



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

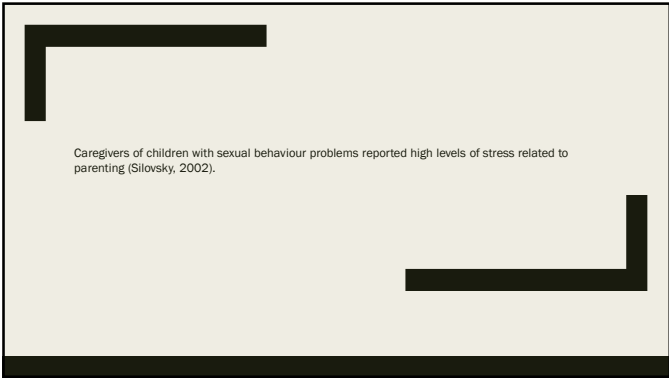
*Names and identifiers have been changed for protection of privacy.

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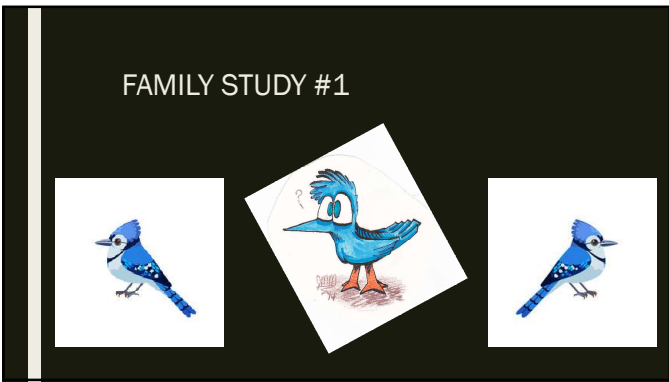
Let's Consider

- 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?

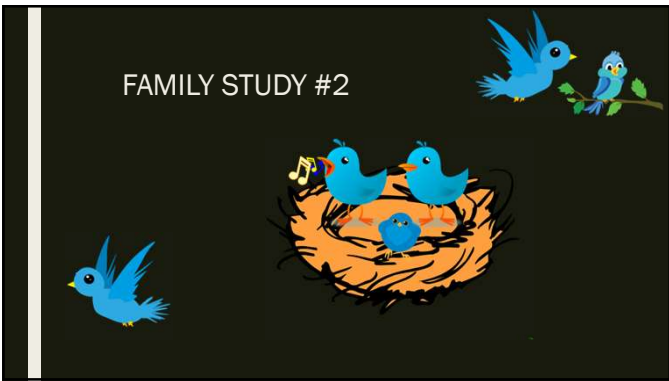
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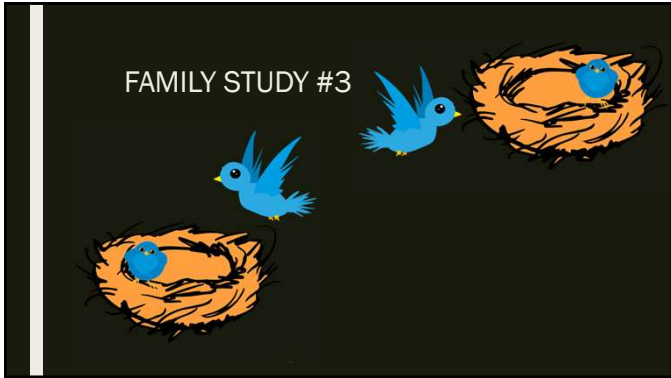
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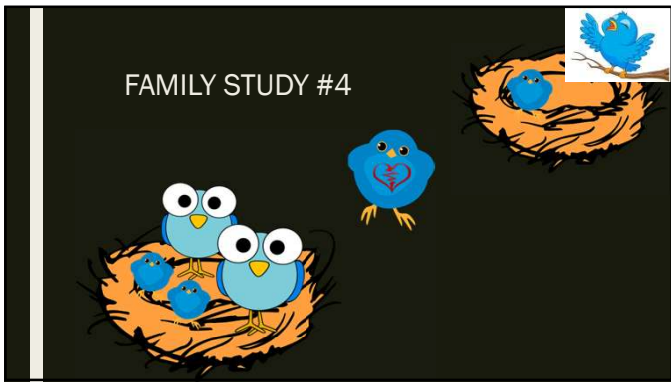
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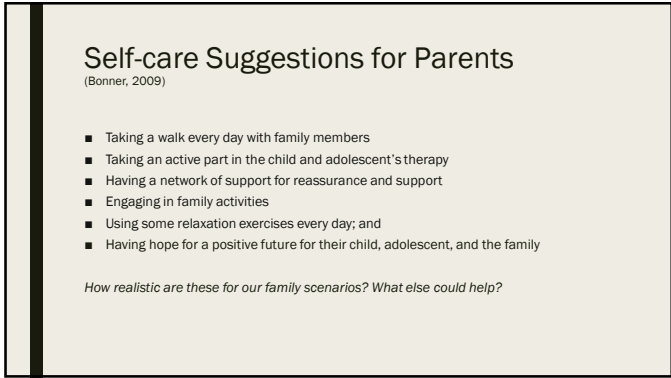
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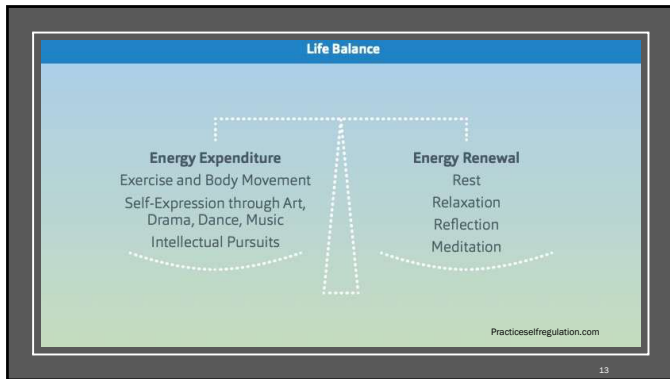
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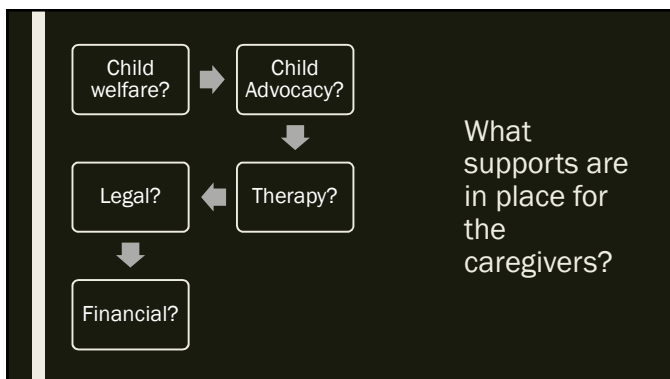
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Why Support the Caregivers?


