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“It’s much more of a family issue than a legal one”

Examining the decision-making process of forensic interviewers in cases of sibling sexual abuse

Abstract: Sibling sexual abuse (SSA) is defined as a range of childhood sexual behaviors that do not meet the criteria of age-appropriate curiosity. Despite being perhaps the most prevalent and longest-term form of sexual abuse within the family – and widely seen as having the worst impact on those involved – SSA is the most underreported and undertreated. This study is designed to further our knowledge of this understudied phenomenon by delving into the decision-making processes of practitioners treating SSA families. The decision-making process involved in forensic interviews was analysed in 42 cases of SSA. A qualitative thematic analysis addressed the forensic interviewers’ assessment of the children and their families and the decisions they made about child referrals for further treatment. The findings highlight the complexity of practitioners’ decision-making in SSA cases and the need to enhance practitioners’ knowledge and practice with respect to SSA, specifically where considerable lacunas remain: lack of process standardization, and misunderstanding of family and abuse dynamics. Implications for research, policy, and practice are discussed in the unique cultural context of Israeli society.

Keywords: Sibling Sexual Abuse, Child Sexual Abuse, Professional Intervention, Decision-Making, Qualitative Methodology

1. Introduction

The accepted definition of sibling sexual abuse (SSA) is as a continuous range of sexual behaviors in childhood between two or more siblings that may not be considered as manifestations of age-appropriate curiosity (Thompson, 2009). These sexual behaviors range from exposure to pornography and other non-contact behaviors to physical contact and from caresses to forced penetration (Haskins, 2003). The multifaceted nature of SSA is highlighted in the literature: SSA as opposed to age-appropriate behaviors; the assignment of perpetrator and victim roles[1]; family background characteristics; the implications of SSA for the sibling subsystem and family system; and disclosure and concealment issues (McNevin, 2010; Thompson, 2009).

With regard to the first issue, several criteria help differentiate age-appropriate sexual behaviors from SSA: (1) The severity of the abuse: the duration and frequency of

1 While ‘victim’ is the common term in the legal literature, it is somewhat controversial since it labels the abused child as passive and weak.

abuse and its mutual as opposed to coercive nature; (2) the age gap between the siblings; and (3) the (initial) motivation – usual curiosity as opposed to precocious gratification (Ballantine, 2012; Carlson, Maciol & Schneider, 2006; Veigh & Jo, 2003). Importantly, these criteria do not capture the full complexity of the phenomenon. For example, SSA victims may experience both coercive and relatively 'mild' sexual acts (such as lustful looks and exposure to pornography) as equally harmful (Thompson, 2009). The age difference criterion can also be misleading, since SSA often occurs between siblings who are close in age (Veigh & Jo, 2003).

SSA is probably the most prevalent and longest lasting type of intrafamilial sexual abuse. Importantly, however, it is also the least reported, as it is frequently interpreted as a natural game expressing sexual curiosity (Bass, Taylor, Knudson-Martin & Huenergardt, 2006; McNevin, 2010). In Finkelhor's (1980) American college sample, no less than 15% of the women and 10% of the men reported having experienced SSA, with almost half the cases occurring when the respondent was eight years old or younger. Based on a more recent sample of mostly college students, Griffee et al. (2014) reported that nearly 5% were involved in SSA relationships. Finally, a comparison to a group of adolescent non-sibling offenders revealed that SSA was more severe (Tidefors, Arvidsson, Ingevaldson & Larsson, 2010).

In general, sexual acts are considered less or even non-abusive when siblings are of similar age, when there is mutual consent and pleasure, and when the duration of the acts is shorter (Atwood, 2007; Cicirelli, 1995; Hardy, 2001). The literature usually distinguishes between two types of SSA cases: those involving a clear role differentiation between victim and perpetrator as they involve force and coercion; and sexual games, characterised, at least initially, by reciprocity and affection (Canavan, Meyer & Higgs, 1992). At some point, the second type may begin to resemble the first: sexual games "turn ugly" when one sibling begins to object and continues under pressure, thereby becoming a "victim" subject to manipulation, threats, and physical coercion (Carlson et al., 2006).

