, believes that had her parents completely cut him out of their life, she would have had a much better recovery:

Brittany was upset with her brother for not facing his abusive behaviour, not attending therapy and therefore not assisting her parents and family as a whole to achieve recovery. It is possible that had her parents insisted on her brother continuing in therapy she would not have needed her parents to cut her brother from the family; it appeared to be the absence of parents demanding accountability of the brother that triggered her need for a strong response:

Brittany: He just didn’t, he didn’t put the effort in to come (to therapy), and it was like that made it, that was the frustrating, that’s what was hard about it ... You know, I’ve put in a huge effort with mum and dad to make sure they’re OK ... if we could have had a, me and him, even just become friends. Yeah, not have to socialise or, you know, or anything like that, but to be able to be comfortable and do things together with the family, you know, that would have been nice for the family — if, if he could have helped me get to that point. But he didn’t, because he didn’t make that effort when he was (in therapy) ... It was like (the therapist)

11 The term “intimate justice” will be developed in-depth in this study. It refers to fairness and equity in attempting to correct a profound wrong from a loved one. It is a concept that originates from Jory and his colleagues in their work with violent partners (Jory, Anderson & Greer, 1997; Jory, 1998; Jory & Anderson, 2000).
was sort of telling him off for it, giving him some form of punishment, and he was sooking about it ... I don’t care if he didn’t like going. I don’t care that he got lost when he went home, and he was an hour late, and his wife told him off. I don’t care — you know, those little things are part of his punishment, he needs to be punished.

According to Brittany, her parents did not reinforce the importance of attendance at therapy for their son and responded protectively toward him when he put up barriers to attending. This enabled him to avoid facing up to his actions and to obtain more care from his parents than his sister was receiving. As outlined in the previous section, Brittany described that her parents had been “consumed” with the care of her brother and this pattern continued after the disclosure. Brittany tried to protect her parents from the emotional distress of the disclosure but felt betrayed that they were so supportive of her brother that they appeared collusive in her brother not being accountable.

If the parents privileged the brothers’ version of events and did not hold their brother accountable, it impacted seriously upon these sisters. When intimate justice did not occur, sisters sometimes sought legal justice. Robyn and Janice remained unresolved and invalidated with regard to the SSA as their parents did not make their brother accountable for his abuse in any way. Robyn and Janice therefore sought legal justice. However the criminal justice system let them down. Their brother plea bargained and removed the more serious charges and ones that related to when he was older than 18 years of age. He received a suspended sentence and did not go on the sex offenders register. More distressing for these sisters was that their mother continued to support his denial even when he pleaded guilty:

JANICE: He was made accountable (by going to court), but it’s still gone back to — all mum said was that he only pleaded guilty for the reason of being scared — so it still hasn’t convinced her in any way. He hasn’t really got any major penalties, so in a way, well, I don’t know that he still is really all that accountable. So I’m thinking, well, it would not have made a difference whether it had have been taken to court or not. Other than his maybe slight embarrassedness (sic), sort of thing, but it’s still really, to me, he isn’t all that accountable. He hasn’t been made all that accountable when you look at the end result — He’s still got mum’s support; he’s still got dad’s support.

A strong finding from the interviews of these abused sisters was that parents needed to make their sons accountable for their actions in order to validate the SSA experiences of their daughters. If an acknowledgement of, and appropriate punishment
for the SSA does not occur from the parents, then the daughters do not feel their experiences of trauma have been affirmed. Furthermore, the involvement of the parents appears to be important despite the actions of the brother. For instance, at the time of her interview, Margaret had not disclosed to her parents (due to their fragility) but she had confronted her brother on the telephone and he then attended counselling with her. However, Margaret’s brother’s acknowledgment and apology did not assist her. Given the experiences of the other sisters, I consider that Margaret’s empty feeling about this apology was because the apology lacked involvement and witnessing from her parents:

MARGARET: *He cried. Yeah — I thought he might have sworn at me. But yeah, but he didn’t. He was quite nice about it. Or so he fucking well should [laughs]! Yeah. Yeah, he apologised, and then I think he came for a session with (therapist) with both of us there. I cried, but it still didn’t mean anything. It doesn’t mean anything (saying sorry) — because he still did it.*

Margaret contacted me two years after her interview. She had disclosed to her parents but did not get any validation, accountability or intimate justice from them. Consequently, she sought legal justice and attempted to charge her brother. Margaret reported that he raped her from when he was 12 years old to 17 years old. However her brother, with legal advice, denied that he had sexually abused Margaret after the age of 10 years old (thereby not being legally responsible). The police did not charge him.

Similarly to Margaret, Tamara could not get validation and her brother held accountable by her parents. She was still being sexually assaulted by her brother when she went to the police to report him. She was motivated by safety as well as justice. However, her level of trauma and distress was so great that she attempted suicide after commencing her police statement. She never went back to completing it and she fled the state for safety.

As these experiences of the sisters show, the pre-existing family dynamics and the interactions of the family around the disclosure shaped responses. Sisters needed their parents to take a firm role in helping their brother face up to the SSA. If the parents have had a long history of intense care and protection of their son, they may be vulnerable to continuing to protect their son from accountability. If their brother took responsibility for the SSA, then this in turn assisted parents to validate and care for their abused daughters. Furthermore, the daughters needed their parents to be responsible for
dispensing justice in the situation. The parents were viewed by their daughters as the arbitrators of justice in the family even when the disclosure occurred in adulthood. This “intimate justice” appeared to be more important to the sisters than justice through the courts. If no consequences or justice occurred for the SSA, the daughters did not experience validation and did not have this pathway for recovery and family reconstruction.

**Disbelief.**

None of the sisters in this study actually described instant, outright disbelief from their parents when they disclosed. They experienced their parents’ reaction as a lot more subtle. Four of the sisters had a parent or parents who initially were uncertain, moved into avoidance and then into disbelief or denial of their experiences (Tamara, Robyn, Janice and Julie). For instance, Julie's mother did not disbelieve her outright but went into an investigative mode. Her mother even rang her the next day to see if she was ok. However, apparently as her mother processed the information she went into disbelief and completely disconnected from her daughter:

**JULIE:** She went into this quite strange business-like mode really. I think she asked when it happened, she sort of was quite demanding of facts, which, you know, obviously I wasn’t interested in giving her. She wanted to know why I hadn’t told her. She then said that she was glad that I’d told her; that she hoped we could sort it out. She said she needed to tell my dad about it and that, you know, she would ring me back. She rang back the next day and said that they were both in shock. They didn’t know what to do. They were going to see their doctor about it. She wanted to see if I was OK. It was quite a brief conversation. She said they were going to see the doctor that week, and that she would ring me after that. And I never heard from them again ... she (my mother) was given a choice between having a brutally honest conversation about our family, and her part in our family or being allowed to continue in her fantasy land. Then she chose to cut off her daughter and continue in her fantasy land. That’s the choice that she’s made — that they’ve both made. Because I've given them every opportunity to sort it out, and I genuinely wanted to. But unfortunately they did not want to do that.

Tamara disclosed to her family when she was a psychiatric inpatient following a serious suicide attempt. She had previously attempted to disclose to both her father and mother throughout the time the abuse was occurring but it was ignored. She had had a series of serious neurological illnesses prior to this disclosure that were possibly connected to a severe trauma response. However, her mother, a nurse, had constructed
an understanding of her daughter as having Munchausen’s Syndrome (assisted by a psychiatrist who did not believe the SSA allegations):

TAMARA: When I was in hospital, and tried to talk to them (her family) again as a group, they were all nodding their heads and “yes, yes, yes” and I was like, “oh wow, wow.” But it was all just a charade of, “Oh (Tamara) is very unwell and we’ll just nod our heads, and do the whole placebo thing, and, you know, she’ll get the help that she needs, because she’s just fabricating all of this shit.” You know, to have mum pretending that she understood and saying to me that all we want is for you to get well and we’re so worried about you, and you know, you, you’re getting the help that you need and — being all very caring and supportive and getting all of my hopes up,” Wow, this is amazing.” And then to find out that she’s gone straight up to Queensland to meet with my brother to say come back to Melbourne and live, you know, where (Tamara) is living. [Laughs] In the family home! I just went, “What?!?” And so nothing I said had been believed. They were not just denying it, but they were saying I was fabricating all of it, which was even more hurtful. And then to go and invite him to come and live where I’m living — this is insane! This is absolutely insane!

Soon after this, Tamara moved interstate to maintain her safety as her brother was still assaulting her. Tamara’s stepmother, the partner of her father, was the only person in her family who believed her. Tamara then found herself in this surreal situation where she would be supported and acknowledged by her stepmother but avoided by her father in the same conversation:

TAMARA: (My father) is still in his little fairy land. I caught up with him and (his partner) on Friday, and (his partner) was very interested to find out how I was going (living interstate) ... it’s very weird to have (my stepmother) believing, and enquiring as to how I am, and all that kind of thing, and then to have dad sitting right there, you know, in the same room, not participating in the conversation at all and not even paying attention.

Sisters Robyn and Janice were initially believed by their mother, but this was followed by their mother's minimisation of the impact, followed by derision and finally denial. Due to the minimisation from their mother and brother, they sought legal action and took their brother to court. Their mother totally supported their brother and cut her two daughters from her life. This particularly had a devastating impact on Robyn as she had been close to her mother:

ROBYN: It just undermines (me) when she’s (my mother’s) like, you know, “nothing happened, nothing” you know, and doesn’t believe you or minimises it. It’s kind of like — oh, I don’t know the word, it’s, it’s indescribable really how you feel, but it just undermines you as a person. I don’t know, just makes me
feel that everything’s a lie really. Because obviously when it comes down to it, yes we may have been close at the time, may have been close, but when it comes down to it, she’s ultimately preferred to have him in her life than me.

Kate had the strange experience of complete and unequivocal belief from her parents and two other siblings, but outright and angry disbelief from her oldest sibling who was very close to the brother who had been sexually abusive. This was despite the complete “owning up” of her brother:

KATE: (My sister’s) reaction was completely against me and when I confronted her, her words were, “Who did you think I was going to believe?” You know, “I was always close with (the brother). (The brother) and I were always very close.” I said, ‘It’s not a matter of who you believe. This is what happened. He’s admitted it.” Mum and dad actually went to (my brother) first, and asked him, and he admitted to it. So when they went and saw (my sister) they could say, “Look (my brother) has admitted to it.” But she still didn’t believe.

Avoidant parents: “Sweeping it under the carpet.”

Rather than outright disbelief, three of the sisters experienced the reaction of their family to their disclosure as a “sweeping it under the carpet” syndrome or avoidance. That is, the SSA was not acknowledged and was hidden away after the disclosure or attempted disclosure. This occurred at different levels of the disclosure process. Some daughters could not commence the disclosure process. They felt that they gave their parents perfect opportunities to hear about the SSA but that their parents had turned off their radars well before the words came out of their daughters’ mouths. Thus daughters would try and disclose but there would be a closing down from their parent that did not allow it to happen. This was the experience of Ester with her mother and Tamara and Susan with their fathers:

ESTER: I recently thought about telling them (parents about the SSA). I have an alcoholic addiction as well. And recently I ended up in hospital and went into detox ... They did what they were asked and they came and saw me in hospital ... And (my mother) wanted to talk. So I thought well maybe the time has come to actually approach the subject of the sexual abuse ... All I could really do was say to her that there was something had happened when we were kids that you don’t know about. I left it at that. And she didn’t actually pursue the conversation, so I don’t know what that tells you? And she is not a stupid woman, she is quite bright ... If she had of said, a couple more words, or said something else to me, maybe I would have actually elaborated upon what I
meant. But I found that I wanted her to make a move and actually say something ... I suspect that they do know that there was more to it than just the physical abuse. I do, I’m sure that any mother would pick up that there has to be something else. But she would never acknowledge that.

ESTER: I felt partly that and that I had to keep, yes, sweeping it under the carpet, um — I felt the other part of it was if I told them that they would hate me. And that I really wanted them to like me and so by telling them would alienate me further than I already felt alienated so — I think that’s why I never said anything.

Tamara tried to tell her father at the time about the SSA and extreme physical assaults were occurring to her and her twin sister but she got no reaction from him. Her mother was totally denying the situation while her father avoided:

TAMARA: When it was all occurring, mum and dad had been split up for about a year. We were trying to tell dad about what was happening, but he wasn’t there - I was really pushing the point home, “Come on help us!”... And dad was like well, “That can’t possibly be happening, it can’t be as bad as that” and, you know, “I’m not getting the same report from your mother,” so that’s that — he had a mixed response of kind of denying it and also saying well it’s not my place, I don’t live in the home anymore, that’s up to your mum ... I got to a point of going well I’m not being heard, mum and dad aren’t doing anything so I’ve gave up talking about it. Just went, well I’m on my own ... She (my mother) was aware of his (brother’s) violence and, you know, he was violent towards her even.

SUSAN: I told him (father) about it — just before I went overseas which was 1998, no 1997 ... and it was hushed up, swept under the carpet, and never once has he ever asked me — he knows I am seeing a psychiatrist — “How I am doing?” ... people think that you can cope on your own, but you can’t, because it is a taboo subject.

The reaction of some siblings not involved in the SSA could also be very avoidant. In the previous section, Kate told how her oldest sibling totally denied the abuse even in the face of honest admissions by their brother. The other sisters in this study usually did not experience such outright denial but many experienced an avoidance of the situation by their other siblings. Three sisters in this study described one of their other siblings as very supportive. However, five sisters also perceived one of their other siblings (where they had other siblings) as completely avoidant and non-supportive. Furthermore, they described that these avoidant siblings often distanced themselves from the family following the disclosure and appeared angry toward them. This observation was confirmed by the other siblings in Chapter Seven. For instance,
when Lavidia attempted to get some closure and processing of the SSA from her family, her non-involved brother reacted angrily:

LAVIDIA: My younger brother’s reaction was like “Oh God, not again, is she bringing it up again? You know, haven’t we already dealt with this?” But he came along and his role’s really — I feel sorry for him, because he’s the third wheel, he’s like not really involved in it. So he actually, I think how it’s gone onto him is that he actually feels quite a bit isolated from the rest of the family.

**Blamed: “You’ve wrecked the family.”**

Unfortunately several of the sisters (Erica, Shona, Bronwyn and Lavidia) in this research experienced blame from their family for disclosing the abuse. The blame was often centred around the impact upon the integrity of the family unit and included a discourse that the abuse was trivial but that their disclosure had badly damaged the family unit or their brother:

BRONWYN: I am a bit vague, but then the (police) lady was there, then I had to give a statement then, but I don’t know what happened exactly but I think I gave a statement, but before I went in, Dad was pretty clear on saying, “Just remember what family you are breaking up” like they reacted really wrong ... dad always like said stuff like, “Maybe it’s just games that you played when you were younger and you are mixing it up with what happened with your grandfather.”

LAVIDIA: He (my father) turned around to me and said after I told him, do you realise what you’ve done to the family? And he goes “You have isolated every single one of us, we were a unit before and now we’re all on separate islands.” It makes me feel bad the fragmentation of the family that I thought I had caused until recently.

When extended family members were also aware of the SSA (this was rare), these daughters also may have felt blamed by them and pressured to forgive their brother and reunite the family. Bronwyn highlighted the difference when she disclosed the abuse from her grandfather compared to when she disclosed the abuse from her brother:

BRONWYN: It was a very different reaction, so like, I felt very much like um, yeah, I know, just unsupported and victimised and I thought that it has been, like it seemed as soon as I disclosed that first one (grandfather abuse) like it got a lot better and I was supported, and then the next time (disclosure of SSA) it was just
unsupportive and I was blamed a lot. Yeah. From both sides of the family — even mum’s brother with whom (my brother) lived for ages (when SSA brother was removed by statutory authorities) — he doesn’t like (my sister and I) at all and he swore at me on the phone one time.

These sisters appeared to be experiencing their parents’ priority of maintaining the family integrity or fixing their son, rather than assisting their daughter’s distress. The daughters’ experiences and trauma were not understood, and the SSA was constructed as trivial (or perhaps childish sexual exploration). These sisters therefore experienced being viewed as betraying their family or their brother.

**Blamed for not recovering: “Get over it”**

This was a reaction from a father that two daughters (Brittany and Kate) experienced. It was not an initial reaction but developed over time, often as daughters were mired in chronic trauma symptoms. The sisters experienced their parent’s frustration and belief that they were “wallowing” in the situation and not “getting on with their life.” Brittany received this message overtly from her father:

BRITTANY: I’m not sleeping, I’m depressed and I feel really sick and you know, I was losing lots of weight and things like that, and it was dad was just, sort of like, “Well, just eat, you know, go to bed at a reasonable time and you’ll sleep OK.” You know, very simple solutions to a problem which was, I needed more than that, you know, like — that’s why going on the anti-depressants and encouraging upping them was, you know, one way to deal with it, having just sleeping tablets for a while, you know, and I said to him, you know, “Look I’m having to do this because it’s not working.” And he’s like, “Well, just get over it. I don’t understand why, just get over it” — I feel like he put some of his aggression about the situation onto me, because I wasn’t handling it like how he would handle it. You know, he would be like, you know, oh yeah just get over it. And it’s like, “I can’t.”

**Brother’s needs were prioritised.**

When some daughters made a disclosure, they were looking for support and care from their parent. The daughters had been wronged by their brothers so they were expecting some arbitration and justice from their parents. However, some sisters found that their parents responded by putting all their energy and support into their offending son, privileging their brother’s constructions of the SSA, and ignoring their traumatised
daughter. Following Bronwyn’s unplanned disclosure when she was twelve years old, her mother abandoned her to focus upon her son who was demanding attention:

**BRONWYN:** She (mother) left me in my room by all by myself and then went and spent the whole night with my brother — he was screaming and making all sorts of noises and um — and I was just left in the room by myself and that sucked, because it wasn’t how it was done last time, I had lots of support then.....

Even several years later after Christina had also disclosed, both sisters experienced that their parents’ focus remained upon their brother to their detriment. For instance, both sisters remained very fearful of their brother but their parents, “consumed” by their brother’s needs, were not sensitive to this fear:

**BRONWYN:** So like it was all about (our brother) all the time. And I don’t think they (parents) questioned his removal (by statutory authorities) so much as that he should be able to come back because it is all better now. But it’s not all better. But like it was never seen as anything that we had said, or me mainly, was valid at all. It was all invalid and um irrelevant to what was going on with (our brother’s) life.
**BRONWYN:** He (brother) just disappears for months. And all mum and dad said — they are very secretive. They don’t tell us what is going on.
**CHRISTINA:** you have to hear them on the phone.
**BRONWYN:** It makes you really insecure and unsafe because you can never, you can’t trust them in that situation.
**CHRISTINA:** Even when mum tries to like give us warning, she would only give us like an hour or something and say, “Oh, (your brother) is coming round, he’s at so and so train station.” I’d be like, now I’ve got to leave, why do I have to leave? I hid in the cupboard once when he came round.
**BRONWYN:** Without any planning you know. I climbed out of my window once.

Sarah felt that her parents have managed the situation well in recent years. However, initially following Sarah's disclosure (presumably without knowledge of their daughter’s fear) they allowed their son to move back home again (where their daughter lived) when he was without housing:

**SARAH:** I still resent that after I’d told them what happened they let him move back into the house, and I thought that was a big mistake on their part, and that they could have been a little bit more insightful ... I just felt like all my needs were overlooked. It does come down to — that they prioritised his needs over mine. Yep.
Later in her interview, Sarah realised that she had not actually disclosed the SSA to her parents at the time her brother moved back into the home. However, this perception had remained with her for twelve years.

**Impact of the SSA and Recovery for Sisters**

**Impact of the Abuse.**

Even although there were only seventeen sisters in this study, the range of symptoms as a result of the SSA was extensive. Furthermore the impact of the SSA varied over time and sometimes did not become apparent for many years afterwards. Table 3 attempts to summarise the impact for these participants. The following sections will expand on the salient features of the impact.

**Trauma symptoms.**

The range of difficulties that the sisters in this research struggled with paralleled the range of difficulties for survivors from adult offenders of sexual assault: PTSD and complex PTSD, borderline personality disorder, high degree of suicidality, self harming, substance and alcohol abuse, dissociative disorder, dissociative identity disorder, depression, anxiety, eating disorders, sleeping disorders, panic attacks, acrophobia and somatic problems such as asthma, chronic fatigue, chronic meningitis, irritable bowel and polycystic ovarian syndrome. Some of these women described symptoms of psychosis (hearing voices) or delusions at stressful times of their facing the reality of the abuse or disclosing to family members. Many of these women struggled with chronic flashbacks and nightmares.

**Relational Issues.**

In addition, many of these women had difficulties with partnering or with sexuality (inability to have sex or alternatively, promiscuity). Perhaps connected to relational problems, many women described low self esteem, feelings of guilt and being

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12 While there is little research evidence to link some of these somatic problems to their childhood sexual abuse, the victims made a direct association. Many of the victims believe that their bodies have reacted to the SSA they experienced and there is evidence (Ogden, 2006; van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005; Yehuda, 2000) that some somatic conditions may occur due to the overloading of the adrenal system from the chronic terror.
to blame for the abuse in some manner, shame and self loathing. Some women described personality traits that they believe were brainwashed into them through the

Table 3

*The Impact of the SSA for each of the Participants*

<table>
<thead>
<tr>
<th>Sister</th>
<th>PTSD</th>
<th>Drug &amp; alcohol</th>
<th>Suicidality</th>
<th>Hospital Admissions</th>
<th>Relational Problems</th>
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<tr>
<td>Erica</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes – serious somatic symptoms</td>
<td>Yes. Socially isolated. No partners</td>
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<td>Susan</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<td>Ester</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes – Drug &amp; Alcohol</td>
<td>Yes - Short term relationships only</td>
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<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Psychiatric</td>
<td>Yes</td>
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<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<td>Yes</td>
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<td>No</td>
<td>Prior to disclosure</td>
<td>No</td>
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<td>No</td>
<td>No</td>
<td>Prior to disclosure</td>
<td>No</td>
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<td>No</td>
<td>Yes</td>
<td>Psychiatric and medical (somatic)</td>
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<td>Yes – early on.</td>
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<td>Yes – early on.</td>
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<td>No</td>
<td>Yes</td>
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</table>
abuse. For instance, a trait described by several women was being overly compliant and wanting to please others all the time:

SUSAN: *When I first started, you know, becoming sexually active, it was, I felt a little bit like I would do anything — like, just for this person to, to want to have, to love me ... so it was kind of like this weird brother thing — I didn’t think that they were my brother but it was kind of like, “Oh, you can do anything that you want and I will be subservient to you,”* — so to speak.

Ten of the seventeen sisters (59%) interviewed were not in a relationship at the time of interview (and two of the sisters who were in a relationship had not committed to shared living arrangements). Julie contacted me after the interview to report that she had left her marriage (making it 65% of the women not in relationships). She attributed the cause of her marriage break-up to the out of control anger that she had projected onto her partner when she had been betrayed and completely lost the relationship with her parents. These figures support the early findings of Russell (1983) where victims of SSA were less likely to marry than victims of adult offenders. Russell (1983) found that 47% of her sample did not marry if they were a victim of SSA compared to 25% of her sample who did not marry if they were abused by a father or stepfather. Russell (1983) believed that the violation of trust that had occurred at a peer level rather than a parent level caused greater difficulties in trust for the SSA victim in partnering.

ESTER: *I would still be gay regardless, but I think it’s had a major impact on the relationships that I have had, and the way, apart from one long term relationship I think the rest have been very short term and, um — the sorts of communication and the way I related in those relationships has been somewhat skewed because of the sexual abuse, so I think that it’s made a big impact on that.*

**Vocational/Academic impact.**

It is difficult to pinpoint how much the SSA impacted on the learning and schooling of these women. However, many believed that they did not achieve their academic and vocational potential as a result of the SSA. Mullen et al’s (1993) epidemiological study found that women who had been victims of CSA were less likely to achieve as highly as their parents and were in a lower socioeconomic category than
their parents (Mullen et al., 1993). Trauma symptoms often include the inability to organise and concentrate (Friedrich, Urquiza, & Beilke, 1986) thus impacting upon learning.

Brittany was, for many years, unable to read or write despite going to a good private school and having remedial assistance. However, after her disclosure and processing of her traumatic memories she had since taught herself to read (in her twenties) and was in the middle of a diploma course at the time of her interview. Megan, who had been having difficulties at school before her disclosure, was one year later doing well and concentrating in class. Christina and Bronwyn have had a difficult schooling history but had started to settle at their time of interview, both in academic courses. Robyn dropped out of her tertiary course after she disclosed and suffered difficulties with her mother’s reaction. She eventually completed a lower status course and struggled to survive with irregular work. Tamara described difficulties in concentration during her school years due to the SSA and was attempting to get entry into a tertiary course at the time of the interview when she was 25 years old. Sarah dropped out of her tertiary course at the time of her disclosure but returned to study later.

Anger.

Many of the women interviewed identified that they struggle with anger. This anger is less directed toward their brother and more directed toward their parent who is not caring for them or understanding their situation. Their anger, in turn, often creates more difficulties in their relationships with their family:

ALICE: I always think she (my mother) believes I’m going to attack her. Like as in emotionally. So, she’s never good initially (when Alice approaches mother for support).

However, Alice and also Robyn, considered the anger was an important part of their recovery process. Perhaps anger can function to empower and propel a survivor forward in recovery, or it can function to avoid distress:

ALICE: Because for me that was my bit of power. And once I felt that, I kind of became addicted to that sort of rage ... They fail to understand that anger is, I believe, part of the thing that keeps us alive. It’s part of all our pain. The pain only, you only die with pain, whereas I think the anger is, for me anyway, that
which kept me going for a long time and it served its purpose where it’s now not productive.

ROBYN: I’d prefer to be angry I think (rather) than feel the upset, you know, because then you feel really guilty.

Julie sees her anger as more problematic. She recognised that she used it as a way to avoid other issues. I asked this young woman why she considered that she has not recovered from the SSA:

JULIE: I think it comes back to the anger. I think I get very angry and I displace that in areas of my life. And I think the anger is a symptom of the fact that there's something I haven’t really fully dealt with ... it’s justified, but it’s the way in which you channel that and display it that is then a problem, and I get angry at my partner, and I find myself harping on at him as a vent for my frustration. I get angry when I'm driving — I've got a problem with that. I lose my temper at inanimate objects and swear at them a lot.

Thus, anger appears to be a very dominant emotion for some of these women at some stage of their recovery. Anger, in turn had an impact upon their relationships and connections. Brothers were less likely to bear the brunt of their sisters’ anger. The only exception to this was the brother of Alice. Her anger toward her brother (which included physical violence at times) actually contributed to his engagement in counselling and the formation of a different, positive type of relationship between him and his sister. Alice had experienced severe symptoms for twenty years but she persisted in obtaining validation from her family and accountability for her brother. When this was achieved, most of her symptoms resolved.

What is Recovery?

The impact of the SSA is the primary trauma but the responses of the family interact with this impact and create a secondary trauma for victims which shape their recovery or continued problems. Recovery is difficult to quantify as it may occur at one stage of a woman’s life but a different developmental life stage may cause new symptomatology. For instance, Robyn had been doing well over the previous five years until the triggers of seeing her mother (from whom she was estranged due to the SSA) and commencing a sexual relationship caused severe depression, dissociation and a conversion reaction. She required admission to a psychiatric facility.
Recovery is also difficult to define as it may occur well in one aspect of a sister’s life but not in others. Most of these sisters interviewed would argue that the concept of recovery is not applicable. They consider that they have been profoundly impacted by the SSA and that their true selves have been irreversibly lost:

SUSAN: Sometimes I feel, well after all these years, I shouldn’t need to be seeing a psychiatrist. But more and more these little things will happen and I think about the way my life has gone and I think, “what if” — all the “what ifs.” If this (SSA) hadn’t had happened, maybe I would be doing x, y and z.

Other sisters were able to mark the time of their recovery and time that they were able to start living their life again. As stated in the previous section, Alice was one such person. However, the loss of her youth has been significant and she experienced grief:

ALICE: I’m, you know, 36 (years old) and I’m just, I feel like I’m just starting out. So there’s that sort of mourning. So I’m kind of a bit going through that — you know, my life has gone because of all these situations.

Megan also considered that she was well recovered. She was only fourteen when she disclosed and the abuse was active at this time. Megan described that she and the family were “Not back to normal. Back to better - Cos I wasn’t normal for ages. Like we were bogus.” However, Megan was still young when interviewed (fifteen years old) and it was difficult to know whether she will feel “back to better” throughout her life or whether different developmental stages of her life will be impacted by the SSA. She had the good fortune to have a strong and validating response from both her parents when she disclosed, parents who have helped her brother face up to the abuse and held him accountable, and a parent who is emotionally nurturing of her. She is achieving well at school and living a healthy lifestyle, which is a turn around from her risk taking, substance abuse and learning blocks prior to the disclosure. Previous studies suggest that the earlier the disclosure and positive interventions, the less severe the trauma symptoms (Ullman, 2007).

Prior studies have strongly indicated that recovery from childhood sexual abuse is enhanced with relational support (Aspelmeier, Elliott, & Smith, 2007; Esparza, 1993; Kinard, 1995; Merrill, Thomsen, Sinclair, Gold, & Milner, 2001; Spaccarelli & Kim,
However, this study showed that recovery is complex and not static. The connectedness of supportive relationships eased the burden of despair. However, sisters also needed strong validation of their experiences from their parents and for their brothers to be held accountable for their actions. Those sisters who did not have relational support travelled the pathway of recovery with much more difficulty.

**Linking Recovery and Disclosure Experiences**

These seventeen sisters were at different stages of their life journey and recovery from the SSA. The impact of the SSA was pervasive and manifested in many different ways and at different developmental stages. Recovery was also complex and it could occur successfully in some areas but poorly in others. The nature and degree of support from a parent has also been shown to be complex and dynamic; it varied throughout the recovery journey. Despite this complexity, there were some interesting patterns that emerged between recovery and parental reactions to discovery.

Two of the sisters (Ester and Margaret) had not disclosed to their parents although even this concept of telling was difficult to classify as Ester had provided many openings to her parents to inform them about the SSA but experienced blocks from them in hearing it. As outlined earlier, three other sisters (Erica, Susan and Tamara) had also partially disclosed to a parent and had the situation “swept under the carpet”; they had told but were silenced. The recovery of all these five sisters was strikingly poor in comparison to others with more supportive parental responses. While the nature of the SSA was also important, these five women had had a lifetime of severe symptomatology: three women had addiction problems, two women had serious somatic problems requiring frequent hospitalisations and all women had difficulties in sustaining intimate relationships. The silencing of these five women appeared to have had a substantial impact upon the continuation of their severe symptoms and progress in recovery. These silenced women were all manifesting symptoms that were dissociative and numbing in nature. Furthermore, the substantial interpersonal difficulties of these women were striking, albeit understandable, as they had been betrayed at an intimate level by their major caregivers.
Ullman (2007) found that the earlier that sexual abuse is disclosed, the less the degree of symptoms of the survivor. However, the current research suggested that the parental response is also an important mediating factor. Two of the survivors experienced disclosure at the time of the abuse still occurring. Megan experienced a strongly validating response from her parents and they held her brother accountable for his abusive behaviours. She has shown, so far, a very good recovery with no symptoms of PTSD. However, Bronwyn experienced immediate emotional abandonment from her mother, no understanding or validation of her experiences, prioritising of her brother’s needs and no accountability from her parents. She has subsequently had a history of serious symptoms including drug and alcohol difficulties.

Two sisters had the disclosure elicited from them by a nurturing parent (Megan and Robyn). Both these sisters had a close and connected relationship to their parent prior to the disclosure. Both abuse experiences involved penetration and violence. Megan continued this close relationship with her mother after the discovery and, as outlined above, she appeared to be recovering exceptionally well. Robyn was only nineteen when her mother elicited the disclosure (following six years of SSA and five years after it stopped). She experienced her mother moving from belief to disbelief and hostility. She lost the relationship with her mother when her mother prioritised her brother. Robyn experienced severe psychiatric symptoms requiring hospital admissions including dissociation, serious suicide attempts, and depression: similar symptoms to the silenced sisters. She also could not sustain intimate relationships. Furthermore, the escalation of her recent serious problems appeared to be linked to renewed relational issues with her mother.

Many sisters felt overwhelming anger toward their family or about the SSA. Not surprisingly, the less they experienced validation from their parents and parents holding their brother accountable, the more the sisters were angry. Alice used her anger to persist in obtaining validation and accountability. Although it took her 20 years, she was successful at this. She now has a good relationship with her mother and even with her brother. She had also obtained justice and she described that she was well recovered.
Ten sisters experienced some degree of positive response from their parents when they disclosed over time. Sometimes this took years to obtain. From the perspective of daughters, a positive response from a parent required belief, acknowledgment and validation of the extent of the abuse and the harm done to them. Daughters also required nurturance and care from a parent that was based upon full understanding of their traumatic experiences and preferably, it required a parent to confront their abusing son, provide arbitration and justice, and assist him to accountability.

Summary

This analysis has shown that for sisters who experience severe sexual abuse from their brothers disclosure is difficult and complex. Sisters’ symptoms can be severe and are often connected to the responses of their family as well as the nature of the abuse. The analysis has also shown that disclosure is a journey rather than a discrete event. Recovery is also a journey and this journey is entwined with the disclosure pathway. Both disclosure and recovery are interactive processes dependent upon family reactions and actions. There was a clear pattern that if parents believed, reacted with care and nurturance and validated their daughter’s experiences, then their daughters showed fewer trauma symptoms and appeared to recover well. In addition, if parents were able to confront their son and hold him accountable, their daughters also did well. However, often daughters were unable to fully disclose to their parents. Paradoxically, this appeared to be more so if they had a pre-existing close and connected relationship with their parent. These daughters were protective of emotionally distressing their parent and in doing so, the parent could not react in the manner that their daughter needed. In order for a daughter to feel validation of her trauma experiences from her parent, she needed a strong emotional reaction from her parent.
Chapter Five: Brothers Who Have Sexually Abused

Introduction to the Five Brothers

It was not unexpected that recruitment of brothers who had sexually abused would be difficult. Willingness to participate required the brothers to have acknowledged and integrated their abusive behaviours to the extent that they could emotionally face an interview. Five brothers only agreed to be interviewed out of the 22 families involved in the study. It is not possible to say if these brothers were representative of the brothers in the other families given they were more able and prepared to face their abusive behaviours. Nevertheless, for two of the brothers who had completed their therapy some years ago, it took many months to establish a time to meet with them; perhaps indicating their level of ambivalence and anxiety about the interview. For instance, one brother (Nathan) cancelled the pre-arranged interview three times before finally meeting, and another brother (Peter) was “too busy” for many months. Two other brothers (Andrew and Adam) were currently in therapy for the abusive behaviour and the research interview appeared less difficult for them to contemplate as they were facing the issues in the counselling at the time of the interview. The fifth brother (Douglas) had completed his therapy just prior to his research interview and he viewed the research interview as an opportunity to reflect on his progress.

Andrew was the only adolescent and the discovery/disclosure of his SSA had happened while the SSA was still occurring (see Table 4). The other four brothers were adult and the discovery/disclosure occurred many years after the abuse. The family members and sisters of Andrew, Nathan and Peter were also part of this research giving the research the benefit of their different perspectives. It was noteworthy, too, that Adam continued sexually abusing until into adulthood (22 years old) although his age of commencement of the abuse (11 years old) was similar to the other brothers. He also
abused three of his sisters sequentially which made him different to the other four men interviewed who had only abused one sister. In contrast, Nathan reported that he abused one sister for only three weeks, making him atypical in length of time that the abuse continued. A second sister of Nathan’s had also recently disclosed sexual abuse from him but he disputed this.

While these brothers were not representative of many brothers who commit SSA in their ability to take responsibility for their abusive behaviours, in regard to the seriousness of the abuse, they appeared to be similar to the other brothers. For instance the reported rate of penetration (80%) of these five brothers was the same as the estimated rate of penetration in all 22 families represented in the research (80%). However the reported degree of violence used in the abuse was less for these brothers compared to other families. Details of the offending behaviour of three of these interviewed brothers came from their sisters. The brother's and sister's memories matched for two of the brothers. Nathan had some discrepancies with the memories of his sister (he agreed with the memories of one sister completely but did not agree with the recent disclosure of another sister). Two of the brothers supplied their own information about the nature of their past abusive behaviour. It is possible that they minimised the level and extent of the abuse as this is a common aspect of sexual offending behaviour: that is, people who have sexually abused often develop cognitive distortions about the development of the abuse, the extent of the abuse and their responsibility for the abuse (Conte, 1990; Salter, 1988).

As would be predicted, it was difficult for the brothers to express their experiences and feelings about their past abusive behaviours. I have not edited the words of these men despite some confusing sentences, as they evocatively reveal their struggles.

Table 4 summarises the SSA details for these brothers:

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13 It is probable that brothers may genuinely have no memory of the abuse or abusive incidents rather than be evading facing the truth.
### Table 4

**Brothers’ Age of Abusive Behaviours, Type of Abuse, Age at Disclosure and Explanations**

<table>
<thead>
<tr>
<th>Brother</th>
<th>Age he Abused</th>
<th>Age of Sister</th>
<th>Age at Disclosure/Discovery</th>
<th>Abuse Perpetrated</th>
<th>Explanations For abusive behaviours.</th>
</tr>
</thead>
</table>
| Douglas | 12-13 (possibly older – up to 15) | 10-11 | 28 | Frequent Penetration and oral sex of him. *(reported by brother)* | Douglas’s Explanations:  
- Exposure to pornography at 10 years old  
- Bullying at school  
- Learned self soothing  
**Researcher’s query:** Possible early attachment difficulties due to mother’s depression? |
| Andrew  | 14-16 | 12-14 | 16 | Penetration preceded by violence and bullying of sister. *(reported by both brother and sister)* | **Andrew’s explanations:**  
ADHD  
Bullying at school |
| Nathan  | 14 | 1. 9 1. 22 2. 11 2. 34 | 1. Penetration. (3 week duration) *(Reported by both brother and sister)* 2. Unknown *(Reported by second sister but refuted by brother)* | | Nathan’s Explanation:  
- Emotional abuse from father due to Brother’s emerging homosexuality  
-Bullying at school  
**Family’s explanation**  
Childhood sexual abuse at 4 yo from an 8 yo girl.  
- Physical abuse from father (2 incidents) |
| Peter   | 16-18 | 10-12 | 38 | Oral sex of her, masturbation of her. Grooming. *(reported by both brother and sister)* | **Peter’s explanation**  
Hormones and cultural and patriarchal focus on sex  
**Family’s explanation**  
Exposed to Pornography by father.  
Patriarchal family. |
| Adam    | 11-22 | 1. 10 2. 8 3. 5-15 | 36 | 1. only “doctors and nurses”  
2. digital penetration over one year  
3. Digital penetration and fondling over 10 year period *(reported by brother)* | **Adam’s explanation**  
Bullying at school after moving to a new region aged 11. |
Traditionally the indicator of recovery for young people with sexually abusive behaviours is recidivism (Barbaree et al., 1998; Becker & Kaplan, 1993; Chaffin, 2003; Pithers et al., 1983; Prentky, Knight, & Lee, 1997); if a person does not continue to sexual assault a child or adult, then he is cured. However, this measure was not meaningful to the five brothers interviewed for this study. All brothers strongly believed that they would never sexually abuse again, but they were more focused upon different factors they considered important in their recovery journey. Recent research and writing suggests that the optimal recovery pathways for young people with sexually abusive behaviours involves facing up to their abusive behaviours and constructing an understanding of it, accepting responsibility and accountability, experiencing remorse for the harm done to their sister, developing empathic understanding of others and managing shame, identity and self worth (Borduin & Schaeffer, 2002; Creeden, 2006; Friedrich, 2007; Jenkins, 2006a, 2006b; Morrison, 2006; Ryan, 1999a). These optimal recovery pathways aligned well with the stories of the five interviewed brothers; thus the following chapter will explore the experiences of the five brothers within this framework.

As the sisters and other family members interviewed in this study portrayed, there are a lot of brothers who did not get very far on this journey. However, these five brothers have travelled some of the distance and it is hoped that they will provide an insight into how their recovery journey was assisted and the potential stumbling blocks along the way.

The Brothers’ Experiences of Discovery

The brothers’ experience of discovery varied due to their different developmental stages when it occurred and the length of time since the discovery had happened. However, there were various aspects of their experience that were similar and which appeared critical for processing and integration. The following sections track the experiences and stages that these brothers have gone through as they remember, reconstruct an understanding of their past abusive behaviours, confront shame and
recognise their sisters’ ongoing pain and trauma. All five of these brothers were able to progress to some extent in these areas. The differences in progression between the brothers provided the theoretical underpinnings for recovery pathways outlined in the final sections of this chapter.

The sisters in the previous chapter have identified that some of their brothers denied the abuse. This had been very distressing and invalidating for them. While these five brothers all took responsibility for the SSA, Nathan had been recently confronted by another sister with a belief (but no memories) that she had also been sexually abused by him. This was thirteen years after the disclosure from his first sister. The next section looks at the experience of this brother who denied the second disclosure: he had no memory of the SSA and could not begin the process of reconstructing events or acknowledging his sister’s trauma.

No memories: “My sister is insane.”

