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Research & Advocacy Digest

Linking Advocates & Researchers

Sibling Incest

Letter From The Editor

ANDREA PIPER, ADVOCACY SPECIALIST, WCSAP

“Siblings often constitute our ongoing sense of family. Brothers and sisters provide one another with life’s longest intimate relationships, generally outlasting ties with parents by twenty to thirty years. Friendships may come and go, and marriages begin and end, but sibling connections remain. Thus our siblings potentially share more of our lives, genetically and contextually, than anyone else.”

-JOHN V. CAFFARO AND ALLISON CONN-CAFFARO
IN SIBLING ABUSE TRAUMA

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This Research and Advocacy Digest explores sibling incest dynamics and victimization effects. It features an enlightening expert interview by John Caffaro, who provides a quality overview of sibling incest trauma and shares considerations for advocates and clinicians providing services to sibling incest survivors and their families.

Historically sibling incest has been scarcely studied. It has been unrecognized, overshadowed by parent-child incest research, or dismissed as normal childhood sexual curiosity. It is only in the last thirty years, most markedly in the last decade, that researchers have made concerted efforts to examine the effects and dynamics of sibling incest.

Sibling incest frequency data is difficult to obtain. Complicating data collection is a cultural taboo about discussing incest and a cultural dismissal of sibling incest as common or serious. This dismissal hinders victim reporting and commonly results in sibling incest being labeled as sexual curiosity, sexual experimentation, or mutual exploration rather than sexual abuse. This may be further exacerbated by the facts that a generational boundary is not violated as in parent-child incest and that a sibling perpetrator’s coercive behavior and

abuses of power are not as readily visible.

The effects are real, harmful and significant. Sibling incest research has demonstrated that sibling perpetrated sexual abuse is typically multi-episodic and commonly accompanied by physical and emotional abuse. Many researchers believe sibling incest to be the most underreported form of sexual abuse. Research also suggests that sibling incest occurs at a high rate, that it is three to five times more common than parent child incest and has been demonstrated to have a longer duration and higher number of offenses than parent child incest.

There are many systematic and individual risk factors for sibling incest, which as advocates we must understand in order to provide comprehensive and effective advocacy to sibling abuse survivors and their families (*Dr. Caffaro speaks to risk-factors in his interview to follow*).

Sibling incest creates unique challenges for victim safety.

Most often, the perpetrator remains in the home. The survivor has no refuge and the family becomes forced to choose which sibling to support or must balance their supports between victim and perpetrator. The impact and dilemma placed on families is considerable.

Sibling incest creates unique challenges for victim safety. Most often, the perpetrator remains in the home. The survivor has no refuge and the family becomes forced to choose which sibling to support or must balance their supports between victim and perpetrator. The impact and dilemma placed on families is considerable.

As advocates it is important to be able to provide non-offending family information and support without compromising the confidentiality of the survivor. The safety of the survivor should be stressed and each family member can potentially be part of a safety plan. To support clear boundaries and maintenance of confidentiality having one advocate for the survivor and other separate advocates for family members is recommended. This may increase the survivor's immediate sense of safety and trust as well as protect client-advocate privilege. Having multiple advocates additionally gives each family member the opportunity for individualized support. As with any other sexual assault victimization, if a survivor wishes to have a friend or family member present for advocacy meetings accommodations can be made.

Advocates must be aware of how sibling abuse can impact families and how families may or may not believe or be supportive of the survivor. Dr. Caffaro in this issue's interview shares some best practice advice for advocates and clinicians providing services, and discusses the importance of viewing the family as an integral part of the healing journey.

Advocacy to survivors of sibling incest should, like all sexual assault advocacy, embrace the empowerment model, be individualized and victim centered. Support to adult sibling incest survivors and child sibling incest survivors will look different (*particularly in terms of safety and family involvement*), but the impact it can make on families is similar. Advocates should be aware of community

resources for families, adult and child survivors.

Advocates must be conscientious of the dynamics of sibling incest and think about how currently offered services are meeting sibling incest survivor's needs. For example, does an offered sexual assault survivor support group meet the unique needs of the sibling abuse victim: is there a separate support group, if not what actions, dialog and activities could be facilitated to be inclusive of affect considerations?

It is one of many potential service evaluation questions with a sibling abuse lens. As someone who conducted an adult sexual assault support groups for a number of years, it resonates personally with me. I can recall several sibling incest survivors sharing in group that despite not wanting to limit what they shared with group members they felt that they needed to because of the cultural taboo of talking about incest, because they were embarrassed, and or because they feared judgment by group members. The high internalization of the taboo was clear. In my experiences, positives were that the group dynamics were such that when incest survivors shared that they were "scared to talk" that the group and was able to navigate and support the person. This may not always be the case.