Despite having been refuted by multiple studies and clinical reports, myths such as assumptions of mutuality, harmlessness and normality still abide (Ballantine, 2012; Tapara, 2012). This literature clearly indicates that the negative physical and mental repercussions of SSA are at least as severe as in other types of intrafamilial sexual abuse; in fact, participants often describe them as a lifelong trauma (Monahan, 2010; see Tapara, 2012, for a review). According to Hardy (2001), sibling relationships provide emotional support throughout the lifespan, yet may be "the most damaging relationships as well" (p. 255). Indeed, SSA was found to cause depression, low self-esteem, shame and guilt, drug abuse, and risky sexual behaviors, including re-victimization (Beard et al., 2013; Morrill, 2014; Stroebel et al., 2013).

Several factors involved in the experience of child sexual abuse (CSA) may be of particular importance to understanding SSA. The individual characteristics of both victims and perpetrators feature centrally in this literature (e. g., Cashmore & Shackel, 2014; Seto, Babchishin, Pullman, & McPhail, 2015). The family system aspect has been relatively understudied, however, with only a few studies focusing on CSA and family adversities. Whitaker et al. (2008) correlated general risk factors such as previous abuse,

poor attachment, and family relations with CSA. Turner, Finkelhor and Ormrod (2007) found that family problems and lack of parental monitoring specifically increased victimization rates. Finally, Ramírez, Pinzón-Rondón and Botero (2011) found that healthy family communication was negatively correlated with CSA reports.

More specifically, the SSA literature highlights the relations between SSA and abusive family dynamics (Morrill, 2014; Thompson, 2009). Compared to other sexual offenders, SSA offenders are characterised by dysfunctional family patterns, including parental substance abuse, psychological abuse, and out-of-home placement (Tidefors et al., 2010). SSA is also related to losses, martial strains, and intrafamilial stressors (Hardy, 2001). Relatedly, it is often motivated by the wish to compensate for unattended emotional needs (Salazar, Camp, DiClemente & Wingood, 2005).

2. Decision-Making in Cases of Child Maltreatment

Following any suspicion of abuse, including sibling sexual abuse, children encounter various professionals, usually from several disciplines and organizations. These include the education system (teachers, school counselors and psychologists); welfare system (child protective service employees, family and boarding school social workers, and investigative interviewers); law enforcement system; healthcare system; and legal system. In each of the organizations mandated to treat abused children, professionals face the need to make certain decisions. They must determine the type, severity and duration of the abuse and identify the individuals involved (suspects, witnesses and victims), and must decide whether and how to report the abuse and communicate their decisions to other professionals.

These decisions profoundly affect the future of maltreated children, their parents, and society as a whole, and are often extremely difficult to make. The definitions of maltreatment and safety are diverse and idiosyncratic, resulting in considerable confusion (Depanfilis & Grivin, 2005; Rycus & Hughes, 2008). Information communicated between professionals may be incomplete and lacking key evidence (Munro, 1996). Reports may be unreliable, contradictory, and/or dangerously misleading (Benbenishty & Chen, 2003). Decisions must also be made within time constraints, due to the potential hazard vulnerable children face (Shlonsky & Wagner, 2005). This time pressure confronts professionals with significant challenges, considering their workloads and growing bureaucratic demands. In addition, working with maltreated children can cause high emotional pressures, compassion fatigue and burnout (Munro, 2008). Finally, families may not realise how serious situations are or they may be reluctant to receive help. In such and other complex situations, professional judgments and decisions may be prejudiced due to a tendency to rely on personal experiences, subjective preferences, and confirmatory information (see, e. g., Davidzon-Arad & Benbenishty, 2008; Garb, 1998, 2005).

