HELPING CAREGIVERS COPE WITH SIBLING SEXUAL ABUSE

PROVIDING HOPE AND STRENGTH TO COPE

AS THEY WALK THE MIDDLE PATH

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But first, let’s take a walk in their shoes…

Introducing some of the parents and grandparents that inspired this topic.*

- Faye
- Ed
- Uma and Keith
- Irene, Kyle, and Fiona
- Sarah, James, and Dean
- Diane

**Names and identifiers have been changed for protection of privacy.*

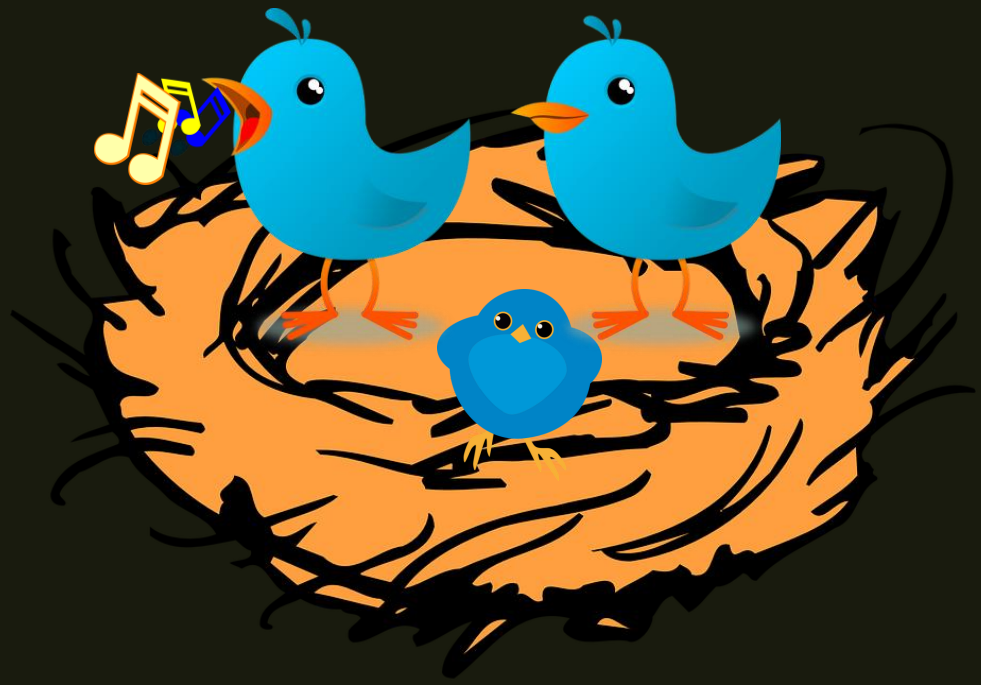
Let’s Consider

- How has the sibling harmful sexual behaviour impacted the caregivers as individuals? As a couple? As a family?
- How balanced/imbalanced might the parents/grandparents feel as they walk the middle path between the youth who harmed and the child who was harmed?
- What challenges caused stress in the home? In the parenting/grandparenting relationship?

Caregivers of children with sexual behaviour problems reported high levels of stress related to parenting (Silovsky, 2002).

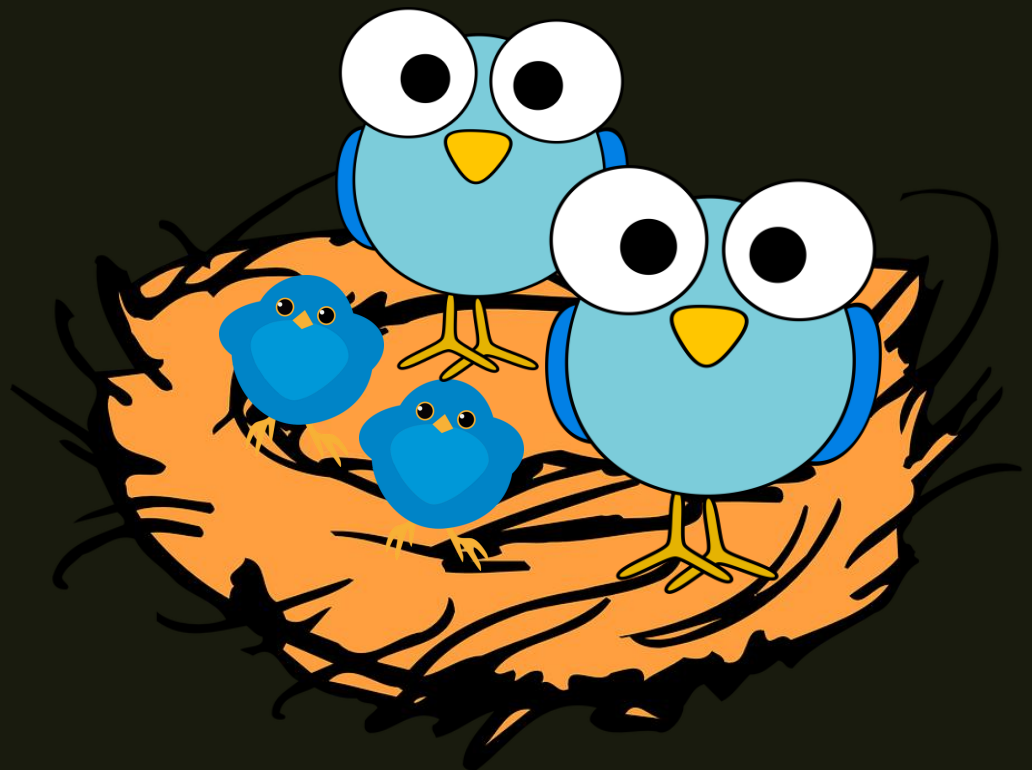
FAMILY STUDY #1

FAMILY STUDY #2



FAMILY STUDY #3

FAMILY STUDY #4



FAMILY STUDY #5

FAMILY STUDY #6

All the parents and caregivers in the scenarios we just heard were experiencing multiple life stressors.

What barriers do you think they experience in being able to take care of ***themselves***?

What would be realistic acts of self-care in their situations?

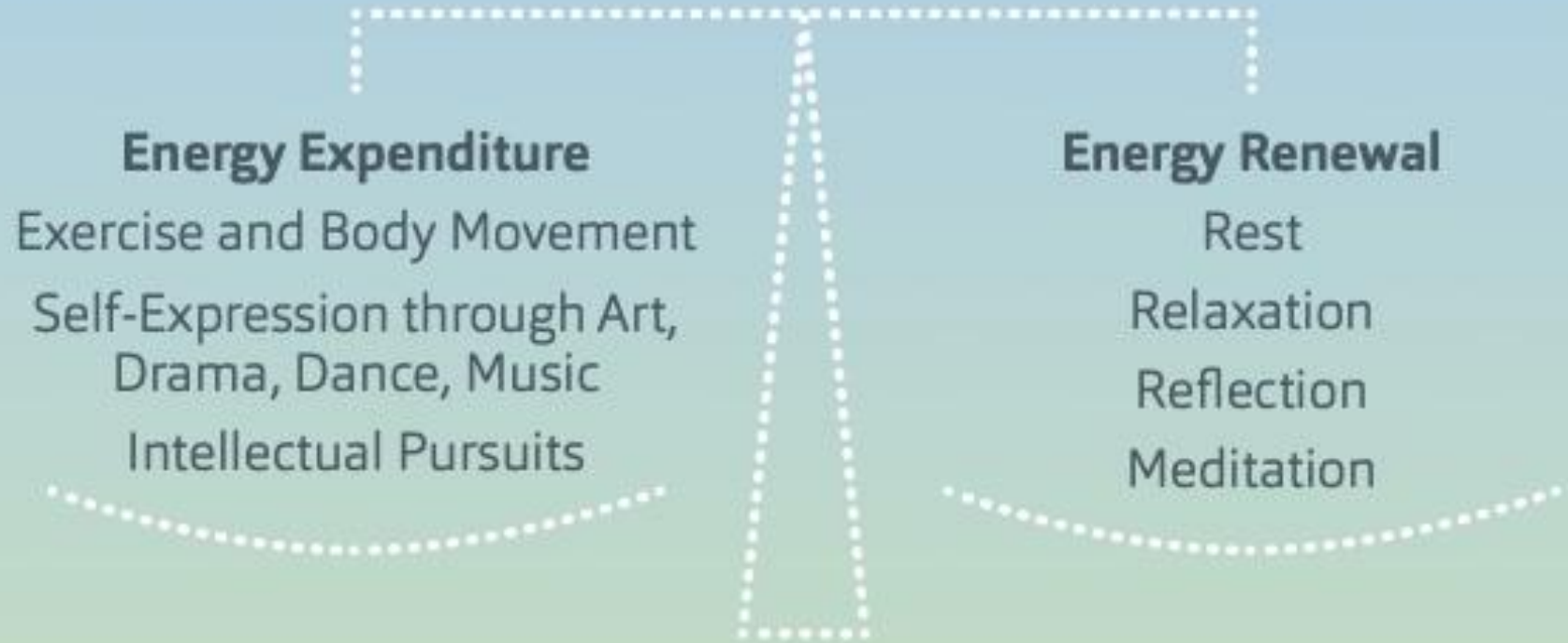
Self-care Suggestions for Parents

(Bonner, 2009)