The call for advocate awareness on the issue is evident. The reviewed articles, interview, and listed resources in this digest are provided as tools to heighten awareness of the dynamics of sibling sexual abuse and to highlight the importance of evaluating advocacy and prevention efforts regarding the issue. ■

Interview with John Caffaro, Ph.D.

**Professor of Clinical Psychology - California School of Professional Psychology-Los Angeles
Assistant Clinical Professor of Psychiatry - University of California - San Diego**

INTERVIEWED BY ANDREA PIPER, ADVOCACY EDUCATION DIRECTOR, WCSAP

WCSAP: Can you share with the readers a little bit about yourself and your research surrounding dynamics and treatment of sibling incest?

JC: I completed my doctoral internship at the Child Sexual Abuse Treatment Program in San Diego in 1987. This was my first exposure to sexual abuse treatment—I worked intensively with victims, offenders and families for three years. The program was organized around studying incest and I noted that a significant number of child victims and adult survivors were abused by siblings rather than, or in addition to, parental caregivers. When I searched the literature for information regarding sibling incest, there was very little available. We obtained a small grant and decided to collect some data and describe distinctions in family dynamics between sibling and parent-child incest survivors. That became the basis for a much larger study which eventually resulted in the publication of our book, *Sibling Abuse Trauma*, ten years later.

WCSAP: Historically incest research has focused on parent-child incest. Now, studies are expanding to address issues of sibling incest and have demonstrated that it occurs more frequently than parent-child incest. What are your thoughts as to why sibling incest has been slower to come to researcher attention? What are the inherent difficulties in conducting sibling incest research?

JC: Sibling incest historically has been viewed as a harmless, mutually consensual, educational, and (under certain conditions, such as between consenting age-mates) positive sexual experience for both participants. It's taken some time and a great deal of evidence to alter that prevailing view in the public and research community. Of course, clinicians who work regularly with incest cases recognize that there is a range of impact from no apparent consequences to moderate and sometimes, severe harm. The harmful effects of sibling incest, however, are easy to underestimate because no generational boundary is violated and the presence of coercion may be difficult to establish. It may not be easy to identify victim and offender roles in some cases. Some children victimized by a sibling are also exposed to sexual, physical, and psychological maltreatment by others. Investigations which address the differential effects of multiple traumatization can pose research design and implementation challenges. Another difficulty in collecting accurate data regarding sibling incest is the lack of universally accepted criteria for distinguishing abusive sexual contact from normal sexual exploratory behavior. One way to distinguish "natural curiosity" and exploration from child-on-child incest appears to be whether there was consent or coercion. There are, however, grey areas within these parameters. Sometimes incest that appears consensual is actually based on fear. Some believe that age differences between siblings are relevant for making such distinctions. For example, one commonly supported view is that mutual sexual exploration among children within the same age range is a normal occurrence in a child's psychosexual development. The closer in age the children are, the more likely the incest will be viewed as nonproblematic. However, at least one study of sibling incest found that more than half of the women reported the age differential to be 5

years or less. Yet, the survivors in this study perceived themselves to be forced or coerced into incest activity. The ambiguity or complete absence of judicial protocols for dealing with sibling incest challenges our usual understanding about reporting and securing protective services for children and families. To some degree, this explains why this area of child maltreatment has been slower to come to researcher attention.

WCSAP: What are some of the main differences in abuse dynamics between parent-child incest and sibling incest?

JC: In some cases of sibling incest, age differences between the victim and offender may be relatively small and the family often remains intact post disclosure. Family characteristics, the relationship between the victim and the offender, and the community's reaction to the abuse disclosure may differ substantially in sibling incest cases. The nature, duration, and pattern of incest also help determine the extent of psychological distress to the victim and his or her family. The more frequently children are traumatized; the more likely they are to suffer distress. There is some evidence that sibling incest may go undetected for longer periods of time. It may be more successfully concealed since unlike parent-child incest, it does not require the nonparticipating parent's collusion. Whether parents are naïve, suspicious, or even vigilant, children determined to sexually exploit their siblings often succeed.

Adult survivors may be more inclined to deny or minimize the effects of sibling incest on their behavior. Society's ambiguous taboo against sibling incest coupled with the strong possibility that the victim and offender are age-mates, can make survivors feel guilty and cause them to assume that they were willing participants. Many of the individuals we studied had undergone therapy and remarked that their therapists rarely focused on their sibling relationships; thus it was easier for survivors to remain silent about their abuse.

Another consistent theme raised by sibling incest survivors is a family member's failure to acknowledge the incest. The family is an interdependent unit and the actions of one family member have an impact on all of the other members. The family's reluctance to validate and support survivors increases the likelihood of impaired connections between siblings in adulthood. Families and society are reluctant to acknowledge the harmful effects of sibling incest; thus sibling offenders remain in the home after disclosure more often than parental incest offenders. We don't really understand how a family's decision not to prosecute a sibling offender affects the victim's perception and cognitive appraisal of the event.

