How Qualitative Research Can Inform Clinical Interventions in Families Recovering From Sibling Sexual Abuse

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The impact of sibling sexual abuse (SSA) has been culturally and therapeutically minimised and has received scant research attention. Furthermore, prior research has focused upon the separate experiences of the victim or the offender, or upon seeking family dysfunction explanations. In contrast, this qualitative study attempts to understand the experiences of all family members (victims, offenders, parents and other siblings) when SSA is disclosed. The pathway to recovery for each family member is identified. A systemic analysis of these (often conflicted) pathways of recovery provides some surprising findings and contributes to an understanding of the difficulties facing families in this situation, the constraints on family support and connectedness, validation for the victim and offender accountability.

Keywords: sibling sexual abuse, recovery from trauma, accountability in family therapy

A paradigm shift occurred over 30 years ago when our culture recognised that the sexual abuse and rape of children by adult family members and caregivers was a real occurrence, rather than belonging in the realm of fantasy. Feminist activists and researchers confronted the taboo around child sexual abuse (Crowder, 2002; Finkelhor, 1980; Herman, 1983; Russell, 1983) and were instrumental in changing the beliefs that had been encapsulated in the psychoanalytic construct of the Oedipal complex (Masson, 1992).

Various systemic approaches to intervening in intrafamilial sexual abuse have been developed, with most of the emphasis on father–daughter abuse. Victims can be assisted to recover when the child's safety is established, when power imbalances in the family are recognised, when the offender (and other family members) acknowledge the abuse, and when the child is reconnected with the non-offending parent (Gil, 1996; Herman, 1983; James & MacKinnon, 1990; Miller & Dwyer, 1997; Sheinberg, 1992; Sheinberg & Fraenkel, 2001).

However, a significant lag has occurred in understanding sibling sexual abuse (SSA). It has been historically minimised as benign, and viewed as mutual sexual exploration. On the contrary, the limited research on SSA indicates that it may be the most common type of intrafamilial sexual abuse; that it involves greater degrees of coercion and violence, and that is more likely to involve sexual penetration than other types of intrafamilial sexual abuse (Ascherman & Safier, 1990; Finkelhor, 1979; Finkelhor & Hotaling, 1984; Finkelhor, 1980; Gioro, 1991; Laviola, 1989, 1992; O'Brien, 1989, 1991; Peterson, 1992; Russell, 1983, 1986; Tremblay, Hebert & Piche, 1999). For example, O'Brien (1991), a key investigator of adolescent sex offenders, found that sibling incest offenders were more likely to penetrate their victims (46%) than were extrafamilial sex offenders (28%) or adolescents who had sexually assaulted peers or adults (13%). O'Brien concluded that this was because sibling sex offending took place over a longer time period than the other abuses because of the easier access to a victim, allowing a progression into more serious assaults (O'Brien, 1991). Violence and the invasive nature of the assaults are factors that increase the seriousness of the impact on the victim, negating the notion of benign consequences of SSA.

As in all child sexual abuse, the impact of SSA is influenced by the extent and severity of the abuse, the age of the victim, and the responses others make to the disclosure. Many victims experience an array of trauma symptoms, often suffering posttraumatic stress disorder and affective and dissociative disorders. In addition, many victims suffer long-term relational or interpersonal difficulties as a result of being abused by a sibling. In fact, an early survey study by Russell (1986) revealed that 47% of the SSA victims never married, compared to 27% for all incest victims. Of those who married, 50% partnered with men that were

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violent toward them, compared to 18% of women who had no incest experiences. Russell (1986) hypothesised that SSA particularly impacted upon difficulties in relating to peers in adult life.

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More recently, other studies have sought to compare the impact of sibling sexual abuse with that of intergenerational sexual abuse (Doyle, 1996; Gil & Cavanagh Johnson, 1993; Owen, 1998; Rudd & Herzberger, 1999). These writers concluded that the impact of SSA on victims is comparable to, or worse than, father–daughter incest. Doyle's (1996) study found that victims, parents and professionals minimise SSA's seriousness and thus cloak the behaviour with ambiguity, which impedes victims from seeking help. Doyle also found that victims are more likely to lose their relationship with their parents following SSA than after adult–child sexual abuse. She challenged the previous discourses of the 'dysfunctional family' in sibling sexual abuse (Smith & Israel, 1987; Laviola, 1992) with her findings that suggested 'the abuse damages family relationships rather than poor relationships precipitating the abuse' (Doyle, 1996: 25).

