

**Childhood Experiences of Sibling Abuse:  
An Investigation into Learned Helplessness**

by

Shamla Larasiza McLaurin

Dissertation submitted to the Faculty of the  
Virginia Polytechnic Institute and State University  
in partial fulfillment of the requirements for the degree of

Doctor of Philosophy  
in  
Human Development  
Specialization in Marriage and Family Therapy

Approved:  
Scott Johnson, Ph.D., Chair  
Anna Beth Benningfield, Ph.D.  
Fred Piercy, Ph.D.  
Alison Galway, Ph.D.

April 1, 2005  
Blacksburg, Virginia

Key Words: sibling abuse, domestic violence, learned helplessness, family systems, mental  
health

Copyright 2005, Shamla L. McLaurin

CHILDHOOD EXPERIENCES OF SIBLING ABUSE:  
AN INVESTIGATION INTO LEARNED HELPLESSNESS

Shamla L. McLaurin

Scott Johnson, Chair  
Department of Human Development

(ABSTRACT)

As various forms of interpersonal family violence receive more attention in the literature, sibling abuse is still in the background. Despite the increasing knowledge about the prevalence, causes, and effects of sibling abuse, many of us continue to relegate it to a childhood occurrence. Sibling abuse symptoms continue to go unrecognized and its demoralizing effects continue to be ignored (Wiehe, 1990). Minimization and denial of sibling abuse have also contributed to constraining the extent of knowledge related to this phenomenon. The present study seeks to add to the existing research confirming the existence of sibling victimization and its long-term impacts.

This study has two primary purposes: 1) to capture the beliefs, feelings, and firsthand account of the abusive sibling experiences from the perspective of victims, and 2) to investigate the potential learned responses associated with sibling abuse and their possible impact on adult relationships by exploring participants' emotional and relational histories, and belief systems. This study presents data taken from a clinical sample of six adult female sibling abuse survivors. Individual semi-structured interviews were conducted and data analyzed using cross case analysis, constant comparison, and analytic induction techniques. Data suggests the long-term impacts of learned responses associated with sibling abuse can be detrimental to both interpersonal relationships and mental health. Emergent themes related to family functioning and

environment and resiliency after abuse are also presented. Implications of findings and suggestions for future research are discussed.

**Key Words:** sibling abuse, domestic violence, learned helplessness, family systems, mental health

*To all those that were told they would never make it...*

*Believe in Yourself*

Believe in yourself and in your dream  
Though impossible things may seem;  
Someday, somehow you'll get through  
    To the goal you have in view;  
    Mountains fall and seas divide  
    Before the one who in his stride;  
    Takes a hard road day by day  
    Sweeping obstacles away;  
Believe in yourself and in your plan  
    Say not, I cannot, but I can;  
    The prizes of life we fail to win;  
Because we doubt the power from within.

*Author Unknown*

## ACKNOWLEDGEMENTS

This project is the culmination of a lifetime of hard work and determination. First and foremost I want to thank Jesus Christ, whom without the successes I seek in life would not even be possible. God has brought me so far and blessed my life so much; I cannot even put into words what He means to me. Nothing I've done, nor the person I have become, would have been possible without His love and friendship. Thank you Lord.

There were many that helped me along the way. Some played an instrumental role and others just offering a word of encouragement on those tough days. In thinking of the whole of my education, I think all the way back to my kindergarten teacher Mrs. Davis, my second grade teacher Mrs. White, and several more along the way including Mrs. Thrash and Mrs. Mason. They were always tough on me, but never without letting me know they believed in my ability and desire to achieve. It was those individuals that made me believe I could achieve even in midst of my failures. They taught me about the power I had within. I'd also like to recognize the individuals on the other end of that spectrum. All those that did everything they could to discourage me in my efforts at success. Their negativity only served to fuel my determination and continued progress.

I want to thank everyone who had a hand in me completing this process and project. Special thanks go out to Lenore McWey for her constant help and encouragement, Ronald and Vivian Ricci for always being there to listen and lend supporting advice, and the members of my graduate committee for their continued support. I want to thank Dr. Patricia Sims who sparked my interest in a doctoral degree and encouraged me along the way. I also want to recognize and thank my classmates, friends, and family members who have walked this journey with me and

supported me throughout that walk. Thank you also Diane Gamble for being my hero, inspiration, and friend.

I hope that this project will help to open people's eyes to just how harmful an impact sibling abuse can have on an individual's life, not just in childhood but throughout. I want to thank everyone who volunteered to be interviewed for this project. I will always treasure the brief time we spent together and your stories will forever have an impact on me, and how I approach my career. I wish there were more I could have offered you in the way of healing. Thank you for sharing a portion of your life with me.

## TABLE OF CONTENTS

SECTION	PAGE
<b>ABSTRACT</b>	ii
<b>DEDICATION</b>	iv
<b>ACKNOWLEDGEMENTS</b>	v
<b>I. INTRODUCTION</b>	
Statement of Problem	1
Purpose of the Study	6
Definition of Terms	6
Theoretical Frameworks	8
Research Questions and Delimitations	12
Self-of-the-Researcher	13
<b>II. REVIEW OF LITERATURE</b>	
Domestic Violence Victimization and Childhood Abuse Overview	19
Sibling Sexual Abuse	23
Sibling Physical Abuse	33
Sibling Abuse Offenders	42
Treatment of Sibling Abuse	46
<b>III. METHODOLOGY</b>	
Research Design	54
Participants	55
Procedure	56
Data Analysis	60

<b>IV. RESULTS</b>	
Participant Descriptions	63
Results on Sibling Sexual Abuse	68
Results on Sibling Physical Abuse	79
Emergent Themes	86
<b>V. DISCUSSION</b>	
Overview	93
Reflections of Researcher	100
Implications	103
Limitations	106
<b>REFERENCES</b>	108
<b>APPENDICES</b>	118
A Interview Guide on Sibling Sexual and Sibling Physical Abuse	119
B Interview Guide on Family Biopsychosocial Characteristics	120
C Interview Guide on Domestic Violence, Relational History and Related Beliefs	121
D Interview Guide on Mental Health Status	122
E Informed Consent for Participants	123
F Resource List for Participants	125
G Advertisement	126
H Agency Permission to Recruit Participants	127
<b>CURRICULUM VITA</b>	128



**Childhood Experiences of Sibling Abuse:  
An Investigation into Learned Helplessness**

CHAPTER ONE: INTRODUCTION

Statement of the Problem

Many will agree that childhood has a profound effect on our adult lives. It is during that time that our identities as individuals, including our emotional, physical, and psychological selves, are being molded. For years it has been thought that the parent-child relationship is the most fundamental of all familial subsystems (Lamb, 1982); however in recent years the sibling bond has received a great deal of attention as one of the primary relationships of the family unit (Caffaro & Conn-Caffaro, 1998). It has been suggested that siblings employ one another as hallmarks in the search for intellectual development and a personal identity (Bank & Kahn, 1982; Cicirelli, 1982). In addition, the dynamics of the sibling relationship can vary widely, perhaps more than any other type of close familial relationship (Furman & Lanthier, 1996). Despite the many positive and negative variations, it was not until recent years that the sibling relationship has been included in the context of family violence and abuse.

With so much focus on domestic violence and child abuse, it is no surprise that sibling abuse has received little attention for so many years. However, it has been suggested that siblings are the most commonly victimized family members (Hardy, 2001; Gelles & Cornell, 1990; Gelles, 1997; Adler & Schutz, 1995; Finkelhor & Dzuiba-Leatherman, 1994; Wiehe, 1990, 1997, 1998). In the context of family violence, violence within the sibling relationship is the most common form of violence within the family system (Gelles & Straus, 1988; Straus, Gelles, & Steinmetz, 1980). Throughout most of history society ignored violent acts between siblings and often excused them as normal behavior (Wiehe, 1990, 1997, 1998). Most often society tries to

minimize harming behaviors among children with such clichés as “kids will be kids,” or “that is just age appropriate experimentation,” or “all siblings fight,” or the most famous one, “it’s just normal sibling rivalry” (Wiehe, 1990, 1997, 1998). Fortunately, the need to distinguish between what is normal behavior among siblings and what is actually sibling abuse is finally being questioned in the context of family violence research.

Making this distinction can be difficult, primarily because our society is accustomed to the idea that many of these behaviors are a part of normal childhood development. Wiehe (1990, 1997, 1998) discussed this conundrum and identified a set of criteria that can be helpful in determining this distinction. He suggests that once the questionable behavior has been identified, then one must decipher if it is age appropriate. There are certain behaviors children exhibit that are very common for their developmental level. For instance, it is not uncommon for small children to argue or fight over possessions. However, even these seemingly minor incidents can become serious acts of violence if not attended to by a responsible figure. A second criterion is examining the regularity and extent of the behavior. Most age appropriate acts will not occur frequently, or persist over long periods of time. Next, it is essential to determine if there is an “aspect of victimization” present (p. 167). Are both parties willing and consenting of the behavior/act that is occurring? Finally, one must assess the purpose of the behavior. Was the intention observation or gratification, purposeful ridicule or retaliation (Wiehe, 1990, 1997, 1998)? This set of criteria is extremely helpful when determining the difference between normal and abusive activity among siblings and has been discussed and/or modified by others who investigate and work with sibling violence issues (Bank & Kahn, 1982; Caffaro & Conn-Caffaro, 1998).

Considering the prevalence of violent acts among siblings, such standards are not only helpful but also needed. As indicated by the 1975 National Family Violence Survey, the rate of violent acts among siblings is 800 per 1000, 34 times that of parent-child abusive acts (Straus & Gelles, 1990). Straus et al. (1980) concluded, in their study of 2,143 American families, that violence among siblings occurred more frequently than parent-child violence or husband-wife violence. They found during the year of their survey that while 10% of parents hit each other with an object, 40% of children hit a sibling, and while 1% of parents beat each other up, 16% of children beat up a brother or sister. These statistics suggest that each year 53 out of every 100 children will be assaulted by a sibling. Furthermore, it has been estimated that approximately “19 million children a year engage in abusive violence against siblings” (Gelles & Cornell, 1990, p. 88). These statistics are even more shocking when the various types of abuse are discussed individually.

Sexual abuse among siblings is believed to be 5 times more common than parental sexual abuse (Canavan, Meyer, & Higgs, 1992; Smith & Israel, 1987; Cole, 1982; Gebhard, Gagnon, Pomeroy & Christenson, 1965). It has been estimated that approximately 35% of all adult women were sexually abused in childhood, including those abused by siblings (Wiehe, 1998). Russell (1986) studied 930 women in the San Francisco area and found that 16% of the participants reported an incestuous experience before age 18 and 12% of those were abused by a relative prior to the age of 14. Approximately 3% of all children are coerced into having sexual relations or participating in a sexual activity by a sibling (Alpert, 1991). Also, Silverman, Reinherz, and Giaconia (1996) state that females, overall are eleven times more likely to experience sexual abuse than their male counterparts. In a study conducted by Johnson (1988) of child perpetrators, 47% had sexually abused a sibling. Sibling sexual abuse has been linked with

severe psychological and psychosocial symptoms in both childhood and adulthood (Caffaro & Conn-Caffaro, 1998). Among the wide range of sexually abusive acts among siblings, sibling incest is the most damaging. It is believed that sibling incest can have an adverse effect on an individual's relationships, their concept of trust, identity, sexual development and functioning, self-esteem, and career (Adler & Schutz, 1995; Bank & Kahn, 1982). Unfortunately, sexual abuse and incest among siblings is not the only harmful behavior one sibling can inflict onto another.

Physical abuse has also been found to have a high rate of occurrence among siblings (Simonelli, Mullis, Elliott, & Pierce, 2002). It is considered to be the most underreported and least understood of all forms of family violence (Caffaro & Conn-Caffaro, 1998). The most common types of physical abuse occurring in sibling relationships include slapping, hitting, shoving, punching, biting, hair pulling, pinching, and scratching (Wiehe, 1990, 1997, 1998). Other forms of physical violence such as smothering, choking, and being injured by a weapon are not as common, but do occur (Wiehe, 1990, 1997, 1998). It has been estimated that approximately 2 million children have used a weapon as a means of resolving a physical confrontation with a sibling (Straus et al., 1980; Caffaro & Conn-Caffaro, 1998). These physically violent episodes between siblings can produce negative effects in both child and adulthood. Physical violence between siblings has been noted as contributing to increased aggression, decreased self-esteem, and criminal behavior (Hardy, 2001).

Emotional abuse or psychological maltreatment is another type of abuse common among children. Emotional abuse among siblings is considered the most frequently occurring form of abuse, and by many it is believed to be more mentally destructive than sexual or physical abuse (Wiehe, 1998; Caffaro & Conn-Caffaro, 1998; Wolfe, 1987). It is estimated there are as many as

200,000 reported cases of psychological maltreatment a year (Brassard & Gelardo, 1987). Although emotional abuse is not a common topic of research, it appears as a rudimentary condition in both sexual and physical abuse situations (Wiehe, 1990, 1997, 1998; Claussen & Crittenden, 1991). It is safe to assume that emotional maltreatment precedes all other types of abuse not only with children, but also with adult populations. Typical forms of emotional abuse among siblings include name-calling, intimidation, ridicule, destruction of property, teasing, torture or abuse of a pet (Wiehe, 1990, 1997, 1998), rejecting, terrorizing, isolating, corrupting, and denying emotional responsiveness (Brassard & Gelardo, 1987). Victims of this type of abuse will typically internalize the negative messages received from siblings (Caffaro & Conn-Caffaro, 1998). Psychological maltreatment by siblings has been found to have a harmful effect on psychosocial functioning, self-esteem, relationships (Wiehe, 1997, 1998; Brassard, Germain, & Hart, 1987), and school readiness and performance (Brassard & Gelardo, 1987).

These findings all support the notion that “violence in childhood sibling relationships shapes adults’ emotional life and world-view” (Graham-Bermann & Cutler, 1994, p. 224). Regardless of the type of abuse suffered, survivors of sibling abuse are at greater risk for revictimization in adulthood than those who have not experienced abuse (Graham-Bermann & Cutler, 1994). This is a conclusion that has typically been associated with parent-child abuse; however, the emotional and psychological effects of sibling abuse are just as devastating to the successful formation and maintenance of future relationships. “Many survivors of sibling abuse choose friends and mates that place them in situations where they again become victims of abuse” (Wiehe, 1998, p. 201). When sibling abuse trauma remains untreated and unresolved, the result can be dysfunctional marriages, dating relationships, friendships, and other intimate relationships. (Caffaro & Conn-Caffaro, 1998).

## Purpose of Study

This study has two primary purposes: 1) to capture the beliefs, feelings, and firsthand account of the abusive sibling experiences from the perspective of victims, and 2) to investigate the potential learned responses associated with sibling abuse and their possible impact on adult relationships by exploring participants' emotional and relational histories, and belief systems. This project is not attempting to posit an explicit connection between being a victim of sibling abuse and being a victim of domestic violence in adulthood, although the sample is derived from a clinical population having experienced domestic violence. In that regard, it is designed only to explore the long-term impact that sibling abuse has had on these adult relationships and functioning per each participant's opinion and beliefs. Descriptive stories of sibling abuse from the victim's perspective may facilitate a better understanding of this problem and convey a significant amount of information to clinicians and researchers as to the impact of this type of abuse on adulthood (Wiehe, 1990, 1997, 1998).

## Definition of Terms

One of the major difficulties in identifying sibling abuse has been accurately and consistently defining the terms that relate to that abuse (Caffaro & Conn-Caffaro, 1998). As noted earlier, because so much of inappropriate behavior between siblings is labeled as age appropriate or simply just excused or ignored all together, it becomes even more important to have a standard definitive description of the different types of abuse experienced in sibling relationships. Unlike the common framework typically associated with child abuse (adult to child), sibling abuse terminology requires a more specific description because of the lack of a universal understanding. The same is true for domestic violence terminology.

The lack of a universal definition for domestic violence has created problems for clinicians, researchers, and law enforcement agencies (Henderson, 2000). Although this is a term that has been typically associated with married couples, most state laws have broadened their use of the word domestic to refer to various cohabitating living situations. In defining domestic violence, many states now include abuse of elderly family members, as well as abuse between dating couples, roommates, parents and children, and individuals in gay and lesbian relationships (Henderson, 2000). In this context, the term violence has also taken on a broader definition in recent years. It is now recognized that perpetrators can use various methods to gain control over their victims, not limiting the term only to acts of physical violence. Emotional and verbal abuse, isolation, and threats and intimidation are a few examples of non-physical violence that have become recognized in domestic environments (Henderson, 2000). Because of the inconsistency surrounding these terms, it has become common for authors to use more specific descriptive terminology when discussing domestic violence, such as intimate partner violence, spouse abuse, date rape, spousal battering, courtship violence, etc. Below is a working definition for domestic violence, since it is a catalyst of this study.

Domestic Violence: acts of violence involving persons in a marital, dating and/or intimate, sexual, peer and/or cohabitating relationship; actual or threatened sexual, physical, or emotional abuse between partners (Henderson, 2000); or any lifetime incident of physical, life-threatening, or sexual abuse by a spouse, boyfriend or otherwise intimate partner (Gilbert, El-Bassel, Schilling, & Friedman, 1997).

This project will focus on two types of sibling abuse: physical abuse among siblings, and sexual abuse among siblings. I chose not to include emotional abuse as a focal point in this project because of the limited scope of the project and my belief that emotional abuse is

understood to be a part of both sexual and physical abuse. Below I have provided an operational definition for each of these terms, although this project will not place strict limitations on participants' descriptions or characterizations of their abusive experiences. All types of abuse will be measured using self-report of the research participants.

Sibling Sexual Abuse: sexual behavior between family members related by blood, marriage, or living arrangement (Laviola, 1992); sexual touching, fondling, indecent exposure, attempted penetration, intercourse, rape, sodomy, or any other inappropriate sexual contact between siblings (Wiehe, 1997, 1998); or compulsive inappropriate sexual activity toward a sibling extending over a period of time that is not age-appropriate or “motivated by developmentally appropriate curiosity,” and may involve manipulation, fear, threats, or coercion (Caffaro & Conn-Caffaro, 1998, p. 15).

Sibling Physical Abuse: Repeated acts of aggression toward a sibling with the intention of inflicting harm, creating an atmosphere of humiliation, defeat, or an unsafe environment (Caffaro & Conn-Caffaro, 1998); acts of aggression toward a sibling that have a high potential for causing injury, such as hitting, punching, slapping, etc. (Gelles & Cornell, 1990; Gelles, 1997); or common, unusual, and/or life threatening assaults occurring over a period of time directed toward a siblings (Wiehe, 1990, 1997, 1998).

### Theoretical Frameworks

No one theory can explain the complex nature of sibling abuse. However, this project will highlight two theoretical frameworks that can be helpful in understanding why sibling abuse is so common and why sibling trauma can have such a harmful impact on adult relationships. The first of these is family systems theory. This theory focuses on the relationships among members of the family. It suggests an interconnectedness and mutual causality of each member of the family



(Piercy, Sprenkle, & Wetchler, 1996). Despite the prevalence and frequency of sibling abuse, family systems theory has typically only been incorporated in research involving parent-child abuse and more specifically father-daughter incest (Caffaro & Conn-Caffaro, 1998). Among the work examining child trauma that has included systemic tenets, it is suggested that child abuse is the result of interplay between many systems and several factors (Caffaro & Conn-Caffaro, 1998; Gil, 1996).

Caffaro and Conn-Caffaro (1998) identify several family-related systemic characteristics and/or risk factors that cultivate the environment in which sibling abuse is more likely to occur. One of these factors is parental unavailability. Sibling abuse is not uncommon in homes where both parents work and older children are often placed in the role of caretaker. Sibling relationships defined by inflexible roles, an unequal power structure, and ambiguous boundaries constitute another high risk factor for the occurrence of abuse. Unfortunately, it seems parents often foster or encourage these particular characteristics in sibling relations. Parental favoritism is another characteristic of sibling abusive households. Parents who bestow differential treatment onto siblings often unknowingly create a sense of comparison among the siblings. When a child perceives he/she is the lesser of the siblings based on parental favoritism, he/she will often lash out at the other sibling as a way of releasing anger toward parents. A final risk factor involves the association between the larger system and the family. For instance, the impact of sex role socialization in the larger societal system can unknowingly encourage negative responses in children. These are common systemic risk factors that have been cited throughout the literature associated with sibling abuse and trauma (Caffaro & Conn-Caffaro, 1998; Wiehe, 1990, 1997, 1998).

A second theory that will guide this project is theory of learned helplessness. The theory of learned helplessness has three basic components: the contingency, the thinking about the contingency, and the behavior associated with the contingency (Seligman, 1975; Walker, 1978). The information about what should happen or the contingency is an attribute of the participants' circumstances. This information must then be converted into an expectation or belief that response and outcome are independent. This cognitive representation or belief is responsible for the motivational and emotional deficits that occur, thus dictating the behavior thereafter (Seligman, 1975). For instance, I believe participants in this project will have a preconceived expectation or belief about their sibling and the relationship they should have with that sibling. An abusive situation will then create for the victim a new belief or expectation that their response and the outcome of the situation are separate. This new belief will dictate behavior that represents a motivational and emotional deficit. This phenomenon has been found to be true in many different circumstances with various populations of both animals and human beings suggesting its generalizability.

Seligman (1967) was the first to hypothesize and test the theory of learned helplessness using dogs. Between 1965 and 1969 he, along with two colleagues, tested the notion that dogs would learn that their behavior had no effect on what happened to them when they were subjected to noncontingent negative reinforcement. In addition, it was suggested that even if the dogs were to later make the connection between their behavior and the negative reinforcement, the psychological, motivational and perhaps emotional deficit would remain (Walker, 1978; Seligman, 1975; Seligman & Maier, 1967; Overmier & Seligman, 1967). Testing this hypothesis showed that dogs that received adverse stimuli over a period of time ceased voluntary activity. Also, the younger the dog when he received this stimulus, the longer it took for him to overcome

the effects of it (Seligman, 1975). In essence, the dog had learned helplessness. Several other experiments were performed testing this theory with various animal groups (dogs, cats, rats, fish, and monkeys) before it was applied to human subjects (Seligman, 1975).

Several studies were conducted to test this theory with human subjects (Miller & Seligman, 1975; Hiroto & Seligman, 1975; Thornton & Jacobs, 1971; Fosco & Geer, 1971). Hiroto (1974) was the first to test the theory on human beings in a controlled setting attempting to replicate the findings from studies conducted on animals. He used loud noise as an adverse stimulus exposing it to two groups of college students, while a third group received no noise. Hiroto's results were congruent with that of studies involving human beings and animals, in that the confined group of human subjects in this study failed to attempt to escape the noise or try to avoid it, instead just sitting passively accepting the noise, thus indicating the motivational deficit.

In relation to human subjects, this theory has been applied to battered wives. Walker (1978) suggests that the process of victimization a battered wife endures ensnares her in psychological paralysis, which is essentially the concept of learned helplessness. When a battered wife learns that her responses do not have any effect on what happens to her, she learns to relinquish power, thus accepting helplessness. Walker (1978) suggests that this is a process that may be "learned on a relative continuum" (p. 529) for many women; a process that perhaps begins with traditional role assignments in childhood or early victimization. Twenty five percent of those she interviewed stated they had been abused as a child. Regardless of how one came to accept a mentality of helplessness, it can be used to answer several common questions in relation to battered wives, such as "why they don't leave the relationship," or "how they entered the relationship to begin with?"

Bennett (1990) posits “an abused child’s situation is more conducive to learned helplessness than an abused spouse’s” (p. 141). An abused child has fewer options than an abused spouse does. Although they may share a similar motivational and emotional deficit, it can be argued that the abused spouse has more opportunity to gain protection from their abuser simply by virtue of being an adult. In the case of children, particularly those abused by a sibling, the abuse is often not as obvious and more times than not it is either excused or ignored altogether. In this situation, considering the age of the participants in the abuse and the environment in which it occurs, the probability that learned helplessness will develop increases (Bennett, 1990). In this project the tenets of the theory of learned helplessness will be used to help understand beliefs and behaviors associated with the impact of abuse. Several research questions will be derived in association with the theory in order to explicate the learned responses of the victims.

### Research Questions and Delimitations

#### Research Questions:

- 1) Will family systemic factors contribute to the creation of an environment in which sibling abuse took place?
- 2) Participants will report characteristics indicative of learned helplessness as it relates to their beliefs about how their abusive experiences impacted their lives?
- 3) What is the type and extent of sibling physical abuse experienced by participants?
- 4) What is the type and extent of sibling sexual abuse experienced by participants?
- 5) What are and have been the mental health and emotional issues, problems, and concerns of the sample under study?