Sibling incest, once disclosed, frequently disrupts a family's organization, dividing the family into teams (victim or offender) that compete with one another for power, resources, and support. Without intervention, the result is often a loss of social and familial mechanisms for stabilization and compassion.

WCSAP: In your book *Sibling Abuse Trauma* you discuss sibling incest as a type of sibling abuse. Can you define sibling abuse and sibling incest and share how they differ from typical sibling fighting and normal child sexual curiosity?

JC: Sibling abuse is the product of complex factors and interactions involving the victim, offender,

and the family environment. It is not easily defined due to difficulty in determining where normal developmental behavior between siblings ends and abuse begins. In our work, we make distinctions between three types of sibling maltreatment: sibling assault, incest, and psychological maltreatment. It's probably easiest if I offer our definitions of sibling assault, incest and psychological maltreatment and make distinctions between abuse and more normative sibling interaction.

Sibling conflict and rivalry is a normal and mostly harmless part of growing up. It often stems from fierce, but balanced comparisons regarding achievement, attractiveness, and/or social relations with peers. Its reward is frequently the possession of something the other child wants. Sibling interaction which leads to healthy competition without anyone getting hurt can be safely ignored; in fact, these sort of interactions may actually strengthen the sibling relationship. There is evidence that normal conflict teaches children how to share, compromise, and win without humiliation as well as lose without self debasement.

In contrast, *sibling assault* is defined as a repeated pattern of aggression directed toward a sibling with the intent to inflict harm, and motivated by an internal emotional need for power and control. It is usually an escalating pattern of aggression that parents seem unwilling or unable to stop. This pattern results in what we term, role rigidity, or the solidification of victim and offender sibling roles.

Normal child sexual play between young age-mates as a result of natural curiosity and exploration can be just another part of growing up. In such cases, there is no betrayal of trust or traumatization by disapproving adults. In most cases, both siblings are sexually naïve.

Sibling incest is defined as sexual behavior between siblings that is not age appropriate, not transitory, and not motivated by developmentally appropriate curiosity. Sibling incest is not limited to intercourse. Unwanted sexual advances, indecent exposure, forcing a sibling to observe others' sexual activity, taking pornographic pictures, and forcing a sibling to view pornography may also have a harmful impact on the victim.

Psychological maltreatment, one of the most prevalent forms of intersibling abuse, is also difficult to define and has only recently received significant public or professional attention. This form of abuse is typically not recognized by parents and is often dismissed as normal sibling rivalry. Sibling psychological maltreatment is probably an inherent or core element of most sibling violence. It includes behavior such as the neglect of a sibling, as well as exposing a sibling to sexual violence by peers or other siblings. Comments aimed at ridiculing, insulting, threatening, terrorizing, and belittling a sibling would apply as well as efforts to reject, degrade, and exploit a brother or sister or destroy their personal property.

WCSAP: Can you discuss what pseudoconsensual sibling incest is and how it may affect a victim's outlook about the abuse?

JC: Siblings subject to ongoing parental abuse or neglect may turn to each other for validation, support, protection, and nurturance—needs normally met by adult caregivers. High access, coupled with the lack of reliable parental care can increase sexual tension between siblings and subsequently lead to incest. Although many children reared in families with high levels of neglect appear to ex-

hibit similar qualities, sibling incest seems to develop less frequently. When it does, pseudoconsensual incest overtly resembles noncoercive sexual contact between children close in age, except the incest behavior may be more intense, frequent, and longer lasting. In these cases, both victim and offender suffer from an extreme lack of parental guidance and high levels of neglect.

One important responsibility with clinical and safety implications is to determine whether any coercion or force accompanies the pseudoconsensual incest and whether the incest is initiated and maintained by both children. *Cases of mutually initiated sibling incest are uncommon in our clinical experience, but they do occur.* Particularly in pseudoconsensual sibling dyads, where coercion may be subtle and covert, extra effort must be made to evaluate each child for evidence of offender behavior. Furthermore, pseudoconsensual sibling incest is accompanied by neglect on the part of adult caregivers. Clinicians must be aware of the long-term traumatic effects of neglect on children and whenever possible, implement treatment protocols which address and reverse such effects.

I think some of the major challenges in treating the effects of pseudoconsensual incest are related to attachment dysregulation issues (the need for external validation, affect regulation problems, and insecure attachments). Victims may be confused about whether or not they were willing participants in the abuse and suffer guilt and shame as a result. Adult survivors can have difficulty establishing trust in intimate relationships and may be prone to developing sexualized feelings and attitudes in a dysfunctional manner.