- Taking a walk every day with family members
- Taking an active part in the child and adolescent's therapy
- Having a network of support for reassurance and support
- Engaging in family activities
- Using some relaxation exercises every day; and
- Having hope for a positive future for their child, adolescent, and the family

How realistic are these for our family scenarios? What else could help?

Life Balance

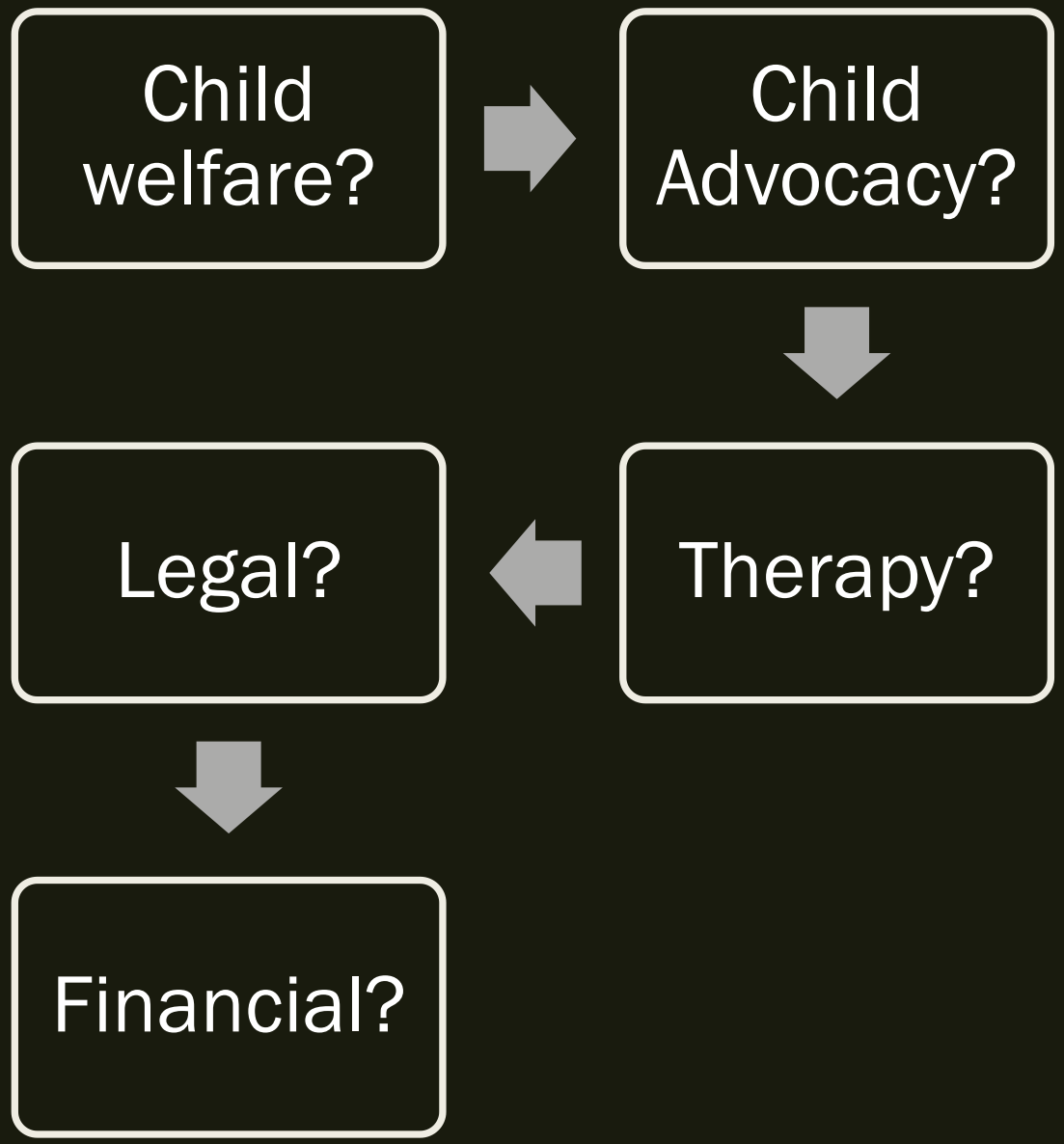


Practiceselfregulation.com

Why Support the Caregivers?

(Pithers et. al., 1998)

- In a study by Pithers, et al., the demographic and functional characteristics of families of 72 children with sexual behaviour problems were studied.
- High levels of life stress were found related to income, criminal arrest, family violence, sexual abuse, social support, modulation of emotion, and attachment to their child.
- Parents were described as “highly distressed” and “somewhat isolated.”
- It was concluded that “to maximize the efficacy of treatment for children with sexual behavior problems, parents must be centrally involved and receive services coordinated with those of their child.”
- Group treatment was recommended to “help form a network of peer support for caregivers of children with sexual behavior problems.”



What supports are in place for the caregivers?

WHAT CHALLENGES/BARRIERS PREVENT CAREGIVERS FROM RECEIVING NEEDED SUPPORTS?

Support for Parents and Caregivers

(ATSA Task Force on Children with Sexual Behavior Problems, 2023)

Group Therapy

Benefits

- Provides parents with a sense of not being alone.
- See that others are struggling with the same issues
- Provide an opportunity for parents/caregivers to learn together and support one another.

Risks

- Parents may be hesitant to participate in a group where others will know that their child is receiving treatment for sexual behavior problems.
- Parents may be embarrassed or not trust others to keep the information confidential outside of group.

Individual Therapy

Benefits

- Parental involvement in sessions can help them work directly with their child.
- Sessions for the parents without the child can explore the same content that would be explored in group.
- Privacy to address the specific needs of the family and the parents/caregivers.

Risks

- Parents feeling isolated and unsupported may persist.

Therapeutic Intervention and Support

(ATSA Task Force on Children with Sexual Behavior Problems, 2023)

May include:

- Stabilizing the home environment, if needed.
- Addressing factors in the home/family that may be contributing to or maintaining the sexual behaviour problems.
- Involving the parents or alternate caregivers in the therapeutic process to support the child and the treatment plan through parent skills training or as partners in the child's treatment.

Normative and Non-normative Sexual Behaviour

- Do the parents understand and respond effectively to child and adolescent normative and non-normative sexual behaviour?
- What is their understanding of how the sexual behaviour problems developed?
- How might the parents help and support both their children?
- What challenges might they encounter?
- Questions for therapist self-reflection, too!

“Parents and professionals working with children frequently ask questions about the normality of children’s sexual behaviors. They often want to know whether the behaviors are typical and to be expected or are an indication that the child has been sexually abused. More important, they want to know how to address children's sexual behaviors (Wurtele & Kenny, 2011).”

Sexual Abuse History and SBP’s

(ATSA Task Force, 2023; Cavanagh Johnson, 2011)

- Children who have sexual behaviour problems may or may not have a history of sexually abused.
- SBP's are caused by environmental experiences in which the child has lived and may include abuse, neglect, domestic violence.
- It is not true that a child or youth with a sexual abuse history is destined to become an adult who sexually harms children.

