Sibling Abuse

"I was raped when I was 13 years of age — not by a stranger in a dark alley but by my own brother in my own home when he was baby-sitting me and my younger siblings. He threatened to kill me and make it look like an accident if I ever told my parents. I didn’t tell and he used me sexually from then on whenever he wanted” (Wiche, 1991, p. 1).

"I would tell my parents how my brother would hit me. ‘You must have done something to deserve it,’ they would say. I didn’t do anything. He constantly was beating me. If I tried to protect myself or hit him in return, it was proof to them I deserved it. I spent a lot of time hiding from him in order to protect myself” (Wiche, 1991, p. 1).

"My brother would tell me what a sissy or faggot I was; that I wasn’t a man, and then would laugh. He would tell others to taunt me, to bait me. He would bring me to tears” (Wiche, 1990, p. 36).

Sibling relationships help to set the stage for later interpersonal relationships, including friendships and intimate personal relationships. Sibling relationships also influence future parent-child relationships. Siblings learn from each other by modeling, by reinforcing certain behaviors and by providing opportunities to learn to cope with conflict (Celano in Lloyd, 1990).

Much has been written about sibling rivalry. However, until recently, the psychological literature about sibling abuse and sibling incest has been scant. In contrast, history, literature and mythology abound with accounts of sibling abuse and sibling incest (Herman, 1981).

Definition

What is sibling abuse? Where does normal sibling rivalry, squabbles, teasing or sexual play end and abuse begin? There is no consensus about defining sibling abuse. Indeed, there is little information about what is considered normal aggression or normal sexual behaviors for children. (See separate article, this issue.)

Many issues impact definitions. (See, VCPCN, Volume 39, “Defining Child Abuse”). In addition to general problems and issues in defining abuse, specific problems emerge when considering abuse between siblings.

First, does there have to be an age difference between the children for one to abuse the other? Most agree that there does not need to be an age difference for the behaviors to be abusive (Celano in Lloyd, 1990; Herman & Hirschman, 1977; NCPCA fact sheet, 1991). For example, Pierce and Pierce (1990), in a study of 43 incest offenders, found that approximately one-fourth were younger than their victims. Researchers, however, may prefer to use a difference of five years or more between siblings as a criterion.

Russell (1986) feels that a researcher’s emphasis on an age disparity as a criterion for defining exploitiveness or sexual abuse has considerable merit, so long as it is not the only criterion. She notes that, in general, the greater the age disparity between children, the greater the power disparity and the less likelihood the younger child can be assertive. The possibility of true consent also diminishes as the age gap between offender and victim widens. Russell notes that clinically, an age difference as a necessary component of a definition of abuse makes no sense. After all, an age difference is not used as a criterion for determining rape for an adult.

Thus, sexual abuse or sexual assault of siblings does not require an age difference between victim and offender. However, if the age difference is large, the sexual contact can be considered abusive regardless of consent, perception of the participants or type of sexual activity.

Second, experts disagree about whether type of sexual activity can be used as part of a determination of abuse. Some authors (Finkelhor, 1980; Herman & Hirschman, 1977) delineate normal sex play between siblings from incest. For those with this distinction, developmentally appropriate sexual activity is limited and transitory in nature. Those who adopt this viewpoint frequently stress that any child who reports feeling exploited, frightened or confused by the activities should be taken seriously, regardless of the ages of the children or the type of activity.

Finally, can aggression, sexual play and incest between children be non-abusive? For aggression, clearly the answer is “yes.” Sibling conflicts are normal. Advice in parenting manuals and books is by no means consistent about when to intervene and how much freedom to allow children involved in disputes to “learn to settle their differences.” Even
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parents who forbid hitting, slapping, punching and pinching may find that children left to "work it out" use verbal threats, coercion and intimidation on each other in order to get their own way. There is less agreement about whether or not sexual activity between children can be non-abusive. Diana Russell (1986) is among those who feel sexual activity between children can be non-abusive if it is mutually desired. According to Russell, to be abusive, the sexual contact must be exploitive or unwanted.

Russell's research on 930 women found that 85 percent of incestuous activity was unwanted, 7 percent was mostly unwanted, 7 percent showed ambivalence and 2 percent was considered as mostly or completely wanted. These figures are quite different than Finkelhor's (1979) report that one-third of those who had participated in sex with siblings in his sample of 796 undergraduates said the experience(s) had been positive.

Others cite problems with a criterion of whether or not the activity was unwanted. Marianne Celano, Ph.D., of Emory University notes, "Anecdotal reports suggest that some sibling incest starts out as a wanted sexual activity by the victim but then escalates into unwanted activity. For example, the victim may agree to some mutual exploration and fondling but does not agree to intercourse." (p. 6, Lloyd, 1990).

In DeJong's (1989) study, these four factors were used to define abusive sexual behavior:

- age difference of five years or more between victim and initiator;
- use of force, threat or authority;
- attempted or completed penile-vaginal or penile-anal penetration; and
- documented physical injury to victim.

Any one or more of these defined the sexual contact as abusive. In their sample of 35 sibling cases, 100 percent were considered abusive.

Incidence

PCPN staff was able to find only a few estimates concerning the frequency of physical abuse between siblings. In a nationwide survey of 2,145 families, Strauss, Gelles and Steinmetz (1980) concluded that sibling violence occurs more frequently than either parent-child or husband-wife violence. Their data indicate that 53 of every 100 children attack a sibling at least once each year. This conclusion is not supported by Steinmetz (1977) finding a high level of sibling violence reported in diaries kept for a week. Likewise, a study by U.S. News & World Report (cited in Wiehe, 1990) reported that 138,000 children under age 17 used a weapon on a sibling at least once during a one-year period.

Data on the frequency of sibling incest is also difficult to obtain. According to Celano, the stereotype of sibling incest as mutual activity has discouraged research on sibling sexual abuse. She comments, "Some authors have suggested that sibling incest has long been in the shadow of father-daughter incest because professionals view sibling incest as a mutual or non-abusive activity." (p. 4, Lloyd, 1990).

Another stereotype is that brother-sister incest is widespread. Often one reads that brother-sister incest is thought to be the most common form of incest relationships. For example, Forward and Buck (1978) comment, "Siblings are generally so inclined to experiment sexually that some experts estimate that at least casual sibling sexual contact occurs in nine out of ten families with more than one child." (p. 85).

Data on the frequency of sibling incest is difficult to separate from data on sexual assault. Many studies have demonstrated that it is common for adult sex offenders to report the onset of offending and deviant sexual behaviors prior to age 18 (Abel, et al., 1985; Freeman-Longo, 1983; Groth, Longo and McFadin, 1981; Metzner, 1988). According to an FBI report, in 1980, 4,628 people under age 18 were arrested on charges of forcible rape and one-third of those were under 15. Close to 50 percent of all persons arrested for rape in 1980 were under 21. Nationwide, the arrest rate of males under 12 accused of rape rose 244 percent from 1965 to 1989 (Collins, 1992). Among children under 10,89 were arrested for rape in 1990, up from 22 in 1970. For children 10 to 12 years old, the number of rape arrests jumped from 90 in 1970 to 346 in 1990. For those 13 to 14 years old, the number rose from 522 in 1970 to 1,170 in 1990. (Youngstrom, 1992).

The number of juvenile sex offenders is far larger when one broadens the category of forcible rape to include sexual assaults involving force. These number between 195,000 to 450,000 per year (Ageon, 1983) reported in Becker, et al., (1988). As many as 30 to 50 percent of child molestation cases are perpetrated by adolescent offenders (cited in Johnson, 1988). Obviously, within the larger group of juvenile sex offenders are those who are incest (sibling) offenders, those who assault unrelated children, those who assault adults and those with a mixed pattern.

There are at least two ways of reporting data. One is to discuss how frequently sibling incest occurs in the general population. The other is to determine what percentage of incest cases or sexual abuse cases involve siblings.

Finkelhor (1979) reported that 15 percent of girls and 10 percent of boys in his study of New England college students had experienced sexual acts with siblings. Russell (1983) reported that only 2.5 percent of her sample of women living in San Francisco had experienced sibling incest. Waytt's (1985) findings in a sample of Los Angeles adult women was similar, with 3 percent reporting sibling incest.

Even though authors suggest that sibling incest is more common than father-daughter incest, this is not reflected in reported cases. In Finkelhor's (1979) study, sibling incest represented 39 percent of the incest reports by females and 21 percent of the incest reports by males. This finding of a low percentage of sibling reports is true of Russell (1983) and Waytt (1985) as well. In DeJong's (1989) study of 831 children evaluated for suspected sexual abuse, approximately 2 percent of the boys and 5 percent of the girls experienced sexual abuse by siblings. Of the incest cases, 11 percent were sibling incest.

Family Characteristics

While it is possible that individual biology and/or predisposition may be a factor in sibling abuse, most investigation into potential causes or preconditions have focused on the family. Wiehe (1990) reminds us that it is unlikely that there is a single cause for sibling abuse. Rather, it is likely that a set of preconditions and factors interact to produce abusive behavior towards siblings.

Physical Abuse

Few authors have embarked on an examination of families where physical abuse between siblings occurs. Most of the information in this section is extracted from Wiehe (1990 and 1991). (See book reviews, this issue).

According to Wiehe, the most frequent circumstance of sibling physical abuse occurs in the context of an older sibling being left in charge of younger ones. Older siblings frequently do not have the maturity, patience, knowledge and skills to serve as a substitute parent. Additionally, the perpetrator may be chronically angry towards the victim. For some brothers, physical abuse of a younger sister is a way to prove his masculinity.
Parental handling of sibling conflicts and/or incidents of abuse reported to them can encourage abusive behavior to escalate. Some parents, overwhelmed by their own problems, ignore or minimize the abuse. They accept the physical abuse as normal and feel the perpetrator is "going through a phase," or the parents perceive the problem as "normal sibling rivalry" and excuse the violence as normal for males.