It's important to underscore a couple of things here. First, children are not truly able to provide consent. Usually, one child is developmentally ahead of the other and therefore, to some extent more of an initiator of the incest. Also, pseudoconsensual incest usually indicates more serious family dysfunction (i.e., neglect) than what we would expect to occur in families where normal sibling sexual exploration takes place.

The absence of a generational boundary violation in pseudoconsensual sibling incest cases poses additional therapeutic challenges. Siblings may believe more readily that they were active participants in the abuse and could have put a stop to it. Survivors may be even more ambivalent about responsibility for the abuse when adopted or stepsiblings are involved. They may blame themselves for childhood traumatic attachments to their sibling offender, which were formed partly as a result of parental abuse or neglect.

WCSAP: What are systematic and individual risk-factors for sibling incest?

JC: We developed a tool, the *Sibling Abuse Interview* (SAI), to aid in the psychosocial assessment of risk and protective factors present in sibling abuse families. The SAI explores the history and current status of sibling relationships through a series of questions presented to each member of the family and the relevant subsystem over a series of meetings. Areas of inquiry are arranged in developmental sequence and address the effects of abuse trauma on individual, subsystem, and family system functioning. The SAI also highlights sibling strengths in order to evaluate safety concerns and sources of individual, sibling, and family resilience.

A thorough family-based risk assessment would include some combination of general risk and protective factors relevant to child maltreatment. These might include things like individual strengths

and coping skills, the family's reaction to disclosure, the presence of maternal support and empathy, caregiver competence, the presence of supportive interactions with extended family, peers, and community, the offender's motivation to change, the family's values (i.e., beliefs, ethics, spirituality), and the family's ability and motivation to protect any victims.

Family risk factors specifically tied to sibling incest cases might include: (a) parental absence/unavailability (b) a sexualized/repressed family environment (c) family secrets (d) sexual role confusion (e) sibling power differentials (f) disturbed relationship between the family and larger ecosystem.

Individual risk factors differ for victims and offenders. Common risk factors for sibling incest offenders include: (1) thinking errors (2) a history of victimization (3) inadequate impulse control, empathic deficits, immaturity (4) a willingness to use coercion or force to control victim (5) drug/alcohol use, and (6) dissociative reactions to trauma.

For victims, individual risk factors would include (1) the presence of large developmental physical or intellectual differences between siblings, (2) a victim's dependence on an older, more powerful sibling, (3) the lack of other supportive relationships in the family, (4) a prior history of victimization, and (5) the lack of developmentally appropriate sex education.

WCSAP: Research has documented that siblings are an influential factor of a child's personality development. Undoubtedly, sibling incest can disrupt or alter this development process. Can you speak to this and potential long-term ramifications of the abuse?

JC: Studies comparing victims of brother-sister and father-daughter incest (including at least one culturally diverse sample) consistently conclude that the harmful consequences of sibling incest are of equal seriousness to those of father-daughter incest.

One of the more consistent research findings is that future adult relationships also suffer negative effects as a result of coercive sexual contact between siblings. Some studies in the early 1990s found that about half of the victims of brother-sister incest remain single. This was the highest nonmarriage rate reported by any incest survivor group at the time. Our research also supports that finding. Sibling incest appears to leave lasting effects on the sibling relationship as well. For example, normal estimates are that only about three percent of siblings reared in healthy families ever permanently sever emotional ties with one another. However, about a third of our study's participants said they had no contact with their offending sibling; practicing an "emotional cutoff" pattern. Individuals who cut off relationships with family of origin members are more likely to repeat in their marriages these problematic patterns. They are also more likely to be the marriage partner who initiates a divorce.

Another consistent theme is the failure of family members to acknowledge the sibling incest. Family members' reluctance to validate and support survivors increases the likelihood of impaired adult sibling relationships. Furthermore, relationships between sibling victims in the same family may be fractured by sibling incest. A significant number of our research participants had not sought treatment and had not shared their stories of sibling incest with anyone before. Those who were in therapy often remarked to us about how their therapists had not focused on their abusive relationships with siblings.

Some participants in our study minimized the effects of sibling abuse. A female survivor of sibling incest shared with us that she had many other issues that were competing for her attention and the abusive sibling relationship just took a back seat. Some expressed the fear that their therapist would judge them harshly upon hearing their secret.

Our clinical experience suggests another explanation for why an individual with a history of sibling incest may be less inclined to reveal his or her experience: society's ambiguous taboo against sexual expression between siblings and the frequent lack of significant age difference may lead victims to assume that they were willing participants. This faulty misconception exacerbates their confusion and shame.