Age Matters

Children with Sexual Behaviour Problems

(ATSA Task Force on Children with Sexual Behavior Problems, 2023)

- Children aged 12 and younger who initiate sexualized behaviors that are developmentally inappropriate or potentially harmful to themselves or others.

Youth with Harmful Sexual Behaviours

(Worling, 2017)

Adolescents and emerging adults (i.e., individuals aged 12 to 25) who have offended sexually.

Problem Sexual Behaviour in Children - Contributing Factors

(Silovsky, 2009)

- Child Vulnerabilities: Developmental or language delay, impulse control problems
- Family Adversity: Lack of guidance/supervision, stress and trauma, parental depression, substance abuse
- Modeling of Coercion: Physical abuse, domestic violence, peer violence, community violence
- Modeling of Sexuality: Sexual abuse, nudity, exposure to pornography

How might these factors add to the stress of parents and caregivers?

Adolescent Harmful Sexual Behaviour – Contributing Factors

(Bonner, 2009)

- Curiosity about sex
- Impulsivity/immaturity
- Non-sexual harmful behaviours/aggression
- A decline in mental well-being
- Exposure to sexual media or behaviours
- Sexual abuse history
- Sexual attraction to children

How might these factors add to stress and supervision issues for the parents and caregivers?

Assessing Parental Understanding of Sexualized Behaviour in Children and Adolescents (Marriage et al., 2017)

Survey results (N=244 parents)

When surveyed using a randomized experimental vignette condition,

- "Parents were not able to consistently identify sexualized behaviors accurately and provided lower than recommended levels of intervention responses.
- Parents were best able to identify and respond to behaviors considered normal and age-appropriate but had greater difficulty with behaviors considered concerning or harmful.
- Parents were significantly less able to accurately identify and respond to behaviors exhibited by very young children (aged 0–4)."

In three vignette comparisons,

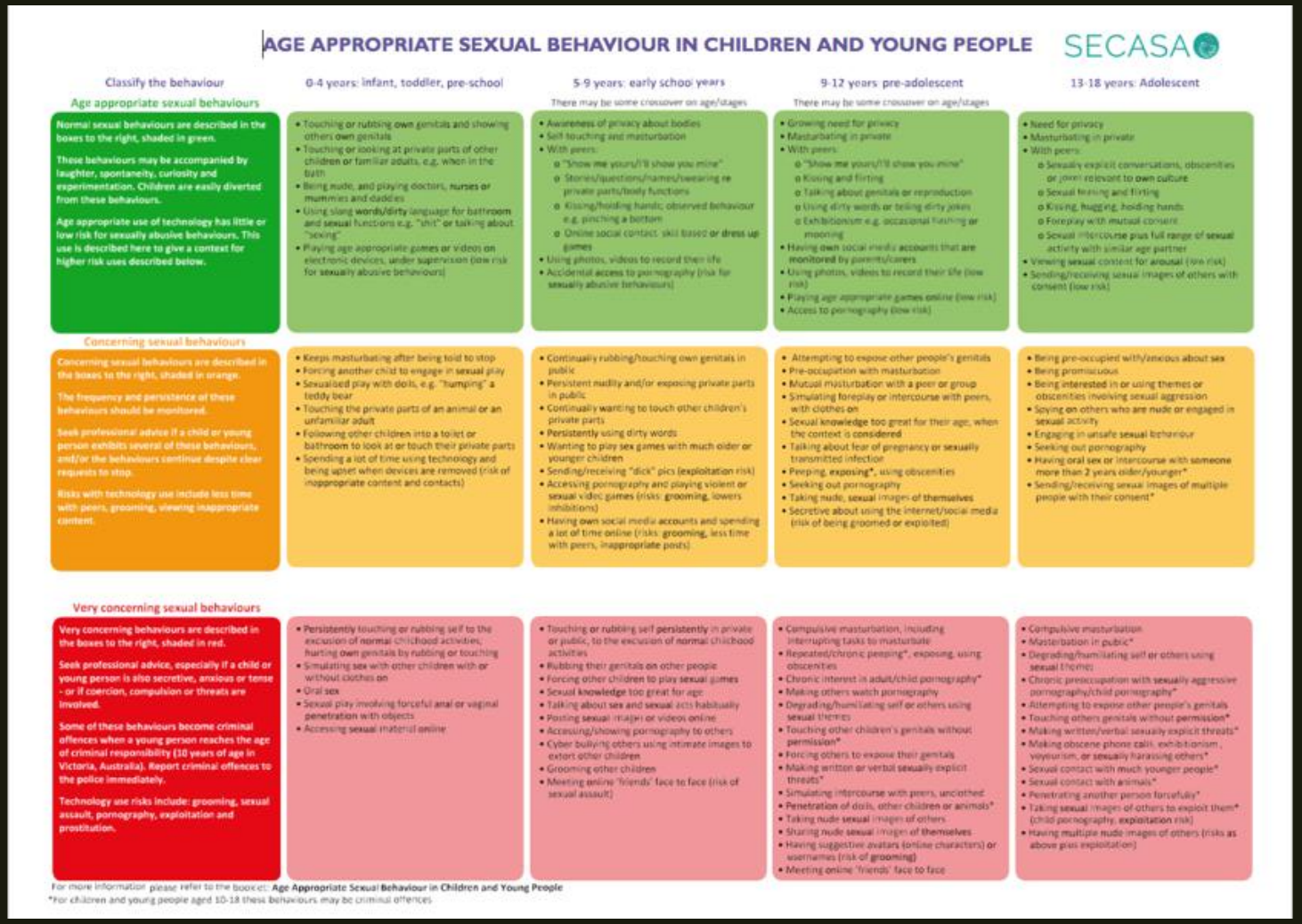
- No significant difference in the level of intervention responses was found between parents who viewed the child that was harmed as their own, and parents who viewed the child who harmed as their own;
- Parents who viewed both the child that was harmed and the child who harmed as being their children (siblings) reported lower intervention response levels.

"Because a lack of accurate knowledge around risks and indicators of child sexual abuse negatively affects the ability of parents to prevent and detect abuse…

…the results have implications for a shift from a forensic model of child protection towards a public health model, ***which emphasizes parent and community education."***

UNDERSTANDING AND RESPONDING TO SEXUALIZED BEHAVIOUR IN CHILDREN AND YOUTH

Reflecting on the family scenarios.