Regarding the question of whether abuse is taking place, several studies indicate that professionals usually establish their decisions on subjective factors, including personal

bias (Faller, 2003; Herman, 2009; Jackson & Nuttall, 1997), rather than on systematic and evidence-based indicators (Bolton & Lennings, 2010; Holt, 2011; Jent et al., 2011; LeBlanc, Regehr, Shlonsky & Bogo, 2012). Furthermore, studies point to wide gaps between the assessments of similar situations by professionals from different disciplines (Everson & Miguel Sandoval, 2011; Klettke & Powell, 2011; Vitale, Squires, Zuckerbraun & Berger, 2010). Moreover, following the assessment of abuse, professionals avoid reporting due to various reasons, such as a fear of exposure to an abusive parent that can result in prosecution (Bunting, Lazanbatt & Wallace, 2010; Rimsza, Schackner, Bowen & Marshall, 2002).

Mistakes in decision-making processes can cause serious harm to children, through either subsequent maltreatment (false negative errors) or unnecessary separation from their parents (false positive errors) (Shlonsky & Wagner, 2005). When confirmed, such errors typically evoke public outcry (Munro, 2010). Most of the literature on decision-making compares evidence-based and intuitive, subjective decision-making. However, in many cases, the quality of decision-making cannot be reduced to such a simple dichotomy. Accordingly, the current study focuses on qualitative analysis of decision-making in order to capture the essentially interpretive nature of this process.

3. The Current Study

Despite major developments in the empirical literature concerning sexual abuse in recent decades, including the emergence of SSA literature, our understanding of SSA is still in its infancy (Lafleur, 2009; Welfare, 2008). The main lacunas involve, conceptually, its dynamics and characteristics, and practically, available legal and therapeutic interventions and their effectiveness (Ballantine, 2012). The specific issue of decision-making in SSA cases has received insufficient empirical and clinical attention, leaving professionals to cope with inappropriate scientific guidance (Harper, 2012). Moreover, the current study adopts a different approach than that of most decision-making studies, and applies qualitative analysis in order to shed light on the interpretive nature of decision-making. The present study analyzes the decision-making of professionals during forensic interviews of investigated children who (may) have experienced SSA. Two main questions are central to this study: (1) How do forensic interviewers assess children and their families during investigation? (2) How do they make decisions concerning future referrals of the investigated children? Note that the forensic interviewers' decisions are relevant to both the legal and therapeutic contexts and thus provide a unique opportunity to examine this phenomenon in depth.

4. Method

4.1 Sample

The sample consists of 42 cases of forensic investigation following SSA. It includes all cases referred to the Israeli Service of Forensic Investigations for Children in 2011–2015, with the inclusion criteria being that the referred children (1) provided allegation of SSA and (2) were considered typically developed. The cases involve 25 families. In 15, one sibling was investigated as a victim, and in 10, there were between two and five victims. The children's ages ranged from 8–12, with a mean of nine. There were 16 girls and 26 boys. Out of the alleged perpetrators, 36 were biological siblings and six were stepsiblings. Their ages ranged from 12–18, with a mean of 14.

4.2 Data Analysis

For each child investigated, the forensic interviewer wrote a summary in a template, which included the following bullet points: assessment of the child, assessment of the investigation, and future recommendations. The summaries often included quotations of the children (when these are requoted below, recall that they are based on the practitioners' summaries). The author and a research assistant thematically analyzed all summaries (Chase, 2005; Clandinin & Connelly, 2000). Thematic analysis is a method of identifying, analyzing, and reporting patterns (themes) within data, with a focus on the subjective human experience (Morse, 1994). In the current study, the aim was to characterise the way forensic interviewers assess and make decisions with respect to children interviewed following SSA.

The research assistant and second author independently carried out a thematic analysis of all 42 interview summaries. Subsequently, they met to discuss the themes identified and decided on the optimal category set. The forensic interviewers' written narratives were translated into English and then back into Hebrew, to ensure that the translation process would not negatively affect the forensic interviewers' authentic narratives in any way.