Some children who experience sibling incest exhibit a wide variety of psychological problems. Many learn to connect victimization with sex and have difficulty separating pleasure from pain and fear from desire in a sexual relationship as adults. The family's reaction to disclosure plays an important role in the recovery process of the victim. Families sometimes have difficulty seeking appropriate help because of shame, fear or disbelief that sexual abuse is occurring.

WCSAP: Sibling incest places families in the difficult position of choosing whom to support: their offending child or their victimized child. How can clinicians help families navigate this dilemma and promote victim safety?

JC: Some families promote the development of alliances at the expense of particular family members. When this happens, a cross-generational coalition or triangle may develop in the family structure. The function of triangular relationships differs from family to family. But they often serve to detour or regulate conflict, emotion, or power between two family members by including a third. When this sort of triadic relationship develops into a fixed pattern, resolution of emotional problems is prevented. Instead, issues of power and control become a central focus for the family and subgroups or "family teams" are the norm. For example, male and female roles in sibling incest families are often shaped by rigid gender stereotypes. Brothers and sisters who assume rigidly gendered male and female roles often enter into powerful alliances that can exacerbate sexual tension between them. Families that are organized and segregated by gender are overrepresented in cross-cultural studies of sibling incest.

In such families, the incest disclosure makes these alliances transparent and serves to divide the family into separate [and often, unequal] offender and victim subgroups. Knowledge of how to treat such family dynamics is one reason why therapists treating sibling incest must have clinical training in family therapy and family violence. Our therapeutic approach adapts interventions from pragmatic, problem-focused treatments with empirical support.

In the initial stages of intervention, parents and siblings are seen together and separately. The therapist must create a context that is conducive to the desired change and create a balanced alliance with each family member. Family patterns of interaction and communication as well as resources for settling disputes are observed. The sibling incest is discussed in the context of family rules and structure. During this phase, the parental dyad must also be seen alone to develop rules of cooperation between them. A parental alliance is essential in developing family rules to prevent the sibling incest. An inappropriate, but all too common, initial parental response is to minimize

or ignore the abuse.

Subsequent intervention must focus on treating family as a unit. They must work together to develop effective ground rules for facilitating structural changes agreed upon by the family, including guidelines for eliminating or controlling the sibling incest. Key rules that prevent the escalation of sibling incest (e.g., parental alignment with each other rather than an alignment with one sibling), are of particular importance. The therapist must address cross-generational coalition patterns in this phase. For example, a therapist may ask a father to problem solve with his son, if normally he aligns with his daughter. A grandparent can be brought in to temporarily buttress efforts by the parents to supervise and monitor sibling behavior. Therapy should be focused on restructuring family relations in ways that will facilitate the desired behavior change particularly in terms of believing and supporting the victim. Parents must also be coached to provide appropriate sexual education and instructions about sexual relationships to their children and increased supervision when necessary.

WCSAP: Can you share some best practices for advocates who are offering direct support to a child sibling incest victim and their non-offending family simultaneously?

WCSAP NOTE: This question refers to programs who are offering services to a survivor and their family utilizing different advocates. It encourages keeping the family unit as a whole in mind. Advocates should not diagnose family dysfunctions, but rather inform on what a family unit that promotes safety would look like and incorporate safety planning.

JC: In most cases of sibling incest, the offender will remain or return home. Therefore, it is imperative efforts are made to address safety and accountability issues with the family. Family dynamics which maintain the dysfunctional nature of the system in which the abuse occurred must also be challenged and changed. It's important for advocates to support victims to derive some positive and/or meaningful narrative from their experience. What victims and non-offending family members tell themselves about their experiences has a large impact on their psychological and physical condition.

Advocates must also be mindful of the triangular nature of family relationships mentioned above and work hard to maintain a detriangulated stance with both victims and non-offending family members whenever possible. This means establishing respectful relationships with each family member without entering into an alliance with any single individual against another. Best practices for advocates would include maintaining clear boundaries around the parameters of confidentiality and encouraging family members to share information with each other and their individual and/or family clinician when appropriate.

WCSAP: What are some key clinical considerations for therapists treating traumatized sibling incest patients?

We have found that working through sibling incest issues generally involves some combination of individual, sibling, family and group sessions. In addition, we are mindful that each family relationship is set in a particular cultural context. Differing cultural expectations influence the developmental course of relationships between parents and children, as well as between siblings. The

ability to recognize these differences is important when assessing and intervening in sibling incest dyads. Weisner (1993) has argued that culture is the single most important factor to consider when understanding sibling relationships. For example, one study reported that African American siblings tended to have more caregiving responsibilities than Caucasian siblings. However, at equivalent levels of caregiving, Caucasian siblings felt the burden of care more strongly. The ability to recognize these differences is important when assessing and intervening in sibling violence.