AGE APPROPRIATE SEXUAL BEHAVIOUR IN CHILDREN AND YOUNG PEOPLE

SECASA

Classify the behaviour	0-4 years: infant, toddler, pre-school	5-9 years: early school years	9-12 years: pre-adolescent	13-18 years: Adolescent
Age appropriate sexual behaviours		There may be some crossover on age/stages	There may be some crossover on age/stages	
Normal sexual behaviours are described in the boxes to the right, shaded in green. These behaviours may be accompanied by laughter, spontaneity, curiosity and experimentation. Children are easily diverted from these behaviours. Age appropriate use of technology has little or low risk for sexually abusive behaviours. This use is described here to give a context for higher risk uses described below.	• Touching or rubbing own genitals and showing others own genitals • Touching or looking at private parts of other children or familiar adults, e.g. when in the bath • Being nude, and playing doctors, nurses or mummies and daddies • Using slang words/dirty language for bathroom and sexual functions e.g. "shit" or talking about "sexing" • Playing age appropriate games or videos on electronic devices, under supervision (low risk for sexually abusive behaviours)	• Awareness of privacy about bodies • Self touching and masturbation • With peers: o "Show me yours/I'll show you mine" o Stories/questions/names/swearing re private parts/body functions o Kissing/holding hands; observed behaviour e.g. pinching a bottom o Online social contact skill based or dress up games • Using photos, videos to record their life • Accidental access to pornography (risk for sexually abusive behaviours)	• Growing need for privacy • Masturbating in private • With peers: o "Show me yours/I'll show you mine" o Kissing and flirting o Talking about genitals or reproduction o Using dirty words or telling dirty jokes o Exhibitionism e.g. occasional flashing or mooning • Having own social media accounts that are monitored by parents/carers • Using photos, videos to record their life (low risk) • Playing age appropriate games online (low risk) • Access to pornography (low risk)	• Need for privacy • Masturbating in private • With peers: o Sexually explicit conversations, obscenities or jokes relevant to own culture o Sexual teasing and flirting o Kissing, hugging, holding hands o Foreplay with mutual consent o Sexual intercourse plus full range of sexual activity with similar age partner • Viewing sexual content for arousal (low risk) • Sending/receiving sexual images of others with consent (low risk)
Concerning sexual behaviours				
Concerning sexual behaviours are described in the boxes to the right, shaded in orange. The frequency and persistence of these behaviours should be monitored. Seek professional advice if a child or young person exhibits several of these behaviours, and/or the behaviours continue despite clear requests to stop. Risks with technology use include less time with peers, grooming, viewing inappropriate content.	• Keeps masturbating after being told to stop • Forcing another child to engage in sexual play • Sexualised play with dolls, e.g. "humping" a teddy bear • Touching the private parts of an animal or an unfamiliar adult • Following other children into a toilet or bathroom to look at or touch their private parts • Spending a lot of time using technology and being upset when devices are removed (risk of inappropriate content and contacts)	• Continually rubbing/touching own genitals in public • Persistent nudity and/or exposing private parts in public • Continually wanting to touch other children's private parts • Persistently using dirty words • Wanting to play sex games with much older or younger children • Sending/receiving "dick" pics (exploitation risk) • Accessing pornography and playing violent or sexual video games (risks: grooming, lowers inhibitions) • Having own social media accounts and spending a lot of time online (risks: grooming, less time with peers, inappropriate posts)	• Attempting to expose other people's genitals • Pre-occupation with masturbation • Mutual masturbation with a peer or group • Simulating foreplay or intercourse with peers, with clothes on • Sexual knowledge too great for their age, when the context is considered • Talking about fear of pregnancy or sexually transmitted infection • Peeping, exposing*, using obscenities • Seeking out pornography • Taking nude, sexual images of themselves • Secretive about using the internet/social media (risk of being groomed or exploited)	• Being pre-occupied with/anxious about sex • Being promiscuous • Being interested in or using themes or obscenities involving sexual aggression • Spying on others who are nude or engaged in sexual activity • Engaging in unsafe sexual behaviour • Seeking out pornography • Having oral sex or intercourse with someone more than 2 years older/younger* • Sending/receiving sexual images of multiple people with their consent*
Very concerning sexual behaviours				
Very concerning behaviours are described in the boxes to the right, shaded in red. Seek professional advice, especially if a child or young person is also secretive, anxious or tense - or if coercion, compulsion or threats are involved. Some of these behaviours become criminal offences when a young person reaches the age of criminal responsibility (10 years of age in Victoria, Australia). Report criminal offences to the police immediately. Technology use risks include: grooming, sexual assault, pornography, exploitation and prostitution.	• Persistently touching or rubbing self to the excusion of normal childhood activities, hurting own genitals by rubbing or touching • Simulating sex with other children with or without clothes on • Oral sex • Sexual play involving forceful anal or vaginal penetration with objects • Accessing sexual material online	• Touching or rubbing self persistently in private or public, to the exclusion of normal childhood activities • Rubbing their genitals on other people • Forcing other children to play sexual games • Sexual knowledge too great for age • Talking about sex and sexual acts habitually • Posting sexual images or videos online • Accessing/showing pornography to others • Cyber bullying others using intimate images to extort other children • Grooming other children • Meeting online 'friends' face to face (risk of sexual assault)	• Compulsive masturbation, including interrupting tasks to masturbate • Repeated/chronic peeping*, exposing, using obscenities • Chronic interest in adult/child pornography* • Making others watch pornography • Degrading/humiliating self or others using sexual themes • Touching other children's genitals without permission* • Forcing others to expose their genitals • Making written or verbal sexually explicit threats* • Simulating intercourse with peers, unclothed • Penetration of dolls, other children or animals* • Taking nude sexual images of others • Sharing nude sexual images of themselves • Having suggestive avatars (online characters) or usernames (risk of grooming) • Meeting online 'friends' face to face	• Compulsive masturbation • Masterbation in public* • Degrading/humiliating self or others using sexual themes* • Chronic preoccupation with sexually aggressive pornography/child pornography* • Attempting to expose other people's genitals • Touching others genitals without permission* • Making written/verbal sexually explicit threats* • Making obscene phone calls, exhibitionism, voyeurism, or sexually harassing others* • Sexual contact with much younger people* • Sexual contact with animals* • Penetrating another person forcefully* • Taking sexual images of others to exploit them* (child pornography, exploitation risk) • Having multiple nude images of others (risks as above plus exploitation)

For more information please refer to the booklet: **Age Appropriate Sexual Behaviour in Children and Young People**

*For children and young people aged 10-18 these behaviours may be criminal offences

PDF available in training materials

(South Eastern Centre Against Sexual Assault & Family Violence [SECASA], n.d.)

Age-appropriate Sexual Behaviours

(South Eastern Centre Against Sexual Assault & Family Violence [SECASA], n.d.)

These behaviours may be accompanied by laughter, spontaneity, curiosity, and experimentation.

Children are easily diverted from these behaviours.

Age-appropriate use of technology has little or low risk for sexually abusive behaviours.

Age-appropriate Sexual Behaviour in Children and Youth

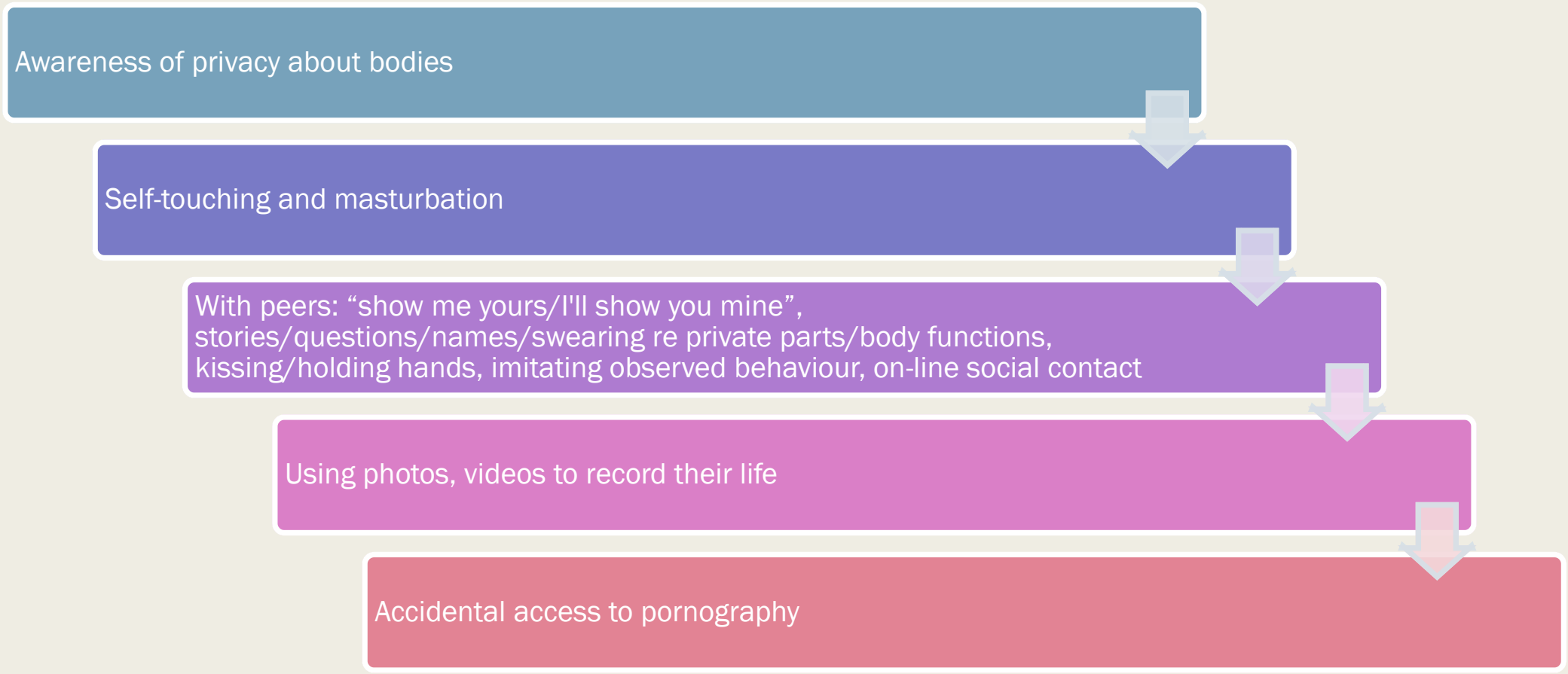
Age 0-4 years: Infant, toddler, pre-school

(South Eastern Centre Against Sexual Assault & Family Violence [SECASA], n.d.)