Most of the early investigations into SSA focused on identifying the types of families where it occurs. The early research made judgments about family functioning based on retrospective reports from adult survivors. These studies produced somewhat contradictory ideas about the type of family in which sibling sexual abuse occurs. Such families have been described as either sexually permissive or sexually restrictive; very enmeshed, or very disengaged. They have been seen as characterised by the existence of a favoured child (either the victim or the offender depending upon the reporter); by parental secrets and adulterous affairs; or by the emotional abandonment of children by their mothers (Canavan, Meyer & Higgs, 1992; Gilbert, 1989, 1992; Laviola, 1989, 1992; Smith & Israel, 1987; Taylor, 1995).

However, when further research was undertaken using matched controls, no specific family types, nor particular styles of inadequate parenting could be found for families with SSA (Ascherman & Safier, 1990; Bischof, Stith & Wilson, 1992; Brown, 1997; Hardy, 2001; Raymond-McHugh & Nisbet, 2003). Instead the focus has appropriately shifted toward the individual characteristics of the offender.

Recently Hatch (2005) found that there was no difference between adolescents who sexually abuse within the family or outside the family, other than the fact that a younger sibling was available as a potential victim within the household. Prior victimisation of the offender has been implicated in SSA behaviour (Briggs, 1995; Ryan, 1999), and many studies suggest that this is more likely to involve physical rather than sexual acts (Adler & Schutz, 1995; Flanagan & Patterson, 1996; Hatch, 2005; O'Brien, 1991). Hatch (2005) also found that the adolescent offenders in her study were likely to have experienced more than three breakdowns in significant attachment relationships before the age of 10 years. Increasingly, the literature on young people who have sexually offended indicates that disrupted attachment at an early age is strongly correlated with sexual offending (Friedrich & Sim, 2006; Rich, 2006; Ryan, 1999). Hence, awareness has developed that reconnecting these young people to their family and community is an essential aspect of their treatment and recovery.

The CSA research has consistently found that a caring and nurturing relationship with a non-offending parent can also moderate the negative impact of the sexual abuse for the victim (Aspelmeier, Elliott & Smith, 2007; Conte & Schuerman, 1987: Esparza, 1993; Fassler, Amodeo, Griffin, Clay & Ellis, 2005; Gold, Milan & Mayall, 1994; Kinard, 1995; Merrill, Thomsen, Sinclair, Gold & Milner, 2001; Mullen & Fleming, 1998; Spaccarelli & Kim, 1995). The focus upon re-establishing or creating this good relationship has been a feature of the Bouverie Family Therapy Centre systemic approach to treating intergenerationa CSA[1] (Miller & Dwyer, 1997) and the work at the Ackerman Institute (Sheinberg & Fraenkel, 2001) in New York. More recently, renewed interest in thinking about CSA within an attachment framework has enhanced conceptualisation in this area (Herman & van der Kolk, 1987; van der Kolk, McFarlane & Weisaeth, 1996). Trauma and neglect lead to disrupted attachments and neurological changes (Perry, 2006; Schore, 2003). Understanding the responses of victims of CSA (and SSA offenders) within these frameworks underscores how important it is to reconnect them to a nurturing caregiver: that is, the pathway to recovery for both victims and offenders requires a good quality connection to their parents.

One difficulty families face is that child victims of SSA are much less likely to disclose than those sexually assaulted by an adult (Carlson, Maciol & Schneider, 2006; Lamb & Coakley, 1993). In Lamb and Coakley's study, only 14% of SSA victims disclosed when they were a child, compared to more than 50% of those abused by an adult. In Carlson et al.'s study (2006) only 19.5% of SSA victims disclosed at the time. The ability to disclose was independent of the degree of force and coercion employed by their sibling. Lamb and Coakley (1993) speculate that SSA creates greater ambiguity for the young victims and a mistaken belief around their own complicity. The majority of disclosures of SSA occur when the children are adults and have suffered a long-term, serious impact. Despite the predominance of adult disclosures, my research has found that the family's responses remain critical to the victim's and offender's recovery, even

when they are adults. This will be explored further in the discussion.