And because abuse trauma may sometimes affect multiple areas of functioning, assessment must be an ongoing part of treatment rather than a static process that precedes therapy.

The unique circumstances of sibling incest treatment frequently require a modification of traditional systemic approaches. In treating victims or perpetrators of sibling incest, safety and accountability are front and center issues for the clinician. Family treatment is not always possible or acceptable. Family-based therapy may be one aspect of a multidimensional approach to treatment. The victim or survivor's readiness is a prime criterion for determining the wisdom of family involvement. Treatment considerations must take into account the developmental stage and "readiness" of the incest survivor and treatment must be coordinated with his or her needs, capacities, and resources. There is a clear danger inherent in rigid approaches, which expect all victims or families to fit the same theories of causation and methods of treatment.

A rhythm between the exploration of abuse-related material and consolidation of gains is fundamental to a survivor's progress in treatment. Challenging the adult survivor's abuse-related cognitive appraisals about him or herself and the world is also relevant here. This point is especially significant in light of frozen images (of self and offenders) often maintained rigidly by sibling incest survivors, which can then serve as templates for other intimate adult relationships. Cognitively oriented interventions can help survivors develop a more accurate self-image and more realistic view of their relationships with others. Skills and behaviors needed for competent, effective day-to-day living are also frequently an important component of treatment. Therapy often provides opportunities for experimentation with a variety of behaviors that one may not yet be ready to practice in everyday life.

Experienced clinicians recognize that each victim and family is affected differently by sibling incest. Variables such as duration of the sexual assault and degree of force or coercion have been implicated in more significant harm. Sources of individual and family resilience also matter. A resilient family system or victim may be unusually capable of coping and adapting from even an unusually severe sibling incest experience. Just as there are clear group differences between survivors and non-incest victims, there is also variation within these groups.

WCSAP: What do you feel sexual assault advocates and community can do in terms of sibling incest abuse prevention?

JC: Schools and parents must take sibling incest more seriously. We may need to set clearer standards against such violence and intervene earlier to prevent recurrence and protect victims. Families must be encouraged to establish no sexual contact policies among their children and parent education regarding sibling incest is necessary where techniques to help prevent sibling incest from starting or continuing is made available. Underreporting by families is a significant concern despite

the high incidence rates of sibling incest in the literature. There is evidence that sibling incest will not be disclosed unless mentioned specifically by the researcher or practitioner. This underscores the importance of comprehensive sibling incest assessment since it may turn out to be an important precursor to other kinds of victimization.

There are three cornerstones of prevention: family education, child welfare, and the juvenile justice system. Each one of these has a responsibility for helping build children's social and emotional strength. School-based mental health prevention programs can also be helpful in assisting with early identification and screening for sibling incest. More than 20% of pediatric and adolescent primary care office visits identify a psychosocial problem. Physicians must do more than rely on traditional surveillance methods and instead actively screen for sibling incest using tools that are tested and validated.

Community development teams comprised of teachers, parents, physicians and local mental health providers should meet regularly and focus specifically on child and adolescent sexual assault. Stakeholders must partner at state, county, and neighborhood levels to share knowledge, responsibility, resources, and accountability for the protection and well-being of children and families within the community.

We must develop a more comprehensive network of resources and opportunities in each community to ensure families receive services they need when they need them. And, in order to pay for these services, states must employ dedicated, sustained flexible funding strategies to support a comprehensive range of prevention strategies. ■

Sibling Incest Offenders

Naomi Alder and Joseph Schultz (1995)
Child Abuse and Neglect, 19(7), 811-819.

-VALERIE WHITE

This article stresses the fact that, while sibling incest has been estimated to be as much as five times more prevalent than parent-child incest, very little clinical and research attention of mental health professionals has been paid to the subject. This study describes a predominantly Caucasian, middle-income sample of sibling incest offenders (12 males).

The offenders studied had been referred for evaluation and treatment to an outpatient psychiatric clinic with a specialty program for family violence. They ranged in age from 13 to 19 years old with the victims' (sisters) ages ranging from 5 to 11. 58% of the subjects were determined to have demonstrated conduct disordered behavior, although minimal behavioral dysfunction was reported by the parents. 75% of the subjects had received some sort of previous intervention by mental health professionals.

None of the subjects reported a history of being sexually victimized by an extrafamilial offender, and only one reported being sexually abused by a family member when he was younger. However, there was a finding that 92% of the sample had a history of being physically abused by one or both parents. Information supplied by the families revealed abuse histories in the parents' generation as well. 67% of the subjects' families reported at least one or more identifiable psychosocial family stressor such as financial stress, parental illness or disability, marital conflict and pervasive family patterns of abuse.