- Touching or rubbing own genitals and showing others own genitals
- Touching or looking at private parts of other children or familiar adults, e.g., when in the bath
- Being nude and playing being a doctor, nurse, mommy and daddy
- Using slang words/swear words for bathroom and sexual functions
- Playing age-appropriate games or videos on electronic devices, under supervision

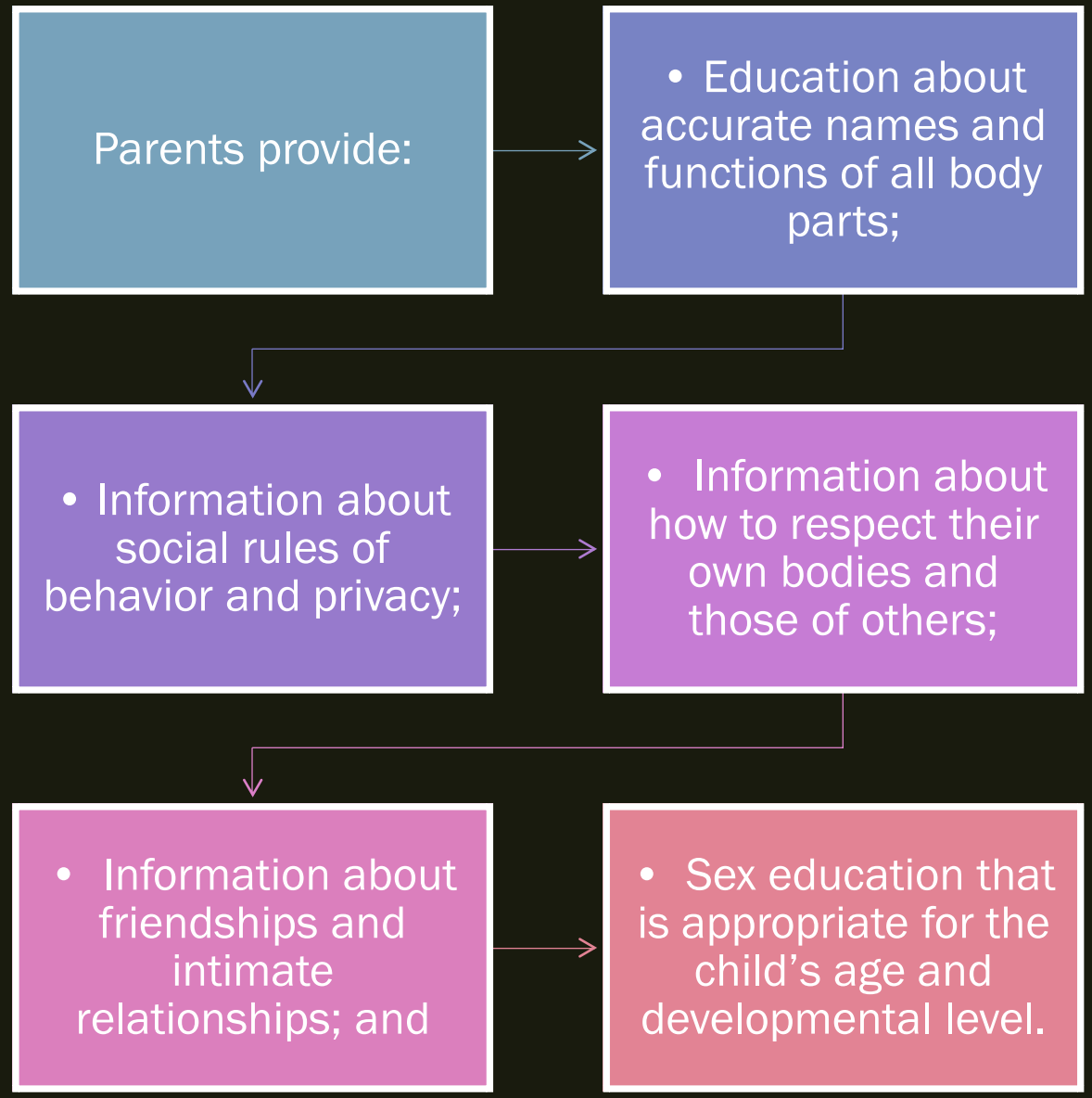
Age-appropriate Sexual Behaviour in Children and Youth Age 5-9 years: early school years

(South Eastern Centre Against Sexual Assault & Family Violence [SECASA], n.d.)



Sexual Play

- Occurs between children of similar ages who know and play with each other already
- Is common
- May not be discovered by caregivers
- May be seen as positive or neutral if the behaviour is truly play and there is no force or aggression used, or is not between siblings
- Is not related to the child's later sexual identification



Helpful Parent Behaviours

(ATSA Task Force, 2023; Silovsky, 2009)

Age-appropriate Sexual Behaviour in Children and Youth,
9-12 years: pre-adolescent

(South Eastern Centre Against Sexual Assault & Family Violence [SECASA], n.d.)

- Growing need for privacy
- Masturbating in private
- With peers: “show me yours and I'll show you mine”, kissing and flirting, talking about genitals or reproduction, using dirty words or telling dirty jokes, exhibitionism (occasional flashing/mooning)
- Having own social media accounts that are monitored by parents/carers
- Using photos, videos to record their life
- Playing age-appropriate games online (low risk)
- Access to pornography (low risk)

Age-appropriate Sexual Behaviour in Children and Youth, 13-18 years: adolescent

(South Eastern Centre Against Sexual Assault & Family Violence [SECASA], n.d.)

Need for privacy

Masturbating in private

With peers: sexually explicit conversations, obscenities or jokes relevant to own culture, sexual teasing and flirting, kissing/hugging/holding hands, foreplay with mutual consent, sexual intercourse plus full range of sexual activity with a similar age partner

Viewing sexual content for arousal (low risk)

Sending/receiving sexual images of others with consent (low risk)

Concerning Sexual Behaviours

(South Eastern Centre Against Sexual Assault & Family Violence [SECASA], n.d.)

- The frequency and persistence of these behaviours should be monitored.
- Seek professional advice if a child or young person exhibits several of these behaviours, and/or the behaviours continue despite clear requests to stop.
- Risks with technology use include less time with peers, grooming, viewing inappropriate content.

Touch

- Children who have been sexually abused may be confused about touch.
- Healthy physical contact is essential for developing children. Move slowly with a child who has been abused as your touch may be misinterpreted. Set clear boundaries. Redirect when needed.
- Make it ok to talk about touching.
- Ask permission before touching and respect their response.
- Show affection verbally as well as physically. Show interest in their activities! Provide labelled praise.

Concerning Sexual Behaviours, Age 0-4 years

(South Eastern Centre Against Sexual Assault & Family Violence [SECASA], n.d.)

- Keeps masturbating after being told to stop
- Forcing another child to engage in sexual play
- Sexualized play with dolls, stuffed animals
- Touching the private parts of an animal or an unfamiliar adult
- Following other children into a toilet or bathroom to look at or touch their private parts
- Spending a lot of time using technology and being upset when devices are removed (risk of inappropriate content)

Concerning Sexual Behaviours, Age 5-9 years

(South Eastern Centre Against Sexual Assault & Family Violence [SECASA], n.d.)

- Continually rubbing/touching own genitals in public
- Persistent nudity and/or exposing private parts in public
- Continually wanting to touch other children's private parts
- Persistently using dirty words
- Wanting to play sex games with much older or younger children
- Sending/receiving genital pictures (exploitation risk)
- Accessing pornography and playing violent video games (risk: grooming, lowers inhibitions)
- Having own social media accounts and spending a lot of time on-line (risks: grooming, less time with peers, inappropriate posts)

Concerning Sexual Behaviours
Age 9-12 years

(South Eastern Centre Against Sexual Assault & Family Violence [SECASA], n.d.)