After a disclosure of SSA, families face significant challenges. Not least, they need a focus on the needs of the victim as well as the needs of the offender. This raises significant dilemmas following the disclosure of SSA in young families, since the victim's safety needs to be paramount, but removing the young offender to achieve this may further disconnect an sexually abusive young person from supportive caregivers and compromise his chances of positive change (Borduin, Henggeler, Blaske & Stern, 1990; Borduin, Schaeffer & Heiblum, 1999; Henggeler, Schoenwald, Borduin, Rowland & Cunningham, 1998). In both young and adult families, the task of deeply supporting both victim and offender is very difficult.

Exploring Family Experiences After SSA Disclosure

Despite a growing recognition of the family's importance in recovery, the small amount of research in the SSA area has focused on the experiences of either victims or offenders. No research has looked at the perspectives of all family members following a disclosure and applied a systemic analysis. More specifically, no research has looked at the firsthand experiences of parents or other siblings, and no study has embraced both the victim and offender perspectives. Previous studies have sought to attribute blame to the family dynamics from the perspective of one family member only. Given the complexity of the victim's and offender's recovery when they belong to the one family, my aim was to understand the perspectives of all family members following disclosure of SSA and the interactional patterns that assist or constrain recovery for each person.

Methodology

I chose a qualitative grounded theory approach. Glaser & Strauss (1967) originally developed this approach, but it is the more recent constructivist method of grounded theory (Charmaz, 2000) that I have used. It allows for the incorporation of multiple viewpoints from different family members, takes context into account, and recognises the researcher's influence in the research process. Charmaz (2000) identifies constructivist grounded theory as an approach lying between positivism and postmodernism, and as such it is philosophically congruent with the type of systemic approach I favour in my therapy with intrafamilial abuse victims: systems theory using the lenses of feminism and trauma theory.

It took five years to recruit sufficient participants, due to the sensitive nature of the problem. It became apparent that it was easier to recruit the victims of SSA than their parents and other family members — including offending siblings. This was indicative of the family dynamic where victims required validation and accountability, while other family members avoided the pain and shame of the situation. The selection of the participants for this research was opportunistic and did not involve decisions to exclude certain categories of participants. The only requirement for selection was that the participant or a family member was the victim of sibling sexual abuse.

Consistent with previous research, the majority of the participants in my study were adult when they disclosed and were interviewed. However, the abuse had occurred for all of them when they were pre-adolescent (with the majority age range of six to eight years old). Nineteen of the 21 brothers were adolescents when they commenced abusing, with the majority being 13 to 18 years old. Thus the age differences between the victims and the offenders were substantial. Yet, despite the different developmental stages of the victim and offender, the issue of mutuality was a theme that many families still struggled with. That is, the families often viewed the SSA as normal childhood exploration rather than containing the elements of coercion and force.

Twenty-one families were represented in this research. In all, 19 victims, six mothers and five fathers, five offending brothers and four siblings were interviewed. Participants were interviewed individually, with the exception of three victim group interviews (group interviews were abandoned as the research proceeded) and two joint interviews with parent couples. All victims were female and all offenders were male.[2]

The length of the interviews ranged from one to four hours, and further contact with participants occurred when I was checking the transcripts. All interviews were transcribed and analysed according to the principles of grounded theory, using the NVIVO (Richards & Richards, 1994) computer program for qualitative analysis. The conceptual frameworks of systems theory, feminism, constructivism and trauma theory were utilised in the analysis.

Results

The serious nature of the abuse and the high amount of associated violence found in this study were consistent with past research in SSA: 82% of the SSA abuse involved penetration (68% penile penetration and 14% digital), 14% involved fondling and in 4% of cases the informer could not categorise it. It is often difficult to differentiate between violent and sadistic abuse and abuse involving grooming, since abuse often commences with grooming and moves to violence (Salter, 1988). However, 12 SSA situations (43%) reported in this research clearly involved high degrees of violence, sadism and coercion, while eight situations (28%) involved grooming. In the remaining 29% of cases, either no details were available, or they were more ambiguous.