- 6) What family characteristics and family systemic factors exist in their sibling abusive families?
- 7) What is the type and extent of violence experienced in adulthood by the participants, if any?
- 8) What are the shared perceptions and beliefs of participants in relation to the effect violence has had on their life?
- 9) How can learned helplessness help us better understand their experience of sibling abuse?

Delimitations:

- 1) Participants needed to have a history of sibling sexual and/or physical abuse in which they were the victim.
- 2) Exhibiting characteristics of learned helplessness in adult relationships is one of the proposed research questions therefore participants were chosen, in some part, on their potential representation of theoretical frameworks. The sample is derived from a clinical population having experienced domestic.

#### Self of the Researcher

Regardless of how much we try to maintain objectivity as researchers, I believe our worldview always comes into the equation. My family, life, and experiences have all shaped the lens through which I view the world and exist in it. This life history guides my perceptions of people and events, even though that may sometimes be contrary to my intentions. My personal worldview, as well as ideas gained via examination of previous research, will undoubtedly have an influence on this project. However, with this study, as in any other, I will attempt to bracket those biases in order to allow the true experiences of the participants to emerge (Creswell, 1998). This attempt to bracket personal biases will also allow me and future readers to understand the learned patterns associated with this abuse through the voices of the participants. In an effort to

help bracket my personal influences and biases as they may relate to this project, I offer this section as a reflexive narrative of my life. I have included personal experiences and facts that I feel could potentially bias my position during this project.

I grew up in a tiny rural town in central Mississippi. My neighborhood was primarily composed of extended family, all of which were descendants of either my paternal grandfather or his half sister. Families in this area were all working class and several, including my immediate family, were barely making ends meet. Both my parents had only a basic education at best. My father quit school in the eighth grade to work on my grandfather's farm and my mother graduated high school. By the time I came along, my father was a laborer and my mother worked in a factory. I have five siblings, one older brother, a younger sister, and twin baby brother and sister. My cousin (my mother's first niece) was also reared in our home.

My parents, already sharing one child, married in their early twenties. Life with limited educations and minimal paying jobs was difficult to navigate. My father became an alcoholic, leaving most of the family responsibilities for my mother to handle. Even as a child I noticed the impact his alcoholism had on our family. Already struggling to meet the basic necessities of life, his behaviors and reckless disregard for our financial state often forced us into a position where we simply had to do without. I can recall when our phone had to be turned off, not having electricity for two weeks, and not having food, except that which had been packaged and frozen from the garden the previous year. His disease not only affected us financially, but also emotionally.

My parents would often argue and sometimes physically assault one another. They even resorted to threatening each other's lives with weapons, all in plain view of both my brother and I. Well, at least in view of me. My brother would often retreat to the pasture or barn belonging to

our grandfather, located just behind our house. But I always stayed and watched, I suppose thinking naively at the time that if I were there they would never actually hurt one another. This existence of poverty and violence continued for us until March 7, 1986, the day my father was killed. My mother, then eight months pregnant, spent yet another pay day waiting for my father to return home to fund our grocery shopping for the week. Sometime later that night my grandmother knocked on our door and stated that he had been shot by someone we all knew to be his best friend, and they were not sure if he would make it. Later I discovered that she knew he was already gone, but was trying to limit the impact the news would have on my pregnant mother.

The month after my father's death my sister was born. Although money continued to be a concern, it did not seem to create such stress anymore. Soon after that we began having a house built, across the street from the trailer we had lived in since I could remember. After some years, my mother began dating a man she and my father had gone to school with. They were married and had the twins in 1990. He soon also slowly revealed his own abuse of alcohol and tendency toward violence. Fortunately though for us, Alcoholics Anonymous and my mother's pregnancy facilitated his second chance at life. It was not until I became an adult that I discovered the reasons our financial situation seemed less stressful. My mother had used public assistance for sometime, never telling us, thinking the knowledge of it would embarrass us.

As for my sibling relationships, they too have had their fair share of ups and downs. After the death of my father, my older brother attempted to take on the role of "man of the house." Needless to say, I did not respect his imagined authority in that role. We would clash from time to time, as did my cousin and I. Mostly verbally, but there was the occasional fist-fight. Also, it was only after my father's death that I began to truly notice my mother's blatant favoritism of

my brother over her other children. I suppose all children at some point feel like their siblings are favored, but as the years passed I realized more and more the ally I had lost when I lost my father.

Because most of my siblings were younger than I and since my brother was not responsible, I was often the caretaker of my younger siblings. I started babysitting my infant sister at age 11, and my other siblings all through my high school years. My mother had various jobs throughout those years, sometimes two at a time. I never objected to attending to my younger siblings, although I often resented the weight of responsibility placed on my shoulders alone. Fortunately that resentment was never directed toward my siblings, but instead it was aimed at my mother. Although we shared many time periods in which I considered her my best friend, we also battled at every opportunity. Her desire to break my strong will was as strong as my determination to prove to her that she was not a necessity in my life.

I think the first time that battle subsided was when I left home for college. The freedom from responsibility sent me into a tailspin, which is probably why I almost flunked out my second year. Even then I think the only thing that forced me to “get it together” was that old need to prove something to my mother. I tried to maintain close relationships with my siblings, now believing that because I had practically raised them through their fundamental years, I was their best chance for a role model in our family. I relished in the adoration they constantly showered on me. My older brother had joined the army and had been away from home for sometime. Even though we had never truly been friends, I often thought of him and hoped we would one day improve our relationship.

My enthusiasm in that regard diminished when a family secret was revealed. At some point during my college years I discovered that my older brother had molested a younger cousin



who lived next door to us. This was a devastating blow to my psyche. It was as if every good thing I believed about my family had been taken away in an instant. The year following this news was one of the most difficult I have lived through. The guilt, shame, rage, and confusion were all too much for me to handle. Since my family had always been short on truth, I went on a crusade to have this information known to all. Little did I know that most already knew about it, except my immediate family. My mother's reaction when I told her only pushed me closer to the edge. Fearing she would again align herself with my brother, I hesitated, but eventually told her what was "wrong" with me only to avert her suspicions that I was using drugs or something of that nature. She, like most parents I suppose, offered excuses for my brother's behavior. It is conceivable that she thought this would help her now overwhelmed daughter, but it only served to further my agony.

This revelation in my family seemed to open a flood gate in my life. Attempting to console me, friends even began telling me about their childhood abuse histories. It was almost unbelievable for me to accept that within my close circle of about five female friends, I was the only one who had not been raped, molested, or maliciously beaten as a child. These stories of child abuse flooded my mind constantly and eventually affected every other part of my life. All the while my hatred for my brother grew more and more. I wanted to blame him for every child that had ever been hurt in this world. The guilt of hating him also consumed me. He soon made the reality of that guilt easier to live with.

He developed both an uncontrollable drug and alcohol problem that he had been nurturing since his teen years. Along with years of substance abuse came diminished capacity. His illness and my lack of compassion for him severely damaged a family that was already barely a cohesive unit. My relationships with my mother, aunts, and grandmother were all

negatively affected. Damaging these close ties I had had since childhood pained me deeply, but all I cared about then was shielding my younger siblings from this devastation and making sure they had someone to believe in. Needless to say, things got worse before they got better. But like the aftermath of most major disasters, we eventually regained some sense of stability. Even still today, coupled with many more family highs and lows, we constantly teeter between the good and bad.

Such complexities as poverty, domestic violence, alcoholism, child abuse, mental illness, and loss have all impacted how I interpret the world. Although I am not a victim of sibling abuse and the above mentioned things were not the whole of my family's history, I feel it is important to discuss that history, as I believe it has the potential for influencing my objectivity during this project. I have a responsibility to acknowledge my personal biases and my potential lack of objectivity in these areas. If my experiences are to have any impact on this project at all, it is my hope that they will only serve to facilitate a connection between the research participants and myself. This connection will assist the process of capturing the uniqueness in their experiences. My only goal is to be a means by which knowledge and understanding of sibling abuse may be increased.

## CHAPTER TWO: REVIEW OF LITERATURE

### Domestic Violence Victimization and Childhood Abuse Overview

One probable result of being abused in the family of origin is an increased probability of later victimization or perpetration of violence within adult relationships (Straus et al., 1980; Riggs, Caulfield, & Street, 2000; Simonelli, Mullis, Elliott, & Pierce, 2002). Typically the link between domestic violence and childhood abuse has been associated with perpetrators of violence (Simonelli et al., 2002). As a result, the majority of research examining correlates of domestic violence victimization has focused on the perpetrators of marital violence (Riggs et al., 2000). Very little research exists examining those correlates in relation to the victims of domestic violence. In fact, characteristics associated with victimization have not typically been thought of as important in understanding and/or preventing domestic violence. It has been suggested that only characteristics associated with perpetration and couple dynamics are useful in assessing risk of future victimization (Riggs et al., 2000; Hotaling & Sugarman, 1990). Despite this notion, some authors have investigated risk markers of victimization in victims of violence. Research related to victims of domestic violence has identified the experience of child abuse as one of the most consistent risk factors for adult victimization (Riggs et al., 2000).

Weaver and Clum (1996) conducted a study examining the sexual and physical abuse histories of battered women. Their study consisted of 43 battered women, 70% of whom were currently in domestic violence shelters and 30% were receiving treatment for domestic violence through outpatient facilities. A comprehensive assessment of victimization was completed with these participants to determine the relationship between childhood abuse and abuse-related outcomes, namely personality and dissociative disorders, and interpersonal conflicts. Weaver and Clum found an extremely high rate of prior victimization among this population. The rate of

childhood physical and sexual abuse across the lifespan of these participants was found to be 71% and 53%, respectively. Although this study did not suggest that if one is victimized in childhood that they will be victimized in adulthood, it did provide evidence of predisposition among clinical populations of adult abuse victims. This evidence is presented because findings suggest that those individuals who experienced child abuse are more susceptible to interpersonal difficulties, difficulties that inhibit the successful establishment and/or maintenance of healthy intimate adult relationships.

Coid, Petruckevitch, Feder, Chung, Richardson, and Moorey (2001) examined the relation between childhood trauma and adult revictimization. They conducted a study with 1,207 women ranging from ages 16-85. These women were patients in 11 east London general practices. Of this sample approximately 17% reported childhood sexual abuse including some reporting intercourse. Approximately 13% reported either being beaten or repeatedly being beaten by a parent or caregiver, and 2% reported all forms of childhood abuse. In relation to domestic violence 41% indicated some form of domestic violence, including rape and sexual assault. Coid et al. concluded that all forms of childhood abuse (intercourse, sexual assault, and physical abuse) were associated with an increased risk of adult abuse (physical violence, rape, and sexual assault). Sappington, Pharr, Tunstall, and Rickert (1997) were another group to probe this connection. They used a sample of 133 undergraduate women examining childhood abuse, date abuse, and psychological adjustment. The average age of this sample was 19.6. Approximately half the sample had experienced childhood abuse or witnessed abuse in the home. Results indicated that childhood abuse was associated with abuse by a date and psychological problems.

A few studies have discussed this connection with a variety of specific populations; for instance, Cohen, Deamant, Barkan, Richardson, Young, Holman, Anastos, Cohen and Melnick (2000) examined the connection with a group of HIV infected women and women at risk for HIV. Specifically, they probed the connection between domestic violence and childhood sexual abuse. Their sample was 1,645 women ages 13 and older. Results indicated that women who reported childhood sexual abuse were more likely to report a lifetime of domestic violence. The prevalence of lifetime domestic violence among this sample was 66% and the prevalence of childhood sexual abuse was 30%. Gilbert et al. (1997) looked at the connection among women in methadone maintenance. They studied childhood sexual and physical abuse in relation to spouse or boyfriend abuse. Their sample included 151 women in inner-city methadone clinics. Findings indicated that women experiencing childhood physical abuse were five times more likely to experience partner abuse, and those sexually abused as a child were 4.34 times more likely to be abused by a partner. Astin, Ogland-Hand, Coleman, and Foy (1995) examined posttraumatic stress disorder (PTSD) and childhood abuse in battered women. They compared these variables in 50 battered women and 37 maritally distressed women. Seventy six percent of battered women reported the presence of at least one other trauma event in their history. Thirty four percent of battered women reported childhood physical abuse, and 42% reported childhood sexual abuse. Also battered women with PTSD reported significantly more childhood sexual abuse than those without PTSD.

Simonelli et al. (2002) conducted the only study examining the association between received sibling abuse and later abuse in dating relationships. They assessed 120 undergraduate students between the ages of 18 and 27. The procedures consisted of the participants completing several assessment instruments. Findings indicated that 18% of men and 15% of women reported

receiving some type of physical aggression in their dating relationships, while 31% of males and 55% of females reported receiving sexual aggression in these relationships. In the male participants, abuse by a sibling (regardless of age) was significantly correlated with expressed emotional and physical aggression, violence toward a partner, and received emotional and physical violence from a partner. In the female subjects, abuse by an older sister was correlated with sexual aggression from a dating partner; and abuse by an older brother was correlated with expressed and received physical violence from a partner. Simonelli et al. noted that female subjects were more likely to have significant connections between aggressions from parents and received dating violence, while males were more likely to have significant connections between aggressions by siblings and received dating violence. Results also supported the notion that men with abusive histories were more likely to perpetrate sexual aggression, while women were more likely to be the recipient of sexual aggression.

Other studies examining family violence have indicated some correlation between abuse in childhood and abuse by a partner or spouse and reported significant information on three types of childhood abuse—emotional, physical, and sexual. Cascardi, O’Leary, Lawrence, & Schlee (1995) identified emotional abuse as a significant indicator of domestic violence. Nyamathi, Wenzel, Lesser, Flaskerud, & Leake, (2001) found that victimized women reported more childhood sexual abuse. Jewkes, Levin, and Penn-Kekana, (2002) discovered that abused women were more likely to have been beaten in childhood. Although not specific in their discussion of childhood abuse, studies by Markward (1996) and Swan and Snow (2003) stated that women abused in adulthood were “generally” abused as children as well. Unfortunately, all forms of abuse, even those classified as general, can transfer into serious long term mental health concerns.

A great deal of research has suggested that experiences of violence are damaging to the mental health of victims (Riggs et al., 2000). A number of similar psychological problems have been associated with abuse in intimate relationships and abuse in childhood. Among the most common of those referencing intimate relationships has been post-traumatic stress disorder (PTSD) and depression (Riggs et al., 2000). PTSD has been found in 30 – 80% of victims of domestic violence (Gleason, 1993). Rates of depression in battered women were on average 50% more than women who did not experience violence (Riggs, et al., 2000). Astin et al. (1995) found 58% of their sample of battered women with a history of childhood trauma exhibited PTSD. Weaver & Clum (1996) found childhood physical abuse was a significant predictor of borderline personality characteristics, as well as poor interpersonal characteristics of self-worth, intimacy, and identity. They also found intrafamilial (brother/sister, father, and mother) childhood sexual abuse was significantly correlated with borderline personality characteristics as well. Coid et al. (2001) noted that adult revictimization in child abuse survivors is associated with unemployment, promiscuity, severe psychiatric morbidity, unwanted pregnancy, and the use of counseling services. In Sappington's et al. (1997) study 97% of the sample who had experienced child abuse and date abuse also suffered from drug and alcohol problems, anxiety, depression, or received counseling for other psychological problems. Low self-esteem and anger problems were also prominent among this sample.

### Sibling Sexual Abuse

#### *Prevalence of Sibling Sexual Abuse*

Much of what has been learned about sibling sexual abuse has been discovered in recent years, but some of the most notable research on the subject was conducted in the late 1970's Finkelhor (1978; 1980) was one of the first to draw national attention to this topic. He conducted

a study attempting to answer many of the complex questions related to sibling sex, such as questions about the prevalence of abuse, extent of exploitation, and the long-term effects of the abuse. Finkelhor used 796 New England college undergraduates from six different institutions to conduct this research. His results indicated that approximately 15% of the females and 10% of the males had experienced some form of sexual activity with a sibling. Of those reporting sexual contact with a sibling, 25% stated that contact involved force or coercion. The most common acts reported in all age groups were fondling and touching of the genitals. Other acts included showing sex organs, attempted or simulated intercourse, and intercourse. Of the 25% indicating force or coercion, they also indicated a large age disparity between themselves and the abuser. Approximately 40% of the sample stated they were younger than eight years of age when the abuse occurred, and 73% of the abusive experiences occurred with a perpetrator who was eight or older, while 35% occurred with a perpetrator who was older than 12. He also found that sibling sex had an effect on development, patterns of adult sexual contact, and sexual self-esteem.

Another study was conducted that provided a more descriptive analysis of sibling sexual abuse. Wiehe (1990, 1997, 1998) conducted an exploratory study of 150 respondents to public ads inviting people to participate in an anonymous questionnaire regarding sibling abuse. Of that sample 67% stated they had been sexually abused by a sibling during childhood. Several reported a combination of sibling abuse. For instance, 3% stated they experienced both physical and sexual abuse, 11% both emotional and sexual, and 37% all three forms of abuse by a sibling. Most respondents indicated that their abuse begun around the ages of 5 to 7, with some even reporting that they had been made aware that they were abused as infants. Cole (1982) conducted a study with adult females from 28 different states and it was found that 33% had been sexually



abused by a brother. The average age of onset for these victims was 8 years old. Participants reported the abuse taking place over long periods of time, as well as feelings of personal responsibility for the abuse occurring at all. Caffaro & Conn-Caffaro's (1998) study was also conducted with adult survivors of sibling abuse. They found that 395 of their sample had experienced sibling incest. Sixty three percent of these incest survivors were women who had been sexually assaulted by a brother. Sixty one percent indicated they were survivors of multiple forms of abuse, including sibling incest.

Finkelhor and Boney-McCoy (1995) conducted the first study assessing childhood victimization with a nationally representative sample of youth. Telephone interviews were conducted with 1,042 boys and 958 girls between the ages of 10 and 16 living in various locations throughout the United States. Approximately 15.3% of female population included in this sample reported sexual victimization, and 5.4% reported an attempted sexual assault. The combination of this literature, along with countless other findings mentioned hereafter, highlight a prevalence of sibling sexual abuse in our society.

Others studies have of sibling incest found similar results as those previously mentioned. Hardy (2001) conducted a study with college undergraduate students and found that 7.4% of her sample experienced sexual behavior with a sibling, ranging from fondling to intercourse. Russell (1986) examined the prevalence of incest, extrafamilial child sexual abuse, and other forms of sexual assault and exploitation in a random sample of women. This study revealed 25 sibling incest cases, some of which were multiple brothers abusing the same sister. DeJong (1989) conducted a study examining incest in a sexual assault center with 831 children, 84 of whom had been abused by a cousin or sibling. He found that 4.2% of the overall sample had been abused by a sibling. Of this 4.2%, 32 of the victims were girls and 3 boys. Also, 11% of all the incest

revealed in this study was sibling incest. Based on age difference and coercion used, 86% of the sibling incest cases were exploitive and/or abusive.

### *Family and Individual Characteristics*

Research with victims and survivors of sibling sexual abuse is steadily increasing. The extent of knowledge related to sexual activities among siblings has typically focused on sibling incest. Although this in itself is an underreported phenomenon, sexual contact among siblings such as fondling or molestation is reported even less often than that. Many studies investigating sibling incest are conducted using cases in which an older brother has sexually abused a younger sister (Meiselman, 1978; Finkelhor, 1980; Daie, Witztum, & Eleff, 1989; Caffaro and Conn-Caffaro, 1998), partially because girls have been found to be at higher risk than boys (Finkelhor and Baron, 1986). Although this is what the vast majority of literature has focused on, incest in sibling relationships can take on many forms (i.e., brother-brother incest, sister-sister incest, stepsibling incest, etc.) and is widespread in families from various socio-demographic backgrounds (Wiehe, 1997, 1998). Bank and Kahn (1982) identified two primary types of sibling incest. One type is nurturance-oriented incest. This is usually consensual contact that is characterized by erotic pleasure, loyalty, and love. Another type is the power-oriented incest. This is usually sadistic, exploitive, and coercive, and often involves intentional physical or mental abuse.

Regardless of the dyad or orientation, there are several characteristics found common to these abusive relationships. For instance, such contact between siblings was more likely to be deemed abusive when one sibling was much older than the other. The age of children was particularly important to their ability to understand and deal with the experience of incest (Bank & Kahn, 1982). The older sibling often used force or coercion to get the younger sibling to

submit to the contact (Wiehe, 1990, 1997, 1998; Caffaro and Conn-Caffaro, 1998). Rudd and Herzberger (1999) stated that in 64% of sibling abuse cases force was used compared to 53% of father abuse cases. Cyr, Wright, McDuff, & Perron (2002) also reported that brothers tended to use force to commit abuse. Many studies noted the age of onset for the victims was around five to ten years old (Russell, 1986; Daie et al., 1989; DeJong, 1989; Laviola, 1992; Adler and Schutz, 1995; Cyr et al., 2002), while the average age of many perpetrators was around eleven to seventeen years of age (Russell, 1986; DeJong, 1989; Adler and Schutz, 1995; Caffaro and Conn-Caffaro, 1998; Hardy, 2001). In Wiehe's (1990, 1997, 1998) study survivors of abuse reported their perpetrator was at least 3 to 10 years older. These general characteristics were found to be true in most cases, but not all. For instance, O'Brien (1991) conducted a study of sibling sex offenders in which he found that the perpetrators and victims were much closer in age, on average three years apart. The average duration of the abuse prior to disclosure was approximately two years (Cole, 1982; Russell, 1986; Laviola, 1992; Wiehe, 1990, 1997, 1998; Cyr et al., 2002).

Another emerging group of commonalties in sibling sexual abuse cases involves the individual and systemic factors that can facilitate abuse; such as those that increase one's accessibility and/or motivation to participate in incest. Perpetrators sometimes exhibited a deviant sexual arousal pattern including compulsive characteristics. Finkelhor and Baron (1986) state, in regard to victims, the presence of a poor relationship with parents, particularly mothers, was a consistent finding in abuse survivors. Laviola (1992) reported that many times victims did not fight back because the abusive contact was the only time they felt loved and accepted by another family member. When the family unit was unable or unwilling to fulfill crucial emotional needs in a child, this increased that child's motivation to sexually abuse a sibling

(Caffaro and Conn-Caffaro, 1998). Parents who denied and/or minimized these acts between siblings also unknowingly increased motivation to harm (Adler and Schutz, 1995).

Often abuse was found in families that can be categorized as dysfunctional. In Laviola's (1992) study, female participants stated their families were dysfunctional in several ways. They reported dysfunctional characteristics in child-rearing methods, relational patterns, rules, and coping strategies. Rudd and Herzberger (1999) noted emotionally absent mothers and frequent physical abuse by parents. Cyr et al. (2002) found that sibling incest victims lived in families exhibiting more dysfunction than those victims of other types of incest, particularly in terms of alcohol abuse. Hardy (2001) also found high levels of maternal alcohol use among sibling sexual abuse families. Along with a dysfunctional family, research suggests that many perpetrators of sibling sexual abuse have at some point been victims of abuse themselves. This too can be a powerful motivating factor to offend. Perpetrators may attempt to mimic the abuse they suffered by abusing a more vulnerable sibling (Caffaro and Conn-Caffaro, 1998).

The environment of the household can also contribute to the accessibility of vulnerable siblings, thus contributing to a perpetrator's motivation. Parental unavailability is one systemic factor found in many sibling sexual abuse cases (Finkelhor and Baron, 1986; Caffaro and Conn-Caffaro, 1998). Often families will have a physically absent father and an emotionally distant mother (Daie et al., 1989; Hardy, 2001). It is not uncommon that the perpetrator was the caretaker of younger siblings (Meiselman, 1978; Daie et al., 1989; Worling, 1995; Hardy, 2001). In the study conducted by DeJong (1989) approximately 83 % of the victims had at some point been cared for solely by their offender. The parental role as one of role model can also contribute to sexual contact between siblings. Parents who exhibited questionable sexual behaviors and inappropriate attitudes toward sex, often created an atmosphere that was susceptible to an

abusive situation (Meiselman, 1978; Smith and Israel, 1987; Daie et al., 1989; Caffaro and Conn-Caffaro, 1998). This not only refers to the family in which sex is overly permissive, but also those in which the sexual environment is extremely repressive. Meiselman (1978) found that 62% of the sibling incest victims in her sample reported a rigid puritanical attitude toward sexuality from their mothers. Daie et al. (1989) stated that mothers in their study either viewed sex as a dirty taboo subject or exhibited seductive behavior and allowed children to do the same. Smith and Israel (1987) found that 40% of the mothers in their study of sibling offenders were classified as seductive and 32% rigid and encouraged a repressive sexual environment.