Nathan completely acknowledged the SSA with his first sister but seemingly genuinely had no memories of any abuse of his second sister. Nathan emailed a series of comments, as additions to his interview, about this recent situation as he was being confronted by his family. This series of comments over six days track his process: a shift from anger and blame to his sister toward his own confusion and pain. The comments give insight into the experience of a brother with no memory recollections. The emails also underline the importance of the involvement and support of his father in the processing of this disclosure and his calming influence (the value of parental support will become a strong emerging theme in this chapter):

NATHAN (Email One): *I don’t know what to make of it. In my view (my sister) has demonstrated some signs of moderately substantial mental &/or emotional instability for quite some time now. I don’t believe these events occurred and in the most general sense and vaguest way, the theme of betrayal seems to come to mind. At the moment as I see it, it could be that (my sister) feels betrayed by me as far as the let-down is concerned and she is instinctively absorbing & projecting this betrayal by vengeantly (sic) jumping on the bandwagon ... my sister is all too capable of dipping into this kind of emotional morass. However I may be being a little (or very) harsh or could be wrong, but my opinion is based on a lifelong knowledge of my sister, her personality and responses to*
combatative (sic) situations, which is pretty desperate when pushed, though due to an underlying sense of inadequacy, I understand … if it happened, I don’t remember it. I’d be very saddened to find out it had, but I can’t sense it, I feel no connection whatsoever with the idea.

NATHAN (Email Two – three days later): The thing with my sister is tricky because I am vehement in disagreeing with this. If, as I believe, it is not true, as I said last time I think it is outrageous … As far as I’m concerned my family is riddled with hypocrisy and – well, half-assed (sic), smart-arse conduct and antics and it has reached the point where I am being scapegoated by what I consider to be a bunch of disenfranchised assholes for everything related and not to this whole thing, a patsy for everybody’s stagnating, feeble woes as, in fact, a person with overall a substantially greater set of personal ethics than they in the present day … the thought just makes me sick and frankly, well I just think my sister is insane. I know that sounds inappropriate, but she does seem to exhibit some outlandish behaviour on certain occasions and I feel pretty frustrated. If I am to be accused of these things I want facts … I had thought, unpleasant as this is, if not already (my two sisters’) position on their memory of the loss of the anatomical sign of virginity. It’s a sensitive subject I know … but I want the facts at this point and well, am on a bit of a crusade to get them now.

NATHAN (Email Three – three days later again): I’m sorry about venting about family problems in the way I did … everything is back to normal, Dad and I had a long talk and sorted a lot of things out, which was great, I think it went really well … I shouldn’t have said most of what I said about other family behaviour … (my second sister) – my mind boggles – I always thought everything was so straightforward and clear with her and that we had a good friendship based on very solid ground. And as such I have no memory, not even the slightest flicker of a suggestion of anything like that happening … rather than dismissing her as insane (sorry about that too) I – well I find this bizarre. For me, the event with (my first sister) was a one-off, veering hugely into territory that never was or never would be again thinkable, and not a character-defining, perhaps repeating pattern … if there is any truth in it (the disclosure of the second sister), I’m pretty sure her recollections would trigger at least something in my memory — Otherwise I was/am way more traumatised than I can even begin to remember, which is pretty upsetting to consider, as I’m sure you well understand. I guess from the level of the heart, I just want to be able to understand, know what the meaning of all this is, because never having thought of myself as the instigator of such actions, I find it really hard to place them in any kind of context whatsoever. Baffled.

The experience of Nathan also shows that his lack of memory of his abuse of his second sister was frightening. He did not appear to be manipulative or dishonest in his lack of memory for his second sister. He simply did not have the memories of the events. He consequently felt overwhelming injustice in his family and verbally attacked.
His affective dysregulation\(^\text{14}\) at this time comes through from the emails sent until he was calmed by his father.

**Reviewing memories and challenging distortions of complicity:**

“It was like kids playing games.”

Many of the other family members interviewed for this research described the shock of discovery of the abuse as a defining moment in their lives where their world changed forever. I was expecting a similar experience for the brothers, particularly when they had grown up and developed new, non-abusive lives in their family of creation. However, these brothers usually described a much slower process that occurred when the disclosure happened. The brothers mostly held a long-term belief of mutuality of the abuse. They believed that their sisters were participating equally and did not recognise their actions as abuse. Often they remembered the SSA as mutually “naughty” or inappropriate behaviour with their sibling but not abusive behaviour. Adam considered it was “normal” until he was challenged by his family when he was nearly forty years old. Thus the first issue these brothers experienced was reconstructing their understanding of the events. The shock that a brother may have experienced appeared more about his sudden awareness of a new and competing discourse about the situation and less about the shock of a secret being revealed.

The manner in which most of the brothers remembered their abusive behaviour before discovery has been labelled by theoreticians in the adult and adolescent offending field as **cognitive distortions** (Barbaree, Marshall, & McCormick, 1998; Becker & Kaplan, 1993; Becker, Kaplan, Cunningham-Rathner, & Kavoussi, 1986; Lane & Ryan, 2010; Salter, 1988, 2003). Creating a cognitive distortion allows an abusing person to justify their behaviour and maintain their self identity in the process (Lane & Ryan, 2010; Salter, 1988, 2003). While adult sex offenders have a lot of variability in the nature of their cognitive distortions (Barbaree, et al., 1998; Becker & Kaplan, 1993; Becker, et al., 1986; Briggs, 1995; Conte, 1990; Salter, 1988, 2003), these five brothers all initially perceived that their sisters were complicit in the activity. They might have

\(^{14}\) Affective dysregulation is a common symptom for childhood **victims** of sexual abuse and/or people with early insecure attachment (van der Kolk et al., 2005). It indicates an emotionally dysregulated state where the person has difficulty calming themselves.
recognised that the activity was “naughty” but not that it was coercive or harmful toward their sister:

DOUGLAS: she’s two and half years younger (than me) ... we were really good friends and the way I remembered the whole situation was different to how she experienced it. I thought – now I understand how stupid I was to think this – but to think it was, I thought it was a mutually consenting kind of thing that was naughty and wrong, but I never saw myself as actually being a predator on her.

The trigger for Douglas to revise his thinking about the abuse of his sister came when he was confronted by his older brother. His brother talked to him about his sister’s abuse from a pastor in their church and then Douglas’s past abuse of his sister. In this conversation, Douglas suddenly realised he had also been abusive to his sister rather than it being a mutually consenting activity. He was 34 years old at this time and married with two small children:

DOUGLAS: (My sister) had shared her pain with our brother, but I didn’t know that. So at this time (my brother) was telling me about (the pastor who also abused his sister) and then this (the SSA) had happened and then all of a sudden away we go ... when that happened that actually triggered me knowing ..... 

Similarly, Andrew who was also currently in therapy at the time of the interview identified a perception of mutuality: that he thought his sister was complicit in the sexual activity; and that neither the brother nor the sister had thought the behaviour abusive.

Andrew was discovered when the abuse was still ongoing and when he was an adolescent. He also described how he blocked himself from thinking about what he was doing when he was abusing:

ANDREW: I knew it was happening, but – but – it – (I was) trying to ignore it a lot. I guess I knew it was – I dunno – um it gets like – I just try and forget about it – try and block it away.

INTERVIEWER: So when you were doing it, was it something you thought you should be doing, or did you think you shouldn’t be doing it? How did you kind of think about it at the time?

ANDREW: I dunno – kind of thought well – afterwards – I guess – I dunno – I didn’t really think about it during the time.

INTERVIEWER: So what was the thinking in your head that allowed you to sexually abuse your sister?

ANDREW: I don’t know – because she went along with it I think. I think well – never really thought about it like – does she really want to do it at all?
Nathan was different to the other brothers interviewed in that the SSA only continued (from his recollections) for three weeks with one sister and stopped when he became cognisant of his sister’s distress. He was fourteen years old and his sister was nine years old. He views that the SSA was purely physical (not abusive) but he also had a strong belief that it was “mutually consensual” up until the last week. He stopped when he understood that his sister did not want to participate. Thus while he understood that his sister suddenly did not want to continue with the sexual behaviour, there was still a hint in his interview that he perceived the early sexual activity as mutual and that his sister had changed her mind. There is a striking difference in his manner of communicating this information in his interview compared to his emails, suggesting his emotional distress in the telling of his story:

NATHAN: I responded – l- I mean largely to my body – um, you know. My view a- a- at this – well a- at – at that part of my life it wasn’t, you know, l- not particular – you know, like a male kind of – w- kind of way as well – it was just um – like a t- as a typical teenager – it’s just that, you know, like a – [laughs] – a sick and twisted kind of way of – you know, like sordid, you know, groping and unpleasant kind of forum or whatever it was that was occurring, which I didn’t really understand. I suppose –you know like I was in a kind of – all the physical senses, and all of that kind of bombarded me, and it took me to – like – the last time (my sister) – said that she didn’t want to do it, I said, or something like that – I realised that she – she really meant it…. well with the way I hear it and remember it is that it was – you know, I’d have to go into more detail, but more or less m- it – as far as it appeared to me it had been – to – mutually consensual. Um – it is true that it changed — in my opinion I didn’t understand what I was doing – you know, I hadn’t – I really had absolutely no idea … I mean I responded to p- p- pure physical sensation, without mu- any or much conscience. I – like I didn’t – really – yeah – er – I just – I can’t really think much – of awareness that I had at the time. It was like kids playing games – pretty much, that, you know, in my brain anyway – my mind the way it sort of thought. And the whole thing of (my sister) kind of like in the last week or – yeah the last week or so – sort of saying that she would rather not …

The abuse was disclosed when Nathan was 22 years old and he was 35 years old at the time of the research interview. He had only just acknowledged at the time of the research interview that penetration had occurred. This involved another level of reconstruction of events, although he distances himself from the responsibility:

NATHAN: when it – turned out to be like – have – it – it’s the same as full kind of, you know, rape or sexual abuse – kind of scenario – for – (my sister) – which is um – you know, shocking – it’s horrifying to me – and um – tsk – I’m yeah, you know, just blown away by it.
Peter sexually abused his little sister when she was about 10 to 12 and he was 16 to 18 years old. He described that he had truly buried the memories of these events and did not construct them as abuse. His sister approached him and told him that she needed to see a psychiatrist as a consequence of his past abuse of her. His level of understanding was so underdeveloped at this time that he just did not see any relevance to her telling him. He had “forgotten” the incidents and when reminded, saw them as irrelevant to his current life. He did not recognise his responsibility:

PETER: *I do remember her (my sister) coming to me and saying something about seeing a psychiatrist. And I did nothing about it. I think at the point – at that time it was just – I didn’t care ... and I thought, “Well, that’s your problem. You’re seeing a psychiatrist – um, it doesn’t affect me” – so I didn’t do anything about it. That, from what I can recall, was the thought process ... I’d forgotten it (about the abuse)... “OK you’re dealing with the problem – I don’t have a problem – so OK, you deal with it.”*

Peter’s moment of clarity, “memory recall” and probably the challenge to his discourse of mutual consent came when his mother confronted him some years after his sister had first mentioned it to him (see later section for transcript, p. 174-5). Peter had been confronted and made aware by his sister of the impact for her but it had not been absorbed by him. It was a secret to him as well as to others. It is significant that it needed a parent (his mother) to confront him in order for Peter to reconstruct the situation and understand what he had done.

Adam was in the early stages of his therapy at the time of the interview. He had been in therapy longer than some of the other brothers but his avoidance of the situation meant that he was progressing slowly. He sexually abused all three of his sisters and reflected in the research interview about his intent in the abusing and his perception (cognitive distortion) of it being “normal.” However, he was also able to acknowledge that he had covered the abuse up indicating that he had awareness at the time that it was wrong. Like Nathan, his use of language and the third person distanced himself from responsibility. He also viewed that his youngest sister showed “not much resistance” to the sexually abusive behaviour suggesting that he had not reconstructed the events fully yet:
ADAM: I’m not a hundred percent certain with (my oldest sister) – there must have been a sense that it wasn’t right and – I don’t know – I can’t recollect exactly how it stopped … Um – with (my second sister) it was um certainly the last instance of um – I knew she was in tears, and kn- knew that something wasn’t right, so – I can’t tell you exactly what was said or otherwise, but certainly the tears were the thing that – (stopped him continuing to abuse her)…. talking with (my therapist) yesterday, – you know, I guess – you know, (he) ultimately underlined the factor that kept it going was – it was self-gratification, but um – um, you know, as I said to him – there was no – no apparent (?)self gratification to my intent anyway – there um – there was not much apparent resistance to it either, to my intent – You perceived and – and – and understand at that age – um and – and you grew with that. Um so it – it became somewhat normal I suppose. Um it became, you know, um one of those things of normalised behaviour — which is, you know, not acceptable behaviour, whatever … but you, you know, you actively conceal it. Um you know, and you have this sense that it’s wrong, but it doesn’t stop you.

It was clearly confusing for these brothers to understand the non-mutuality of their behaviour with their sisters. This applied to both grooming and coercive abusive behaviour. A younger sister may appear to be co-operative, but she does not have the awareness and knowledge to repel the sexually abusive behaviour. A younger sister is also easily groomed into sexual activity due to their innocence and wish to be a part of their brother’s life and this can appear to a brother as mutual consent. Sisters may experience their brother’s behaviour as coercive and intimidatory but he does not see himself that way as he constructs the relationship as equal.

Despite the age gap and differences in developmental stages, these brothers mostly perceived their sisters to be their peer and good friend. Thus it was difficult for these brothers to make the shift from their perception of mutual consent to one that recognised their responsibility for the abusive behaviour: a position that many other brothers, according to their family members, were unable to even approach.

Understanding “my sister’s trauma and pain.”

In this study, the process by which the brothers came to recognise their responsibility and define themselves as being sexually abusive sometimes was helped by their awareness of their sisters’ distress and trauma. Recognising the distress and trauma
symptoms of their sister helped these brothers understand that their sister’s experience was not what they had imagined and helped them reconstruct a different understanding of the situation.

There is a treatment process in the field called the attainment of victim empathy. The literature for both adult and adolescent sex offenders emphasises that the development of victim empathy is important for successful treatment (Briggs, 1995; Briggs, Hawkins, & Williams, 1994; Jenkins, 1990; Marshall, et al., 2005; Ryan & Lane, 1997). In the field, the attainment of victim empathy is often a generalised concept. That is, the men or adolescents are taught to understand the impact of a sexual assault on a woman in general; not their own victims. The men to whom this treatment is geared toward are often under-socialised and lack empathic understanding for others; and so the development of general empathy is important for their social recovery. However, this was not exactly what was helpful for the brothers in this study. These boys had grown up into men who could mostly form healthy, empathic and intimate relationships with others. For these men, it was important for them to recognise and understand the particular impact for their sister in order to deeply challenge their perceptions of mutuality.

The five brothers of this study were at different levels of recognising their sister’s traumatic experiences. All of the brothers could express to some extent that they were distressed at realising what they had done, but only two of the brothers could express distress for the fact that they were responsible for the abuse and for the trauma of their sister. Peter and Andrew described their deep pain when they understood the impact of the SSA upon their sister. However, significantly, both of these brothers had not been able to recognise this until they had been confronted by a parent:

PETER: *I think I was in a state of shock. I suppose I was not being aware of the – impact that it had had on the other person. When I spoke to mum and finding out, after digging back into the past, and then finding out what the impact was on (my sister): I mean that was even more devastating. And I suppose not being aware of, once again, the impact of my actions: how it had affected her and her life. You know, and, and to think that I was responsible was the most distressing thing.*
ANDREW: I really felt, really, really, you know, bad — I think imagining what it’d be like ... Like imagining what it would be like for (my sister), what (my sister) is going through and how it was (for her) when it was happening and how — how difficult it was like — back then I wouldn’t even think about it at all.

Nathan seemed to understand his sister’s suffering but he appeared to separate himself off from having caused it. In his comments below, he indicated distress that his sister was suffering but not because he saw himself as having responsibility for it. Although he was taking responsibility for the abuse at other times, he did not appear to integrate the recognition of his abusive behaviours in the past with his sister’s distress:

NATHAN: God it’s tragic, because I really, you know, as an adult I like, I really like (my sister) as a person, you know. I think she’s a great person and all of that, and I just, you know, on, on a personal kind of level, I really don’t want her to suffer like that, and it re- really distresses me, you know.

Douglas, who has not had any parental involvement in his recovery process, appeared to understand his sister’s trauma on an intellectual rather than emotional level. Furthermore, his focus on understanding his sister’s pain was about his own learning and recovery rather than deeply feeling empathy for his sister:

DOUGLAS: I really had no idea of the hurt that it was causing her. And I think that she has been able to express her pain, her hurt and pain to me in a way that has been, I have really been able to know the full extent of it ... And to actually sit and spend time thinking about well, you have to own them and actually say that’s the truth about who I was and what I have done and um, that what part of this can I, what part of this is going to make me stronger in the future and what can I do to help heal.

Adam was aware of the extensive psychological difficulties experienced by his youngest sister whom he had abused for more than ten years. He was worried that his actions may have been the cause of her traumas but had been told by a psychologist that he cannot be held accountable for all her troubles. He was trying to hold onto this but was also starting to recognise that maybe the psychologist was wrong and that his actions had harmed his sister greatly. He was moving into taking responsibility for the SSA but not yet for the pain and trauma of his sister:
ADAM: *she was a wild child as the younger one, and I think she’d been through say depression, relationship issues — she’s certainly been through depression and being treated with — with drug therapy — with anti-depressants quite significantly, and really struggles with — with those issues. Um and um — you know, whether it’s all pinned back to that (the SSA) or not um you know — that’s — that’s certainly a strong link —*

INTERVIEWER: Do you think it might be? Or think not?

ADAM: *Oh look I — um I had those discussions with — with the psychologist and he said, “Yes there’d, there’d, you know, there’d certainly be an element of that in there,” he said, “but at the end of the day, people have got to take some responsibility for their own decisions to some degree too, and you can’t be held to blame for what — what’s happened afterwards entirely either.” So you know, I don’t know — it’s, I mean, it’s a really, you know, the more you sit back and look at the damage that, what I’ve done, have created, you can certainly see a stronger link there to — to, you know, having an adverse effect on their emotional behaviours and otherwise, I think. But I’d hate to think I was solely responsible, um but, if you know, it certainly, and I’ve got the guilt that that could be the case.*

Surprisingly, research has not identified the attainment of victim empathy as correlated with reduced recidivism rates (Prentky, Knight, & Lee, 1997; Worling, 2001) (and nor does owning up and taking responsibility for the sexual abuse). However, victim empathy appears to be central to other aspects of recovery such as emotional and social development, and capacity for intimacy (Creeden, 2006; Rich, 2006; Ryan, 1999). In this study, if a brother was able to obtain a deep understanding of the impact of his past abusive actions on his sister, this contributed to an important emotional reaction in him: the brothers’ connection to their sisters’ emotional pain led them to their own emotional processing of their past abusive actions. This will be developed and argued further in the following sections. Furthermore, as was seen in the last chapter, the brother feeling the emotional distress of their sister is important for the sister’s recovery.

**Crisis of identity: “Am I someone who is a predator?”**

As the brothers reconstructed their memories and came to recognise their abusive past behaviours, the four adult brothers in this research described that their sense of identity and self concept was challenged. They had well established positive images of their adult self before the disclosures. All four adult brothers struggled with their sense of self identity when they realised the full implications of their past abusive behaviours.
Douglas sums up the sudden shock to his constructions of self when he realised what he had done:

RESEARCHER: It must have been an absolute shock for you?

DOUGLAS: Yep. It was. And that’s been some of the stuff that I’ve had to, more to my identity. Like what I started to think, was — “Am I someone who is a predator? — and if I didn’t realise that you know, then, you know, boy, that was why I was keen to, willing to be involved in counselling, to talk, to do anything that I could to try and figure it out.

The sexually abusing behaviour of Andrew was discovered when he was still an adolescent. Intervention at this time had allowed him to transform and reconstruct himself. He describes being angry and fighting with his family a lot prior to the discovery of the SSA. When the abuse was discovered, and with the help of therapy, he transformed into an ethical and caring person who was sensitive to intimidating and bullying behaviour:

ANDREW: there’s been a big difference, a lot with my family like since I started going to counselling and that. Yeah – like I dunno, I seem to get along with everyone a lot better – kind of thing – like when I used to fight and argue and that, I wouldn’t see that – you know – how it affects other people or anything. And now that I can see like, if my brother’s like – he gives like – gives my younger sister a hard time – like I said she’s really upset – I dunno – I feel that – as well and it annoys me that he’s doing it. So I just pull him up on it.

Peter tried to explain the importance of owning the past history of abusive behaviour but also recognising and valuing the person who he is as an adult:

PETER: I can categorically say that I am not that same person that I was all those years ago. There is a distinct – there – there is a – a – a line there – a wall there – there is a complete shift. Um – but that’s not to say that – You can’t – you can never walk. You can never walk from that (the knowledge of his past SSA); because it’s there. It – it happened. And then – and then what you can do is choose as how are you going to live the rest of your life. You can – you can dwell in that pool of shame – and – and live a miserable life for the rest of your life, or you can – I think - I think the hardest thing is to accept what you did, and – and take responsibility for it. And if you can do that – and then move on, and – and try and – try and live a life.
The emotional pain of realising what they had done and the impact on their sister challenged the older brothers’ notions about how they had constructed their adult identities. Erikson (1968) is credited with developing ideas around identity formation. In Erikson’s theory, the adolescent stage (12 to 18 years) is the time when identity is formed: young people explore their independence and develop a sense of self. Erikson also differentiates between ego identity, personal identity and social or cultural identity (Erikson, 1968).

It is probable that the men in this study who identified identity distress following the discovery and their recognition of their abusive behaviours are referring to both personal and social identity. Erikson also believed that a strong sense of personal identity was important to developing intimate relationships. Studies have demonstrated that those with a poor sense of self tend to have less committed relationships and are more likely to suffer emotional isolation, loneliness, and depression (Cote & Levine, 2002; Erikson, 1968). This is an interesting theory when applied to these brothers. Douglas, Peter and Adam were all successful in creating intimate and emotionally satisfying relationships as adults before the disclosure. That is, they had each developed a healthy personal identity. When the SSA was disclosed, they each questioned this identity.

Nathan indicated difficulties in sustaining intimate relationships and friendships (and this was also the perception of his other family members) indicating long-term difficulties with both his personal and social identity. He recognised this struggle but perceived it as more a consequence of emerging as a gay man rather than related to his earlier sexually abusive behaviours.

Public and internalised shame.

Hand in hand with the process of some of these brothers facing up to their past abusive behaviours and identity distress, was managing their sometimes overwhelming shame. The struggle with shame for men and adolescents who have abused has been the major focus of the work of narrative therapist, Alan Jenkins (Jenkins, 1990, 2006a, 2006b). Jenkins (2006) highlights the importance of the young person experiencing
shame. He strongly differentiates between the young person “being shamed” and a development of a sense of shame from within as the young person becomes more ethically aware of their actions (Jenkins, 2006b). He writes, “Awareness of shame can serve to create an enabling context for him to begin to address his abusive behaviour” (Jenkins, 2006b, p. 157). That is, according to Jenkins (2006b) the process of developing shame is an important part of the recovery journey and helps the young person connect to their respectful ethics, often in the context of their own oppression and injustices in their lives (Jenkins, 2006b, p. 148). The concept of shame in general has been studied by many authors (Benedict, 1971; Fossum & Mason, 1986; Herman, 2007; Hutchinson, 2008; Williams, 1993) and shame may occur as a result of any situation of embarrassment, dishonor, disgrace, inadequacy, humiliation, or chagrin (Broucek, 1991). Herman (2007) writes that addressing shame is just as important an element as terror when working with trauma.

Many authors consider shame as essentially different to guilt (Benedict, 1971; Fossum & Mason, 1986; Herman, 2007). For instance, the renowned cultural anthropologist, Ruth Benedict, viewed shame as a violation of cultural or social values while guilt feelings arise from violations of one's internal values (Benedict, 1971). Fossum and Mason (1986) consider that guilt is a painful feeling of regret and responsibility for one's actions, while shame is a painful feeling about oneself as a person. Guilt is discharged by an act of reparation while shame engenders a desire to hide or lash out (Herman, 2007). There has also been debate in the field of ethics and moral psychology about whether embarrassment is an important element of shame (Hutchinson, 2008; Williams, 1993). Perhaps the experience of shame does not necessarily involve public humiliation while embarrassment does. That is, a person can feel shame for an act known only to them. Thus all these authors have perhaps not differentiated between shame as a result of public humiliation and shame that comes from within or is an internalised experience.

Of the five men interviewed in this study, Peter expressed the greatest difficulty with internalised shame. He managed this shame by being responsible and trying to live an ethical life in the present. However, he tells of feeling traumatised by shame because he understood that his sister had been traumatised by the abuse:
PETER: It’s how you deal with it – and – and I suppose, what you’re willing to face up to, you know ... It’s extremely tough, because there is – there’s always reminders ... by facing up to it, you end up – in my eyes, you end up becoming in the same category as the victim. If that makes sense? Like (my abused sister) has to deal with what happened – for the rest of her life, right? And she can’t escape that, right? Once I faced up – to the responsibility of what I did – it too cannot go away. It – it can never go away. If I’m honest with myself, it’ll never go away.... if I had of buried my head in the sand, and said – and denied it and said – I don’t want anything to do with this – and ran away, then I don’t think that (my abused sister) could ever get on with her life, and then there’ll be always something there – that you’re running away from. And – and you may never catch up. But – I think that you know, in – in my case – by – by ad-admitting – and facing up to my responsibility – um – I get reminded of it – all the time – as would (my sister) ... We’re parallel there, you know. It’s something that we can both never escape from. And we have to learn to deal with it ... So you need to be able to – deal with whatever problems you’ve got. And – and try and live a happy life..... if you really are aware – of who you really are being – if – the shame will never go away. Because you know that you did something that was wrong, right? You – you crossed that line. So – the shame will never go away... 

Peter appears to be using the concept of shame in the manner expressed by many of the above authors (Benedict, 1971; Fossum & Mason, 1986; Herman, 2007; Hutchinson, 2008; Jenkins, 2006a, 2006b). That is, he considers that shame is the consequence of taking on responsibility and it cannot be discharged by any act of reparation: it is a private rather than public shaming. It is a legacy that he considers will stay with him forever. Jenkins (2006) would probably view that Peter has progressed well in his recovery in that he has truly taken on responsibility and is experiencing this shame.

The other brothers tended to express their shame more as a public humiliation and fear of being rejected if it was known what they had done. They did not seem to have internalised shame to the extent of Peter:

ADAM: how do you tell your mum you did those things, you know? Um especially as they – looking back and knowing that it was so wrong, um you know, I’m – I’m very ashamed of that.

NATHAN: well I don’t feel ashamed, I just feel that it would be their baggage ... Who do I trust? Who – or who can I tell without them like – like freaking out or them running a mile? – and being – and not – and not being able to kind of like put it in perspective or whatever?
ANDREW: I guess that I feel really ashamed and that. Like if the – my friends found out, or my brother or anyone else like that, I guess like they wouldn’t want to know me, kind of thing. People talk about it a lot I think and I guess I – I dunno – it’s just the kind of thing you don’t want anyone else to know.

Adam is frightened of his sisters going to the police and anticipates being shamed in a public manner. He has a high profile in the region where he lives and believes that he and his family would also be shamed publicly with this action. He is frightened of his children being shamed by his actions:

ADAM: there’s so much at stake at that level — you know I don’t know whether I’m right or I’m wrong, but um – um one of the things that I – I said that – you know, I had that discussion with (my wife) l, and I’d have the shame as well – I don’t think there’s anything gained by that action (police involvement) – yeah. There’s certainly you know, a – and it’s – look it’s really hard from my perspective, because I’m the perpetrator, to say this – but from my perspective, with the benefit of hindsight, um to – to bring another generation of kids into that – that fray – um then they become knowledgeable of it, um it becomes shame for them – er shame for me – um and it would destroy families. Because inevitably that stuff makes the public domain.

Douglas did not identify much internalised shame. However he struggled with the issue of public shame: particularly about whether his workplace should be informed about his history and he rationalised that he should not reveal his history although he worked in a profession where it perhaps should have been examined:

DOUGLAS: Someone said to me that you don’t know how many people in your leadership might have had abuse issues which trigger a massive, you know, reaction, when they don’t know the situation that you have been in, and it might be unwise to share that with them. You have to ask, “Do all your leadership share it with you? – all their things that happened in their past and their early teens?”

Suicidality.

Some of the brothers mentioned suicidality as they confronted and sought to become accountable for their actions. However, the seriousness of their suicidality was reported more by their family members when they were also interviewed for this research. For instance, in the next chapter, Andrew’s mother talked with great concern about the suicidality of her son. Her son doesn’t explicitly talk about it in his research
interview, however. Instead, he talks about his need for drugs to feel happy and avoid thinking about the situation:

ANDREW: when I go out and that – like – I don’t really have that much of a good time that – and like – and if I drink and that like my emotions get like – I don’t know – what’s that – what’s the word – more amped like – they’re more there I think, you know like – magnified I mean. And like when I have like speed or ecstasy and that like, it – I don’t think about it at all – I don’t get upset, just more happier(sic).

Similarly the family members of Peter were concerned about his suicidal thoughts. Peter alludes to it in his interview but does not convey the seriousness of his situation as perceived by his family members. I asked about it (due to information provided by his family members) and he considered that he was distracted from suicidality by the birth of his first child. However, his family members believed that suicidality had been an ongoing struggle for him:

PETER: because we had a newborn child, then our focus was purely on that child. And going to work and creating a new life – for ourselves ... I was preoccupied.
RESEARCHER: That was helpful (to fight against the suicidal thoughts?)
PETER: Yes. And in actual fact, it’s quite evident that – That’s what happened. Because I – I had something else to focus on, and I didn’t fall into that crevasse of being totally depressed. If I didn’t have – that other focus, then I – I don’t know where I would be – that crevasse that I was falling into as – was a state of depression, and how I – managed to hold onto the edge and – and you know, save myself by focusing on my family. Um – and it could have gone the other way. And the other side to that is I could have still pushed my family away, and – and then I – I mean I having thoughts of moving interstate — But there was something stopping me from doing that, and I think deep down I knew that I didn’t want to run – I don’t want to run all my life. And then I, you know – coming to terms with the fact that OK, I’ve got to face up to, and take responsibility – and how can I now make amends and – have the victim – live a more prosperous life?

Adam had discussed suicide with his therapist. This was in the context of Adam discussing how he used “compartmentalisation” (his term) as a strategy for dealing with his distress when he thought that he may have been the cause of all the psychological problems of his three sisters. His therapist wanted him to obtain victim empathy but Adam described that he had to limit this in order to protect himself from the feelings that might cause suicidality:
INTERVIEWER: So if you thought it was all down to you (the responsibility for the psychological problems of his sister), that would be unbearable?

ADAM: oh no – I wouldn’t say unbearable, but I think I would understand – I think I’m lucky again that you know, um – no I wouldn’t say it’s unbearable at this point – there’s other things to live for than – than being stuck in that and th- you know that’s why I’m very cautious and why I compartmentalise – I – I refuse to be drawn and left at that level um to be a bumbling mess for somebody else to look after. Um I got two kids – I got, you know, a wife that’s very good to me – um and you know, a business to run – a successful business to run um and um i- it’s not perfect, because it makes me compartmentalise it and – and not deal with things ... certainly suicide has been ruled in as one of the – the very distinct – you know, (my therapist is) very upfront about that – he said that when we take you through this process there is potential for you to become suicidal. I said – well I don’t want to go there, you know, um – I’ve had thoughts – yeah. Yeah there’s no doubt with – with this scenario in the background that um – you know it’d be, you know, an easy way out.

There appeared no doubt that the risk of suicidality was high for some of these brothers. Furthermore, in this study, the risk appeared greater the more a brother felt the responsibility, shame and awareness of their sister’s trauma. Adam was overtly protecting himself from suicidal thoughts but in doing so was not progressing in his recovery from the situation. He was compartmentalising in order to avoid feeling. The two brothers who had taken on the most responsibility and feeling about their past abusive behaviours (Andrew and Peter) appear to have struggled the most with suicidal ideation. Andrew was also reporting that he purposefully took drugs to avoid these painful feelings. Peter confronted his internalised shame to a greater extent than any of the brothers and now focuses upon his family of creation to survive. The other two brothers (Douglas and Nathan) did not indicate that they had any difficulties with suicidality. They showed the least connection to difficult feelings and internalised shame.

Thus while the journey of recovery for these men appeared to involve facing their internalised shame and responsibility for the abuse, the brothers in this study who had been most successful at this, were also most at risk of suicidality. The dilemma appears to be how these brothers can manage their feelings of shame, the distress of facing up to their past and awareness of their sisters’ trauma at the same time as finding a way to emerge with an ethical self identity. While clinicians and other family members would presumably be applauding the progress of Andrew and Peter, they would not be expecting them to remain stuck in their shame and distress. Their distress
indicated that they were on the correct road for recovery but it should not be the end result.

**Implications of the Discovery**

**How can I be part of the family after this?**

The discovery of the SSA redefined the role of each of these brothers in their family. The four adult brothers of this research all struggled with how to be part of their family following the disclosure. The adolescent brother (Andrew) was the exception as he became more connected to his parents following the disclosure and had learnt to recognise and express feelings within a relational context:

ANDREW: *My mum says as well – she says that I’ve matured heaps ... Yep. Yep. Like I, dunno, but I talk to my parents a lot. I talk to my mum the most ... I’m getting more in touch with my – more – my different emotions. Like getting sad, or happy or – or whatever.....*

Peter, who had experienced the most internalised shame of all the brothers, identified his feeling that he did not have a right to be part of the family. He withdrew completely for about two years in order to allow his family to recover without his perceived contaminating presence. However, he also identified that he was avoiding or hiding from the situation by instigating the separation:

PETER: *Yeah I um I suppose there’s a point at where, when you realise the impact of your actions and the shame in the family, then I wanted to disorientate (sic) myself from my family. And just separate – yep, yep - and hide from it, and not see my family, so it wouldn’t be brought up. And I went through that stage for I’m, I’m not too sure, but I think maybe a year or two?... And for me at the time, my thinking was the best way to deal with this was to just separate, and let them get on with their lives. You know, I’m the, I’m the bad person in the family, so if I’m away if I’m out of their lives, like if I’m the bad apple, I go away and then they can go on and live their lives happily.*

Over time, Peter emotionally reunited with his parents and saw this connectedness as critical for his recovery. Although he had had the support of his wife, the reconnection
with and support from his parents was important as it enabled him to face up to his
actions, manage his shame and stop running away from the situation:

PETER: .... so we had this newfound connectedness, which invariably opened
the doors, so you know, that’s also been a big turning point in – in letting mum
and dad in — some of the things that I hadn’t seen before, and that was you
know, that crevasse that I was falling into as a state of depression, and how I
manage to — hold onto the edge and, you know, save myself by focusing on my
family. And it could have gone the other way ... and I think deep down I knew
that I didn’t want to run, I don’t want to run all my life. And then I, you know,
was coming to terms with the fact that OK, I’ve got to face up to, and take
responsibility....

Nathan had been disconnected from some of his sisters but continued to have
limited contact with his parents. He appeared to be the most emotionally and socially
disconnected of all the brothers and he had not been able to sustain a long-term intimate
relationship. He indicated ambivalence about contact from his sisters and a degree of
rationalisation about his expulsion. Unlike Peter, he did not think that it was justified
that he be banished from the family. Instead, his manner is of someone who is being
unfairly treated and his lack of response to his sister’s letter was, in his view, not his
responsibility but a result of his “family’s dysfunction.” He did not have a role in the
family in the way that fitted his self identity:

NATHAN: I’d like a bit more communication and contact with um – with (my
oldest sister), and I – like I wrote her a card and a letter, and she replied, and I
still haven’t replied now that I’ve been so busy....I guess also just sort of like
dysfunctional communication within the family, you know I sort of – it’s just i- i-
it makes me angry, to be honest.... I can’t – communicate in a constructive or –
or conciliatory manner..... the thing is I like (the sister I abused) – I love (her),
and I think she’s a great person, and a couple of my other sisters – you know,
like I'm not particularly enamoured of – of their – their behaviour at the moment.
Um –and um my exclusion from the family thing – to be brutally honest – to me
it’s been mostly a blessing. [Laughs]. Um – and my family are all under the
misconception that it’s something that I suffer from....dad’s been pretty constant
(in providing support) – I mean mum has st- stood by me as well – she’s been
really good – she’s – mum’s made a big effort to, you know, like – show that
she’s, you know, interested in – in me as a person, n- and has been there for me
and everything.

Nathan also has insight into the dilemmas and conflicts his other family members have if
they maintain their relationship with him. He attempts to rationalise the situation but
when he thinks about it, he deeply feels the disconnection from his family:
NATHAN: (my non abused sister) feels like she’s betraying (my abused sister) if she has any contact with me … So, which is – mum is the – is the – is the main thing that mum’s said she felt she struggles with as well … I think (my non abused sister) and I can relate you know, just fine … So – and I do care about (my other sisters) – I just um – for a long time it – it was – (the lack of contact) was actually a blessing – like I was – because I was so involved in the whole process of growing up and everything – I kind of - didn’t bother me, but now – it does a little bit … (the disconnection from the family) doesn’t bo- that doesn’t bother me too much – I mean I’ve been out of – out of contact with – oh no, actually it does –I just feel it’s a bit grim. I feel like I'm at boarding school or something like it’s er – like and the whole thing – I'm sort of – but mum and dad are nice, so it’s not – it’s not so bad … the other thing with um – the separation from my family is that um – this is the important factor – it’s not that I – I don’t really care, but I’ve had a long time to get used to it

The parents of Douglas had not been told of his past SSA and consequently he had had no change of relationship with them. However, his older brother took the parental role in the disclosure of the SSA. Douglas had not felt any loss of relationship with his older brother over this issue. He believed that this was because he had been successful in acknowledging how terrible his behaviour had been:

DOUGLAS: I think that he has been pretty good, Pretty understand ... not understanding. I mean, hasn’t been, hasn’t been — um — how would I say it — he hasn’t expressed, like, he hasn’t expressed anything of anger or hatred or anything for me. But, I think because, um, I realise how I — I’m not trying to say it was good, or it was right or was wrong.

It was clear in this small sample of five brothers that an important recovery pathway seemed to be within a relational context. A connectedness with their parents, in particular, gave brothers both support and resilience to face up to their past abusing behaviour and also helped them feel worthwhile and valued as a person in the present. The adolescent, Andrew, showed profound changes in emotional intimacy for a young person which occurred within a supportive parental context. Nathan was expelled from the family by his sisters, had ambivalent support from one of his parents and continued to experience social and emotional alienation as well as difficulties with intimacy and underachievement in his employment and career. Peter initially withdrew from his family of origin but derived intimate support from his partner and young family before returning to his family of origin and recognising the importance of his connection to his parents in his recovery journey. Adam was getting support and assistance to take on
Chapter Five

Responsibility for his past abusive behaviours from his parents and partner. Douglas also derived support through his partner relationship but was not under pressure to become more accountable for the SSA as much as he might have with parental involvement. This notion of the importance of relational recovery will be explored further in the pathways to recovery section below.

Chapter Two looked at the reasons for sexual abusing behaviour in young people. The issue of disconnection from intimate others, under-socialisation or attachment problems are viewed as making the greatest contribution to the problem (Creeden, 2006; Friedrich & Sim, 2006; Ryan & Lane, 1997). These explanations for sexually abusive behaviours in young people fit neatly with the above findings of this study: that is, reconnecting with intimate others and recovery in the context of relational support is critically important.

What does this mean to my partner and our relationship?

Three of these adult brothers were partnered and had young children when the abuse was discovered. They were initially concerned about how their partner would respond to them following her learning of the disclosure. This section looks at the impact of disclosure for these three brothers on their partner relationship.

From my clinical experience, many families struggle with the moral dilemma of whether to inform their brother’s partner or not following disclosure as it may trigger the end of the relationship when the relationship is critical for their brother. Adam could not find the courage to tell his wife, but after two years, his mother believed it important to inform her:

ADAM: she (my partner) found out from my mum. I was – you know, I had wanted to tell her but – one of those things: immense you know, lack of courage to do that – not something you want to go and tell your wife – because the first instance – you know, or the first thought you had – “she’s going to walk away.” Um – and “I’m going lose the two boys.” Um, so, er; yeah – that – that’s um – yeah that’s why I hadn’t said anything – because I was just so scared of the ramifications – I thought that I could just keep it concealed and keep moving along – and um yeah – how wrong I was.
Peter had the courage to tell his partner as soon as he had been confronted by his parents:

PETER: *I think I told (my partner) when – er – when mum and dad talked to me. And then I went home and – and talked to (my partner). At this point in time (my partner) was pregnant with our first child, so it came to a hell of a shock to her. So she was al- al- already emotional – and then dealing with this as well didn’t – help.*

Douglas informed his partner as soon as he was confronted by his brother. He believed that his partner was less concerned about his past abusive behaviour and was more concerned about his recent pornographic interest. He was troubled about the loss of respect that he had felt from his wife:

DOUGLAS: *it wasn’t until we were away on a holiday a little while afterwards that some of her relating to me showed that there was some issues, so we talked together over there about some of the loss of respect that she was feeling and um, some of the difficulty in trusting. So we, we were able to talk, work through a little bit more. And I think that I have still got a lot of logical normal ground to rebuild. For her, the things with (my sister) were things that she seemed to be able to understand – I mean not, they didn’t hurt as much as the issues you know that happened with the pornography.*

In contrast, Adam has gained a feeling of worthiness and positive self identity through his connection to his wife:

ADAM: *Oh look I struggled to look (my wife) in the eye at times when you know, when we talked about this stuff – um – um but she’s been so understanding – um and it’s made that difference, so – And – and (valued) my integrity here and now I suppose – um she seems to be able to ... maybe she sees some things in me that even I don’t see that um, you know, and I think she’s said that – that she says essentially that I’m – I’m – I’m good, and that um – um good – essentially a good dad, and you know there’s a lot of things I still don’t do right – I’d love to be doing a lot better – um but um she sees me as a good father and a good dad to the boys and – and – and essentially a good husband.*

Peter also gained self respect and a feeling of integrity as a person in the present after he told his wife:
PETER: *It was shocking to her. Um – but she – she supported me, and she stood by me, because she knew the person that I was. In her mind there was no – no concerns at all.*

However, later in his interview, Peter talked about how his wife, while supporting him completely, also watched him closely in his interactions with their children. He made sure that the boundaries were clear in the interactions with his children and welcomed the vigilance of his wife:

PETER: *she disclosed to me that she was – she couldn’t help but – be a little bit concerned, because of the news. And she disclosed to me some time later – that she was watching everything that I did. Um – and I made a point of making sure that there was nothing untoward – I felt relieved that um – that one – we could be honest enough upfront, and she told me exactly how she felt and what she was doing – and you know, and I – and I took that on – um – and it was like – it was like someone was always watching me – and I didn’t take that as a bad thing, I took that as a good thing.*

It was outside the scope of this study to directly seek the experiences of the partners of these brothers. However, the importance of these women for the recovery of the adult brothers was clear.