It was difficult to assess prior victimisation, as different family members gave different information, or the interviewed family member had no knowledge about whether their offender brother had himself been the target of abuse. Furthermore, while it seemed highly probable that some offenders had themselves been abused, they had no memory of it (some studies suggest that approximately 48% of victims of substantiated CSA experience periods of their life

in which they have no memory of the trauma [Freyd, 1996; Williams, 1994]). In this study, six offenders had definitely been prior victims, and another six offenders seemed unlikely to have been victimised (thus prior sexual victimisation occurred in 50% of known situations). Interestingly, four of the six offenders who had previously been known victims had experienced abuse by offenders of their own age (neighbourhood children, cousins, school friends). Thus, in my study, a major trigger for the sexually abusive behaviour was more likely to have come from influences outside of the family rather than within, and occurred from peer rather than intergenerational abuse experiences.

Prior physical victimisation (familial and intergenerational) was only known to have occurred for one brother offender in this study, possibly indicating that my study involved a different participant type from other research finding associations with prior physical victimisation (Adler & Schutz, 1995; Flanagan & Patterson, 1996; Hatch, 2005; O'Brien, 1991). It was noteworthy, though, that five offenders had experienced bullying or social/peer disruptions, and they attributed their offending behaviour to this occurrence. Attachment disruption was also difficult to assess, but seemed to be much less than in Hatch's study (2005), with only two families experiencing divorce prior to the abuse and one family having an absent father. The different results in Hatch's study could be attributed to the fact that Hatch's subjects were multi-problem, statutory families, in comparison to the more middle class and higher functioning families in my research.

The overwhelming theme in the accounts gathered from the interviews was the profound and long-term nature of SSA's impact on victims. The range of difficulties that the victims struggled with included: PTSD and complex PTSD, borderline personality disorder, a high degree of suicidality, self-harming, substance and alcohol abuse, dissociative identity, eating and sleeping disorders, depression, anxiety, panic attacks, agoraphobia, and physical problems such as chronic fatigue, chronic meningitis, irritable bowel and polycystic ovarian syndrome. In addition, many of these women had difficulties with partnering, sex, achieving their academic and vocational potential, and parenting. The extremely severe symptomatology may be related to the high percentage of abuse involving penetration and violence.

In this sample, ten sets of parents (59%) attempted to support their children well and also confront the SSA issues in their family, although three of these parent sets significantly minimised the SSA. Two sets of parents (12%) did not support their daughters at all following disclosure, but supported their sons (minimising the SSA, constructing the SSA as childhood exploration and reacting with hostility to the victim following the disclosure). Five sets of parents (29%) did not support either victim or offender, with two parent sets denying the SSA completely and three parent sets avoiding any discussion about it. Four sets of parents had not been told about the SSA, and had no knowledge of it.

Pathways to Recovery

Recovery for all family members was optimally obtained in a family context of support and connectedness. However, sometimes the conflicting needs of family members made this very difficult. Some victims whose parents had reacted negatively to the disclosure found no support within their family, and they attempted to find ways of recovering without parental support. To recover within a family context, *the victim* required the family's clear validation of their experiences, their parents' (or partner's) empathic nurturance, a sense of the offender being accountable and a belief that justice was being attended to within the family.

To recover, *offenders* also required their parent or partner to nurture them and to stay connected. Offenders needed parents or partners to assist them to acknowledge their sexually abusive behaviour, to help them confront and manage their shame and to help them find ways to maintain their accountabilty. To recover, *parents* needed to manage their grief and shame following the disclosure, to 'fix' their children (particularly the offender) and to restore the family unit. Other siblings in the family took various positions and had different recovery needs according to their roles. However, the loss of their family integrity was a major issue for most siblings and drove their recovery needs. Some siblings took on the role of ensuring justice in the family following the disclosure.

Ten families out of the 21 interviewed worked at facing up to the SSA and at nurturing both their children. However, even with the best of intentions, this created significant dilemmas. For victims, offenders, parents and siblings, the pathway to recovery was neither simple nor linear, and often conflicted. The following section will attempt to delineate the systemic nature of the pathways of recovery, and to describe the conflicts the different family members of these ten families encountered in the areas of nurturance, accountability and family integrity.

Staying Connected to Both

A surprising finding of this research was that it was emotionally easier for most parents to support their offending son than to support their victim daughter. This was not simply about patriarchal values, but involved a range of complex recursive and systemic factors that impeded the connection between the parent and daughter. Many parents described trying to reach out to their daughters emotionally but being rejected. One father in this position commented:

> At the moment, she does not want to know us, she does not want anything to do with us and I cannot help her, I can't do anything. I want to hold her and tell her that I'm sorry that I was not there for her and how I feel about this, but she is the one that hates me (Father 1).