- Attempting to expose other people's genitals
- Pre-occupation with masturbation
- Mutual masturbation with a peer or group
- Simulating foreplay or intercourse with peers, with clothes on
- Sexual knowledge to great for their age, when the context is considered
- Talking about fear of pregnancy or sexually transmitted infection
- Peeping*, exposing*, using obscenities

Concerning Sexual Behaviours Age 9-12 years Continued

(South Eastern Centre Against Sexual Assault & Family Violence [SECASA], n.d.)

- Seeking out pornography
- Taking nude, sexual images of themselves
- Secretive about using the Internet/social media (risk of being groomed or exploited)

Concerning Sexual Behaviours Age 13-18 years

(South Eastern Centre Against Sexual Assault & Family Violence [SECASA], n.d.)

- Being pre-occupied with/anxious about sex
- Being promiscuous
- Being interested in or using themes or obscenities involving sexual aggression
- Spying on others who are nude or engaged in sexual activity
- Engaging in unsafe sexual behaviour
- Seeking out pornography
- Having oral sex or intercourse with someone more than two years older/younger*
- Sending/receiving sexual images of multiple people with their consent*

Very Concerning Sexual Behaviours

(South Eastern Centre Against Sexual Assault & Family Violence [SECASA], n.d.)

- Seek professional advice, especially if a child or young person is also secretive, anxious, or tense – or if coercion, compulsion or threats are involved.
- Some of these behaviours become criminal offenses when a young person reaches the age of criminal responsibility. Report criminal offenses to police and child welfare services.
- Technology use risks include grooming, sexual assault, pornography, exploitation and prostitution.

Very Concerning Sexual Behaviours

Age 0-4 years

(South Eastern Centre Against Sexual Assault & Family Violence [SECASA], n.d.)

- Persistently touching or rubbing self to the exclusion of normal childhood activities
- Simulating sex with other children with or without clothes on
- Oral sex
- Sexual play involving forceful anal or vaginal penetration with objects
- Accessing sexual material on-line

Very Concerning Sexual Behaviours Age 5-9 years

(South Eastern Centre Against Sexual Assault & Family Violence [SECASA], n.d.)

- Touching or rubbing self persistently in private or public, to the exclusion of normal childhood activities
- Rubbing their genitals on other people
- Forcing other children to play sexual games
- Sexual knowledge too great for age
- Talking about sex and sexual acts habitually

Very Concerning Sexual Behaviours Age 5-9 years

(South Eastern Centre Against Sexual Assault & Family Violence [SECASA], n.d.)

- Posting sexual images or videos on-line
- Accessing/showing pornography to others
- Cyber bullying others using intimate images to extort other children
- Grooming other children
- Meeting on-line “friends” face to face (risk of sexual assault)

Very Concerning Sexual Behaviours Age 9-12 years

(South Eastern Centre Against Sexual Assault & Family Violence [SECASA], n.d.)

- Compulsive masturbation, including interrupting tasks to masturbate
- Repeated/chronic peeping*, exposing, using obscenities
- Chronic interest in adult/child pornography*
- Making others watch pornography
- Degrading/humiliating self or others using sexual themes
- Touching other children's genitals without permission*
- Forcing others to expose their genitals
- Making written or verbal sexually explicit threats*

Very Concerning Sexual Behaviours Age 9-12 years

(South Eastern Centre Against Sexual Assault & Family Violence [SECASA], n.d.)

- Simulating intercourse with peers, unclothed
- Penetration of dolls, other children, or animals*
- Taking nude sexual images of others
- Sharing nude sexual images of themselves
- Having suggestive avatars (on-line characters) or usernames (risk of grooming)
- Meeting on-line friends face to face

Very Concerning Sexual Behaviours Age 13-18 years

(South Eastern Centre Against Sexual Assault & Family Violence [SECASA], n.d.)

Compulsive masturbation	Masturbation in public*	Degrading/humiliating self or others using sexual themes	Chronic pre-occupation with sexually aggressive pornography/child pornography*
Attempting to expose other people's genitals	Touching others' genitals without permission*	Making written/verbal sexually explicit threats*	Making obscene phone calls, exhibitionism, voyeurism, or sexually harassing others*

Very Concerning Sexual Behaviours Age 13-18 years

(South Eastern Centre Against Sexual Assault & Family Violence [SECASA], n.d.)

- Sexual contact with much younger people*
- Sexual contact with animals*
- Penetrating another person forcefully*
- Taking sexual images of others to exploit them* (child pornography, sexual exploitation risk)
- Having multiple nude images of others (risks as above plus exploitation


Parenting in the digital age is not easy!

Self-Reflection for Parents/Caregivers… (and Helping Professionals)

- How comfortable are they/you when talking about sexual issues?
- What language was used to describe sexual acts and body parts when growing up?
- What were your/their experiences of affection growing up?
- What messages were received about masturbation while growing up?
- How/what was learned about public/private behaviours?
- Were there adults to turn to as a child with questions about sex?
- How was information related to sex and sexuality growing up learned?

WHO IN THE FAMILY MAY NEED THERAPY?

Therapeutic goals for the youth who harmed

(ATSA, 2019)

- Gain insight into how engaging in treatment can help them lead a positive, prosocial life
- Treatment is developmentally appropriate to youth's intellectual capacities
- Understand the circumstances that led to the harmful behaviour and the risk factors that contributed to it
- Understand the protective factors that can reduce the risk of future harm.
- Take responsibility for their actions.
- Recognize the emotional and functional impact of the harmful behaviour on the harmed child and family members
- Create a safety plan to reduce risk of future harm that identifies protective factors and risk factors
- Restorative justice work - make amends for the harm caused to the harmed family member(s) and others.

Addressing Harm

(Schladale, 2019)

Acknowledge the harmful behaviour with a focus on a trauma-informed approach to healing and self-regulation.

Identify life experiences (trauma, grief, loss, family dynamics) that may have contributed to the harm or other areas of need.

“Introduce psychoeducation that includes affect regulation, sexual health, social skills, and substance abuse (if indicated)” (Schladale, 2022, p3).

Practice pro-social behaviors and healthy strategies for self-soothing, stress reduction, and affect-regulation.

Continue to enhance competency development and address areas of need.

Stopping Harm
(Schladale, 2019, 2022)

Therapy helps the youth:

- Explore what influenced the harmful behaviour and the need for therapy.
- Create and practice an individualized plan for success.
- Practice affect-regulation at home, work, school, and in the community.
- Practice self-care that promotes health and well-being.
- Strengthen competency development.

Therapeutic goals for the child that was harmed

(ATSA, 2019)

- Feel safe and protected in the home.
- Practice self-care and resiliency skills.
- Understand and trust that they can inform their caregiver of any discomfort caused by the youth who engaged in the harmful sexual behaviour or other family member(s).
- Process and understand the impact and effects of the abuse.
- Receive individualized treatment and care based on their specific needs.

Trauma-Informed Care

- “Explores the impact of previous trauma on current behavior” (Schladale, 2019, p.3).
- …”avoids retraumatizing (clientele) and to focus on safety first and a commitment to do no harm…” (Schladale, 2022, p.1)
- “… integrates knowledge about the neurobiological, psychological, and social consequences of trauma into policies, procedures, and practices… guides a safe, compassionate, respectful therapy environment” (Levenson et al., 2018, p.172).
- “CARES (collaboration, autonomy, respect, empathy, safety)” (Levenson et al., 2018, p.172).

Therapeutic goals for the caregivers

(ATSA, 2019)

- Engage in self-care and seek support as needed.
- Receive psychoeducation and training in supervision, safety, and chaperoning.
- Understand and support the safety plan.
- Help the harmed family member(s) feel safe and protected in the home.
- Remain attuned to the needs, behaviors, and safety of the harmed family member(s) throughout the reunification process.
- If appropriate, participate in the treatment of the youth who harmed and/or the harmed family member(s).

Challenges to the Parent/Caregiver and Youth's Relationship

(Bonner, 2009)

How easy/difficult might it be for parents/caregivers to convey these messages of support to the youth responsible for the harmful sexual behaviour?