**Can I fix it?**

Some of the brothers yearned for a way to apologise or make the situation better for their sister. Brothers Three, Four and Five had totally lost their relationship with their sisters. Andrew had not spoken to his sister about the abuse and was waiting for a time in his therapy when it might be arranged as he thought this might be helpful:

ANDREW: *I know she’s really angry at me and that ... I haven’t spoken to her about it though ... oh I think mum or (my counsellor) said it – that one day we’re going to have to have a counselling session together. I think (my sister) cannot say a lot of things that she feels – I think – but I don’t know – guess that’d be pretty hard ... (I would like to say to her that) you know that I understand um – I didn’t understand then kind of thing that dunno – I guess it’ll just come to me at the time ... an apology and, I guess like – apology and then like, just talk through with it really ...*

Both Nathan and Peter also wished to do something to reduce their sister’s pain:

NATHAN: *I just wish – I just wish I could – I was able to resolve to some – to some degree with (my sister) ... Like you know, I mean if, you know, to some*
extent – for the – for the purpose of reducing the amount of pain that she felt or
anything. Doesn’t sound too – it’s just too much, you know, just – it’s at a –
yeah – for a- any human being you know, to feel that –to suffer that kind of way.

PETER: I just want to see her happy, you know, and I want to see the rest of our
family happy ... I’ve made her unhappy – and now if I can help in some way in
making her happy, that would be – that would be great. That would be like – like
a closure – if that makes sense.

Peter had clearly considered “running away” in order to try and put it behind him
and start afresh but he now considered that this could not achieve what he needed. He
considered that the situation was unfixable and he had to live with that. He expressed
his feelings as advice to others in his position:

PETER: if you’ve got somebody else who’s in the same position as me, my advice
would be to ... get the person to – see what they’ve done – Understand the impact
– which is I think the most important – is understand the impact it has on others,
and – not to run away, because you’re going to be forever running. It’s not
something that (can be fixed) – because you’re – it’s a memory, you know,
and it’s – it’s – it’s – it’s abuse – it’s a physical abuse. So – you know, I
understand that the memory is not going to go away for the victim, and I think as
soon as – as – as soon as I understand that – then there’s – there’s no fixing,
because it can’t be fixed. You know, you've got – you know, I understand that
OK – that that memory will never ever go away ... So – it – it’s not going to go
away, but I have to learn to – to live with it, and be aware that it’s there all the
time.

Alternatively, Douglas wanted to do the right thing but because he was not
feeling the emotional distress, he simply wanted to let his sister know that the situation
still had an impact on him. It was more about his circumstances rather than the despair
of recognising the harm done to his sister. He particularly did not want his sister to think
that there had been no consequences for him:

DOUGLAS: So I’ve really felt, and I need to do that, to just write a letter to her
to just saying that I am, really am, aware of the pain that it has caused, and I
really am not thinking that I will ever be off the hook.

Douglas had believed that he could talk it through with his sister and her husband and it
would all be fixed. However, in such a conversation, he became aware that it would
never be righted:
DOUGLAS: My wife and me and he (sister’s husband) and (sister) - have talked together. And it was not, I am very much a, “Well this has been great” and I like to finish things well and have it all nice – I went away with a throbbing headache and a real sense in my stomach that for once you are not going to make everything all right and you probably never will, this is something that you have to live with, the pain of, and you can’t solve it, you can’t go back and you can’t change it.

Currently his sister does not want him to be reported to police or to his professional body. However, when I raised the issue that this might be something she may need to do in the future for her recovery needs Douglas did not like this possibility. He described it as manipulating behaviour, perhaps indicating that he had not achieved an ethical stance as yet that could enable him to prioritise his sister’s recovery:

DOUGLAS: What I am feeling, what I feel is um — I really feel that I made a big mistake from this point looking back. I really feel that if I had known the damage that I was doing that I wouldn’t have done what I did. But at this point, all I can do now is do everything I can to face the facts — and to do that. Now, I think there comes a point where I don’t need to be manipulated or feel like I have to please everybody else, you know, to show and to prove to everybody else that I’m not so - um, you know, I am willing to own everything that has happened and to pay, but not to become any doormat.

Jenkins (2006a) identifies that restoration and restitution is most achieved by the brother truly understanding the exploitative nature of their abusive acts. “Acts of restitution are much more than apologies. They require deep levels of realisation … restitution requires consideration of other’s feelings” (Jenkins, 2006a, p 438). As Jenkins (2006a) identifies, the restitution may simply involve a brother respecting their sister’s privacy and staying away from them. A brother cannot find the way to best respect his sister’s needs unless he has felt the pain and distress of truly recognising his abusive actions.

**Brothers’ Understandings of Why They Abused**

All brothers in this study had sought a reason and developed an explanation for why they had behaved in a sexually abusive way as adolescents. Their own explanations have been summarised in Table Three along with other constructs from their families or
the researcher. The different meanings for why they had abused reinforces the heterogeneous pathways to the development of abusive behaviour outlined in Chapter Two. In contrast to previous findings regarding aetiology of sexually abusive behaviour in a young person (as outlined in Chapter Two), these five brothers did not report that they had experienced prior sexual or physical traumatisation from caregivers. However, three of the brothers were victims of bullying at school (Andrew, Nathan and Adam), although Nathan does not identify it as a cause; and early exposure to pornography perhaps played a role in the offending behaviour of Douglas and Peter. This in turn suggests the negative influence of a patriarchal context.

The issue of attachment disruption or insecure attachment may have been significant but was difficult to assess retrospectively. Douglas wondered whether his mother’s early depression (and hence possible attachment problems) may have caused his offending behaviour. However he also identified that pornography became important to him as a young child and he believed that he developed an inappropriate self soothing response through the use of pornography and the sexual abuse of his sister:

DOUGLAS: I respond when the content in my life is, is difficult. The way I try and ease my, the way I look after myself. And sometimes it can be something quite, you know, I can turn to unhealthy avenues, like, like, more like, things in the past, (my sister) was one of those things early on, and then in more recent times, there was times when pornography became a problem for a certain period ... it was linked with failure – I think often when I feel that I have failed, that’s when I am very vulnerable, most vulnerable ... my mum apparently had postnatal depression and so for almost, I think two years, found it very hard to bond with me. So, I don’t know whether that, I don’t know what the psychology of that is, but that might have had a big effect on my yearning for something. I can remember very early in my life; I can remember lying in my bed when I was probably about 3 years old or something and going into mum and dad’s room and being in bed with mum and thinking “I wonder...” you know, investigating mum when she was asleep. And that is very young to be doing that kind of stuff, you know, to do that and then after, I can remember finding a magazine and then my brother had some magazines, and my dad confiscated them and put them in a drawer, and we knew where the drawer was, and we would go and look at them every now and then. So that was happening from 10 years. Things like that.

Andrew described a history of difficulties with Attention Deficit and Hyperactivity Disorder (ADHD) and anger management problems. He experienced bullying at school and commenced bullying his sister in reaction to this. He also thought
that he learnt to numb his feelings at this time as a protective measure and that this contributed to his abuse of his sister:

ANDREW: I’ve ADHD and like I did a lot of – when I was younger and that – like specialists and that. They’d talk to you and – anger management and that — when I was younger in primary school. I think yeah. I guess like um I don’t know because I guess it was just — I was getting bullied at school and that I think – and I guess trying to make myself look better if I put (my sister) down. Like – you know – kind of thing … I black out my emotions a lot – I’ve like tricked myself to doing it from when I was younger – I was bullied and I think it showed that I’m set and whatever, so the kids and that, and with (my sister) and that, just to show that – you know – just ignore it all I think.

The fathers of Nathan and Peter had both taken on blame for their son’s behaviour. However neither brother attributed any blame to their father. Nathan’s father thought that he may have physically punished his son too severely on several occasions (his mother disagreed with this) and Nathan did not view those events as important. Instead, Nathan considered that he suffered emotional and psychological abuse in the home from his father:

NATHAN: I never had a sense – I’m not like scarred by a sense that it (the physical punishment) was out of – uncontrolled or anything like that. I mean it – it was brutal on a couple of occasions, however like – I don’t think – I mean I myself –I don’t know – only but I – to me I only slightly classify that as – as abuse, because it was – I guess there was a structure – it was my dad as a parent, you know, like met his responsibility of making clear to me that it was about – that it was a punishment, and it was a direct er – reac- well – well my action had cr- you know, caused that reaction or some- something like that … (but I see myself) as a victim of psychological/emotional abuse from dad. You know, it is quite a depressing subject, but the reality is that it – it was – it was horrible.

The family of Peter worried that he had abused due to the sexualised environment set up by his father. His father introduced him to pornography:

PETER: in my view the fact that you know, at that age the whole sexual a- a-awareness and – arousal and all of that – er I would agree that you know, viewing books and – I would have to agree with you there. Definitely. Um I know dad feels guilty about the – exposing books – um – and I suppose that is a contributing factor. On the other side to that is that – books were available at school – You know, I know I remember at high school there was, you know, guys – kids my age – you know, they had school bags full of – pornography books, you know. So – I don’t think dad can be blamed entirely.
Adam also reported that his family sought explanations and understandings of his abusive behaviour when he considered that there just was not any reason. It was just a collection of circumstances that triggered its occurrence:

ADAM: They (my family) are looking for reasons why it happened. Um and there isn’t too many – I think it’s just circumstantial about the move to (a different country region) and – and living out of town and you know, limited social groups and – in the first year of schooling we ended up in a fairly rough Catholic school. There was physical bullying – it was nothing more than that, you know, there was certainly no sexual stuff – although we were around the Christian Brothers and – and the Catholic priests of the time … In the first instance it was naïve kids’ stuff – but it continued on because it wasn’t stopped. It just continued on … I don’t know how it came about in the first instance – that’s the bit that I can’t really fathom as to why – I guess it’s, yeah, maybe doctors and nurses – just playing and – and um otherwise – um you know, because we were both very young.

Chapter Two identifies different types of adolescents who sexually offend and different pathways to offending. None of these brothers, from their reporting, appeared to have fitted the more pathological or antisocial type of adolescent that sexually abused and it was these types of sexually abusing adolescents who were more likely to have continued their offending into adulthood (Worling, 2001). Instead it is possible that two of the brothers fell into the “withdrawn and socially isolated type” (Nathan and Adam) while the other brothers fitted the “normal” category as described by Worling (2001).

The different pathways to sexual offending section suggests that the combination of prior sexual abuse, physical abuse, emotional neglect and critical/hostile parenting all contribute to the emergence of sexually abusive behaviours in adolescents (Daversa & Knight, 2007). However, for these five brothers, these pathways were not apparent. It is possible that the other brothers who were not willing to be interviewed experienced more of this trauma. In fact, in this study, relying upon reports from other family members, seven sexually abusing brothers had definitely been previously sexually abused (32%) and physical abuse from their father had definitely occurred for three brothers (13.6%) in the 22 families.

The use of sexual arousal for self soothing was suggested by Douglas and Adam as the reason for the continuation of the SSA and its initial development was seen more
as a random event by these brothers. Douglas has continued this method of self soothing as an adult with his use of pornography when he is emotionally dysregulated.

**What is Good Recovery?**

The previous sections have demonstrated that the five brothers had different reactions to the disclosure: different abilities to reconstruct their memories around responsibility; different capacities for empathically understanding their sisters’ traumatic experiences; and different impacts on their sense of self-identity and internalised shame. These differences raise the question about what constitutes good recovery. Does a brother need to own up to and take responsibility for the abuse in order to recover? Does a brother who “compartmentalises” in order to emotionally protect himself from the horror of his past behaviours still recover well? Is it good recovery for a brother to be so deeply shamed and distressed at his actions towards his sister that he is chronically depressed and suicidal?

The measure for judging recovery in the literature is generally recidivism rates. It is understood that the brothers must undergo a treatment process with the goal of ceasing the abusive behaviours and not continuing the need for sexually abusive behaviours as they grow into adults. However, four brothers interviewed here were adult when the SSA was disclosed and their sexually abusive behaviour had extinguished without treatment and without insight before the disclosures. Therefore it is important to consider whether their recovery had been enhanced with their gaining of awareness of their past abusive behaviours and their gaining of accountability.

Recent research shows that adolescent sexual abusers are less likely to reoffend compared to adults who sexually offend (Prescott & Longo, 2006) even when they have no therapeutic intervention: 7.1% for adolescent sex offenders (Chaffin, 2003) compared to 12.7% for adult child sex offenders (Prentky et al., 1997), and adolescent sexual offending is considered less well entrenched than adult offending (Morrison, 2006; Rich, 2006). Gail Ryan identifies that there are three outcomes for adolescent offenders: the abusive behaviour extinguishes without treatment; the abusive behaviour stops with
treatment; and a more serious group that will remain at risk of re-offending and for whom current treatment methods have not been successful (Ryan, 1998).

The following sections, however, will argue from the perspective of the brothers, that their recovery is much greater than simply stopping the abusive acts. As the acts of SSA are relational violations, it is suggested that good recovery requires the development of empathic understanding of others, a genuine affective distress and, finally, relational healing, integration and positive self integrity. Furthermore, as other chapters show, the reactions and awareness of the brothers is also important for their other family members’ recovery but the capacity to obtain this level of healing requires the support of other family members (particularly their parents). That is, recovery in a relational context is needed to obtain this depth of change.

Peter gives an indication of his relational healing after disclosure with this comment:

\[ \text{PETER: I got to see where I was selfish in life – where my world was totally all about me – and I didn’t consider other people — even my wife. You know, I got to see that I was very selfish. Because all my world consisted of was me. Um – and what’s changed for me is that I’ve – I’m – I’m looking at it from other people’s perspectives, and putting myself into their – their worlds.} \]

**The process of accountability.**

Some brothers talked about the importance of being accountable for their past behaviours. The attainment of accountability seems to encompass all the aspects that have been reported in the previous sections: the process whereby the brothers accept responsibility, reconstruct their memories and dispel their possible distortions of mutuality, authentically feel the distress of their sisters’ trauma, experience internalised shame and challenge to their identity. It is theorised that the development of accountability is a process rather than a position for these brothers. While it is perhaps counter-intuitive that the brothers need to suffer emotional pain as part of their recovery, the capacity to experience this distress seemed to be a necessary element of the process.
Chapter Four shows that from the perspective of their sisters’ recovery, it is important for brothers to become accountable for their actions and for parents to validate and enable the accountability of their sons. This section will argue that accountability is also important for the abusing brothers’ recovery as well as being important for their sisters’ recovery. Significantly, this section will also suggest that the role of the parents (or another sibling) is critical in assisting their son to obtain this accountability. This section will look at how each of the five brothers approached accountability with and without parental support.

Two of the brothers interviewed for this chapter (Andrew and Nathan) were initially confronted by their parents. Their parents were not ambiguous in their understanding of the situation. They were very clear that the situation involved sexual abuse and was not innocent childhood sexual exploration. The confrontation from their parents appeared to be important for these brothers to immediately own up to the abuse, the first stage of the accountability process. The involvement of their parent (even when adult) appeared critical at this time.

The parents of Andrew, an adolescent, spoke to him in a firm but caring way (this is described more fully in the next chapter by his parents). He described that he owned up straight away even although he did consider denying it. The united front from his parents and the direct approach helped him to face the truth:

ANDREW: I guess I kind of was silent and then it was – felt real hard to talk and that ’cause I felt real funny and that, and it was a big shock and it was just w- oh it’s like and I – you know – she (mum) said, you know, we’ve been talking to (my sister), you know, she told us what’s going on between you and her ... I wanted to know what they were talking about - what do you mean? And they, then they told me and I’m like, yeah - I felt like crying, I would, I held back as much as I could — almost cried. And, um, I dunno, it was just a big shock. I got real worried and scared — I thought all these different thoughts mate all at once, oh yeah. Yeah, I still, I owned up straight away, I said yeah — I thought about denying it — I thought well, I thought well — just sort of had to say, oh no. And then I just, I just owned up anyway, cause I think, you know, it’s, it’s out there — they already know — it’s like, well, what else can you do? I couldn’t bring myself to say I didn’t, because it did happen.

Nathan, a young man at the time, describes the initial confrontation from his mother. For him, the process of owning up also involved his sudden reconstruction of
the situation. His mother’s confrontation meant that he instantly reconstructed the
meaning of the situation and comprehended its seriousness:

NATHAN: *I remember mum bringing it up. It’s freaked her out, because I know — like (my sister was) relatively small and all of that. I mean, it didn’t even occur to me at the time that the difference in (my sister) and my effect — the physical size, you know, size. It didn’t, you know.*

In contrast, Brothers One, Four and Five were initially confronted by their sisters when they were adults. At this time, these brothers avoided the implications of the confrontation and avoided facing their adolescent sexually abusive behaviour. While they did not actually deny it, they did not reconstruct their memories and take on responsibility and accountability. Peter dismissed it as his sister’s problem (p.148), while Adam owned up to it but simultaneously “swept it under the carpet,” and Douglas tried to apologise without comprehending what he was apologising for (as reported in the reconstructing memories section, p. 146).

Peter’s sister disclosed to her parents some years after unsuccessfully confronting her brother. Peter’s mother then confronted him directly and the enormity of it began to sink in: this was serious and not a secret tucked away between him and his sister. The involvement of his parents at this stage appeared crucial for Peter to become accountable. He not only took on responsibility but with his parent’s involvement, he began to understand his sister’s trauma:

PETER: *it was mum (who confronted him). Yep.*
INTERVIEWER: So why was it distressing when your mum confronted you compared to before?
PETER: *I think the fact that I knew something had gone on earlier on, and that it was like a, it was like a secret that was put in the past, and then to find that, um that secret had got out was, was shocking. And it was something that had never been brought up before. Um, so yeah to find out and then to find — to have some memory recall — not of the exact things that happened, but of that something was wrong — was the recall and not, I suppose, not being aware of the impact that it has had on the other person — finding out what the impact was on (my sister). I mean that was even more devastating ... I was in a state of shock.*
The confrontation from his sister had no impact for Peter: he did not reconstruct the events as abusive and it provided no impetus for him to face up to his past abusing behaviours. He considered the problem as belonging entirely with his sister. Yet the confrontation from his parent was powerful and facilitated the emotional processes required for him to face up to the abusing behaviour. If a parent knows about the abuse, then the secret has been revealed. This, in turn, encourages the brother to become accountable. However the parent also needs to construct the behaviour as abusive and convey this to their son.

Adam was at the beginning stages of his therapy at the time of the interview and did not appear to have achieved accountability yet. However, he was propelled into facing the abuse by his mother’s action in telling his wife and then his wife’s insistence that he manage the situation.

**ADAM:** I’ve had some – I think I’ve had some limited discussions with my sisters before it came to mum and dad’s attention — and then ultimately came to my wife’s attention as well ... Oh it sat there for a long time with nothing happening, and that’s really where it’s festered to become the issue that it has now ... It’s a couple of years now that (my wife’s) known, um and that’s really been the precipitating factor for me to pull my finger out and actually do something about it...

Four of the brothers were eventually confronted by their parents and were supported to varying degrees by their parents in their journey of accountability. In contrast, Douglas was confronted by his older brother and abused sister rather than his parents. It was decided in his family to protect his parents, particularly his mother, from the knowledge of the SSA due to her emotional fragility. It is noteworthy that his sister disclosed childhood sexual abuse from the church pastor to her parents but was unwilling to disclose the SSA due to an understanding of the greater trauma it would cause them:

**DOUGLAS:** And Mum also, she’s had a history of mental, not mental illness, but like a depression where um she will need to take medication because she will just start to think about things over and over again and fixate on little details, and there has been times when she has been hospitalised in the past ... And so, what purpose, what good would it do (disclosing the SSA to the parents), um and it’s been (my sister) who has deciding not to do that.
Douglas, while still owning up to the abuse, was strikingly different in his presentation from the other four brothers in that he did not appear to carry the emotional distress in response to understanding the impact of his abusive actions on his sister. He intellectually recognised the impact of his actions on his sister but did not have a deep affective response. Rather than empathy toward his sister, he focused more upon his own “hurt” at realising he had read the situation incorrectly. It was a subtle difference compared to the other men as he was expressing pain but the pain was for himself and his failure at that time to comprehend his sister’s distress rather than anguish at his sister’s situation:

DOUGLAS: *We had a great friendship and a really good friendship and then all these things were going on at that time when I can now realise that she was giving me signs. And I can look back and say how wrong it was, how stupid, and I really regret so much that I didn’t catch the signs that she was obviously giving me — she had a very awkward laugh. Now it is kind of haunting that, you can tell it wasn’t a real laugh. And I think that should have been enough for me to notice but um, but now, I can recall that. And there were times when she made a clear “NO” um — she actually bit me in a time — an oral time was happening. And for me, I said “Don’t you ever do that again” meaning, “Don’t bite me.” But for her it was “Don’t ever say no to my sexual advances.” And that really hurt me, now it really hurts me now to think, “Why didn’t I notice that? Why didn’t I realise that was going on?”*

It is possible that without the involvement of Douglas’s parents that he has just not obtained the level of accountability of the other brothers: acceptance of full responsibility and particularly the emotional anguish. His older brother and his wife were disclosed to but it did not appear to have the same impact parental involvement did for the other brothers. Perhaps this was because his wife was more concerned about his current pornographic addiction than the SSA, and his brother was appeased by the fact that Douglas agreed that he had done the wrong thing. Douglas and his sister were apparently protecting their parents from distress by not disclosing to them, but by escaping this, Douglas had by-passed the opportunity to fully progress and perhaps obtain the emotional distress in the situation that he was lacking.

The degree of support in the journey of accountability from parents did vary for each of these brothers. Perhaps as he was still young and living at home, Andrew had intense support and showed extraordinary change and development. Peter had the next
degree of support although he cut himself off from his parents for about two years. He also showed significant relational change and ethical development.

**Systemic theory and accountability.**

In their work with violent men in couple relationships, Jory, Anderson & Greer (1997) and Jory and Anderson (1998, 2000) consider the systemic implications of accountability. This concept, with modification, is applicable for brothers who have sexually abused their sisters. It adds to the work of Jenkins (2006) around the discourses of shame and ethical actions by giving it a systemic lens and perhaps broadening the scope of the emotional responses being considered. That is, accountability might include internalised shame but it also includes other aspects which are important such as recognising responsibility and feeling the emotional distress of the person who has been wronged. Jory and Anderson (2000) postulate an “accountability axiom” (Jory, 1998; Jory & Anderson, 2000) to understand the importance of accountability for both the victim and the perpetrator in partner violence: particularly a victim and perpetrator dyad who are intending to have an ongoing intimate relationship. Their accountability axiom posits that the degree to which an individual fails to embrace the anguish of accountability for his or her own actions and attitudes influences the extent to which the anguish of abuse will be shifted to others in the emotional system. The anguish of accountability describes the psychological burden, the heavy weight of feeling, evoked in those who embrace full responsibility for their own actions and attitudes.

Jory and Anderson argue that the anguish of accountability is necessary in the recovery of physical abusers. This involves abusers who have hurt their loved ones truly understanding the impact of their actions and suffering great distress with this realisation: “a psychological reaction to adopting and maintaining an ethical stance” (Jory & Anderson, 2000, p. 330) Furthermore, without the anguish of accountability occurring for the perpetrator, the victim experiences the “anguish of abuse: the lingering pain and insidious conflict experienced by someone who has been violated” (Jory & Anderson, 2000, p. 331). Jory and Anderson’s ideas have been developed from a contextual family therapy approach (Boszormenyi-Nagy & Krasner, 1986).
Extrapolating the theories of Jory and Anderson (2000) to SSA seems possible as they both involve relational harm. However, SSA is more complex than partner violence as the emotional system is not a dyad and, as identified above, the parents of the siblings become highly important in enabling the accountability and anguish. For brothers who have sexually abused, achieving the anguish of accountability (Jory & Anderson, 2000) and the awareness of shame (Jenkins, 2006b) appears to be an important precondition for authentic facing up to and integrating of the abusive behaviour.

Finding integrity and self respect.

While experiencing shame and the anguish of accountability has been shown as enabling of the emotional work that needs to be achieved in the brothers’ journey of accountability and recovery, most brothers identified that they needed to find a way to integrate their abusive history into their current life and discover a way to develop self respect and an ethical stance despite the past. Without this, a brother could remain stuck in extreme distress and suicidality. However, equally it was also important that this did not happen too prematurely in their journey as it did perhaps for Douglas.

Peter probably experienced the most shame of the brothers interviewed which made it very difficult for him to move forward for some years. He speaks of eventually (about five years post the disclosure) finding self respect or integrity:

PETER: the biggest thing – if I put the broader issues aside, and concentrate more on – on this issue – then it’s the issue of whom (sic) I’m being in life, for me. And I learnt – I learnt integrity – integrity to myself. Now – for – for me to have – I had no integrity – at all – I think – To myself – I had integrity to others, but I had no integrity to myself. And – one of the things that – that – that I’ve learnt is that in order to maintain integrity to others, you’ve got to have integrity to yourself first, right? So I started to look at my life, and look at where was I going – and what was I doing with my life – and in order to move on – and create a life worth living – and not fall into the – the cesspool of self-pity and sorrow – um I had to – I had to look at what I was doing, and who I was being in life. And – and what comes with that is facing up to responsibilities. And it’s also responsibilities in – in every part of my life, you know … I’m comfortable with who I am now.
Douglas possibly moved into self respect too early in his journey of recovery. He was very forgiving of himself before he had really experienced the “anguish of accountability.” His focus is still more on himself and he implies mutuality in his description “no one actually caught us or stopped us.” He also appears to only accept responsibility because he was the older sibling and because he was “crazy” not to have read the signs of unwilling and non-consenting participation from his sister.

DOUGLAS: I think one of the things for me is that I, I’ve never, I can’t remember any other time in my life where I’ve forced upon someone something that they have not wanted and I’ve just got to hold onto the fact that it hasn’t happened and in this case, I was crazy enough to not read the signs. And that is something I’ve got to be aware of in the future. And there hasn’t been, I mean this pornography part was something that you know, shows that there is still this tendency to look for ways to ease my pain in ways that aren’t healthy for me ... There were some signs and it was me that was stupid to not pick them up. And I was older and all that sort of thing. But from my perspective, I’ve got to look back and say well no one actually caught us or stopped us. I stopped it in the end. There was something – I’ve got to hold onto that....

Finding self respect and integrity is perhaps similar to the Jenkin’s (2006a) construct of brothers developing respectful ethics. Jenkins also believes that this cannot be achieved until the brother has experienced the enabling aspect of facing shame. In addition, the analysis of the interviews of these five brothers suggests that the enabling aspect of the anguish of accountability is also necessary to progress towards self respect and integrity.

Summary.

The brothers interviewed for this study have revealed pathways of recovery that involved acknowledging the abuse, recognising cognitive distortions around mutuality and developing new constructions, accepting responsibility for the abuse, emotionally connecting to their sisters’ pain and grief, feeling the anguish of accountability, managing shame and finding a way to develop integrity and self respect in the present and for the future. The indicators of good recovery used in this study are not the traditional recidivism rates, as these do not capture the deeper elements of a relational
recovery. The brothers who showed the most integrity in their recovery did so within relational support and connection. They also developed enhanced skills in social and intimate connectedness. It emerged that parents were critically important to assist their son in accountability, even when their son was an adult and had a family of his own.
Chapter Six: Voices and Journey of Parents

Introduction to the Parents

Eight mothers and five fathers were interviewed for this chapter. I initially included “other siblings” in this chapter but the difference in their experiences was too great and parents needed their separate voice. Other siblings’ experiences are now in Chapter Seven. The parents interviewed in this study were just as motivated to tell their story as were most of their daughters. However some parents who were invited to participate in the study, declined to be interviewed because they felt unable to tolerate revisiting their grief. Thus these interviewed parents were not necessarily representative of all parents affected by SSA, but each still revealed an important and unique experience that illuminates particular aspects of the SSA discovery and journey for parents. The voices of the fathers in this study were less dominant than the voices of the mothers suggesting a gendered response to emotional care.

Inexplicably, the voices of parents have not been sought in previous SSA studies yet they provide a critically important perspective in understanding the impact and recovery in SSA for sisters, brothers and the family as a whole. As Chapter Four and Five have shown, the reactions and actions of parents have a significant impact on the recovery of both their daughters and sons. We need to understand the way parents construct the experience of SSA within their families, their feelings, decision making and their own recovery pathways with a view to providing more effective clinical interventions. Table 5 indicates the parents’ relationships to each other and their coded responses to the disclosure of SSA.

I had to make choices about the themes to focus upon in this chapter. I chose to explore the traumatisation, grief and loss of identity experienced by the parents following disclosure, and the dilemmas and difficulties parents faced in supporting both their son and their daughter as these aspects most strongly emerged from the interviews.
Table 5

*Parents interviewed, Marital Status*\(^{15}\) and Coded Responses to the Disclosure\(^{16}\)

<table>
<thead>
<tr>
<th>Parents interviewed (pseudonyms)</th>
<th>Marital Status</th>
<th>Coding Response to Disclosure</th>
<th>Coding Response at Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trevor</td>
<td>Second marriage to Gail</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Eric</td>
<td>Married many years to Helen</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Frank</td>
<td>Divorced from Wendy and remarried</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Henry and Irene</td>
<td>Married many years</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Robert and Heather</td>
<td>Married many years</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Barbara</td>
<td>Recently divorced after many years</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Gail</td>
<td>Second marriage to Trevor</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Helen</td>
<td>Married many years to Eric</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Wendy</td>
<td>Divorced from Frank and remarried.</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Lynnette</td>
<td>Married many years</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Susan</td>
<td>Divorced a violent husband when children young and remarried when children grown-up.</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Coding of parental support:

- 0 – No contact with daughters.
- 1 – Parents deny and/or offer no support to daughters but remain in contact.
- 2 – Parents acknowledging and partially supporting daughters but denying impact and focusing upon son.
- 3 – Parents acknowledging, supporting and weakly validating daughters. Not confronting son.
- 4 – Parents supportive and validating daughter but not confronting son.
- 5 – Parents supportive and validating of daughters and holding brother accountable.

\(^{15}\) Some of the information in this table has deliberately been modified or kept very general in order to protect anonymity of participants. However, the length of the marriages of many of these participants was striking for their longevity.

\(^{16}\) The researcher coded the parents responses on the information provided to her in the parents’ interviews. It follows the classifications developed from the sisters’ interviews.
As the analysis of the parents’ interviews proceeded, the relationship difficulties they were experiencing with their abused daughters became a strong theme. I became puzzled and intrigued by these difficulties, particularly when the parents reported a close and connected relationship with their daughters prior to the disclosure and the parent appeared to be strongly validating of the SSA. The problematic dynamic has been previously identified by the sisters in Chapter Four but this chapter has a strong focus on the phenomenon from the parents’ perspective. I theoretically sampled and interviewed two mothers (Lynnette and Susan) to get a thicker description and exploration of this issue. Consequently, the voices of Lynnette and Susan are more dominant when I discuss the relationship problems of a parent with their daughter.

Experience of the Disclosure/Discovery for Parents

IRENE: It’s just going to be a cloud over our lives till we die I think. It’s just going to be there forever.

Parents in this study consistently reported that the disclosure/discovery of the SSA in their family was devastating: it was life changing, it produced profound grief, and it was traumatising. This was also the experience of many parents I had seen in therapy and who inspired this research endeavour. The above quote conveys the despair and the weight of the changes in Irene’s family. She stated this 12-years post-disclosure when the family still struggled with grief, organisational and structural difficulties and loss of connection with children and their family unit. The parents in this study experienced a range of difficulties around the process of discovery and its management within the family: the short term “numbing” and shock often evolves into a chronic despair and hopelessness. Frameworks of grief and trauma help makes sense of these experiences. I will only briefly outline the theories of grief in this chapter but will develop these further in Chapter Eight when I integrate all family members’ experiences — grief affects all family members. In this chapter I will focus more on the direct voices of the parents, starting with an outline of some of the experiences of parents as they encounter a disclosure.
Incomprehension and the complexities of belief and validation.

Belief and disbelief appeared to be on a continuum for these parents. The majority of these parents (69%) believed and understood the SSA as abuse at the time of disclosure, but the complexities of belief were apparent. The disclosure was a discovery process and ongoing journey for many parents, similar to the process outlined by researchers in IGSA (Dwyer, 1999; Hooper, 1992; Humphreys, 1992): when a disclosure first occurs in SSA, it can be bewildering to a parent and may not make much sense in the context of their prior perception of their family and world. Our cultural discourses for SSA (that SSA is really normal sexual experimentation among children) also make the task of understanding and validating the seriousness of the experience very difficult for parents (Rowntree, 2007).

At one end of the continuum, Barbara described her avoidance and disbelief of her daughter’s disclosure for six years, although, paradoxically, she also described that she acted protectively. She also indicated that she had no awareness of the existence of SSA compared to her knowledge of IGSA. Barbara was in the middle of several other serious personal crises when the disclosure occurred and her avoidance was possibly about protecting herself from being overwhelmed by another trauma. She was only able to fully believe and make sense of the abuse six years later when her son also disclosed to her and she had moved out of crisis:

BARBARA: I blank a lot of things out. I think that it’s the only way I survived all this (her other crises). (My daughter) came and told me and I thought, well, how could you think of this, of your own son? — I don’t even think I believed for a second that it could have been my son. I think, “She watches too many movies,” um—I think all these ridiculous things—at the time they made sense … but I did action in the sense that I, that she slept in my room until she felt comfortable to go back to her room. Every time I went out, I never left her at home with her brother, I took her home (sic) with me … I don’t know that I actually sat there and really thought “Wow, this could be my son,” because you read of father/daughter (sexual abuse), you don’t read of sibling (sexual abuse) or I had not read of it…. 

At the other end of the continuum of belief, Susan, described that her belief was instant and arrived with a terrible clarity. It made sense to her in the context of the problems she had been experiencing with her daughter. It was made easier that Susan, a
helping professional, was well aware of the impact of childhood sexual abuse and the existence of SSA:

SUSAN: I have got no memory of those words of disclosure because I was focused so intently on the meanings of those words. My world just stood still. I think that I might have stopped breathing because I have never before been in such a state of stillness. Because I had to listen so carefully — it was like a horror unfolding. And as she (my daughter) spoke, connections were immediately made in my mind of experiences and observations in bygone years that I couldn’t make sense of … And the time was just frozen for me that night. I have only got memories of the sensations ... No (I never doubted), never, it all fitted. That is why I listened so intently. She knows that. I have no doubt about it. And nothing she has ever told me have I ever doubted as I have been able to connect it with other things.

Irene and Henry also had instant and complete belief as it explained symptoms their daughter had been experiencing:

IRENE: I didn’t disbelieve her myself – did you?  
IRENE: I think, I don’t think I realised how bad it was.  
HENRY: I can remember stuff about – it being finally explaining a lot of things that had been going on with her that she was – she’d been getting upset about her room, and – and being disturbed in the middle of the night about things – she’d wake up and see lights ... and bad dreams.

In-between on the continuum of belief and disbelief following disclosure, Gail believed that her son had sexually assaulted her daughter and her two stepdaughters. However, she considered that the abusive acts were trifling:

GAIL: If he (my son had) jumped on the girls (stepdaughters) and penetrated and gone for everything or stuck a broomstick up it or something, I could understand ... the girls admitted — they were very embarrassed — but admitted that (my son) had sort of — sort of forced them into a situation and put his hand down on ... and they (the police) specifically asked them (the girls) to describe whether the hand was straight or whether it was doing things. And they swore that it was straight like this, it was just in and out...

Furthermore, the disclosure initially came from Gail’s daughter in the context of a bitter Family Court contest and in an interview her daughter had had with a psychologist about living arrangements. Gail believed that her daughter had only disclosed in order to get her own way and live with her wealthy father. That is, Gail felt that the SSA impact upon her daughter was insignificant but that she was using it to manipulate:
GAIL: I'm not saying nothing was done, something did happen. But the way it was brought up, it was only brought up because (my abused daughter) wasn't winning the court case; you know the family court thing … she got bribed and brainwashed, that's what she got … (her biological father's) got a beautiful two storey house that he owns, or he's paying off or something, whereas we're renting a $190 a week dump ... I believe that (my abused daughter) isn't telling a total lie, she's exaggerated it to get herself back to (her biological father's home)....

Similarly to Gail, one married couple, Heather and Robert, believed the SSA disclosure but also dismissed the impact of the SSA experiences for their daughters. Their three children had been abused by the maternal grandfather when very young and Heather and Robert believed that this abuse was highly significant. The grandfather had also abused Heather when she was a child and adolescent, and because of her own traumatic experiences from this perpetrator, she and her husband did not consider, as their daughters conveyed, that the SSA was worse from their brother compared to the abuse from their grandfather. Heather and Robert also perceived their son predominantly as the victim of the grandfather abuse rather than a perpetrator of SSA. Furthermore, similarly to Gail, statutory authorities immediately became involved in the family and their son was removed. Heather and Robert, fifteen years later, were still pre-occupied and overwhelmed by this intervention and its impact upon their son, and were still not holding him accountable for SSA in any manner:

HEATHER: He was fourteen. That was the most horrific time, and I really do not blame (my son) — The girls do — the girls will never forgive him, and it makes our family very, very awkward ... I think (our son) is a bigger victim — as big a victim as they are — definitely. And what he did — he'd been taught by a master (his grandfather)... I blame Community Services one hundred and fifty percent. They are — they are the dregs of the earth — like the Gestapo — They took him away, and I was hysterical ... They took him away to some crappy place. You may as well just throw him in prison, because that's what it was like. And neither (Robert) nor I felt he deserved that. He is a victim. It's affected him chronically. He's now twenty-nine and he's got nothing ... I mean (our son), probably out of the whole lot, has probably suffered the most. And in a way — I know he abused the girls – what he did was wrong – and I’m not condoning that at all – but I still think he's probably the worst-off victim out of the three of them.

In summary, nine of the 13 parents believed the SSA when it was disclosed and recognised the seriousness of the impact upon their daughters. This belief was assisted
Chapter Six

Parents

by the congruency of the unexplained symptoms of their daughters with an explanation of SSA. One mother (Barbara) completely disbelieved for six years but moved into belief when other crises in her life resolved. Three other parents believed but did not recognise the seriousness of the SSA for their daughters due to other contextual factors and the involvement of statutory authorities (parents became preoccupied with the fight and perceived injustice rather than their victimised child’s experiences). It is also probable that parents embedded in a patriarchal context, that prioritises a son’s needs over a daughter’s needs, would have more difficulty in validating the seriousness of the SSA experience for their daughter.

Shock and trauma.

All parents reported overwhelming shock and/or trauma at the time of the disclosure/discovery:

WENDY: shock – because she wouldn’t tell me which member of the family it was (who sexually abused her) ... And she said that our family can be ruined and – and I said – (daughter’s name) – if this is going on it’s already ruined. You know, maybe we can salvage it ... so she eventually told me. And I was shocked. Absolutely shocked ... Yeah, I’m thinking adults (as the abuser). You know, (SSA) that was the furtherest (sic) thing from my mind....

HENRY: you just don’t know what’s going on around you. What the rights and wrongs are. It’s, frankly, my emotional reaction every time I think about it — I just want to empty the contents of my stomach. That’s what it makes me feel like — it just — it’s just too horrible ... That son of mine, “How could he? How could he end up like this, doing those things?”

BARBARA: [My son and my daughter!] — it’s almost like this is too revolting — I don’t even think I have started to — I’m still trying to get out of survival mode and back into living ... you can’t concentrate, you can’t think clearly, you can’t remember things, you lose things, you just don’t function ... Panic attacks, the whole bit — but the other women (in a support group) all can break down and cry and the tears and the tissues will be going and I just sit there. I can’t get in touch with it at all.

SUSAN: I have got no memory of driving home for 45 minutes and of the retelling to my husband. It was just days of being bedridden, of my pillow being sopping wet, of my face stinging with salty tears, of my head aching, and I couldn’t stop crying ... I was just wretched ... I was in shock. I don’t know how I kept up a semblance of everyday life ... My head was so busy, racing, making connections all the time ... I haven’t got narrative memory. I’ve just got
sensations. Sigh. I actually think I have a lot of memory disruption over these last ten years because often I will say something and she (my daughter) will say, “No, that is not right.” I can’t put it together in a coherent, constant stream.

Some parents reported that this shock or trauma continued in waves for many years afterwards as the reality and truth of it hit them. A traumatic response of intense fear, helplessness or horror occurs as a result of a person personally experiencing or learning about serious harm to a family member. It involves three main processes: intrusive memories of this event, attempts at avoidance of these memories and emotional numbing (American Psychiatric Association, 2000). In addition a person may experience sleep disturbance, hypervigilance, difficulties with concentration and lack of a sense of the future. A formal diagnosis of Posttraumatic Stress Disorder (PTSD) may be warranted for some of these parents as well as their abused daughters. Some parents get “flashbacks” or nightmares of images of the sexually abusive behaviour even though they have not been present when it occurred.