Some parents, in an effort to be fair or because of perceptions that the victim is antagonizing siblings, blame the victim. Many altercations between siblings that culminate in abuse may involve contributions of both children to the conflict. Parents need to recognize that provocative behavior does not condone abuse. If sibling conflicts are culminating in abuse, parents are not intervening in a timely manner. Also, parents are not analyzing the problems, identifying causes and providing positive solutions in cases where conflicts continue to escalate.

If they do acknowledge the abuse, the parents' intervention is ineffective and, consequently, the abuse continues. Abuse may even escalate because the perpetrator is angry about the victim's reporting. In at least some cases, a parent may target a child and verbally encourage siblings to abuse him/her. Gil and Cavanaugh (1993) note one such case where the mother frequently made statements like, "Someone should shut that kid up!" and "I wish someone would come and save me from that child" (p. 109). When an older sibling beat the child severely, he was rewarded by his mother. Wiehe (1990) documents cases where a parent joined the sibling in the abusive behaviors.

**Sexual Abuse**

Heiman (in Kahn and Lewis, 1988) suggests that the combination of intrapsychic and interpersonal factors proposed by Finkelhor (1984) to explain sexual abuse in general is applicable to sibling sexual abuse. This theoretical perspective states that these four preconditions are required:

- motivation to abuse
- an overcoming of internal inhibitions
- an overcoming of external inhibitions
- overcoming victim resistance.

Motivations can vary greatly. Some authors (Bank and Kahn, 1982) divide cases into two general types. One is control and power oriented. These juvenile offenders may be motivated by intense sibling rivalry (Bolton, et al., 1989; Green, 1984) or by revenge and anger toward a parent. Initiators of the abuse are coercive and exploitative. In contrast, the nurture-oriented type is characterized by mutual consent, with siblings turning to each other sexually as a "defense against an empty or troubled family environment" (Heiman, in Kahn and Lewis, 1988, p. 140). In nurture-oriented cases, one may find that normal, exploratory sexual behaviors precede more explicit behaviors (Loredo, 1982; Meiselman, 1978).

Gil and Johnson offer examples of both the power and control-oriented abuser and the nurture-oriented type. Andy had been sodomizing his brother Steven for nearly a year when Steven disclosed the abuse to a therapist. Steven said he didn't like the sexual contact. He had been frightened to tell because Andy had threatened him. Indeed, when confronted, Andy was furious and threatened to kill Steven.

In contrast, a 10-year-old boy and his 6-year-old sister who were sleeping together and engaging in sexual activity presented a different dynamic. The alcoholic mother demanded much care from the boy and he was also responsible to plan and make meals for himself and his sister. The children were lonely and felt helpless to deal with their mother who was emotionally distant. They slept together for comfort and had only gradually become sexual. When placed in separate foster homes, the children were genuinely distressed to be separated although they showed much improvement with proper parenting.

Either subtype may be affected by several other preconditions. There may be an absence of sibling bonding due to blended families (Bolton, et al., 1989). The initiator may have poor social skills, finding it difficult to attract opposite sex peers. The initiator and/or victim may be deficient in understanding sexuality and be influenced by messages in the environment, modeling activity witnessed in the home or on video. The sexual climate of the home is likely to be either lax and permissive or puritanical (Meiselman, 1978).

Gil and Johnson (1993) cite a case where a father set the conditions for his 13-year-old son to rape his 11-year-old sister. For more than a year, the father made statements such as "Your sister is hot!"; "Look at the way she moves these busts!"; "Check out this chick. 'First guy to get into her pants is gonna be one lucky guy.'" (p. 109) The father cued his son to watch his sister and compared his son's girlfriends unfavorably to her. Finally the boy sexually attacked his sister.

Some initiators, without a doubt, are reenacting the events of their own abuse by an adult or older child. Many studies have shown that sibling molesters of both sexes frequently have a history of being victims (Becker, et al., 1986; Friedrich and Luecke, 1988; Johnson, 1989; O'Brien, 1989; Pierce and Pierce, 1987; Smith and Israel, 1987).

For example, Friedrich and Luecke found that in 13 of the 16 cases evaluated, the sibling abuser was a prior victim. Becker, et al. found about one-fourth of their sample of sibling abusers were victims. O'Brien compared sibling offenders to both nonfamily child offenders and to juveniles who raped adults. The sibling abusers were the most likely to have been prior victims of sexual abuse (42 percent) and physical abuse (61 percent).

The second of Finkelhor's preconditions is overcoming internal inhibitions. That is, the initiator lacks impulse control or was never taught that the behaviors were inappropriate. A child might have impaired impulse control due to mental illness, drug or alcohol use, or inability to empathize or see the consequences of the activity. For example, Friedrich and Luecke (1988) found sibling abusers were related to a general aggressive style of behavior and all 16 of their sample satisfied criteria for a DSM-III diagnosis. Forward and Buck (1978) note that some perpetrators were disturbed before the onset of the incest. Also, the child abuser may not have learned proper behavior due to family dysfunction and may even have been modeling behavior witnessed or experienced. For example, families that view pornographic videos or magazines together may overstimulate children (Gil and Johnson, 1993).

Some support for this precondition exists. The finding of a dysfunctional family is a frequent one (Canavan, et al., 1992; Dale, et al., 1988; Finkelhor, et al., 1990; Forward and Buck, 1978; Higgs, et al., 1992; Johnson, 1989; Justice and Justice, 1979; Laviola, 1989; Laviola, 1992; O'Brien, 1989; Pierce and Pierce, 1990; Smith and Israel, 1987). For example, Johnson found all parents in her sample had personality deficits, while Pierce and Pierce discovered over half of the parents were mentally ill. O'Brien characterized nearly half of his sample as spuriously disturbed. However, Smith and Israel maintain that family dysfunction is a result of the sibling abuse rather than a cause or precondition.

Other support for Finkelhor's second precondition is found when one examines the high rates of multigenerational abuse. Studies have shown rates of intergenerational abuse, both physical and sexual, ranging from 36 to 70 percent (Johnson, 1988; Johnson, 1989; Kaplan, et al., 1988; Kaplan, et al., 1990; O'Brien, 1989; Smith and Israel, 1987).

Studies to date on sibling abuse must be viewed with some caution. Many studies have disproportionately high numbers of black and minority subjects and are concentrated on poor, inner-city families. Results may not generalize to a broader population.

The third of Finkelhor's preconditions is the overcoming of external inhibitors. In the case of sibling abuse, this variable is almost exclusively controlled by parents. Lack of supervision or absent parents may leave siblings alone together for long periods of...
Sibling Abuse

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time. Crowded sleeping conditions may increase opportunities for incest.

There appears to be ample support for this third precondition. There is a high preponderance of single parents (Daise, et al., 1989; Finkelhor, et al., 1990; Friedrich and Luecke, 1985; Green, 1984; Pierce and Pierce, 1987). Single parenting increases the likelihood of lack of supervision. Parental neglect is a typical finding in families with sibling abuse. Parents may be neglectful due to divorce, abandonment by one parent, death of a parent, hospitalization or incarceration of a parent, parental preoccupation with their own problems, a parent placing career goals before family or simple disinterest (Meiselman, 1978; Smith and Israel, 1987).

Another factor that can render a parent unresponsive is substance abuse. Pierce and Pierce (1990) found one-fourth of the families had a substance abusing parent; O'Brien (1989) found over half; Johnson (1989) found 54 percent and Johnson (1988) found 73 percent of families with a parental substance abuse problem. Since substance abuse overlaps with child abuse, child neglect and child sexual abuse (see FCPN, Volume 33), families with an addicted parent are at increased risk of sibling abuse due to modeling of abusive behaviors by the parent. Another external factor is family size. Obviously, a single child is not at risk for sibling abuse. The greatest risk appears to be to girls with one or more older brothers. In larger families, a child may be victimized by several older brothers. In Cole's (1990) sample of 122 survivors of brother-sister incest, 92 women were abused by one brother, 23 by two brothers, five by three brothers, one by four brothers and one by more than four brothers. Several authors have noted that larger families are at higher risk for sibling abuse (Finkelhor, 1979; Laviola, 1992; Meiselman, 1978; O'Brien, 1989; Russell, 1986).

The fourth and last of Finkelhor's preconditions is overcoming the victim's resistance. This is accomplished in a number of ways. The victim may lack knowledge of proper behavior and may not resist. Lack of proper sex education has been cited as a factor in keeping victims naive and vulnerable (Meiselman, 1978). The victim may be insecure or deprived and view the sexual contact as a way of being close or sharing something special or as a way to please a more powerful sibling. The victim may be bribed, tricked, or coerced into the behaviors. If the victim reports the problem, typically parents will discount it or minimize the difficulty and fail to take effective action to stop the behaviors. More typically, victims do not report the abuse to a parent due to lack of open communication in the family (Meiselman, 1978).

Thus, it is apparent that sibling abuse is a product of complex factors and interactions involving the perpetrator, the environment and the victim (Dejong, 1989).

Characteristics of Sibling Offenders

Finding an appropriate label for siblings who abuse is difficult. Beneke (in Lloyd, 1990) expresses the confusion. "I don't know what we should call them. I have a hard time calling 10-year-olds offenders. But often 10-year-olds are well into the behavior and they're doing some things that they need to be accountable for. So it's a real struggle" (p. 11).

Since many "offenders" are also victims, since some are very young (even in the preschool age range), and since there is a wide range of patterns and behaviors, the choice of labels is difficult. For this article, the labels "offender," "abuser," "perpetrator," "aggressor" and "initiator" will be used interchangeably. The terms "sexual acting out," "sexualized children" and "abuse reactive children" refer to young children who are offending against others.

Physical Abusers

No literature was found that has studied the characteristics of siblings who physically abuse. There is some limited information about juveniles who kill parents or siblings (to be covered in an upcoming issue), but homicide of a sibling is rare.

Wiehe (1990) did not separate the sibling abuse perpetrators by type of abuse. His sample of 150 adult sibling abuse survivors reported that abusers were generally older (90 percent) and "in most instances the perpetrator was male" (p. 169). However, in 27 percent of the cases involving only physical and emotional abuse, a sister was a co-perpetrator along with a brother. While victims surveyed were the primary targets of the abuse, in some cases all family members abused each other.