The intergenerational CSA recovery literature has focused on rebuilding the non-offending parent's relationship with the victim (Dwyer, 1999; Miller & Dwyer, 1997). This relationship has been understood to have been damaged by the

fact of the abuse and because an abused child often acquires behavioural problems. The rebuilding occurs when the mother gives unambiguous support to the child and bears witness to the traumas that the child has gone through.

Compared to families with intergenerational child sexual abuse, families with sibling sexual abuse appeared to be different, both in the nature of the parent–child relationship prior to disclosure, and in the pathway towards rebuilding the relationship. Prior to disclosure, the degree of damage to the parent–child relationship during SSA appeared to be less than during intergenerational CSA prior to disclosure. In fact, many of the SSA victims had a close and connected relationship to their parent prior to disclosure, despite the secrecy surrounding the ongoing abuse. This was perhaps more possible because the sexual offender was not their parent's partner and their caregiver, and hence the child had less reason to believe that their parent was aware of the abuse and condoned it. The victim felt less betrayed and perhaps felt more ambiguously complicit when the offender was a peer.

Once sibling sexual abuse had been disclosed, the relationship between the parent and the child became more difficult. Sadly, this distancing was often directly related to the degree of closeness and connectedness that had existed prior to disclosure. A recurring theme in my research was how protective the victim daughters were in response to their parents' distress. This was sometimes predicated upon a parent experiencing a lot of self-blame:

> I couldn't go into too much detail or depth of what had happened [to my mother], or how bad I was feeling … because she kept blaming herself. And she did say it on quite a few occasions you know ... in the beginning I knew that I couldn't go too far with her, because it was going to push her over the edge (Victim 17).

Or, more frequently, it was the victim's *sensitivity* to her parent's distress that led her to be so protective. This was enhanced when the parent needed to give emotional support to both children. The victims sought to minimise the abuse or avoid telling their parent about the details and the impact, so that they could protect their parent, who they saw as overwhelmed by the situation. Doyle (1996) came up with the same finding in a qualitative study of SSA victims. However, when the victims protected their parents from pain, the latter did not learn in a deep sense about the abuse and so the parents and victims did not have the opportunity to travel on a healing journey together. The parents experienced being held at arm's length and cut out of their daughters' lives. The parents were also then more likely to minimise the abuse.

The less daughters confided in their parents in order to protect them, the more the daughters felt despair that their parents did not understand them. They often felt alienated and said that their parents 'just did not get it'. Daughters would often become angry and resentful about this. One daughter commented that it was awareness rather than support and care that she needed from her parents. However, she was also a daughter who could not bear to see the pain in her parents' eyes when she discussed the abuse, and so she avoided talking about it to them:

> I don't think they could handle it … I just don't know that they would know how to deal with me … I think it's more awareness than support and care, that would be the main factor [that I need from my parents] (Victim 9).

Daughters were generally philosophical about the fact that their parents needed to support their brother, and understood the need for this. They could usually deal with this if their parents refrained from talking to them about their brother, and if their parents were holding him accountable. However, the more that a parent needed to support their brother, the more sensitive the daughter was to the parent's inability to hear the details of their trauma and symptoms. It was difficult for a parent to support a son with the full knowledge of his abusive activities and the full impact upon their daughter. When a parent could provide only minimal support to a brother because he had other support in his life (like a partner), the relationship between the parent and victim was better and the victim's recovery was enhanced.

This study supports the findings of the more recent research in treating adolescent sexual offending, in that it is the *quality of the connectedness of the young person to an important carer* (parent or partner) that enables a good recovery (Borduin et al., 1990; Borduin et al., 1999; Friedrich & Sim, 2006; Henggeler & Borduin, 1990; Henggeler et al., 1990). In my study, men and boys who recovered the best did so when their parents or a partner supported them, cared about them, confronted them, involved themselves with them, and held them accountable. It was important that the support was not unconditional, but involved the carer in standing up strongly to the abusive behaviour, and often confronting the offender's minimisation and avoidance of the topic.