**Loss of identity.**

Several parents talk about experiencing a “loss of identity” following the discovery of SSA. They have created a family of which they always felt proud and felt could be respected in their social and family groups. Then when the SSA is disclosed, their perception of their family is totally challenged. It is a profound shock for a parent that undermines their belief about themselves:

ERIC: *my friends used to say, “You’re so lucky.” A very close friend of ours was into drugs and all that sort of thing. And his father used to come to me and say you are just so lucky – all your five kids – you haven’t got a problem. And then all of a sudden the problem arose. Right, so you are respected by your friends because you have such a beautiful family and you were welcome everywhere and you were held up as an example — and then this...*

Some of the mothers in particular had devoted the most productive times of their lives exclusively to their children: sacrificing potential careers and friendships, and pouring all their time into the rearing of their children. Up until the time of the disclosure, they felt pride in their achievements in raising good sons and daughters. These women were strongly affected and bewildered by the disclosure.
BARBARA: I mean my kids are the ones that the teachers will just rave about. They’re the likeable kids. They’re the good kids, the decent kids. I brought my kids up with good principles. And you think, “Where did I go wrong back then? He (my son) knew right from wrong.”

LYNNETTE: My identity was particularly related to being a competent parent ... I was “the best” as a parent — particularly as I virtually raised the children by myself — (my husband’s) profession being the way it was ... so many people said over the years — “Gee, you’ve got wonderful kids and you must be so proud of your children.” That’s a comment with a barb now. “Yes, but if only you knew.” So there is always that qualifying in my mind.

Thus the disclosure of the SSA also meant for these self sacrificing parents that their identity and their life focus were stripped from them in that moment of the disclosure. It is possible that the parents who could not believe the SSA or minimised it were constrained from doing so because of the potential loss of their identity.

Ambiguity of family integrity/intactness.

Research into the experience of women whose partners have sexually abused their children (Dwyer, 1999; Hooper, 1992) identifies the power of the ideology of the family unit in their decision making after disclosure. Mothers in both studies were seen to be driven to preserve a normal and intact family and this often over-rode their choice to expel the abusing parent from the family, when perhaps they should have done this in order to protect their children. The identity of parents and mothers in particular seems to be deeply connected to a well-functioning family. Furthermore, mothers in Dwyer’s (1999) study were intensely aware of the impact of the abuse on the other family members, particularly their non-abused children. Their decision-making about banishing the abusing father from the family took into account the loss of a normal and intact family and a father for the other children. Dwyer (1999) commented that “The women in this research recognised the inherent conflicts between individual and familial interests and the acknowledgment of this caused them intense pain” (p.153).

The women in Dwyer’s (1999) study made their decisions based on their assessment of the best interests of their families rather than a simple choice between two family members. The notion of family for these women was “an entity beyond the individuals which comprise it.” (Dwyer, 1999, p. 168). Dwyer (1999) identified several
solutions to the disclosure crisis by the women in her study. The initial and most popular solution was to work to maintain all the relationships in the family and to keep the family intact. Over time, though, Dwyer (1999) identified ongoing ambivalence and uncertainty for these women in the face of trying to resolve the situation.

There seemed to be both differences and similarities around the issue of family intactness or integrity following disclosure of SSA compared to IGSA that emerged when interviewing these parents. Firstly, there was less choice associated with SSA compared to IGSA; most parents agreed that you can divorce a partner but you cannot divorce a child no matter what they have done. In Chapter Four, some abused daughters wished that their parents would banish their brother. However, parents usually do not see this as a solution. For instance, Barbara divorced her husband after discovering his sexual abuse of their youngest son but she was clear that this option was not available to her as a mother:

BARBARA: You can divorce (my husband who sexually abused their youngest child. You can’t divorce your son.

Secondly, while parents usually seek to maintain a connection with and support of both children following SSA disclosure, their son and daughter usually cannot or do not wish to meet. There are thus no easy solutions or possible restructuring of the family that would allow families to be integrated or remain intact following SSA compared to IGSA. As Dwyer’s research showed, initially a mother facing IGSA may try and maintain the family integrity. However, over time, the uncertainty and ambivalence of this choice may become untenable and she may make the choice to divorce her partner. In SSA, the son cannot and should not be banished as easily as an abusing parent. The family unit following SSA is often left in a no-man’s land of ambivalent integrity with no apparent resolution. That is, the intactness or integrity of the family was an ideal to be clung to, the parents (and sometimes other siblings) maintained their relationships with both the abused sister and the abusing son, but the family could not gather all together or function as they had prior to the SSA disclosure as it was too distressing for their adult children.
Many parents in this study had found partial solutions to maintaining family integrity following the abuse but their families’ circumstances in relation to the SSA remained ambiguous and unstructured. Each family’s idiosyncratic situation required thoughtful ways of feeling like a real family, but the lack of contact between their daughter and son continually reinforced the difficulty of living with ambivalent family integrity:

HENRY: (Irene) goes to great trouble to juggle the family so we can have (our abusing son) here for a small part of Christmas Day, and have some cake and celebration and gifts and things.
IRENE: Oh it’s a juggling act that’s murder. I hate it – I hate Christmas now. I hate – birthdays. It’s a pain in the arse.
HENRY: Yeah – it’s the same every time, isn’t it?
IRENE: It’s awful – it’s a stress every time.

The SSA was also a secret in most families and the fracture was hidden from extended family and family friends. The premature reaction of a parent “to fix” the family by enforcing re-unity becomes understandable as the only concrete way to solve this discomfort of ambivalent integrity. (This reaction is discussed more fully below.) Some families did find a way to eventually re-integrate and reunite following the abuse. This was led by the daughters rather than the parents (see Chapter Four and Alice’s experiences as a good example) and complete re-integration required brothers to fully acknowledge the negative impacts of their abuse on their sisters and be accountable for their actions. However, of these thirteen parents interviewed, none of them had experienced an integration of their family at the time of the interview, although two families appeared to be close to achieving this, and many of the families were more than 15 years post disclosure.

Shame and secrecy.

Most parents experienced a deep shame about the SSA in their family. Sexual assault of a child is culturally considered a heinous crime. The notion of having raised an adolescent with sexually abusive behaviours can be overwhelming for parents to confront. However, the extent of this feeling was magnified many times when the victim was also another of their children. Shame and secrecy go hand in hand. Barbara
was a victim of IGSA and her youngest son was also the victim of IGSA from his father. Yet Barbara experienced more shame attached to the SSA than the IGSA that had occurred in her family:

BARBARA: And I have told quite a few friends actually (about the paternal abuse). Not about (the sibling abuse). I would never tell anyone about that.

Sometimes the secrecy is about protecting grandparents. Susan explained how she never told her mother about the SSA in order to protect her from the trauma (as her mother was very close to her children). However in protecting her mother, the situation reflected badly upon Susan as it appeared she had disconnected from her children without good reason:

SUSAN: All the children had a great affection for my mother. And of course she didn’t understand why the family had split up. I allowed her to believe that we had just had some minor tiff and I decided to stop talking to them — because my mother was 88 and I couldn’t inflict on her what had been inflicted on me.

Families with SSA are often described in the literature as being “secretive” (Gilbert, 1989, 1992; Smith & Israel, 1987). However the burden for most parents when they have a disclosure of SSA is that they cannot talk to anyone about the situation due to the profound shame and due to the stigma that it would create for both their children and themselves. Most parents usually do not tell immediate family and do not tell their closest friends. This means that they can not access any support for their grief and trauma from their normal support structures (Dwyer & Miller, 1996). Parents carried the terrible secret without any support yet they need to be the providers of unqualified support to both their children.

Self-blame and guilt: “I feel like I failed them.”

Many parents become incapacitated by self-blame. In the interviews, parents spoke about their reflections on the upbringing of their child, re-played historical events and wondered whether they may have been able to have stopped the abuse from occurring:
BARBARA: you think everything is ok but then you get these little inklings every so often that say hey, it’s not as ... they’re doing ok but that it’s not perfect. And it’s like, what went wrong in our family? – To have all of this. And that’s why I go on this guilt trip thinking where was I when (my abusing son) was so needing someone, was so out of control and he couldn’t talk to me?

WENDY: I still find it very hard to get my head around it – because then I’m in – like this spot where I’ve got both of them – my children – both of them I love dearly, and I feel like I failed them – somewhere – along the line that, you know, that how did he get this - like how did he get this idea?

Some parents in the study also felt blamed by the helping professionals and people in the community whom they encountered:

TREVOR: One of the things that the assessment said was that the abuse allegations were just a distraction from the main issues, that’s what (the professional) said, and they highlight the dysfunctionality of the family, you know. So she was blaming us for this stuff and that really upset us.

Fathers, in particular, felt worried that they had let their sons down; if they had been more emotionally available to their children, maybe this would not have happened. Eric had several important volunteer community positions where he helped troubled youth. He feared that he had neglected his own children by providing these community services:

ERIC: Shortly after I got married, I (worked with delinquent youth). I had many cases in which I proved to be quite successful in trying to get these children back on the right path ... I have been accused many times that I make time for others but I don’t make time for those that are the nearest. Many is the accusation that the kids here didn’t have a father because the father was always out.

Similarly, Henry felt great responsibility for the behaviour of his son because he believed that he did not connect to him enough while he was growing up. He wondered whether this was “psychological abuse” and thought that if he had been a better father, his boy would not have sexually abused:

HENRY: If I’d been more involved with him, I’d have probably managed to inculcate sort of better values ... I suppose he could probably legitimately call it psychological abuse, except it wasn’t, it wasn’t intentional at all. It was just my own deficiencies I suppose ... I don’t accept full responsibility for what
happened. Not, not for an instant. All I’m saying is, if I’d been a better father, I, I think it could have been stopped from happening.

However, his wife (interviewed with him) reported that his abused daughter responded strongly against this viewpoint.

IRENE: she (our abused daughter) was a little bit upset with your reaction at one stage: that you blamed yourself. And she felt that that wasn’t fair, because it wasn’t you, it was him.

This was a theme that came through in the sisters’ chapter: that they did not want their parents to take the responsibility for the abuse but they wanted their parents to insist their brother take responsibility and be accountable. However, in terms of the etiology of sexually abusing behaviour, emotional or psychological abuse from parents is considered a contributing factor by many studies (Creeden, 2006; Ryan, 1999a) but was not a finding of this study.

There could also be an interactional element to the dynamic of abuse between a father and son. That is, problems in the sons’ behaviours could also have contributed to the development of the difficulties in their relationship with their parent. For instance, Frank observed his son physically and mentally harming his daughter. He intervened with physical force to try and stop his son. He felt guilt that he did this and perceived that his physical reaction to trying to protect his daughter perpetrated the cycle of abuse from his son:

FRANK: I could see (my daughter’s) self-esteem, and everything about (my daughter), was going downhill. (My son’s) doing this, and I’m trying to stop him and I — I probably was too physical with him a lot of occasions to do that, and what I’m thinking now is — I know now the poor kid’s copping this physical abuse from this angle and now he’s copping it from this angle as well. You’re only making the problem worse for the kid, you know. What you’re trying to set out to achieve in stopping him — you’re feeding it, you know.
How do I Act and Manage this?

There are no “road maps” or “guidebooks.”

In the context of their trauma, grief and shock at the disclosure, parents needed to discover a way to manage it. It was difficult for parents when there were “no road maps.” That is, there were no clear social or cultural guidelines about how to work with this. If a child developed a mental illness or a behavioural problem, there would be a clear pathway to follow to obtain help for their child. However, with the disclosure of SSA, parents universally experienced confusion about how to respond. If they sought advice from experts they often got conflicting ideas. The historic division of services into victim or offender agencies made the situation worse for families wanting an integrated approach. Furthermore, contacting some agencies became frightening to parents because the service providers threatened involvement of the law or statutory authorities:

FRANK: so I started ringing around to see where we could get some help or what the next steps are. You just get the phone book – family crisis centres, and they steer you to a few places – it’s very hard to find someone who will deal with both issues – some people said that “oh, we can deal with your daughter, but we don’t want it – we don’t touch offenders – we only touch victims.” ... other places were saying well you know, I think if you do that, we’ve got a right to go to the police and all this sort of thing. So it became even more scary, you know. We didn’t know how do we handle this, you know?

Since conducting this research there have been new systems put in place in Victoria, Australia (Therapeutic Treatment Orders) that fast track families with young people who have sexually offended into treatment, and a “hotline” has been established for parents seeking help. However, this only applies when abusing brothers are less than 14 years old.

So how do parents know how to manage the situation? If they do take positive control (firmly managing both children rather than prematurely attempting to reunite the family), how do they know that they are doing so in the right way? Traditional helping agencies have added to the confusion. If a helping agency works with survivors (usually

17 “No road maps” for managing and understanding SSA was a term frequently used by families in a group I facilitated (Welfare, 1998b).
taking a feminist stance and privileging the correction of the loss of control and power that goes with being sexually assaulted), they advise parents to be less controlling and to try and give power back to their abused daughters. However, as shown in Chapter Four and as will also be outlined below, many daughters wish for their parents to take over the punishment of their brother; to be the arbitrators of justice as they did when they were young.

Helping agencies, working with young offenders, emphasise the importance to their recovery of attachment or connectedness to their parent and work to ensure this. Parents are then stuck in the middle not knowing what the best action is for them to take. There are road maps but they are incomplete and often conflictual: there is a lack of available, wise, integrated support and lived-experience in how to deal with SSA disclosures and aftermath. This means that parents may feel isolated and helpless, without a plan for management.

**Should I take control?**

Parents who took strong control of the crisis of disclosure (while recognising the seriousness of the SSA) seemed to have the best outcomes (Eric and Helen, Henry and Irene, Wendy, Frank and Lynnette) in terms of recovery of their children and maintenance of relationships within the family (albeit not usually between their son and daughter). In all cases, taking appropriate control involved supporting *both* children and setting boundaries and limits for each child. It also meant taking a strong position on the seriousness of the abusive behaviours and holding their son accountable. This was easiest for parents when their children were younger. For instance, Wendy set good limits for her children but she was managing a fifteen year old and seventeen year old:

> WENDY: But the same time I have to be careful that (my sexually abused daughter) is not dominating too much. Like she’s fiery and unpredictable and demanding at times, and if she’s not getting what she wants with her dad, then she comes storming in the house and says, “I’m staying here tonight.” I say, “No (daughter), you’re not.”
The families of parents who abdicated control and believed that their adult children should work out the problems themselves did not do so well (according to the parents interviewed). This was particularly true for Susan who lost all contact with three of her four children following this strategy. She did not take control of the crisis in her family but rather took, as she thought, the respectful position of letting her adult children “sort it out themselves”. After she was disclosed to by her adult daughter, she suggested that her daughter confront her abusing brother. This set up a series of events that culminated in the rejection of Susan by her other children:

SUSAN: *It is like my children are dead to me but I know that they are alive. I know that there will be no mending of this family. I am absolutely certain in my heart about that.*

Barbara wished to take control with her adolescent children but was unable to achieve this. The result was that both her daughter and son have emotionally distanced themselves from their mother and will not talk about the situation:

BARBARA: *No, she (my abused daughter) won’t talk about it. He (my son who abused) won’t talk about it. He reckons he can’t even remember (the details of the SSA) … She has been really hard to get through to at times. She has really shut me out … And he has come back and we haven’t discussed it … I was thinking that this will bring us all closer (sigh).*

Parents who had the control taken from them by statutory authorities (Trevor, and Gail, Robert and Heather) also had poorer outcomes in their family: Trevor and Gail completely lost their daughter (she went to live with her father and cut all contact with her mother and stepfather, eventually ending up as a street kid) and their abusing son also disconnected from them except when he wanted money. Heather and Robert lost their relationship with their son, and for more than a decade both their abused daughters and their son had drug addiction problems. It is possible that the reason statutory authority involvement produced such poor outcomes for these two families was because the parents became preoccupied in fighting the perceived injustice of their son’s removal and did not face the significance of the SSA problem.
I have to fix this.

A method of taking control that did not appear to work well was that of trying to “fix” the problem by urging a premature reconciliation and forgiveness between their abusing son and abused daughter. This appeared to be sought as a method of managing the ambiguous integrity of the family unit. Eric attempted this before his daughter had experienced the anguish of accountability from his son, and before his daughter experienced full validation of her experiences:

ERIC: (The disclosure was) a bit like having an accident in a motor car – it happens to other people but never to you. I think the initial reaction was that this can’t be happening to us because I have brought my kids up, in my opinion, and my wife has brought them up very carefully and very caringly … of course it’s split the family – yes there are two camps. And of course I’ve got to fix this – yes. Yes. My model of fixing was I can’t make it go away because it’s there. But at the same time there has to be a way where the whole thing can be welded together: it’s still a botchy job I suppose but try and make it work.

The drive for Eric to prematurely attempt to reunite the family probably came from his sensitivity to the grief of his wife who had become very depressed at the loss of her family. Yet by trying to fix or reunite the family too soon can mean alienating their abused child. It can also alienate the parent from the abused daughter as they become frustrated that the daughter is not recovering, forgiving her brother, or “moving on.” For instance, following Eric’s thwarted attempts to fix (that is, reintegrate) the family, he interpreted his daughter as having a vested interest in staying a victim:

ERIC: She (my abused daughter) enjoys the power and the victim status. Because “I’m all of a sudden important now — all my life I’ve been shoved in the corner but now I’m important.”

Is it possible to care for and support both children?

Most parents interviewed felt that they should be caring for and helping the recovery of both their children. Their own recovery was dependent upon the recovery of their children and the last two chapters have shown that the recovery of both their children was dependent upon this parental support. However, supporting both children appeared to be a difficult process dependent upon the reactions of their children, their
own emotional reactions and other contextual factors such as statutory involvement. More than half the parents interviewed (Henry and Irene, Eric and Helen, Frank and Wendy, and Lynnette) found a way to achieve support, to some extent, of both children, but it was not an easy journey. Support of their son needed to include helping him become accountable for his abuse. Support of a son without accountability was counterproductive to his recovery, but equally, obtaining accountability from their son required compassion and care from a parent. Support of their daughter often required standing up to her need to have her brother banished. In the long run, supporting their son was more helpful to their daughter as, indicated in Chapter Four, she felt more validation if her parents had insisted upon accountability from her brother.

At a practical level it often meant that the support for each child had to have a different boundary around it. The ambivalence of family integrity was related to this. For instance, most daughters did not want to know anything about what was happening in their brothers’ lives and did not want their parent to tell their brother about their life events. Helen talked about trying to live a life being sensitive to this:

HELEN: I’m like the meat in the sandwich – with so many things in the – within the family, I’ve got to tread so carefully ... I think (my abused daughter) sort of has a problem with me talking about (news of each other).

At an emotional level it was sometimes difficult for a parent to connect to their son. If a parent has provided good support to their daughter and truly understood the extent of their daughter’s SSA experiences, it was a difficult emotional shift to concurrently provide support to their son who caused their daughter’s trauma. Thus a parent who validated and cared for their daughter well (such as Irene, Susan and Helen) usually found it more difficult to support their son. Irene expressed the dilemma of feeling that if she provided her son with support, she was betraying her daughters’ experiences:

IRENE: He’s still our son. And that’s the hard thing. You’ve got this, you know, this dilemma. He’s your son, so what do you do? – I mean a lot of people do just kick their children out of their lives, and like – if we have anything to do with him, every time we do we feel disloyal to (our daughters) ... I still don’t know how to manage it. I don’t know how to manage it.
Helen disconnected from her son for two years following the disclosure due to her emotional response to his abuse, and then found a way to forgive him. It was significant that she was able to do this as her son was deeply remorseful:

HELEN: I really disliked him for having committed that to — to his younger sister and — How could he? … then all of a sudden that you — you think about it seriously you think, “This can’t go on – he’s my son – basically he’s proven to be good person – this is something terrible that happened – he has shown so much remorse” – You never forget, but you can forgive.

Often, in order to provide support to their son, a parent had to stand up to their daughter who might be insisting upon banishment. Wendy talked about the need for this in a following section. She managed this well with her adolescent family. However, it was a difficult decision for some parents to stand up to their adult daughters. Irene’s husband, Henry strongly argued the importance of both supporting and standing up to his abused daughters in order to continue to provide support to his son. In doing this, Henry found a way to support his daughters as well as his sons:

HENRY: I say to them (my two abused daughters), “Well, you’re right, you’re a victim and you’ve got all our support over it,” and everything else, “but I am not going to cut my son off. He’s sick, and he needs help, and I don’t want to make things worse than they are.” … I see it as a question of priorities, (my advice to other parents is) just make sure you give them both the attention you (sic) need and don’t cut the offender off completely. You might find that your daughter cuts him off, but don’t you do it, even if it offends her to some extent. She’s got to learn that you need to keep contact and a relationship with your son. It may be helping him.

Treatment agencies are usually split in their assistance to either the sons or the daughters. They are either agencies for treating victims or agencies for treating young offenders. Parents, though, are required to be integrative in their support when this is something that most treating systems do not manage. Some parent couples (such as Irene and Henry, and Eric and Helen) divided their roles of support for each child for some of the time following disclosure: each parent provided more support to one of their children. This helped in the process of finding a way to support both children but ultimately all of these parents were able to each find a method to concurrently support both their children.
For the parents of this research who could not support both children, there were several factors that constrained them. Firstly, sometimes it was the children repelled this support (the son of Susan, and the children of Barbara and Gail). No matter what the parent did to try and connect to their child, this could not occur. Secondly, it was likely that some parents could not let themselves recognise the distress and trauma of their daughters as this makes it too difficult to support their son (maybe Robert, Heather and Gail). Caring for a son who has abused is difficult with the full understanding of their daughter’s experiences. Thirdly, the involvement of statutory authorities could exacerbate either of these situations. For instance, statutory involvement meant that Gail could have no contact with her daughter and could not connect to her nor support her. She, instead, focused upon the support of her son with out holding him accountable. Robert and Heather were blocked from providing support for their son by authorities, but this made them more focused upon his needs rather than their daughters’ and, fifteen years later, they were still distressed that they could not assist their son. They were remained focused upon their son’s needs and the support that they were blocked from providing but, in doing so, they were not supportive or validating of their daughters’ experiences:

ROBERT: *He feels, I mean he feels that we favoured the girls and that we never did anything for him. Well it’s true, because –*

HEATHER: *It’s true because we couldn’t do anything.*

ROBERT: *They took him away and they said – if he comes back in the house, the girls have got to go.*

A fourth constraint for support of both children emerged from a prior study by the author (Welfare, 1998b, Appendix E). A dominant cultural belief exists that once a disclosure has occurred, the victim is well on the way to recovery: the revealing of the secret is believed to be all that is required for recovery (Welfare, 1998b, Appendix E). Thus in the beginning, parents sometimes worry less about their daughter and more about their son’s recovery. Their energy and focus is on their son rather than on their daughter.
Impact on Relationship with Daughter

All parents interviewed reported some degree of difficulty in their relationships with their abused daughter post disclosure. Their relationship with their daughter often became the most painful aspect of the SSA for the parent. The presence of a good relationship with their daughter prior to the disclosure did not protect these relationships. In fact, when a parent had enjoyed a close and connected relationship with their daughter in the past, Chapter Four showed that the degree of relational disturbance was often much greater after the disclosure. This is a significant finding as the recovery of their daughter is best achieved with the parents’ support and care (Aspelmeier et al., 2007; Conte & Schuerman, 1987; Esparza, 1993; Fassler et al., 2005; Gold et al., 1994; Kinard, 1995; Merrill et al., 2001b; Mullen & Fleming, 1998; Spaccarelli & Kim, 1995). Yet, as this study is clearly showing from all perspectives, the dynamics of the secrecy, emotional protection and disclosure of the SSA meant that the relationships often are damaged.

For some of the parents, the difficulties in their relationship with their daughter began when she became an angry and troubled teenage daughter unbeknownst to them holding the secret of the SSA. For other parents, the relationship with their daughter remained good until the disclosure and the sequence of events thereafter. This section will explore the breakdown of parent and abused daughter relationships in more detail from the perspective of the parent and will contain more of the experiences of Lynnette and Susan as they were specifically interviewed with the aim of exploring this dynamic. Both these mothers reported very good prior relationships with their daughters until their teenage years. Although the abuse occurred when their daughters were pre-adolescent, it was when their daughters became teenagers that the relationships began to have difficulties (even although the SSA was still not disclosed). One possibility for this is that children who are sexually abused when pre-adolescent often do not have a meaning or understanding about what has occurred. As they grow up, they develop this understanding and possibly construct their relationship with their mother differently as a consequence of this abuse.
Prior to Disclosure: “I was like the black and the white witch all in one.”

Two parents (Lynnette and Susan) struggled with an inexplicably difficult teenage daughter: the SSA had not been disclosed and they had no explanations for this sudden problem. Reflecting back, they recognised the disturbance that they were dealing with was their daughters’ emerging trauma. At the time, they could only surmise that their daughter was going through a bad adolescence:

LYNNETTE: Prior to (disclosure, my relationship with my daughter) was strained — I put that down to normal teenage girls doing their rebellion or whatever you may call it, but it was not out and out rebellion, she was just — she could be a bit nasty sometimes and bit grumpy ... (On reflection) she was struggling with how to synthesise the good with the bad. Because I was still good but I was also bad — I was like the black and the white witch all in one. And depending on how her mood was would depend upon which one I was ... I think that she was conflicted, it was hard for her to be angry as there was so much good there as well.

SUSAN: I was extremely close to her throughout her primary school ... The anger became very bad in year 10. She was sixteen. She would shut herself in the bedroom for a long period of time — She would sit on the top bunk, crossed legged with a face like thunder. And I would go in and I would stand at the door tentatively and I would try and get her to talk to me. And when she wouldn’t talk, I would go round the other children asking questions to try and find out what was wrong. This was one of the hurtful things when the disclosure came. It was like a conspiracy. I was trying, trying to work out what was wrong ... And then she would attack me — “Don’t ask the other children what is going on with me!” It would make her much worse. Because I couldn’t find anything out, I just assumed that she was having a very bad adolescent period and that the mood swings and the anger was part of it.

Ambivalence of Protection toward Parent: “She felt she had no choice but to protect me.”

Both Lynnette and Susan perceived, in hindsight, that part of their difficulties with their abused daughters, and their daughters’ anger toward them during their teenage years was due to their daughters protecting them from the knowledge of the SSA and protecting the integrity of the family unit from a potential annihilation with a disclosure. These mothers did not think that their daughters withheld disclosure due to confusion around complicity. Nor did they think that their daughters were silenced by their
brothers. However, they thought that their daughters believed they had no choice but to protect their parents. Thus, these mothers also believed that their daughters’ anger toward them was connected to their belief that they had to sacrifice themselves in order to protect their parent. Their daughters felt entrapped by their lack of choice and they were therefore angry about this protection.

Furthermore, these mothers utterly believed that their daughters loved them and genuinely did not wish to cause them emotional harm by disclosing the SSA. However, they believed that their daughters were also furious with them for not knowing about the abuse and not giving them the care and support that they needed at that time. The analysis of the sisters’ experiences (Chapter Four) has shown that it is the daughters who had the closest relationships with their mothers who felt the greatest sense of betrayal for not being cared for when they most needed it, and they were also the daughters who were most compelled to protect their parent due to their connection and love of their parent. These parents (Susan and Lynnette) understood their daughter’s anger in the same way. They did not blame themselves for not knowing about the SSA but they needed to understand how it had happened:

LYNNETTE: But she knew that I did not know, so therefore, how does she relate to a mother who is still being the normal mother that she is, but she wants to fling mud out at her but she can’t tell her why? – I think that is what she really struggled with. And, and, in doing that she was taking on a protective role, she was protecting me. She couldn’t tell me because she had to protect me at the same time. And I think protecting me, I think that she just felt, in a sense, she was also protecting the model of the family. Because once that disclosure came, the model of the family would not ever be the same again.

Susan felt that her daughter had been even more constrained to disclose because Susan was a single mother. She believed that her daughter felt more entrapped by the fact that there was only one parent to rely upon; if Susan could not emotionally manage the situation then the whole family would collapse. Susan used the word “blackmailed” in her description of this below. I do not believe that Susan meant that there was intimidation or extortion from someone else causing this sense of entrapment for her daughter but rather the fact that her daughter felt compelled to protect the family made her feel helpless to say anything:
SUSAN: And then there is a second thing — she punishes me because she had to protect me. If she didn’t protect me, I was a single mother with these four children. Everything depended upon me. She couldn’t do anything to destabilise the family unit as there was no one else. Their whole livelihood depended upon me. I think in a way, she feels that she was blackmailed into protecting me.

Susan also identified the conflicting nature of the beliefs of her daughter; that her mother clearly did not know but that her mother must have known as she “is all knowing.” This is perhaps similar to the white and the black witch metaphor provided by Lynnette:

SUSAN: Whenever I try to defend myself (now) it is useless because it is like I am the all knowing mother. I must have known. And probably that is the worse thing ... I said to her a couple of times — “How could this have happened under my nose?” She said that, “Mum he was so cunning. He used to take me out into the long grass at the back” – a vacant block with long grass – I kept them in my sights all the time because of the social problems of the area ... They were very well supervised children. I was always home after school.

This overriding belief that their mother must have known as their mother has always been attuned to them and recognised all their problems is a dynamic that has been identified in IGSA (Miller & Dwyer, 1997). Its occurrence in SSA is also powerful and interferes in the important relationships between a mother and abused daughter. As Susan identified, her daughter knew in her adult mind that her mother did not know — that her brother “was cunning” — but she had the expectation that her mother would surely know due to the attuned relationship that she had always enjoyed with her mother. Susan (a helping professional) believed from these abuse experiences that her daughter had had multiple abandonment experiences each time she was assaulted, she felt abandoned by her mother:

SUSAN: she feels abandoned. She believes, I think that she has experienced multiple abandonment’s from me – probably hundreds, things that I didn’t know about but she holds me totally responsible for.

She can’t tell me the details of the abuse.

As described in Chapter 4, many of the daughters felt unable to tell their parents the details of the sexual assaults. Even mothers who understood the importance of bearing witness to the trauma that their daughter was subjected to were aware that their daughters were often unable to disclose the full details of the assaults. These mothers
tended to believe that this was linked to their daughter wanting to protect them from emotional pain. Susan recognised that her daughter picked up her distress and continued to protect her even ten years after the disclosure. Susan felt angry with herself because she could not hide her distress from her daughter and so her daughter clammed up and became angry:

SUSAN: *I think (the anger) was because she wanted to tell me and she couldn’t tell me. Because we’d been so extraordinarily close, she protected me – and she is still protecting me. That is why I have not heard all the details. Well, I have heard very few details – I do not know if there was coercion at all ... And even now she can see the expression on my face – Is it because I am a weak woman? Or is it because I have invested so much of my life, my being, into this family, that I can’t hear to hear that what I thought was happening was totally different to the reality? I have all of this love, all of this sacrifice, this care, this giving, wasn’t enough ... she said to me recently, just almost in a throw away line, “He knew exactly what he was doing, Mum, because he always wore condoms.” And then she saw the expression on my face. I wish I wasn’t so distressed about this. I wish I could have a blank expression. But I just can’t do it. It is like my worst nightmare.*

This experience of Susan showed how the closeness of their relationship actually constrained her daughter from telling her the details. Susan and her daughter could read each other well and felt each other’s pain: that is, the attunement goes both ways. The knowledge of the pain she inflicted upon her mother clearly stopped this daughter talking. It was the great connection and love that this mother and daughter had for each other that also interfered in the mother and her daughter processing and managing the situation.

**Anger: “I am on tenterhooks that she will attack – it is like being with a venomous snake.”**

Many parents were not disconnected from their daughters, but had a different quality of relationship with them as a result of the protection from their daughter and their daughters’ consequential anger. They reported that they had lost the essence of the relationship with their daughter and that their daughter was perpetually angry with them. Many parents said that they “walked on egg shells” around their daughter:

BARBARA: *And she shuts you out so quickly at times. And you are so grateful when she lets you in a little bit because she has shut me out a lot over the years ... She just closes you out, absolutely closes you out and then occasionally now she will let you in a little bit. Yeah. It’s like “Don’t upset the applecart; things*
are going a bit ok so don’t say too much or she will just shut you out again”. And she does that. She just literally and physically shuts you out.

IRENE: And even now with (my second abused daughter) if I say anything slightly negative, that’s negative about what she might be doing, she gets really sensitive about it, so – I’ll say something – I think – “God, I shouldn’t have said that,” you know ... I have to watch everything I say with her now, because she takes it negatively. Like (with another daughter who has not been abused) I have no problem like in that way with her at all. (With my two abused daughters) – you can see their hair standing on end and I have to back off.

Susan had the most difficult relationship with her daughter. She described that on one hand her daughter both idealised her and worshipped her. However, on the other hand, whenever they spent time together it was inevitable that there would be a violent verbal assault from her daughter:

SUSAN: I am on tenterhooks because I know that she will attack – this is a terrible thing to say about your daughter. But it is like being with a venomous snake – you don’t know when it is going to strike ... suddenly there will be this vicious attack and she will just tear strips off me – usually until I start to cry. And then she will say, “Oh, there you go again!” and be totally denigratory ... I kept thinking that if I let her ventilate enough, it'll get it out of her system and she will be alright. So I was just prepared to be the whipping boy ... she said to me once, “Mum, you are my heroine. I don’t know anyone else like you. I just want to be like you.” ... We’ve just been so close. So I think that there is almost this idealised love — but the ferociousness of the attacks is just unbelievable.

The splitting that Susan described in her daughter (intense idealised love and intense rage and anger) was also echoed by the experiences of other parents with their daughters and can sometimes lead to abused daughters being diagnosed with Borderline Personality Disorder (Fonagy & Bateman, 2008; Herman & van der Kolk, 1987). Wendy and Frank had a situation where their daughter idealised and smothered her mother but directed her rage toward her father. It was very difficult for both of them to live with this:

WENDY: she’s put me on this pedestal – she’s got me right up here.... (my daughter) has got very clingy to me – like almost suffocating: like to the point where when we’ll be out at the shopping centre and like you’ve got limited time – and I’d say, “Oh, can you go and grab that and I’ll go here?” – “No.” And I go, “(daughter) – why – why won’t you just go over there and like – just over there and get a?” – “No! – you have to come with me.” This is like going on with everything.
FRANK: She’s angry with me over all that’s happened. She’s still super angry at what happened of course, you know, and she needs to vent her anger and she’s not vented it at (her brother) ... she will fly up and say things — a lot of it’s just typical teenager as well. But sometimes it’s a bit beyond that - the anger and the wanting to take me on on every cause. I can say nothing right, do nothing right. Maybe she hasn’t destroyed me as much as she needs to [laughs] she’s still got extra work to do you know. I’m still functioning.

**My daughter is angry at my response to the disclosure.**

Some parents believed that the anger they were experiencing from their daughter was due to their “wrong” reaction or decisions following their daughter’s disclosure. Lynnette could pinpoint her “error” with her daughter: she had not become enraged with her son and immediately banished him from the home. Her daughter could not forgive her for this. It was three years post disclosure at the time of Lynnette’s interview and her daughter was still angry with her for this initial response.

LYNNETTE: She was really angry with me because I did not react the way I was meant to react to the disclosure. Except, I didn’t know what “meant to react” was for her, for her way of thinking. And so, therefore, whatever my response was, it wasn’t good enough. And so I was laden with guilt because not only was I a mother and this had happened under my own roof, then when it had been disclosed ... I didn’t do what (my daughter) expected me to do – which was to become extraordinarily angry and basically throw (my son who had abused) out on the street that night.

Lynnette had a watershed moment when she realized that it was unjust that her daughter was continuing to punish her for her reaction being wrong at the time of the shock of the disclosure. This insight had helped her manage better in her interactions with her daughter and she had taken some control back for herself. Lynnette had stood up to her daughter’s construction that she had acted badly. She now believed that she had acted in the best way that she could in the circumstances. Instead of subjugating her opinions to her daughter, Lynnette reported feeling that she was now honouring her own values and acting with authenticity:

LYNNETTE: *Because I didn’t do that (banish her son at the time of disclosure), it was like a double trauma to (my daughter) and I was guilty again and I was holding that guilt in. And I was trying to process that. I thought, well I can’t give her what she wants. And the more I thought about it, I realised that I have to give her an “authentic mother.” And that means I have to give her what I am capable of and what I can do. And I can never do what she wants me to do. I just got to the point where I had had enough of being guilty for something that I*
could never do. And it was this split second revelation, I thought, hang on, why should I feel guilty for being me? — “Hang on a minute, that is just not fair, you are not being fair to me” — because it was always about how I wasn’t being fair to my daughter … I don’t carry that guilt anymore of not being able to be what she wants … I think the shift came for me when I decided that I needed to be who I was. When I told (my daughter) that you are not being fair, I have done what I can and you cannot tell me to be someone who I am not – that is when the shift changed for me – ok this is who I am and I don’t have to apologise for my own values and my own ethics — I am not going to put up with the bullying anymore.

Similarly, Henry identified that it was important to support your daughter but also not get bullied by your daughter. As a parent, you have to support both children as best you can:

HENRY: I think a lot of victims tend to protest too much, in that they can start making demands of you that aren’t reasonable, and you’ve got to be prepared to make a judgment about that.

Several parents identified that they went into shock at the time of the disclosure. They experienced a numbing of emotions (a PTSD response) when their daughter required an angry and emotionally distressed reaction to fit the seriousness of the disclosure. For instance, Wendy, described, at least initially, in order to provide parenting, care and nurturance in the context of the shock and trauma of the disclosure, she had to numb herself to feelings. In order to help her children, she believed she had to sideline her own feelings and emotional responses. Her daughter, in Chapter Four, indicated that this was a distressing response as she needed rage and emotional distress to validate her experiences:

WENDY: You don’t realise it at the time, you sort of, I suppose you go through a zombie stage where you know ‘OK you are going through this’ and you’re coping with it and you’re dealing with it, but you’re not (coping) emotionally, you’re not really dealing with it yourself, you’re, you’re trying to help the others.

Thus the immediate response of the parent to the disclosure is critically important to their daughters, as has been shown in Chapter Four. The response to the disclosure can give the abused daughter the validation that they need about the seriousness of the assaults. However, sometimes this critical moment does not unfold in the manner the daughter was anticipating. This can cause long term difficulties for the relationship
between parent and child and sometimes put the parent into a difficult bind where they need to assist their son but by doing so, deeply offend and possibly betray their daughter.

**Loss of relationship with daughter:** “It just looked like all the world had daughters and I didn't.”

In the group of parents interviewed, only Gail and Trevor (stepfather to Gail’s daughter) completely lost connection with their abused daughter as a consequence of the disclosure of the sexual abuse when she was aged twelve. Some of the other parents (such as Lynnette and Susan) had reduced connection with their daughters and a different quality of relationship, without total disconnection. The loss of her daughter was devastating for Gail and she had required medication to continue to function:

GAIL: My daughter's gone, like she's gone right. I felt like I couldn't walk down to that school with [youngest child], without — I needed medication — that's why I've got the medication. It just looked like all the world had daughters and I didn't. I just couldn't cope, I - I still have panic attacks off and on, insecurity feelings … it just killed me to see girls, baby daughters and girls...

**Relationship with Son**

HENRY: That son of mine! How could he? How could he end up like this, doing those things? ... You keep going over the nature/nurture thing. And no matter how much people assume that it's genetic or something, or whether the latest discoveries are that it's genetic, it's not much consolation really, even if you believe it.

According to the parents interviewed, most of the sons who had abused showed disturbed behaviour prior to and during their sexually abusive period. There were eight sons of the parents in this research and two had diagnoses of Attention Deficit Hyperactivity Disorder (ADHD) at the time of the SSA, another mother described minor Asperger’s Syndrome symptoms in their son, another son suffered psychosis very young and was an inpatient of a mental health facility at the time the abuse was occurring. Four parents described disturbed behavior in their two sons as a result of bullying at
school. Another mother described a discrete six months of extreme rage and anger from her son which corresponded to the time of the SSA.

The significance of the disturbed behaviour of their sons for the parents was that they had been preoccupied in trying to assist their sons for many years. This, in turn, had impacted upon the family functioning and patterns: as one of the daughters described in Chapter Four, their parents “were consumed” in getting their sons better. These co-morbid problems in abusing sons were consistent with other studies that suggest intrafamilial sexually abusive adolescents were more likely to have Conduct Disorders and other behavioural problems than extrafamilial offenders (Adler & Schutz, 1995; Raymond-McHugh & Nisbet, 2003).

Consequently, at the time of disclosure, parents who were well connected to their children were often acutely attuned to the vulnerability of their son. Their daughters needed them to be angry and to take punitive action to underline the seriousness of the assaults they had endured. However, parents had a history of understanding the difficulties of their son and they sometimes had a strong belief that too harsh a reaction toward their son could destroy him.

“He wants to kills himself.”

Probably the greatest immediate concern that parents had was issues of suicidality in their son following the disclosure. The risk of suicide for a person who has experienced childhood sexual abuse has been shown to be high in many studies (Fullilove, 2009; Mullen & Fleming, 1998; Mullen et al., 1993). However, I could find no reference or research for the risk of suicide in young people who have sexually offended. Despite the lack of research in the area, the risk of suicide of their son may not be ill founded: I unsuccessfully requested to interview a family for this research whose young son did commit suicide when his SSA was disclosed.

At the time of disclosure, though, parents may focus more on their son than their daughter due to the perceived risk of suicide, particularly if they have had a history of being attuned to him due to his high care needs. By contrast, their daughters usually provide only limited information to them about their distress (Welfare, 1998b, Appendix
E). Although the literature does not support this belief, parents frequently hope that following disclosure their abused daughter will feel safe and emotionally relieved (Theriault, Cyr, & Wright, 2003). So, whilst the parents were initially being protected from the full force of the ‘facts’ of the abuse by their daughter’s muted disclosure, they were compelled to focus on their son’s distress and possible suicidality. Yet, this transfer of attention to their son and his needs brought with it the inadvertent alienation of their daughter, and it was this alienation in the earlier stages of the disclosure that set the scene for the sometimes irreconcilable, and I stress again, inadvertent disruption of their relationship and connectedness with their daughter (discussed above).