Sexual Abusers

There is no generally accepted subtyping of sibling sexual abusers and these individuals appear to be a heterogeneous group. Some authors use the subtypes of "nurture-oriented" vs. "control and power-oriented," described earlier. For example, Meiselman (1978) describes sisters who were willing partners or even initiated the sexual activity vs. cases where the brother was several years older and the sexual activity seemed motivated by the aggressor's need for a sexual outlet. Courtois (1988) proposed these three subtypes with overlap possible:

- incest for the purpose of sexual experimentation and learning
- a socially inept or neglected child substituting a sibling for an unavailable peer
- a sibling, likely abused him/herself who uses violence and/or coercion to force younger or weaker siblings into sexual activity.

Another typology divides child sexual behaviors into three levels (Berbinger and Rawlings, 1991):

- Level I is coercive sexual behaviors
- Level II is developmentally precocious sexual behaviors
- Level III is inappropriate sexual behaviors

Johnson and Feldmeth (1993, in Gil and Johnson) offer a model that groups children according to level of sexual disturbance. Group I is termed "normal sexual exploration." These are children involved in age-appropriate exploration with peers who are more often friends than siblings. These interactions are characterized by interest and are not forced. Johnson and Feldmeth note that these behaviors may be mischievous such as the case of three 10-year-old boys discovered in the bathroom competing to see who could stand the farthest from the toilet bowl and still "hit" it.

Group II children are termed "sexually-reactive." Many in this group have been sexually abused. Others have been exposed inappropriately to sexual activity. Behaviors in this group are more compulsive (such as frequent masturbation or masturbation in public) and the child may be confused about sexuality. The child does not respond readily to redirection by adults and is often driven to continue the behavior, although often showing shame and anxiety about the behaviors. Many studies document sibling perpetrators that fit this description. For example, Gilbert (1988) found half of the sibling abusers had observed sexual activity or been an abuse victim.

Group III are labeled "extensive mutual sexual behaviors." These children have sexualized behaviors that are pervasive and focused. They participate in a full range of adult sexual behaviors and conspire with child partners to keep the behaviors secret. Children generally interact with others of the same age and do not use force. They display a blase, matter-of-fact attitude towards the behaviors. For example, Joey, when confronted about his sexual behaviors, stated "This is just the way we play." (Johnson and Feldmeth, 1993, p. 48). Group III children by and large come from dysfunctional families and have been sexually, emotionally or physically abused.

Group IV children are termed "children who molest." There is an impulsive, aggressive and compulsive quality to their sexual behaviors. Sex is linked to anger,
are related to the child's developing ability to inhibit their behavior, and inhibition seems to be in short supply in many of these children" (pp. 162-63).

As a group, the social skills of sibling abusers are poor (Friedrich and Luecke, 1988; O'Brien, 1989). They tend to interact toward peers in aggressive and sexualized ways. Other children frequently reject them.

Findings from these studies challenge the idea that sibling incest is generally less serious than assaults against peers. O'Brien (1989) found that, compared to other adolescent sexual offenders, sibling offenders had committed more sexual crimes, had longer offending careers and generally engaged in more intrusive sexual behaviors. Becker et al. (1986) found their sample of 22 adolescent incest offenders had 415 completed sexual crimes. There is also some evidence that sibling incest offenders are more likely than other sexual offenders to reoffend after they are apprehended (Gibbons, et al., 1978).

Readers wishing more information about the characteristics of juvenile sex offenders in general are referred to *VCJPV, Volume 34, "Juvenile Sex Offenders."

**Effects of Sibling Abuse**

It is fair to say that physical and emotional abuse are never positive experiences. This is true whether the abuser is an adult or another child. Sibling incest, on the other hand, may be negative, neutral or positive according to a number of authors (Finkelhor, 1980; Forward and Buck, 1978; Russell, 1986). Those most often traumatized are female victims with an older brother as perpetrator (Forward and Buck, 1978). The greater the age difference and the more violence used, the more negative the impact. Even authors who stress the negative impact, such as Wiehe (1990) recognize that some resilient children may emerge unscathed or may turn adversity into positive growth.

Effects of sibling abuse appear to be similar to effects of abuse by adult caretakers. For a more complete discussion of effects, both short-term and long-term, of sexual abuse, the reader is referred to *VCJPV, Volume 29, "Sexually Abused Boys" and Volume 28, "Male Survivors of Sexual Abuse."

Effects of sibling abuse can vary in severity and impact. For example, Russell (1986) reports for her sample of 19 women who had experienced sibling incest about half reported some or great long-term effects. This was similar to the percentage who reported some or great long-term effects in her sample of all 930 incest victims. About one-fourth of Russell's sample of sibling incest victims reported no long-term effects, again similar to the sample of all incest victims, but significantly higher than the 5 percent of father-daughter incest victims who reported no long-term effects.

Meiselman (1978) postulated that women involved in brother-sister incest as a group might show less disturbance than victims of father-daughter incest. She found about four cases of father-daughter incest seeking treatment for every one case of brothersister incest.

The idea that sibling incest can be less harmful than father-daughter incest is also supported by Cole's findings. Of the 31 women who had been sexually abused by both their father and brother, most (19 or 61 percent) felt the father's abuse was most

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**Distinguishing Age-Appropriate Sexual Behaviors from Exploitative Behaviors**

- **Age Difference** — If children are not peers in terms of age and/or cognitive level, then exploitation is likely.
- **Power Differentials** — Age is not the only determinant of power. Sex may also be a factor if males are accorded greater status. Size can also be a factor.
- **Developmental Level** — Is the type of sexual activity typical for the age/developmental level of the child?
- **Motivation** — Are children mutually motivated by curiosity or pleasure? by power or anger?
- **Coercion** — Is there evidence of force, threat or enforced secrecy?
- **Response of Children** — Strong negative emotions suggest exploitation
- **Dynamics of the Activity** — Age-appropriate, exploratory behavior often includes spontaneity, joy, laughter and embarrassment rather than anxiety, fearful or compulsive behavior
- **Repetition** — Exploitative behaviors may be extremely unresponsive to caretaker limitations and redirection
- **Secrecy** — Was the behavior open or furtive? What did the victim think might happen if her/she told?
- **Behavioral Indicators of Sexual Abuse** — If either child shows typical behavioral indicators of abuse, then exploitation is likely

It is less clear whether the increase in sexual activity in this largely unmarried group is to be interpreted as positive, neutral or negative behavior. A number of reports, especially those consisting of case histories, see the higher level of sexual activity as instances of further victimization and being taken advantage of by men or term the sexual activity as "promiscuity" and regard it as acts of desperation in a quest to be accepted (Canavan, et al., 1992; Laviola, 1989; Wiehe, 1990). Some authors note effects such as increased masochistic activity (Meiselman, 1978). Wienberg (1955, cited in Cole, 1990) found incest victims who were sisters more likely than daughters to engage in prostitution. Some female victims of sibling incest make a transition from victim to offender (Higgs, et al., 1992).

Less is known about the effect of sibling abuse on men's sexuality. Finkelhor (1980) found in his sample of 26 that sibling sexual activity tended to be associated with lowered self-esteem for men.

Relationship Problems

Some victims of sibling abuse report difficulties in many relationships, not just intimate ones (Banks & Kahn, 1982; Meiselman, 1978; Wiehe, 1990). Included are relationships with employers, friends, family and even the victim's children. Wiehe relates cases of victims who doubt their parenting ability and struggle to keep from verbally or physically abusing their children and others. Meiselman (1978) documents problems for women who have male children. The sons reactivate the conflicts with the brother. Both males and females report fearing to get close to others, isolation and avoidance.

Victims may be unable to handle anger. They fear expressing anger but deal with a continual festering of anger throughout their adult years. The anger may be directed toward other targets, but originated with the abuse and their parents' lack of an effective response to the victim.

Laviola (1989) documents the ongoing bitterness towards the sibling abuser, noting that even the adult relationships between the siblings are fraught with "tension and conflict" (page 271). Many reports cite the victim as being especially disturbed if the sibling was close or admired. The loss of a sibling relationship can be profound. Russell (1986) notes "a ruined sibling relationship is a very significant thing, particularly when it was previously a close and valued one" (p. 277).

Even more profound is the loss of a close relationship with the parent. Laviola (1989) describes the confusion and anger towards mothers. Typical is the comment from an anonymous survivor. "Since my mother refused to acknowledge the seriousness of my situation, I felt unprotected, misunderstood and betrayed. I learned that my mother was not a reliable resource of protection for me. I also felt that deep in her soul she knew what was going on, and for some reason felt that I deserved what I was getting. Our relationship was distant and cold. It has stayed that way throughout my adult life." (Anonymous, 1978, p. 203).

Abandoned by their parents, victims of sibling abuse learn that they are alone, that they have neither family nor support from others. It's not much wonder that some survivors of sibling abuse feel safer isolated than reaching out. Those who do marry or develop relationships are at risk of making poor choices (Bank Kahn, 1982; Canavan, et al., 1992; Wiehe, 1990). Learning that abuse is acceptable and to be tolerated can lead to revictimization. For example, Russell (1986) found that survivors who did marry were more likely to be subjected to physical violence in their marriages than women who were never incestuously abused. Also, victimized sisters were more likely to report unwanted sexual advances by authority figures than were women with no incest history.

Some sibling abuse survivors overcompensate. They are overly sensitive to any comment and continually interpret others as ridiculing or degrading them. "They look behind the positive messages they receive from others for hidden negative meanings" (Wiehe, 1990, p. 119). This style, while perhaps alerting the sibling abuse survivor to individuals prone to revictimize them, also interferes with the development of positive friendships with non-abusive individuals.

Regardless of reaction, survivors of sibling abuse must deal with their family. Holidays, funerals, weddings and other occasions become complicated, as the survivor must decide how to manage these.

Low Self-Esteem

If there is one commonality among reported effects of sibling abuse, it is low self-esteem. Every resource consulted made some mention of the problem. According to Wiehe (1990), nearly every one of his 150 subjects, whether a victim of physical, emotional or sexual abuse referred to low self-esteem. Wiehe terms low self-esteem "a universal effect of sibling abuse" (p. 109).