If parents were too confrontational without offering emotional support, or too supportive without confrontation, their sons did not recover well (and nor did the victims). This was a very difficult balance for parents to achieve, particularly in the context of their own traumatisation from the disclosure. If parents did not hold their sons accountable, their connectedness to their daughters became strained, as daughters needed their parents to validate their experiences unequivocally.

Since my study involved interviewing adults years after the sibling abuse had occurred, some offenders had 'forgotten' the abuse, fallen in love, married and had children. These offenders felt they were progressing satisfactorily through their lives. The resurfacing of their earlier abusive behaviour was shocking for them. All of them had to confront the discrepancy between their current identity and their younger abusive self. Some of these brothers dismissed the abuse as irrelevant to their current circumstances. This reaction was unhelpful to their recovery and to the recovery of their parents and sisters, as it dismissed their accountability.

One aspect of a son's reaction that can interfere with his connectedness to his parents is the degree of shame he experiences. Jenkins (1990, 2006) has written eloquently about this element of offender experience. He maintains that experiencing shame is an important part of the process of accountability, but that an offender also needs to face his shame in order to regain his self-respect. Several offenders in my study disconnected for some time from their families, out of an overwhelming sense of shame. One offender was able to regain his sense of integrity and self worth through his relationship with his partner.

Shame was also an element in the responses of victims and parents. It appeared that the more an offender could face shame, the more likely it was that a victim could give up her own shame. It was complicated for parents in my study, as they often took responsibility for the abuse, regardless of their children's reactions. They believed that there must have been something wrong in their family of procreation, which 'caused' one of their children to abuse another. Secrecy, isolation and self-blame often shaped the parents' responses. Parents usually felt that they could not talk about their situation to anyone in their extended family or friendship groups. This increased their stress as they tried to manage a complex, overwhelming situation alone.

Other siblings in the family are often forgotten. Siblings not involved in the abuse are profoundly affected by losing their sense of family. Like many parents, some siblings have suffered PTSD and depression as a result of the disclosure. Siblings took different roles according to pre-existing family dynamics.

Many siblings not involved in the abuse actually disconnected from their family and immersed themselves in their work or friendship groups. Some siblings took on the role of managing the aftermath of the abuse (when the parent could not do this) and providing support to the victim and/or offender. Most siblings tried to maintain neutrality, but this distressed their victimised sibling, as she did not feel validated. Some siblings took the side of the victim, parent or offender and acted as their advocate. One sibling in this study was so loyal to her brother that she continued to deny that the abuse had occurred, despite his full acknowledgement of it, and the fact that the rest of the family accepted that it had happened. He had even attempted to persuade this sister that she was wrong to believe in him, but to no avail.

Accountability

At the time of disclosure, victims needed several clear responses from parents: they needed them to respond in a way that reflected the gravity of the situation; they needed them to express distress; they needed them to take practical steps, like taking control and confronting the offending sibling; and they needed them to instigate appropriate consequences and punishment for the offender. Accountability for the abuse was a key pathway of recovery for both victim and offender. The victim needed the offender to be accountable and she needed her parents to make this happen. Most victims in this study did not want legal sanctions applied, but wanted their parents to be arbitrators of justice.

'The accountability axiom' (Jory & Anderson, 2000), an intimate justice concept that is utilised in couple therapy following domestic violence, could help us to understand the victim (and offender) recovery needs. Jory and Anderson argue that the 'anguish of accountability' is necessary for offenders' recovery. This involves offenders who have hurt their loved ones truly understanding the impact of their actions and suffering great distress as a result: it is a necessary 'psychological reaction to adopting and maintaining an ethical stance' (Jory & Anderson, 2000: 330). There is no shortcut by which offenders can avoid this reaction.

They label the pain and distress that the victims experience as 'anguish of abuse': 'the lingering pain and insidious conflict experienced by someone who has been violated' (Jory & Anderson, 2000: 331). Their accountability axiom states that when 'an individual fails to embrace the anguish of accountability for his or her own actions and attitudes, the anguish of abuse will be shifted to others in the emotional system' (Jory & Anderson, 2000: 330).