That the youth is…

- Loved despite the harmful sexual behaviour.
- Expected to be truthful.
- Expected to be accountable.
- That the parents/caregivers are supportive of treatment (for the youth, child and family).

Consider these supportive messages…
(From the parents? The therapist?)

(Coloroso, 1994)

I trust you	I believe in you	I know you can handle this
You are listened to	You are cared for	You are very important to me

Therapeutic Engagement - The Team

(Schladale, 2019; Torbet & Thomas, 2005)

- Collaboratively completes an individual and family systems assessment (if not already completed)
- Collaboratively creates plans for treatment and safety
- Identifies areas of competency/need
- Treatment plans include skill development in emotional and behavioural self-regulation for the youth, and caregiver/team attunement with the youth.

Creating a Detailed Plan for Safety, Health and Well-Being

(Rich, 2011; Schladale, 2011, 2019; Wylie, 2012)

The youth, their family, and their support team plan together to decrease the risk of future harm that may include:

Restorative justice interventions

Clarification sessions

A “Good Lives” plan

Modalities

(Association for the Treatment of Sexual Abusers, 2017)

- Family-based interventions
- Skills-oriented
- Considers the context and dynamics of relationships
- Mitigate risk factors and enhance protective factors
- Respects diversity
- Multi-modal approaches
- Collaborates with other involved services and therapists
- Addresses environmental, cognitive, affective, behavioral, and relational areas of need

The Trauma Outcome Process

(Schladale, 2024)

- Is a useful model that focuses on understanding how trauma and adversity can trigger problematic behaviours in children and adolescents, potentially resulting in emotional and social difficulties.
- Parents/caregivers can model emotional and behavioural self-regulation and build the ability of their children to learn and use the same skills.

The Trauma Outcome Process (T.O.P.)

- Originally created by Lucinda Rasmussen, Joann Schladale expanded the model to create the Practicing Self-Regulation program.
- Practice Self-Regulation™ (PS-R) is a trauma-informed model that promotes health and well-being in youth impacted by adverse childhood experiences.
- http://practiceselfregulation.com

What's so Tops about T.O.P.?

- A way of understanding how past painful experiences affect current choices and behaviour,
- And how individuals understand, cope, and integrate their painful life experiences into their present circumstances determines whether a positive or negative outcome will result.
- A model that can help youth heal and manage trauma by using thoughts, feelings, physical reactions, and behaviour to prevent harm to self and others.
- Enhances resiliency

TOP Concepts

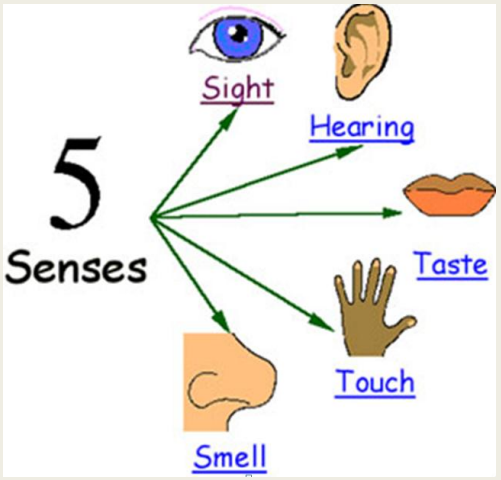
- Trauma
- Trauma Cues
- Trauma Echoes
- Choices that lead toward healing and recovery
- Choices that lead toward harm to self or others

Trauma Outcome Process

Adapted with permission (Schladale, 2024)

Trauma

A threat to one's safety and security



Cues

Sensory memories

Echoes

Signs and symptoms of post-traumatic stress

Leading to Choices

How one responds to past experiences, cues, and echoes will lead toward recovery or harm to self and others.

Past Experiences → Cues → Echoes → Choices

Thoughts

M.C

Feelings

M.C

In my body

M.C

~~Beha~~
behaviour

M.C

Healthy choices Tool kit

The Biological “Threat” Response

Is driven by:

- Thoughts (perspective)
- Emotions
- Physiological reactions

And results in:

- Behaviour and an
- Outcome that is either helpful or harmful to self and others.

Helping Parents/Caregivers Understand Risk and Protective Factors

What factors contributed to the development of problematic sexual behaviour and those that protect against sexual harm?

How does understanding these risk and protective factors help parents/caregivers to safety plan in the home and in the community?

How do parents/caregivers help to build on the strengths and healthy interests of both children to increase feelings of self-worth, self-confidence, and to develop healthy relationships with others?

(PROFESOR) Protective + Risk Observations for Eliminating Sexual offense recidivism (Worling, 2017)

1. Hopefulness regarding a healthy sexual future
2. Respectful sexual environment
3. Respectful and age-appropriate sexual beliefs and attitudes
4. Balanced sexual interests
5. Good awareness of laws and procedures to facilitate respectful sexual relationship
6. Good awareness of consequences of sexual offending
7. Compassionate and caring toward others
8. Prosocial values and attitudes
9. Good self-regulation
10. Good problem-solving
13. Makes positive changes in behaviour following consequences
14. Responsive to reasonable guidance and support
15. Healthy self-esteem
16. Emotional intimacy and prosocial interest with peer(s)
17. Feel close to and supported by a parent/caregiver
18. Strong commitment to/engagement in school and/or work
19. Strong commitment to and engagement in organized prosocial activity
20. Feels stable and secure in current living arrangement

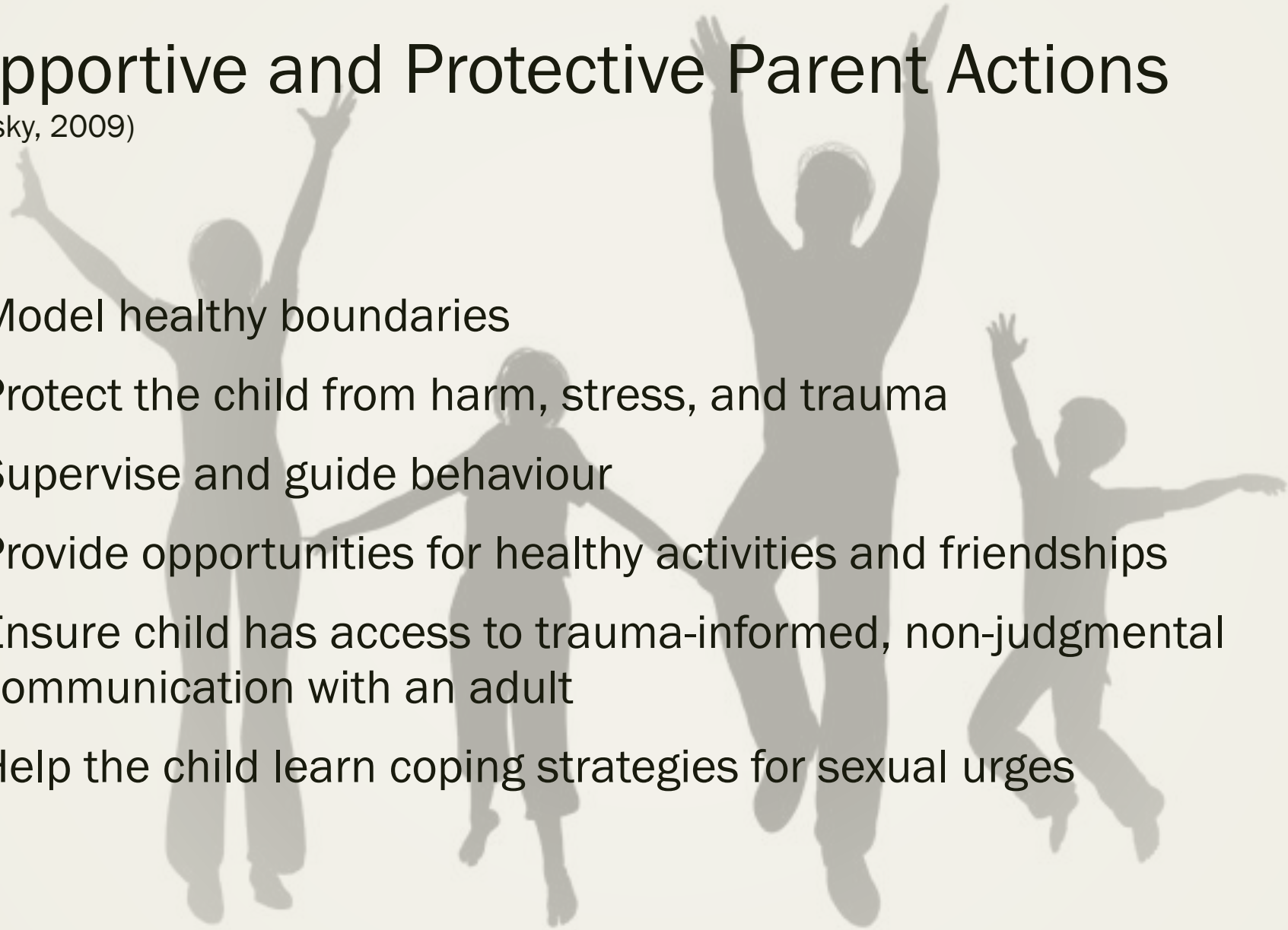
Youth needs Progress Scale

(Righthand et al., 2020)