Poor self-image may account, in part, for relationship difficulties. Those abused by siblings report lacking self-confidence, being afraid to try and being afraid of rejection. They feel worthless and unlovable. Some report feeling ugly.

The feelings of worthlessness are often accompanied by guilt and shame. Self-blame is frequently reported. It can be intense in cases of sexual abuse where early contacts were consensual (Russell, 1986) or if the victim experienced some positive feelings (Laviola, 1992). Some victims feel "dirty," "damaged" or used and may seek religious cleansing.

Even those who experienced no physical or sexual abuse can be harmed for an indefinite period of time. Some victims believe the names and internalize degrading comments. A survivor from Washington wrote: "I believed everything my sister ever told me. I was dumb, lonely, stupid, fat. No one would ever love me." (Wiehe, 1990, p. 42). At 41 this woman...
Mental or Emotional Disorders

A number of researchers have found high incidence of diagnosed or diagnosable disorders in sibling abuse survivors (Canavan, et al., 1992; Cole, 1990; Wiebe, 1990). Specifically mentioned are eating disorders, substance abuse, depression, and post-traumatic stress disorder.

Few researchers have tackled the question of what effects the sibling abuse has on the aggressor. Forward and Buck (1978) note that the perpetrator may feel very guilty about his actions. As an adult he may be uneasy around women, distrust his own self-control, be overly shy and unsure of himself socially, and can even experience impotence.

Summary

The notion that sibling abuse is benign or lacking in long-term effects appears inaccurate given recent studies. Although there are cases of sibling sexual contact that are non-abusive or which result in little trauma, many other children experience severe and extremely traumatic abuse (Russell, 1986). However, in many cases it may be impossible to separate the effects of growing up in a dysfunctional family from the effects of sibling abuse, particularly if father-daughter incest is also present (Laviole, 1989; Laviole, 1992).

Intervention

"American laws do not protect one sibling from the physical abuse of another, unless a parent is willing to file an assault charge against the sibling" (Wiehe, 1990, p. 9). Thus, a child taken to the hospital with wounds and bruises would be reported to Child Protective Services (CPS) if the father had beaten the child, but would not be referred if a sibling had abused him. Juvenile courts have traditionally not become involved in cases of sibling abuse involving young children. The dilemma is that no one has the authority to insist upon interviewing sibling abusers without court action. In most cases, there is too little evidence to claim the probable cause needed for the court to issue an investigative order allowing the child perpetrator to be interviewed without parental consent (Cantwell, 1988). O'Brien (1989) agrees. He notes that although the sibling incest offenders committed more sexual crimes of a more serious nature over a longer duration, the sibling incest offenders were the least likely of the offender types to be adjudicated for their offenses. Celano notes that juvenile offenders are unlikely to be removed from their homes, or if removed the stay in alternative care is brief (Lloyd, 1990).

Johnson (1988) says that the response of juvenile courts in the Los Angeles area to sexual offenses by 10-, 11-, and 12-year-olds has been extremely variable. Further, the court response often bears no relation to the type, number or seriousness of the offenses or whether it is a first, second or third offense. Responses of the court may be no action, informal probation, adjudication and probation, or juvenile hall.

O'Brien (1989) is concerned that the failure to treat sibling incest behavior as criminal may be sending a message that society views an adolescent's sexual victimization of his sibling as less serious than if he had chosen a victim outside the family. Virginia Friedman, M.S.W., is social service supervisor for Albany, Ore. She agrees with O'Brien. She favors filing of a delinquency petition in juvenile court. She explains: "At least in the juvenile system, we can hope that we can offer them counseling, treatment and ongoing support to change that behavior. If they're not old enough to be charged with a delinquent act, then I think it's important to file a dependency petition if you have viewed the act to be abusive. Only by involving the court can you compel that family and that child into some sort of treatment" (p. 7 in Lloyd, 1990). A dependency petition can also be filed for the victim, asking the court to provide protection.

Lynn Sherrod, Esq., assistant district attorney in the Child Assault Prosecution Unit of Huntsville, Ala. details a different legal approach. She states, "We file our dependency petitions first. We file them first because where there is a clear-cut opportunity to remove that child victim from the home, we want to be in a position to do it in the least amount of time. Therefore, our dependency petitions are almost always filed immediately. Our delinquency petitions may not be filed as quickly" (p. 40 in Lloyd, 1990).

If placement is necessary, there is a dilemma. Says Friedman, "If we do remove these kids from the home, what do we do with them? The foster care system is not set up to bring children who are sexually abusive to other children into the system. Most of the foster homes and shelter homes that we have are full of children who could be victims of these children" (p. 8 in Lloyd, 1990). Institutions typically serve children with serious acting out such as burglary, car theft and assault, notes Friedman. She concludes that foster care is likely the best placement, but that foster families dealing with young sex offenders will need much support.

Johnson (1993) feels that the sibling perpetrator of incest should be removed from the home "under virtually all circumstances" (p. 150). Although it is difficult to find placement for a sexually aggressive child, Johnson feels the wrong message is given if the victim, rather than the offender, is removed.

Others argue that the frequency of multi-generational abuse and learned patterns of behavior make the victim unsafe in the home even if the offender is removed. According to Fortenberry and Hill (1986) "Child custody or placement procedures that leave children in the care of the mother or other seemingly 'safe' family members may not adequately protect those at risk" (p. 203). This view finds support in studies showing a large overlap between sibling incest and father-daughter incest.

The Juvenile Abuser Treatment Program (JATP) at Children's Hospital National Medical Center in Washington, D.C., tries to avoid long-term disruption of the family unit (Thomas and Rogers, 1983). By providing a comprehensive treatment program and assuming responsibility for coordination of services, staff is able to keep families together, except for an evaluation period of at least 30 days. During evaluation the offender resides outside the home.

Although not a requirement, this program prefers formal criminal or juvenile justice involvement. They note some disadvantages, however, of court processing. At least temporarily, family instability increases. The relationship between the juvenile offender and his attorney reinforces the juvenile's psychological distance from the family, particularly his sense of freedom to ignore parental wishes and his disassociation from the child victim. The degree of motivation of the offender and the family is frequently linked to the strength of the government's case.

Courts do not appear prepared to deal with sibling abuse cases, however. Even those skilled in child sexual abuse cases express uneasiness with sibling abuse. Dustin Sain is a detective from the state of Washington. He deals exclusively with child sexual abuse cases. He comments, "I would rather be shot in the foot than have another one (sibling abuse case). They're positively awful from every standpoint" (p. 18, Lloyd, 1990).

What should a parent do if sibling abuse is discovered? Parents of victims of sibling abuse have to divide their concern between two children. Sometimes a choice must be made by the parents as to which child to remove. Celano comments, "Many parents alternate between sympathy for the victim and

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Practice clinicians, parents, judges, lawyers, and CPS workers often find themselves struggling with the question “Is this normal sexual behavior for a child?” Adult response to child sexual behaviors varies. Some adults label virtually any sexual expression or curiosity as nasty and respond with threats or punishments. At the other end of the spectrum, some adults label even blatant abuse behaviors as curiosity and feel that redirection or limits and structure will damage or scare the child.

There has been little to guide those concerned about a child’s sexual behaviors. Many authors writing on this subject rely on personal observation and opinion (Sgroi, Bank and Wabrek, 1988 in Sgroi, ed.). Most texts on child development discuss hypothetical stages and interests of children as they grow. However, these resources rarely address abnormal sexual behaviors or offer data as to frequency and type of sexual behaviors typical for a given age. Defing (1989) summarizes, “No universally accepted criteria are available for distinguishing between abusive sexual contact and normal sexual exploratory behavior” (p. 272).

Gil (in Gil and Johnson, 1993) describes the dilemma and questions facing professionals. “Probably never before have children’s sexual behaviors been so disturbing and caused so much reflection among professionals, who are often at a loss to understand, let alone differentiate, between age-appropriate and problematic sexual activity in children. It’s difficult to know why these behaviors have become so widespread. Is it a new phenomenon? Has it always occurred, but people ignored it or chose to keep quiet about it? How did parents cope with children’s sexual behaviors in the past? Did parents and caretakers punish children, or simply wait for them to outgrow the activity? Are parents and others more willing to ask questions now? Is there a more relaxed climate about sexual issues in general that permits or encourages more open interest or conjecture about sexuality in children?” (p. 28).

There really are at least two questions for clinicians when evaluating children’s sexual behavior. The first is “When does a child’s behavior suggest that he/she has been a victim of sexual abuse?” The second is “When is the sexual behavior between two children to be termed abusive?” For both, understanding of normal sexual behavior is crucial.

Some clinicians (Ryan, in Ryan and Lane, 1991) offer ideas about a range of sexual behaviors. Ryan, for example, characterizes 29 sexual behaviors as normal, yellow flags, red flags, or no question. Ryan offers no study or data to support her categorization. However, she does note that it is not an isolated behavior per se that is deviant in our culture but rather the relationship and interaction between individuals that defines sexual abuse.

Relatively little empirical research has been conducted on the sexual behavior of young children. A recent study, “Normative Sexual Behavior in Children,” by Friedrich, Grambsch, Broughton, Kulper and Belike was published in Volume 88 (3) of Pediatrics in September 1991. This study examined the frequency of 44 sexual behaviors in a sample of 880 normal children ages 2 to 12. Children were included only if they were without a sexual abuse or mental health history. Mothers of the children completed a questionnaire which included demographics, the entire Child Sexual Behavior Inventory, and the Child Behavior Checklist.

Children were divided into two age groupings (2–6 and 7–12) and were segregated by sex. Rates of various sexual behaviors varied greatly from over 80 percent to 0.1 percent. Rates also differed according to age and sex.