(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."

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WHAT CHALLENGES/BARRIERS PREVENT CAREGIVERS FROM RECEIVING NEEDED SUPPORTS?

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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.

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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.

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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!

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"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)."

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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.

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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.

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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?

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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?

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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.

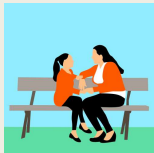
"Because a lack of accurate knowledge around risks and indicators of child sexual abuse negatively affects the ability of parents to prevent and detect abuse..."

...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.**"

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UNDERSTANDING AND RESPONDING TO SEXUALIZED BEHAVIOUR IN CHILDREN AND YOUTH

Reflecting on the family scenarios.



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AGE APPROPRIATE SEXUAL BEHAVIOUR IN CHILDREN AND YOUNG PEOPLE

0-4 years	5-9 years	10-14 years	15-19 years
<p>0-4 years</p> <p>Sexual behavior is not expected or appropriate for this age group. Any sexual behavior is a sign of abuse or exploitation and should be reported to authorities.</p>	<p>5-9 years</p> <p>Sexual behavior is not expected or appropriate for this age group. Any sexual behavior is a sign of abuse or exploitation and should be reported to authorities.</p>	<p>10-14 years</p> <p>Sexual behavior is not expected or appropriate for this age group. Any sexual behavior is a sign of abuse or exploitation and should be reported to authorities.</p>	<p>15-19 years</p> <p>Sexual behavior is not expected or appropriate for this age group. Any sexual behavior is a sign of abuse or exploitation and should be reported to authorities.</p>

PDF available in training materials

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

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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.

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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

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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.)

Awareness of privacy about bodies

Self-touching and masturbation

With peers: "show me yours/I'll show you mine", stories/questions/names/swearing re private parts/body functions, kissing/holding hands, imitating observed behaviour, on-line social contact

Using photos, videos to record their life

Accidental access to pornography

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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

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Parents provide:

• Education about accurate names and functions of all body parts;

• Information about social rules of behavior and privacy;

• Information about friendships and intimate relationships; and

• Education about accurate names and functions of all body parts;

• Information about how to respect their own bodies and those of others;

• Sex education that is appropriate for the child's age and developmental level.

Helpful Parent Behaviours

(ATSA Task Force, 2023; Silovsky, 2009)

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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 peniles or reproduction, using dirty words or telling dirty jokes, exhibitionism (occasional flashing/mooning)

Having own social media accounts that are monitored by parents/careers

Using photos, videos to record their life

Playing age-appropriate games online (low risk)

Access to pornography (low risk)

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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)

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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.

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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.

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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)

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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)

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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

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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)

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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*

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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.

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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

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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

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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)

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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*

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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

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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*

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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)

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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?

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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.

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Addressing Harm

(Schludale, 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)" (Schludale, 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.

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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.

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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.

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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).

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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).

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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).

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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

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Therapeutic Engagement - The Team

(Schludale, 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 behavioral self-regulation for the youth, and caregiver/team alignment with the youth.

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

(Rich, 2011; Schludale, 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

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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

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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.

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⁶⁵ 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>

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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

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TOP Concepts

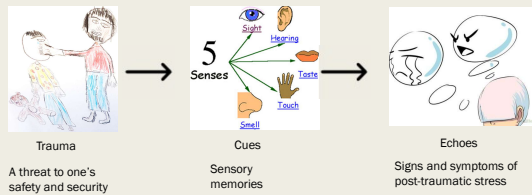
- Trauma
- Trauma Cues
- Trauma Echoes
- Choices that lead toward healing and recovery
- Choices that lead toward harm to self or others

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Trauma Outcome Process

Adapted with permission (Schladsale, 2024)



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Leading to Choices

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



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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.

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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?

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

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

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Youth needs Progress Scale

(Righthand et al., 2020)

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

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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



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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.

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A Healthy Home

(Cavanagh Johnson, 2011)

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



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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."

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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.

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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!