Parental favoritism and rigid gender roles were also characteristic of households that were conducive to sibling sexual abuse (Caffaro and Conn-Caffaro, 1998). Favoritism created an atmosphere of competition between siblings. This led to retaliation on the part of the sibling who perceived him/herself as the least favored child. Conversely, this gave the favored child permission to abuse in that he/she did not perceive the threat of punishment having done so. In terms of gender roles, children in incestuous families were often reared in a context that supported the traditional male/female role dynamics. This atmosphere created a gender-based power differential, which facilitated the abuse by an older male sibling of a younger female sibling. Participants in Laviola's (1992) study stated males were often viewed as superior and dominant over the women and children.

Family stress is another characteristic of these situations. Laviola (1992) cited illness, disability, parental depression, and financial hardships as stressors indicative of sibling abusive families. Hardy (2001) found that marital strains and losses were more predictive of sexual abuse than physical abuse. When parents were faced with such difficulties and possessed very few coping abilities coupled with other dysfunctional patterns, sibling abuse was likely to occur.

Sibling abusive families also tended to exist in an atmosphere where secrecy, coercion and force, intergenerational sexual abuse, social isolation, and marital conflict and extramarital affairs were all major dynamics (Finkelhor and Baron, 1986; Kaplan, Becker, & Martinez, 1990; O'Brien, 1991; Adler and Schutz, 1995; Caffaro and Conn-Caffaro, 1998; Hardy, 2001).

### *Effects of Sibling Sexual Abuse*

Sexual abuse, including sibling sex, has been found to contribute to severe long-term psychological symptoms both in children and adults (Wiehe, 1990, 1997, 1998; Bank and Kahn, 1982; Finkelhor and Boney-McCoy, 1995; Silverman, Reinherz, & Giaconia, 1996). The most important characteristics predicting long term problems for the victims were the relationship to the offender, the use of force, the severity of the abuse (Hunter, 1990), age differentials, and families with poor communication and/or boundaries (Daie et al., 1989; Hardy, 2001). Although some long-term effects were of a physical nature, most were related to emotional difficulties. In Meiselman's (1978) sample 38% were judged to be severely disturbed, and 25% had been hospitalized for psychiatric reasons. In Wiehe's (1990) study 87% of the sample reported having received counseling for emotional problems, while in Laviola's (1992) 64% cited participation in individual therapy as a way of dealing with the after effects of abuse. Cyr et al. (2002) found that sibling incest victims showed as much or more psychological distress than victims of other forms of incest. Russell (1986) stated that 12% of her sample reported detrimental long-term effects of sibling incest and 44% reported some long-term effects.

Problems such as posttraumatic stress and depression have often been cited in research with this population (Wiehe, 1990, 1997, 1998; Finkelhor and Boney-McCoy, 1995). Bank and Kahn (1982) noted poor self-concept, psychotic behavior, compulsive self-denigration, promiscuity, identity problems, and depression as after effects of sibling abuse. Silverman et al.

(1996) reported that females sexually abused before age 15 exhibited clinical ranges for somatic complaints, anxiety, depression, social problems, thought problems, attention problems, and aggression. Those individuals in this sample 21 years and older exhibited psychiatric disorders such as posttraumatic stress disorder, antisocial behavior and alcohol abuse dependence. Sibling sexual abuse survivors have also been found to exhibit problems with orgasmic functioning (Meiselman, 1978; Russell, 1986) or sexual response (Bank and Kahn, 1982; Laviola, 1992), low self-esteem, suicide attempts, and repeated victimization (Cole, 1982; Wiehe, 1990, 1997, 1998; Laviola, 1992). Adults, in particular, may experience poor sexual self-esteem (Finkelhor, 1980; Laviola, 1992) and sexual dysfunction (Daie et al., 1989; Wiehe, 1990; 1997, 1998). Rudd and Herzberger (1999) also reported eating disorders (as did Wiehe), sexual promiscuity (as did Meiselman), and nightmares as effects of sibling sexual abuse.

Sibling relationships are extremely important for a child's development (Jones, 2002), thus it makes sense that sibling incest would have a major impact on victims. Sexual abuse between siblings has stalled a child's individual development (Finkelhor, 1980; Caffaro and Conn-Caffaro 1998). Because of the forbidden nature of this type of abuse, victims have been known to view themselves as sexual deviants and as a result encumber their own sexual development (Finkelhor, 1980). If the abuse was still unknown and a child was forced to remain silent about it, then one of the most common signs of abuse in children was withdrawal (Wiehe, 1997, 1998). Withdrawn behavior was a good indication that a child was suppressing emotions, usually difficult emotions for a child to deal with, such as, shame, guilt, anger, or anxiety, all of which are often present in abused children. Many abused children also begin to simulate sleep as a response to their abuse (Wiehe, 1997, 1998). Finkelhor and Boney-McCoy (1995) stated that sexually abused children also exhibited difficulty in school.

Caffaro and Conn-Caffaro (1998) suggested that sexual abuse can have an adverse effect on the sibling relationship throughout life. Although, Hardy (2001) reported that the sexual abuse respondents in her study maintained a primarily neutral relationship with their siblings in adulthood. Not only were sibling relationships affected, but victims of sibling incest also experienced difficulty forming and maintaining intimate adult relationships all together (Bank and Kahn, 1982; Daie et al., 1989; Caffaro and Conn-Caffaro, 1998). Laviola (1992) stated that half of the women in her study reported mistrust of others and intrusive thoughts of incest as some of the effects of abuse, both of which may make it extremely difficult to establish an intimate relationship. Many individuals who experience incestuous relationships with a sibling never even marry. Of the brother-sister incest victims in Russell's (1986) study, 47% had never been married. Alpert (1991) found that 48% of a similar sample of adult survivors of sibling incest had never married. Although this was often the case, it was not always true of survivors. For instance, Wiehe (1990) found that 73% of his sample of adult sibling abuse survivors were married at the time of the study.

Along with the potential difficulty associated with establishing adult relationships, sexually victimized children were at greater risk of becoming a target of abuse by others as well, both in childhood and adulthood (Russell, 1986; Wiehe, 1990, 1997, 1998; Caffaro and Conn-Caffaro, 1998). Some survivors internalized their victimization in such a way that they felt they deserved what happened to them, thus they chose/settled for intimate relationships with people who continue to abuse them (Wiehe, 1990, 1997, 1998). Russell (1986) suggested that female victims of sibling incest were at an increased risk of being sexually and physically violated in adult relationships. She reported that 50% of female sibling incest survivors experienced domestic violence as opposed to only 18% of women who were never victimized by incest. Also,



58% had an unwanted sexual experience with an authority figure; 26% reported an unwanted sexual experience with a girl or woman; 90% stated they had become upset at sexual advances from men; 32% had been approached about participating in pornography; 32% had an experience with a peeping tom; and 58% had a negative experience with an exhibitionist. All these categories yielded higher percentages for sibling incest victims vs. nonvictimized women. Also, Meiselman (1978) found that half of her sample of sibling incest victims had been raped in late adolescence by unrelated men, compared to none of the father-daughter incest victims in the study. All these studies inform our knowledge of the effects of sibling sexual abuse.

### Sibling Physical Abuse

#### *Prevalence of Sibling Physical Abuse*

Although the point at which aggression between siblings turns into assault is difficult to ascertain, “physical abuse between siblings is by most accounts the most frequently occurring form of family violence, as well as one of the most underreported and least understood” (Caffaro & Conn-Caffaro, 1998, p. 71). Along with verbal maltreatment and aggression, sibling violence is probably the most accepted form of family violence (Steinmetz, 1981). National surveys suggest that sibling assault is more prevalent than spousal and parent-child abuse combined (Straus, Gelles, & Steinmetz, 1980).

Suzanne Steinmetz has been credited with being one of the first social scientists to investigate sibling aggression and assault (Gelles & Straus, 1988; Gelles & Cornell, 1990; Gelles, 1997). In 1977(a) she conducted a study exploring sibling conflict in 57 randomly selected families. Parents in 49 of those families recorded the types of and frequency of violence between their children over a one week period. Over that period of time, 131 sibling conflicts occurred. These conflicts ranged from short arguments to serious physical confrontations.

Subsequently, in her 1977(b) study, she conducted exploratory research of patterns of conflict resolution used in families. She used 78 college students as her sample population. The participants answered a series of questions, one of which focused on sibling relationships. Of the overall sample 72% reported having used physical aggression to solve conflicts with a sibling. This percentage was far greater than parent/child conflict or marital conflict. Responses indicated that such violence between children was viewed as insignificant and was rarely punished. These findings not only suggested a high prevalence of sibling violence, but also implied that witnessing parental violence had an adverse effect on sibling relationships.

In her 1978 study Steinmetz investigated physical violence in 57 families including 88 pairs of siblings. In this study she found that physical violence was used to resolve conflict in 70% of families with children eight years old and younger. Of the families with adolescents 68% reported physical violence, with 63% of those reporting high levels of violence. The results also indicated that the most violence occurring between siblings took place in the brother/sister dyad. Sixty eight percent of this dyad engaged in high levels of violence. Steinmetz (1981) conducted a cross-cultural comparison of conflict resolution among siblings. This study examined data collected of individuals and families from five countries: the United States (N=94), Canada (N=52), Puerto Rico (N=82), Israeli (N=129), and Finland (N=44). Participants answered questions based on the conflict resolution styles of various familial dyads, including the sibling dyad. The United States had the highest physical aggression scores and the highest in mean sibling physical violence. The United States also had the highest level of male/female physical aggression.

Straus et al. (1980) conducted a national survey of 2,143 families. They found that 75% of families reported violence between siblings and 82% of children from 3 to 17 committed a

violent act toward a sibling. On average this study revealed that 53 out of every 100 children in the United States severely attack a sibling each year. That translates to over 19 million physical attacks between children that can be deemed assault. Also findings suggest that over 7 million children in this country have at some point been beaten up by a sibling. They concluded that eight out of every ten children would commit an act of violence against a sibling. They also estimated that nearly 1.5 million children had at some point faced an angry sibling with a gun or knife. As astonishing as these estimates are, there is probably more than the study revealed. Taking into consideration that only two-parent households were surveyed, parents are not always aware of sibling conflicts, parental minimization of physical conflicts between children, and only violence by one child was studied, the true national rates of sibling violence are probably much higher.

Graham-Bermann, Cutler, Litzenberger, & Schwartz (1994) conducted two studies investigating sibling conflict. The first study was designed to estimate the prevalence of conflictual sibling relationships in the general population. The second study was designed to explore the differences among perpetrators and victims of sibling aggression, and delve into the long-term consequences of these types of relationships. Of that approximately 1,450 college students used as a sample, 786 indicated they had a sibling who was aggressive toward them in childhood. Twenty percent of the sample reported experiencing high conflict or victimization by siblings compared to other families they knew.

Kolko, Kazdin, & Day (1996) conducted a study to investigate children's exposure to violence, and their behavioral and social disturbances. Their sample consisted of both clinical and nonclinical families. They discovered a high prevalence of sibling abuse in their sample. The results indicated that more than 90% of the participants overall had reported violence with a

sibling. Seventy-nine percent of the children reported high rates of sibling violence. Sibling aggression in this study was predicted by three variables: child/mother violence, mother/father violence, and mother/child violence.

Other studies contributing to knowledge on prevalence included a study conducted by Silverman et al. (1996). Approximately 85.7% of participants in this study stated that they had experienced physical abuse by a relative, including brothers and sisters as perpetrators. In Hardy's (2001) study 47.8% of the sample reported being victims of physical aggression by a sibling, with 9% considering the contact abusive as it happened and approximately 20% considering it abusive in retrospect. Approximately 31.5% of this sample reported being both the victim and perpetrator of sibling violence. Goodwin and Roscoe (1990) found in their sample of high school students that 64% of females and 66% of males had been victims of sibling violence, with 3.4% having been threatened with a knife or gun. Duncan (1999) conducted a study on peer and sibling bullying and found that 22% of the sample reported being hit by a sibling, and 8.1% reported being beaten up by a sibling. Hotaling, Straus, & Lincoln (1990) found that 37% of their sample of 498 children from nonviolent families assaulted a sibling, and the entire sample of children from violent families assaulted a sibling in that year. In Simonelli's et al. (2002) study 71% of males and 88% of females reported receiving some type of physical aggression from a sibling.

#### *Family and Individual Characteristics*

As in sibling incest, in sibling assault cases the perpetrator was often a male and an older brother (Hotaling et al., 1990). Although brother-brother assault was common, older brother-younger sister assault was considered to be the most at risk sibling dyad for assault (Graham-Bermann et al., 1994). Wiehe (1990, 1997, 1998) found that the majority of perpetrators in his

study were male, with 89% of the victims being female. In Caffaro & Conn-Caffaro's (1998) study 45% of the male adult survivors reported assault by a brother, and 61% of the female adult survivors of sibling abuse reported assault by a brother. Straus et al. (1980) observed that overall 83% of boys attacked a sibling compared to 74% of girls, with 59% of boys committing severely violent acts vs. 46% of girls. In Hardy's (2001) study 54.8% of the physical assault perpetrators were males.

The majority of victims of sibling assault were eight years old or younger (Steinmetz, 1977; Straus, 1979). Straus et al. (1980) discovered in their national survey that violence between children three to four years old was 90%, five to nine years old was 87%, ten to fourteen was 76%, and fifteen to seventeen years old was 64%. As the research suggests, as children age the tendency to use violence as a conflict resolution strategy lessened (Straus et al., 1980; Gelles & Cornell, 1990; Gelles, 1997). Typically violence between younger children was often related to possessions, violence between older pre-teen siblings was usually related to boundaries, and violence between teenagers was often related to responsibilities and social awareness (Gelles & Cornell, 1990; Gelles, 1997). However, regardless of age, Straus et al. (1980) found that boys in every group were more violent toward siblings that were girls.

Sibling de-identification was a common individual dynamic cited in to sibling assault (Caffaro & Conn-Caffaro, 1998). De-identification referred to one child's rigid definition of himself/herself in contradistinction to a sibling and it flawed the process of conflict resolution between siblings (Schacter, 1985). For example, when families are chaotic, one sibling's identity can become rigid and incline that sibling to direct aggressive behavior toward a sibling perceived as different. These identities become fixed resulting in the good sibling/victim, constantly being

attacked by the bad sibling/offender. Impaired empathy was another individual characteristic. Sibling assault offenders were rarely able to see the situation from the victim's standpoint.

Several family systemic factors facilitated physical violence between siblings. One of the most common was ineffective parenting patterns. Bank and Kahn (1982) posited, in reference to sibling assault, there were two primary types of ineffective parenting styles: those who avoided conflicts and those who amplified them. The conflict-avoidant parents were a continued source of mediation for their children, thus interfering with the development of problem solving and conflict resolution skills in the child. They had difficulty respecting the boundaries of sibling conflict and often underestimated the extent of the abuse. Conflict-amplifying parents were just the opposite. They encouraged conflict between siblings by unconsciously prompting it on. These parents were often in denial about the level of aggression between their children. They may even have amplified the aggression as a covert way of harming a child they disliked or were angry with. Another example of ineffective parenting was unequal punishment. Parents who employed harsher and more frequent punishment on the dominant sibling in a conflict were unconsciously encouraging the weaker sibling to use more aggression to achieve this end the next time. A repeated cycle of this could result in sibling assault by the dominant sibling. Also parents who hit their children were more likely to have children who resorted to violence with a sibling. Straus et al. (1980) stated that the more violent parents were with their children, the more violent they could expect those children to be with their siblings.

Parental favoritism was another common factor in these families (Bank & Kahn, 1982; Green, 1984; Caffaro & Conn-Caffaro, 1998). Favoritism could contribute to sibling abuse in a number of ways. For instance, if the favored child developed an identity based on power and privilege, he/she might believe acting aggressively toward a sibling was their right and they

would likely not fear consequences of such acts. Conversely, favoritism could cause the least favored child to act out aggressively toward the preferred child because of built up resentment and feelings of abandonment.

Witnessing violence was also an important characteristic in families where sibling abuse occurred (Straus et al., 1980; Bank & Kahn, 1982; Graham-Bermann et al., 1994; Gelles & Cornell, 1990; Gelles, 1997; Caffaro & Conn-Caffaro, 1998). “Children exposed to parental violence learn to model assaultive behavior in both subtle and overt ways” (Caffaro & Conn-Caffaro, 1998, p. 92), learning how to apply aggression to intimate relationships. Green (1984) found a high prevalence of parental violence and parent/child violence among children who physically assaulted their siblings. This informs the multigenerational transmission of violence which facilitates an acceptance of violence as a way of conflict resolution, a rationalization of the use of violence in stressful situations, and a devaluing of persons, mainly females in childhood and adulthood (Caffaro & Conn-Caffaro, 1998).

Like parental violence, the lack of boundaries (Caffaro & Conn-Caffaro, 1998) and consistent rules (Rosenthal & Doherty, 1984) was representative of sibling abusive families as well. When families did not exhibit flexible and adaptive boundaries it could lead to loss of identity and control. Appropriate boundaries were important not only between individual family members but also between family dyads and those outside the family. Consistent disregard for boundaries can set the stage for aggression between siblings. Also, when sibling aggression was present in a family, there was often a lack of an accepted and constructive rule structure. Rosenthal and Doherty (1984) noted that sibling abuse is more likely to occur in households where parents exhibited arbitrarily enforced rules and regulations.

Other factors that created conditions favorable to sibling assault included inner rage, the desire for control, impulsivity, need for attention, childhood abuse history, drug use, external stressors, family stressors, and poor interpersonal skills (Green, 1984; Caffaro & Conn-Caffaro, 1998, Hardy, 2001). Hardy (2001) found in relation to family stressors, that financial stress and illness in particular correlated with physical abuse between siblings. In Straus' et al. (1980) study families with two children had slightly higher rates of violence than families with three or more, perhaps because of the struggle for parental attention. Hotaling et al. (1990) found that sibling violence was higher in families in which child assault and spouse assault were present. Duncan (1999) discovered a high prevalence of in-school bullying and being the victim of in-school bullying among perpetrators of sibling violence. Aggression between siblings often will result after prolonged unattended emotional abuse, as well (Caffaro & Conn-Caffaro, 1998).

#### *Effects of Sibling Physical Abuse*

Because sibling violence was often the child's first opportunity to engage in violence, it has been considered the most potent form of violence (Steinmetz, 1981). Caffaro & Conn-Caffaro (1998) stated that "violence between children growing up in the same family often has substantial, long-lasting effects" (p. 71). Among the most common aftereffects were aggression and antisocial behavior, particularly in boys (Wolfe, 1987; Malinosky-Rummell & Hansen, 1993; Kolko et al., 1996; Caffaro & Conn-Caffaro, 1998). Gelles & Straus (1990) note that victims of violence often showed high rates of conduct problems and rule violations. In the second phase of Graham-Bermann's et al. (1994) study, they found that victims of sibling assault had increased levels of anxiety, lingering anger, resentment, and an inability to effectively inhibit or express emotion. Silverman et al. (1996) found that physically abused girls age 15 and younger scored clinical ranges in withdrawal, somatic complaints, anxious-depression, thought



problems, attention problems, an aggressive behavior; and girls up to age 21 showed psychiatric disorders of major depression, posttraumatic stress, and antisocial behavior. Also, if the child looked to the older sibling as a role model, the psychological effects could be even greater (Simonelli et al., 2002).

Physical abuse can affect the sibling relationship in childhood and throughout life. Participants in Hardy's (2001) study described their childhood relationship with physically abusive siblings as neutral. In Caffaro & Conn-Caffaro's (1998) 39% of the adult survivors of sibling assault stated feeling emotionally cut off from their offending siblings in adulthood. These findings are particularly important because emotional distance from family members in adulthood has been associated with depression, anxiety, and poor coping skills in stressful situations (Bray, Williamson, & Malone, 1984).

Graham-Bermann and Cutler (1994) noted that children in abusive sibling relationships could be expected to have difficulty establishing and executing social developmental tasks in other relationships. A child's development could also be influenced in that they interpret the sibling violence they receive as a normal and acceptable way of dealing with others their age (Simonelli et al., 2002). Sibling assault victims were also at greater risk for repeating dysfunctional patterns and roles later in life (Graham-Bermann and Cutler, 1994). Simonelli et al. (2002) found a strong correlation between sibling violence and expressed and received dating violence in males and in females who were physically abused by an older brother. Caffaro & Conn-Caffaro (1998) found that many participants in their study had difficulty in other interpersonal relationships, such as those with peers, friends, roommates and spouses. Malinosky-Rummell and Hansen (1993) noted that physical abuse victims in general exhibited adolescent violence, adult violence toward nonfamilial persons, and adult violence toward

children, dating partners, and spouses. They also noted criminal behavior, substance abuse, self-injurious and suicidal behavior, emotional and interpersonal problems, and academic and vocational problems as long term consequences of any physical abuse, including that by siblings.

### Sibling Abuse Offenders

Due to the low volume of reported incidents there is an absence of accurate national figures on perpetrators of sibling abuse. Much of the valuable information known related to this subject has been discovered by investigating perpetrators of this type of abuse. Although this project will not focus on perpetrators, it is important to have a general understanding of the abuse from this perspective to help understand the entire spectrum of abuse. For instance, most of the distorted thinking the victims reveal after abuse can be traced to the internalization of the cognitive distortions of the offenders (Caffaro and Conn-Caffaro, 1998). This fact alone suggest that knowledge of perpetrators is as important to the understanding, treatment, and prevention of sibling abuse as is knowledge of family environment and survivor characteristics.

Literature on sibling abuse offenders has yet to outline or identify the many ways in which siblings come to abuse one another. Of the studies conducted with sibling sex offenders over the years, several have pointed out characteristics of the families and offenders that can contribute to understanding this complex path to abuse. One such study examining the family system was conducted by Smith and Israel (1987). They investigated and monitored 25 families, all reporting the presence of a sibling incest offender. Among this sample perpetrators ranged in ages from 13–20 and victims in ages from 3–13. Their study exposed several characteristics unique to these family systems. For example, physically and emotionally distant and inaccessible parents, questionable sexual climate in the home, and secrecy and extramarital affairs were among the three most distinctive attributes. Approximately 36% of the parents were either unable

or unwilling to maintain a physical closeness to their children, 52% were not emotionally available, and 48% found it difficult to maintain both a physical and emotional relationship with their children. About half of the sample of offenders had witnessed sexual activity between their parents or other adults. Lastly, 76% of the families indicated extramarital involvement.

Interestingly, in 20% of the sample citing a female offender, the mother was the parent involved in an extramarital affair, and the first abusive contact between the siblings took place while the mother was engaged in an extramarital rendezvous.

Several studies also were conducted with a focus on individual offender traits. O'Brien (1991), in particular, provided a detailed analysis of offender characteristics. He conducted a study with 170 adolescent male offenders comparing sibling incest offenders to nonfamilial child molesters, nonfamilial offenders assaulting adults or peers, and a mixed offender group. This sample had been referred to an outpatient clinic for treatment and evaluation. He discovered that sibling incest offenders experienced more sexual and physical abuse in childhood, they were introduced to sexually abusive behaviors at earlier ages, and they often resided in families characterized as troubled or chaotic. He also found that sibling incest offenders had a higher number of abusive acts, longer sexual abuse careers, and more victims. Penile penetration among this group was 46%, far more than the other cases. Correspondingly, in a study conducted by Cyr et al. (2002) comparing sibling incest with other forms of incest, they discovered penetration had occurred in over 70% of their sample of sibling incest victims, far more than father incest or stepfather incest. Likewise, Laviola (1992) reported 47% intercourse in her study.

Worling (1995) conducted a comparison of adolescent male sibling sex offenders with offenders abusing nonsiblings. His study consisted of 90 sex offenders ranging in ages from 12-19. Results indicated that sibling incest offenders reported less overall satisfaction with family

relationships and higher levels of family dysfunction. They also indicated complex histories involving abuse and emotional disorders. In another study conducted by Adler and Schutz (1995), 12 male sibling incest offenders ranging in ages from 13-19 were examined. The group had been referred to an outpatient clinic for treatment and evaluation. Many of the same dynamics were discovered among this sample as in O'Brien's and Worling's studies.