Among 2 to 6-year-olds, the following were the most frequent sexual behaviors exhibited.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Percentage of Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shy with strange men</td>
<td>63.6</td>
<td>80.8</td>
</tr>
<tr>
<td>Walks around in underwear</td>
<td>54.5</td>
<td>74.0</td>
</tr>
<tr>
<td>Scratches crotch</td>
<td>58.1</td>
<td>67.9</td>
</tr>
<tr>
<td>Undresses in front of others</td>
<td>49.6</td>
<td>61.9</td>
</tr>
<tr>
<td>Sits with crotch exposed</td>
<td>35.1</td>
<td>59.1</td>
</tr>
<tr>
<td>Walks around nude</td>
<td>47.7</td>
<td>65.4</td>
</tr>
<tr>
<td>Touches breasts</td>
<td>43.5</td>
<td>48.8</td>
</tr>
<tr>
<td>Kisses non-family adults</td>
<td>41.1</td>
<td>52.4</td>
</tr>
</tbody>
</table>

Many of these behaviors decreased within the 7 to 12-year-old group. The following are the most frequently exhibited behaviors among this group.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Percentage of Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shy with strange men</td>
<td>47.1</td>
<td>56.0</td>
</tr>
<tr>
<td>Walks around in underwear</td>
<td>44.1</td>
<td>16.0</td>
</tr>
<tr>
<td>Scratches crotch</td>
<td>45.8</td>
<td>34.5</td>
</tr>
<tr>
<td>Touches sex parts at home</td>
<td>36.4</td>
<td>18.4</td>
</tr>
</tbody>
</table>

The following were the least frequent behaviors among all children.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Percentage of Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Puts mouth on sex parts</td>
<td>2 to 6 years old</td>
<td>0.4</td>
</tr>
<tr>
<td></td>
<td>7 to 12 years old</td>
<td>0.0</td>
</tr>
<tr>
<td>Asks to engage in sex acts</td>
<td>2 to 6 years olds</td>
<td>1.2</td>
</tr>
<tr>
<td></td>
<td>7 to 12 years old</td>
<td>0.0</td>
</tr>
<tr>
<td>Masturbates with objects</td>
<td>2 to 6 years olds</td>
<td>0.8</td>
</tr>
<tr>
<td></td>
<td>7 to 12 years old</td>
<td>0.0</td>
</tr>
<tr>
<td>Inserts objects in vagina</td>
<td>2 to 6 years olds</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>7 to 12 years old</td>
<td>0.0</td>
</tr>
<tr>
<td>Imitates intercourse</td>
<td>2 to 6 years old</td>
<td>0.8</td>
</tr>
<tr>
<td></td>
<td>7 to 12 years old</td>
<td>2.4</td>
</tr>
</tbody>
</table>

One-fourth or more of the total sample showed behaviors such as “tricks to watch people undressing,” “interested in opposite sex” and “kisses non-family children.” While not frequent, some behaviors thought to be indicative of sexual abuse did occur. For example, 7.5 percent of older girls “imitated sexual behavior with dolls.” About one-tenth of older children “talk about sex.” Of the total sample, 6 percent “touch others’ sex parts” and almost 7 percent “rub his/her body against people.” About 15 percent of all girls “talk flirtatiously.” Nearly 7 percent of older boys have “asked to watch explicit television.” One-fourth of younger boys and 16 percent of the total sample “show sex parts to adults.”

A very clear finding of Friedrich, et al, was a decline in overt sexual behaviors with age, although many overt sexual behaviors persist into elementary years. At the same time, verbalization, sexualized talk, and interest in viewing sexually explicit material increased in the older children. Behaviors that were aggressive or more imitative of adult behaviors were rarely endorsed.

According to Gil (1993 in Gil and Johnson), nudity may influence a child’s sexual development. Gil concludes that “family members are almost always exposed to a certain amount of nudity” and that “occasional glimpses of family nudity certainly is not damaging to children” (p. 27). Friedrich, et al (1991) found that “family nudity was related to greater sexual behavior at all ages” (p. 462). They also note that witnessing intercourse (most often by accident) was also related to greater sexual behavior in the child. In contrast, sexual behaviors of the children were not related to other family variables such as
income or life events. They noted, however, in this sample there were few poor families and few children had experienced more than one stressful life event.

Relaxed television and video viewing standards can also influence children’s interest in sexuality (Gil, in Gil and Johnson, 1993). If young children view explicit sexual videos, the knowledge obtained can influence their fantasies and arousal mechanisms. Children typically cannot imagine beyond their experience. Children who view explicit sexuality may experiment, seek additional gratification and accelerate their developmental process.

The study by Friedrick, et al, may be limited in assessing quality of behaviors. They note that “kissing non-family children or adults” was intended to assess indiscriminate affection-seeking that is sometimes evident in abused children. However, many mothers endorsed this item and when questioned said their young children often kissed baby-sitters, family friends and Sunday school teachers. Thus, this item did not adequately differentiate between “casual kissing” and “indiscriminate affection-seeking.”

Masturbation may be another example where frequency data is inadequate for assessment. For example, Ryan (1991 in Ryan and Lanc) lists “occasional masturbation without penetration” as “normal” while “preoccupation with masturbation” is a “yellow flag,” and “compulsive masturbation/task interruption to masturbate” is a “red flag.”

Wiehe (1990) objects altogether to using norm-based data which he terms the “everybody does it” criteria. He stresses that high frequency behaviors can still be damaging or pathological. Wiehe prefers to evaluate the specific behavior(s) in context, evaluating to determine the reaction of the weaker child, the purpose of the behavior(s), the frequency and duration of the behavior(s) and the response of the children to intervention or redirection.

Several authors have endeavored to place sexual behaviors in a developmental framework (Fishel, 1992; Gil in Gil and Johnson, 1993; Martinson, 1991; Sgroi, Bunk and Wabrek in Sgroi, 1988). None of the authors appear to base their discussion on empirical data, so the ideas are reviewed with this limitation in mind.

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**Risk Factors for Sexual Acting Out**

Part of the task of victim assessment is examining the likelihood that the victim might become an abuser. Several authors have addressed this issue (Finkelhor, 1986; Friedman, et al, 1986; Higgs, et al, 1992; Rasmussen, et al, 1992). This discussion draws from their findings.

Not all children who are victimized respond by offending against others. There appear to be factors, or precursors to offending that cause some children to be more vulnerable to developing sexual offending behaviors.

If the child has been sexualized, he or she may attempt to repeat the experience by acting it out with others. A sexually acting out child may also be influenced by exposure to pornographic material, by watching others engaged in sexual acts, or by non-traumatic sex play.

Inadequate social skills may play a role. In order to impress other children or be dominant over them, a victimized child may try to teach their advanced sexual knowledge to peers. Those with adequate and positive peer relationships are less likely to offend.

Lack of nurturance can be important in predicting risk for offending. A child who is lonely and needy may use the sexual activity as a way of becoming close. Lack of nurturance in the family is often correlated to communication patterns. In families where open communication exists, a victimized child can share the experience and seek help from a parent. This decreases the likelihood of sexual acting out.

Children with inborn problems of impaired cognition and/or poor impulse control are at greater risk of offending. Thus, children labelled psychotic, ADHD, oppositional disorder or other diagnoses where impulse control is typically compromised are at greater risk. These children lack internal control and self-restraint. They frequently have problems telling the truth, leaving other’s possessions alone and dealing with anger. Such children frequently deny responsibility for their own actions and are not sensitive to the damage they can inflict on others. In contrast, children who view themselves as accountable and who consider the feelings of others are less likely to offend.

Even young children are able to choose their victims, selecting a child who is younger, weaker, immature or predisposed to act out themselves. This ability to select a victim, coupled with poor or lax supervision, can be a precondition for offending. A child who is not exposed to other children who are vulnerable is less likely to attempt sexual acting out.

**References Available Upon Request**

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**Risk Factors for Sexual Acting Out**

- High frequency of sexual abuse
- Close relationship between victim and offender
- Severe sexual abuse/penetration
- Force, coercion or violence in original victimization
- Younger child (the younger, the greater the risk)
- Unavailable or ineffective parents
- Unmet needs for acceptance, attention and power
- Child has poor social skills
- Child has no positive adult role model
- Child has poor impulse control
- Child’s school performance is poor
- Child displays oppositional behavior
- Child has impaired cognitive ability
- Child is male
- Child is supervised poorly
- Dysfunctional family
- Has witnessed physical aggression towards the primary caretaker

Sexual Behavior in Children

Other sexual behaviors of preschoolers include showing their genitals to others or being embarrassed and covering themselves. "Peeking" at others who are dressing or toileting is common as well as sex play that includes exploring or touching other's genitals. For example, young children may poke or squeeze a woman's breasts while sitting on her lap. Non-abused preschoolers should be easily redirected if they are invading others' privacy. Preschool children may be curious about the reproductive and toileting activities of pets as well as people.

Older preschool children experiment with language and may use swear words or "bathroom words." Playing house and playing doctor are normal childhood activities. Such play can include kissing or having dolls pretend to make a baby or a doctor pretend to deliver one. Depending upon what they have seen and heard on video or in their home, children may imitate noises and actions of adults. Children may pretend to take a temperature by inserting a toy thermometer rectally (or a pencil or popsicle stick that looks like a thermometer). Children also experiment with sticking fingers or small objects into any and all openings including nostrils, ears, belly button, mouth or genitals, "just because they are there."

kissing or giggle a great deal at any display of affection. Feelings of "sacred privacy" emerge where a child may demand privacy or cover up when the day before they pranced nude through the house.

Pre-adolescence/Early Adolescence (11 to 14)

Children in this age range can vary a great deal. Girls develop pubic hair, breasts and begin their menses. Boys may develop pubic hair and the ability to masturbate to ejaculation. Both boys and girls experience a growth spurt and hormonal changes.

Masturbation can continue and become more purposeful. There may be intense interest in their bodies, especially those of the opposite sex, including interest in pornographic material, films or videotapes. Peeking into locker rooms or voyeuristic activities are common. Comparing bodies with others is common.

Some children begin dating and may experiment with kissing, petting and touching. Parental guidance, moral, religious and cultural expectations will influence the range of behaviors and their emergence.