Jory and Anderson (2000) apply this axiom to couple therapy. If it were to be applied to SSA, it would become more complex as the whole family system is involved. However, it can still provide a frame to understand our finding that victims require an emotional, and often a distressed, reaction from their parents when the abuse is disclosed. To some extent, this passes the 'anguish of abuse' to their parents and helps reduce the victim's anguish. The parents, in turn, need to interact with their offender son to pass on the 'anguish of accountability' in order to deal with their distress. This can be difficult for parents to do if they feel responsible for the abuse themselves, and in that case they may risk taking on the 'anguish of accountability'. Nevertheless, it is ultimately important for their son's recovery for him to accept responsibility. Parents can be at risk of hijacking the 'anguish of accountability', and some victims (and siblings) describe this as frustrating and unhelpful, as it does not address the issues with their offending brother.

Loss of the Family Unit

An inevitable outcome of disclosing SSA is the disintegration—at least temporarily—of the family unit. Parents and non-offending siblings are particularly affected, experiencing grief and disorientation as a result of the loss of family. The disclosure requires them to reconstruct their happy memories and shared family experiences, and too often destroys them. Several parents and a sibling described their loss of identity as a consequence of the victim's disclosure and the new picture of their family they had had to accept. Many victims keep the abuse a secret in order to protect the family unit. The same imperative to protect the integrity of the family is what drives some families to deny or make light of the abuse. This is one sibling's experience at the time of disclosure:

> I couldn't fathom it. I remember always thinking that our family was great ... So my perception of the family at that time was that it was a great family … and then to find out [about the SSA] was like, it's not [a great family], and I couldn't really comprehend it … (Sibling 4).

This sibling denied that the abuse had occurred until the reactions of everyone else in the family meant that she could not maintain her disbelief. She reacted by disconnecting from her family for many years in order to avoid the pain and grief.

> "… it makes sense that for parents and other siblings, an important goal of recovery is to reunify the family."

Consequently, it makes sense that for parents and other siblings, an important goal of recovery is to reunify the family. Most parents and siblings could understand the need for separation of the victim and offender for a certain period. However, if time went by and this separation did not appear to be changing, it became difficult for some to maintain this split. Sometimes pressure was applied to the victim to 'put it behind her' and 'get on with her life'. This was extremely difficult for victims, who would often gradually withdraw from their family at this time.

Other families recognised that a reunification was impossible, although they yearned for it, and they continued to respect the victim's needs. Even if their victim and offender had progressed well, these families did not consider that recovery had occurred for them, because the family unit had been destroyed. The idea of a 'restructured' family did not resonate with these parents and siblings in the way it can for families where there has been intergenerational abuse.

Summary: Conflicting Pathways of Recovery

This study shows that recovery for both victims and offenders depends on a parent's connectedness with them and care for them. Victims and offenders need strong action from their parents at an emotional and practical level. However, parents can struggle with their own shock, confusion, self-blame, depression and traumatisation at this time, and sometimes do not have the emotional strength to take firm action and maintain a dual focus. Victims and offenders need their parents to hold their sons accountable as well as offer them support.

Victims often feel that their parents 'just do not get it'. However, victims often make light of their experiences to the parents in order to protect them from distress. Ironically, this often occurs because of the good prior relationship between victims and their parents. However, in protecting their parents, victims inadvertently create emotional distance. They then can feel alienated, as their parents truly do not understand the extent of their trauma. Some parents are able to push through this barrier, but are less likely to when traumatised and reacting avoidantly, and thus the connection between parents and their daughter is damaged.

The goal for most parents and siblings is ultimately to reunite the family. If this is attempted too early, victims experienced this as dismissing or devaluing their experiences of abuse, and not punishing their brother in the manner that they think is required. The parents then perceive the victim's continuing symptomatology and need for separation from the offender as undermining their goal of family reunification.

Endnotes

1 The Bouverie Centre, Victoria's Family Therapy Institute. This work was developed in a specialist team from 1990 to 2001 and included the following long-term members: Pam Rycroft, Robyn Miller, Jenny Dwyer, Anne Welfare, Robyn Elliott, Simon Bridge and Karen Sutherland.

2 It is my opinion that the quirk that this study involves only female victims and male offenders reflects the difficulties of accessing male victims 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. While there is little research evidence to link some of these physical problems to their childhood sexual abuse, the victims made a direct association. Many of the victims believe that their bodies have reacted to the chronic abuse, and there is some evidence that the overloading of the adrenal system due to the chronic terror produces some of these problems.

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