BARBARA: when I first got that email, I thought he was going to commit suicide to begin with. So it was a case of talk to him. Email him. Making promises to email me constantly before he comes back ... I think that I was more worried that he might do something silly (than anything else initially). And then it was a case of assuring him that I still loved him; that I always will, we’ll get through this.

Even past the initial crisis of disclosure, when their son was supported in therapy and progressing well, several parents reported that the risk of suicide can emerge later as the son accepts accountability and understands his sister’s experiences. Wendy was distressed to learn of the deep feelings of suicidality her son was harbouring despite his great achievements in counselling:

WENDY: I talked to (my abusing son), I asked him how he felt – Then he started spilling all and saying how much he hates himself and he thinks he’s – regards himself as a monster and – and that he’s sick in the head, because no normal person would have done what he did and he said – “I’ve ruined (my sister’s) life and I can never change that for her now” ... he talked about how he wants to kill himself.

The parents in this research appeared to be more focused about the suicide risk of their sons than their sons were. While I could find no research showing a high risk of suicidality in young men who have sexually abused, the emotional connectedness of the parents to this risk with their sons needs to be valued and seriously considered.
Protection of son.

With an awareness of their son’s vulnerability and the history of their son’s problems, many parents were appropriately protective of their sons. Most of the parents interviewed here were able to be protective without disregarding the wrongs that their son had done. Sometimes, particularly in the absence of a full account of their daughter’s experiences, a parent can become too protective of their abusing son: that is, collude with the denial of the abuse and protect their son from taking accountability. Gail lost her connection with her daughter completely at the time of the SSA disclosure and was thus vulnerable to this reaction. In talking about her son’s police interview, she minimised her son’s actions. Her stepdaughters as well as her daughter were victims of her son’s abuse:

GAIL: This was horrendous – My son was terrified – he was in there (with the police) for an hour or two. They did the taping, they had the man and the lady, they had the good cop, bad cop shit. You know – my poor (son), like they ... So forgive me, I'm not saying it was a good thing that anyone should be violated that way, but it wasn't – I mean it's not enough to ruin my son's life, you know, it nearly put me in the mental home, you know.

Complexity of care: Supporting AND confronting son.

Parents’ care of their son who has abused is complex. As the previous two chapters have shown, best recovery for both their son and abused daughter occurred when a parent was able to support AND confront their son. While there were no guidelines available for a parent to know this, many of these parents interviewed were able to recognise this need and managed the difficult balance (Helen and Eric, Wendy and Frank, Irene and Henry, Lynnette).

Helen was a parent that managed this complex task well. She strongly felt that she was the best person to confront their son and did so in a very well managed way. She believed that if her husband had had this initial role, he may have been too harsh with their son. She intuitively knew that she needed to be supportive of her son as well as to confront him strongly:
HELEN: in hindsight I’m very glad I did talk to (confront my abusing son initially) about it – (my husband) has had a talk with my son (since) – I don’t have any problem with that of course but I felt that I had to tell (my son) – I had to break it – because I felt that I would be telling him in a – in a softer way than what (his father) may have done. I was scared that he may have not handled it correctly.

Helen was successful at confronting her son in a way that he could manage. He took responsibility and accountability, something he was unable to do when his sister confronted him several years earlier. Helen’s daughter experienced validation of her experiences by these actions of her mother.

In the next section, I will develop further the issue of accountability and the aspect of intimate justice. Addressing accountability and intimate justice have emerged in this study as central to the complex role required of the parent in managing and caring for both their son and their daughter.

**Justice and accountability: “She wants me to punish him.”**

Some of these parents were aware that punishment or justice were very important for their daughters and that they were expected to enact this. Yet parents needed to balance this need of their daughter against the vulnerability and needs of their son. Some parents believed that the anger they had experienced from their daughters appeared to be related to the issue of their daughters’ perceiving a lack of justice arbitrated by parents in the situation.

It is important to differentiate between “intimate justice” (Jory et al, 1997, Jory & Anderson, 2000) and “legal/public justice.” The crime of SSA is an intimate crime: a severe wrong against a loved person within the family rather than a crime perpetrated by a stranger. The intimate nature of the crime perhaps means that intimate justice rather than public or legal justice is often more important for victims. For instance, as outlined in Chapter Four, many daughters in this study believed that their brothers should suffer the emotional pain of banishment and disconnection from the family for true intimate justice to occur.
Parents were often placed in a difficult bind by their daughters. Lynnette described her daughter’s anger with her for not banishing her son, yet Lynnette was struggling with her son’s suicidality at the time of disclosure:

LYNNETTE: *I was worrying about all of them, not just (my abusing son who was suicidal) but she (my abused daughter) did not want me to worry about him whatsoever. I think she wanted me to just get rid of him, cut him off, excise him from the family, get him out and then we will just get on with our lives. And it didn’t happen ... (my abused daughter) felt that he deserved to be punished and I hadn’t punished him because I hadn’t kicked him out of the house the night of the disclosure.*

Six of the eight sets of parents physically removed their son from any contact with their daughter but the parents kept emotionally connected to their son. One abusing son disconnected from his mother (Susan) when she confronted him and he took two of his other siblings with him, effectively banishing his mother. One family did emotionally and physically disconnect from their son after the disclosure due to their distress about what he had done. This lasted for two years. It seemed to represent a punishment fitting the crime and a sentence of intimate justice. It helped their abused daughter recover. However, these parents were only able to do this as their son was emotionally safe in a relationship with a caring and supportive partner. Eric talks about his daughter’s recovery with this intimate justice:

ERIC: *I gave him the message that I didn’t want to know him for a while. Yeah, not verbally, in a mannerism I suppose and – and not contacting him and – and that sort of thing it was a gentle thing and he got the hint ... I think that (my abused daughter) was surprised that I supported her to the degree that I did and rejected (my abusing son) ... I think it was very important, I mean – I think the recognition on my side was terribly important and may well have swayed (my abused daughter) to a degree, that that was in some degree necessary to not go to the police or do anything like that ... I think if I hadn’t banished (my abusing son), I think I would have mucked (my daughter’s recovery) up.*

In contrast, Trevor wished for legal/public justice for his stepson following the disclosures of his sexual abuse of his sister and two stepsisters (Trevor’s biological daughters). Trevor’s desire for public justice appeared to be driven by his wife’s (Gail) minimisation of her son’s abuse. His wife’s minimisation of the abuse meant that his stepson had completely denied his abusive behaviour and avoided accountability. Trevor did not have the power to obtain intimate justice nor accountability from his
stepson in this situation (only Gail could achieve this) and his only recourse was the legal justice system:

TREVOR: (My abusive stepson) can manipulate (his mother) much more than he can me. I think that he knows that she has doubts about what (my abused stepdaughter) said and he knows that (his mother) is terribly confused by all of this and does not know where to turn and I think that he can play on that. He knows that his mum has got doubts … I hope he is charged and I hope that they look at him and I hope that he learns from this and that is not because I want to get him, it is because he has got to take responsibility for what happened and if he is got to serve some sort of a sentence or pay some sort of fine … then he’ll acknowledge what happened. He will be able to say to the girls that he’s paid his debt, whatever the law decides to be his penalty and that can be the beginning of the possibility of the family being rebuilt … I think that if he is charged it will be the start of healing and that it can be the beginning of reconciliation.

Lynnette described a unique solution found for their family in terms of helping their daughters obtain a sense of justice. The type of justice was neither intimate nor legal. It was a thoughtful plan devised by her older abused daughter to try and address the burden of injustice she was carrying:

LYNNETTE: (My older abused daughter) needed to punish him and she wanted to punish him in a way so that he would think about it every day. Because she thinks that he has got on with his life, he has put it behind him and he does not ever think about it … So she said, “Right. We will have a sentence and he will have to pay money for three years.” I don’t know how they came up with the figures. (My son who abused) was going to be getting married, (my abused daughters) didn’t want it to be so much that it impacted upon (his wife) and their ability to live as a couple, but it needed to be enough so that it wasn’t just a slap over the wrist. So (my son) is paying $100 per week EACH into (my two daughter’s) accounts and an extra $50 a week into a separate account which is called expenses account (to cover the cost of medications and counselling … It is a step in the right direction but I don’t think (my older daughter) will ever be satisfied with justice because for her justice will never happen – but it is something … he has had to pay but it will never stop the fact that it happened in the first place.

This method for gaining some sort of justice is similar to reparation advocated by Madanes (1990). It was not addressing intimate justice overtly in that it was not seeking emotional pain and remorse from the brother (as does Madanes) but it was aimed at constantly reminding her brother that he had harmed his sisters with the goal of achieving ongoing emotional pain as a “sentence.”
Recovery Pathways for Parents: Acceptance and Hopefulness for the Future

This chapter has shown that many parents were thrown into shock, grief and trauma following the disclosure of SSA. The loss of the family integrity, the family history as it was originally constructed and the future family connections and celebrations was overwhelming for most of these parents. There were no guidelines for parents about how to manage following a disclosure but the parents of this study showed that they were usually pre-occupied in assisting their children to recover rather than focusing upon their own trauma. Parents’ recovery appeared to be closely connected to the recovery of their children and sometimes to a way of regaining a sense of family integrity. The relationship of the parents to their children became central to parents’ recovery processes. If their children could recover and regain their life path, then parents could feel hope for the future. Parents indicated that many of them were the focus of their daughters’ anger, possibly because they had not banished their son or punished him enough. They needed to find a way to help and assist both their children without feeling conflicted. While this might seem an impossible task, over half the parents interviewed for this study appeared to manage this process well.

Lynnette, relatively new to the disclosure of SSA in her family, had found a way to move forward and reported that she had commenced integrating the trauma into her life, her view of herself and her family. It is important to emphasise that she had not integrated the family (as many parents attempt) but had integrated the trauma into her constructions of her life. In doing so, she had found a way that she could continue with her life in a meaningful manner. She used the analogy of waves on a shore to describe the repeating trauma hitting her interspersed with quiet and peaceful times. Her wisdom and sense of hopefulness is a positive conclusion to this chapter where there has been so much pain revealed:

LYNETTE: I am just going with the flow and seeing how that works and trying not to let it rule my life. It is a grief process and it never goes away and you kind of learn to deal with it. A wave analogy is really apt: if you are walking along the shore line eventually you will come to a part with rocks on it and the waves are crashing down, and if you go a bit further, then there will be huge waves crashing in, and then you will come to a part where it is nice and
calm and the waves are lapping ... and I think that the waves represent the waves of grief that you go through. It is a sense of being slammed in the face with overwhelming grief. Initially I was on the rocks. When the disclosure happened I was bedridden and cried for 10 days. And it just kept on coming and coming like a storm. But you have to move on. You can’t just stay there — so you keep going — how you process it is very much like a grief. You end up integrating it into your life experience in the same way say, as the death of a loved one — that impacts upon you very heavily at the start, and you’ve got those enduring bonds, they never leave, and there are times when they come up for you more than others, and you know and you have this overwhelming sense of loss. And certainly that is what it is: an overwhelming sense of loss; loss of faith in yourself; loss of faith in your own kids; loss of innocence; loss of what you thought you had but you didn’t really — that is part of the integration process.
Chapter Seven: The Faint Voices of “Other Siblings”

Introduction to Other Siblings

“Other Siblings” were the most difficult group to recruit for this research. Only four other siblings were recruited despite assertive attempts to interview many more. However, the greatest difficulty with this group was not the paucity of participants but the ambiguity of the categorisation, as two of the other siblings (Stephanie and Laura) indicated in their interview that they had also experienced inappropriate sexual behaviour from their brother.

Two of the other siblings (Laura and Rachel) were from the one family and Stephanie was from a family where her parents, sister and brother were also interviewed (she was also interviewed with her partner, Steve, to obtain his perspective). Ron responded to an advertisement for the research from a sexual assault clinic waiting room. None of his other family members were interviewed and he had lost contact with many of them as a result of the SSA.

This is consequently a small chapter in terms of participants but it raised some tricky methodological and theoretical dilemmas. As they had also experienced inappropriate sexual behaviour from their brother, I considered excluding Stephanie and Laura from the research, or including them in the abused sisters’ chapter rather than here. However, their primary experience and identity was as other siblings, and I wanted to respect that aspect of their identity. If I excluded them or re-categorised them, I was concerned at their loss of voice in this role. Stephanie did not identify as a victim as she had successfully repelled a sexual advance from her brother, and Laura had played an important role as a support to her abused sister for twelve years before she had

18 ‘Other siblings’ in this study refers to non-abused siblings. Initially I had capitalised ‘Other Siblings’ throughout this chapter, but on reflection, that capitalisation inadvertently essentialises something about the nature and experience of what it is to be ‘other to’, and a non-abused sibling in a family post disclosure of SSA. I reverted to lower case on the realisation that there are both commonalities and differences in other siblings’ experiences post disclosure and this chapter attempts to capture the diversity of that experience.
recently reported a feeling that she had also been sexually abused by her brother. Laura had no memories or even fragmented memories of this experience but a strong feeling that this was true. I decided to keep both sisters in this chapter and have considered that the ambiguity of this category might actually be an important finding.

I believe that Stephanie and Laura represented two important but different experiences of other siblings. Stephanie repelled a non-coercive sexual advance from her brother. The significance of this to her was that her brother then approached her little sister and successfully groomed her into compliance. Stephanie therefore felt that she had not protected her sister and this probably contributed to her extraordinary care of her sister for ten years. The boundary between normal sibling sexual exploration and sexual abuse became tricky in this example. It is probable that without the subsequent sexual abuse of her sister, Stephanie would not have considered her brother’s behaviour as having crossed a line. However, in the context of her sister’s abuse, this event had a different meaning. Thus, when a disclosure of SSA occurs, other siblings may possibly reconstruct their own experiences with their brother.

Laura had no memories of sexual abuse from her brother. She was deeply distressed, nevertheless, at her sister’s experiences and, even though she and her sister had not been close prior to the disclosure, Laura became the sibling that most supported her sister and who strongly confronted her brother. Laura’s recent feeling that she had been sexually abused by her brother made sense to her because of her obsession with the SSA over the years and involvement with her sister’s situation.

The difficulty in recruitment of other siblings in the family was also an interesting and significant finding. Given that 22 families were represented by this research, the number of potential other siblings from these families was 34 yet only four were willing to be interviewed. This finding is consistent with recruitment experiences reported in a small qualitative study conducted by Holl (2006) who was the only researcher I found who had sought out this group. She initially wished to interview other siblings from SSA families in her study but found that recruitment was too difficult and broadened her scope to include intergenerational sexual abuse (IGSA): it was easier for her to recruit other siblings in IGSA compared to SSA (Holl, 2006).
Table 6 identifies the family details for each of the Other Siblings:

Table 6

*Other Siblings’ Family SSA History and Their Role in Family*

<table>
<thead>
<tr>
<th>Other Siblings (and Partner)</th>
<th>Age of Sister when Abused</th>
<th>Time since Disclosure</th>
<th>Birth Order and Sibling’s Role in family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ron</td>
<td>2 sisters were abused by brother (4th child), 1. 6-13 (5th child) 2. 7-14 (6th child)</td>
<td>More than 20 years</td>
<td>Eldest son of very large family. Parentified and responsible: Father authoritarian but emotionally disconnected from children. Mother depressed.</td>
</tr>
<tr>
<td>Stephanie and Stephanie’s partner, Steve</td>
<td>Sister 10-14 years old when abused by brother (second child)</td>
<td>5 years</td>
<td>Second youngest child of large family and very close to abused sister. Had responsibility of disclosure for ten years before disclosure to parents.</td>
</tr>
<tr>
<td>Laura</td>
<td>Sister was 9 yo when abused by brother (oldest child)</td>
<td>12 years</td>
<td>Third child of large family. Not close to abused sister at time of disclosure.</td>
</tr>
<tr>
<td>Rachel</td>
<td>Sister was 9 yo when abused by brother (oldest child)</td>
<td>12 years</td>
<td>Youngest in large family. Fourteen years old when SSA disclosed. Shared a bedroom with abused sister.</td>
</tr>
</tbody>
</table>

So the voices of other siblings were very faint in this study but this was probably consistent with the reaction of most other siblings when a disclosure of SSA occurs. According to their family members reporting in the preceding chapters, other siblings tended to withdraw from their family at the time when the other family members were all struggling with the disclosure. The small number of other siblings who were willing to be interviewed in this study was therefore not representative of all other siblings. Most of the information we have about other siblings’ experience comes either from ‘indirect accounts’ via other family members or from clinical interviews, but even in this situation they were the family member least likely to attend sessions with a therapist.
This research, too, has had to draw in part from other family members’ accounts of what they thought might be going on for the other siblings in the family. Nevertheless the experiences and perspectives of these few other siblings were informative and shed light on SSA family dynamics.

My clinical experience of working with families following SSA reflects the limited involvement of other siblings in the SSA crisis. My clinical experience has shown that other siblings fall into four categories: the “very connected other siblings” who are strongly aligned with either (1) their abused sister; or (2) abusing brother; and (3) the “very detached other siblings.” The “very connected other siblings,” who were strongly aligned with their abused sister, were usually deeply caught up in the situation, connected to their abused sisters’ position and often took a management or advocate role in the family. They were the only group who became part of the counselling process. The connected other siblings who had aligned with their brother, were usually difficult to engage in the counselling process, but held a lot of power in the family. The third (and majority) group held the other siblings, who were possibly distressed and traumatised by the SSA disclosure, but who were behaving in a very avoidant manner. They tended to ignore and detach from the family and could rarely be engaged in the family counselling. There appeared to be no gender differences in other siblings for each of these categories. It was the pre-existing family dynamics that determined the responses of the other siblings. This research, as discussed in this chapter, also revealed a fourth category of other sibling: (4) pseudo-parental role without authority. This was the position of Ron and will be discussed further.

This chapter reflected the voices of Ron (pseudo-parental role), two “very connected” other siblings (Stephanie and Laura) who were aligned with their abused sisters and Rachel who had withdrawn from and avoided her family for the twelve years following disclosure. Fortunately for this research, she was able to reflect upon her reactions in her interview and her insights are presented throughout this chapter. The category of other sibling who was very connected to their brother who had abused was not represented in this research but was talked about by Stephanie.
Belief and Disbelief for Other Siblings

Three of the four other siblings interviewed believed instantly that the SSA was true when they were told. Some of the explanations for why they had this instant belief related to the *congruence* of the allegations with their view of their abusing brother and in relation to their experience of their family unit. For three of the other siblings, the allegations were consistent with other events that had happened in the family and their experience of their abusing brother.

Awareness of brother’s sexually inappropriate behaviour.

As outlined in the introduction to this chapter, two of these other siblings (Stephanie and Laura) had prior experience or awareness of their brother’s sexually inappropriate behaviour when he was a teenager. Thus the disclosure that their sister had been abused by that brother was *congruent* with their perceptions of their brother or their own experiences of their brother.

Stephanie had retained clear and strong memories of her brother’s inappropriate behaviour: he had approached her with an erect penis and wanted her to touch him. She had successfully repelled him. Thus, the disclosure from her sister was completely congruent with her knowledge of her brother. She described the moment when her sister disclosed to her. This prior knowledge of her brother led Stephanie to guess who the abuser was:

**STEPHANIE:** I forget what she said, but it was like a – a trigger, and we just sort of looked at each other funny. And she made a comment about something like she’d been interfered with or something or she’d been touched or something. And I straight away thought, “Oh, not dad” - only because you’d heard stuff in the news – all of a sudden it started hitting the news about all these fathers abusing their daughters and all this sort of stuff and I thought, “Ooh it’s dad.” And when she said “no,” and she said “Why did you say dad?” and I said, “oh, you know, it’s all in the news.” She said, “Oh no, it wasn’t dad”, and straight away I knew it was (our brother). Straight away ... He was just a sexual person – he was always obsessed with his penis and - he just thought it was the best thing, you know, on the planet ... and some of the things that had happened to me -- that he’d, you know, approached me with certain things.
Stephanie was also the first person disclosed to by her sister and held the secret of the SSA with her sister for ten years. She managed her sister’s distress intensely throughout this time and helped her sister through the process of disclosing to their parents. Plummer (2006) reports that parents are more likely to believe a disclosure if it comes directly from the child rather than a third agent. Similarly, for siblings, the disclosure would presumably carry more authenticity if they were the first person told the secret and experienced the difficulties of the first disclosure. Stephanie was the first person her sister disclosed to and she felt that this also helped ensure she believed her sister.

Laura was different to Stephanie in that she had no memory whatsoever of her own sexual abuse from her brother at the time of the disclosure, nor was she close to her sister who was showing some 'acting out' behaviours in her teenage years. Yet Laura experienced instant belief:

Laura: it was, well it was mum who told me, and I was really, really angry. I think my first word was ‘bastard.’ I don’t remember her exact words, but I can actually picture where we were, like picture being in the lounge room, and where mum was sitting, and where I was, but I can’t remember what she actually said.

Laura also described another event in her family where her brother attempted to absolve his responsibility soon after the disclosure. She had great clarity about the abusive behaviour and confronted her brother strongly:

Laura: I remember another time, and I think this is probably well after (the initial disclosure) – it was me, mum and (my offending brother) talking about it – He said that it was a consensual sexual relationship. This was the conversation that always stuck in my mind; that has always made me just really uneasy ... I pretty much argued pretty forcefully against everything – The conversation ended in me yelling at him, ‘if I ever find out you did anything to me, there’ll be hell to pay,’ and he ran in the bathroom and hid, and I continued yelling. I was very angry. The bathroom had one of those chains on. I was like [laughs] tsh, tsh swishing the chain around. I went nuts. And he ended up going out and, and running away. Like he grabbed his bag and ran out of the house, like a big girl.

Then, twelve years later, just before the time of the research interview, Laura got a feeling that she had also been abused by her brother. She had no explicit memories, flashbacks, intrusions or fragments of memories but a strong feeling that this had happened. Her brother, who owned up to the abuse of her sister, strongly denied any
sexual abuse of her. Thus, while it is impossible to analyse Laura’s experience of SSA from her brother in order to understand her instant belief of her sister’s disclosure, clearly the occurrence assisted her in immediate acceptance of the disclosure and explained the level of anger toward her brother. While she did not have any memories or beliefs about her own abuse at the time of the disclosure, she instantly believed her sister as she still had the congruence around her perception of her brother. Furthermore, her emotional reaction was very strong for a non-involved sibling.

Laura had the uncertainty of not really being entirely sure whether she had been abused by her brother. My clinical experience has shown me that these feelings can be accurate or they can also be inaccurate or targeting the wrong offender. For instance, another sibling I worked with clinically had similar concerns but as her memories became more cogent, she remembered that she had been sexually assaulted by an uncle, not her brother. Laura’s emotional reaction, anger and the strength of her immediate belief suggested that she has experienced something similar to her sister’s trauma and hopefully she will gain knowledge of exactly what this involved over time.

In the same family as Laura, Rachel did not believe the disclosure when she was first told; she did not have the congruence of experience of her brother as did Laura. Her prior experience of and relationship with her brother contributed to this and will be explored in the next section.

**Prior relationship with siblings and view of family.**

Rachel was the last to be told in her family and was the youngest in the family. She could not believe the disclosure when she was told by her abused sister, but had it confirmed by her parents and brother. Her difficulty in belief was based upon two aspects: her constructions about her family being a good family and her relationship with her brother. Firstly, for Rachel, to believe the SSA disclosure meant that her prior constructions about her family were incorrect:

Rachel: So yeah – when she (victimised sister) just told me, no, I didn’t believe her, and I was like – “No, that’s not right.” And I tried to say, “No, no! – it’s not true.” ... Once I realised that I was like the last person she’d told, so once I saw it unfolding like – mum and dad were really distraught and I was
trying to deal with it, and I was like – “Oh shit, this is real.” And then I think I even rang (my brother) and put it on him, and then he admitted it and said it to me as well. So it was, it was that process of it unfolding throughout the whole family … I just couldn’t – I couldn’t fathom it. Like I remember – I remember thinking – I remember always thinking that our family was great. It was a big family, our parents were still together, I got looked after by everyone, I was never picked on … So my perception of the family at that time (prior to disclosure) was that it was a great family … and then to find out that was like – it’s not – I couldn’t really comprehend it…..

The logic shown by Rachel as a fourteen year old: that the family must be bad or dysfunctional if the SSA was true, was common for other family members. Following this logic, the acceptance of the truth of the SSA meant that they would have to reconstruct their view of their family. This greatly inhibited other siblings’ (and some parents’) ability to believe the SSA as their experiences of their families were that they were good, principled and loving not the mythical and stereotypically dysfunctional family type. Their belief about the SSA had to be weighed up against their constructions about their family and often this did not match.

Rachel’s beliefs about her brother were that he was someone who cared for her and played with her. This played an important role in her reactions to the disclosure. The disclosure was incongruent with her experiences of her brother:

RACHEL: I had a lot of really good experiences with (my abusing brother) – like being little and everyone’s doing their own thing, but he would be the one to come and play with me – like read me stories or play cards with me.

Ron also immediately believed his sisters when they disclosed as this new knowledge fitted with his perception of the family dynamics. This congruence for Ron was due to different reasons than for Stephanie and Laura: he recognised that the emotional and physical abuse of his brother from his parents had played a role in the SSA, as had the fact that his brother had been sexually assaulted by a group of peers when he was a child, and that his brother had probably been sexually assaulted by an uncle. Ron did not have any prior knowledge of his brother’s inappropriate sexual behaviours (as did Stephanie and Laura) but he had the awareness that his brother’s quite sad history made him a likely candidate for the sexual abuse disclosed by his sisters:
RON: And of course when [the sexually offending brother] came along he wasn't a little girl to replace the one they lost, he was a boy, so he was discarded (by our mother) ... grandma and grandpa felt really sorry for (my SSA brother) so he spent even more time there than we did. And he was always very, very difficult to handle. But when I look back I remember the beatings he used to cop off dad all the time. And he – dad was ruthlessly (sic) you know, he'd come home from work and mum would say, oh, you know, “(SSA brother) is misbehaving again.” And it would be wow – he (father) would just freak out and just start laying into (SSA brother) with the strap – It was like he hated him ... so we felt sorry for (SSA brother), for what happened to him.

RON: (a group of boys) forced him (my SSA brother) to have oral sex, pushed him in the water, said if you don't suck us off, you can't get back on the boat. So they forced him to have oral sex with them. And when he told us we just thought, “Don't be ridiculous. Who does that sort of thing, you know?” We couldn’t – that was just totally foreign, we’d never heard of such a thing.

Ron had suspicions that his abusing brother was sexually assaulted by their uncle who lived with their grandparents. This uncle had made attempts to sexually abuse Ron but he was able to fight him off. His abusing brother spent more time at these grandparents as a young child compared to the other siblings due to his rejection by his mother:

RON: twice he (my Uncle) broke into the room, late at night (when I was staying at my grandparents) and I woke up to find him on top of me and – and had to fight him off each time. And then another time he – he just came up from behind me and started trying to grope me. So I had to fight him off again at that point ... (My abusing brother) wouldn't have been very old himself at that point (when he began sexually abusing his sister). That's the frightening part, he probably would have been 10 or 11 years old as well – and that's what – and that frightens me to think, “How the heck did he know what to do at that age?” My uncle! That's the first person (I suspected).

Thus Ron had a series of experiences and knowledge about his brother’s life that were congruent with the possibility of his brother sexually abusing his sisters. Ron immediately became an advocate for his sisters in the family when his parents were invalidating their disclosures. However, he had responsibility without authority and power to fully support his sister within the family:

RON: When we decided we'd bring it up to mum and dad – that something needs to be done about (our abusing brother) – dad just said, “Preposterous!” you know. “Absolutely preposterous!” Anyway they got (my abused sister) and
started shouting questions – or Dad started shouting questions at her. And (my sister) got all upset and everything and she said it was true – (our abusing brother) did do things to her, and then (our other abused sister) said, “Yes, things happened also with her.” So we suggested well, maybe we should talk to the police about it. “Oh, no, you can't do that!”...

In summary, belief occurred for other siblings when there was congruency of experience of their abusing brother and congruency of experience of their family dynamics. Stephanie and Laura had congruency due to their awareness of their abusing brother’s sexually inappropriate behaviours; Ron had congruency due to his awareness of his family dynamics and own abuse from his uncle; while Rachel had incongruency with her experience of her brother and her family dynamics.

Prior role of other siblings in the family.

Information provided by sisters, parents and brothers in the previous chapters suggested that the reactions and impact for other siblings at the time of disclosure was connected to their prior family role and family dynamics. Clearly a previous alignment and loyalty to either the abused or abusing sibling would influence other siblings’ reactions to the disclosure. For instance, Stephanie encouraged her abused sister to disclose to the rest of the family with the expectation she would get the support and validation of her experiences that she needed. Stephanie described how her abused sister did receive this acknowledgment from all family members except their oldest sibling. This sister refused to believe the SSA despite belief from all other family members and full acknowledgment from their brother who had abused. This sister had had a prior executive and powerful role in the family which she had shared with her abusing brother. It appeared that her loyalty to her brother and their prior role over-rode all other information:

STEPHANIE: (Our oldest sister) in particular has wiped her hands of it – the main reason for (our oldest sister) is because she’s a female, and I thought she’d understand. And I just did not anticipate at all that – and because she’s such a strong person in my eyes (I thought) that she would stand up for (our abused sister) – her little – her younger sister at the time and I thought – “Stupid me” – I thought that she would go “Oh, that’s terrible – oh my God, you poor thing!” And I reassured (my abused sister) you know, I said to her (our oldest sister) will be just mortified. Of course when (our oldest sister) was told, it was this, “I
Ron was also an oldest child with a role of responsibility in a very large family. However, his situation and response was very different to the sibling described above who supported her brother and denied the abuse. He had a very different role in the family. Like other siblings who were non-believing, he had responsibility in the family system, but he appeared to have much less power and, very significantly, no authority: he did not have an executive role although his siblings looked to him for support. His mother was depressed and withdrawn from the children. His father was emotionally disconnected from the children but took the authoritarian and disciplinarian role. He conveys some of the family dynamics in this quote:

RON: Well when I look at the dynamics of them (parents), they really weren’t ready to handle that sort of situation (such a large family). Dad was a rebel. At home he always did – if there was something to be done wrong, he’d do it wrong ... he was an attention seeker ... he was expelled from a couple of schools for being bit of a lout ... when he was there (in the house) it was only - he was only there for mum. He wasn't there for anyone else. So you know and he was just a strange person that no-one ever really got to know ... when (our baby sister) died, you know, mum never really got over that, she needed help but never got anything. And she was constantly depressed and it seemed like the only time she was happy was when she had a little baby ... Mum never had a voice. Dad spoke for her. So, she'd just sit there nodding and agreeing. And, you know, it was a strange relationship really. She was so dependent on him.

Ron had a supportive role with his younger siblings but did not have power or authority to help them in the SSA situation. He was expected to take responsibility and assist accountability of their brother by his sisters after disclosure but was not able to do this because of his role lacking authority. As he had no authority within the family system, he initially attempted to get the assistance of the family’s church in the matter. This backfired as the church supported his abusing brother and denigrated his two sisters for the abuse. Ron then sought to get police involvement but his father sabotaged these attempts:

RON: We discussed whether we should go to the police or not and there was a raging argument going about it (Ron with his parents). I said well – well let's go talk to the ministers at the church; let's do that then if you're not going to do anything else. Let's at least do something there. And so that was a pretty bad
decision when I look back on it – but I felt it was dad's call, not our call to do this ... They (the church elders) told (my sisters) off for having been seductive towards (my brother), and they said (my brother's) been through an awful lot here, he really needs a lot of attention ... (my sisters were) devastated. Devastated ... So they didn't want to talk about it after that ... my two sisters were very angry that I didn't do anything for them back then – that I didn't take it further – over-ride mum and dad and – and do that for them. And I thought well yeah that's – that's true. But they weren't angry with (my other non-abusing brother), they were just angry with me, I suppose because I'm the oldest ... eventually they (my two sisters) actually came around to that (providing police statements about their SSA from their brother). They thought, “yeah that – that's probably not a bad idea.” But dad got into their ears again and said you know you're bringing such shame onto your mother by coming forward like that. (Ron) has no respect for the family in any shape or form, he's just discrediting us.

Thus the prior role and relationships of other siblings in the family contributed to how they responded to the disclosure. A prior strong and powerful alliance with the abusing brother suggested that they would discount the SSA experiences of their abused sisters. However, if they had been advocates for their younger siblings within a family system where none of the children have had any power (such as for Ron), they were more likely to validate and provide a supportive and advocacy role for their abused siblings.

Power and patriarchal family systems have an important function in the analysis of prior role. The analysis of power in IGSA is recognised as critical (James & MacKinnon, 1990) but it appeared to have a different form in SSA families. In IGSA, power usually resides with the abusing parent. In SSA, power can reside in selected siblings, both abusing and non-abusing. Clearly each family system is unique and needs to be understood for clinical intervention. Notably this research suggested that when the locus of power resided with other siblings, it impacted upon their reactions to the SSA, their influence on parents, and the recovery of all other family members.

The following sections will look at other factors in addition to prior role that influenced the responses and experiences of other siblings when a disclosure of SSA occurred in their family.
Impact for Other Siblings

Shock and shame.

When there was incongruence of experience, Rachel described the experience of the disclosure as involving great shock. She appeared to have an avoidant reaction and this was what she was trying to convey:

RACHEL: I wouldn’t say it shattered [me], I was just shocked, so that’s probably why I couldn’t believe it (the SSA) … it didn’t hit me I’d say – it wouldn’t hit me for years actually – even, yeah, up until more recently when it hit me….

When the disclosure was congruent for the other siblings, it was less shocking but often involved great shame about their family and indirectly about themselves. Stephanie’s partner, Steve, who was also interviewed, made some observations and comments about the family and the shameful element of the impact upon his wife. This family, like many of the others interviewed, was revered in the community and amongst their friends because they were such a successful family. According to Steve, the family had an identity as a wholesome, happy, loving and well functioning family. The children had all grown up and done well in their professional lives, married good partners and produced good grandchildren. They had all stayed close and connected. The “tarnishing” of the family had had an impact on all members:

STEVE: But I think another aspect, I think more so too it’s, it’s shame and guilt and that’s a terrible aspersion to be placed on a family, especially when they’re considered to be you know, exemplary. And all of a sudden it’s a stigma. And it’s really got, she (my wife, Stephanie) hasn’t caused it but she’s been tarnished with it.

The experience for Steve was shock, as the disclosure was incongruent to his view of the family. His wife had never told him about the attempted sexual abuses from her brother and he had no pre-existing ideas about the abusing brother or family that would have suggested this could have occurred:

STEVE: It’s been really painful and it’s been – probably in the first instance when I was first told I – I was shocked. Um, and you know, you only saw those sort of things on movies or read them in papers – you weren’t directly related to those sort of things. And also like (Stephanie) says, the family was – they were like “The Walton’s,” you know, this perfect family … I didn’t know how – how to
react because I – I guess even though I’m part of the family I’m still, um, detached. I could see (Stephanie) falling apart and that in turn was impacting on us you know, I mean obviously there were other problems there, but it just – basically it was – it snowballed ... (Stephanie) suffered from post-natal depression twice – you know, as well as dealing with this.

**Disconnection and change of family structure and identity.**

Rachel experienced trauma, shock and a re-visioning of her view of her family following the disclosure of SSA. This appeared to trigger her disconnection from the family when she was only 14 years old. It was not that she was neglected in the aftermath of the disclosure but she felt she needed to withdraw in order to continue functioning. She then attempted to attach with other “adopted” families to get her intimacy needs met:

RACHEL: I had a boyfriend and that was it. I was with him for about three years. I basically backed out of the family – found someone else to be close to. So I pretty much lived like that. That was a big cycle – I went from long relationship to long relationship to long relationship. I always had another family, so I just stayed right away from everyone ... I’ve experienced that sometimes I can deal with it, and sometimes I can’t. So sometimes I can spend time with my family, and that’s OK, but sometimes I can’t. And it’s all to do with where I’m at in life, and how much I can handle.

Stephanie did not lose her family but the structure and identity of the family had changed since the disclosure. Stephanie believed that her family was solid and caring enough to manage the disclosure. Since she supported her sister to disclose, her parents had acted in supportive and caring ways. However, a split occurred in the sibling group due, in Stephanie’s view, to the reaction of their oldest sister to the disclosure:

STEPHANIE: I was convinced that we had a stable enough family to, you know, support (my abused sister) and everything would work out ... I just don’t see (my oldest sister) anymore. As far as I’m concerned it’s not (my abused sister) who’s polarised the family, it’s my (oldest sister) – through her lack of acceptance, her lack of warmth, her lack of support, her lack of contact.

Laura also experienced a loss of family integrity. The family irrevocably changed following the SSA disclosure:
LAURA: *I think one part of it is the loss of a sense of your family. Like you think it’s one thing and then you find out it’s something else.*

Like parents, the loss of the family ideal and the family integrity had a profound effect on other siblings. Some of these siblings were able to integrate the changes into their lives whilst still experiencing grief and loss. Some siblings, such as Rachel, could not do this and so avoided and disconnected from their families.

**Burden of care.**

Some other siblings felt strongly connected to their abused sibling and took on an advocacy role for that sibling within the family. Often these siblings took a great proportion of the care and nurturance of their abused sibling and suffered the stress of this burden. Holl (2006) found that often a sibling was assigned the burden of care for the abused person in their family. This was particularly true for Ron and Stephanie in this study. Stephanie knew about the abuse for ten years before she convinced her sister to tell their parents. Part of this enforced secrecy meant that Stephanie did not have permission to tell her husband and was locked into an intense support role in caring for her sister that was impacting upon her family of creation:

STEPHANIE: *I sort of thought, “God you know, it’s not like it did happen to me directly, like it did happen directly to her, but it’s like I’ve been the one who’s sort of copped all of her reactions” … And I tried to convince her (to disclose to others in the family) … I started saying to her, “Look you need to tell the rest of the family,” and I thought you know, I can’t own this all by myself, so you know they (our parents) need to know to share the load … Because after a while it got very heavy for me to handle and I thought I can’t do all of this … I was in the process of having my family, so it was this – I mean I was up with babies of a night and I’d be on the phone to (my sister) crying at eleven o’clock at night. So it was a huge burden for me … sometimes I just say, “(Sister’s name), just shut up! Just settle down and stop being so ridiculous.” So the demands haven’t shifted (coming from the abused sister) but they have now been shared between mum and I (since disclosure to the rest of the family). But that has allowed me to give more attention to my family, but then mum’s demands have gone up…*

**Taking sides.**

LAURA: *it’s one of those things that you’re damned if you do, damned if you don’t I think. It sums up the situation for me, because how do you? — there’s no guidebook, and there’s no right answer, so how do you know how to respond and how to deal with it?*
Many of the other siblings felt they had to take a position either supporting their sister or supporting their brother. Their prior roles in the family provided the blueprint to their loyalty patterns, and the long-standing family rules and ethics guided their decision making. In many families, the rules required letting the involved siblings sort it out for themselves, or showing equal support to their abused sister and abusing brother. However, this didn’t always work for these siblings in that, while these rules work in less serious transgressions, they are difficult to apply in a SSA situation. It is possible that this loyalty conflict and confusion about support of their siblings has contributed to the large numbers of other siblings who had disconnected from the situation: it was perhaps too difficult for them to do anything else.

Rachel explains her particular dilemma. She does not demonise her brother in the manner of her abused sisters. She wants to support both her sisters and her brother. However, she finds it difficult to remain loyal to her sisters without coming to see her brother in the way that they do. She disagrees with their views of their brother, but she has more loyalty to her sisters than her brother and is careful not to upset her sisters:

RACHEL: With (my offending brother) I make an effort, because I feel sorry for him, so I don’t want to completely cut him out – I’ll still acknowledge him, whereas (my two abused sisters) completely cut him out. Like now (the offending brother) is the arsehole in the family, and I don’t, I don’t feel about (my brother) the same way that (my two sisters) do – but I don’t want to do anything that will upset [my abused sisters] – I tend to try and be more loyal to them.

Rachel’s positioning between her sisters and brother was very delicate and she appeared to have found a way to manage this. However, it was probably very difficult and seemingly impossible for other siblings who may have permanently disconnected from the family as they could not manage this.

**Differences in View of Accountability and Justice**

The four siblings interviewed for this chapter all held different views of appropriate accountability and justice in relation to their offending brother. The sisters who were very connected to their abused sister and who had experienced attempts of sexual abuse from their brother were the harshest about justice and accountability from their brother. Not surprisingly, they took the same positions as their abused sisters. As
shown in Chapter Four, most abused sisters could not envisage reconciliation and felt that their parents should banish their brother from the family due to the severity of the transgression. For instance, Laura (now getting the feeling that she had also been abused) expressed the position that reconciliation was just not possible as the harm and wrongdoing had been so great. Her parents were hoping for reconciliation and this was interpreted by Laura that her parents were “taking the side” of her abusing brother. She believed that total expulsion of her brother from the family was more appropriate, and for her parents to contemplate reconciliation was the same as them taking their brother’s side:

LAURA: there are no right answers for my parents but if I was really, really honest, I often think, “Why did they have anything to do with him? – Why don’t they just cut him off?” But I know that won’t happen. Because they have said – dad said it a while ago – that he’d like to see a reconciliation before he dies. Now since then mum’s brother died last year – since then, she’s mentioned something about, you know, with her brother dying and everything, how awful – awful it would be if you know, (our abusing brother) died and it hadn’t been resolved – that’s the thing, and I think when I hear things like that – maybe my way of thinking is that you’re either – black and white – you’re either with us, or you’re for one or the other – but you can’t be both.