Summary

It is clear that children naturally engage in sexual behaviors as they mature. According to Gil (Gil and Johnson, 1993), normal sexual behaviors can include "masturbation, inserting fingers or objects in genital openings, sexual language, nudity and sexual play with peers. All of these behaviors are developmentally appropriate and require attention ... only if they become excessive, compulsive, unresponsive to appropriate limits or escalate in frequency and intensity so they distract the child from other age-appropriate activities" (p. 97).

References Available Upon Request

<table>
<thead>
<tr>
<th>Children's Sexual Behaviors</th>
<th>Patterns</th>
<th>Specific Sexual Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preschool (0-5)</strong></td>
<td>Curiosity</td>
<td>Touching/Masturbation</td>
</tr>
<tr>
<td></td>
<td>Self-exploration</td>
<td>Interest in bathroom</td>
</tr>
<tr>
<td></td>
<td>Self-stimulation</td>
<td>functions</td>
</tr>
<tr>
<td></td>
<td>Disinhibited</td>
<td>Watches/Pokes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Shows genitals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Uses &quot;dirty&quot; language</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Plays house/doctor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>May insert fingers/items</td>
</tr>
<tr>
<td><strong>Primary School (6-10)</strong></td>
<td>Game-playing</td>
<td>Touching/masturbation</td>
</tr>
<tr>
<td></td>
<td>Same-sex activity</td>
<td>(in private)</td>
</tr>
<tr>
<td></td>
<td>Inhibition</td>
<td>Questions about sex</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Repulsed/drawn to sex</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tells &quot;dirty jokes&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Compares self to others</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Plays house</td>
</tr>
<tr>
<td></td>
<td></td>
<td>May mimic/practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kissing/hand holding</td>
</tr>
<tr>
<td><strong>Pre-adolescence/Early Adolescence (10-14)</strong></td>
<td>Developing peer relations</td>
<td>Exhibitionistic/&quot;mooning&quot;</td>
</tr>
<tr>
<td></td>
<td>Disinhibition/inhibition</td>
<td>Touching/masturbation</td>
</tr>
<tr>
<td></td>
<td>&quot;Falling in Love&quot;</td>
<td>Kissing/dating</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Petting</td>
</tr>
</tbody>
</table>

Sibling Abuse

continued from page 7

sympathy for the offender, whom they perceive as immature, emotionally unstable or victimized him or herself” (Lloyd, 1990, p. 5).

Wiebe (1990) and Ryan (1991) suggest effective and appropriate responses for parents responding to physical, emotional or sexual abuse between siblings. First, the parent should provide a setting to engage the siblings in a problem-solving process. A counselor or mediator may be used, or the parent can sit aside for talking about the difficulties.

Secondly, the parent must assess the situation. Things to consider include the history of interactions, the circumstances of recent altercations, the strengths and vulnerabilities and the impact of the abuse on the victim.

Ryan suggests that the parent say what was seen or heard or reported, for example, “I saw that you were touching John’s penis.” The labeling should be specific so that there is no confusion about what is being discussed. The parent’s response at first should be non-judgmental (i.e., “It makes me uncomfortable…”). The parent should learn from the children what each is thinking and feeling.

The parent should restate the problem and the facts. Once some agreement is reached, then goals can be set. Rewards for goal attainment can be included. The family needs to discuss how the abusive incident could have been avoided. Alternative responses need to be identified and a contract set. The parent needs to assist in implementing and monitoring the agreement, which may include making modifications, as needed.

The parent can then monitor. If the behaviors recur, the second response is to confront and prohibit. Tell the child you are very concerned about the behavior, why you are concerned, and let the child know you expect the behavior to stop. In cases of extremely abusive behavior, the second step of prohibition can be taken prior to recurrence. The parent might ask a child to talk privately and explain that the behavior must stop or additional interventions will be required.

A follow-up discussion time should be set. At that time, everyone can evaluate how well the plan is working. While a problem-solving approach is not a panacea, it can resolve many conflicts and identify those problems that are too difficult for the parent and require professional intervention. If the abusive behaviors persist, then outside help is needed. The parent should self-refer to a skilled professional.

Professionals who evaluate referrals may use a similar approach, but a professional assessment will likely involve more extensive data gathering. The assessment needs to address three main areas. The first is the victimized sibling’s safety. The second is the family structure and dynamics. The third is the offending sibling’s motivations and perceptions of events (Heiman, 1988).

Each sibling should be evaluated individually, as well as doing assessment on the interactions between the two. Some clinicians suggest interviewing the victim first, then the parents, then the offending sibling. Interviewed last, the offending sibling experiences anxiety about what others have told and thus defenses are lowered and urges toward denial and secrecy are broken (Heiman, 1988; Johnson, 1993). While assessment techniques may vary for sibling victim and sibling offender, it is important to remember that victims may also be offending against younger siblings or friends. Thus, being a victim of abuse may increase the likelihood of becoming a perpetrator. (See “Risk Factors for Sexual Acting Out,” this issue). Wiebe (1990) notes that some victims of sibling physical abuse respond by heaping the same sort of abuse on younger or weaker siblings. Writes one victim turned perpetrator, “I got a lot of abuse from my older brother. Then I would turn around and abuse my sister. I would get her twice as hard as what I received. As we got older, it got worse.” (p. 22).

The victimized sibling holds the key to understanding what has transpired. The interviewer should be persistent in inquiring about the nature and duration of the abuse, how the abuse began and was maintained, how access and silence were achieved, what feelings exist toward the offending sibling and the parents and what concerns the child has about safety. A specific question list is available in Heiman’s (1988) article in Kahn and Lewis’ book, Siblings in Therapy.

Unless the victim feels safe, therapy will fail. Safety depends upon several factors. First is the parent’s perception of the abuse and their willingness to make accommodations to limit access of the offender to the victim. Second is the support given to the victim by the family. Third is the offending sibling’s ability to acknowledge his or her behavior and take responsibility for it. And finally, safety is achievable if there are family members who can handle stress without resorting to violence or alcohol. If safety cannot be assured in the home, then temporary removal of the offending sibling should be explored (Heiman, 1988).

The interviews with the siblings have several other goals according to Johnson (1993). First, the clinician needs to determine how comfortable the child is within the home environment. Second, the clinician needs to assess the relationships between siblings. Third, the clinician needs information relating to the abuse.

Assessing the child’s comfort and functioning within the home is a typical task in most referrals for any difficulty. Interviews, combined with surveys such as self-concept scales or personality inventory tests can be used. For younger children, observation of parent and child or play observation may be useful. Particularly important is assessment of sleep patterns, how the family handles conflict, and the child’s problem-solving.

Since sibling incest can occur in families where father-daughter incest is occurring, (Gilbert, 1988; Meing, in Lloyd, 1990; Meiselman, 1978), and sibling physical abuse can occur in families who physically abuse children, clinicians need to be alert to the possibility of abuse by adults. Sibling physical abuse can also occur secondary to domestic violence, so this possibility needs to be explored. Finally, the perpetrator may be abusing other children as well as his/her siblings (Friedman in Lloyd, 1990).

The clinician should gather information from the parent(s). Parents often have difficulty discussing their children’s problematic behavior, according to Johnson (1993 in Gil and Johnson). Parents may be defensive, angry, highly embarrassed or simply unconcerned. Kaplan, et al (1988), found parents of incest offenders typically covered up or denied the abuse and under-reported prior physical or sexual abuse of the offending sibling. Several authors have stressed that parents tend to deny or minimize the abuse (Heiman, 1988; Pierce and Pierce, 1987).

The parent should be assessed as to general level of parenting skills and level of concern about the referral. The degree to which the parents perceive the abuse as a serious event requiring special accommodations is an important indicator of the family’s ability to respond to treatment (Heiman, 1988). Since a parent’s perception may be influenced by their own upbringing, it is helpful to know if the parent experienced similar sibling problems while growing up. A family genogram can assist in tracing the history of births, marriages, divorces, cohabitations, death, abuse, alcohol and drug problems, incarcerations and hospitalizations. Genograms can provide a non-threatening way to “frame, detoxify and normalize emotional-laden issues, creating a systemic perspective which helps to track family issues through time and space” (Heiman, 1988, p. 147).

It is important to obtain a developmental history of each child. What strengths and difficulties do the parents see? What is the general behavior level? A child behavior checklist can be useful in gathering this information. There are several standardized measures available from brokers of psychological tests.

Parents frequently have strong feelings for all their children and do not wish negative continued on page 12
consequences for either victims or offenders. It is not uncommon for parents to be angry at the offending sibling but still want the victimized sibling to quickly drop the issue (Heiman, 1988). A clinician needs to be supportive in helping the parent deal with this dilemma. The clinician also needs to realize that parents may not perceive CPS or therapists as sources of help. A parent may be influencing children to change the facts or hide aspects of the incidents. Parents may actively support denial and minimization. Anger about the abuse can be turned on the professionals.

Alternatively, a parent may be aware of the family's need for help, but fear losing their children or fear the changes that intervention can bring. Religious beliefs can play an important role, either playing a positive role in accepting help or a negative role through increasing guilt or believing that the children are sinful and condemned to everlasting hell for their behaviors (Johnson, 1993).

A clinician must also account for cultural heritage. In addition, reactions of extended family, friends and neighborhood must be taken into account. Other adults or children who live within the family household may be influential and can also have different perspectives, attitudes and beliefs than the parents and referred siblings. Baby-sitters or teachers may be important sources of information about general behavior and adjustment.

The same questions directed towards the victim need to be asked when interviewing the offending sibling. The onset of the abuse, its extent and duration, the type of abuse and techniques used to engage or silence the victim must be assessed. For the perpetrator interview, time should be spent assessing the motivation and rewards for the abuse and the feelings and perceptions of the offender. An important prognostic indicator is the degree to which the offending sibling can recognize that the abuse was inappropriate and take responsibility for what occurred (Heiman, 1988).