Childhood abuse histories discovered in studies on sibling offenders (Smith and Israel, 1987; O'Brien, 1991; Adler and Schutz, 1995; Worling, 1995) was important knowledge particularly because it was believed that childhood victims were at greater risk of abusing others as they entered their adolescent and adult years (Finkelhor and Dzuiba-Leatherman, 1994). For instance, in O'Brien's study 61% of the sample had experienced or been exposed to physical abuse, along with 42% having experienced prior sexual abuse. Adler and Schutz found that 92% of their sample reported having experienced physical abuse during early childhood, and 8% reported sexual abuse. In Smith and Israel's sample 52% reported prior sexual abuse. Worling reported that 63% of his sibling offender comparison group reported they had a history of sexual victimization, primarily by fathers. Along with an abusive past, many of these offenders have emotional and behavior problems that often go untreated. O'Brien stated the offenders in his research were likely to have exhibited behavior problems and disorders throughout life. In Adler and Schutz's study 58% of the sample had a history of conduct disorder behaviors including delinquency, aggression, attention problems, social problems, and withdrawal. Worling also reported high levels of depression, aggression, hostility, and low self-esteem in his sample. Caffaro and Conn-Caffaro (1998) suggested that along with the risk of exhibiting offender behavior, females, in particular, are at higher risk for revictimization and self-injurious behavior.

Another sibling incest offender study conducted by Becker, Kaplan, Cunningham-Rathner, and Kavoussi (1986) produced similar results, in that they discovered a high number of behavior problems and a history of abuse among their group. Their sample consisted of 22 male siblings incest offenders, referred to treatment by the juvenile justice system and by social service agencies. Twenty six percent of this sample was found to have a diagnosable psychiatric disorder, specifically Conduct Disorder, Attention Deficit Disorder, Social Phobias, Dysthymia, Post Traumatic Stress Disorder, and drug and alcohol abuse issues. This sample also reported prior abuse in childhood, specifically 23% reported prior sexual abuse and 14% reported prior physical abuse.

Transgenerational links have contributed to this knowledge as well. Studying the family history of the offender is another way that researchers have begun to understand the environment that facilitates sibling abuse. In Smith and Israel's study 72% of the parents had been sexually abused in their own childhood. Adler and Schutz found that 58% of the mothers in their sample of sibling incest offenders had been sexually abused and 25% physically abused as children. Cyr et al. (2002) found that more than 50% of the mothers in their incest comparison study had suffered childhood sexual abuse.

Although this transgenerational link was usually discovered in the mothers of offenders, the offenders themselves were most often boys. Because boys were more likely to redirect their feelings of abuse in some external manner and girls were more likely to respond to their abuse internally, victims of sibling abuse were much more likely to be abused by a brother than they were by a sister (Caffaro and Conn-Caffaro, 1998). Sister incest was not a common phenomenon; however it was not unheard of either. Research related specifically to sister incest suggested that females who abuse others have themselves been abused by a father or brother

prior to offending (Fortenberry and Hill, 1986; Russell, 1986; Caffaro and Conn-Caffaro, 1998). This was also often true of male offenders.

Offender behavior, in particular how they cognitively construct the abusive situation, is also valuable knowledge. Coercion and/or force were the most common approaches. Adler and Schutz (1995) cited that 75% of the victims in their study of sibling offenders stated they had been threatened into participation in the abuse. In Wiehe's (1990) study most participants reported having been forced to go along with the abuse and often blamed themselves when it was first discovered. Along with simple force or coercion, offenders achieved this abusive end with other methods as well. Wiehe (1997) talked about the abuser making the victim an "accessory-to-sex" (p. 81). This is accomplished in many ways, but the most common were by offering the victim material reward for cooperation, misrepresenting moral standards, or disguising the abuse with the pretence of friendship. Because the victims were often times much younger than the abuser or even so young that their level of cognitive development prevented them from recognizing this as manipulation, these tactics made it easier for the offender to achieve his/her goal.

#### Treatment of Sibling Abuse

Sibling abuse is not a subject that typically presents a comfortable environment for clients or clinicians (Meiselman, 1978). Clinicians typically will not even inquire about sibling abuse and clients are not quick to volunteer this information (Bank and Kahn, 1982). What's more, asking about the abuse outright can even cause a defensive denial in the client (Wiehe, 1997, 1998) that is better avoided for the sake of a successful therapeutic process. Then again, often times evidence of sibling abuse may be uncovered in family therapy, although because of the focus on problems affecting the entire family system or the clinician's own minimization of

the abuse, it is often overlooked (Wiehe, 1997, 1998). This can prove to be detrimental to not only the siblings involved in the abuse, but also to the overall family, in terms of therapeutic change. Clinicians that ignore the presence of possible sibling abuse may be ignoring clues to the overall family environment that are sometimes purposely hidden in therapy. For instance, because parents are in the natural position of role model, abusive sibling may simply be modeling parental behavior. Knowledge of this kind would give a clinician far more insight into the family than perhaps even the information gained by virtue of clinical interviewing.

Even after sibling incest is discovered, families often cling to their defenses of denial and secrecy (Heiman, 1988). Minimization of the abuse was also a prime defense mechanism. These defenses were primarily a way of avoiding the inevitable changes that were to come due to the state of crisis that incest brings with it. Unfortunately, the minimization of sibling abuse was one of the reasons it was sometimes difficult to address from a treatment standpoint. Another reason for this difficulty was that the role and significant effect of sibling abuse were often surpassed by a concurrent history of parent-child abuse (Caffaro and Conn-Caffaro, 1998), which we have long considered to be more serious and causing more long-term difficulties.

Several ideas exist about the treatment of sibling incest. It is difficult to pinpoint one effective approach however, because work with sibling incest cases takes so many different forms. For example, the individual's role in the incest has to be taken into consideration. Is the client the victim or the perpetrator? The answer to this question would have a major impact on the approach of the clinician. Also, age is another important factor. Therapeutic work done with child or adolescent victims would undoubtedly be different than work done with adult survivors of sibling abuse.

Opinions on treating sibling abuse vary widely. Meiselman (1978) recommended family therapy and crisis intervention techniques to minimize after effects. Daie et al. (1989) suggested that inclusive questions about sexual abuse, including that of siblings, be a part of the initial clinical interview. Wiehe (1997, 1998) advised that a clinician begin by asking the client about pleasant memories with a sibling, and then about unpleasant memories, as opposed to asking about the behavior outright and terming it abuse. He went on to offer the use of the abuse determining criteria, outlined in the previous chapter of this manuscript, as a way of completing the sibling abuse assessment and transitioning into therapeutic interventions. Based on their findings, Cyr et al. (2002) proposed that only a multilevel treatment approach will have a lasting affect. They recommended targeting not only the victim and offender, but also the parents and any other siblings or significant family members, to develop an effective intervention program.

Cyr et al. were not alone in their belief in the multilevel approach. Heiman (1988) outlined a treatment approach incorporating the entire family. In the assessment phase of this approach Heiman emphasized the importance of three areas: the victim's safety, the family structure, and the offender motivations and perception of events. The victim's safety was the most important aspect of the treatment. Safety of the victim was essential to effective treatment and was sometimes difficult to obtain (Heiman, 1988). Establishing safety would involve the entire family. Parents had to accept the abuse and take it seriously, family members had to support the victim, the offender had to acknowledge his/her role, accommodations needed to be made to protect the child, and the family had to be able to deal with the stress of the discovery of the abuse.

It was also important to have an individual interview with the victim, parents, and offender in this phase of treatment. Because of the strong defense mechanisms employed and the



initial crisis that could follow disclosure, victims could develop a need to protect the whole family as opposed to themselves. To combat this Heiman (1988) suggested that clinicians persistently and specifically inquire about the abuse to help diminish the atmosphere of secrecy. In interviewing parents Heiman stressed the importance of the parental response to abuse and assessment of the family structure. Again, minimization on the part of the parents was often a response. Minimizing was a way of reestablishing the norm within the family and avoiding the changes necessary to accommodate the situation. Questions regarding parental availability, accessibility of siblings in relation to each other, generational patterns, and boundaries were important in gaining knowledge about the overall family structure. And lastly, in Heiman's assessment plan, the offender should be interviewed. Interviewing the offender last was a strategic move on the part of the clinician to lessen defenses and decrease the tendency toward denial and secrecy. Heiman proposed that the same questions asked of the victim be asked of the offender. In this interview the clinician was attempting to gauge the offender's sense of acknowledgement and responsibility.

In phase two of Heiman's (1988) approach, the clinician worked to reorganize the family structure through intervention. Heiman's goals in this phase were to reinforce the parents as the executive unit, reduce sibling access, and create alliances between parents and children. Developing an appropriate family hierarchy and defining individual roles would help balance the power in the household. Absentee and distant parents were again assigned the responsibility of monitoring their children. Addressing the sexual atmosphere of the household was also necessary and appropriate changes had to be made. Constructing alliances between parent and child would decrease emotional unavailability, a common factor in sibling abuse cases. One way this was accomplished was by breaking the family down into therapeutic dyads. Destructive or negative

parental emotions toward each other, the family, victim, offender or the abuse needed to be resolved as well, particularly because of the importance of establishing the parents as the executive unit.

In phase three of Heiman's (1988) approach, she focused on confronting dysfunctional patterns, promoting growth, and healing wounds. There were several issues to be addressed in this phase for both the victim and the offender. In terms of victim issues, Heiman suggested focusing on feelings of worthlessness, betrayal, helplessness, and isolation. Incorporating techniques that would help the victim develop a positive self image, a sense of power and trust, building a support system, and lessening the stigma were all possible treatment goals for the victim. As for the offender, a focus on issues of responsibility, power, sexuality, and identity was necessary. Techniques used to connect feeling with behaviors, develop impulse control, define sexual needs and appropriateness of sexual behavior, and to increase self-esteem and social skills, as well as building a support system should be utilized with the offender. She strongly advised that one clinician work with the victim and family, while another of the same sex work with the offender. When victim and offender goals had been met or at least partially accomplished, a family session should be held. The purpose of the session was to incorporate the new structure of the family as a unit and allow family members to discuss their feelings. Genuinely showing remorse or apologizing for the offense would help sibling relations begin to improve, as well as help the victim reach her/his goal of developing trust. Heiman suggested framing this meeting as a ritual of healing. It was hoped that this would give the family an arena to reinstate the incest barrier. The therapeutic process was not complete until both the victim and offender needs and goals were reexamined. Often times both, especially the offender would

require extended individual counseling to continue to address goals and resolve feelings (Heiman, 1988).

This extended counseling could often continue straight into the adult years. Wiehe (1997, 1998) discussed a strategy for treatment of adult survivors of sibling abuse that he modified from Sgroi's (1989) approach to treating adult survivors of childhood sexual abuse. Wiehe's approach involved five stages of treatment: acknowledging the reality of the abuse, overcoming secondary responses, forgiving oneself, developing coping behaviors, and abandoning survivor identity. If the survivor received treatment in childhood, acknowledging the reality of the abuse had more than likely been accomplished. It was only when the victim or others in her/his life had lived in denial of the abuse that this stage was essential. However, validation from the therapist was still a necessary component. Overcoming secondary responses to the primary abuse refers to the "contemporary denial" that could occur during the course of therapy. Contemporary denial meant that the victim could continue to excuse the abuse, especial when/if they revealed to the perpetrator or other family members that they are seeking counseling for it and those individuals deny or minimize the abuse.

It was very important for the survivor to forgive her/himself of the abuse, particularly if she was experiencing significant feelings of self-blame, which is often an effect of sibling abuse. The forgiveness process Wiehe (1997, 1998) discussed involves a series of steps and was taken from Sgroi's (1989) group therapy forgiveness process. In this process the survivor received acceptance of the validation of the abuse, receiving caring and positive affirmations from others. Feedback from others to combat self-blaming or self-punishing behaviors on the part of the survivor was also a part of this process. Finally, others (group members, counselor, family members, etc.) extended forgiveness to the survivor for the self-abuse and blaming. The next

stage of treatment involved developing positive coping strategies and behaviors. This took different forms and should be conducive to the client. The final stage of treatment was relinquishing the survivor identity. This involved the survivor recognizing that although the abuse was a part of her/his life it does not have to be what defines that life. She/he can give up the label of victim or survivor and focus on the person she/he has become today.

Caffaro and Conn-Caffaro (1998) had also offered a detailed sibling abuse treatment format. Their approach began with a thorough assessment, not unlike that of Heiman (1988) and Wiehe (1997, 1998). Caffaro and Conn-Caffaro suggested that the offender's motivation, the offender's ability to accept responsibility, the family's reaction, the safety of the victim, family support system, and family structure issues be addressed during the assessment phase of therapy. Next they proposed completing the sibling abuse interview. This interview explored the sibling relationship by focusing on the history and current status of individual and familial relationships. In terms of the victim, the interviewer asked questions assessing the victim's fear of the offender, the victim's level of assertion in the relationship, the victim's feelings of personal responsibility for the abuse, information on power differentials, and any psychological maltreatment. For the offender, the therapist focused on acknowledgement of the abuse, the offender's capacity to empathize, coercive behavior, and victimization history.

Other systemic factors and family member interviews were also a part of Caffaro and Conn-Caffaro's (1998) approach. They suggested that nontargeted siblings be interviewed to establish if they may have been traumatized by witnessing or having knowledge of the abuse occurring. Although it was not likely that victim and offender would be interviewed together, they advised that sibling subsystem characteristics be somehow assessed for as well. Particularly, they recommended assessing the strengths of the sibling subsystem, conflict resolution skills,

communication skills, and perceptions of parental favoritism, availability, discipline, conflict resolution, awareness, coalitions and overall treatment. Most therapists would achieve this by way of the individual interviews with the victim and offender. Individual parent interviews, parental subsystem, and family interviews would also a part of their assessment.

Caffaro and Conn-Caffaro (1998) also offered a variety of interventions when working with different family types. For instance, in a family where incest was consensual they suggested incorporating interventions that would build a framework for change and address parental neglect. In families where one parent was distant they proposed focusing on role rigidity, sibling de-identification, and ways to integrate sibling changes into the overall system. In two-parent and multi-children families they recommended utilizing several individual sessions and therapeutic dyads. Like Wiehe, they also made several suggestions for working with adult survivors of sibling abuse. Included in their approaches, they recommended a focus on present events, the establishment of therapeutic contracts, an emphasis on relationship dynamics, establishing an effective therapeutic context, addressing accountability, and assessing trauma related effects and offender-based distortions.

Another model was proposed to address specifically sibling violence. Reid and Donovan (1990) suggested a model drawing on problem-solving, behavioral, and structural family treatment approaches. This approach incorporated many of the same techniques and therapy styles as previously mentioned authors, with the exception of more focus on household rules and a parental hierarchy. Reid and Donovan also differed in that they stressed addressing other forms of family violence in the process of therapy, especially marital conflict.

## CHAPTER THREE: METHODOLOGY

### Research Design

Sibling abuse and its long-term impacts are topics little are known about. It has received little attention in the literature compared with other forms of family violence. Those investigating the abuse have, however, identified it as a serious problem in our society. To date research on sibling abuse has involved various methods, including varying sample sizes, clinical samples, case studies, and so on. Wiehe's (1990) study (discussed throughout) is probably the most well-known qualitative inquiry into sibling abuse. His investigation provided a source of information, rich in detail, from the perspective of the abuse survivors. The methods he employed to recruit participants revealed a desire on the part of survivors to tell their story. Considering the overwhelming prevalence of abuse, more research is needed and required to help understand the various context that surrounds sibling abuse.

Moreover, some of what is known about the existence of sibling abuse has been discovered in part by chance. Often studies not focusing on sibling abuse per se will discover it as they investigate family violence, domestic violence, trauma, and other things of this nature. Although information on sibling abuse is included in numerous research reports, it still somehow seems to be just an afterthought. Undoubtedly, the taboo and constant minimization of it as actual abuse has contributed to this superficial outlook. However, as survivors begin to speak out about sibling abuse and as the long term impacts are coming to light more and more, sibling abuse is slowly becoming a phenomenon that can no longer be overlooked or trivialized. This study builds on what Wiehe (1990) discovered by including the relation to violence in adulthood, as well as by examining the long-term mental health of the victims.

This project is a qualitative inquiry into sibling abuse. Qualitative research aims to understand the topic from the perspective of the participants (Wiehe, 1990; Patton, 2002). The study was designed as a small exploratory study. Exploratory research involves investigating topics in which little is known and few definitive hypotheses exist (Patton, 2002). Despite the efforts of Wiehe (1990), Caffaro and Conn-Caffaro (1998), and many others, exploratory research is clearly still needed in the area of sibling abuse to expand the knowledge and generate a greater understanding of this phenomenon, particularly in relation to victims and long term impacts. This project investigated the type and extent of sexual and physical sibling abuse in female victims. It also explored the potential long-term impact of sibling abuse on this population, as well as the shared beliefs about violent experiences among participants. As discussed in the previous chapter, both sibling sexual and physical abuse victims are at increased risk of repeating dysfunctional patterns in adulthood. Not only that, but experiencing violence can result in a damaged mental state and produce strong negative feelings about self, particularly feelings of guilt and shame (Riggs et al., 2000). Thus an inquiry into mental health and the experience of past or present violence in adulthood was conducted as well.

### Participants

Participants for this study consisted of six females indicating a history of sibling abuse. More detailed information on participants is included in chapter four under “participant descriptions.” I made every effort to obtain information on an equal basis attempting to assure that both types of abuse would be covered to a similar degree, however only one participant indicated a history of sibling physical violence. Although having only one physical abuse survivor limits the impact of the findings in that regard, I believed this individual’s story to be unique and noteworthy, and thus chose to include it in the results. Participants were chosen, in

some part, on their potential representation of theoretical frameworks. They were solicited via word-of-mouth and flyer postings primarily through domestic violence shelters and mental health agencies. Other locations for recruiting participants included community health departments, libraries, private practice offices, hospitals, doctor's offices, and various community outreach locations. All locations were in the Montgomery and Roanoke County areas, in southwest Virginia.

### Procedure

I used qualitative interviewing methods as the chosen approach to gather data. Qualitative interviewing is a process that allows for the capturing and understanding of experiences from the perspectives of the participants themselves (Taylor and Bogdan, 1984). It yields direct personal quotations about experiences, opinions, feelings, and knowledge (Patton, 2002). Specifically, I conducted face-to-face in-depth semi-structured interviews. Face-to-face interviewing is one of the most valuable ways of gaining information, particularly in assessing the risk for violence (Riggs et al., 2000) and long-term effects. It is also beneficial to do face-to-face interviews in the event that the subject matter elicits a distressful response from a participant (Russell, 1986). This standardized open-ended interview consisted of carefully worded questions intended to take each subject through the same sequence (Patton, 2002). Non-specific probing questions were used when appropriate to elucidate the information and topic. Interviews lasted approximately an hour to an hour and a half, although time limits were not strictly set or enforced. Ninety minute interviews are generally considered enough time to gather sufficient data and decrease fatigue factors associated with interviewing (Seidman, 1998; Patton, 2002). All interviews were conducted at my place of employment, a mental health agency in Roanoke County.



Participants answered a variety of questions regarding familial characteristics, sibling abuse, domestic violence relationships, and their assessment of their mental health. The interview guide was formulated consisting of sections focusing on sexual and physical sibling abuse, a section focusing on family biopsychosocial characteristics, a section focusing on domestic violence, relational history and related beliefs, and a section focusing on mental health status (see Appendix A-D). In the identical sections on sibling abuse only the word that describes the abuse had been substituted. Individuals were asked to respond only to questions that corresponded with the type of abuse they experienced. No interviewee indicated she had experienced both forms of sibling abuse in any sufficient amount (as it relates to the outlined definitions) that would warrant them answering both sets of questions. Below I have reformatted the interview guide into a chart to provide the reader with a visual of the researcher intention behind each question.

<b>Concept/Researcher Intention</b>	<b>Interview Guide Question (revised)</b>
Explore type and extent of sibling abuse	<ul style="list-style-type: none"> <li>• Describe your first sexual/physically abusive experience with a sibling.</li> <li>• Describe what took place during said experience (i.e., the actions, who initiated them, etc.).</li> <li>• What was the frequency and duration of said experience with your sibling(s)?</li> </ul>
Explore family systemic factors and family functioning	<ul style="list-style-type: none"> <li>• Was the sexual contact known by anyone? If so, what, if anything, was done to prevent it?</li> <li>• How did said experience affect your relationship with your sibling, then and now?</li> <li>• Describe your parents' relationship with each other when you were growing up.</li> <li>• Describe your parents' relationship with you and your siblings growing up.</li> <li>• What messages did you receive about sexuality and sex roles in childhood?</li> <li>• How was discipline handled in your</li> </ul>

	<p>family?</p> <ul style="list-style-type: none"> <li>• What methods were used in your family to resolve conflict?</li> <li>• Was there any alcohol, drug, physical health, or mental health problems in your family when you were a child?</li> <li>• Describe the major stressors your family experienced while you were growing up.</li> <li>• What outside resources, if any, did your family use in difficult times?</li> <li>• Think about how your family functioned overall. In what ways, if any, do you feel that overall level of functioning contributed to your abuse?</li> </ul>
Explore mental health	<ul style="list-style-type: none"> <li>• How would you describe your state of mind during the duration of your abusive experience with a sibling and after?</li> <li>• What did you believe about your ability to control what was happening to you when you were being abused as a child?</li> <li>• How would you describe your state of mind during your abusive adult relationship and after?</li> <li>• What did you believe about your ability to control what was happening to you when you were being abused in an adult relationship?</li> <li>• Have you ever attended counseling? If so, for what reason?</li> <li>• Have you experienced any mental health or emotional problems for which you did not attend counseling or seek help? If so, please describe those problems.</li> <li>• How would you describe your current mental and emotional state of mind?</li> </ul>
Explore domestic violence	<ul style="list-style-type: none"> <li>• How many relationships (including husband, boyfriend, roommate, friend, etc) have you been in since age 18 that have involved violence or abuse?</li> <li>• Describe the violence experienced in your adult relationships.</li> <li>• Describe what took place when you were abused by a partner.</li> <li>• What was the frequency of abuse and duration of the relationship?</li> </ul>

Explore learned helplessness	<ul style="list-style-type: none"> <li>• How would you describe your state of mind during the duration of your abusive experience with a sibling and after?</li> <li>• What did you believe about your ability to control what was happening to you when you were being abused as a child?</li> <li>• How many relationships (including husband, boyfriend, roommate, friend, etc) have you been in since age 18 that have involved violence or abuse?</li> <li>• How would you describe your state of mind during your abusive adult relationship and after?</li> <li>• What did you believe about your ability to control what was happening to you when you were being abused in an adult relationship?</li> <li>• Do you feel past childhood abuse contributed to your experience of violence in adulthood? If so, how?</li> <li>• How did abuse in one adult relationship affect subsequent relationship(s)?</li> <li>• What other factors contribute to your current attitudes/behaviors regarding intimate relationships?</li> <li>• How would you describe your current mental and emotional state of mind?</li> </ul>
Explore resiliency	<ul style="list-style-type: none"> <li>• What factors have contributed to your resiliency to past abusive experiences?</li> </ul>

Prior to answering the interview guide questions, participants were presented with informed consent and asked to read it or have it read to them, and sign the consent form when she felt she had a satisfactory understanding of its contents (Appendix E). Participants were provided with names of contact persons in the event any had concerns about the study or their freedom to withdraw from the project at any point without consequence. Participants were given the opportunity to select a pseudonym by which they are identified in following sections. Once informed consent was obtained, rapport established, and all questions answered related to the

previously mentioned logistics, participants were asked to begin by providing information on demographic factors, including age, race, family-of-origin composition, social class, and current and past marital status. They were provided with definitions herein of each of the three types of abuse (sibling sexual, sibling physical, and domestic violence) and also made aware that the interview sessions were being audio taped. At the close of each interview session, participants were given the opportunity to share any thoughts, reflections, or suggestions as it related to the topic. Each was also provided with a list of resources that they could utilize in the event that the process had caused emotional disturbance or distress, or they required assistance in an area related to the topics discussed (Appendix F). And finally, participants were asked to complete a member check for the purpose of elucidating the data (Piercy and Deacon, 1998).

#### Data Analysis

Qualitative methods were used to analyze data. Audio taped interviews were transcribed verbatim. Transcriptions of interviews on sibling sexual and physical abuse, and mental health status were analyzed using cross-case analysis and constant comparison techniques. Cross-case analysis refers to grouping together answers from different interviewees to common questions (Patton, 2002). The constant comparative approach allows the researcher to look for instances that represent categories or themes in participant responses (Creswell, 1998).