1. Understanding appropriate sexual behaviour
2. Understanding the consequences of sexual abuse
3. Sexual thoughts - frequency
4. Sexual interests – age and consent
5. Sexual attitudes and beliefs
6. Sexual behaviour management
7. Compassion for others
8. Relationship with peers
9. Emotion management
10. Social skills
11. Self-confidence
12. School and work commitment
13. Use of unstructured time
14. Non-sexual behaviour attitudes and beliefs
15 Non-sexual behaviour management
16. Client view of primary caregiver relationship
17. Client view of adult supportive relationships
18. Family functioning
19. Living situation – safety and stability
20. Involvement in community resources
21. Mental health management
22. Participation in interventions

Supportive and Protective Parent Actions

(Silovsky, 2009)



- Model healthy boundaries
- Protect the child from harm, stress, and trauma
- Supervise and guide behaviour
- Provide opportunities for healthy activities and friendships
- Ensure child has access to trauma-informed, non-judgmental communication with an adult
- Help the child learn coping strategies for sexual urges

More Supportive and Protective Parent Actions

(Cavanagh Johnson, 2011)

- Provide stability
- Follow through on consistent positive parenting practices
- Redirecting problematic behaviour toward expected behaviour
- Providing reasons for expected changes in behaviour and putting in effort to help the children and youth work on change
- Accessing supports and using coping skills to regulate when feeling overwhelmed by parenting stressors.
- Viewing the child/youth as separate from the behaviour and supporting the children to engage in healthy, prosocial behaviour to promote healing.

A Healthy Home

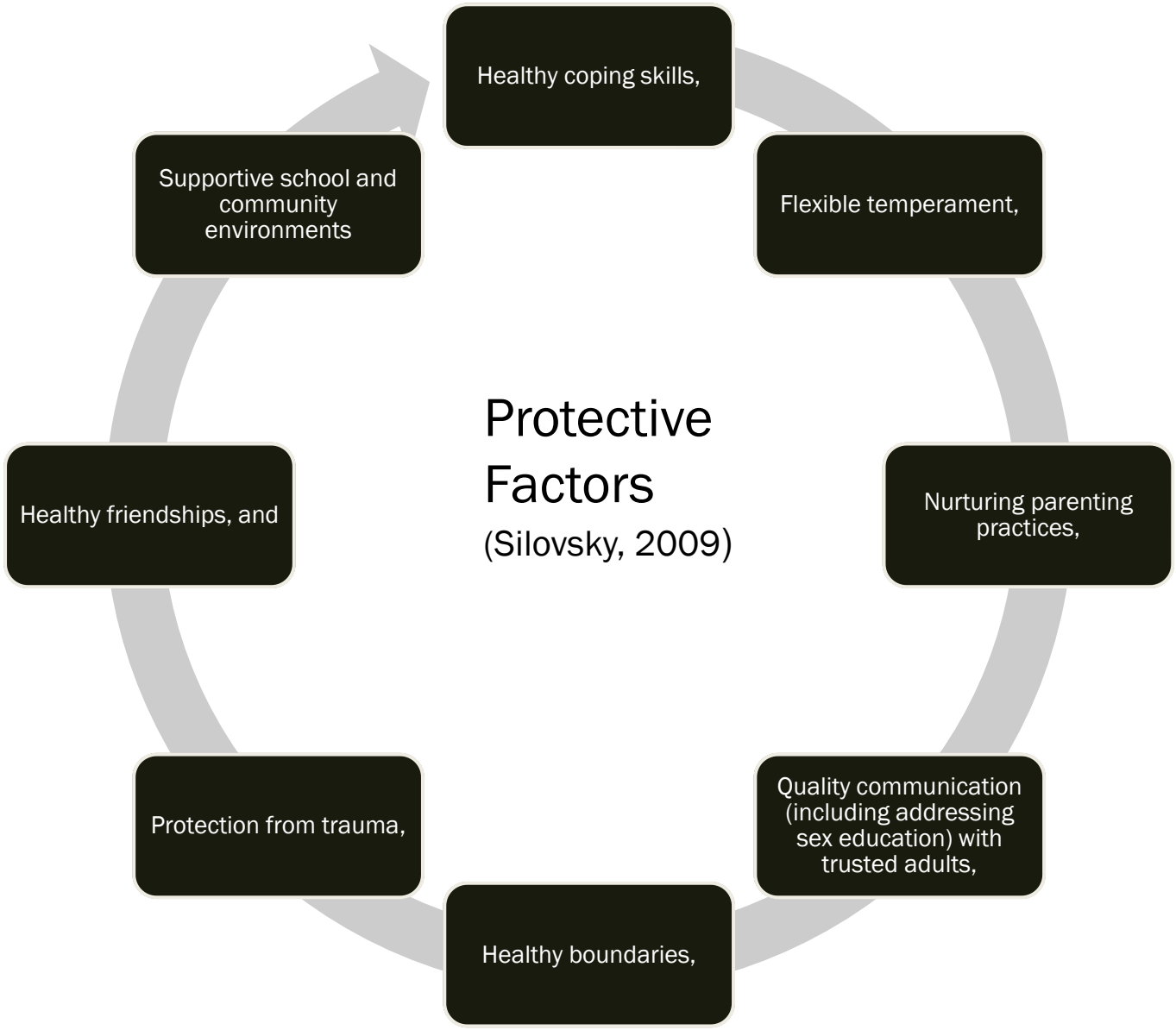
(Cavanagh Johnson, 2011)

- Provides a healthy sexual environment
- Encourages healthy boundaries
- Feels safe for all the children
- Has clear acceptable behaviours

Protective Factors

(ATSA Task Force on Children with Sexual Behavior Problems, 2023)

"Elements of a child's life that serve to make it less likely that further sexual behavior problems will occur…. and are vital for caregivers to bear in mind."


Protective Factors
(Silovsky, 2009)
Healthy coping skills,
Flexible temperament,
Nurturing parenting practices,
Quality communication (including addressing sex education) with trusted adults,
Healthy boundaries,
Protection from trauma,
Healthy friendships, and
Supportive school and community environments

Strengths-Based Approach (SBA)

(Powell, 2011)

- It is important to identify the youth's positive, pro-social behaviour in addition to assessing, treating, and reducing the risk for harmful sexual behaviour.
- SBA focuses on the identification, creation, and reinforcement of the strengths and resources within individuals, their family, and their community.
- Emphasizes strengths and exceptions to problems and deficits.
- Assists youth in gaining knowledge and skills for how to interact in pro-social, healthy ways.
- Emphasizes the importance of forming a positive therapeutic relationship and environment.
- Interventions focus on relationship development, optimistic attitude development, asset development, pro-social development, intellectual development, and professional/provider development.

Building on the Family Strengths
A take home message

- The strengths-based model is built upon the strengths, not weaknesses, of the children, youth, and families affected by sibling sexual abuse.
- When working with families like the ones we studied today, ask yourself, what are the strengths within the families? What are the areas of need? In what ways could we build upon and increase competencies within the parent/child relationship, the family, and the community at large?

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Thank you!