In assessing the trustworthiness of our study, we applied Shenton's (2004) four criteria credibility, transferability, dependability and confirmability.

4.3 Ethical Approval

Because this study is based on confidential files containing highly personal information, the authors were particularly careful to comply with ethical standards. Approval was obtained from the Ethical Board of the Ministry of Welfare, the Head of the Investigative Interviewing Service in Israel and the Tel Aviv University's Ethical Board.

5. Results

Following thorough thematic analysis, three key categories were identified within the forensic interviewers' summaries: *(1) The terror she experienced:* assessment of the children; *(2) But they weren't there:* assessment of the families; and *(3) It's much more of family issue than a legal one:* the forensic interviewers' decision-making. Although decision-making is in the center of the current study, themes 1 and 2 were central in the forensic interviewer's summaries and seem to be extremely relevant to the outcome of their decision-making process.

5.1 The Terror She Experienced

As indicted above, none of the children in the current sample had any record of developmental disabilities. The interviewers' assessments in all cases were that the children were communicative during the forensic investigations and that they made an effort to cooperate with the interviewers. Note that all the children in the current sample made disclosure of the SSA prior to the investigation. The vast majority were referred by official therapeutic practitioners who had been treating one of the children within the family and in the process the abuse was revealed, often revealing additional victims by the same perpetrator. The following is an example of one of the therapists' narratives in her referral letter to the police:

> The girl was referred to me by her parents following emotional problems she exhibited. After several sessions with her, yesterday she revealed the terror she experienced from her brother, having been raped by him over the last years.

The forensic interviewers referred in the summaries to the dynamic with the children during the investigation. One key issue was related to the long and complicated process of disclosure. The forensic interviewers often pointed out in their summaries that the disclosure of the children during the investigation was a long process that required several interviews. The interviewers often wrote that the children were exhausted during the process and asked for breaks, and that they would need to complete the investigation in additional interviews.

All the children in the current study provided allegations of severe SSA and disclosed multiple incidents involving penetration. Only 14 were able to provide detailed descriptions of several specific incidents and thereby highlight the escalation process of the SSA, starting from sexual touching and moving fast to penetration. A 12 year-old boy said:

> I remember the first time when he touched me. We were at home watching TV together and I thought it was weird. But the day after he touched me again and then every day and then he started to get his penis inside me and that was painful.

In 14 of the cases, physical force was used during the abusive incidents and in 25 threats were used. Most of the threats related to emotional consequences for the sibling relationship. An eight year-old boy described this as follows:

> When he was doing these things he used to hold me very tight and tell me to relax but it was hard because it was painful but he was upset with me and gave me these bruises on my hands so I tried really hard not to move.

5.2 But They Weren’t There

Overall, there was scarce information about the families as this was not a main theme in the interviewers’ summaries. The first issue identified relates to the parents’ presence, as in all cases at least one of the parents arrived with the child to the investigation (in 30 cases both parents arrived). The interviewers mentioned that the parents were very involved, asked many questions and looked distressed.

The second issue is related to family characteristics. Due to the variety of family descriptions and cultural characteristics in the sample, we found it impossible to profile the families based on the interview summaries. In one of the summaries, the forensic interviewer wrote: “The girl is from a very strong family: both of the parents are educated and hold high-ranking positions in their workplace”. In another, the interviewer wrote: “The boy is from a closed society, very traditional, the parents don’t understand Hebrew well”.

The third issue relates to the parents (lack of) presence as described in the testimonies. The aspect that was most evident in the children’s narratives was the parents’ absence in that daily routine that often included the abusive incidents. The children described that during the abuse the parents were at work, out on leisure activities, or asleep. As one of them indicated, “I can’t remember where they were, sometimes they were asleep or out; in most of the incidents they were at work, I think, but they weren’t there”.