Data relating to family systemic factors and domestic violence, relational history and related beliefs were analyzed using the techniques of analytic induction. Analytic induction is a course of action that involves both deductive and inductive techniques. It is a process that gives the researcher the opportunity to conduct an in-depth examination of case responses to determine if information obtained supports the proposed hypotheses and/or research questions (Patton, 2002). The analytic process for this study first began by deductively formulating the research

questions (see chapter 1). Those research questions were derived based on the theories and existing research, discussed previously. Next data was analyzed inductively to uncover patterns or new understandings. Again, analyzing consisted of cross-case analysis and constant comparison techniques with the research questions guiding the analysis.

It is important that the reader gain understanding of the learned patterns associated with this abuse through the voices of the participants. Therefore, I employed several strategies in my attempt to bracket my biases, as well as increase trustworthiness in my analysis of data. The chart below identifies the association between qualitative and quantitative terminology, as well as efforts I made to increase trustworthiness.

<b>Quantitative Terminology</b>	<b>Qualitative Terminology</b>	<b>Definition</b>	<b>Strategies of Researcher</b>
Internal Validity	Credibility	Do the results mean what we think they mean; are the findings consistent with the data.	<ul style="list-style-type: none"> <li>• Use of peer debriefing</li> <li>• Reporting researcher biases, bracketing, reflexive narrative</li> <li>• Triangulation of data (transcribed interviews, interview observation notes, member check, post interview narratives by participants)</li> </ul>
External Validity	Transferability	What is the extent that we can produce a valid estimate as it relates to the overall population; how might the results relate to others with similar experiences.	<ul style="list-style-type: none"> <li>• Thick description</li> <li>• Triangulation of data (transcribed interviews, interview observation notes, member check, post interview narratives by participants)</li> <li>• Theory-based sampling</li> </ul>
Reliability	Trustworthiness, Dependability, or Consistency	To what extent are the findings accurate; can readers trust the results?	<ul style="list-style-type: none"> <li>• Reporting researcher biases, bracketing, reflexive narrative</li> <li>• Triangulation of data (transcribed interviews, interview observation notes,</li> </ul>

			member check, and post interview narratives by participants).
--	--	--	---

Strategies employed to increase the trustworthiness of the data included peer debriefing. This process involved a colleague and fellow classmate, and I meeting periodically to discuss the challenges we faced in conducting the research for our individual dissertations. We would bounce ideas off of one another, offer suggestions and advice as to how to solve difficult problems or answer difficult questions, and provide editing and reviewing services for one another. We would also use these meeting to discuss any emotional difficulties that arouse as a result of our research. Peer debriefing was particularly helpful to me because of my continued struggle with the dual relationships I shared with many of my research participants.

Bracketing of my biases was another strategy I used to strengthen the research. My main effort to bracket biases was inclusion of the reflexive narrative section in chapter one of the dissertation. I also relied on peer debriefing as a way to bracket any personal issues that arouse during the process of the research. Triangulation of data was also used as a way of increasing trustworthiness of data and results. I used transcribed interviews, interview observation notes, member check, and post interview narratives by participants in my triangulation of data. I took notes on the verbal and nonverbal language of participants during the interview and used those notes when analyzing data and developing participant descriptions. The post interview narratives helped add to the already existing thick description gained during the interviews. Several participants elaborated on their experiences and included new memories and information in a written narrative they composed during member check. All these strategies aided in compiling an accurate account of the participant stories from their point of view.

## CHAPTER FOUR: RESULTS

### Participant Descriptions

Participants were asked to provide demographic information including age, race, childhood family social class and composition, and marital status. I chose these demographic descriptors, not only for purposes of data enrichment, but also to provide the reader with a brief description of each individual's background. Knowing their demographics and some brief details about their life history may help you connect with their stories and understand the emergent themes. This section provides a brief summary of their demographics.

Abby was the first participant interviewed. She is a 40 year old, Caucasian female. Abby spent her childhood years in a middle class family environment. Her parents were separated when she was 7 and divorced when she was 10. Both her mother and father soon remarried after their divorce. Abby has one older brother (2½ years older) and one younger sister (2½ years younger). Abby was sexually abused by her older brother. She completed 2 years of college, and has married and divorced twice. During the time of the interview Abby was in a relationship, but not married. I was familiar with Abby through her participation in a group I facilitated. She approached me about the project after seeing a flyer posted in the lobby of a mental health agency. At the beginning of the interview she appeared anxious to tell her story stating she “really wanted to do this to help others and to talk about something she never had before in hopes of helping herself as well.” At one point during the interview she became quiet and seemed to struggle to answer questions. It was as if she wanted to cry and felt she should be crying in light of the things she was discussing, but she somehow could not find the tears. After the interview Abby was clearly upset but assured me she would continue to discuss her sibling abuse with her individual counselor and friends.

Bunny was interviewed next. She is a 57 year old, Caucasian female. She describes her childhood family social class as middle. Bunny has two older brothers, one 8 years older and one 5 years older. The middle child (the brother 5 years older than Bunny) was the perpetrator who sexually abused her. Bunny has never been married and reports never being involved in an intimate relationship. She identifies herself as heterosexual, but acknowledges she has considered lesbian relationships as an option for intimacy. Bunny's parents were married and together throughout her life. She describes her mother as mentally unstable and reported a close relationship with her father. I was familiar with Bunny through her participation in a group I facilitated. She briefly expressed interest in this project when I mentioned it to that group. I later approached her about participation. Bunny was hesitant to tell her story at first. She always questioned whether or not the things that happened to her were actual acts of abuse. Her perpetrator was someone she had adored and for most of her young life considered her only friend. At some point in her life she was able to acknowledge that her brother did indeed abuse her and that abuse continued to have an impact on her life even as she grew older.

Chelsea is also a Caucasian female. She is 48 years old and was the third person I interviewed. Chelsea too describes her childhood family as middle class. She has eight siblings total, and she is the fifth child of that eight. Of the eight are six girls and two boys. Chelsea was sexually abused by an older brother who is 11 years older than she. She was married during the time of the interview. Chelsea has one son (age 21) from a previous marriage and one stepdaughter (age 29) whom she helped rear. Her first marriage was interracial and lasted for three years ending in divorce and her current marriage has lasted for sixteen years. Chelsea also participated in a group I facilitated that addressed issues of childhood sexual abuse. Upon hearing who Chelsea's perpetrator was, I approached her about participating in this project and



although hesitant, she agreed. Unlike the other interviewees, Chelsea's issues with her abuse and her perpetrator were being addressed for the first time ever and she was experiencing extreme emotional distress attempting to deal with her past abusive experiences. A few weeks prior to the interview, Chelsea had confronted her perpetrator about the abuse for the first time. She cried throughout the interview and rarely made eye contact. I checked with Chelsea several times after the interview date to ensure she was getting the necessary support she needed to deal with her distress.

Jane was the fourth interviewee and the only one being interviewed because of sibling physical abuse. She is a 46 year old female. She identifies her race as Caucasian, but later indicated that her father was biracial (half African American). Her complexion and hair texture were that of a biracial individual. Her family social class while growing up was lower/working class. Jane indicated she had three sibling and two half siblings. The abuser, Jane's brother, was the oldest child, then a sister, Jane, and a younger brother. The half siblings came along much later. Jane is divorced and was not romantically involved at the time of the interview. She also indicated that she has a medical disability involving her neck and back, but she chooses to be employed despite it. At the time of the interview Jane was working as a mental health counselor, and she approached me about participation in the study. Jane's story stands out not only because it was the only story of physical abuse, but it is also unique in several other ways. Jane is not a native of America; she grew up in England. She spent a great deal of her young life in and out of orphanages, and has lived on her own since the age of sixteen. In Jane's enthusiasm to tell her story, she provided information that went far beyond that of just simply answering the questions asked. More details related to Jane's story will be discussed in the following sections.

Desiree, a 59 year old Caucasian female, was next to be interviewed. Desiree identified her family's social class as lower, stating "we were very poor." This family consisted of three children with Desiree being the youngest. She was perpetrated by her half brother that is 10 years older than her, and she also has a half sister 8 years older. Desiree has been married three times, widowed once, and divorced twice. Desiree is the only person I had not established a relationship of sorts with prior to the interview taking place. She became interested in the study after viewing a flyer at a local health department. Like Bunny, Desiree always questioned the experiences she had with her brother. She stated that she worshiped her brother and described him as the only person who ever loved her and gave her any time or attention. She only began to consider her experiences as abusive after her first marriage when she "learned what sex was."

And finally was Freda, also a Caucasian female, 35 years of age. Freda described her family as middle class. She has three brothers, one 2 years older, one a year younger, and one 5 years younger. Freda was married at the time of the interview and had no children. Freda was abused sexually by both her older brother and younger brother--not the youngest. Freda's story is very unique in that the initial abusive acts that took place between her and her brothers were orchestrated and forced by her parents, particularly her father who also sexually abused Freda. As she got older, the abuse was initiated by her brothers. I met Freda through a survivor group I co-facilitated and approached her about participation in the study. When I first approached Freda she declined to participate stating she "wasn't abused by her brothers, just her father." A few weeks later she approached me and asked to participate in the project. Freda was very guarded during the interview and provided only brief responses to the questions. It seemed difficult for her to speak of her brothers as abusive without making the connection to her father, whom she has clearly identified as the focal point of blame for all that she endured. I believe Freda was also

encouraged to participate in the interview by her individual counselor who was a colleague of mine and knew of my project.

At first glance, Freda's case seems qualitatively different from the others because of her parent's involvement and initiation of the abuse. However, I chose to include Freda's case because of her expectation that her brothers would not abuse her based on their own motivation. I felt her case was in line with the theory of learned helplessness, in that the belief she ascribed to her sibling relationships was a common one. For instance, Freda believed her brothers were only abusing her initially because her parents forced them to. She never expected them to abuse her of their own will. On the contrary, her expectations of them were that they would at some point defend her, protect her, and not hurt her in such ways. When her brothers failed to meet this expectation, she developed a new belief system around that abusive experience, one that is indicative of the theory of learned helplessness.

All these women lived very distinctive lives. Their stories share as many similarities as they do differences. In the following sections I have decided to separate Jane's story of physical abuse from those of sibling sexual abuse. Although only one source of data, Jane provided so much description and information about her life, I believe her story presents a unique perspective into a context of sibling abuse that is very often overlooked. Also, with Jane being a mental health professional she was able to provide an insightful view into her abuse that many of the other participants had yet to gain. Themes emerging from both types of abuse will be discussed thereafter. The following chart is a summary of the participants and their experiences.

<b>Name of Participant</b>	<b>Age of Participant</b>	<b>Perpetrator of Abuse</b>	<b>Type of Abuse (and any distinctive characteristics)</b>
Abby	40 years old	Older brother	Experienced sexual abuse and was a member of a group I co-facilitated.
Bunny	57 years old	Older brother (middle child and closest to Bunny's age)	Experienced sexual abuse and was the member of two groups I co-facilitated Never involved in an intimate relationship in adulthood.
Chelsea	48 years old	Older brother (11 years older than Chelsea, from a family of 8 siblings)	Experienced sexual abuse and was the member of a group I co-facilitated.
Jane	46 years old	Oldest brother of 4 children	Experienced physical abuse and was a mental health counselor at the time of the interview.
Desiree	59 years old	Half brother	Experienced sexual abuse and the only participant I had no prior relationship with.
Freda	35 years old	Two older brothers and her father.	Experienced sexual abuse and was a member of a group I co-facilitated. The sexual abuse was initiated by her parents.

### Results on Sibling Sexual Abuse

#### *Characteristics of Abuse*

I felt it was important to ask participants about their very first abusive experiences with siblings. This information provided specific details not only about the abuse, but also about circumstances that may have facilitated abuse occurring. Participants were able to recall initial

incidents of abuse, although many only remembered vague details of that first contact with a sibling. I was actually surprised the participants recalled the first acts of abuse in the amount of detail in which they did because they all happened at such young ages. Participants indicated that abuse began on average between the ages of 2 and 5. Sexual abuse always began with an incident of fondling. Some indicated this act was prompted by sexual curiosity on the part of the perpetrator. For most of the participants these initial acts involved only touching of the genitals or simulating sex. In the case of Abby an object was used during her first incident. She recalled, although vaguely, her brother and a neighbor boy using a pair of scissors while molesting her.

“I don’t remember being penetrated with the scissors; I just remember cutting, them cutting me down there.”

The perpetrator was primarily responsible for initiating these early incidents of abuse. In some cases the abusive sibling would employ a neighbor or near by friend to participate in the act. Freda’s case being the exception in that her parents initiated the sexual contact between her and her brothers.

“It was my parent’s idea. They were forcing us to perform acts. They were initiating it.”

Abuse beginning at ages 2 to 5, lasted for some only a few years, for others throughout their teenage years and even into adulthood. The average duration of abuse among all the participants was 8.2 years. One might think that for abuse to continue for so many years that no one knew of its existence. On the contrary, in every case there was at least one other person who knew the abuse was taking place and did nothing to prevent it. Of course, in some cases the other person who knew of the abuse was another child, a sister or friend or neighbor, which might explain the lack of effort toward prevention. Some individuals believed their parents knew long

before they attempted to intervene, primarily because they had made attempts to explain to their parents what was happening to them. Freda's case being the exception of course because her parents were responsible for facilitating her abuse. Bunny had told her mother several times, but questions whether or not she understood her because as a child Bunny had a severe speech impediment.

“I repeatedly told my mother. It was in a childish way, I would get mad and tell... it never did me any good, mother never seemed to understand what I was talking about or cared.”

Although very young at onset of abuse, participants were able to recall their beliefs and states of mind during that time it occurred. None of the participants felt they had any ability to control what was happening to them, including gaining control by telling an adult. Several felt they would not be believed if they told, other's thought they would be blamed for the abuse. The feelings and emotions they described ranged from anxiety to self-blame, from depression to suicidal ideation.

“I was always so anxious around my brother; I never knew when something was going to happen. I thought if I told someone they would blame me.”

“I was just numb. I think that's were I learned to go numb and I have been using that a lot ever since.”

“I was really sad... depressed and suicidal all the time.”

Abuse not only affected the psyche of the victims, but it also affected the sibling relationship, not always negatively however. For instance, in the case of Bunny and Desiree their abusers were their best friends. The only people they connected with as children.

“As a child I didn’t know what was going on. I thought I had to do it to keep somebody to care about me.”

Their participation in the abuse was their way of pleasing the only person they believed loved them. It was later in life that they viewed those experiences as abusive and began addressing their feelings in relation to it. Although they maintained relationships with their brothers, they both stated those relationships were strained and lacked trust. Other interviewees also recalled trust issues with their siblings as a result of the abuse they experienced. Two participants, Chelsea and Freda, have little to no contact with their abusive siblings.

“When I was a child there was no trust... now I would say we are civil but I am often triggered when he comes around.”

“I think it affected our relationship a lot. We barely talk. I really have made a conscious effort not to contact him on a regular basis.”

“I have no contact with them now. It’s because I told. It was supposed to be a family secret and I told.”

### *Family Characteristics*

Dyadic relationships within the family are important elements when examining overall family functioning in relation to abuse. Participants in this study were specifically asked about their parent’s relationships with one another, with them as children, and with their siblings. Of the five interviewees who indicated sexual abuse, two came from homes of divorce, and four witnessed parental conflict and/or domestic violence. Freda was the only participant who did not indicate some form of parental conflict existing.

“With my mom and my biological dad there was a lot of fighting. My mother was abusive toward him. I remember him leaving when I was 7.”

“They argued a lot. I always assumed it was about me or had something to do with me.”

“They would fight and argue all the time... my dad would beat my mom a lot.”

“There was physical abuse and a lot of verbal abuse... they fought all the time. They divorced when I was 7.”

Contrary to the overwhelming amount of household conflict, participant relationships with their parents, as well as their sibling relationships with parents, varied greatly in that regard. No clear pattern emerged within the parent-child dyad. While one participant was extremely close to her father and conflictual and distant with her mother, another indicated constant battles with her father and love and nurturing from her mother, while another indicated distance and neglect by both parents. Some parents would openly show favor toward male children, while others would do so with the female children.

“My mom told me that she never wanted a girl, neither did my father. They were going to give me up for adoption at one point.”

“My nickname was it. They both used to tell me that if not for me they could leave the other one.”

“My father was my buddy, we did everything together. I grew to hate my mother.”

“My dad was very strict... as far as he was concerned you could always be better, do better. My mom gave the hugs and made you laugh.”

While no clear patterns emerged in the parent-child dyads, very distinct patterns were revealed with regard to sexuality and sex roles. All participants grew up in households with a very rigid and repressive environment in relation to sexuality. Those same participant



households, with the exception of Bunny's, were extremely traditional in their view of sex roles and the responsibilities attached to gender. Either sex was never discussed openly and regarded as a taboo subject, or it was mentioned only in reference to stereotypical epithets. Girls were expected to be submissive, domestic, and bear children. Their sexuality was only important for male pleasure and reproduction. Men/boys, on the other hand, rarely had any domestic responsibilities, and if they did it consisted of things that required brute force. It was acceptable for boys to be dominant, as well as promiscuous, even expected in some instances.

“Sex was dirty, wrong; you absolutely shouldn't do it unless you were planning on getting pregnant.”

“We were taught that we were not that important because we were girls... I felt like I just had to take the abuse and shut up, be quiet about it.”

“...boys were better, they were easier... all girls were supposed to do was stay home, keep house, and do the bare foot and pregnant thing.”

The handling of discipline and conflict resolution methods within the family was also investigated. Corporal punishment was the chosen method of correction and discipline in all participant households. ‘Spanking’ was the word used by all to describe how they were disciplined. This was true for the victims of abuse, perpetrators, and any other siblings living in the home. For most these spankings stopped around the ages of 12 or 13 and punishments took the form of “groundings,” taking away privileges, assigning extra duties, and so forth. For Freda physical punishments from her father continued into her adult years. Spankings were replaced by slaps across the face. None of the participants could identify effective methods used by their families to resolve conflict. Screaming at one another, arguing, and physically fighting were the

most frequent approaches discussed to conflict resolution, if any. Several participants stated conflicts were rarely ever actually resolved.

Unresolved conflict was not the only thing creating a stressful environment within these families. They were dealing with a variety of difficulties including drug and alcohol abuse, physical health problems, and mental health problems. Abby's family experienced drug and alcohol abuse by her stepfather and a brother, which began when he was in elementary school. Stress was also brought on by her mother's mental illnesses (anxiety, severe depression, and panic attacks), and the inability to or lack of parenting skills. Bunny's mother suffered from a congenital heart defect and was often in pain, not to mention Bunny felt she was dealing with mental difficulties of her own. Both her older brother and her mother had issues with anger management.

“They both had problems, but my mother's were worst than my father's. She was ‘out to lunch’ not really there a lot of the time.”

Chelsea's family struggled with the social drinking habit of both parents, financial stress, and a child diagnosed with Attention Deficit/Hyperactivity Disorder. Desiree's family experienced the alcoholism of her father, as well as a disability, which kept him from working. Freda's family contended with the drug addiction of one of her brothers, as well as the volatile temper of her father.

“If he got mad, lost his temper, he would start throwing things and screaming and yelling...”

Dealing with such stressors would be difficult for any family to overcome, but more so for those that do not acknowledge the existence of a problem or seek assistance. Freda's family was a prime example of just that. They were extremely closed off from the outside world, which

could explain, in part, why her abuse continued even into her adult years. Desiree's family too was closed off to outside resources. Her father received employment disability, but it was viewed as shameful to let others know of the difficulties within the home. Conversely, the other participant families were very open to and utilized several outside resources. Bunny and Abby received counseling at young ages. Chelsea's family relied on the services offered by the Catholic Church.

“They would take me to counselors; they were very open about that stuff. They wouldn't ask for help with money issues though.”

“I had a psychiatrist at 13 and received electro shock therapy. I also got counseling from a Chaplin.”

#### *Abusive Adult Relationships*

Referring back to the definition used to describe domestic violence (see chapter 1), participants were asked not only about intimate relationships, but also those with peers, family members, roommates, and/or cohabitating partners. Each participant identified some form of adult relationship that they deemed abusive, according to the definition. Some had experienced several abusive relationships. The majority referenced abuse by intimate partners (i.e., husbands, boyfriends). Bunny, having never been involved in an intimate relationship in her adult life, used an abusive relationship with a former boss (with whom she also resided), as her reference in answering questions about domestic violence. In general participants experienced an average of 4 abusive relationships in their adult lives. Most being husbands and boyfriends, but others included children, stepchildren, peers, co-workers, parents, and adult siblings.

“Two husbands, my son, and my stepdaughter have all been abusive to me physically, verbally, and emotionally.”

“I would say I’ve had three abusive, three boyfriends. You could also add my brothers [2], my father, and a co-worker to that list though.”

For many of these women the abuse they experienced took on many forms and lasted for years. They not only described instances of physical violence, but also verbal and emotional abuse in these relationships. Physical abuse described included hitting (with hands and objects), pushing, shaking, beating, sexual assault, and rape. Emotional and verbal abuse took the forms of intimidation, manipulation, name-calling, demeaning comments, destruction of personal property, and threats. At least two participants were threatened with death by their abusers. The duration of abuse varied for each participant, but the emotional and/or verbally abuse were always the first forms of abuse and lasted the longest. For Chelsea and Desiree the physical abuse persisted in their marriages almost as long as the other forms of abuse. Participants were subjected to some form of abuse from a few times a week to everyday. Abuse rarely happened only one time, but more often it was present throughout the duration of the relationship. Abusive experiences were often accompanied by alcohol and drug use, were the result of an argument that went too far, or were attempts by the abuser to gain control over a situation or over the participant.

“About four months into the marriage is when the verbal abuse started, within six months he had hit me twice. I was shocked... we had dated for three years... I thought I knew him.”

“He was the boss; he made all the decisions... I was scared of everything and everybody... when I told him I wanted a divorce he tried to kill me and said he would kill the kids too.”

“I was sexually assaulted and beaten sometimes, by all the boyfriends I ever had, by my father and by my brothers.”

Participants were asked to describe their state of mind while in these abusive relationships and their responses were similar to those they stated in regard to their sibling abuse. During the relationships participants stated they felt they had no control over what was happening to them. They identified feelings of depression, anxiety, fear, numbness, and hopelessness. Abby also experienced severe panic attacks, while Freda turned to drugs and alcohol to cope with the abuse.

“I just felt trapped... I’ve had a few nervous breakdowns, and major depression.”

“I went from my moma and daddy telling me what to do, to being married and he was stricter than them. I didn’t have control over anything including myself. I never had any self confidence.”

“I just thought it [the abuse] was going to be part of my life... there was nothing I could do to affect how they treated me...”

Fortunately, many of those interviewed were able at some point to detach themselves from these abusive partners. During the time of this study, Chelsea was the only participant still in a relationship in which she felt abused. Her husband had not hit her in a long time, but had found other ways to control and manipulate her, and always demanded her compliance. Her son, another relationship she defined as an abusive adult relationship, was also continuing to inflict both verbal and emotional abuse on a daily basis. Clearly these abusive relationships took their toll on these women both mentally and physically, and for Chelsea continued to do so.

“My husband... he’s a perfectionist, military, always right, don’t step over his boundaries or the consequences could be harmful, verbally or physically. It just makes your day, your life a living hell.”

“I have pressed charges on my son a few times. I had taken it all through his teenage years and the last time he pushed me I just called the law.”

Although many were able to end their abusive relationships, the affects of abuse still lingered in their lives. They were asked to discuss their mental and emotional state after their experiences of domestic violence and all indicated difficulty coping with life after abuse.

“After I got out of those relationships I really didn’t trust anyone, especially men. I was always, always expecting to be hurt by other people.”

“I felt stronger at times, but when there was a crisis it would really drain me. I don’t like that... that I’m not stronger emotionally, especially for my kids.”

“After my marriage ended I was still scared, terrified... that I couldn’t take care of my kids right, that he was going to come back and kill me...”

“Afterwards I was just angry at the world... I had just decided I wasn’t going to take it anymore from anybody.”