Not one offender disclosed his own abusive behavior and all of them denied the use of verbal threats, although 75% of the victims reported

that they had been verbally threatened to maintain silence. In 58% of the cases there had been prior disclosure of sibling abuse. However the parental interventions at those times were not effective and the abuse continued.

The study concludes that sibling incest is a form of intrafamilial abuse, resulting quite often from parental physical abuse and requiring much further attention from clinicians and researchers, and that it may be just the “tip of the iceberg” with regard to the family dysfunction and intergenerational patterns of abuse from which it likely stems.

The article stresses that the study must be supplemented by future research including larger samples and appropriate comparison groups and that the effectiveness of treatment interventions must be documented with outcome research. It also suggests strongly that the myth that sibling incest is benign must be eradicated, and effective prevention work must be done with families at risk for abusive patterns in general. ■

Treating Sibling Abuse Families

J. V. Caffaro and A. Conn-Caffaro (2005)
Aggression and Behavior, 10(5), 604-623.

-EVELYN LARSEN

This article provides information on dynamics of sibling abuse and presents a multidimensional approach for conducting assessment and psychotherapy with children and families where sibling abuse has occurred. These recommendations are based upon the authors' clinical experience and research results. The article highlights how systems, service professionals and community at large have been slow to recognize the effects of sibling abuse and slower to

provide best practice for supportive and treatment services.

The research project discussed includes a sample of 73 self-selected adult survivors (49 women and 24 men) of sibling incest and assault. The participants were recruited from San Francisco's Department of Social and Health services. The participants were questioned in an attempt to identify the following questions: What family characteristics contribute to the development of abusive sibling relationships in childhood? How do various family configurations affect the relationship between siblings in abusive dyads? How does sibling incest and assault in childhood affect the adult survivor's ability to form adequate, sustaining intimate relationships?

The article reports on family configurations to identify abuse dynamics and risk patterns. The authors identify several configuration risk factors such as a peripheral parent or uninvolved parents. They stress that the family configurations are not concrete types and differences in developmental, community and cultural circumstances play a significant role. Thus, they caution clinicians to not apply rigid approaches that expect all families to fit the same theories of causation.

In regard to assessment and treatment, the authors highlight that the effects of sibling incest are of equal consequence and seriousness to parent-child incest and can have long-term impacts on the survivors' well-being. These include, but are not limited to mental health impacts, sustainability of future adult relationships and a cut off or diminished capacity to sustain a relationship with their family of origin.

The authors discuss that treatment providers must be mindful to assess the developmental stage and readiness of the sibling abuse client for treatment. Treating sibling abuse trauma is

complex. It requires the treating provider to be cognizant of the victim, offender and environmental interplay. Issues of power differentials, age differences, loose boundaries, family characteristics, and the current environment of the survivor must be examined.

The study presented was limited by the fact that participants were self-selected; that they were all adults reflecting on childhood experiences and that most of them had undergone some psychotherapy treatment.

Despite this limitation, the research clearly illuminates the need for treatment providers, systems and community to see sibling relationships as an integral influencing factor on our human development process and to recognize sibling abuse as disruptive to well-being. ■

Sibling Incest

M.J. Phillips-Green (2002)
The Family Journal, 10(2), 195-202.

-MARILYN TURNBOW

This article, a review of literature, examines and collates twelve journal articles that discuss sibling incest. It reports that sibling incest is a devastating form of sexual abuse that is under-recognized and under-reported. It notes that sibling incest is often veiled in secrecy, has a strong cultural taboo and is commonly dismissed by families upon disclosure. Many families remain in denial about the abuse and the abuse may continue for years.

The research trends indicate that sibling incest is equal to and or more serious than parent-child abuse. In sibling incest the victim and the offender may still reside in the same household creating a difficult situation in regards to victim safety and treatment issues for both the victim

and the offender.

The articles suggest that there are two primary types of sibling incest: the first type, but not commonly found, occurs in situations where the siblings are providing comfort to each other due to an abusive family dynamic. The second and more common type involves the use of power, manipulation, threats and force by the offender.

There is a variety of family power dynamics that may be in place in the household where sibling incest occurs. Families that are isolated and/or ruled by a heavy handed patriarch and parents that are emotionally and physically distant have been found to make for a highly charged environment for sibling sexual contact. In some cases the offender may have a privileged relationship with one of the parents, often times the mother, and may hold a position of power or caregiver status when the parents are not in the home or when parental supervision is at a minimum.

There are three types of a sexualized family climate. 1) Openly sexual behavior and talk- where children have been exposed to pornography, witnessing nudity and or witnessing parental sex; 2) sexual rigidity- where sex is considered dirty and never discussed; 3) mixed messaging- parents go around nude, yet the talk of sex is considered dirty and taboo.