Stephanie was also very disappointed about the lack of accountability of her abusing brother. She perceived that he was less accountable than did her abused sister. Her abused sister witnessed the remorse and distress of her brother and felt some relief from the anguish of abuse. However, Stephanie, perhaps taking over some of the anguish of abuse from her sister, blamed the patriarchal family system for letting their brother get away with his abusing behaviour and other wrongs. She considered that her brother had always tested the boundaries and escaped consequences. She believed that the punishment of emotional banishment would not work for him as she had observed a pattern where he removed himself from the family for several years at a time when it suited him. When the issue had been forgotten, he returned with a response of great joy and welcome from the rest of the family; “the prodigal son’ returning:

STEPHANIE: I thought – I thought that (my family members) who had the balls – the guts – to stand up for someone they care about, and to stand up against evil, and there’s s-such a strong sense of justice in our family. Um I thought they would help. Um but they wiped their hands of it. And that’s been devastating to me ... there has been an element of [my abusing brother] shedding responsibility – That, you know, if there’s a problem in the family we’ll just stay away until it’s all sorted out, you know. Because it’ll sort it- itself out and we just won’t talk
about it because that way it won’t be there. You think, “well it doesn’t solve the problem but, you know, if we don’t talk about it” ... so (offending brother is) definitely the escape artist in our family – he just steps out of the circle any time when he feels like it ... he has demonstrated a sense of commitment to a short term problem solving episode – “It’s OK if we have the [confrontative] meeting and then I don’t know till next time, maybe five years’ time, if it raises its ugly head again and we’ll disappear” ... he definitely needs to be held far more accountable ... [Our abusing brother] has pretty much been – he played a huge role during those tumultuous years where he just ended up living a life of his own – he got used to that independence and then when [our oldest sister] had children she’d invite him to – you know baptisms and all these things - and he wouldn’t turn up. And one particular time he did turn up – it was oh, you know, the prodigal son returns.

Ron was more equally divided, than any of the other siblings interviewed, in loyalty and compassion between his abused and abusing siblings. As identified earlier, Ron’s role was probably more the role of a good parent (he tried to validate the abuse and support the abusing brother to confront and move to accountability). However, differently to a parent, Ron did not have any authority within the family to enact this role. He had been the only family member to stand up to his brother’s sexual abusing but he also had compassion for his brother due to the treatment he got, as was evidenced in his quote on page 227. Ron certainly believed that there needed to be accountability for his brother and he tried to obtain this for his sisters. As discussed above, when he got no support from his parents and had no authority in his role to obtain accountability, he went to the church elders who blamed his sisters, and finally he went to the police. He was thwarted in all these actions; his brother never took responsibility and, as reported by Ron, went on to abuse many other children (including two of Ron’s children). Nevertheless, Ron had compassion for his brother’s position and probably blamed his parents more than he blamed his brother.

Rachel, the only sibling who disconnected from her family for twelve years, had a different perspective on accountability and justice for her brother who abused. Her brother identified that he was fourteen years old when he abused while Rachel initially thought of him as eleven years old in her interview. She corrected this to a little older; perhaps indicating her strong need to think of him as just a child. She was concerned that her sisters and parents were holding her abusing brother responsible and accountable as if he were an adult. She thought that there should be a difference between the
treatment of a child compared to an adult with sexually offending behaviour; and the harshness of the rest of her family towards her brother was unreasonable given his age. She, more than any others in the family could see the positive side of her brother and cherished good memories of her time as a child with him:

RACHEL: *He was like eleven I think, or no he might have even have been twelve or thirteen – old enough to know better – definitely. I guess I do hold him responsible, but not – not – I don’t know – not in the way that they do – like I don’t – I do think, “OK you did it – you’re old enough to know better – you shouldn’t have done it.” I – that’s about as far as I think about it, but I think it’s too much for me to try and think about too much, because I don’t want – I don’t want to hate him ... am I supposed to just stop loving him now because he’s done this [sniffs]?*

Rachel was the only person interviewed in this research who raised the issue of her sisters’ forgiveness of their brother. (The fact that only one person out of 40 family members interviewed considered forgiveness is surprising.) While she was coming from the position of having good memories of her brother and recognising his worth, she stated her ideas about the benefit of forgiveness or acceptance in response to the release it would provide for her two abused sisters. She stated that her sisters do not need to forgive but they need to let go and find acceptance to heal:

RACHEL: *I think that the fact that (my abused sister), the fact that she still hates (my abusing brother) and wants nothing to do with him – yeah it tells me that there’s a huge part of non-healing happening there, so it’s staying that way, and there’s – there’s no healing happening there, and I mean I wouldn’t even – I wouldn’t even suggest that she think about forgiving him, or that (my other victimised sister) think about forgiving him. I would never say that to them – but – I don’t think they need to forgive him, but they could try and let go of the bad feelings towards him. So they don’t have to become friends with him or anything like that. But it might be helpful for them to just try and accept what’s happened has happened – this is the way it is –what he did was wrong, but as long you’re hating him – as long as you’re feeling these horrible things towards him – you’re carrying that inside you. He's not carrying it – you are.*

The next (and final) chapter will integrate the findings from the different family members outlined in the last four chapters and consider forgiveness, as Rachel believed, as a possible pathway to recovery for abused sisters and other family members.

19 A mother, Helen, talked about her forgiveness of her son but did not venture to consider her daughter’s forgiveness of her brother.
Summary

To conclude, this chapter highlighted the withdrawal and disconnection of many siblings when a disclosure of SSA has occurred in their family. The SSA did not involve them but it impacted upon their life significantly as it often meant the loss of the family unit as they had known it. It appeared that many of these siblings, like Rachel, disconnected from their families following the disclosure. They revised their perception of their family and suffered distress at the loss of the family integrity. Many of these siblings felt they had to take a side in the family disruption and were uncomfortable with this. The siblings’ pre-existing relationships with their abused sisters and brothers shaped their reactions and loyalties.

Depending upon the family dynamics, some siblings had a much more central role following the disclosure. One sibling, Ron, took on the parental role of support for his abused sister and confrontation of the brother who had abused. However, he did not have the power and authority to enact this role effectively in the family. In taking on a more central role, some siblings, like Stephanie, carried an enormous burden of care for their abused sibling.
Chapter Eight: Integration Of The Findings And Clinical Implications For SSA

The last four chapters have shown the perspectives for all family members when there has been a discovery of sibling sexual abuse (SSA). In each of these chapters, study participants' reactions to the discovery were discussed and the steps that were effective for them, or otherwise, around recovery were identified. This study has shown that there was a lot of variability in family members' experiences but that recovery processes for each person tended to be dependent upon the reaction and behaviours of their other family members and the way other family members perceived the abusive behaviour. For instance, important findings from the preceding chapters included that a sister’s recovery is better achieved if she received unconditional validation of the SSA and support from her parents yet she often protected her parents from the emotional distress of the extent of her ordeals so that they did not recognise the severity of her situation. A brother’s recovery is better achieved if his parents took control of the situation, confronted him strongly and supported his journey to accountability and recovery. Parents and other siblings needed to delicately juggle their carer role with their daughter/sister and their son/brother whilst concurrently struggling with their own grief and loss around the family integrity. Other siblings had a high likelihood of disconnecting from the family as a way of coping with the loss of the family unit.

This chapter will offer some theoretical integration and recommendations for treatment approaches taking into account the different perspectives of each family member. It will be emphasised that each family system is unique and that there is diversity in both the etiology of the abusive behaviour and the pathways to recovery. Therefore this chapter is not offering a step by step manualised approach of how to work with SSA but is offering some recommendations that might guide clinicians in assessing these particular families and developing an approach that is specific for their needs.
The next three sections will provide an integrated overview of some of the key theories that emerged in the grounded theory analyses of the previous four chapters. It is hoped that these key theoretical notions in the field of SSA would be helpful for the clinician in assessing and treating SSA families.

**Timing of the Disclosure**

The timing of the disclosure played a big part in the way that recovery occurred and how it impacted upon all family members. Previous research has found that the majority of SSA families do not learn about the SSA within their family until their children are adult. Yet the SSA families that have been involved in most Australian and international research are predominantly families in which disclosure occurred while the children were still young and the abuse was still occurring. According to all available research and this study, these families represent only about 14% to 19.5% of all SSA families (Carlson et al., 2006; Lamb & Newberger, 1989) and it is these families where family dynamics, violence and attachment disruptions have been observed, and from which the theories about family dynamics in SSA (mostly very parent blaming) have arisen (Flanagan & Cox, 2003; Flanagan & Patterson, 1996; Hatch, 2005; O'Brien, 1989; Raymond-McHugh & Nisbet, 2003; Ryan, 1991; Ryan & Lane, 1997; Smith & Israel, 1987; Thornton et al., 2008).

By contrast, this study included participants from SSA families where the abuse was either disclosed when the daughters were adult or the adult daughters still had not disclosed the abuse (only 17.6% of sisters disclosed early in this study) and inadvertently the study appeared to be representative of early, late and non disclosure families. The family dynamics seemed to be very different to the prior studies focusing only on the early disclosure families and the impact on all family members was different if there was a long period before disclosure. This difference has critical implications for therapists working with the family.

In Chapter Four, the sisters in this research nominated four major reasons for their late disclosures or lack of disclosure: 1) that they feared they would lose the relationship with their parents or their family would be damaged if they disclosed; or 2) they were aware of the fragility of their parent who could not withstand the trauma of a
disclosure due to other issues such as mental health problems; or 3) they considered that their parent would not believe them or understand their trauma (perhaps due to the social discourses around SSA); or 4) they chose to emotionally protect a parent with whom they were very close. This latter finding was also a major finding of a qualitative study conducted by Doyle (1996). Similarly to this study, she found that it was those daughters who had a very good relationship and attachment to their parent who were more likely to disclose late or not at all (Doyle, 1996). Late disclosures or non disclosures are clinically concerning as the impact of the trauma becomes greater (Ullman, 2007). Furthermore, ironically, those daughters who were protecting their parent were more likely to lose their relationship with their parent in the process of disclosure. The loss of relationship with a nurturing caregiver also predicts poorer recovery (Esparza, 1993; Spaccarelli & Kim, 1995; Tremblay, Hebert, & Piche, 1999).

Late disclosures were also revealed by the brothers interviewed to be problematic as they had often “forgotten” their past abusive behaviour or at least had relegated their memories into history or different constructions. It appeared to be more difficult for these men to confront their past abusive behaviours and accept accountability when they were leading ethical and healthy lifestyles at the time of discovery. It was also more difficult for the brothers from late disclosure families to integrate their past abusive behaviours into their perception of their own identity. The early disclosure brothers are in a better position as they can rebuild their identity in adolescence as they make changes in their behaviour. That is, they do not have to question their identity constructions like many of the adult brothers managing a late disclosure. These adult brothers go through a process of losing their long standing identity and then reconstructing it.

Parents from late disclosure families were less sure about how to manage the situation. Their children were now adult and should be responsible for their own lives yet the situation required a management and justice response that is more usual for a parent of adolescents. It was more difficult for parents to take the management role of the situation when their children were adults. Yet, in this study, it was this strong management role that appeared to most assist the recovery of both sons and daughters, even when they were adults.
Other siblings were often “protected” from knowing about the sexual abuse in early disclosure families and, in late disclosure families, other siblings were often the forgotten casualties of the fall out from the knowledge: often precipitating a disconnection from their family. Their prior constructions of their family life were challenged and, for many, the pain of the situation was overwhelming.

Thus recovery appeared more difficult or at least different for all family members in late disclosure families compared to early disclosure families. This is counter-intuitive as many late disclosure families were more likely to have had a history of normal attachments and healthy connectedness. However, it appeared that it was these positive attributes of the late disclosure families that both inhibited disclosures and made the interpersonal recovery so difficult. In contrast, according to previous research, it appeared that some early disclosure families might be more likely to harbour disconnection, attachment disorders in their children and possibly have abusive relationships with their children (Flanagan & Cox, 2003; Flanagan & Patterson, 1996; Hatch, 2005; O'Brien, 1989; Raymond-McHugh & Nisbet, 2003; Ryan, 1991; Ryan & Lane, 1997; Thornton et al., 2008). Yet recovery appeared to be better for both the sons and daughters due to their younger age, if these families can be engaged in the therapeutic work.

It must be emphasised that not all early disclosure families suffered from interpersonal disconnection and attachment problems. Indeed, disclosure in one young family of this study occurred due to the strong attunement of the mother to her children and her tenacity in eliciting a disclosure from her daughter who was showing disturbed behaviour. That is, the strong connectedness between parents and children can also facilitate an early disclosure. Nevertheless, being aware of the differences in families around attachment and connectedness is important for a therapist to consider when constructing treatment plans. Different types of families require different treatment approaches for each of their members.
Chapter Eight  
Integration and Therapeutic Recommendations

*Emotional Connectedness and Parental Care for both Sisters and Brothers*

Chapter Two overviewed the available research that considered recovery needs for both sisters and brothers. While the field is very distinct for “victims” and “offenders,” it is remarkable that research in both areas nominates a supportive and connected family carer as the only factor that consistently predicts good recovery for both survivors of childhood sexual abuse (CSA) and for adolescents who have sexually offended (Aspelmeier, Elliott, & Smith, 2007; Borduin, Henggeler, Blaske, & Stein, 1990; Borduin & Schaeffer, 2002; Esparza, 1993). Relational recovery is also emphasised by many systemic workers in the field (Gil, 1996; Miller & Dwyer, 1997; Sheinberg & Fraenkel, 2001). This was also a major finding of this study: that better recovery for daughters and sons was achieved in a relational context. While juggling the needs of both children was difficult for parents, this study revealed there was a major risk for the continuity of emotional connectedness for daughters with their parents following disclosure due to the unique aspects of SSA and despite prior good connectedness. This, in turn, impacted on daughters’ recovery pathways.

Perhaps related to (and confused with) this notion of family connectedness is a dominant discourse in the trauma field around attachment. For both sisters and brothers, the constructions in the field are focused upon their attachment style (secure or insecure). Insecure attachments are perceived as being implicated in the aetiology of the abusive behaviour (Creeden, 2006; Friedrich & Sim, 2006; Hatch, 2005) and implicated in poor recovery for sisters with the development of conditions such as Borderline Personality Disorder (BPD) (Alexander, 1992; Fonagy & Bateman, 2008).

It is noteworthy that the dominant discourse in attachment has major implications for judgments about parental capacities. If a sister or brother is perceived as suffering an insecure attachment, the assumption would be that the parent may be responsible for this and may not have the capability to be emotionally attuned to their child in the process of their recovery from either being abused or being an abuser. Consequently a clinician may not aim for reconnection with a parent who is perceived to lack the capacity for care and nurturance (Alexander, 1992).
Rich (2006) has been a lone voice in recommending caution in using the attachment model as a way of conceptualising behaviours of adolescents who have sexually offended. He points out that there is actually no theory of attachment for adolescents and questions whether the construct being considered is really an elaborate way of looking at social connectedness (Rich, 2006). This criticism could equally apply to the field of CSA survivors. That is, are we looking at attachment disruption or are we looking at emotional disconnection? In this study, I have used the term “emotional connectedness” as I have not done any measurements of attachment per se, but I will discuss some of the issues around attachment disruptions.

Sheinberg and Fraenkel (2001) also emphasise in their book on systemic treatment of incest, that there has been conceptual confusion in the field when family dynamics are assessed after the disclosure of IGSA. The current family dynamics are often perceived as having caused the abusive behaviour rather than perhaps being a consequence of the abusive behaviour. Thus, in SSA, when emotional disconnection between a parent and an abused offspring is observed, a common assumption in many studies is that it was the emotional distance with a parent that left the sister vulnerable to abuse from her brother. This study, consistent with Doyle’s (1996) research, clearly located emotional disconnection as a consequence of the abuse and disclosure rather than the other way around, thus challenging family dysfunction theories.

This study also developed grounded theory around connectedness that was challenging to the dominant discourses in attachment. The interviews from many of these sisters, brothers and their parents suggested that many of the children apparently enjoyed a securely attached childhood and well connected relationship with one or both of their parents.

**Daughter-Parent Connectedness.**

For many daughters of this study, it was the high quality of connectedness between the daughter and her parent that often inhibited her disclosure. Then, for sisters, either the advent of the traumatic experiences (SSA) or time of their impact
(often when a daughter was in their mid teens), or more commonly, the difficulties with their major caregivers' reactions to disclosure, even in adulthood, created a serious emotional disconnection. That is, sometimes it was the process of the disclosure of the daughters and the interactions with their parent that appeared to disrupt their prior good relationships. Many sisters experience abandonment even as an older person or adult as a result of their parent’s reaction. Some of the sisters in this research could qualify for a diagnosis of BPD\textsuperscript{20} due to their affective dysregulatory behaviour, yet their emotional disruptions with their parents did not occur until they were adult: the aetiology of BPD is commonly understood to be due to early attachment disruption (aged 0 to 5 years old) rather than an adult or adolescent attachment disruption (Herman & van der Kolk, 1987; Krawitz & Watson, 2000; van der Kolk et al., 1996).

Doyle (1996) had similar findings in her study of sisters where the initial secure attachment and strong connection with a parent was lost to the daughter as part of the SSA dynamics in the family following disclosure. She attributed the loss of relationship with a parent as being due to the holding of the secret, shame and/or (like this study) the emotional protection of their parents. Additionally, in this study, parents who wished to nurture and support their children described how they were often pushed away due to this later emotional disconnection. Many parents described a great desire to fulfill the role of nurturer and carer with their traumatised child but the emotional disruption disallowed them this role: they attempted to connect to their child but they were pushed away; creating more anger from their daughter and establishing a recursive cycle of disconnection. Daughters, in turn, described that they needed their parents to show strong emotional feelings of distress about their experiences at the time of disclosure and when they did not perceive that this had occurred they felt invalidated and that their parents did not “get it.” This was particularly painful for daughters who had enjoyed a very close relationship with their parent in the past. Other daughters experienced a sense of betrayal from a parent who supported their brother without attending to justice issues (see next section). Some parents of this research believed that their daughters could not forgive them for not knowing that they were being abused at the time and not reacting in the “correct manner” (as defined by their daughters) at the moment of disclosure.

\textsuperscript{20}I prefer the diagnosis of Complex Post Traumatic Stress Disorder (Herman & van der Kolk, 1987) as it captures the interpersonal difficulties and affective dysregulation in combination with the trauma symptoms and the aetiology of the condition. More recently, van der Kolk and colleagues have argued for a separate diagnosis to PTSD: Disorders of Extreme Stress Not Otherwise Stated (DESNOS), to cover the various components of complex trauma (van der Kolk, 2002).
Rowntree (2007) suggests that SSA (as opposed to other childhood sexual abuse trauma) is particularly susceptible to creating more serious symptoms for SSA daughters as our cultural and social lack of awareness about SSA means it is difficult for a parent and others (including therapists) to conceptualise the abuse as serious and not normal childhood sexual exploration. The minimisation of their serious experiences sets up strong feelings of invalidation and anger (Rowntree, 2007). In this study, several of the sisters experienced this minimisation of their experiences from their parents, possibly due to the lack of social and cultural discourse. Three of the interviewed parents also minimised but this appeared to be due to other factors.

The seriousness of the abuse experiences of the daughters in this study has been emphasised throughout and is supported by other research (Cyr et al., 2002). SSA is more likely to involve penetration compared to intergenerational abuse, more likely to involve violence to obtain co-operation and, on average, involves siblings at different developmental stages, with average age gaps of four or five years. Consequently, the trauma symptoms for many of the sisters of this research were severe as studies consistently show a direct correlation with the severity of the abuse and symptomatology (Black, Dubowitz, & Harrington, 1994; Conte & Schuerman, 1987; Mullen, 1993; Ullman, 2007).

Significantly, many daughters have spoken in this study of their inability to discuss the details of their abuse experiences with their parents as they were sensitive to their parents’ pain and distress. Parents in this study have also talked about their difficulties in hearing the details both because of their own distress and because their daughter avoided talking to them about it. This difficulty in talking about the experience of the abuse with their major caregiver appears to also contribute to the development of lack of connectedness in an otherwise good prior relationship.

Brother–Parent Connectedness.

The five sons who had abused who were interviewed in this research also did not identify lack of connectedness with their parent as a problem in their early life nor later after disclosure. In fact, instead, four of the brothers nominated peer disconnection and/or bullying as significant to their abusing behaviour. In addition, the brothers
showed that the support they received from their parents was crucial in helping them face up to their past abusive behaviors and achieve a level of accountability for their abusive behaviour. Surprisingly, post-disclosure, the sons of this study appeared to have fewer difficulties with connectedness with their parents than the daughters who were abused. Possibly the sons that I was able to recruit only belonged to this subgroup. However, as mentioned in the last section, a large body of research from early disclosure families suggests that many other sons may have experienced early attachment disruption (Flanagan & Cox, 2003; Flanagan & Patterson, 1996; Friedrich, 2007; Friedrich & Sim, 2006; Hatch, 2005; O'Brien, 1989; Ryan, 1991, 1999a).

Attachment disruptions are considered by many key workers in the field as a significant risk factor in adolescent sexual abusive behaviour (Bentovim, 2002; Boyd & Bromfield, 2006; Creeden, 2006; Flanagan & Cox, 2003; Friedrich & Sim, 2006; Hatch, 2005; Rich, 2006; Ryan, 1999a; Ryan & Lane, 1997). A secure attachment is important in establishing empathic and sensitive interactions with others, in the development of self esteem and in emotional regulation (Friedrich & Sim, 2006). The lack of development of intimacy skills, social competency and empathy is particularly important in the seeding of adolescent sexually abusive behaviour (Creeden, 2006; Hall & Hirschman, 1991; Lane & Ryan, 2010; Rasmussen, Burton, & Christopherson, 1992; Ryan, 1999b; Ryan & Lane, 1997; Ward, 2003). Creeden (2006) writes that it is the combination of any trauma (prior sexual, physical or other) and a poor attachment history that can predict whether adolescents are likely to sexually abuse.

**Connectedness/Attachment in SSA.**

Thus this study suggested that a secure attachment style was not a stable and fixed entity that is established in the first months of life as initially theorised by Bowlby (1969). Neither the daughters who were abused nor the sons who abused in this study indicated that they had suffered early attachment problems. However, for some this became a problem later in their development. The possibility that a secure attachment style is not fixed and remains vulnerable to serious disruption is also supported by the later work of Bowlby (1973, 1980) and the theories of Crittenden (2000). Crittenden reports that there can be discontinuity of attachment relationships in certain contexts
(Crittenden & Claussen, 2000). Many other studies and theorists also question the assumption of continuity of secure attachment in the context of experiences such as loss, illness or abuse (Belsky, Campbell, Cohn, & Moore, 1996; Grossman, Grossman, & Zimmerman, 1999; Kazlowska & Hanney, 2002; Thompson, 1999; Weinfeld, Stoufe, & Egeland, 2000). They highlight that changes occur as a result of traumatic experiences and as a result of maturation.

An empirical study by Weinfeld et al (2000) is particularly interesting and adds great credibility to the findings of this study. They conducted a longitudinal study on infants through to 19 years old in a high risk population for attachment difficulties (low socioeconomic and single parent families). They thoroughly assessed attachment type using measures and observations with assessors trained by Mary Main. They found that children who started with a clear solid secure attachment did not maintain this over time if they were subjected to trauma or maternal depression in early adolescence. A more recent empirical study looked at changes in attachment security for teenagers between the ages of 16 and 18 years (Allen et al., 2004). They found that while generally the attachment security remained stable, for those adolescents who were emotionally overwhelmed by psychosocial stressors, their level of attachment security was undermined to the extent that they were unable emotionally to get the support from their attachment figure. That is, the emotional dysregulation that occurred for the stressed teenager actually had an impact upon their ability to receive support and care: an empirical finding that supports the qualitative data of this study.

The implications of these findings around emotional connectedness for clinical intervention are significant. Firstly, it cannot be assumed that the current emotional disconnection between a parent and their daughter or son following SSA is an indication of early attachment difficulties. Rather the history of the disconnection needs investigation and understanding. Secondly, the importance of rectifying the disruption or disconnection is critical for establishing a good recovery and needs early clinical focus. Early and well planned therapeutic intervention at the time of disclosure might be able to subvert the extent of potential disruption.

Main is considered a leading authority and ground-breaker in the field of attachment. She identified and established an empirical basis for a fourth attachment style in children: an insecure, disorganised attachment style, (Main, Hesse, & Kaplan, 2005; Main & Solomon, 1986). She was a student and colleague of Mary Ainsworth (Grossman & Grossman, 1999).
Justice

The issue of justice emerged in this study as being strongly desired but very difficult to achieve in a family when SSA has occurred. Sisters were often pre-occupied with justice and the belief that their brothers needed to be punished by parents. Parents, in turn, were shocked and confused about how to manage this situation where there were “no road maps” and where their sons were often adult parents with their own family; parents often focused upon recovery of both children rather than justice. Some brothers considered whether they could ever make amends while some sisters just wanted their brothers emotionally and physically banished from the family as the only level of punishment appropriate. That is, they sought intimate justice (Jory et al, 1997; Jory & Anderson, 2000) rather than public justice as the abuse was an interpersonal betrayal. Parents were aware of their daughter’s need to have their brother expelled but felt responsibility and concern about their son’s recovery, and grief around the loss of the family integrity. Other siblings were situated in different roles depending upon their connectedness to their sister or brother.

Parents take on many roles in rearing their children, one being the arbitrators of justice in sibling bickering or fights. Usually the rules are clear and simple and involve socialising children to care for, learn to share and empathise with others. Children growing up in healthy families do so with a sense of fairness and justice existing around consequences for their behaviours (Grose, 1994, 1996). Thus it was not surprising that abused sisters looked to their parents to arbitrate the consequences and justice when the SSA was disclosed. However, parents often floundered at the time that their daughter wanted them to take charge as they were trying to make sense of what had occurred and construct an understanding for it, and they were overwhelmed by shock and trauma.

In the field of family therapy, Boszormenyi-Nagy is a foremost theorist who has written about issues of justice and fairness in families with his contextual family therapy approach (Boszormenyi-Nagy & Krasner, 1986). He identifies the concept of relational ethics whereby the subjective balance of justice, trustworthiness, loyalty, merit and entitlement between members of a relationship are addressed. Contextual therapy recognises that we all conceptualise a ledger of what is fair in intimate relationships and that this ledger can remain unconsciously intact over many generations. This concept
makes sense of the often overwhelming desire of the abused sister (and sometimes the siblings) for justice to be arbitrated. The theories of Boszormenyi-Nagy and contextual family therapy have been developed by Jory (1998) and Jory and Anderson (2000) in their concept of an *Accountability Axiom* for a person who harms an intimate other.

A clear finding from this research was that, in the well connected families interviewed, there was an overwhelming need felt by the survivor of SSA for their parent to manage the issue of justice. Survivors required acknowledgement and validation of their traumatic experiences from their parents and their other family members, and they needed their parents to ensure accountability of the offender. If this occurred well, intimate justice was usually achieved for abused sisters. However, as parents have reported, some abused daughters could usually not articulate what punishment their parents could incorporate for the crime other than emotional expulsion of their brother from the family, which was generally not acceptable for the parents.

Sheehan (2007) adapted the work of Minow (1998), who has studied large-scale human atrocities such as genocide, to deepen an understanding of justice in family and relational harm. Minow argues that we are propelled by the twin goals of justice and truth when a profound wrong has occurred. In addition, there exists an implicit second set of goals: vengeance and forgiveness. She argues that both vengeance and forgiveness are problematic: vengeance because it can never be satisfied; and forgiveness because it is a substitute for justice (Minow, 1998). She postulates a midway goal between vengeance and forgiveness which she labels as *regulated retribution*. Similarly, in families where a wrong has occurred, Sheehan argues for this application. He emphasises the need to attend to issues of justice and not have justice subjugated by forgiveness (Sheehan, 2007).

In an attempt to find justice and accountability, sometimes, monetary “sentences” were found by the participants and their families in this research. For instance, one brother paid for his sister’s medical bills and another brother was disinherited in the family will. However, usually monetary accountability fell short as the debt can too easily be paid and forgotten. It does not involve an *emotional* payment. For most sisters, an emotional payment is sought but is difficult to find. Probably the punishment most favoured by sisters for their brothers involved expulsion from the family. They felt
that as the crime was an intimate violation, the punishment should logically be an emotional withdrawal and disconnection against the person of their brother. Expulsion or emotional disconnection of the offender from the family was the only consequence that carried true weight for many of these victims. However, most parents understandably could not tolerate such a solution. The parents were often concurrently trying to fix the disturbance of their offender child and enforcing a disconnection from him would only cement the problem. For good reasons parents did not want to disconnect or emotionally expel their offender child, yet by not banishing him they felt they were betraying their abused child.

Sisters in this study most needed intimate justice (Jory et al, 1997) to occur for recovery. That is, the justice needed to occur in an interpersonal manner. The offending involved an interpersonal betrayal and therefore the justice needed to characterise this. Intimate justice, for abused daughters, was best achieved when parents strongly held their sons accountable (see next section). The four sisters (Megan, Alice, Sarah and Kate) that experienced some degree of intimate justice recovered better than sisters who did not get this.

When intimate justice did not occur, some daughters (Robyn, Janice, Margaret and Tamara) turned to legal or public justice means to obtain validation and accountability for their brother. However, in this state and country, the legal system also let them down. Caroline Taylor has analysed the systemic and patriarchal injustice that occurs in our legal systems for father-daughter incest (S. C. Taylor, 2004). This appeared to be similar to the experiences of sexually abused sisters seeking legal action against their brothers. As outlined in Chapter Four, Margaret and Tamara were not successful in even getting their brother charged. Robyn and Janice experienced the invalidation of their experiences through the common legal practice of plea bargaining: reducing the charges to only those times when the brother was defined as a child and removing the more serious, penetrative charges. No brothers were actually imprisoned for their sexual assaults although the brother of Christina and Bronwyn was removed from the home at age 14 years by statutory authorities and placed in residential care (not a youth detention centre). Thus these sisters who did not get intimate justice then suffered broader invalidation of their experiences from our culture and legal systems.
Accountability

The notion of their brother attaining accountability was reported by many family members (including brothers) as being something that needed to occur to support the recovery pathways for the family, the abusing son and the abused sister. This, more than anything, was nominated as an essential aspect of recovery for brothers and addressed the issues of intimate justice for sisters. Accountability was a difficult term to define but, in the way that the family members of this research used it, it included the brother addressing his prior constructions of his abusive behaviour, taking on full responsibility for his past sexual abuse and experiencing victim empathy and emotional distress on behalf of his sister (rather than self pity). It also involved a readiness for justice; to make amends or sacrifice their needs over their sisters’ needs. It required an authentic emotional response from the abusing brother and the experiencing of emotional pain as they recognised the impact of the abuse on their sister and the manner in which they had exploited and harmed their sister. Jenkins (1990, 2006) writes about one aspect of this when he identifies shame as something the brothers need to feel in order to truly face the situation (Jenkins, 2006a). He highlights the enabling aspects of the shaming experience in overall recovery of the brothers.

Jory et al (1997) and Jory and Anderson (1998, 2000) theorise a systemic notion of The Accountability Axiom in addressing a similar dynamic in couple violence (as outlined more fully in Chapter Five and pages 177-8). They have built upon the justice theories of contextual family therapy to develop this axiom (Boszormenyi-Nagy & Krasner, 1986). Perpetrators of violence need to experience the “anguish of accountability”; that is, to truly understand the impact of their actions on their loved ones, and to suffer the great distress that comes with this realisation (Jory & Anderson, 2000, p.330). They label the ongoing pain and distress that the victims experience as “the anguish of abuse”: “the lingering pain and insidious conflict experienced by someone who has been violated and is often referred to as posttraumatic stress disorder” (Jory and Anderson, 2000, p.331).

A possible pathway of recovery for families following SSA comes from adapting Jory and Anderson’s (2000) theory to SSA and integrating it with Jenkins’ (2006) ideas around shame and the lived experiences of the family members of this study. While
Jory’s (1998) interactional frame of understanding is helpful in the area of partner violence, it requires moderation from a dyadic to triadic frame for SSA. Consideration of the triad: the sister, the parents and the brother is needed for SSA as it has strongly emerged in this study that parents are critical in the emotional system and in assisting the process of their son’s acquiring the anguish of accountability. Sometimes a variation occurred when a sibling takes on the role of the parent in this triad due to the emotional absence of a parent.

Many sisters in this study reported that they required an emotional and often distressed reaction from their parents at disclosure. This is somewhat contradictory to the need of many of the same daughters to protect their parents from the emotional pain of disclosure of SSA, but highlighted the complexity of their situation. Once the SSA is disclosed and, if their parent does not show the level of emotional anguish that their daughter was expecting and protecting the parent from, this contributed to the daughter’s feelings of invalidation and maintenance of the anguish of abuse. If the parents experienced the anguish of abuse they reduced it for their daughter.

To continue this process, parents then need to take charge of the situation with their son and enable him to experience the anguish of accountability. This can be difficult for parents to do as they often feel responsible for the occurrence of the SSA (such as Henry and Eric thinking they were to blame for not being better fathers to their sons), and they are at risk themselves of taking on the anguish of accountability rather than wanting their son to feel this. Some sisters (and other siblings) described this as frustrating and invalidating as it does not address the issues with their offending brother. While it is ultimately important for the brothers’ recovery to undergo this process, it is also crucially important for sisters’ recovery as it involves parents taking a relational justice stance.

Some parents constructed a different understanding and meaning for the occurrence of the SSA, and therefore did not consider that punishment or the anguish of accountability was justified for their son. For instance, they might hold the view their son sexually abused due to his own victimisation history; or that they, as parents, had wronged or damaged their child in some way thereby causing the SSA; or that their son had a mental health problem. Thus, while they may understand the trauma of their
abused child, they sometimes did not feel justified in punishing or holding their abusing child accountable in the manner that their abused daughter needed.

Following disclosure, sisters identified that firstly they needed a strong emotional reaction from their parents which gave them a sense of validation and understanding from their parents. However, if their parents remained distressed for too long without addressing the situation with the son, or if the parents took on accountability for the abuse, this was also unhelpful for the sisters’ recovery. This study showed that sons progressed further along the pathway of recovery when their parents had taken this authority position to assist them. When sons were only confronted by their sisters, they seemed to avoid facing up to their actions but when they were confronted by their parents in a way that highlighted the seriousness of their past actions, sons were able to face up to the impact of the abuse and move toward accountability.

In one family involved in this research, for whom I had been their therapist in the past, the process of the brother (Peter) attaining accountability offered a good example of this needing to involve parents as well as his abused sister. Peter was initially confronted by his sister but dismissed the problem as belonging only to his sister. Ten years later, when his sister disclosed to their parents, he was confronted by his mother and then father. This enabled him to fully face up his past actions. His parents suffered the shock and anguish of the abuse and he began to move toward accountability. An additional component several months later that assisted him further with accountability was a confrontative interview (as outlined in Chapter One, p. 3, Miller, 1996; Welfare, 1996, 1998a, Appendix E) with his sister and another sibling. His sister conveyed directly to him the extent of her trauma and anguish. Hearing this from his sister at this time (compared to the first time) when he had now faced up to his past abusive behaviour, meant that he experienced profound shock and pain. He responded in a deeply emotional manner which in turn was emotionally releasing for his sister. He showed a physical response of flushing, sweating and blanching which indicated to her the authenticity of his feelings of distress. His awareness of his sister’s trauma then moved him into a position of total accountability for his past actions. This was a painful and difficult time for him but he integrated his past into the present with relational support from his partner and later his parents.
Justice and accountability were more easily attended to by parents if SSA was disclosed while the children were still young compared to when they were adults. When the children were young, parents felt then that they had the authority to find a punishment and enforce accountability on the brother. When their offender child was a middle aged man, parents understandably felt they had less authority. Nevertheless, this study suggests that despite the age of the offending brother at the time of disclosure, it is better for parents to still fulfill a role of confronting their son and supporting him toward the anguish of accountability.

Sisters’ Anger

Several sisters in this research identified that they struggled with anger. Mostly the anger was directed toward a parent rather than toward their brother. One sister saw it as a positive emotion as it provided energy and propelled her along the recovery pathway. Another sister recognised her anger as destructive and something that had a negative impact upon her couple relationship. The parents of the abused daughters who showed a lot of anger were able to identify the destructive nature of the anger as it blocked intimacy and their care.

The daughters who were most angry had experienced the least validation and acknowledgment for the abuse within their families. This was the case for Alice who had disclosed at the time of the abuse when she was ten years old but did not get the protection and acknowledgment of the rape that had just occurred. Her parents reacted with confusion and avoidance. It was also the case for Julie, who disclosed as an adult, but whose parents denigrated and disbelieved her disclosure. However, there were other daughters who showed anger to their parent but it was due to their parents’ perceived initial, unhelpful reaction to the abuse; even although the parents believed, validated and subsequently showed the anguish of the abuse. Parents spoke in this study of suffering a trauma reaction and going numb when they were told, hence appearing to their daughter to not be appropriately emotionally reacting. Other parents felt they did not react initially with appropriate anguish for their daughters because they were trying to make sense of the situation when there were no cultural discourses in SSA.
The rage and anger shown by many sisters could also be seen as an outcome of the trauma experience. It could be described as part of their affective dysregulation that had arisen as a result of the childhood traumas and attachment disruption. However, as identified in other parts of this research, often the daughters had very good emotional connectedness with their parents before either the advent of the abuse or the disclosure of the abuse. That is, there was no evidence of insecure and poor attachments for many of these sisters prior to their teenage years or disclosure.

Whatever the genesis of the anger, it contributed to the development of a negative recursive cycle around connectedness. Other family members and partners learnt to “tip-toe” around the sister in order to avoid a “blow up.” This then further alienated and disconnected the sister from the people who could most care for her as they did not talk to her about her emotional life. The sister then experienced this fearfulness of her from other family members as further lack of validation and support. A negative recursive cycle of perceived lack of support from her family and anger from the victim was generated. Potentially supportive family members then distanced themselves from the victim. Alice, an exception amongst the sisters, was able to use her anger to enable her mother and brother to fully acknowledge and validate her trauma. When this occurred, her anger ceased.

**Forgiveness**

There has been minimal attention in the child sexual abuse field to issues regarding forgiveness (Davis, 2002; Stone, 2004; Walrond-Skinner, 1998) when it could be considered a relevant concept related to intimate justice (Jory et al, 1997). Forgiveness is defined as “the wilful giving up of resentment in the face of another’s (or others’) considerable injustice, and responding with beneficence to the offender even though that offender has no right to the forgiver’s moral goodness. Forgiveness is an act freely chosen by the forgiver” (Baskin and Enright, 2004, p. 80).

Forgiveness is most commonly associated with theology and religious goals but has been given substantive attention in the general psychological literature in more
recent years as a means of releasing victims from anger and pain (Freedman & Enright, 1996; Thompson et al., 2005). Reducing anger and negative emotion rather than traditional psychological models of managing or expressing anger is the aim of the process of forgiveness (Lin, Enright, Krahn, Mack, & Baskin, 2004). These authors then strongly underline the difference between the construct of forgiveness from condoning and excusing, from reconciliation and from forgetting (Baskin & Enright, 2004).

Stone (2004) identifies three steps toward resolution of a childhood sexual abuse with a family perpetrator: confrontation, accountability and reparation and finally faith and forgiveness. She also identifies that the forgiveness is not about releasing the offender from his accountability but is about releasing the abused person from their anger and pain. Her model requires accountability from the offender before forgiveness can be given. Freedman and Enright (1996) found that incest victims treated with Forgiveness Therapy (FT) had decreased anxiety and depression compared to controls, and increased hopefulness. This model was independent of the level of accountability and responsibility taken by the transgressor. Similarly, Hodgson and Wertheim (2007) summarise three studies (Lebel, 2006; Lin et al., 2004; Thompson et al., 2005) that indicate a person who is able to forgive may find benefit with reduced posttraumatic stress symptoms, anxiety disorders, substance abuse, grief and depression. That is, the act of letting go of their anger, thinking of the transgression in different ways may substantially assist the victim (Hodgson & Wertheim, 2007).

A more relational understanding of forgiveness is offered by Walrond-Skinner, 1998): “Forgiveness allows the indebtedness that is incurred … to be discharged and it enables relationships to be continuously renewed after conflict has occurred, by its restorative impact upon the relationship as a whole” (Walrond-Skinner, 1998, p. 5). James (2007) also strongly identifies that forgiveness is a concept, particularly in the area of childhood sexual abuse and violence that needs to be understood as a systemic concept. She argues that as a recovery goal for the survivor, forgiveness is problematic; forgiveness without responsibility, accountability and remorse from the offender is unacceptable. However, she also notes that if a CSA survivor’s recovery is dependent upon the responses of the offender and the non-offending parents, this places her in a continuing role of subjugation; her ability to recover is dependent upon the offender behaving ethically (James, 2007). Yet the attraction of a concept such as forgiveness is
in its ability to provide the survivor with a pathway to recovery independent of the reactions of her other family members.

Madanes (1990), a family therapist who wrote in relation to SSA, as well as IGSA, strongly underlined that the victim of sexual assault should not be expected to forgive the abusing family member; this is their prerogative. She recommended a ritual for families where the person who has abused gets down on their knees and apologises for the assaults. The person who has abused is also expected to undertake some kind of reparation to indicate their degree of remorse and accountability and to facilitate the recovery of the survivor (Madanes, 1990). That is, forgiveness is only sought when the offender is accepting responsibility and accountability and forgiveness does not subjugate justice (as also argued by Sheehan, 2007).

None of the sisters in this study identified a goal to attain forgiveness toward their brother. However, there still remains a strong clinical and cultural discourse that recovery for a survivor requires the ability to forgive the abuser. This was indicated by an other sibling, Rachel, twelve years post-disclosure, who strongly believed that her sisters could not be free of the trauma unless they were able to forgive their brother. Like many of the writers outlined above, she did not perceive forgiveness as a gift to their brother but as a method for her abused sisters to be released from their trauma and anger.