### *Mental Health*

Lastly, participants reported on the status of their mental health. All participants stated they had attended counseling before and some were currently in counseling. Reasons given for attending counseling included anxiety, depression, suicidal ideation, trauma, bipolar disorder, eating disorders, and marital and family counseling as well. As previously mentioned, several individuals were in counseling at the time they agreed to participate in this project. They were able to comment on their current mental and emotional state and how their exposure to mental

health professionals had helped them better understand their emotional difficulties. Descriptions of current emotional status were “fair,” “bouts of anxiety and depression coupled with the occasional suicidal ideation,” “pretty good with the occasional ups and downs,” and “borderline depressed with the occasional flashbacks.” All felt they had benefited from counseling in the past and believed they would continue to do so.

Although participants expressed such positive beliefs in regard to the benefits of counseling, several admitted to experiencing mental and emotional difficulties over the years for which they did not seek help of any kind, believing instead that they could handle it on their own and/or they deserved their current situation. For instance, Abby stated that she was once agoraphobic and felt no need to seek assistance. She had resolved herself to a life “inside.” Chelsea admits that she should have sought help dealing with her abusive son long before she did, but she had convinced herself that she alone could create the necessary changes needed to improve his behavior. Desiree stopped taking medication for bipolar disorder for a period of thirteen years, convincing herself that it was better to live with the difficulties it brought rather than be branded as a “crazy person.” Freda suffered from depression most of her life and only sought help when a friend pushed her to do so. Fortunately, their attitudes toward counseling had changed dramatically prior to their participation in this study, which may have been one of the reasons several even agreed to participate.

## Results on Sibling Physical Abuse

### *Characteristics of Abuse*

As I mentioned previously, only one participant indicated a history of sibling physical abuse. Although having only interviewed one physical abuse survivor limits the impact of the findings related to that form of abuse, I believed this individual’s story to be notable and thus

chose to report the findings. Jane was born and raised in England. Her primary parent was her father. Her mother died from complications with her heart when Jane was very young. Jane had few memories of her mother, but those she had were fond memories. Shortly after her mother's death, at age 9, she and her siblings were sent to live in a children's home. This was the same home that her father had grown up in many years prior. Her father, a laborer, was left on the doorstep of this children's home shortly after his birth. All he ever knew of his parents was that his mother was Black and from Honduras, and his father White, from England. Being interracial in that particular part of the country was not looked upon highly. The children's home where he lived was all White, as were many of the households and schools in the area. He was often mistreated and abused in childhood because of his ethnic background. I think it's fair to say that is where the cycle of abuse began in Jane's family. Her father would soon pass the violence he received on to her older brother.

“One of my memories is of my stomach turning as I listened to the screams and yells of pain from my brother being beaten by my father.”

“My brother was always the black sheep in the family. In fact, I didn't realized until recently that my father seriously considered him to be evil and treated him as such. He used to beat him daily.”

Jane's first memory of being abused by her brother was at age 3, although she reported hearing stories from other family members of him attacking her even in infancy. The first experience she recalled involved her brother attempting to put her in a wrestling move called the Boston crab. This particular move was especially painful and also impeded her ability to breathe. This unfortunately was not the only form of abuse she endured. She recalled being threatened, punched, beaten, locked in closets, and placed in various painful wrestling holds over the years.



Her brother also aspired to be a dentist as a child and use to “practice dental procedures” on her and her siblings. Jane was exposed to abuse by her brother on a daily basis from age 3 until age 9. She never believed she had any control or ability to prevent what was happening to her. In childhood she believed no one knew of the abuse she endured, but as an adult she discovered her father knew and had done nothing to prevent it.

“He was very aware my brother was being mean, cruel, and physically abusive. I suppose he was too busy abusing him [my brother] to bother stopping it.”

Jane’s relationship with her brother has varied over the years. In childhood she adored him despite the abuse. She commented that although she was afraid of him, she “thought the abuse was normal behavior” and therefore had “no reason to dislike him because of it.” Although she looked up to her brother, she described her state of mind as one of constant fear and panic while in her brother’s presence. Jane attempted to maintain a civil relationship with her abuser in adulthood. She describes her brother, now a doctor, as a “classic narcissistic personality.” Even through adulthood, his abusive temperament has not diminished. His family (a wife and three kids) lived with Jane for several years in America as he worked toward his medical degree. During which time he was not only abusive to Jane, but also to his children and wife. Not unlike his father had been with him, his oldest son received the brunt of the physical and verbal abuse. It finally reached a point where Jane felt she had no other choice but to report her brother to child protective services.

“...finally I made the decision to call CPS, it had gone on long enough and he was never going to change.”

### *Family Characteristics*

Jane remembered very little of her parent's relationship with one another. She did recall that while her parents argued often, they would rarely quarrel in front of the children. She walked in on them having an argument once and was promptly sent away along with her siblings to attend Sunday school. She described her mother as a "passive personality." In fact, most of the women in her family were docile. Jane recalled that none of the women knew how to drive cars and the majority were not allowed to or expected to work outside of the home. Several years after her mother's death, her father remarried. Jane, then age 12, along with her siblings moved from the children's home to live with her father and his new bride. Her stepmother was the complete opposite of her mother. She was overtly sexual in front of the children. Jane remarked that she had a "flirtatious personality" and that she "was very open with showing affection." Jane could not recall ever seeing her father and stepmother argue or fight.

Jane's stepmother was the first exposure she ever had to sexuality. Until age 9, when she went to live in the children's home, "sex didn't exist." Her family of origin was extremely traditional and rigid. They attended church regularly and she describes her father as a "fundamentalist" in that regard. The children's home was just as rigid about sexuality and gender roles, if not more. During Jane's years there, about 45 children resided there, both boys and girls from birth up till age 18. Relationships between the children were highly discouraged and punishable if discovered by the staff. The children were forbidden even to watch television shows where there was the slightest possibility that someone would kiss. The girls had to wear two pair of underwear "just in case their skirts flew up, no one would actually be looking at their underwear."

“I remember once I was just curious... I was looking at my genitals... at that second [one of the staff] came in and screamed bloody murder at me, that traumatized me for life. I thought God was going to strick me dead!”

From that atmosphere, going back into her father’s house, with her new stepmother, was a vastly different experience. It was much more liberal than life when her mother was alive or life in the children’s home. They were allowed to watch what they wanted to on television, listen to records, and wear what they wanted. Her stepmother was actually the first to attempt to explain to her what sex is. Jane’s new found sense of freedom in her sexuality was soon again dampened, by the resurgence of fear. Her stepmother’s brother, an alcoholic, moved in with the family and soon began making sexual advances toward Jane. At one point he even attempted to rape her. Soon Jane’s stepmother tired of parenting and Jane and her younger brother were sent back to the children’s home.

Having lived in more than one place growing up, Jane had been exposed to several forms of discipline. Although, her father used to beat her brother mercilessly, she could not remember him ever hitting the other children. During her early years the popular form of punishment was being sent to bed without dinner. At the children’s home a variety of sadistic punishments were utilized. For instance, if you wet the bed, you were forced to sit in a bath of cold water for hours.

“Once I got caught talking after lights out and they stuck me in a laundry closet...

I think she forgot about me... I was there until 2 in the morning in the dark.”

Her stepmother would try spanking the children but they would always run from her. She eventually stopped spanking and would “put them outside if they misbehaved.” Regardless of the home, conflicts were always solved by bullying. Conflicts usually arouse in response to major stressors, which for Jane’s family included her mother’s heart condition, poverty, her father’s

inability to parent effectively, and their biracial heritage. Coincidentally, Jane's abuser, much like her father, was also beaten and harassed by peers for his biracial background and this too was a source of stress for the entire family. The only release they found from these stressors was the help of the children's home and occasional assistance from Jane's maternal relatives.

### *Abusive Adult Relationships*

When Jane was 16 she ran away from her second stint at the children's home and moved in with her older siblings, including her abusive brother. Although now professing she was indeed an adult, she continued to be subjected to the abusive nature of her brother. Initially he was just verbally abusive, but soon his violent personality surfaced again. He would also use threats and intimidation as a way of controlling Jane and her older sister.

“He found out my sister was having an affair and he thought I knew something about it... he pinned me down and had my arms in a really horrible position... he didn't believe I didn't know anything about it... he almost broke my arm.”

Eventually Jane would build a life away from her brother, but future contact with him continued to prove violent. For example, Jane described a time in which she once tried to assist her brother and his wife in finding residence in the United States. During the time they decided to come look around, Jane had recently experienced a horrible car accident, which left her with a very painful neck injury and required her to wear a neck brace. Despite her injury, she felt stronger emotionally and had decided she was not going to take her brother's verbal abuse anymore. He made a derogatory comment towards her and she responded in kind. Without any warning he began violently choking her, neck brace and all. Needless-to-say this only aggravated her neck injury.

“...after that was over I told him this [the trip] would end right now, unless I had his word that he would not get physical with me again.”

The abuse from Jane’s brother was not the only abuse she experienced in adulthood. Jane’s adult life has included two other abusive relationships as well, her ex-husband and someone she once considered a good friend. She describes her ex-husband as “extremely mentally and emotionally abusive.” They met in England and lived together for a year before moving to the States. All toll they were together for about six years, though on paper they were married for twelve. Jane described their marriage as a “very intellectual relationship.” During the years they were together, her husband would often correct her English in a very demeaning way in front of others. He was constantly calling her names and putting her down. He even forced her to have sex with him after she had just experienced a traumatic event at the hand of her former friend. Jane was violently raped by this person whom until that point she thought of as a dear friend. She had even participated as a bridesmaid in his wedding three months prior. The violent attack completely caught her off guard and shortly after her husband preceded to revictimize her again.

“I was raped by a friend and that night when I got home and finally broke down and said what had happened, he went ahead and forced me to have sex. I was completely vulnerable and helpless.”

After the attack Jane stated she was “disgusted with herself.” She describes her state of mind during those relationships as “extremely unhappy, and utterly frustrated and confused.” Her depression seemed to only grow and grow as years past. Contributed to by the fact that at the time Jane was an illegal alien and felt she had no way of reporting what happened to her or

leaving her husband. She identified her state of mind after those relationships as simply “fearful.”

“I was traumatized... from each one it was pretty traumatic, life changing.”

“... much later it was all just fear... fear of men, fear of being controlled, and fear of intimacy... that’s become an intrinsic part of me.”

### *Mental Health*

Jane, a counselor herself, has participated in counseling as a patient for many years. Her need for counseling primarily surrounds her depression and low self-esteem. She also uses counseling as a tool to address survivor issues. Unfortunately, counseling has not always been part of her life. At one point her depression, coupled with the extreme pain of her neck injury, nearly drove her to commit suicide. She hospitalized herself as a result of suicidal ideation.

“I felt I could handle it, I had dealt with a lot in my life and I felt I could handle anything... that was a big mistake. When my neck injury was worsened by my brother the pain was so extreme... I became obsessed with killing myself... I ended up hospitalized.”

Today, Jane describes her mental health as “better.” She is actively involved in counseling and other therapeutic activities that help her address her depression. Although doing well, she constantly questions the stability of her mental health and her ability to function as a counselor.

“I struggle to keep a balance between work and play. I constantly question if I’m sane enough to be doing this kind of work... its quilt I guess... what right do I have to try to help others with the family I come from.”

### Emergent Themes

#### Dysfunctional family system

One emergent theme involved the family environment. Dysfunctional family systems are evident in participant descriptions of their families and in responses to interview questions outlined in the previous sections. This atmosphere of dysfunction was primarily defined by insufficient parenting skills and/or parental conflict. A conflictual atmosphere, in general, seemed to exist in these families whether they were strictly family-of-origin or some other combined family form, such as families that included stepparents and extended relatives.

“It was so much stress... my mom and dad were so caught up into what they were arguing about at the time and their divorce... no wonder we were afraid to tell.”

Conflict within the parental dyad, among other considerations, perhaps increased the unavailability of the parents to attend to the needs of the children. Parental unavailability also increases the accessibility of vulnerable children within the household (Caffaro and Conn-Caffaro, 1998) thus creating an atmosphere conducive to abuse occurring.

Parental unavailability for some families was also increased by the presence of drugs and alcohol use. In addition, other family systemic factors consisted of rigid gender roles, physical punishments, emotional unavailability, repressive or permissive sexual environments, lack of boundaries, closed family system, secrecy, witnessing violence among others, and the influence of outside stressors such as financial strain and physical health problems. In relation to their family environment, participants indicated a perceived lack of safety, overwhelming sense of fear, and an inability to control or even affect the abuse they experienced.

“Yes I feel the way my family functioned contributed to me being abused. We never discussed things, their beliefs were very conservative and the environment in our house was real repressive.”

“Both my parents had problems not knowing how to handle emotions. My mother would just let stuff build up until she blew up and my father would just say ‘if you have emotions for God sake don’t show them’.”

“I would say it [the family functioning] was 99.9% responsible for that [the abuse] happening.”

“Nobody really ever paid any attention to us [the children]... my brother was responsible for taking care of me... they were never there... well they were but they weren’t, you know.”

“It was the secrecy that helped it happen... being so isolated... we never had the chance to get to know anyone outside the family.”

### Multiplicity of Abuse

The literature proposes that victimized children are at greater risk for revictimization in adulthood (Russell, 1986; Wiehe, 1998; Caffaro and Conn-Caffaro, 1998). Multiplicity of abuse was another theme that emerged via the data. No one participant in this study experienced only sibling abuse in childhood. All indicated some form of abuse in adulthood. Participants were asked if they felt their sibling abuse in childhood set in motion their abusive experiences in adulthood. All stated they believed the mental and emotional damage caused by the sibling abuse was definitely a contributing factor to them becoming involved in an abusive relationship in their adult lives.

“I think I tried to resolve the things that happened to me in my childhood with my adult relationships.”

“I think my childhood abuse kind of taught me how to let people walk on me and take advantage of me.”



“Absolutely I feel it [sibling abuse] contributed to the things that happened in those relationships. The older I get the more clearly I see that.”

“I expect to be hurt by men... I’m terrified of them... that is a direct result of me being abused as a child.”

“Incest played a major role; I believe I would have been able to have a normal relationship if not for that.”

Logic may suggest that after having experienced one abusive relationship, one would be particularly careful to avoid engaging in another. However, literature on sibling abuse victims proposes that they are at greater risk for repeating dysfunctional patterns and roles (Graham-Bermann and Cutler, 1994). The participants in this study did not negate that theory. They experienced multiple abuses throughout their lives. Although not intentionally seeking abusive relationships in adulthood, some inevitably found themselves engaged in one abusive relationship after the next and the abuse suffered in one always influenced the beliefs, motivation, and expectations in the next. Beliefs that often indicate learned helplessness.

“The things I learned, accepted in that first relationship, I guess I eventually came to accept them in the others.”

“It was the messages we were given about ourselves in childhood, we weren’t valued... I think that set me up to be vulnerable and I hate that.”

“I always figured I had a sign over my head or something stating I was an easy target. When I would go into a new relationship, I just expected it [abuse], I would prepare myself for it.”

### Impact on Mental Health

It is widely accepted that abuse by parents can have lingering affects on mental and emotional stability. Researchers investigating sibling abuse have drawn similar conclusions (Bank and Kahn, 1982; Hunter, 1990; Laviola, 1992; Graham-Bermann et al., 1994; Finkelhor and Boney-McCoy, 1995; Wiehe, 1998). Significant impact on mental health/stability is another theme produced by the data. Participants in this study indicated a variety of mental health concerns including anxiety, depression, suicidal ideation, trauma, bipolar disorder, eating disorders, low self-esteem, and marital and family conflict. They had all attended or were attending counseling to address issues that arouse in conjunction with the abuse they experienced at the hands their siblings. The impact this abuse had on the victims not only supports the existing literature, but also supports the hypothesis proposed in relation to learned helplessness. The term itself implies a mental and/or emotional deficit that dictates behavior thereafter (Seligman, 1975), behavior that is based on an impaired belief system.

“Even after I realized it [sibling abuse] wasn’t going to happen anymore, I still had the expectation that someone would hurt me, that men would hurt me.”

“Afterwards was when the depression really kicked in, and I still deal with it.”

“After I just felt so scared, ashamed, even though I knew it wasn’t my fault.”

### Resiliency

Having been exposed to such adverse circumstances throughout their life, one might not have expected these women to have successfully overcome their situations. Although continuing to deal with the impact of abuse in their lives, they have all survived their abuse and been able to successfully go on with life. Resiliency is the term I have chosen to describe their success in that regard and is the final theme that emerged from the data. Resiliency is generally defined as the ability of a person to overcome considerable hardship and have a relatively successful life

(Richman and Fraser, 2001). I think that statement is true of all the participants in this study. They were asked what factors contributed to their ability to survive. The three most common responses were spirituality, counseling, and positive relationships.

Many participants stated they had a strong sense of faith in God. Several were very active within their chosen religions and participated in church services on a regular basis.

“God has helped me a lot... prayer and faith helped a great deal.”

“God has helped a lot... He kept me from dying even when I wanted to.”

“I sat in the house for two years and then I started going to church and that’s what got me otherwise I don’t know if I’d be here today.”

Others had a broader definition of spirituality, a more avant-garde ideology. They defined themselves as deeply spiritual people, but did not necessarily associate their spirituality with God or organized forms of religion.

“I’m more spiritual than religious, I have problems with religion, I was raised southern Baptist and I have accepted Christ, but I’m not sure I would call myself that now... I’m more spiritual.”

“I try to have faith but I find it difficult sometimes, however I’m deeply spiritual... I guess I just have questions in terms of God.”

Counseling is another factor that contributed to the resiliency of participants. As stated previously, they had all at some point been involved in counseling and several were still involved at the time of this study.

“The counseling over the years has also helped. It’s helped my self-esteem a great deal.

Positive relationships with counselors, friends, and family are all factors that aided in success as well. Many participants maintained close relationships with their non-abusive siblings. Some developed strong friendships over the course their life that they frequently relied on as sources of strength and support. A variety of things were mentioned in addition to these including open-mindedness, intelligence, love for animals, self-determination/motivation, physical activities, careers, and volunteer work.

“Well my only other choice [to surviving] was suicide and I just always thought that was the weaker way to go.”

“...dogged determination I suppose. My friends say I’m like an English bulldog... once I get my teeth in something there’s no letting go and that’s how I’ve approached things.”

“It sounds weird but being physical... running, hiking, walking... it helps me deal with the anger and frustration and with my mood.”

“Working helps me cope... you get a sense of mastery and you are seen through different eyes.”

## CHAPTER FIVE: DISCUSSION

### Overview

Participants in this study endured many hardships throughout their lives. Not only did they struggle to overcome abuse and the impact of abuse, but they also struggled to manage the everyday duties and responsibilities many of us take for granted, such as parenting, attending to spousal relations, attending to career needs, etc. After having listened to their stories, it is clear that abuse affected every part of their being, the physical, emotional, and the spiritual. Their stories are extremely similar, but there is also an unmistakable uniqueness to each one. It is my hope that this dissertation is conveyed in such a way that the reader is able to visualize both the similarities and the differences. More importantly, I hope that this project has successfully added to the existing literature on sibling abuse and has strengthened the argument that sibling abuse, like parental abuse, can significantly impact the life of the victim for many years to come.

This study had two primary purposes: 1) to capture the beliefs, feelings, and firsthand account of the abusive sibling experiences from the perspective of the victims, and 2) to investigate the potential learned responses associated with sibling abuse and their impact on adult relationships by exploring the emotional and relational history, and beliefs of the participants. Data, using semi-structured interviews, was taken from six adult female sibling abuse survivors. It was hypothesized that family systemic factors contributed to the creation of an environment in which sibling abuse took place, and that participants would report characteristics indicative of learned helplessness as it relates to the impact of sibling abuse in their lives. Data was analyzed using cross case analysis, constant comparison, and analytic induction techniques. Themes emerged in relation to dysfunctional family patterns,

impaired/altered mental health/stability, and multiple revictimization experiences. Factors facilitating resiliency were also explored.

### Family System

Based on the data, I do not believe that any participant in this project was reared in what one might call a “functional family environment.” Although, defining dysfunction in a family can be problematic. Suggesting a family is dysfunctional is a subjective viewpoint at best. Becvar and Becvar (1988) state that dysfunctional families tend to have inflexible generational boundaries, poor communication and a lack of shared focus of attention. In addition, they state these families lack a capacity to seek appropriate intimacy, and instead tend to seek control or gain power over others. The problem with suggesting dysfunction is what may appear as dysfunction and chaos to one person, maybe very functional and productive to those who are living it. Pathology is often first recognized and defined through the eye of the observer. Nonetheless, if we accept a basic societal view of functionality considering how families with varying needs utilize resources and achieve basic objectives toward overall health (Walsh, 1992), then I think it is safe to suggest these participant families were not functional in a way that worked toward or achieved the overall health of the system, particularly in regard to the children.

Literature has alluded to sibling abuse being more prominent in dysfunctional family environments. It has even been suggested that the inability or unwillingness of the parental dyad to increase the “functionality” of the family by adhering to the mental, physical, and emotional needs of the children can create an atmosphere susceptible to an abusive situation occurring between siblings (Laviola, 1992; Rudd and Herzberger, 1999; Cyr, 2002). The family environment for these subjects was marked primarily by poor or inadequate parenting skills. Parents did very little to attend to the emotional and/or mental needs of their children, even after

the sibling abuse was revealed; and the often physical absence of parents likely contributed to an environment conducive to abuse occurring. Thus, the accessibility of the victims was increased and perhaps too was the motivation of perpetrators. Caffaro and Conn-Caffaro (1998) indicated that a perpetrator's motivation to abuse is increased when the critical emotional needs of that child are unmet by the parents.

A few participants stated they allowed the abuse to happen because it was the only love they felt as a child. This is a common sentiment expressed by sibling abuse survivors. Laviola (1992) reported that often victims would not even fight back because during the abuse was the only time they felt love and acceptance from another family member. This also conveys evidence of the inadequacy in the parental dyad to meeting the needs of the children thus suggesting dysfunctionality. Personally, I do not believe a child who feels love and acceptance from his/her parents would necessarily seek such things from a sibling to the point of cooperation or participation in abuse. Parental unavailability, whether it be emotional or physical, has been found to be one of the most common family systemic factors contributing to sibling abuse (Finkelhor and Baron, 1986; Caffaro and Conn-Caffaro, 1998; Daie et al., 1989; Hardy, 2001; Meiselman, 1978; Worling, 1995; DeJong, 1989).

Stressors such as drug and alcohol use/abuse, financial hardship, divorce, death, social isolation, and illness or disability have been cited as contributing to the dysfunction in sibling abusive families as well (Laviola, 1992; Hardy, 2001; Finkelhor and Baron, 1986). Several of these potentially stress producing phenomenon were mentioned by participants in this study. It would seem that much of the responsibility for sibling abuse can and has been given to the parents for their lack of ability to create a functional family environment; however, it should also be taken into consideration that sibling abuse can happen in any family. Families who may be

experiencing extreme stress and perhaps lacking the ability to cope in a manner that allows them to, at the same time, attend to the needs of the children are at greater risk however. This type of family may not be defined as dysfunctional, but instead may present as extremely functional with the absence of the current stressor.

### Impact of Sibling Abuse

One of the intentions of this study was to build on what Wiehe (1990; 1997) discovered in regard to the impact of sibling abuse by including the correlation to violence in adulthood, as well as by examining in greater detail the long-term mental health of the victims. Graham-Bermann and Cutler's (1994) work suggests that children in abusive sibling relationships can be expected to have difficulty establishing and executing social developmental tasks in other relationships. Likewise, Caffaro and Conn-Caffaro (1998) found that many participants in their study had difficulty in interpersonal relationships, such as those with peers, friends, roommates and spouses. The participants in this study also indicated difficulties in interpersonal relationships. One participant even appeared to lack the necessary tools to form such relationships, evident in the fact that she was well into her 50s and aside from her experiences with her brother, she had never had sex or shared physical or emotional intimacy with another person. All the participants struggled to navigate their adult relationships with success, including spousal/partner relationships, as well as relationships with children, peers and family-of-origin members.

Not only was their ability to engage in successful interpersonal relationships affected by abuse, but their mental health was also significantly impacted. Even those that received treatment in their childhood still continued to deal with the impact abuse had on their psychological health well into adulthood. I agree with participant beliefs that sibling abuse had a negative impact on



their mental health. However, like the subjectivity of defining dysfunction within a family, that too is debatable. After all, along with sibling abuse, several of these participants were abused by others including parents, and they all at some point endured extremely stressful circumstances as children. It could be argued that these things were the true culprits of their difficulties throughout life and in relation to their mental health, and not sibling abuse. Nonetheless, what they believe about their abuse and its impact on their life is what is most important in relation to this project and the data clearly indicates that they believed their sibling abuse to be the most influential contributing factor to their difficulties later in life. It is by examining their beliefs that we can analyze the existence of learned helplessness.