Several clinicians stressed the importance of assessing all family members. The family generally is a multiproblem one with many needs. A single clinician is at a distinct disadvantage in providing services. Bonnie Benecke, L.C.S.W., is clinical director of Nashville's Rape and Sexual Abuse Center. She summarizes the difficulties. "When we open them up, we have this abuse but we have lots of other problems, too. So they put a tremendous strain on the treatment facilities, because the child victim will come, the child perpetrator will come, and then you have Mother and you may have Father. You may have alcohol abuse, you may have a number of different problems, and if so, people have to be dealt with in a number of different ways" (p. 11, Lloyd, 1990).

A comprehensive discussion on assessment of juvenile sex offenders is available in *VCPN*, Volume 34, "Juvenile Sex Offenders." This issue also reviews interviewing protocols available commercially. The typologies discussed earlier and the article on differentiating normal from exploitive sexual behavior can be helpful in assessment. The interested reader can also consult the resource reviews for more comprehensive and detailed assessment information.

**Treatment**

Literature on the treatment of brother-sister incest is new and scarce (Cole, 1990). While much wisdom can be borrowed from treatment models for parent-child incest, there also may be important differences between sibling abuse and parent abuse. Certainly the fact that both the perpetrator and victim are children will be important in the treatment approach.

If abusing siblings are to both stay in the family, parents may have to change typical family patterns to ensure safety. Certainly siblings should not be permitted to bathe, dress or toilet together. Siblings who have abused each other need separate sleeping accommodations. Unless the family can be restructured to protect its members and restrain the acting out, then all other therapy will be ineffective (Heiman, 1988).

All forms of sibling abuse may be conceptualized as a problem of control — control of impulses, control of distance within relationships and control of information and communication (Heiman, 1988). Therefore, the following become initial therapy tasks:

- reinforcing parental control
- reducing unsupervised sibling access
- fostering alliances between parent and child.

The parent(s) must be willing to monitor the offending sibling. Once external controls are clearly in place, the parent(s) can assist the offender in learning internal controls. Even if parents are separated or divorced, Heiman (1988) advocates involving both parents in the treatment. Typically in families where sibling abuse occurs, there is minimal warmth and care (Pierce Pierce, 1987). Fostering alliances between the same-sex parent and child can help reverse the pattern of abandonment and unavailability (Heiman, 1988). Having the parent and child spend more time together also decreases the dependence that some siblings have on each other.

The sexual atmosphere within the family must be addressed. If the environment is overstimulating, then changes to reduce the overt sexuality displayed are needed. If the atmosphere is too restrictive, open discussion of sexuality can be fostered to help separate sexual from emotional needs. As the authors stress, that parents will need considerable support in addressing complex family issues. The progression of therapy should be expected to be slower than dealing with other sorts of referrals (Heiman, 1988; Thomas and Rogers, 1983). The therapist will need to work carefully with the family so that they avoid both the tendency to minimize the abuse and the tendency to be overly punitive.

Once a context for change has been established, the therapist can begin to help the family confront dysfunctional patterns, find alternatives and heal wounds. To accomplish this, a combination of individual, group, and family therapy is needed (Heiman, 1988; Thomas and Rogers, 1983).

Almost all child victims should receive counseling unless they are under three or unwilling to participate (Thomas and Rogers, 1983). There are several core issues which need to be covered. These include: feelings of worthlessness and blame, betrayal, helplessness and powerlessness and isolation and stigmatization (Heiman, 1988).

Children who recover are able to express and work through feelings associated with the abuse (Rasmussen, et al, 1992). Victims work through denial and anger and acknowledge the loss. Loss can include loss of innocence, loss of the relationship with the offender, loss of self-respect. The victim, while responsible for his/her own recovery and his/her own actions and victimization of others, needs to place primary responsibility for the abuse on the offender.

Rasmussen and her colleagues (1992) offer a model of trauma outcome process to guide treatment. Being the victim of sexual abuse can cause trauma echoes or thinking errors. These include making excuses for the offender, justifying the offenses minimizing the problem, blaming oneself, stigmatizing oneself, and taking a powerless victim stance. To the extent these cognitions are not dealt with, the child is then vulnerable to any trigger event (situation that reminds the child of the victimization). Feelings in response to the trigger event can range from depression and anger to numbing and dissociation. The child victim may experience withdrawal, attachment problems, somatic complaints, destructive impulses and eroticization.

The child is now at a choice point. He or she may choose to share the feelings and work through them. He or she may choose to respond with self-destructive behaviors. He or she may choose to respond by victimizing another. Those who choose self-victimization may attempt to repress or avoid feelings. They distract themselves with destructive behavior and may explode in anger at parents or others. These negative behaviors in turn cause the victim guilt and shame which further
undermine self-concept. Children who opt for self-victimization are at risk for substance abuse, promiscuity, suicidal attempts and possibly assaults.

Children who choose to victimize others frequently have “get back” fantasies. They fear being victimized as they prefer the role of aggressor. For victims who are themselves offenders, the treatment focus is debated. Celano summarizes, “Should we treat these so-called ‘young sex offenders’ as perpetrators first and then deal with their victimization issue or should we deal with them as victims first and then as perpetrators? What should be our treatment priority?” (p. 6 in Lloyd, 1990). For further discussion, see VCPN, Volume 34.

Simultaneous with individual work with the victim should be individual therapy with the sibling offender. The following are target areas for intervention (Heiman, 1988):

- responsibility
- power/control
- sexuality and identity.

The needs fulfilled by the abuse must be identified and more appropriate coping mechanisms taught. Internal resources that might restrain further abuse need to be determined. Helping the sibling abuser accept responsibility for the behaviors is critical. The offending sibling must recognize the hurt and damage suffered by the victim. An apology to the victim can be a mechanism toward self-forgiveness.

Knopp (1985), Johnson (1989) and others stress the importance of a firm message to youthful offenders. “We believe that the clinical response with children who molest should rigorously provide limits, education, accountability and supervision. The therapy must be abuse-specific and individually tailored to each child’s unique pattern of molesting” (p. XV, Gil and Johnson, 1993).

Courts and CPS must support therapeutic efforts by paying attention to abusive behaviors and demanding accountability from the child. Specialized treatment for the offending behaviors must be provided. Treatment that is not abuse-specific is likely to fail. Proper placement must be chosen from a range of home to community placement to residential care. Finally, all those involved in service delivery (therapists, parole workers and others) should be familiar with the patterns of sibling abusers and their treatment needs.

Treatment of sibling abuse has many choice points. One is when to reunite the family. Typically, the offender prefers to be home and the parents wish him/her to live with the family. The child victim may not feel secure about living with the offender, but may also be under considerable pressure to say he/she is willing to have the offender return.

Such an impasse can be frustrating for a family who wishes that the crisis be resolved quickly. It also underscores the vital importance of parent therapy. Along with other issues discussed earlier, parents must understand why healing cannot proceed with undue speed. The parent should work closely with each sibling’s therapist and be available for sessions with each child.

Once the offending and victimized siblings are both psychologically ready, full family therapy can begin. The purpose of family sessions is to have the parents assume control and allow all members to discuss their feelings (Heiman, 1988). Family therapy is inappropriate only when there is a clear decision on the part of the family not to reunite (Thomas and Rogers, 1983).

At the Juvenile Abuser Treatment Program at Children’s Hospital National Medical Center in Washington, D.C., abuser, victim and parental individual therapy begins as soon as possible and continues for at least four to six months. Family therapy usually begins at about the fourth month of treatment with individual and family therapy components overlapping for approximately two months. Parents and the child victim are seen at one or two-week intervals while the sibling offender is seen at least weekly and often twice a week. Once started, the family therapy sessions occur biweekly for six months to one year. The sibling offender also attends group therapy (Thomas and Rogers, 1983).

Treatment models for sibling abuse are new. Some stress that any rigid approach which expects all families to fit the same model will invariably fail (Canavan, et al., 1992). Assessing treatment effectiveness will likely be difficult. Not only do families minimize and deny the extent of the damage, but there is evidence that many adult survivors also engage in denial and minimization (Loredo, 1982).

**Virginia’s Picture**

In Virginia, sibling abuse cases are reportable to CPS if the sibling perpetrator is in a caretaking role or if parental neglect is suspected as a contributing factor. Professionals aware of sibling abuse but unsure about reporting responsibilities are encouraged to check with their local agencies.

Only a very small percentage of Virginia’s “founded” or “reason-to-suspect” abuse/neglect/sexual abuse cases involve a sibling perpetrator. For example, in 1991-92, 95 children (25 male, 70 female) were listed as “founded” cases of abuse by a sibling caretaker. The 95 children were victimized by 79 siblings (67 males, 12 females) who ranged in age from 12 years to 35 years. For the “reason-to-suspect” category, 35 children (14 male, 21 female) were victimized by 35 siblings (26 male, 9 female) ranging in age from 13 to 46 years.

Data for 1992-93 is similar. In the “founded” category, 108 victims (30 male, 78 female) were victimized by 92 sibling caregivers (74 male, 18 female) ranging in age from 9 years to 47 years. In the “reason-to-suspect” category, 31 victims (17 male, 14 female) were victimized by 27 sibling caregivers (20 male, 7 female) ranging in age from 11 years to 29 years.

The type of abuse/neglect was varied. For example, in 1991-92 in the “founded” group, there were seven cases of bruises, cuts, welts or abrasions, one bone or skull fracture, three burns/scalds, one mental abuse, and four “other physical abuse.” For neglect there was one case of inadequate food/clothing/shelter, seven cases of inadequate supervision, one medical neglect, two educational neglect, and three abandonments. Under sexual abuse were 19 cases of intercourse or sodomy, four sexual molestation and 52 other sexual abuse.

Even with a fairly small number of cases, it is apparent that Virginia’s statistics are what one might expect given the limited data in the literature. Victims are most likely to be female, while sibling perpetrators are likely to be male. Of some surprise is the age of the perpetrators. A considerable number (one third or more of each category) are over 18.

The type of abuse is also what might be expected, given the literature. Sexual abuse is the largest category. Physical abuse and lack of adequate supervision are also problems.

It would be interesting to know if the age of the perpetrator bears any relationship to the type of abuse; however, this data was not available. The location of the cases is also unknown. If cases were evenly distributed, then each of the 124 local agencies in Virginia would average only one founded or reason-to-suspect case each year. It may be, however, that some areas are not accepting or identifying any cases while other areas are identifying more than average. Even so, the absolute numbers are small. Thus, it seems unlikely that any agency has developed specialized procedures for handling sibling abuse cases.