The emphasis in some of the forgiveness research is to look at the personality features of the victimised person to understand what assists them to get to a position of forgiveness. People who are more able to manage their emotional reactions and process their pain are more able to reach a point of forgiveness (Hodgson & Wertheim, 2007). This suggests that it might be difficult for many SSA survivors to achieve this release as the severity of their experiences often sets up emotional dysregulation in the teenage years and adulthood (Herman & van der Kolk, 1987; Perry, 2006; van der Kolk, 2003). That is, it may well be a difficult position in recovery to achieve for survivors as their emotional and neurological systems have been so severely damaged by the acts of the abuse.
Parents and siblings might be wishing for an act of forgiveness to occur and for the family then to be reunited. That is, they can see that forgiveness provides a pathway to recovery and to reconciliation. The loss of the family integrity is extremely painful for all family members and their drive for a resolution and reconciliation through pathways such as forgiveness needs to be tempered with the position of the abused daughter. As shown in Chapter Six, some parents, such as Eric, became irritated and angry with their abused daughter for not letting go of her anger and rage toward their son. Furthermore, if a clinician too early raises the notion of forgiveness or reconciliation, they may inadvertently invalidate the experiences of the abused sister and support the drive in the family for integrity without restructuring.

In this study, all sisters found it difficult to forgive (or have any compassion for) a brother, if he was not taking responsibility and being accountable, and her trauma was not being validated by other family members; Anger, rather than forgiveness was their response to this degree of invalidation. Even when brothers were accountable, the abused sisters could not generally embrace forgiveness. Sheehan strongly argues that it is justice rather than forgiveness that can emotionally release a victim (Sheehan, 2007). This appeared to be the experience of most of the sisters of this study. For instance, Alice used her anger to achieve intimate justice in the family and she was able to let go of her emotional pain when justice was achieved rather than forgiveness bestowed. Megan was another sister who experienced a strong sense of intimate justice following an early disclosure, and she was able to enjoy a new relationship with her brother. She did not identify that she had forgiven her brother but that she viewed him as a different person now. For both Alice and Megan, family reintegration occurred via the pathway of intimate justice, not the pathway of forgiveness.

**Family Integrity, Grief and Adaptation**

This study has found that disclosure of the SSA almost always precipitated the loss of the family ideal as it had been perceived by family members. A grief reaction usually occurred in relation to this in a way that differed for each family member. The parents and other siblings in this study identified their profound grief around the loss of
their family integrity and their self identity associated with this. Abused sisters expressed grief for the loss of their innocence, the loss of relationships with their family, the constrictions of their life course by the trauma and the loss of their family’s integrity. Brothers also suffered grief at their realisation of their abusive behaviour, the impact that it had on their family and sister and their loss of identity and their role in the family.

Research identifies several different types of grief: normal, anticipated, traumatic, complicated, disenfranchised and ambiguous loss (Worden, 2003). Grief following the disclosure of SSA is complex. It is secret and hidden (thus disenfranchised); it is usually traumatic as it involves the severe harm to one child; and it is ambiguous around the loss of the family as the family members are still present, and to all intents and purposes to an outside observer, able to function in the same way. A major aspect of recovering from a loss is reconnection with others and sharing of the loss through cultural rituals. This is a process identified by many parents as not being available to them following the disclosure of SSA due to the shame and enforced secrecy of the situation.

A traditional and dominant paradigm for grief is a five stage process: denial, anger, bargaining, depression and acceptance (Kubler-Ross, 1989). This has been recently empirically verified but with less emphasis upon the denial and disbelief (Maciejewski, Zhang, Block, & Prigerson, 2007). Maciejewski et al’s study also found that grief processes took about six months for the negative emotions to lessen. However, more recent conceptualisations and studies of the grief process reject this stage model and identify either a task model (Worden, 2003) or a process that involves an oscillation between two processes: loss oriented and restoration oriented (Bonanno, 2009). Worden (2003) identified the tasks of mourning as accepting the reality of the loss; experiencing the pain of the grief; adjusting to the new environment; withdrawing emotional investment in the old bond; and reinvestment in new relationships. An application of Worden’s tasks to SSA underlines the difficulties for all family members to progress in these areas. Family members would often be at different stages of the grieving process and remained stuck at various points in the grieving process due to the ambiguity of the loss.
The oscillation model posits that grief comes in waves rather than stages (Stroebe & Schut, 1999). The grieving individual at times confronts, at other times avoids, the different tasks of grieving. This model proposes that adaptive coping is composed of confrontation-avoidance of loss and restoration stressors (Stroebe & Schut, 1999). The avoidance and denial of the loss and the potential new roles and identities as well as the confrontation are considered necessary and normal in this oscillating cycle. Oscillation is strongly argued by these authors as necessary for optimal adjustment over time (Stroebe & Schut, 1999). Complicated grief reactions are seen as a person either being stuck completely either in the loss orientation or the restoration orientation. Significantly for this study, these authors identify that if a person is also experiencing trauma associated with the loss, the situation is more difficult as the avoidance phase of the losses are affected by the intrusive thoughts from the trauma (Stroebe & Schut, 1999).

Gender differences in managing grief and loss are also indicated with women being predominantly loss and affective oriented and men more likely to be restorative oriented (Stroebe & Schut, 1999). Clinical intervention in managing grief has been found to work best if women are taught to be more restorative in orientation and practical while men are taught to access their feelings (Schut, Stroebe, de Keijser, & van den Bout, 1997). This was indicated in this study with fathers often trying to “fix” the situation and restore the family integrity. It highlights the need for attention to gender differences in parents’ response in clinical intervention for SSA.

Cook and Oltjenbrums (1998) describe the dissynchroney of grief in families and the different coping styles used by family members. This fits with the differences in gender described by Schut et al (1997). When there is dissynchrony of grief, often secondary grief occurs as it can lead to the break down of family or couple relationships (Cook & Oltjenbruns, 1998). This construct explains well the difficulties that some of the parents expressed around their differences in managing the loss of the family and it also stands side by side with the finding of this study of dissynchrony of recovery cycles of different family members. One major example of this is the restorative drive of the parent (often the father) to reunite the family when his daughter continues to need an expulsion of her abusing brother response from her family to underline and validate the severity of her experiences.
The gradual adaptation of the family and all family members to the disclosure of SSA was different for each family in this research. Some families experienced fracturing that seemed insurmountable (due to the dissyncrony of their losses) while other families found a way to restructure that was not ideal but maintained important family connectedness in different ways. As well as dissyncrony of grief processes, difficulties in finding a way to restructure often arose when some family members were predominantly showing a “restorative orientation” or, alternatively, predominantly feeling the “loss orientation.” The oscillation between these different orientations did seem to be helpful for families finding a way to live with the traumatic past but have a constructive future together while the dominance of one orientation blocked change.

**Recommendations for Clinical Intervention**

The findings of this research suggest some guidelines for clinical practice following the disclosure of SSA in a family. The following clinical recommendations have emerged from the data but they also reflect the thirty years of clinical experience I have had in the sexual abuse area and the practice developed by our Sexual Abuse Team at the Bouverie Centre. My perceptions of the issues raised in this study have been formed by this clinical practice and clearly have had an impact upon how I have interpreted and reported the findings of the research. However, equally, the findings from the research have challenged some of my well-entrenched clinical practices and how I think about SSA. I have not highlighted the changes to my clinical practice specifically in this thesis, but the substance of my concluding thoughts about the implications of this research for clinical practice has arisen directly as a result of the research per se.

In addition to the voices of the family members in this research, these recommendations involve the use of several lenses or theoretical frameworks. Firstly a systemic and ecological lens is recommended as an overall organising lens. The theories of attachment, trauma, neurobiology and feminism are also utilised in the construction of

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22 I wish to acknowledge the work of Pam Rycroft, Sandra Griffin, Dr Jenny Dwyer, Robyn Miller, Dr Simon Bridge, Dr Karen Sutherland, Dr Eleanor McDonald and Robyn Elliot.
these recommendations. In addition, frameworks of understanding from the usually separate field for adolescent sexual offending (involving several therapeutic approaches) are incorporated into these recommendations.

In many ways, this section was more difficult to write than I expected due to the heterogeneity of families who have experienced SSA and the danger of generalisation. More than following specific recommendations, the role of the clinician is to understand and assess each family they encounter and plan the best approach for that family. The themes that need particular attention in this assessment are those indicated throughout the thesis around emotional connectedness of the daughter and son to the parents, the life cycle stage of the disclosure, issues of justice and accountability, validation and understanding of the abuse experiences and grief and loss of family integrity that can constrain effective actions in other family members. So, herewith are some concluding thoughts about clinical practice.

1. **An Integrative Systemic Approach.**

When possible, this study strongly suggests that all family members be engaged in an integrative way in the process of recovery no matter what stage of the life cycle for the family. It is usually either the abused sister or the abusing adolescent who presents to therapy. However, the recovery of both the sister and brother is dependent upon family responses and this study has shown that it is optimal to involve the parents and other family members in the therapy in order to address this central interactional aspect of recovery. Even when the brothers and sisters are adult and have their own families, the involvement of the family of origin still appears critical. Partners of the sisters and brothers might also be important to involve as they may provide or supplement the primary supportive and nurturing role for the sister or brother in the unfolding traumatic family events.

An integrative approach does not mean that the whole family need be seen together. In fact, the initial stages require careful individual work with each family member to understand their experiences and constructs about the SSA, to begin to articulate and process their trauma and to understand the family system.
and power. However, this individual work needs to be connected: preferably with the same therapist or a team. Information from one family member can be explored with another whilst maintaining each family member's confidentiality. In addition, emotional and physical safety of the abused person needs to be prioritised in this process.

Viewing these issues through a feminist lens, which emphasises the importance of being aware of power differentials, some therapists consider it unwise to see both the abused person and the abusing family member. This is because it may not create a safe space for therapeutic work with the traumatised person. Consequently, the advantage of an integrative approach needs to be weighed up against the possibility of harm to or distress of the traumatised family member. The advantages of integrating the therapeutic work of the abusing brother with the rest of the family are great but the idiosyncratic features of each family need to be understood to ascertain whether this is emotionally and physically safe for the abused sister.

This study has shown me that not all families have the capacity for this integrative type of work. The stories of some of the sisters in this research reveal that their families are so hostile or so immersed in denial or avoidance, that attempts to involve them therapeutically have met with failure. Some families can be partially involved rather than all family members included.

2. Engaging Parents: psycho-education, understanding their constructions, and encouraging a prompt and directive approach.

If an integrative approach is to be used, then parents need to be engaged in the process of the therapy as early as possible. A clinician has more leverage at the time of crisis of the disclosure as the parents’ constructions about the situation are usually not formed. The earlier in the disclosure process that therapeutic intervention is attempted, the better the outcomes might be in engaging the parents and other family members.
As has emerged in this study, parents are critically important to the recovery of both their daughter and son but they are also usually struggling with their own traumatisation, grief and confusion. They need non-blaming support from the therapist and a space to create a framework for understanding the SSA with psycho-education and guidance from a therapist. It is inevitably confusing and distressing to a parent to try to understand the significance of the SSA as abuse rather than as normal childhood exploration. In the early crisis stage of the disclosure, parents can often benefit from direct advice about how to manage the situation. For instance, parents can learn how important it is for them to take on the management in confronting their son and in guiding him toward accountability even when their children are adults. It can also be helpful for parents to know that it is preferable for their daughter to witness parents’ distress and grief about the situation rather than protect her from this: as it helps her experiences.

If parents are having trouble validating the seriousness of the situation, this can be an important forum for the therapist to explore why they do not believe their daughter or appreciate the seriousness of the situation to their daughter. Cultural discourses around SSA or transgenerational legacies may be involved here. At the same time, the therapist needs to be sensitive to the parents' concerns about their son and fears of his suicidality.

In the early stages of the disclosure, parents are often divided between assisting their daughter and assisting their son. As previous research of mine has shown (Welfare, 1998b, Appendix E), parents are initially more likely to focus their care upon their abusive son as they perceive that he is more in need of their help. Parents often erroneously believe that their daughter is psychologically safe once she has made the disclosure as they do not usually understand the nature of complex trauma. Thus early intervention from a therapist may need to help a parent focus more on the needs of their daughter.

Most therapists shy away from direct advice giving, but in the early stages, this can be invaluable for a parent struggling with the issues. I think that there is a parallel process whereby parents who are directive and manage the
situation seem to help their children the most. Similarly, therapists need to provide information and offer directions in the early stages of this work.

3. **Facilitate Information Exchange between Daughters and Parents**.

   This study has emphasised that many daughters protect their parents from the knowledge of the SSA and/or from the details or seriousness of the situation. They are close to their parents and don’t want them to suffer the emotional pain of this knowledge. However, this protective action from a daughter (and often the concurrent avoidance from a parent) sets off a negative interaction that can lead to a disruption of connectedness (or attachment insecurity).

   In order to prevent this outcome, it is suggested that the daughters be helped and encouraged to talk about the extent of the abuse to their parents and parents be helped to hear this: preferably with therapeutic support in this process. Parents need to “bear witness” to the trauma of their daughter in order to truly understand and validate her experience. This research has shown that this process, which is painful for parents and daughters who are emotionally close, is important for daughters to witness their parents’ distress. Without this emotional distress, the validation of their experiences appear to lack heart and perceived authenticity.

   The timing of this should be as early as possible after disclosure but it can be difficult for a daughter who is trying to create a narrative of her abusive experiences and suffering the shame and embarrassment of the situation. Parents also need to be ready to hear. As many parents have indicated, they often become numb for many weeks after disclosure and may not show the emotional reaction their daughters need. The therapist needs to find the optimal time when parents are open to the information and daughters are able to convey it.
4. Protecting or Rectifying the Connectedness of the daughter to her parents.

As this study has repeatedly shown from the different perspectives of all family members, the connectedness of the daughter to her parents, despite good prior attachment security and connectedness becomes very vulnerable to disruption following disclosure. Thus from the beginning of family intervention, this relationship needs vigilant therapeutic attention and protection. Daughters can experience a lot of rage and affective dysregulation that further contaminates their family relationships. When this relationship is protected and nourished, many studies indicate that favorable recoveries of daughters following CSA (Esparza, 1993; Fassler et al., 2005; Fleming, Mullen, Sibthorpe, & Bammer, 1999; Merrill et al., 2001b; Miller & Dwyer, 1997; Spaccarelli & Kim, 1995).

In a recent book regarding attachment and family therapy, Dallos (2006) recommends that family therapy has the best therapeutic potential to directly correct attachment disruptions as it can facilitate the mutual understanding and resolution of past relationship injuries and can re-establish effective care giving and attachment seeking behaviour (Dallos, 2006). He proposes a four stage clinical model for re-establishing secure attachment of a person with their parent: create a secure base, explore the problems, explore the alternatives, and facilitate integration and maintenance of contact (Dallos, 2006). The initial stage of creating a secure base is important in the therapy process after SSA. While it is important to commence the therapy with the traumatised sister and her parents, there is often a lot of preparation work required with individual sessions to create safety (for both the parent and the abused daughter) when the disruption is significant.

5. Ongoing Trauma Therapy for Sisters and Others.

Given the severity of the abuse experiences that sisters have revealed in this study and others with SSA, it is usually necessary for them to undergo individual trauma treatment in addition to the relational and family work. Without this trauma work, the daughter can remain stuck and re-traumatised by the intrusive memories (Courtois & Ford, 2009b; Shapiro, 2002; van der Kolk,
2003; van der Kolk et al., 1996). Often psychotropic medications are necessary. Preferably the therapist providing the connecting work for the daughter and her parents can also provide this trauma work for the daughter as the knowledge and information gained from this work is critically important in assisting the linking and reconnecting.

Other family members also often suffer secondary traumatisation as a result of the knowledge of their loved ones’ experiences. This may also require some individual trauma therapy to assist them. For instance, one mother I saw clinically (not interviewed for this research), required treatment to help her with intrusive “flashbacks” where she saw the abusive actions enacted. She had never actually witnessed the sexually abusive behaviour but the process of her understanding what had occurred between her two children meant that she had powerful visual images that became intrusive.

6. Facilitate the facing up and taking on accountability of abusing brother.

It is preferable to have the same therapeutic team to work with the brother that has abused in order to maintain the integrative approach. However, this is not always in the best interest of the abused daughter due to the nature of the abusing behaviour, the family power differentials and the family’s position around safety. For instance, one sister of this research was continuing to be sexually and physically assaulted by her brother when they were both aged in their twenties. Her family did not believe her and were not protecting her. Clearly an integrative approach involving her brother would have been unsafe and probably would not have achieved treatment goals. However, in other family situations, it may be emotionally and physically safe for the abusing brother to participate in therapy in the same context as his sister and the rest of the family. The thorough assessment of the nature of the family system provides the information to the clinician about whether it is possible in the best interests of the daughter to involve the brother in the therapy.
The clinician needs an additional skill set to understand the nature of thinking and behaviour of young people who have sexually offended. If this is possible within the treating team of the family, then it is preferable to have the work done in this context. It was the experience of the Bouverie Centre Sexual Abuse Team\(^{23}\) that when we sent family sexual offenders to outside specialist agencies, that the disconnectedness of this work was not helpful. For instance, the outside treating agency might consider that the offender needed to write an apology to their victim. However, this was planned without taking into account the capacity of the victim to receive such an apology. Their focus was upon the recovery needs of the offender and is not sensitive to the recovery needs of other family members as it was not connected.

The recent understanding in the field for young people who have sexually abused emphasises the importance of reconnecting the young person to their family and community (Borduin et al., 1990; Borduin et al., 1999, 2009; Letourneau et al., 2009; Rich, 2006). Thus agencies now working with the young offenders are rightfully working in this model of recovery. However, if it is done without considering the position of parents who need to sensitively juggle the care for both abused and abusing children, and the position of the daughter who needs particular responses from her family, then it is at risk of hijacking the parents’ care to the son completely and may precipitate a disruption of connectedness between the parents and their abused daughter. Instead, if the recovery work of the brother can be done in an integrative way with the family, then not only can his connection to his parents be maintained, he can be worked with in such a way that his sister’s and other family members’ recovery needs are achieved and not jeopardised.

Furthermore, this qualitative study has suggested that the ability of a brother who has abused to reach accountability is best achieved, even as an adult, when his parents have been involved in the confrontations around the abusive behaviour and taken a strong position against the abusive behaviour. For instance, traditionally young people who sexually offend are helped to face up to

\(^{23}\) I have provided a history and influence of this team in my work in Chapter One.
their abuse and take on responsibility through their therapy. This has often been done through a group therapy model and uses other offending young people to help with the confrontation and the challenging of cognitive distortions. However, this study suggests that if the parent is involved in the confrontation and enforcement of the seriousness of the abuse, then the brother is more likely to face up to his abusive behaviour and reconstruct the past as abusive. This finding is strongly supported by the randomised, controlled trial studies undertaken by Borduin, Henggeler and other colleagues comparing multi-systemic treatment of adolescents with sexually abusive behaviours to CBT group work (Borduin et al., 1999, 2009; Henggeler & Borduin, 1990; Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998; Henggeler, Schoenwald, Rowland, & Cunningham, 2002; Letourneau et al., 2009). The involvement of the parents in his treatment in this study also showed that the brother was more likely to attain the anguish of accountability (Jory & Anderson, 2000) and other strong affective responses such as shame (Jenkins, 2006a) and victim empathy which are enabling of the recovery process.

An adaptation of Jory and Anderson’s (2000) Accountability Axiom for SSA suggests that it is a two stage process for SSA families with regard to relieving the abused daughter of the anguish of abuse. Firstly, the daughter needs to see her parents take on the anguish of abuse. That is, she needs to see them suffer an emotional reaction that validates the level of the trauma she has suffered. Next the abused daughter needs to know that her parent has strongly confronted and assisted their brother to take on the anguish of accountability. If a parent holds onto the anguish of abuse without passing on some of this to their son (that is, takes on blame for the abusive behaviours), then the daughter does not get a sense of justice and it can fuel her anger. She needs her parents to be angry and to emotionally punish her brother. Working with the brother in an integrative way means that these two stages of accountability, involving strong parental direction, can be assisted and guided by the therapists.

An additional technique can be used, if the therapy has been integrative, to assist the son to full accountability and the daughter to validation of her trauma. This involves a confrontative interview (Miller, 1996; Welfare, 1998a,
Welfare & Miller, 1999) whereby the sister, in a therapeutically supported way, conveys to her brother the extent of her emotional pain and trauma as a result of his actions. This approach is not recommended for all families. Factors such as the level of accountability and remorse of the offender, power and safety in the family system and the degree of support of the other family members needs consideration. This therapeutic technique needs to be used with caution and only after extensive therapy for both the daughter and the son. It also needs to be a desired event driven by the sister’s needs rather than the son’s.

The brothers also need individual work to assist them to review and reconstruct their past abusive behaviours. The emotional distress that they experience with their new knowledge of their abusive behaviour can be harnessed by the therapist to assist the brothers to find new ethical methods of behaving and creating a new self identity. Brothers’ understanding for the occurrence of the abusive behaviours needs exploration. If they have been victimised themselves as a child – emotionally, physically or sexually – this trauma needs therapeutic attention.

The brothers in this research did not have difficulties with attachment and did not have abusive histories but other brothers will have these problems and will need work to address them. Working closely with his parents may be necessary for these men.

7. Be Alert to Parents Seeking Premature Reunification.

As has been poignantly revealed by many of the parents and other family members in this research, they experienced profound grief and loss once the SSA was disclosed. Their family will never be the same again and many parents lost their self identity and the value of their family history. As outlined early in this chapter, more recent models of grief recognise dual processes: loss oriented and restoration oriented. In families following SSA, generally the restoration means a change in the way the family has functioned and been structured. However, some families become stuck on trying to return the family to its old functioning particularly around family integrity. This is usually propelled by parents and
sometimes other siblings. Sometimes the drive for a parent to return the family to its prior functioning and “wholeness” overrides a parent’s sensitivity to the needs of their troubled children.

Therapeutically it is helpful to be alert to this potential dynamic as it often causes later relational damage between the parent and the abused daughter. One father in this research perceived his daughter as “milking” the situation as she did not recover quickly enough. He was driven to fix the family in order to help his wife’s depression. When he was thwarted in his attempt for the family to become whole again in the old model, he blamed his daughter for malingering and enjoying the attention.

Parents who are fixated upon this construct of reunification need assistance to grieve for the loss of their family as it was and for assistance to find ways to reconstruct their family unit in a way that is meaningful and fulfilling. They need help to understand that usually a family does not reunify or become whole as it was. Possible exceptions to this are families when the abuse has been disclosed early: when the children are still very young and when appropriate intervention is instigated. The one family in this category in this research looked as if they could achieve reunification. However, it was too early in their journey to confidently predict this.

8. Shaping the adaptation of the family following the disclosure of the SSA.

Few families in this research, who had experienced SSA, reached a position in recovery where they reunited or re-established to the same integrity they had in the past. This may be because the families were recruited from treatment populations and represented the extreme end of the spectrum. It may also have been because the majority of families were late disclosures. Many daughters who had not disclosed as children and waited until they were adult had emotionally rejected their brother from their life and desired that their parents expel him from the family. It did not seem to matter how the brother has transformed since he was an adolescent, these sisters did not want a relationship
with him in their life and they continued to still perceive him as the intimidating and manipulative brother of their childhood. Some daughters were comfortable with their parents sustaining a relationship with their abusing brother so long as they did not have to know anything about it or hear any news of their brother.

One early disclosure family in this research had an outcome that suggested their integrity will remain. The abused sister in this family actually was delighted with her transformed brother following his therapy. She was beginning to experience and enjoy having a different, non-abusive relationship with him although she was not ready to live in the same house as him. This suggests the potential for better recovery in family integrity when the abuse is disclosed early rather than later in life.

Instead of developing a goal with the family around reunification and family integrity, the first step in the therapy requires interim restructuring to keep their daughter emotionally and physically safe. Many trauma and feminist therapeutic approaches consider that the voice of the daughter needs to be encouraged and heard to construct her plan for safety. The rest of the family needs to be respectful of this in order to validate her experiences. In SSA, the plan usually means finding a method for the family to function without their sister and brother coming into contact with each other. Even although the abusive behaviour may have ceased many years ago, due to their complex trauma reaction, many sisters do not feel safe in the same vicinity as their brother.

In the very early time of crisis, a sister may not be able to articulate her safety needs and she may also be trying to minimise the distress for the rest of the family. Therefore, at this time, it is recommended that the therapist advise separation of the sister and brother, particularly if they are living in the same household. After a few weeks of therapy, the daughter can then begin to recognise what her needs might be and make decisions that are suitable for her situation. Some sisters might not require the separation from their brother but others may find it very necessary and may feel betrayed if their parents had not established this separation at the time of crisis.
If a total separation of brother and sister is operating in the family, this is always difficult and painful for families around events and family rituals such as birthdays, Christmas and weddings. Public events such as weddings add more complexity as usually most extended family members have not been told of the abusive behaviour. Therefore, creative methods to explain the absence of the son or the daughter need to be found for friends and relatives. These events provide another opportunity for the parents to instigate some intimate justice into the family by perhaps insisting that their daughter attend these functions but not their son. Some families have a roster system for family events so that their daughter and son do not need to come into contact but that some degree of connectedness remains for the son. This restructuring can be initially understood as temporary but sometimes becomes permanent.

One of the major relational betrayals that sisters have expressed occurs when families do not set up the structures to allow their daughter to attend family events and insist that both children are invited. These families hold the construction that if one person does not want to be there then it is their decision. Brothers also have an opportunity in these situations to demonstrate their level of accountability by taking responsibility to only attend events when their sister is not there if this is the wish of their sister.

If the family remains structured so that there is no contact between the sister and brother (and each sibling works out their own needs around this as well), then families seem to adapt and find a way to make this work. Parents can maintain their connectedness for both their children. However, the greatest sadness for parents occurs when there is a disrupted connectedness between the parent and their child as a consequence of the disclosure of the SSA and the fallout that occurs. As I have said, this is more likely to occur between a parent and daughter who have enjoyed great closeness in the past. In this research there were also other examples of sons who had disconnected and struggled in their life. It was this emotionally disconnection rather than structural changes that created the most grief for parents.
In summary, it is possible for a therapist utilising the conceptual frameworks of systems theory, trauma theory, attachment, feminism, grief and loss and the models of sexual offending can juggle the different and sometimes conflictual recovery needs for all family members after SSA disclosure. The recovery and relational connectedness of the sister needs to be prioritised as this study suggests it is mostly compromised in these families. The emotional connectedness of both the children to their parents needs vigilant therapeutic attention. While these recommendations may appear complex, it provides a thorough and evidence based method for each family member to obtain good recovery. Without the integrity of the approach, some family members are at risk of relational loss and ongoing complex trauma symptoms.

**Directions for Future Research**

This study was broad in its scope and the breadth of the inquiry has allowed some interesting and, I believe, important findings to emerge. I hope that future studies will focus upon some of the more specific areas that this study has suggested as follows:

1. The limitations of this study were outlined in Chapter Three. The greatest limitation related to the recruitment coming from a clinical population. This was to ensure the protection of participants undergoing an interview. However, it also meant the loss of voice from families who may have coped differently with disclosure and had good, integrative outcomes, and either did not require treatment, or benefited from early, successful treatment.

2. Another limitation of the research was the recruitment of only a small number of brothers and other siblings. Furthermore, the recruitment of the brothers was probably only successful with a certain category of brother. Additional understanding of the long-term outcomes for brothers who have sexually abused as a young person is critical even although the access to these brothers is difficult. Multi-systemic studies (Borduin et al., 2009; Letourneau et al., 2009) are showing outstanding recovery for early disclosure brothers but there are no studies that address the recovery needs of adult brothers when the disclosure occurred many years after the abuse. The needs of these men are very different.
due to their established adult identities and lives that may be very different and ethical compared to the disturbed times of their abusing behaviour. Yet they need to confront their sexually abusive behaviours from their adolescence and integrate the knowledge of the harm they have done to a loved family member into their current life.

3. The importance of the family of creation of brothers who sexually abused as a young person, and the role of these intimate relationships in the brother's recovery, also needs deeper exploring. As this study showed, some parents were able to disconnect from their sons for a period; safe in the knowledge that their son was emotionally protected by their relationship with their partner. This enhanced the recovery of their daughters. In particular, the experience of the partners of these men who sexually abused as a young person needs understanding. Many partners in this research were described as extraordinarily supportive and understanding. However, from my clinical experience, some partners have left these men when the disclosure has occurred. Understanding the partners’ perspectives would add to a more holistic understanding of late disclosure families. What was the experience of these women that helped them make choices about staying and supporting their partners? How does this compare to women who have left their partners?

4. The research has reinforced the heterogeneity of family functioning when there has been SSA. Prior research in understanding SSA families has been from early disclosure families in treatment programmes. Early disclosure families only represent the tip of the iceberg (less than 20%) of families that have experienced SSA. The experiences of late disclosure families need to be understood and examined further. One of the possible differences that might differentiate late and early disclosure families is the closeness and emotional connectedness of these families. Late disclosure in some families in this study occurred due to protective factors; the daughters valued the relationships and cared too much to emotionally distress her parents. On the other hand, some of the early disclosures in this research were due to the attunement of a parent with her daughter and the parent’s persistence in understanding the problem.
5. When a disclosure was delayed in a family (possibly because of the daughter emotionally protecting her parent), the prior good family relationships were sometimes ruptured, and recovery outcomes for all family members were poor. A more focused study on the disruption of the relationships between abused daughters and mothers would assist further understanding of this dominant dynamic that emerged from this study and others (Doyle, 1996; Rowntree, 2007).

6. The long-term impact for sisters who have suffered SSA was painful to hear in this research. This study suggests that early intervention and relational assistance enhances recovery. The voices of these women have been discounted for many decades and their treatment, even now, is often secondary to the treatment of their brothers. Treatment that prioritises their needs may reduce the long-term impact. Further studies that track this over the long term would add to our knowledge and ability to assist these women.

7. The perspective of therapists trying to work with SSA families in an integrative way has not been considered at all by this study. Their perspective would add to the understanding and development of treatment recommendations that work. A good grounding in family therapy theory would probably be necessary but often therapists without this training are required to provide the counselling. An action research study is currently underway by a Bouverie Centre, La Trobe University PhD candidate, Ms Helen Kambouridis, to research therapists’ perspectives of working with SSA. She has taken the findings from this study and conducted co-operative inquiry groups with these therapists to discuss and fine-tune the elements of an integrative approach with early disclosure families (Kambouridis, 2010).

8. The experiences of other siblings is also an area that would benefit from further research. However, again, the access to these siblings is very difficult. Many other siblings appear to withdraw and avoid the family due to their grief and loss of the family integrity. New research needs to focus on methods to engage them and assist them to stay connected following disclosure. Other siblings also sometimes take on the burden of care. These siblings are more accessible for
study but need specific assistance as this burden can be overwhelming as was described by Sibling Two.

9. Gender issues were not addressed in this study. Does it make a difference if the adolescent with sexually abusive behaviours is female and not male? Does it make a difference if the abused sibling is a male? Gender is always important and it would surely make a difference in terms of constructions and understanding of the situation. Yet an intimate betrayal is an intimate betrayal regardless of gender. We need to understand this further.

Conclusion

This study was ambitious in scope. I wanted to integrate the experiences and recovery needs of all family members when a disclosure of SSA had occurred. The methodology was constructivist grounded theory which provided the scaffolding for a study with many different voices. The recruitment of some of these family members proved extremely difficult and some of the voices were very limited: the voices of other siblings and the voices of brothers who had sexually abused. Nevertheless some very clear findings emerged by listening to and connecting the different perspectives of these family members, and interpreting the silence of others within a systemic framework.

Intertwined in the journey of the research process was my own life journey and experiences which both informed and were influenced by the research journey. For example, at the time the research was revealing the loss and grief of parents and other siblings for the integrity of the family unit, one of my daughters left our family to attend college in the United States. We missed her presence for Christmas and birthdays and I was overwhelmed by our loss of the family unit although, unlike the parents of this study, I knew it would be short term and it was developmentally appropriate for her to have moved away. We could honour her in her absence, and we had cultural sanctions for this loss. My experience helped me attune to the loss experiences of the families in this study and their experiences helped me find strategies to manage my loss. This same daughter was on campus during the terror of 32 students being shot dead at Virginia Tech and returned home suffering trauma. Unlike many of the parents in this study who
were blocked from caring for their traumatised daughters, I was able to nurture my daughter and help her recover from this tragedy, healing my own trauma at this event as she recovered. I learnt the importance of connectedness from the families in this research and I was able to understand the pain for those parents not able to be connected to their own distressed daughters.

There were also parallel processes in my research journey and the experiences of families. For instance, the length of this research endeavour reflected the timelessness and chronicity of the situation for families following disclosure of SSA; just as I was thwarted from progressing the research due to various constraints, these families were unable to move and progress further in their journeys due to the paralysing effects of the trauma and the dissynchrony of the recovery processes.

The long-term impact of the abuse was substantial for all family members interviewed. Many participants were interviewed more than ten years since disclosure and the wounds were still raw. Nevertheless, just as I found ways to complete this research, some families found successful recovery pathways. Families often had to permanently restructure their family life around the son and daughter not attending the same events, but, over time, many found a way to feel like a real family again and feel “integrated.”

This study relied upon the generosity of family members prepared to re-experience their pain and grief as they told their stories and reflected in an interview. I wish to profoundly thank again all of the 40 participants for their time and emotional courage in sharing their stories with me. As well as the completion of this thesis, a more public access to this research will be provided by the Victorian Centres’ Against Sexual Assault. They are auspicing the printing of three books from this study to provide to therapists and families to assist with the treatment and recovery of SSA. My hope is that these books will provide help and create better outcomes for many more families facing SSA (Kambouridis & Welfare, in press; Welfare, in press; Welfare & Kambouridis, in press). I have also published one paper from this study to assist therapeutic practice (Welfare, 2008, see Appendix E) and Helen Kambouridis has undertaken further research applying the guidelines from this study (Kambouridis, 2010).
The road to recovery is indeed long and rocky when SSA is involved. I will conclude with another poem by SSA survivor, Naomi Hunter, as it conveys the depth of the brokenness of a survivor but also the hope of regeneration and recovery.

**Broken Reflection**

Hello?... Are you there?...
Oh yes, now I see.
Come closer, look into my eyes.
Oh, you can’t.
I see.
You are broken… smashed… sharp.
Your image is disjointed but not pale,
And your fear is fresh but not unquenchable.
I can see your skin is raw and tentative,
And your bones look bloated with rage.
Can you breathe?
Or has the past suffocated your screaming with boredom?
It has been so long yet you still suffer,
And you remain shattered on my floor.
How can I reach you?
What adhesive must I use?
I’ll wait.
I’ll keep watch.
And I’ll sing you back together.
Hear my song and use its notes to mend your soul.
My melody is sweet and strong,
Feel my life oiling your thoughts.
Smooth, shiny, calm…
Oh yes, now I see,
There you are,
So new in front of me.
Do not be afraid of your reflection,
And clasp tightly our mirror in your eyes,
For it has the power of memory,
And your memory is safe with me.
Be free…
Rest…
Breathe...
You are whole,
Worthy,
Loved.

Naomi Hunter, 2010
Appendix A

Ethic Informed Consent Forms

1. Informed consent form for group interview.
2. Confidentiality form for group interview.
3. Informed consent form for individual interview.
4. Form for potential participant to sign to give permission for their therapist to pass on contact details to researcher.
Form One

SIBLING SEXUAL ABUSE: UNDERSTANDING ALL FAMILY MEMBERS’ EXPERIENCES IN THE AFTERMATH OF DISCLOSURE.

INVESTIGATOR: Anne Welfare
Doctorate of Philosophy Student
The Bouverie Centre,
La Trobe University,
50 Flemington St., Flemington, 3031.
9878 1667

SUPERVISOR: Dr. Jenny Dwyer
Lecturer,
The Bouverie Centre,
La Trobe University,
50 Flemington St., Flemington, 3031.
039 376 9844

I am conducting research for my Doctor of Philosophy degree in Family Therapy at La Trobe University. This study is in the area of sibling sexual abuse. You have suggested that you might be interested and willing to be part of this research. I am particularly interested in what it has been like for you going through all the events around this and how it has affected your relationships in the family.

I am requesting permission to interview you in a small group. There would be two to five other people in the group. They would all be in the same position as you in their family. The group would go for about 2 hours.

If you agree to being part of the group, it is very important to be respectful of other people’s confidentiality. Everyone will be talking about very personal issues and I will be requesting that you agree to not talk about someone else’s business to others after you leave the group interview.

What you decide to talk about in the group remains private information to the group and myself. When I write up the research, I will be disguising the information so that nobody will recognize you and the other contributors.

I will tape record the group meeting and afterwards will type up what everyone has said. I will then send it to you to look at and make sure that I have transcribed you correctly. I
will give you a phone call to check this and check whether you want to withdraw any of your information.

The audiotapes with the typed up record of your interviews, will be kept for 20 years in a locked filing cabinet at the Bouverie Centre, La Trobe University. This is a research requirement of La Trobe University. After 20 years, this data will be shredded.

There is a very remote possibility that the transcripts and recordings of the group could be subpoenaed by a court of law to be used in evidence. This could happen if, in the future, a decision was made by someone in the family to charge the person who sexually assaulted.

You have the right to withdraw from active participation in this project at anytime, and further, to demand that data arising from your participation are not used in the research project provided that this right is exercised within four weeks of the completion of your participation in the project. That is, provided you contact me within 4 weeks of receiving the transcript of the group interview.

The information and knowledge that you provide to this research project will be used to help other people going through this very difficult situation. The results will be written up for my thesis and possibly presented at some conferences and published in some journals to assist therapists to learn how to best help families and individuals in the same position as yourself.

Any questions regarding this project may be directed to the Senior Investigator (Dr. Jenny Dwyer), of the School of Public Health, The Bouverie Centre on telephone number 039 3769844.

If you have any complaints or queries that the researcher has not been able to answer to your satisfaction, you may contact the Ethics Liaison Officer, Human Ethics Committee, La Trobe University, Victoria, 3086, (ph: 03 9479 1443, e-mail: humanethics@latrobe.edu.au).
SIBLING SEXUAL ABUSE: UNDERSTANDING ALL FAMILY MEMBERS' EXPERIENCES IN THE AFTERMATH OF DISCLOSURE.

I,………………………………………….. have read (or, where appropriate, have had read to me) and understood the information above, and any questions I have asked have been answered to my satisfaction. I agree to participate in the project, realising that I may physically withdraw from the study at any time and may request that all traces of my participation are deleted from the projects records up to four weeks after the group meeting. I agree that research data provided by me or with my permission during the project may be included in a thesis, presented at conferences and published in journals on the condition that neither my name nor any other identifying information is used.

Name of Participant (block letters):

Signature: Date

Name of Researcher (block letters):

Signature: Date

Name of Student Supervisor (block letters):

Signature: Date
Form 2

SIBLING SEXUAL ABUSE: UNDERSTANDING ALL FAMILY MEMBERS’ EXPERIENCES IN THE AFTERMATH OF DISCLOSURE.

CONFIDENTIALITY

I, .........................................................., agree to respect the confidentiality of other participants in the research group conducted by Anne Welfare. I agree to not disclose their name, their personal details and any identifying information to anyone else.

Name of Participant (block letters):

Signature: Date

Name of Researcher (block letters):

Signature: Date

Name of Student Supervisor (block letters):

Signature: Date
Form 3

SIBLING SEXUAL ABUSE: UNDERSTANDING ALL FAMILY MEMBERS’ EXPERIENCES IN THE AFTERMATH OF DISCLOSURE.

INVESTIGATOR: Anne Welfare
Doctorate of Philosophy Student
The Bouverie Centre,
La Trobe University,
50 Flemington St., Flemington, 3031.
9878 1667

SUPERVISOR: Dr. Jenny Dwyer
Lecturer,
The Bouverie Centre,
La Trobe University,
50 Flemington St., Flemington, 3031.
039 376 9844

I am conducting research for my Doctor of Philosophy degree in Family Therapy at La Trobe University. This study is in the area of sibling sexual abuse. You have suggested that you might be interested and willing to be part of this research. I am particularly interested in what it has been like for you going through all the events around this and how it has affected your relationships in the family.

I am requesting permission to interview you for my research. The interview would take about 2 hours.

When I write up the research, I will be disguising the information so that nobody will recognize you and the other contributors.

I will tape record the interview and afterwards will type up what you have said. I will then send it to you to look at and make sure that I have transcribed you correctly. I will give you a phone call to check this and check whether you want to withdraw any of your information.

The audiotapes with the typed up record of your interviews, will be keep for 5 years in a locked filing cabinet at the Bouverie Centre, La Trobe University. This is a research requirement of La Trobe University. After 5 years, this data will be shredded.

There is a very remote possibility that the transcripts and recordings of the interview could be subpoenaed by a court of law to be used in evidence. This could happen if, in
the future, a decision was made by someone in the family to charge the person who sexually assaulted.

You have the right to withdraw from active participation in this project at anytime, and further, to demand that data arising from your participation are not used in the research project provided that this right is exercised within four weeks of the completion of your participation in the project. That is, provided you contact me within 4 weeks of receiving the transcript of the group interview.

The information and knowledge that you provide to this research project will be used to help other people going through this very difficult situation. The results will be written up for my thesis and possibly presented at some conferences and published in some journals to assist therapists to learn how to best help families and individuals in the same position as yourself.

Any questions regarding this project may be directed to the Senior Investigator (Dr. Jenny Dwyer), of the School of Public Health, The Bouverie Centre on telephone number 039 3769844.