I used the tenets of the theory of learned helplessness as a way of helping understand the beliefs and behaviors of participants throughout their adult lives and varying relationships. The theory would suggest that sibling abuse created a psychological paralysis among these participants that they then carried with them into interpersonal relationships in adulthood. Wiehe (1990; 1997; 1998) claimed that survivors of sibling abuse often internalized their victimization in such a way that they felt they deserved what happened to them, thus choosing or settling for intimate relationships with people who continue to abuse them. Learned helplessness could explain how many were vulnerable to involvement in abusive spousal/partner relationships, as well as why they struggled with mental health issues throughout their adult life. Comments made in regard to the beliefs of participants indicated the construct of learned helplessness. These beliefs undoubtedly grew and became more difficult to overcome as they experienced one abusive situation after the next.

For example, take the case of Jane who was physically abused by her brother for many years. Her motivation to escape an abusive situation was so altered, she convinced herself that

she had no options or no way to defend herself when she was raped by her friend and later taken advantage of sexually by her husband. She questioned whether or not she had welcomed those events into her life somehow, thinking perhaps she had given her rapist mixed signals. Also there is Desiree who stated on several occasions during the interview that she felt as though she deserved some of the things that happened to her, and often blamed herself saying “I was just so stupid.” Freda is another example of classic learned helplessness behavior. She allowed her abuse with both her brothers and father to continue in her adult years because she felt she had no other options. She was emotionally paralyzed and had lost all motivation to believe she could have a different existence. That motivational deficit carried over into her relationships with men who were eventually also abusive. She too came to believe she somehow deserved what she was enduring. These are all examples of how learned helplessness impacted the lives of these women into adulthood.

### Theory

Family systems theory and learned helplessness were used as the guiding foundations of this project. When you examine the existing literature on sibling abuse, the family system is the primary culprit. Sibling abuse often takes place in families with impaired functionality. The literature goes so far as to suggest that sibling abuse is in fact, a result of family dysfunction. Due to the obvious focus of previous research on systemic factors within the family, family systems theory was the likely choice of theory when examining a phenomenon involving members of the same family. Learned helplessness, essentially a social learning theory used to explain behavior, also presented itself as an obvious choice with this particular sample and topic. Existing literature alluded to the difficulties individuals who have experienced sibling abuse had in their adult lives. I sought to use a theory I believed would explain these difficulties. It had already

been suggested countless times that when an individual is abused by a parent or adult their subsequent adult functioning is often affected in a negative way. I asserted the same is true for an individual abused by a sibling. Learned helplessness encapsulates the ideas I hoped to discover in participant stories.

When you apply these theories to the results of this project, you understand how they inform one another. For instance, family systems played a major role in facilitating the abusive experiences of the participants. The responsible parties in the families, namely the adults or parents, did not effectively attend to the needs of the children and thus facilitated the abuse occurring. Each part of the system affected one another, thus creating change within the entire system. The presence of learned helplessness is also clear in participant descriptions. All endured extreme difficulties in navigating interpersonal relationships in their adult lives. Many identified an emotional and motivational deficit in their belief system in relation to how they view themselves, how they view their individual power, and in their expectations of those they come in contact with.

### Sibling Abuse Offenders

It is important not to forget the offenders of sibling abuse when examining the phenomenon. In fact, to this point, most of what we know about sibling abuse as a subject has been discovered by investigating the perpetrators. Although offenders were not the subject of this project, the offenders in this study, children themselves, were also subjected to the same dysfunctional family environments, and according to the participants many were deprived of the same nurturing and attention. Their motivation to offend may have been increased by the emotional and/or physical absence of the parents. Finkelhor and Dzuiba-Leatherman (1994) suggested that childhood victims are at greater risk of abusing others, particularly into their

adolescent and adult years. Most of the offenders in this study started offending in their teenage years and according to the participants some had been or were being abused by their parents. This too could have increased their motivation to offend. Some participants also indicated that their abusive siblings continued to abuse others well into their adulthood. Unfortunately the scope of this project does not allow us to better understand the abuse from the perspectives of the offenders; however knowledge gained regarding the offenders via the victims stories should be considered when establishing an overall view of the family system.

#### Reflections of Researcher

As I think back on this process, several things come to mind. Conducting the research itself was challenging. This is the first solo research project that I have done and it was more difficult than I anticipated to have all the responsibilities of proposing the project, recruiting participants, transcribing and analyzing data, and reporting the findings. I do not believe that this fact impacted the research, primarily because I am well versed in research methods and have participated in several research projects previously. However, my first interview was evident of the continued learning process of becoming a skilled researcher. The interviewee, Abby, volunteered to participate just before she was moving out of state. Unfortunately, I had not prepared everything I needed to conduct the interview and had to scramble at the last minute to get everything ready prior to the interview. I think it was evident in process of the interview that I was not as prepared as I should have been, but thankfully she was very patient with me. Then, I was rushed to transcribe and develop preliminary themes for member check before she left town. As I began to transcribe, there was a problem with the tape. Fortunately, in the chaos of being unprepared, I thought it best to take detailed notes as I conducted the interview. Combined with the tape, I was able to produce an accurate transcription. Needless to say, this being my first

interview, my confidence in my ability to conduct the research was somewhat shaken. I was able to regroup and organize myself before another volunteer surfaced.

Another thing I am remembering about this project is the emotional difficulty involved in conducting the interviews. This difficulty was one reason I decided to conduct peer debriefing after interviews. The sibling abuse experienced by these individuals was still such a potent subject for them, I found myself reacting to their emotional responses to questions. I felt sadness for them at times and anger at other times. Anger not only toward their abusers, but also toward their parents and even them. I suppose hindsight is always 20/20, even when it is someone else doing the looking back. As I would reflect on the interviews in the hours/days following, I always found myself wondering “why didn’t you [the interviewee] do this or that” or “why didn’t your parents do this or that.” It seemed so simple. Just the smallest amount of change may have spared them a lifetime of interpersonal, emotional and mental struggles. I know, of course, it is not as simple as it seemed, nothing ever is.

The dual relationships I shared with many of the participants undoubtedly impacted the research. This presented both pros and cons for me and the participants. It was difficult for me to maintain the line between researcher and therapist. A few times, during the interviews, I would catch myself venturing away from the interview guide and beginning to process emotions with the participants. This was not intentional, of course. I attempted to be very aware of my role as a researcher and stick to the interview guides. However, I think that process was made even more difficult because I knew many of the interviewees prior to the interview. I had established long therapeutic relationships with some and a long co-worker relationship with one. So it was very arduous to watch people that I had come to care about in pain without wanting to help them in the only way I knew how.

One benefit of the dual relationship was the participants increased level of comfort when describing their stories of abuse. Although in counseling for years, many disclosed they had never discussed their abusive experiences with their siblings. They had developed a trusting relationship with me as a clinician that facilitated the researcher-participant relationship, and I believe strengthened the data. On the other hand, the secondary relationships briefly had a negative impact on some of the clinical relationships. I noticed that some of the individuals I interviewed early in the process would avoid making eye-contact with me once we met again in a clinical setting. This uncomfortable posture only lasted for a short time, but during that time I feel it impacted the benefits gained from counseling and their participation in group. In contrast, some of the participants were interviewed just prior to my leaving my clinical position and may not have experienced any loss in their clinical progress.

As part of the research but also as a way of addressing the possible impact of the dual relationship, at the end of the interviews I gave participants a list of agencies they could seek for assistance if they experienced difficulty after the interview. Having that list was enough for some of the participants. After all, most were already involved in individual counseling. Desiree was the one exception. During the interview she expressed to me that she needed and wanted counseling to address her issues with sibling abuse but could not afford it. After the interview, I followed up with Desiree (the only participant I did not have an established relationship with) and helped her sign up for counseling with the agency I worked for at the time. Her counseling was to be paid through a grant that funded counseling for adult survivors of abuse. Some may feel that this breached my ethics as a researcher. By helping her locate free assistance, had I become too involved with her as a research participant? Also, did I take advantage of my position as an employee of the agency to arrange for her to participate in a grant funded program

that was primarily used for established clients of the agency? Well, I suppose one could make arguments for either case, but I certainly do not have any regrets about helping her. I may have blurred the boundary between researcher and therapist, but she was given the opportunity to receive a level of assistance that she desperately needed, and for me that was more important.

All in all, this entire project presented many challenges. There were undoubtedly some things I could have done differently, and perhaps better. I sincerely hope however that this work adds to the knowledge base on sibling abuse, and opens the door for more exploratory research on the subject. I again want to thank these women for their participation in this project. They willingly allowed me to look into some of the most private parts of their lives, in the hope that they could help others who have endured similar experiences. They are to be commended for their courage, honesty, and selflessness.

#### Implications

An important thing to remember about this project is that it is an exploratory study into sibling abuse. One of the main reasons exploratory research is needed is to expand knowledge and generate a greater understanding of a phenomenon little is known about. Also exploratory research investigates topics in which few definitive hypotheses exist (Patton, 2002). Sibling abuse certainly qualifies as such a topic, particularly in relation to victims and long term impacts of abuse. Despite my efforts with this project and the efforts of many others, exploratory research is still needed on sibling abuse. The opposing arguments I briefly discussed to my own findings in the previous sections is evidence of that. There are so many questions about sibling abuse that have yet to be answered. For instance, research conducted with entire families will yield much more information in regard to family dynamics. Also more research is needed on victims of sibling abuse. As I stated previously most of what we know about the abuse has come

from investigating perpetrators. The perspective of the victims is as valuable, if not more so in identifying systemic dynamics and long term impacts. This project focused on adult victims of past sibling abuse, but to get a valid picture of abuse, research needs to be conducted with victims of all ages and differing genders. There are a number of avenues one could take to explore sibling abuse that have not previously been investigated in any significant amount.

An increased knowledge of sibling abuse will have an impact on education and treatment as well. The more we know about sibling abuse the more aware we are of the warning signs. This is beneficial not only to parents, but also teachers and anyone responsible for or involved in the development of children. Increased knowledge, for instance, will aid in better parent education curriculum and benefit co-parenting education for divorced parents. It will benefit programs designed to assist foster parents and foster parent training. More information will impact treatment of families and victims of abuse also, not to mention how clinicians are trained and educated.

To this point, little has been said about treatment of sibling abuse. That may be partly because clinicians, like many parents, do not recognize sibling abuse as a serious problem. Bank and Kahn (1982) suggested that few clinicians will even inquire about sibling abuse and often times when it is discovered several will minimize its significance. One of the most detrimental aspects of sibling abuse is the minimization of the abuse. Wiehe (1997; 1998) talked about the concept of contemporary denial, meaning that victims tend to excuse the abuse particularly when family members deny or minimize the abuse. Sadly this denial is often further validated when therapist minimize the abuse. It is a necessary component of successful treatment for clinicians to acknowledge sibling abuse as a significant problem. More knowledge on sibling abuse, the warning signs, and impacts of abuse will benefit counselor education curriculums thus



facilitating a more knowledgeable clinician. Clinicians will have the opportunity to learn the importance of assessing for sibling abuse particularly when working with an individual who has already indicated other forms of abuse. Research will decrease the amount of minimization, thus increasing the treatment opportunities for victims and offenders to get the necessary assistance needed to prevent the abuse from continuing or happening to someone else. Perhaps some of the difficulty these participants endured in life could have been avoided if they were given the opportunity to process their abuse and start the healing earlier in life.

Increased knowledge, increased acceptance will also aid in prevention. Although we may not want to accept it as a real problem, we still have a responsibility for attempting to ensure that it does not happen. There are simple things that can be done in the way of preventing sibling abuse. For instance, divorced parents should make extra efforts to be involved in the growth and development of their children, and attend to the emotional needs of their children. Divorce does not have to equate dysfunction. Co-parenting, although sometimes difficult, can be done, and work toward the prevention of sibling abuse occurring. Parents need to become knowledgeable about sibling abuse as a real form of abuse. Knowledge about the warning signs and behavior precursors to abuse will aid in prevention. Parents also need to be careful when placing older children in the role of caretaker. This is one of the most common instances in which sibling abuse takes place. Parents should be more open with their children about sex and allow them to own their bodies. Sexual exploration is one of the main precursors to abuse. One way to aid parents in this regard is to include basic sexual education as part of the curriculum for younger grade levels. Many parents do not know how to discuss sex with their children and the school system can provide another avenue for children to learn about their bodies and those of the

opposite sex. If parents make it a point to attend to the emotional, physical, and mental needs of their children the incidence of sibling abuse will decrease in our society.

Although participants in this study were not asked to comment on ideas of prevention, I think Chelsea said it best when she stated, “it needs to be ok for children to talk to someone as soon as possible... they need someone to intervene for them. Just talk to your children.” Taking small steps can ensure that a child is not harmed, but it still must begin with the belief in the reality that sibling abuse is prevalent in our society and it can have serious long term impacts.

### Limitations

This dissertation has several limitations that need to be considered when accepting the findings. For instance, this project relied on retrospective information about childhood abuse and adult functioning. These types of data have both benefits and limitations. Retrospective data are beneficial in that it allows for reflexivity. When participants obtain distance from their families of origin, they may have an increased ability to reflect on their experiences, thus contributing to honesty and objectivity. Conversely, personal perceptions of past experiences may be false or altered by current circumstances or interventions that have taken place since (Graham-Bermann et al., 1994). Because participants were primarily recruited through mental health agencies and domestic violence outlets, their exposure to counseling services and their attempts to heal from past abuse experiences may have clouded their memory of events and details.

The sample also presents some limitations. Since I recruited individuals from domestic violence facilities, one might suggest it was assured that I would find a connection between sibling abuse and domestic violence. However, none of the participants in this study volunteered based on advertisements placed in those facilities. In fact, I received no responses from people wanting to participate that were or had been affiliated with a domestic violence facility in which

I advertised. A fact that I believe actually strengthens the findings that suggest that one impact of sibling abuse is increased vulnerability to adult abuse. Also in regard to the sample, it was a small local, convenient sample for the most part. All the participants were Caucasian women. The average age of participants was 41 years old, another factor that could have limited their ability to remember events that took place when they were very young. All things being considered in relation to the sample, the viable transferability of findings is limited.

Also, asking participants to comment on their own mental health poses some problems. At one point participants were asked to remark on their state of mind (i.e. mental health) during the time of their sibling abuse. Although all participants were adults and none had difficulty answering the question, asking them to assess the status of their mental health at such young ages, even in retrospect, presents a dilemma. Not to mention, the influence that years of counseling has had on the way they now view their mental health in childhood. Also an individual, who may be experiencing serious mental health problems, may not be able to accurately comment on their current or past mental health status, and as noted previously all the participants indicated the current existence of some form of mental and/or emotional difficulty. Despite these limitations attempts to maintain consistency in data collection and analysis adds to the dependability of findings.

## REFERENCES

- Adler, N. A. & Schutz, J. (1995). Sibling incest offenders. *Child Abuse and Neglect*, 19(7), p. 811-819.
- Alpert, J. L. (1991). Sibling, cousin, and peer child sexual abuse: Clinical implications. In R. Geffner, S. B. Sorenson, and P. K. Lundberg-Love (Eds.), *Domestic violence: Current interventions and research*. Binghamton, NY: Hawthorne Press, Inc.
- Astin, M. C., Ogland-Hand, S. M., Coleman, E. M., & Foy, D. W. (1995). Posttraumatic stress disorder and childhood abuse in battered women: Comparisons with maritally distressed women. *Journal of Consulting and Clinical Psychology*, 63(2), p. 308-312.
- Bank, S. P. & Kahn, M. D. (1982). *The sibling bond*. New York, NY: Basic Books, Inc.
- Becker, J. V., Kaplan, M. S., Cunningham-Rather, B. A. & Kavoussi, R. (1986). Characteristics of adolescent incest sexual perpetrators. *Journal of Family Violence*, 1(1), p. 85-97.
- Becvar, D. S. & Becvar, R. J. (1988). *Family therapy: A systemic integration*, 3<sup>rd</sup> edition. Needham Heights, MA: Allyn and Bacon.
- Bennett, J. C. (1990). Nonintervention into siblings' fighting as a catalyst for learned helplessness. *Psychological Reports*, 66, p. 139-145.
- Bogdan, R. C. and Biklen, S. K. (1992). *Qualitative Research for Education*. Boston, MA: Allyn & Bacon.
- Brassard, M. R. and Gelardo, M. S. (1987). Psychological maltreatment: The unifying construct in child abuse and neglect. *School Psychology Review*, 16(2), p. 127-136.
- Brassard, M., Germain, R., & Hart, S. (Eds.) (1987). *Psychological maltreatment of children and youth*. Elmsford, NY: Pergamon.

- Bray, J. H., Williamson, D. S., & Malone, P. E. (1984). Personal authority in the family system: Development of a questionnaire to measure personal authority in intergenerational family processes. *Journal of Marital and Family Therapy, 10*, p. 167-178.
- Caffaro, J. V. & Conn-Caffaro, A. (1998). *Sibling abuse trauma: Assessment and Intervention strategies for children, families, and adults*. Binghamton, NY: Hawthorne Press, Inc.
- Canavan, M. C., Meyer, W. J., & Higgs, D. C. (1992). The female experience of sibling incest. *Journal of Marital and Family Therapy, 18*(2), p. 129-142.
- Cascardi, M., O'Leary, K. D., Lawrence, E. E., & Schlee, K. A. (1995). Characteristics of women physically abused by their spouses and who seek treatment regarding marital conflict. *Journal of Consulting and Clinical Psychology, 63*(4), p. 616–623.
- Cicirelli, V. G. (1982). Sibling influence throughout the lifespan. In M. E. Lamb & B. Sutton-Smith (Eds.), *Sibling relationships: Their nature and significance across the lifespan* (p. 267-284). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Claussen, A. & Crittenden, P. (1991). Physical and psychological maltreatment: Relations among types of maltreatment. *Child Abuse and Neglect, 15*, p. 5-18.
- Cohen, M., Deamant, C., Barkan, S., Richardson, J., Young, M., Holman, S., Anastos, K., Cohen, J., & Melnick, S. (2000). Domestic violence and childhood sexual abuse in HIV-infected women and women at risk for HIV. *American Journal of Public Health, 90*(4), p. 560-565.
- Coid, J., Petruckevitch, A., Feder, G., Chung, W., Richardson, J., & Moorey, S. (2001). Relation between childhood sexual and physical abuse and risk of revictimization in women: A cross-sectional survey. *The Lancet, 358*, p. 450-454.

- Cole, E. (1982). Sibling incest: The myth of benign sibling incest. *Women and Therapy, 1*(3), p. 79-89.
- Creswell, J. W. (1998). *Qualitative Inquiry and Research Design: Choosing among five traditions*. Thousand Oaks, CA: Sage Publications, Inc.
- Cyr, M., Wright, J., McDuff, P., & Perron, A. (2002). Intrafamilial sexual abuse: Brother-sister incest does not differ from father-daughter and stepfather-stepdaughter incest. *Child Abuse and Neglect, 26*, p. 957-973.
- Daie, N., Witztum, E., & Eleff, M. (1989). Long-term effects of sibling incest. *Journal of Clinical Psychiatry, 50*(11), p. 428-431.
- DeJong, A. (1989). Sexual interactions among siblings: Experimentation or exploitation. *Child Abuse and Neglect, 13*, p. 271-279.
- Duncan, R. D. (1999). Peer and sibling aggression: An investigation of intra- and extra-familial bullying. *Journal of Interpersonal Violence, 14*(8), p. 871-886.
- Finkelhor, D. (1978). Psychological, cultural and family factors in incest and family sexual abuse. *Journal of Marriage and Family Counseling, 4*, p. 41-49.
- Finkelhor, D. (1980). Sex among siblings: A survey on prevalence, variety, and effects. *Archives of Sexual Behavior, 9*(3), p. 171-194.
- Finkelhor, D. and Baron, L. (1986). Risk factors for child sexual abuse. *Journal of Interpersonal Violence, 1*(1), p. 43-71.
- Finkelhor, D. and Boney-McCoy, S. (1996). Psychological sequelae of violent victimization in a national youth sample. *Journal of Consulting and Clinical Psychology, 63*(5), p. 726-736.
- Finkelhor, D. & Dziuba-Leatherman, J. (1994). Victimization of children. *American Psychologist, 49*(3), p. 173-183.

- Fortenberry, D. J. and Hill, R. (1986). Sister-sister incest as a manifestation of multigenerational sexual abuse. *Journal of Adolescent Health Care*, 7, p. 202-204.
- Fosco, E. and Geer, J. (1971). Effects of gaining control over aversive stimuli after differing amounts of no control. *Psychological Reports*, 29, p. 1153-1154.
- Furman, W. & Lanthier, R. P. (1996). Personality and sibling relationship. In G. H. Brody (Ed.), *Sibling relationships: Their causes and consequences* (p. 127-146). Norwood, NJ: Ablex Publishing Corp.
- Gebhard, P., Gagnon, J., Pomeroy, W., & Christenson, C. (1965). *Sex offenders: An analysis of types*. New York: Harper & Row.
- Gelles, R. J. (1997). *Intimate violence in families, 3<sup>rd</sup> edition*. Thousand Oaks, CA: Sage Publications, Inc.
- Gelles, R. & Cornell, C. (1990). *Intimate violence in families, 2<sup>nd</sup> edition*. Newbury Park, CA: Sage Publications, Inc.
- Gelles, R. & Straus, M. A. (1988). *Intimate violence*. New York: Simon & Schuster.
- Gil, E. (1996). *Systemic treatment of families who abuse*. San Francisco, CA: Jossey-Bass, Inc.
- Gilbert, L., El-Bassel, N., Schilling, R. F., & Friedman, E. (1997). Childhood abuse as a risk for partner abuse among women in methadone maintenance. *American Journal of Drug and Alcohol Abuse*, 23(4), p. 581-595.
- Gleason, W. J. (1993). Mental disorders in battered women: an empirical study. *Violence & Victims*, 8, p. 53-68.
- Goodwin, M. P. and Roscoe, B. (1990). Sibling violence and agonistic interactions among middle adolescents. *Adolescence*, 25, p. 451-467.

- Graham-Bermann, S. A. and Cutler, S. E. (1994). The Brother-Sister Questionnaire: Psychometric assessment and discrimination of well-functioning from dysfunctional relationships. *Journal of Family Psychology, 8*(2), p. 224-238.
- Graham-Bermann, S. A., Cutler, S. E., Litzenberger, B. W., & Schwartz, W. E. (1994). Perceived conflict and violence in childhood sibling relationships and later emotional adjustment. *Journal of Family Psychology, 8*(1), p. 85-97.
- Green, A. H. (1984). Child abuse by siblings. *Child Abuse and Neglect, 8*, p. 311-317.
- Hardy, M. S. (2001). Physical aggression and sexual behavior among siblings: A retrospective study. *Journal of Family Violence, 16*(3), p. 255-268.
- Heiman, M. L. (1988). Untangling incestuous bonds: The treatment of sibling incest. In M. Kahn and K. Lewis (Eds.), *Siblings in Therapy: Life Span and Clinical Issues* (p. 135-166). New York, NY: W. W. Norton & Company.
- Henderson, H. (Ed.) (2000). *Domestic Violence and Child Abuse Sourcebook, 1<sup>st</sup> edition*. Detroit, MI: Omnigraphics, Inc.
- Hiroto, D. S. (1974). Locus of control and learned helplessness. *Journal of Psychology, 102*, p. 187-193.
- Hiroto, D. S. and Seligman, M. E. (1975). Generality of learned helplessness in man. *Journal of Personality and Social Psychology, 31*, p. 311-327.
- Hotaling, G. T., Straus, M. A., & Lincoln, A. J. (1990). Intrafamily violence and crime and violence outside the family. In M. A. Straus and R. J. Gelles (Eds.), *Physical Violence in American Families* (p. 431-470). New Brunswick, NJ: Transaction Books.
- Hotaling, G. T. and Sugarman, D. B. (1990). A risk marker analysis of assaulted wives. *Journal of Family Violence, 5*, p. 1-13.