Fourthly, all of the children indicated that the abuse had taken place for a long time, sometimes years before the forensic investigation. The interviewers discussed in their summaries the family dynamics around the disclosure, and wrote that many of the children said that they felt their parents were not available for disclosure. Even when the children tried to overcome this unavailability and talk to their parents, their reactions were of disbelief: “She looked at me and said, I cannot believe it, and I told her please mommy listen to me, I can prove it to you, but she stared right back at me and repeated, I cannot believe it”.

A related issue the interviewers elaborated on was the children’s interaction with their parents immediately before the investigation. In 36 out of the 42 cases, they wrote that the parents had requested to sit with the children during the investigation. However, the forensic interviewers indicated that after they had asked the children whether they wanted to sit with them alone or with their parents, the children refused and asked that their parents’ request be denied:

> They said they wanted to get in with him but the boy looked at me. I asked them to talk to him alone at first and then he told me please don't, this is the first time that someone is going to hear me, I don't want them here. This is my place.

5.3 It's Much More of a Family Issue than a Legal One

The forensic interviewers' summaries shed light on the complexity of their decision-making process. In writing their conclusions, most of the interviewers first indicated one key aspect that made it difficult for them to assess the credibility of the children: script memory that was evident in the childrens' generic language. The interviewers wrote in their summaries that while the vast majority of the children indicated that there was more than one abusive incident, they struggled to identify and elaborate on each. Conversely, the interviewers highlighted strong indicators for the children's credibility, including detailed descriptions of horrific incidents, the unique dynamic between the siblings, and descriptions of their emotions and thoughts during the abusive incidents.

Second, the interviewers all stressed – both in their findings and in their conclusions – the need to treat the children and the families from a therapeutic approach, with caution and sensitivity, rather than adopt a forensic legal approach that could be damaging for the family system. For example, "The girl and her family are in major distress, it is really important to refer them for an intervention ASAP. It's much more of a family issue than a legal one".

Relatedly, in *all* cases, regardless of the children's age and other characteristics, the interviewers recommended that the child would not testify in court, particularly due to their fear for the emotional consequences of having the children testify against their siblings. For example, "The boy displayed emotional distress and testimony in court would place him in a complicated position with his family".

6. Discussion

Given the state of the literature on SSA, this study addressed the double challenge of understanding its characteristics and dynamics, as well as understanding and improving available interventions (Ballantine, 2012), based on a qualitative analysis of forensic interviews. The forensic investigation is a unique encounter between children and professionals. The uniqueness has to do with two main issues. First, while the aim of the forensic investigation is to promote the child's narrative, in practice this is an intensive encounter where the children meet the professionals for the first time, and within a short time are requested to provide narratives on abusive incidents. The second issue is that these professionals are social workers whose intervention involves both a legal and a therapeutic aspect. Their decision-making has profound effects in both of these contexts and significant consequences for the lives of the children and their families.

Our results suggest that during the forensic investigation the children disclosed severe sexually abusive relationships with their siblings. As suggested in the literature review, at one end of the SSA continuum relations are characterised by clear coercive perpetrator/victim roles (Carlson, Maciol & Schneider, 2006; Hatch & Hayman-White, 2001). Then there are relations that may appear reciprocal at first, but become coercive when one sibling wishes to withdraw (Caffaro & Conn-Caffaro, 2005; Carlson, Maciol & Schneider, 2006). At the other end of the continuum, the acts are framed as usual sexual curiosity that may be inappropriate but is not abusive. In the current study, most children interviewed were clearly located at the coercive end of the continuum. However, as all of these cases were disclosed before the investigation, it may be that with other forms of SSA, cases would not be disclosed.