If you have any complaints or queries that the researcher has not been able to answer to your satisfaction, you may contact the Ethics Liaison Officer, Human Ethics Committee, La Trobe University, Victoria, 3086, (ph: 03 9479 1443, e-mail: humanethics@latrobe.edu.au).
SIBLING SEXUAL ABUSE: UNDERSTANDING ALL FAMILY MEMBERS’ EXPERIENCES IN THE AFTERMATH OF DISCLOSURE.

I, .......................................................... have read (or, where appropriate, have had read to me) and understood the information above, and any questions I have asked have been answered to my satisfaction. I agree to participate in the project, realising that I may physically withdraw from the study at any time and may request that all traces of my participation are deleted from the projects records up to four weeks after the interview. I agree that research data provided by me or with my permission during the project may be included in a thesis, presented at conferences and published in journals on the condition that neither my name nor any other identifying information is used.

Name of Participant (block letters):

Signature: Date

Name of Researcher (block letters):

Signature: Date

Name of Student Supervisor (block letters):

Signature: Date
Appendix A                                                                                                     Ethics Forms

Form 4

SIBLING SEXUAL ABUSE: UNDERSTANDING ALL FAMILY MEMBERS’ EXPERIENCES IN THE AFTERMATH OF DISCLOSURE.

I, ....................................................................................................., agree to allow my counsellor to provide the researcher with my name and phone number in order for the researcher to contact me and talk to me further about the possibility of being part of this research.

Name of Participant (block letters):

Signature: Date

Name of Counsellor (block letters):

Signature: Date:
Appendix B

Printout of Coding of Data from NVivo

NVivo revision 2.0.163  Licensee: Anne Welfare
Project: Sibling Sexual Abuse  User: Administrator

NODE LISTING

Nodes in Set: All Nodes
Created: 21/11/2003 - 10:39:48 AM
Number of Nodes: 619

1 parental shame
Description:
Text Search: text matching the pattern 'shame'
Scope: { FATHER FIVE AND MOTHER SIX, FATHER ONE, FATHER ONE second interview, FATHER THREE, Memo - MOTHER ONE - rtf -, mother - son email, MOTHER FIVE AND FATHER FOUR, MOTHER FOUR, MOTHER ONE - rtf, MOTHER THREE, MOTHER TWO, My project journal, My project journal - Memo, OFFENDER FIVE, OFFENDER FOUR, OFFENDER ONE - rtf, OFFENDER THREE, OFFENDER TWO, SIBLING FOUR, SIBLING ONE, SIBLING THREE AND VICTIM NINE, SIBLING TWO AND PARTNER, Transcript - FATHER TWO -rtf, VICTIM ELEVEN, VICTIM FIFTEEN, VICTIM FOURTEEN, VICTIM NINETEEN, VICTIM ONE -rtf, VICTIM SEVENTEEN, VICTIM SIXTEEN, VICTIM TEN, VICTIM THIRTEEN, VICTIM TWELVE, VICTIMS 2 & 3, VICTIMS 4, 5 & 6, VICTIMS 7 & 8 - 1ST, VICTIMS 7 & 8- 2nd half, /shame }

Result is a node coding all the finds: parental shame (n)
Document finds are spread to (no spread). Node finds are spread to (no spread).

2 sadness at mothers predicament and 2
Description:
Text Search: text matching the pattern 'police'
Scope: { VICTIMS 4, 5 & 6 }

Result is a node coding all the finds: sadness at mothers predicament and l (n)
Document finds are spread to (no spread). Node finds are spread to (no spread).

3 sadness at mothers predicament and l
Appendix B

4 (1) /dynamics of the abuse
Description:
what are all the issues around the sexual abuse: the type of sexual abuse, the age that it occurred, how it stopped, the messages to the victim, the experience of it from the victims perspective, whether another sibling was also abused or made to watch, the frequency of it.

5 (1 1) /dynamics of the abuse/experience of abuse
6 (1 2) /dynamics of the abuse/frequency of abuse
7 (1 3) /dynamics of the abuse/other sibling abused by offender
8 (1 4) /dynamics of the abuse/type of sexual abuse

Description:
the experience of the sexual abuse from the brother is very important: whether it was penetration versus fondling and whether it was co-ercive versus grooming.

9 (1 5) /dynamics of the abuse/age of abuse
10 (1 6) /dynamics of the abuse/how sibling abuse stopped
11 (1 7) /dynamics of the abuse/messages to victim from offender
12 (1 7 1) /dynamics of the abuse/messages to victim from offender/it's your fault
13 (1 7 2) /dynamics of the abuse/messages to victim from offender/it's ok to do this
14 (1 7 3) /dynamics of the abuse/messages to victim from offender/he cares for her
15 (1 7 4) /dynamics of the abuse/messages to victim from offender/mum knows
16 (1 7 5) /dynamics of the abuse/messages to victim from offender/intimidation
17 (1 8) /dynamics of the abuse/prior victimisation of offender
18 (1 9) /dynamics of the abuse/forgotten memoreis
19 (2) /contextual information

Description:
Includes the age of the participant at the time of interview and when the abuse occurred. It includes the family constellations and extended family dynamics. It also includes whether other sexual abuse had been occurring (intrafamilial or extrafamilial).

20 (2 1) /contextual information/other family stressors
21 (2 2) /contextual information/other sexual and physical abuse

Description:
by other offenders such as fathers, uncles, grandfathers.

22 (2 2 1) /contextual information/other sexual and physical abuse/intrafamilial sexual & phy abuse
23 (2 2 2) /contextual information/other sexual and physical abuse/extrafamilial sexual abuse
24 (2 2 3) /contextual information/other sexual and physical abuse/change in family structure
25 (2 2 16) /contextual information/other sexual and physical abuse/prior victimization of parent
26 (2 3) /contextual information/extended family patterns
issues around the disclosure of the sexual abuse to the family. Includes the participants who could not disclose (constraints to disclosure), the trigger for disclosure and the disclosure process, the reaction of the different family members to the disclosure and the impact upon family relationships.

Decisions about accountability - whether it be through the law or in the case of offender one - with his profession.

what are all the symptoms and other impacts of the abuse for the victim

what are all the symptoms and other impacts of the abuse for the victim
58 (4 78) /impact of abuse for victim/mental health difficulties
59 (4 78 8) /impact of abuse for victim/mental health difficulties/drug–alcohol addiction
60 (4 78 16) /impact of abuse for victim/mental health difficulties/depression, self harm and suicidality
61 (4 78 30) /impact of abuse for victim/mental health difficulties/mental illness
62 (4 78 46) /impact of abuse for victim/mental health difficulties/Eating disorder
63 (4 78 51) /impact of abuse for victim/mental health difficulties/agoraphobia
64 (4 78 55) /impact of abuse for victim/mental health difficulties/dissociation
65 (4 78 66) /impact of abuse for victim/mental health difficulties/inability to eat at table with other
66 (4 79) /impact of abuse for victim/physical health difficulties
67 (4 79 18) /impact of abuse for victim/physical health difficulties/physical difficulties
68 (4 79 20) /impact of abuse for victim/physical health difficulties/physical illness
69 (4 79 38) /impact of abuse for victim/physical health difficulties/internal examination
70 (4 79 54) /impact of abuse for victim/physical health difficulties/dependent upon family's care
71 (4 79 68) /impact of abuse for victim/physical health difficulties/chronic fatigue
72 (4 80) /impact of abuse for victim/grief and loss
73 (4 80 1) /impact of abuse for victim/grief and loss/loss and grief for potential
74 (4 80 36) /impact of abuse for victim/grief and loss/lack of worth
75 (4 80 58) /impact of abuse for victim/grief and loss/life time impact
76 (4 81) /impact of abuse for victim/negative view of self
77 (4 81 12) /impact of abuse for victim/negative view of self/guilt, shame, self blame
78 (4 81 15) /impact of abuse for victim/negative view of self/self loathing
79 (4 81 50) /impact of abuse for victim/negative view of self/stigma
80 (4 82) /impact of abuse for victim/acting out behaviour
81 (4 82 19) /impact of abuse for victim/acting out behaviour/rebelliousness
82 (4 82 44) /impact of abuse for victim/acting out behaviour/abusive to others
83 (4 82 45) /impact of abuse for victim/acting out behaviour/stealing from parents
84 (4 83) /impact of abuse for victim/Lack of voice–power
85 (4 83 9) /impact of abuse for victim/Lack of voice–power/control
86 (4 83 35) /impact of abuse for victim/Lack of voice–power/loss of power
87 (4 83 47) /impact of abuse for victim/Lack of voice–power/inability to articulate the experience
88 (4 83 48) /impact of abuse for victim/Lack of voice–power/confusion about the experience
89 (4 83 52) /impact of abuse for victim/Lack of voice–power/injustice
90  (4 83 56) /impact of abuse for victim/Lack of voice~power/no voice~reality denied
91  (4 83 71) /impact of abuse for victim/Lack of voice~power/undermining of justice system
92  (4 83 75) /impact of abuse for victim/Lack of voice~power/silencing of the victim
93  (4 84) /impact of abuse for victim/education~career impact
94  (4 84 22) /impact of abuse for victim/education~career impact/education~career
95  (4 84 69) /impact of abuse for victim/education~career impact/overworking to cope
96  (4 84 70) /impact of abuse for victim/education~career impact/financial anxiety
97  (4 85) /impact of abuse for victim/family issues
98  (4 85 7) /impact of abuse for victim/family issues/disconnection from family
99  (4 85 10) /impact of abuse for victim/family issues/pillar of strength for family
100 (4 85 23) /impact of abuse for victim/family issues/loss of sense of family
101 (4 85 25) /impact of abuse for victim/family issues/re-viewing parent actions
102 (4 85 26) /impact of abuse for victim/family issues/blame of parents for abuse
103 (4 85 32) /impact of abuse for victim/family issues/split in family
104 (4 85 39) /impact of abuse for victim/family issues/leaving home too early
105 (4 85 57) /impact of abuse for victim/family issues/protection of brother
106 (4 85 59) /impact of abuse for victim/family issues/preplanning to avoid brother
107 (4 85 60) /impact of abuse for victim/family issues/protection of parents
108 (4 85 61) /impact of abuse for victim/family issues/anger at parents lack of sensitivity
109 (4 85 62) /impact of abuse for victim/family issues/pushing parents away
110 (4 85 64) /impact of abuse for victim/family issues/fear that brother will abuse other c
111 (4 85 67) /impact of abuse for victim/family issues/protection of other victim in family
112 (4 85 72) /impact of abuse for victim/family issues/betrayal by other family member
113 (4 85 73) /impact of abuse for victim/family issues/protecting family
114 (4 85 74) /impact of abuse for victim/family issues/dumped by family
115 (4 85 76) /impact of abuse for victim/family issues/responsibility for managing the situ
116 (4 86) /impact of abuse for victim/relational issues
117 (4 86 3) /impact of abuse for victim/relational issues/trust
118 (4 86 5) /impact of abuse for victim/relational issues/sexuality
119 (4 86 6) /impact of abuse for victim/relational issues/relationships
120 (4 86 11) /impact of abuse for victim/relational issues/loneliness and isolation

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(4 86 28) /impact of abuse for victim relational issues/need to please brother
(4 86 37) /impact of abuse for victim relational issues/needy
(4 86 40) /impact of abuse for victim relational issues/unsupported
(4 86 41) /impact of abuse for victim relational issues/blame from extended family
(4 86 43) /impact of abuse for victim relational issues/blame from community
(5) /impact of abuse for parents
(5 1) /impact of abuse for parents/held to ransom by victim
(5 2) /impact of abuse for parents/shame
(5 3) /impact of abuse for parents/vigilance for more abuse
(5 4) /impact of abuse for parents/anger at offender
(5 5) /impact of abuse for parents/need to cope
(5 6) /impact of abuse for parents/illness
(5 7) /impact of abuse for parents/guilt~self blame
(5 8) /impact of abuse for parents/non functioning and chaos
(5 9) /impact of abuse for parents/ptsd
(5 10) /impact of abuse for parents/grief for family
(5 11) /impact of abuse for parents/disconnection from feelings
(5 12) /impact of abuse for parents/triggering of their own abuse
(5 13) /impact of abuse for parents/anger at situation
(5 14) /impact of abuse for parents/loss of sense of family
(5 15) /impact of abuse for parents/drive to hold the family together
(5 16) /impact of abuse for parents/rejection by children
(5 17) /impact of abuse for parents/loss of daughter
(5 18) /impact of abuse for parents/shock
(5 19) /impact of abuse for parents/split in family
(5 20) /impact of abuse for parents/juggling the needs of all children
(5 21) /impact of abuse for parents/loss of respect for offender
(5 22) /impact of abuse for parents/their sexual relationship
(5 23) /impact of abuse for parents/no one to share and talk
(5 24) /impact of abuse for parents/identity crisis

Description:
parents have described an identity crisis when this is disclosed - mothers who have devoted themselves to being the best mothers. One father who sees himself as a leader in the world - focussed on this at time of crisis and had to hold onto this.

(5 25) /impact of abuse for parents/fighting for recognition for victim
(5 26) /impact of abuse for parents/suicide
(5 27) /impact of abuse for parents/can't cope
(5 28) /impact of abuse for parents/burden
(5 29) /impact of abuse for parents/overwhelming
(5 30) /impact of abuse for parents/depleted reserves in caring for othe
(5 31) /impact of abuse for parents/victim anger
(5 32) /impact of abuse for parents/a cloud there forever
(5 33) /impact of abuse for parents/fearfulness of other abuse
(5 34) /impact of abuse for parents/hopeless for the future
(5 35) /impact of abuse for parents/constructing understanding of the si
(5 36) /impact of abuse for parents/impatience with victims recovery pro
163 (5 37) /impact of abuse for parents/preoccupation with offender crises
164 (5 38) /impact of abuse for parents/blamed for everything
165 (6) /impact of abuse for offender
166 (6 1) /impact of abuse for offender/other offender violence or sa
167 (6 2) /impact of abuse for offender/facing feelings
168 (6 3) /impact of abuse for offender/taking responsibility
169 (6 4) /impact of abuse for offender/prior victimisation
170 (6 5) /impact of abuse for offender/on adult relationship/partner
171 (6 6) /impact of abuse for offender/suicidality
172 (6 7) /impact of abuse for offender/dissociation
173 (6 8) /impact of abuse for offender/remorse
174 (6 9) /impact of abuse for offender/avoidance
175 (6 10) /impact of abuse for offender/fear of family rejection
176 (6 11) /impact of abuse for offender/relief at disclosure
177 (6 12) /impact of abuse for offender/suspicion of further abuse
178 (6 13) /impact of abuse for offender/separation of person of then to now
179 (6 14) /impact of abuse for offender/victim anger
180 (6 15) /impact of abuse for offender/lack of acknowledgment and care
181 (6 16) /impact of abuse for offender/mental illness
182 (6 17) /impact of abuse for offender/fear of legal action
183 (6 18) /impact of abuse for offender/lack of understanding
184 (6 19) /impact of abuse for offender/drugs and alcohol abuse
185 (6 20) /impact of abuse for offender/psychopathic features/manipulation
186 (6 21) /impact of abuse for offender/terror of victim revenge
187 (6 22) /impact of abuse for offender/hostility and fear of victim
188 (6 23) /impact of abuse for offender/knowing that it was wrong
189 (6 24) /impact of abuse for offender/cognitive distortions
190 (6 25) /impact of abuse for offender/sexuality
191 (6 26) /impact of abuse for offender/positive changes
192 (6 27) /impact of abuse for offender/inconvenience
193 (6 28) /impact of abuse for offender/depression
194 (6 29) /impact of abuse for offender/shame
195 (6 30) /impact of abuse for offender/loss of family or some family
196 (6 31) /impact of abuse for offender/failure to succeed
197 (6 32) /impact of abuse for offender/grandiosity
198 (6 33) /impact of abuse for offender/stuck in adolescence
199 (6 34) /impact of abuse for offender/jealousy
200 (6 35) /impact of abuse for offender/anger at family reaction
201 (6 36) /impact of abuse for offender/didn't know what I was doing
202 (6 37) /impact of abuse for offender/understanding justice issues
203 (6 38) /impact of abuse for offender/overwhelming
204 (6 39) /impact of abuse for offender/needy
205 (6 40) /impact of abuse for offender/devastation
206 (6 41) /impact of abuse for offender/it will never go away - lifetime leg
207 (6 42) /impact of abuse for offender/removal from the family by DHS
208 (7) /impact of abuse for siblings
209 (7 1) /impact of abuse for siblings/devastation of sense of family
210 (7 2) /impact of abuse for siblings/taking a position
211 (7 3) /impact of abuse for siblings/avoiding taking sides
212 (7 4) /impact of abuse for siblings/anger at parents

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(7 5) /impact of abuse for siblings/anger at offender
(7 6) /impact of abuse for siblings/making sense of it
(7 7) /impact of abuse for siblings/withdrawn
(7 8) /impact of abuse for siblings/taking responsibility for family management
(7 9) /impact of abuse for siblings/walking away from the family
(7 10) /impact of abuse for siblings/dealing with secrecy
(7 11) /impact of abuse for siblings/anger at victim
(7 12) /impact of abuse for siblings/disbelief
(7 13) /impact of abuse for siblings/get over it
(7 14) /impact of abuse for siblings/refusal to understand the impact
(7 15) /impact of abuse for siblings/burden
(7 16) /impact of abuse for siblings/lack of control in the situation
(7 17) /impact of abuse for siblings/anger at other non-involved siblings
(7 18) /impact of abuse for siblings/betrayal at other family member reaction
(7 19) /impact of abuse for siblings/minimisation
(7 20) /impact of abuse for siblings/bitter and angry
(7 21) /impact of abuse for siblings/partner relationship
(7 22) /impact of abuse for siblings/falling apart
(7 23) /impact of abuse for siblings/emotionally barren
(7 24) /impact of abuse for siblings/shame
(7 25) /impact of abuse for siblings/not again - doesn't want to know
(7 26) /impact of abuse for siblings/joining in the abuse
(7 27) /impact of abuse for siblings/advocating for victim
(7 28) /impact of abuse for siblings/loss of sense of family
(7 29) /impact of abuse for siblings/concern that she may be a victim too
(7 30) /impact of abuse for siblings/trauma from witnessing
(7 31) /impact of abuse for siblings/emotional needs overridden by crisis
(7 32) /impact of abuse for siblings/fear of continuing offending

(8) /Reaction of parents
(8 1) /Reaction of parents/family integrity
(8 1 13) /Reaction of parents/family integrity/need to fix things
(8 1 21) /Reaction of parents/family integrity/confrontation of offender
(8 1 23) /Reaction of parents/family integrity/Resisting breaking up the family
(8 1 30) /Reaction of parents/family integrity/prioritising family integrity
(8 1 43) /Reaction of parents/family integrity/not rocking the boat
(8 2) /Reaction of parents/taking action
(8 2 1) /Reaction of parents/taking action/damage control
(8 2 1 6) /Reaction of parents/taking action/damage control/protection of a family member
(8 2 1 8) /Reaction of parents/taking action/damage control/justification of actions to victim
(8 2 1 12) /Reaction of parents/taking action/damage control/privacy/secret issues
(8 2 1 15) /Reaction of parents/taking action/damage control/sabotaging police investigation
(8 2 9) /Reaction of parents/taking action/failure to protect at the time
(8 2 22) /Reaction of parents/taking action/taking control
(8 2 32) /Reaction of parents/taking action/safety/protection of victim
(8 2 35) /Reaction of parents/taking action/clarity about boundaries

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258 (8 2 37) /Reaction of parents/taking action/not knowing how to manage
259 (8 2 46) /Reaction of parents/taking action/helplessness
260 (8 4) /Reaction of parents/developing a framework of understand
261 (8 4 1) /Reaction of parents/developing a framework of understand/denial of seriousness of abuse
262 (8 4 2) /Reaction of parents/developing a framework of understand/need to know details
263 (8 4 3) /Reaction of parents/developing a framework of understand/acknowledgment~validation

Description:
parents ability to acknowledge the traumatic experiences and validate the victim. it is also a node for parents SUPPORT

264 (8 4 10) /Reaction of parents/developing a framework of understand/denial
265 (8 4 16) /Reaction of parents/developing a framework of understand/puzzlement that she did not disclose
266 (8 4 34) /Reaction of parents/developing a framework of understand/preparedness to face the situation
267 (8 4 39) /Reaction of parents/developing a framework of understand/not getting it
268 (8 5) /Reaction of parents/trauma and emotional response
269 (8 5 4) /Reaction of parents/trauma and emotional response/avoidance
270 (8 5 14) /Reaction of parents/trauma and emotional response/anger~blame of whistleblower
271 (8 5 27) /Reaction of parents/trauma and emotional response/blaming each other
272 (8 5 29) /Reaction of parents/trauma and emotional response/defensiveness
273 (8 5 31) /Reaction of parents/trauma and emotional response/too calm~numbing of feelings
274 (8 5 40) /Reaction of parents/trauma and emotional response/traumatised
275 (8 5 41) /Reaction of parents/trauma and emotional response/blaming themselves
276 (8 9) /Reaction of parents/unreality
277 (8 20) /Reaction of parents/nurturance
278 (8 28) /Reaction of parents/to therapy
279 (8 33) /Reaction of parents/noticing v distress prompting disclo
280 (8 48) /Reaction of parents/positioning with victim and offender
281 (8 48 5) /Reaction of parents/positioning with victim and offender/need to care for both children
282 (8 48 7) /Reaction of parents/positioning with victim and offender/avoidance of impact of abuse for vic
283 (8 48 11) /Reaction of parents/positioning with victim and offender/blaming the victim
284 (8 48 17) /Reaction of parents/positioning with victim and offender/understanding of offenders denial
285 (8 48 18) /Reaction of parents/positioning with victim and offender/prioritising victim's needs
Appendix B

286  (8 48 19) /Reaction of parents/positioning with victim and offender/understanding the impact for the victim
287  (8 48 24) /Reaction of parents/positioning with victim and offender/protecting the offender
288  (8 48 25) /Reaction of parents/positioning with victim and offender/prioritising offenders needs
289  (8 48 26) /Reaction of parents/positioning with victim and offender/sexually abusing victim too
290  (8 48 36) /Reaction of parents/positioning with victim and offender/anger at offender
291  (8 48 38) /Reaction of parents/positioning with victim and offender/view of son as mentally ill
292  (8 48 42) /Reaction of parents/positioning with victim and offender/rejecting offender
293  (8 48 44) /Reaction of parents/positioning with victim and offender/hostility to victims
294  (8 48 45) /Reaction of parents/positioning with victim and offender/offender a victim
295  (8 48 47) /Reaction of parents/positioning with victim and offender/rejecting victim
296  (9) /factors that enhance victim recovery

Description:
what are the factors that have been nominated by the victim and the family in assisting her to recovery.

297  (9 1) /factors that enhance victim recovery/offender acknowledgment
298  (9 2) /factors that enhance victim recovery/friendships outside the family
299  (9 3) /factors that enhance victim recovery/parent's positioning with offender
300  (9 4) /factors that enhance victim recovery/change in victim perception of offender

Description:
this relates to victim re-conceptualising the abuse from the brother as unacceptable. Often the victim has a continued love of the offender and views what he has done as acceptable or even good eg victim one whose brother was gentle with her unlike her father.

301  (9 5) /factors that enhance victim recovery/victim's challenging of negative family
302  (9 6) /factors that enhance victim recovery/victim breaking the secrecy
303  (9 7) /factors that enhance victim recovery/victim regaining their power
304  (9 8) /factors that enhance victim recovery/creating new family
305  (9 9) /factors that enhance victim recovery/retribution
306  (9 9 8) /factors that enhance victim recovery/retribution/closure
307  (9 10) /factors that enhance victim recovery/acceptance of self and situation
308  (9 11) /factors that enhance victim recovery/acknowledging their feelings to t
309  (9 12) /factors that enhance victim recovery/parents~family taking action
310 (9 13) /factors that enhance victim recovery/parent's blaming themselves
Description:
This seemed relevant for victims who had not disclosed for whatever reason. They identified that this was a pathway they needed their parents to go down in the process of their acknowledgement of the abuse. That is, they needed their parents to acknowledge that they did not protect their child and that they were at fault with this. They needed this reaction initially but did not need it to continue.

311 (9 14) /factors that enhance victim recovery/offender remorse
312 (9 15) /factors that enhance victim recovery/forgiveness of offender
313 (9 16) /factors that enhance victim recovery/family acknowledgement
314 (9 17) /factors that enhance victim recovery/offender going to therapy
315 (9 18) /factors that enhance victim recovery/offender apology
316 (9 19) /factors that enhance victim recovery/victims desired parental response
317 (9 20) /factors that enhance victim recovery/talking about it
318 (9 21) /factors that enhance victim recovery/empathy from family
319 (9 22) /factors that enhance victim recovery/consequences for offender
320 (9 23) /factors that enhance victim recovery/seeking validn outside family
321 (9 24) /factors that enhance victim recovery/VOCAT compensation
322 (9 25) /factors that enhance victim recovery/others standing up to offender
323 (9 26) /factors that enhance victim recovery/others standing up to offender/other's acknowledgment and validation
324 (9 26) /factors that enhance victim recovery/family restructuring
325 (9 27) /factors that enhance victim recovery/parents feeling really bad about it
326 (9 28) /factors that enhance victim recovery/a caring and understanding partner
327 (9 29) /factors that enhance victim recovery/right timing for parental nurturance
328 (9 30) /factors that enhance victim recovery/EMDR
329 (9 31) /factors that enhance victim recovery/change in offender personality
330 (9 32) /factors that enhance victim recovery/no longer afraid
331 (9 33) /factors that enhance victim recovery/belief that bro is not a pedophile
332 (9 34) /factors that enhance victim recovery/writing about it
333 (9 35) /factors that enhance victim recovery/processing experiences
334 (9 36) /factors that enhance victim recovery/offender support not in the face of
335 (9 37) /factors that enhance victim recovery/hope
336 (9 38) /factors that enhance victim recovery/recovery regardless of offender or f
337 (10) /factors that enhance offender recove
Description:
What were the events of factors that enabled an offender to face up to his abuse and acknowledge it to the victim, himself and the family.

338 (10 1) /factors that enhance offender recove/victim empathy
<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>339</td>
<td>(10 2) /factors that enhance offender recove/feminist construction of events</td>
</tr>
<tr>
<td>340</td>
<td>(10 3) /factors that enhance offender recove/talking to parents</td>
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<td>341</td>
<td>(10 4) /factors that enhance offender recove/viewing young offending self as sepa</td>
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<td>342</td>
<td>(10 5) /factors that enhance offender recove/confrontation by sister</td>
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<td>343</td>
<td>(10 6) /factors that enhance offender recove/realising non mutuality</td>
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<td>344</td>
<td>(10 7) /factors that enhance offender recove/therapy</td>
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<td>345</td>
<td>(10 8) /factors that enhance offender recove/taking responsibility</td>
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<tr>
<td>346</td>
<td>(10 9) /factors that enhance offender recove/support of parents during facing it</td>
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<tr>
<td>347</td>
<td>(10 10) /factors that enhance offender recove/stopping it</td>
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<tr>
<td>348</td>
<td>(10 11) /factors that enhance offender recove/achieving recompense</td>
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<tr>
<td>349</td>
<td>(10 12) /factors that enhance offender recove/understanding triggers</td>
</tr>
<tr>
<td>350</td>
<td>(10 13) /factors that enhance offender recove/positive family changes</td>
</tr>
<tr>
<td>351</td>
<td>(10 14) /factors that enhance offender recove/confrontation--talking to victim</td>
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<tr>
<td>352</td>
<td>(10 15) /factors that enhance offender recove/offender's desired parental response</td>
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<td>353</td>
<td>(10 16) /factors that enhance offender recove/resolution of the issues</td>
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<tr>
<td>354</td>
<td>(10 17) /factors that enhance offender recove/try and live a life with shame</td>
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<tr>
<td>355</td>
<td>(10 18) /factors that enhance offender recove/facing it</td>
</tr>
<tr>
<td>356</td>
<td>(10 19) /factors that enhance offender recove/recognition of personal worth</td>
</tr>
<tr>
<td>357</td>
<td>(10 20) /factors that enhance offender recove/supportive partner</td>
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<tr>
<td>358</td>
<td>(10 21) /factors that enhance offender recove/focus on new family</td>
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<tr>
<td>359</td>
<td>(10 22) /factors that enhance offender recove/understand that it cannot be fixed</td>
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<tr>
<td>360</td>
<td>(10 23) /factors that enhance offender recove/victim to be happy</td>
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<tr>
<td>361</td>
<td>(11) /Factors that enhance sibling recover</td>
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<tr>
<td>362</td>
<td>(11 1) /Factors that enhance sibling recover/keeping other children safe</td>
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<tr>
<td>363</td>
<td>(11 2) /Factors that enhance sibling recover/offender being bought to justice</td>
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<tr>
<td>364</td>
<td>(11 3) /Factors that enhance sibling recover/confrontation with parent</td>
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<tr>
<td>365</td>
<td>(11 4) /Factors that enhance sibling recover/remorse from offender</td>
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<tr>
<td>366</td>
<td>(11 5) /Factors that enhance sibling recover/nurturance from parents</td>
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<tr>
<td>367</td>
<td>(11 6) /Factors that enhance sibling recover/family restructuring</td>
</tr>
<tr>
<td>368</td>
<td>(12) /Factors that enhance parental recove</td>
</tr>
<tr>
<td>369</td>
<td>(12 1) /Factors that enhance parental recove/support from others</td>
</tr>
<tr>
<td>370</td>
<td>(12 2) /Factors that enhance parental recove/remorse and apology from offender</td>
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<tr>
<td>371</td>
<td>(12 3) /Factors that enhance parental recove/recovery of victim</td>
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<tr>
<td>372</td>
<td>(12 4) /Factors that enhance parental recove/family remains intact</td>
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<td>373</td>
<td>(12 5) /Factors that enhance parental recove/reconciliation of offender and victim</td>
</tr>
<tr>
<td>374</td>
<td>(12 6) /Factors that enhance parental recove/talking between the family</td>
</tr>
<tr>
<td>375</td>
<td>(12 7) /Factors that enhance parental recove/understanding their role in things</td>
</tr>
<tr>
<td>376</td>
<td>(12 8) /Factors that enhance parental recove/time out</td>
</tr>
</tbody>
</table>
Factors that enhance parental recovery/giving up their responsibility

Factors that enhance parental recovery/framework of understanding of the situation

Factors that enhance parental recovery/offender gets treatment

victim action for recovery

Description:
descriptions of action from the victim that enabled them to begin the recovery process.

victim action for recovery/deciding to disclose to parents

victim action for recovery/therapy

victim action for recovery/therapy/experience of therapy

victim action for recovery/therapy/knowledge from therapy

victim action for recovery/therapy/acknowledgment from therapy

victim action for recovery/family therapy vs individual

victim action for recovery/confrontation with brother

victim action for recovery/Learning offender mentality

victim action for recovery/recreating childhood

victim action for recovery/changing abuse relationship patterns

victim action for recovery/becoming her own person

victim action for recovery/focussing on her children

victim action for recovery/taking power

victim action for recovery/ran away from family—cut off

victim action for recovery/articulating and understanding the experience

victim action for recovery/getting life together

victim action for recovery/holding on to the family consequence

victim action for recovery/embracing dignity and integrity

victim action for recovery/not saving brother

victim action for recovery/demanding respect from family

victim action for recovery/having a voice

victim action for recovery/nurturing self

victim action for recovery/restitution

victim action for recovery/empathising with parents position

victim action for recovery/learning to feel

victim action for recovery/viewing offender as different to brother

victim action for recovery/reestablishing ties with family

victim action for recovery/different coping strategies to other

victim action for recovery/seeking justice

victim action for recovery/breaking the secret

victim action for recovery/maintaining the validation—seriousness

parental action for recovery

parental action for recovery/reunifying family

parental action for recovery/going to therapy

parental action for recovery/organising therapy for v and o

parental action for recovery/explaining their position to victim

parental action for recovery/protection of victim

parental action for recovery/connecting to their feelings

parental action for recovery/getting offender to own up & apologising

parental action for recovery/forgiving offender

parental action for recovery/time is a big healer
Appendix B

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422 (14 10) /parental action for recovery/parents need to support each other
423 (14 11) /parental action for recovery/stepping back from victim support
424 (14 12) /parental action for recovery/prioritising victims needs
425 (14 13) /parental action for recovery/banishing offender
426 (14 14) /parental action for recovery/making consequences for offender
427 (14 15) /parental action for recovery/care for offender too
428 (14 16) /parental action for recovery/guiding victim out of bully response
429 (14 17) /parental action for recovery/seeking education and information
430 (14 18) /parental action for recovery/making recompense to victim
431 (14 19) /parental action for recovery/giving offender hope
432 (14 20) /parental action for recovery/supporting and prioritising victim
433 (14 21) /parental action for recovery/children resolve it themselves
434 (14 22) /parental action for recovery/standing up to offender manipulation
435 (15) /offender action for recovery
436 (15 1) /offender action for recovery/seeing healthy lifestyle of victim
437 (15 2) /offender action for recovery/persisting in therapy
438 (15 3) /offender action for recovery/forgiving oneself
439 (15 4) /offender action for recovery/seeking forgiveness from victim
440 (15 4 1) /offender action for recovery/seeking forgiveness from victim/talking to victim
441 (15 4 2) /offender action for recovery/seeking forgiveness from victim/apologising to victim
442 (15 4 3) /offender action for recovery/seeking forgiveness from victim/writing letter to victim
443 (15 5) /offender action for recovery/going to therapy
444 (15 6) /offender action for recovery/embracing respectful relationships
445 (15 7) /offender action for recovery/putting things right
446 (15 8) /offender action for recovery/connecting to feelings
447 (15 9) /offender action for recovery/present self different to abusing se
448 (15 10) /offender action for recovery/holding onto self esteem
449 (15 11) /offender action for recovery/defining themself as different to ab
450 (15 12) /offender action for recovery/not running away from it
451 (15 13) /offender action for recovery/safety precautions for future
452 (15 14) /offender action for recovery/proving trustworthiness
453 (15 15) /offender action for recovery/not allowing support from parents
454 (15 16) /offender action for recovery/reconnecting with parents
455 (15 17) /offender action for recovery/enhancing relationships
456 (15 18) /offender action for recovery/leaning not to be self centred
457 (15 19) /offender action for recovery/learning positive power
458 (15 20) /offender action for recovery/challenging shame
459 (15 21) /offender action for recovery/feeling comfortable with self
460 (15 26) /offender action for recovery/offender constructions
461 (15 28) /offender action for recovery/learning to live with the past
462 (16) /sibling action for recovery
463 (16 1) /sibling action for recovery/protection of their children from of
464 (16 2) /sibling action for recovery/reading–education
465 (16 3) /sibling action for recovery/counselling
466 (16 17) /sibling action for recovery/career in abuse area
467 (17) /Reaction of offender
468 (17 1) /Reaction of offender/negative internalisation
Description:
this includes the perceptions of the participant to each of the family dyadic and group interactions.
Appendix B

505 (18 1) /family relationships/parent - victim
506 (18 1 1) /family relationships/parent - victim/perception of parents awareness of t
507 (18 1 2) /family relationships/parent - victim/general relationship qualities
508 (18 2) /family relationships/parent - offender
509 (18 3) /family relationships/victim - offender
510 (18 4) /family relationships/parental relationship
511 (18 5) /family relationships/family dynamics
512 (18 6) /family relationships/victim-uninvolved siblings
513 (18 7) /family relationships/offender-uninvolved siblings
514 (18 8) /family relationships/spousal relationship
515 (18 10) /family relationships/parent-uninvolved sibling
516 (18 11) /family relationships/change in family structure
517 (18 12) /family relationships/offender-victim's partner
518 (18 13) /family relationships/uninvolved sibling-uninvolved sibling
519 (18 14) /family relationships/victim - offender's partner
520 (18 15) /family relationships/victim-victim
521 (18 16) /family relationships/offender - offender's partner
522 (19) /explanations for the sexual abuse
523 (19 1) /explanations for the sexual abuse/from victim/brother saved her from worse abuse
524 (19 1 31) /explanations for the sexual abuse/from victim/brother saved her from worse abuse
525 (19 2) /explanations for the sexual abuse/by offender
526 (19 2 21) /explanations for the sexual abuse/by offender/looking for love
527 (19 3) /explanations for the sexual abuse/my thoughts
528 (19 4) /explanations for the sexual abuse/for siblings
529 (19 5) /explanations for the sexual abuse/parental understanding for abuse
530 (20) /Indicators of family recovery
531 (20 1) /Indicators of family recovery/no longer the focus of life
532 (20 2) /Indicators of family recovery/complete as a whole family
533 (20 3) /Indicators of family recovery/wife to be happy
534 (20 4) /Indicators of family recovery/victims doing well and successful
535 (20 5) /Indicators of family recovery/victim leading a normal life
536 (20 6) /Indicators of family recovery/confrontation has occurred
537 (20 7) /Indicators of family recovery/offender facing up and healthy
538 (20 8) /Indicators of family recovery/apologetic and forgiving
539 (20 9) /Indicators of family recovery/love between family members
540 (21) /experience of helping syste
541 (22) /Reaction of Sibling
542 (22 28) /Reaction of Sibling/supporting offender
543 (22 28 2) /Reaction of Sibling/supporting offender/taking offender side
544 (22 28 3) /Reaction of Sibling/supporting offender/lack of respect for victim
545 (22 28 6) /Reaction of Sibling/supporting offender/defending offender
546 (22 28 19) /Reaction of Sibling/supporting offender/not hating offender
547 (22 28 20) /Reaction of Sibling/supporting offender/understanding complexities of offend
548 (22 28 22) /Reaction of Sibling/supporting offender/non blaming
549 (22 28 24) /Reaction of Sibling/supporting offender/anger at victim

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(22 28 27) Reaction of Sibling/supporting offender/reestablishing a relationship with o
(22 29) Reaction of Sibling/victim support
(22 29 5) Reaction of Sibling/victim support/anger at offender
(22 29 7) Reaction of Sibling/victim support/arguing with offender's construction
(22 29 13) Reaction of Sibling/victim support/supporting victim
(22 29 14) Reaction of Sibling/victim support/understanding of behaviour of victim
(22 29 15) Reaction of Sibling/victim support/sensitivity to victim's situation
(22 29 16) Reaction of Sibling/victim support/taking victim side
(22 29 18) Reaction of Sibling/victim support/holding offender responsible
(22 29 26) Reaction of Sibling/victim support/validation of victim's experiences
(22 30) Reaction of Sibling/trauma symptoms
(22 30 1) Reaction of Sibling/trauma symptoms/disbelief
(22 30 4) Reaction of Sibling/trauma symptoms/avoidance
(22 30 8) Reaction of Sibling/trauma symptoms/shock
(22 30 9) Reaction of Sibling/trauma symptoms/emotional numbing
(22 30 10) Reaction of Sibling/trauma symptoms/traumatisation
(22 30 11) Reaction of Sibling/trauma symptoms/repressed memories
(22 30 12) Reaction of Sibling/trauma symptoms/facing it
(22 31) Reaction of Sibling/fixing family
(22 31 21) Reaction of Sibling/fixing family/negotiating family politics around s
(22 31 23) Reaction of Sibling/fixing family/better for family to be split
(22 31 25) Reaction of Sibling/fixing family/trying to put family together again
(23) family culture
(23 1) family culture/patriarchy re sexuality
(23 2) family culture/power and control
(23 3) family culture/lack of respect for victim in genera
(23 4) family culture/valuing the offender
(23 5) family culture/importance of sticking together
(23 6) family culture/emotionally absent father
(23 7) family culture/lack of sexual boundaries
(23 8) family culture/isolating victim
(23 9) family culture/the perfect family
(23 10) family culture/identity issues for father - workaho
(23 11) family culture/parent's passivity and lack of power
(23 12) family culture/sensitive
(23 13) family culture/mentally ill and non coping parents
(23 14) family culture/protection of family secret paramount
(23 15) family culture/family investment in offender
(23 27) family culture/golden haired boy
(24) constraint for victim recovery
(24 1) constraint for victim recovery/belief from others that you are over
(24 2) constraint for victim recovery/having to maintain the secrecy

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592  (24 3) /constraint for victim recovery/disconnection from family
593  (25) /Reactions wanted by victims
594  (25 1) /Reactions wanted by victims/from parents
595  (25 2) /Reactions wanted by victims/from offender
596  (25 3) /Reactions wanted by victims/from other siblings
597  (27) /shame
Appendix C

Sibling Incest Severity Scale (Carlson et al, 2006)

1. Duration of Abuse:
   - 1 = less than one year
   - 2 = 1-2 years
   - 3 = 3-4 years
   - 4 = 5-7 years
   - 5 = 8 or more years

2. Presence of Threats:
   - 0 = no threat
   - 1 = offers of money, gifts
   - 2 = withholding of affection
   - 3 = threats to harm others
   - 4 = threats to harm victims
   - 5 = general threat, instil fear

3. Seriousness of SA
   - 1 = sexually suggestive talk, hugs, kissing, exposing of genitals
   - 2 = fondling or other genital contact
   - 3 = oral contact/digital or object penetration
   - 4 = vaginal or anal intercourse
   - 5 = ritual or satanic abuse, sexualized torture or sadomasochistic practices

4. Number and Type of other Perpetrators:
   - 0 = none
   - 1 = other sibling or cousin or other relative
   - 2 = non family member
   - 3 = other relative
   - 4 = parent
   - 5 = numerous relatives

5. Perceived Coerciveness:
   - 1 = completely consensual
   - 2 = somewhat consensual
   - 3 = neither consensual or coercive
   - 4 = somewhat coercive
   - 5 = completely coercive
## Appendix D

### Scoring for 17 Sisters on the Sibling Incest Severity Scale (Carlson et al, 2006)

<table>
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<th>Sister</th>
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Appendix E

Publications Arising From This Research and Previous Publications and Conference Proceedings in the Area of Childhood Sexual Abuse.


References


References


References


365
References


References


References


References


References


References


380