- Hunter, M. (1990). *The sexually abused male*. Lexington, MA: Lexington Books.
- Jewkes, R., Levin, J., and Penn-Kekana, L. (2002). Risk factors for domestic violence: Findings from a South African cross-sectional study. *Social Science and Medicine*, 55, p. 1603–1617.
- Johnson, T. C. (1988). Child perpetrators--Children who molest other children: Preliminary findings. *Child Abuse and Neglect*, 12, p. 219-229.
- Kaplan, M., Becker, J. & Martinez, D. (1990). A comparison of mothers of adolescent incest vs. non-incest perpetrators. *Journal of Family Violence*, 5(3), p. 209-214.
- Kolko, D. J., Kazdin, A. E., & Day, B. T. (1996). Children's perspectives in the assessment of family violence: Psychometric characteristics and comparison to parent reports. *Child Maltreatment*, 1(2), p. 156-167.
- Lamb, M. E. (1982). Sibling relationships across the lifespan: An overview and introduction. In M. E. Lamb & B. Sutton-Smith (Eds.), *Sibling relationships: Their nature and significance across the lifespan* (p. 1-12). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Laviola, M. (1992). Effects of older brother-younger sister incest: A study of the dynamics of 17 cases. *Child Abuse and Neglect*, 16, p. 409-421.
- Malinosky-Rummell, R. and Hansen, D. J. (1993). Long-term consequences of childhood physical abuse. *Psychological Bulletin*, 114(1), p. 68-79.
- Markward, M. J. (1996). Characteristics of sheltered women and intimates in sexually and nonsexually abusive relationships. *Family Therapy*, 23(1), 59–67.
- Meiselman, K. C. (1978). *Incest: A psychological study of causes and effects with treatment recommendations*. San Francisco, CA: Jossey-Bass.

- Miller, W. P. and Seligman, M. E. (1975). Depression and learned helplessness in man. *Journal of Abnormal Psychology, 84*(3), p. 228-238.
- Nyamathi, A., Wenzel, S. L., Lesser, J., Flaskerud, J., & Leake, B. (2001). Comparison of psychological and behavioral profiles of victimized and nonvictimized homeless women and their intimate partners. *Research in Nursing and Health, 24*, p. 324–335.
- O'Brien, M. J. (1991). Taking sibling incest seriously. In M. Patton (ed.), *Family sexual abuse: Frontline research and evaluation* (75-92). Newbury Park, CA: Sage Publications.
- Overmier, J. B. and Seligman, M. E. (1967). Effects of inescapable shock upon subsequent escape and avoidance learning. *Journal of Comparative and Physiological Psychology, 63*, p. 23-33.
- Patton, M. Q. (2002). *Qualitative Research and Evaluation Methods, 3<sup>rd</sup> edition*. Thousand Oaks, CA: Sage Publications, Inc.
- Piercy, F., & Deacon, S. (1998). *Qualitative evaluation of human service programs*. Unpublished Manual, Center for Families, Purdue University, West Lafayette, IN.
- Piercy, F. P., Sprenkle, D. H., & Wetchler, J. L. (1996). *Family therapy sourcebook, 2<sup>nd</sup> edition*. New York, NY: Guilford Press.
- Reid, W. J. and Donovan, T. (1990). Treating sibling violence. *Family Therapy, 17*(1), p. 49-59.
- Richman, J. M. and Fraser, M. W. (2001). *The context of youth violence: Resilience, risk, and protection*. Westport, CT: Praeger.
- Riggs, D. S., Caulfield, M. B., & Street, A. E. (2000). Risk for domestic violence: Factors associated with perpetration and victimization. *Journal of Clinical Psychology, 56*(10), p. 1289-1316.

- Rosenthal, P. A. and Doherty, M. B. (1984). Serious sibling abuse by preschool children. *Journal of the American Academy of Child Psychiatry*, 23(2), p. 186-190.
- Rudd, J. M., and Herzberger, S. D. (1999). Brother-sister incest/father-daughter incest: A comparison of characteristics and consequences. *Child Abuse and Neglect*, 23, p. 915-928.
- Russell, D. (1986). *The secret trauma: Incest in the lives of girls and women*. New York: Basic Books.
- Sappington, A. A., Pharr, R., Tunstall, A., & Rickert, E. (1997). Relationships among child abuse, date abuse, and psychological problems. *Journal of Clinical Psychology*, 53(4), p. 319-329.
- Schacter, F. (1985). Sibling deidentification in the clinic: Devil vs. angel. *Family Process*, 24(3), p. 415-427.
- Seidman, I. (1998). *Interviewing as qualitative research: A Guide for researchers in education and the social sciences*. New York, NY: Teachers College Press.
- Seligman, M. E. P. (1975). *Helplessness: On depression, development, and death*. San Francisco, CA: W. H. Freeman and Company.
- Seligman, M. E. P. and Maier, S. F. (1967). Failure to escape traumatic shock. *Journal of Experimental Psychology*, 78, p. 340-343.
- Silverman, A., Reinherz, H., and Giaconia, R. (1996). The long-term sequelae of child and adolescent abuse: A longitudinal community study. *Child Abuse and Neglect*, 20(8), p. 709-723.

- Simonelli, C. J., Mullis, T., Elliott, A. N., & Pierce, T. W. (2002). Abuse by sibling and subsequent experiences of violence within the dating relationship. *Journal of Interpersonal Violence, 17*(2), p. 103-121.
- Smith, H., & Israel, E. (1987). Sibling incest: A study of the dynamics of 25 cases. *Child Abuse and Neglect, 11*, p. 101-108.
- Steinmetz, S. K. (1977a). *The cycle of violence: Assertive, aggressive, and abusive family interaction*. New York, NY: Praeger.
- Steinmetz, S. K. (1977b). The use of force for resolving family conflict: The training ground for abuse. *The Family Coordinator, 26*(1), p. 19-26.
- Steinmetz, S. K. (1978). Sibling violence. In J. M. Eskelaan and S. N. Katz (Eds.), *Family violence: An International and Interdisciplinary Study* (p. 460-465). Toronto: Butterworths.
- Steinmetz, S. K. (1981). A cross-cultural comparison of sibling violence. *International Journal of Family Psychiatry, 2*(3-sup-4), p. 337-351.
- Straus, M. (1979). Measuring intrafamily conflict and violence: The Conflict Tactics Scale. *Journal of Marriage and the Family, 59*, p. 75-88.
- Straus, M. & Gelles, R. (1990). *Physical violence in American families: Risk factors and adaptations to violence in 8, 145 families*. New Brunswick, NJ: Transaction Books.
- Straus, M., Gelles, R., & Steinmetz, S. (1980). *Behind closed doors: Violence in the American Family*. Garden City, NY: Anchor Books.

- Swan, S. & Snow, D. L. (2003). Behavioral and psychological differences among abused women who use violence in intimate relationships. *Violence against Women*, 9 (1), p. 75–109.
- Taylor, S. J. and Bogdan, R. (1984). *Introduction to Qualitative Research Methods*, 2<sup>nd</sup> edition. New York, NY: Wiley.
- Thornton, J. W. and Jacobs, P. D. Learned helplessness in human subjects. *Journal of Experimental Psychology*, 87, p. 369-372.
- Walker, L. E. (1978). Battered women and learned helplessness. *Victimology: An International Journal*, 2(3-4), p. 525-534.
- Walsh, F. (1982). *Normal family processes*. New York, NY: Guilford Press.
- Weaver, T. L. and Clum, G. A. (1996). Interpersonal violence: Expanding the search for long-term sequelae within a sample of battered women. *Journal of Traumatic Stress*, 9(4), p. 783-803.
- Wiehe, V. R. (1990) *Sibling abuse: Hidden physical, emotional, and sexual trauma*. Lexington, MA: Lexington Books.
- Wiehe, V. R. (1997) *Sibling abuse: Hidden physical, emotional, and sexual trauma*, 2<sup>nd</sup> edition. Thousand Oaks, CA: Sage Publications, Inc.
- Wiehe, V. R. (1998). *Understanding family violence: Treating and preventing partner, child, sibling, and elder abuse*. Thousand Oaks, CA: Sage Publications, Inc.
- Wolfe, D. A. (1987). *Child abuse: Implications for child development and psychopathology*. Newbury Park, CA: Sage Publications, Inc.
- Worling, J. R. (1995). Adolescent sibling-incest offenders: Differences in family and individual functioning when compared to adolescent nonsibling sex offenders. *Child Abuse and Neglect*, 19(5), p. 633-643.

## APPENDICES

Appendix A	Interview Guide on Sibling Sexual and Sibling Physical Abuse
Appendix B	Interview Guide on Family Biopsychosocial Characteristics
Appendix C	Interview Guide on Domestic Violence, Relational History and Related Beliefs
Appendix D	Interview Guide on Mental Health Status
Appendix E	Informed Consent for Participants
Appendix F	Resource List for Participants
Appendix G	Advertisement
Appendix H	Agency Permission to Recruit Participants

## Appendix A

### Interview Guide on Sibling Sexual Abuse

- 1) Describe your first sexual experience with a sibling.
- 2) Describe what took place during this experience (i.e., the actions, who initiated them, etc.).
- 3) What was the frequency and duration of the sexual experiences with your sibling(s)?
- 4) Was the sexual contact known by anyone? If so, what, if anything, was done to prevent it?
- 5) How did the sexual experiences affect your relationship with your sibling, then and now?
- 6) How would you describe your state of mind during the duration of your sexual experience with a sibling?
- 7) What did you believe about your ability to control what was happening to you?

### Interview Guide on Sibling Physical Abuse

- 1) Describe your first physical abuse experience by a sibling.
- 2) Describe what took place when you were abused (i.e., the actions, who initiated them, etc.).
- 3) What was the frequency and duration of the abuse you experienced?
- 4) Was the abuse known by anyone? If so, what, if anything, was done to prevent it?
- 5) How did the physical abuse affect your sibling relationship with your sibling, then and now?
- 6) How would you describe your state of mind during the duration of your abuse experience?
- 7) What did you believe about your ability to control what was happening to you?

## Appendix B

### Interview Guide on Family Biopsychosocial Characteristics

- 1) Describe your parents' relationship with each other when you were growing up.
- 2) Describe your parents' relationship with you and your siblings growing up.
- 3) What messages did you receive about sexuality and sex roles in childhood?
- 4) How was discipline handled in your family?
- 5) What methods were used in your family to resolve conflict?
- 6) Was there any alcohol, drug, physical health, or mental health problems in your family when you were a child?
- 7) Describe the major stressors your family experienced while you were growing up.
- 8) What outside resources, if any, did your family use in difficult times?
- 9) Think about how your family functioned overall. In what ways, if any, do you feel that overall level of functioning contributed to your abuse?



## Appendix C

### Interview Guide on Domestic Violence, Relational History and Related Beliefs

- 1) How many relationships (including husband, boyfriend, roommate, friend, etc) have you been in since age 18 that have involved violence or abuse?
- 2) Describe the violence experienced in your adult relationships.
- 3) Describe what took place when you were abused.
- 4) What was the frequency of abuse and duration of the relationship?
- 5) How would you describe your state of mind during the relationship?
- 6) What did you believe about your ability to control what was happening to you?
- 7) Do you feel past abuse contributed to your experience of domestic violence? If so, how?
- 8) How did abuse in one relationship affect subsequent relationship(s)?
- 9) What other factors contribute to your current attitudes/behaviors regarding intimate relationships?

## Appendix D

### Interview Guide on Mental Health Status

- 1) Have you ever attended counseling? If so, for what reason?
- 2) Have you experienced any mental health or emotional problems for which you did not attend counseling or seek help? If so, please describe those problems.
- 3) How would you describe your mental and emotional state during and after your sibling abuse experience(s)?
- 4) How would you describe your mental and emotional state during and after your domestic violence experience(s)?
- 5) How would you describe your current mental and emotional state of mind?
- 6) What factors have contributed to your resiliency to past abusive experiences?

## Appendix E

### Virginia Polytechnic Institute and State University Informed Consent for Participants In Research Projects Involving Human Subjects

**Title:** Childhood Experiences of Sibling Abuse among Victims of Domestic Violence: An Investigation into Learned Helplessness

**Investigators:**

Scott Johnson, Project Chair, Department of Human Development, Virginia Tech  
Shamla L. McLaurin, Doctoral Student, Department of Human Development, Virginia Tech

**Purpose of this Research Project:** The present study seeks to add to the existing literature base as it relates to sibling victimization and its long-term impacts. This study has two primary purposes: 1) to capture the beliefs, feelings, and firsthand account of the abusive sibling experiences from the perspective of the victims, and 2) to investigate the potential learned responses associated with sibling abuse and their impact on adult relationships by exploring the emotional and relational history, and beliefs of the participants.

**Procedures:** The project will be utilizing face-to-face in-depth semi-structured interviews as a method of gathering data. Non-specific probing questions will be used when appropriate to elucidate the information and topic. These interviews will last approximately an hour to an hour and a half, although time limits will not be strictly set. Interviews will take place in an area convenient to both the interviewer and interviewee.

Participants will be answering a variety of questions regarding familial characteristics, sibling abuse, domestic violence relationships, and their assessment of their mental health. Participants will be asked to begin by providing information on demographic factors, including age, race, and current and past marital status. Subjects will be made aware that interview sessions are audio taped. At the close of each interview session, participants will be given opportunity to share any thoughts, reflections, or suggestions as it relates to the topic. After data analysis, participants will be given the opportunity to complete a member check for the purpose of elucidating data.

**Risks:** The risks to participants in this study are thought to be minimal. There is risk that participants may become distressed or frustrated at the topic of abuse and violence. The interviewer is a marriage and family therapist, and therefore should be able to assist participants in stressful moments during the interview. They will also be provided with a list of resources that they may utilize in the event that this process has caused prolonged emotional disturbance or distress or they require assistance in any areas related to the topics discussed herein. Participants will also understand that the researcher is obligated to report any current child abuse or knowledge of the possibility of such abuse occurring.

**Benefits:** No promise or guarantee of benefits will be offered, however there are several benefits that can be gained from participation in this project. Participants will have the opportunity to add to the limited knowledge related to sibling abuse and its connection to adult victimization. This knowledge will help other victims, researchers, and treatment providers. Participants may benefit from the opportunity to discuss issues they have chosen to ignore for years. They may also be encouraged to seek help for existing issues.

**Extent of Anonymity and Confidentiality:** Every effort will be made to protect the confidentiality of all participants. Participants will be given the opportunity to select a pseudonym (if they chose) by which they may choose to be identified in any written materials resulting from this study. Audio taping will be done in full view of, and with informed consent of all participants. Tape recordings of the interviews and transcriptions will be kept under lock and key.

All data becomes the property of researcher. Participants will be reminded of the limits to confidentiality, which include situations in which researchers become aware of harm being done to someone of a special class. Participants will also understand that researchers may be required to release research materials under a court order.

**Compensation:** Participants understand there will be no compensation for their involvement in this project other than those stated above.

**Freedom to Withdraw:** Participants are free to withdraw from this study at any time without penalty. Any taping or transcriptions will then be destroyed at that point.

**Approval of Research:** This research project has been approved, as required by the Institutional Review Board for Research Involving Human Subjects at Virginia Polytechnic Institute and State University, by the Department of Human Development.

\_\_\_\_\_  
approval date

\_\_\_\_\_  
approval expiration date

**Participants' Responsibilities:** I voluntarily agree to participate in this study. I have the following responsibilities:

1. To comply with all facets outlined in the procedure section above.

I have read and understand the Informed Consent and conditions of this project. I understand that the researcher has an obligation to report any current abuse or knowledge of the possibility of abuse occurring. I have had all my questions answered and I hereby acknowledge the above and give my voluntary consent.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Should I have questions about this research or its conduct, I may contact:

Shamla McLaurin  
Principal Investigator  
540-961-0633

Dr. David Moore  
Chair, IRB  
540-231-4991

Dr. Scott Johnson  
Faculty Advisor  
540-231-7201

Joyce Arditti  
Department Reviewer  
540-231-4794

## Appendix F

### Resource List for Participants

**Note:** The following list is provided as a referral source for you to deal with any difficulties that may arise as a result of your participation in this project. Any services or counseling you seek would be at your own expense. No funds are available from this study for that purpose. All facilities are located throughout the Roanoke and Montgomery county areas.

#### Family Violence or Sexual Assault

Virginia Hotline	1-800-838-8238
Project Link	1-804-371-2184
Turning Point (shelter)	540-345-0400
Emergency Shelter—TRUST	540-344-1948

#### Counseling

Blue Ridge Behavioral Healthcare	540-343-3007
Mental Health Services of NRV	540-745-2047
New River Valley Community Services	1-888-717-3333
Valley Counseling Services, Inc.	540-731-0838
Women's Resource Center	1-800-788-1123 or 540-639-1123 (24 hour hotline)
Family Therapy Center at VT	540-231-7201 or 540-231-7261
Family Service of Roanoke Valley	540-563-5316
Carilion Behavioral Health	1-800-284-8898
Counseling Associates of Southwest VA	540-552-1402
Lewis-Gale Center for Behavioral Health	1-800-541-9992
Crossroads (Christian) Counseling	540-381-3360



Appendix H

Agency Permission to Recruit Participants

**Title:** Childhood Experiences of Sibling Abuse among Victims of Domestic Violence: An Investigation into Learned Helplessness

**Investigators:**

Scott Johnson, Project Chair, Department of Human Development, Virginia Tech  
Shamla L. McLaurin, Doctoral Student, Department of Human Development, Virginia Tech

**Purpose of this Research Project:** The present study seeks to add to the existing literature base as it relates to sibling victimization and its long-term impacts. This study has two primary purposes: 1) to capture the beliefs, feelings, and firsthand account of the abusive sibling experiences from the perspective of the victims, and 2) to investigate the potential learned responses associated with sibling abuse and their impact on adult relationships by exploring the emotional and relational history, and beliefs of the participants.

**I have read and understand the purpose of this project. I understand that the researcher also has an obligation to report any current abuse or knowledge of the possibility of abuse occurring. I have had all my questions answered and I hereby give permission to the researcher to recruit participants from this agency.**

\_\_\_\_\_  
**Agency**

\_\_\_\_\_  
**Signature of Grantee**

\_\_\_\_\_  
**Title of Grantee**

\_\_\_\_\_  
**Date**

Should I have questions about this research or its conduct, I may contact:

Shamla McLaurin  
Principal Investigator  
540-961-0633

Dr. David Moore  
Chair, IRB  
540-231-4991

Dr. Scott Johnson  
Faculty Advisor  
540-231-7201

Joyce Arditti  
Department Reviewer  
540-231-4794

**SHAMLA L. McLAURIN**

2005

***Business Address:***

Delaware Guidance Services  
1213 Delaware Ave.  
Wilmington, DE 19806  
Phone: (302) 652-3948  
FAX: (302) 652-8297  
Email: slmclaurin@hotmail.com

**EDUCATIONAL BACKGROUND**

- Aug. 01-present      **Virginia Tech**, Blacksburg, VA. Ph.D. (in progress) in Marriage and Family Therapy (anticipated date of completion Fall of 2004).
- Aug. 99-Aug. 01      **University of Southern Mississippi**, Hattiesburg, MS. Master of Science in Marriage and Family Therapy.
- Aug. 92-May 97      **University of Southern Mississippi**, Hattiesburg, MS. Bachelor of Science in Social and Rehabilitative Services.

**PREVIOUS EMPLOYMENT and EXPERIENCE**

- Sept. 04-present      **Therapist**, Delaware Guidance Services, Wilmington, DE. Provide outpatient-counseling services to children, individuals, families, and couples.
- June 03-July 04      **Therapist**, Family Services of Roanoke Valley, Roanoke, VA. Provided assistance and counseling to couples, individuals, and families experiencing a wide range of personal or relational problems.
- Aug. 03-May 04      **Graduate Assistant**, Virginia Tech, Blacksburg, VA. Assistant to the College of Liberal Arts and Human Sciences' grant for improving campus climate to support faculty diversity, retention, and diversity scholarship.
- Dec. 02-May 04      **Therapist**, Family Therapy Center of Virginia Tech, Blacksburg, VA. Provided assistance and counseling to couples, individuals, and families experiencing a wide range of personal or relational problems.
- Aug. 01- May 02      **Teaching Assistant**, Virginia Tech, Blacksburg, VA. Instructor Fall 2001 and Spring of 2002; assistant Fall of 2002.



- Aug. 01-May 02      **Graduate Assistant**, Virginia Tech, Blacksburg, VA. Assistant to the recruitment taskforce charged with recruiting minority students and male students to human development graduate and undergraduate majors.
- Aug. 00-Aug. 01      **Therapist**, University of Southern MS Center for Family Therapy, Hattiesburg, MS. Therapy was aimed at individual growth and development within the context of family and community relationships.
- May 00-Aug. 01      **Student Assistant**, University of Southern MS Center for Family Therapy, Hattiesburg, MS. Assistant to grant-funded projects, administered psychological assessments, received training, and provided counseling.
  - Men Matter Family Project Grant
  - Juvenile Justice Grant/Youth Challenge Program
- Aug. 99-Aug. 01      **Resource Assistant**, Families First Parent Resource Center a division of Pine Belt Mental Healthcare Resources, Purvis, MS. Services offered included tutoring, GED classes, workshops, parenting skills classes, seminars, support groups, community referrals, parent/teacher/counselor library, etc.
- Sept. 97-Aug. 99      **Children's Case Manager/Resource Specialist**, Families First Parent Resource Center a division of Pine Belt Mental Healthcare Resources, Purvis, MS. Provided assessment and case management services to children and families with severe mental illnesses, as well as provided consultation, advocacy and education services to other agencies and professionals.
- Jan. 97-May 97      **Intern**, Family and Children Services Division of the Department of Human Services, Hattiesburg, MS. Investigated reports of abuse and neglect of children, supervised visitation, assisted foster care families, attended youth court proceeding, etc.

### AWARDS

- State Graduate Dean's Fellowship, Virginia Tech, Blacksburg, VA; Awarded 2001-2003.
- Marriage and Family Therapy Scholarship, Virginia Tech, Blacksburg, VA; Awarded 2001.
- Zeta Phi Beta Sorority Academic Scholarship, Forest, MS; Awarded 1992 for undergraduate studies.
- Hughes Aircraft Academic Scholarship, Forest, MS; Awarded 1992 for undergraduate studies.

## PUBLICATIONS

### **JOURNAL ARTICLES (refereed)**

McLaurin, S. L. (2003). Homophobia: An autoethnographic story. *Qualitative Report*, 8(3) p. 481-486.

McLaurin, S. L. and Ricci, R. J. (2003). Ethical issues and at-risk behaviors in marriage and family therapy: A qualitative study of awareness. *Contemporary Family Therapy*, 25(4), p. 453-466.

McLaurin, S. L., Ricci, R. J., & McWey, L. M. (2004). A developmental perspective of marriage and family therapist ethical principles: Support for the Practitioner-Ethics Relationship Model. *Contemporary Family Therapy*, 26(3), p. 293-306.

### **ARTICLES (other)**

McLaurin, S. L. (2003, Spring). Obstacles and opportunities: Minority business ownership in today's society. *The Family Therapy Center Business Consultation Partnership Newsletter*, 1, p. 2.

## PRESENTATIONS

Piercy, F., Allen, K., Dixon, B., Meszaros, P., Giddings, V., Joest, K., & McLaurin, S. (March, 2004). *Supporting faculty diversity, retention, and diversity scholarship*. Symposium presented at the Mid-Atlantic Conference on the Scholarship of Diversity, Blacksburg, VA.

McLaurin, S. L. and Ricci, R. J. (February 2004). *The Practitioner-Ethics Relationship Model: Are you at risk for a violation?* Research paper presented at the 28<sup>th</sup> Annual Southeastern Symposium on Child and Family Development, Knoxville, TN.

McLaurin, S. L. (February 2004). *Widening the lens: Exploring the transition from the classroom to the therapy room*. Poster presented at the 28<sup>th</sup> Annual Southeastern Symposium on Child and Family Development, Knoxville, TN.

## PROFESSIONAL AFFILIATIONS

2001-present	Phi Kappa Phi National Honor Society
1999-present	American Association of Marriage and Family Therapy, Student Member.
2000-2002	National Council on Family Relations, Student Member.
2001 (lifetime)	Phi Sigma Theta National Honor Society

### **COURSES TAUGHT or ASSISTED**

2001-2002 Virginia Tech, Blacksburg, VA.  
Gender and Family Diversity, Taught, undergraduate course (Fall and Spring)

2002 Spring Virginia Tech, Blacksburg, VA  
Human Sexuality, Assisted, undergraduate course (Spring)

### **PROFESSIONAL INTERESTS**

Therapist ethical principles, therapist training, diversity in higher education, juvenile delinquency, sibling abuse, child abuse and neglect, domestic violence, and trauma recovery.

### **PERSONAL INTERESTS**

Sports fan, enjoy watching movies, billiards, enjoy playing games of all kinds, and enjoy eating foods from various cultures.