Indeed, in the present study, the most common characteristic of SSA families was the parents' physical and emotional absence during the abuse *and* the attempts to disclose it. All of the children said that the abuse had taken place a long time before they disclosed it. Many of them felt that their parents would not be there for them in that process and some indicated that their initial attempts at disclosure was met with disbelief. This is related to the common finding that despite its frequency and severe consequences SSA may be the least reported form of sexual abuse within the family (Bass et al., 2006; McNevin, 2010). Thus, disclosure in SSA cases is rare: the abuse usually ends because the perpetrator eventually matures and leaves the family home (Caffaro & Conn-Caffaro, 2005; Finkelhor, 1980) – and not because of disclosure. When children do disclose, they tend to disclose to their parents (Roesler & Wind, 1994).

Parental reactions upon discovery range from supportive through ambivalent to negative. Some tend to view SSA as normal behavior, and believe that the siblings were "in it together" – a view which encapsulates a set of ideas about mutuality and curiosity (Rowntree, 2007) that is often shared by the community and professionals (Ballantine, 2012; Tapara, 2012). However, note that this was not true of the professionals in the present study perhaps because of their unique exposure to the horror descriptions of the abusive incidents that the children provided. Other parents acknowledge the SSA but prefer to believe it is not serious (Canavan et al., 1992). Clinical findings suggest that many parents desperately try to rationalise the experience, minimise or otherwise leave it behind (Kambouridis & Flanagan, 2003). A third type of parental attitudes is to deny the abuse completely (Lawson & Chaffin, 1992; Lafleur, 2009) or blame it on the victim (Rowntree, 2007). The expectation of such negative parental responses may explain why the children in this study preferred not to be accompanied by a parent.

Regardless of the type of parental attitude, disclosure of SSA is often the precursor of a family crisis (Caffaro & Conn-Caffaro, 2005). One of the main reasons for this crisis in this particular type of CSA is that the parents are and remain responsible for both the perpetrator and the victim (Bass et al., 2006) and find themselves struggling to act in both siblings' best interests (Daly, 2014; Harper, 2012). The grief associated with having both abusive and abused children often dooms family relationships (Stathopoulos, 2012).

7. Theoretical and Research Implications

The SSA literature represents the perspectives of the adults who intervene post-disclosure mainly through quantitative statistical analyses. This study is unique in highlighting the perceptions of child investigators, including on child and family characteristics, and their decision-making process. As suggested by Welfare (2010), it is extremely hard to recruit families involved in SSA, and so this study offers an opportunity to address some of its complex characteristics. As the parents' perceptions were not the focus of this study, however, further research is needed to include them – as well as the siblings' perceptions – more directly.

Future studies may also address the SSA 'lifecycle': how it develops and spreads within and out of the family. Relatedly, as due to the nature of our sample this study involved mostly cases of severe abuse, further research is needed to examine other variations of SSA, such as when siblings play the double role of 'perpetrator' and 'victim' in the same family (Tener & Tarshish, in press).

With regard to method, we recommend using participatory research that will incorporate the experience and knowledge gained by both families and professionals. Another methodological issue is time: using interviews held in specific intervals along the SSA timeline would enable to determine whether, to what extent and why SSA perceptions remain stable or change.

The current study also stresses the uniqueness of the encounter that occurs in forensic investigations with children. On the one hand, the children are required to provide detailed descriptions of traumatic experiences while on the other hand, they often struggle with the trauma or are unaware of it due to dissociative and other defense mechanisms. Moreover, the imbalance in power relations in the forensic interview requires further exploration as it might impact not only the process of the forensic investigation and the nature of the testimony, but also the practitioners' decision-making and hence the future of the interviewees and their families.

Finally, despite its exploratory nature, the results of this study suggest the need to consider SSA cases in the context of the family system as a whole and address the needs of all family members throughout the intervention (Bass et al., 2006; Caffaro & Conn-Caffaro, 2005; Tapara, 2012; Keane, Guest & Padbury, 2013). As the interviewers repeatedly stressed, the approach needs to be therapeutic rather than legalistic. And as the family plays a critical role before, during and after the disclosure, assessment as well as intervention should concentrate on the family unit as a whole and empower it as it struggles to survive.

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