Effects of sibling incest can be devastating and oftentimes victims are further traumatized with feelings of immense guilt that hinder their development of social and interpersonal skills. Research has repeatedly indicated that physical and mental well-being is compromised. Depression, anxiety, eating disorders, and dissociative behavior as well as other symptoms such as rebelliousness, self-injury, angry outbursts, nightmares, and difficulty with social interactions are common.

Research has indicated value to multi-disciplinary and multi-focused (family and individual) treatment approaches that allow the victim to build his or her self-esteem and confidence while learning to express anger and other emotions constructively. Developing a support network with other survivors and allowing the victim to work on their his or her feelings of guilt, shame and fear by coming to terms with who is at fault for the abuse are also important.

Because the issue of sibling incest is taboo in our society, there is stigma attached to it, leading many victims and families to deny that the abuse has ever taken place. Oftentimes the victim is in danger of being ostracized by the family if they disclose. Parents are placed in the position of siding with their children. Parents must decide to report, seek offender treatment, seek victim treatment and seek family treatment. There will be emotional and legal impacts on the family unit. For many families these impacts appear magnified when deciding to report the crime.

Research indicates that it is crucial that the victim has the support of the family while treatment is being undertaken and the top priorities of the family are the concerns, needs and safety of the victim. Sibling incest is unique in that both the victim and the offender share the same parents and oftentimes one or both of these parents feel they need to choose which child to support. Digorgio-Miller (1998) has stated that families need to be empowered to proactively make arrangements for the offender to be cared for outside the home by a relative or friend who understands the abuse and will cooperate with implementing any safety plan. This may or may not be ideal for the victim and outside placement is typical.

Sibling incest research is still in its infancy and more research needs to be done regarding family treatment options, offender placement, efficacy, and recidivism of juvenile offenders. ■

BOOK REVIEW

Sibling Abuse Trauma: Assessment and Intervention Strategies for Children, Families and Adults

BY JOHN V. CAFFARO AND ALLISON CONN-CAFFARO
PUBLISHED BY THE HAWORTH PRESS, INC. 1998,
303 PAGES

-ANDREA PIPER

Sibling Abuse Trauma is an important resource for the sexual assault field. It is well researched and written. It provides a wealth of research, theory and case studies that inform about and illuminate sibling abuse dynamics. It provides a thorough discussion about sibling abuse and is one in a handful of literature that addresses sibling incest specifically. The authors provide a solid overview of sibling abuse, assessments and intervention strategies. It is thoughtfully organized and the end of each chapter is complimented with key point summaries for quick reference and material reinforcement. ■

This book is available in the WCSAP library.

**We want
to hear from you!**

Opportunity for Input

What topics would you like to see covered in upcoming issues of Research and Advocacy Digest?

Send your ideas to: andrea@wcsap.org
Did you read or author an article you'd like to contribute for review in the Research and Advocacy Digest?

If so contact the editor, Andrea Piper, for more information about guideline submissions.

WCSAP Library Resources

The Incest Perpetrator: A Family Member No One Wants to Treat

By HORTON, A.; JOHNSON, B.; ROUNDY, L.; AND WILLIAMS D.

This book is a collection of informative pieces on incest perpetrators and is divided into three parts a) defining the problem, b) profiles and identification, and c) treatment.

What Parents Need to Know About Sibling Abuse: Breaking the Cycle of Violence BY WIEHE, V.R.

This book looks at differentiating sibling rivalry from sibling abuse and serves as an instructive guide for caregivers and professionals to support identification, addressing and prevention of sibling abuse.

Sibling Abuse Trauma: Assessment and Intervention Strategies for Children, Families, and Adults

By CAFFARO, J.V. AND CONN-CAFFARO, A.

This book provides a quality overview of sibling abuse trauma and incest. It focuses on the assessment, clinical intervention and treatment of sibling abuse survivors and their families. The book integrates survivor perspectives with presented case studies and interviews.

Not Child's Play: An Anthology on Brother-Sister Incest

By SHAW, R.

A collection of writings and art by women who are survivors of incest perpetrated by their brothers.

Sibling Abuse: Hidden Physical, Emotional, and Sexual Trauma BY WIEHE, V.R.

This book discusses issues of sibling abuse and illuminates how it remains largely unrecognized. It explores the effects of sibling abuse victimization in-depth.

Historical Research on Sibling Sexual Abuse

By WCSAP

This past issue of WCSAP's Research and Advocacy Digest, Volume 1(2) 1998, provides a historical overview of sibling incest research, a summary of Vernon R. Weihe's study on sibling sex abuse and provides numerous article reviews.

The WCSAP library has an extensive collection of resources available for free check out to WCSAP members. To order WCSAP materials, please contact Andrea Piper at 360 754-7583.



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