**Prevention**

The first step in prevention is awareness. Parents and professionals have not been sufficiently aware of the possibility. Mary Meining, M.S.W., lamented her lack of awareness at the “Think Tank” on sibling incest held in conjunction with the Sixth National Symposium on Child Sexual Abuse. She states, “In the last few years I have found out that in three of my cases the brothers and sisters were being sexual the entire time I was reunifying the offender father back into the home” (p. 24, Lloyd, 1990).
Resource Reviews

Perilous Rivalry: When Siblings Become Abusive by Vernon R. Wiehe with Teresa Herring. 1991, 151 pages, $18.95 (paper).
Available from: Lexington Books
An Imprint of Macmillan, Inc.
100 Front St., Box 500
Riverside, NJ 08075-7500
(800) 257-5755

This volume is based on the same study of 150 adult survivors of sibling abuse reported in more detail in Sibling Abuse: Hidden Physical, Emotional and Sexual Trauma (see review, this issue). Much of the material is the same. The information has been condensed and written in less formal language than in the earlier book. Thus, this version of the study is likely the better choice for lay individuals or clients seeking to learn more about other survivors.

Available from: Lexington Books
An Imprint of Macmillan, Inc.
100 Front St., Box 500
Riverside, NJ 08075-7500
(800) 257-5755

This book reports on the results of a research project that surveyed 150 adults who were victims of sibling abuse as children. In addition to describing the research project, many excerpts from interviews with the victims are used throughout the book to illustrate various facets of the problem. The book presents a theoretical framework for understanding sibling abuse, and also provides criteria for distinguishing normal interactive behaviors between siblings from abusive behaviors. Effects of sibling abuse are examined. Prevention strategies are discussed. Wiehe's book is one of the few comprehensive resources on sibling abuse. Therapists, CPS workers, and policy makers would benefit from reading this book.

Available from: The Free Press
A Division of Macmillan Inc.
100 Front St.
Box 500
Riverside, NJ 08075-7500
(800) 257-5755

This remarkable book arrived too late for inclusion in our last issue of VCPW on "Defining Child Abuse." While the book does not tackle definitions, it does clearly delineate when a practitioner and/or required reporter must report. Part one of the volume covers reporting obligations, liability for failure to report and immunity for reporters. Part two, the largest section, offers eight chapters concerning how to decide to report or not report. Each type of abuse and neglect is covered. For instance, for physical abuse, reasonable corporal punishment is defined and a checklist is offered for suspicious injuries. A section details how a child's behavior can be used to assess ambiguous situations. Particularly helpful is a chapter discussing when to report parents with severe mental disabilities. Part three offers five chapters concerning the reporting process. Besharov covers preserving evidence, handling emergencies, making a report, monitoring investigations and being prepared to respond to potential cases. Part four is written for parents who are subject to an investigation.

If a practitioner had time and inclination to read only one book about child abuse, this would be my suggestion. It contains the information needed to know how to recognize abuse and when to report. Even sophisticated professionals who seek to clarify reporting responsibilities and decrease malpractice liability will find it worth the reading time.

Assessment Tool

Child Sexual Behavior Checklist (CSBCL)
by Toni Cavanaugh Johnson, Ph.D., 1992, 9 pages, $3.
Available from: Toni Cavanaugh Johnson, Ph.D.
1101 Fremont Ave. Suite 104
South Pasadena, CA 91030
(818) 794-4522
Fax: (818) 792-0139

This instrument is being used clinically and as a research tool. It assesses the following areas: interest in sex, hugging and kissing, masturbation, role reversal, talking romantically, sexually provocative behavior, swearing, behaving in a sexual fashion, bathroom behavior, bowel and bladder problems, exposing and nudity, touching or looking at others, sexual play with animals and sexual knowledge. Information on family style and climate is also obtained. In total, over 150 child behaviors are assessed.

The $3 fee covers mailing and reproduction costs. Clinicians photocopy the checklist as needed. Clinicians are asked to assist with research efforts. Currently, there is no official data for the checklist.

Sexualized Children
Assessment and Treatment of Sexualized Children and Children Who Molest
by Elizabeth Gil, PhD. and
Available from: Launch Press
P.O. Box 5629
Rockville, MD 20855
(301) 869-2442
Fax: (301) 869-0621

This work is a true milestone. All in one place, Johnson and Gil bring together all the information pieces the clinician needs to deal with children who molest or children whose behavior is sexualized.

The first four chapters discuss childhood sexuality, distinguishing age-appropriate from problem sexual behaviors, a categorization for children's sexual behavior, and theories about how children process sexual abuse. The next three chapters discuss findings about characteristics of sexualized children, children who molest and their families. The last half of the book details evaluation methods and tools and therapeutic intervention. The book is enhanced by several appendices which describe specific assessment tools and resources.

This is a new area and much remains to be discovered. However, clinicians wishing to offer the best in assessment and treatment services should read this book. While new information may modify some of the data and intervention methods, this comprehensive volume definitely sets a standard of care for the field at this point in time.

This fact sheet is written in the format of question/answer. Tackling the most commonly asked questions about teenage sexual offending, the fact sheet summarizes current knowledge. A good resource for lay individuals or to use as a handout for talks to community groups. The fact sheet is a public service and can be reproduced without notice to NCPCA.


This manual assists parents in a method to give their children the “Three Cs” needed for success. These are feeling connected, feeling capable, and feel as though one counts (feeling significant). The family meeting format described is a direct approach that allows children to learn, firsthand, all of the essential skills. A separate chapter details how to help a child develop self-esteem (courage), how to avoid pampering a child, how to avoid rigid rules, and “doing less to teach more.” An appendix offers a format for record-keeping and adaptations for the classroom.

Journal of Child Sexual Abuse edited by Robert Gaffner, Ph.D., published quarterly, $24/year. Published by: The Haworth Press, Inc. 10 Alice St. Binghamton, NY 13904-1580 (800) 3-HAWORTH

This new interdisciplinary journal seeks to increase the interface among clinicians, researchers and academicians. The large and varied editorial board is composed of many prominent specialists in child sexual abuse. The initial volume contains articles about memory retrieval in incest survivors, precursors to offending in sexually reactive children, child sexual abuse allegations amidst divorce and custody proceedings, and three articles about the relationship between child sexual abuse and later adjustment. This first article concerned child sexual abuse prevention. This journal should prove invaluable for those working with child sexual abuse victims.

Therapeutic Games

Let’s Talk About Touching (2nd ed.) and Let’s Talk About Touching in the Family by Toni Cavanaugh Johnson, Ph.D. $15 each plus $2.50 shipping and handling each. Available from: Toni Cavanaugh Johnson, Ph.D. 1101 Fremont Ave., Suite 104 South Pasadena, CA 91030 (818) 799-4522 Fax: (818) 790-0139

Let’s Talk About Touching children was designed especially for children who asked about sex for children at risk for acting out sexually. It was meant for ages 7 through adult. Let’s Talk About Touching the Family was designed especially for victims of incest and nonoffending parents to aid in recovery from adult-child incest and sibling incest. It means to be a game for all ages.

The game has two sets of cards. Problem cards pose questions or situations and solution cards contain answers. Let’s Talk About Touching poses situations where children want to touch others or do touch others where adults are sexual with children. The cards ask how children feel or what they can do to solve the problem. Some cards give extra turns, have the player lose a turn or allow the player to ask a question. Some cards ask for factual information.

Let’s Talk About Touching in the Family is oriented to victim children. It teaches what to do if a child is uncomfortable about touch, why therapy is needed for incest, how to tell if touch is abusive and how victimized children feel. It helps children identify symptoms of the abuse and family problems which might relate to incest.

Both games are intended as therapeutic tools and are not appropriate for general prevention education. Some of the concepts appear difficult for younger children, but a therapist could remove items since each game contains 40 matches. There are several ways to use the cards, making them a flexible tool.

The games appear to be a non-threatening way to approach difficult and hard-to-discuss behavior. They should prove to be a useful clinical tool for engaging a difficult population.

Funds for this publication are provided by the Virginia Department of Social Services, Child Protective Services Unit with a grant from the National Center on Child Abuse and Neglect, Administration for Children, Youth and Families, Department of Health and Human Services.

Previously Reviewed Resources

Children Who Molest: A Guide for Parents of Young Sex Offenders by Eleeta Gil, Ph.D., 1987, 26 pages, $2.50. Available from: Launch Press P.O. Box 5629 Rockville, MD 20855 (301) 321-9167


See VCPN, Volume 34 for reviews.

Safer Society Program and Press P.O. Box 340 Brandon, VT 05733 (802) 247-3132


The Sexual Abuse Cycle in the Treatment of Adolescent Sexual Abusers (Advanced Training) by Connie Isaac and Sandy Lane, 1990, 90 minutes, $75 plus $5 shipping.

Remedial Intervention in Adolescent Sex Offenses: Nine Program Descriptions by Fay Honey Knoopp, 1982, 166 pages, $17.50.


For reviews of these materials, see VCPN, Volume 34, "Juvenile Sex Offenders"
Sibling Abuse
continued from page 13

While sibling abuse is most likely in multiproblem, dysfunctional families with abuse histories, the only families exempt from sibling abuse are those with only one child. Parents, medical doctors, teachers and mental health professionals should inquire about the possibility of sibling abuse if a child complains or shows symptoms. Adults coming for counseling may be suffering from effects of sibling abuse and he high risk for allowing the pattern to continue without specific intervention.

A second prevention strategy is public education by local, state and national child abuse organizations. If the general public is aware and if helping systems respond, then cases will be reported.

A third prevention tactic is to take sibling disputes seriously and listen to what children say about each other. Parents should make it clear that certain behaviors such as hitting, threats, destroying each other's property or sexual contact is not to be tolerated and that if these interactions are reported, the parents will act to help solve the problem.

Many excellent resources are available to assist parents in developing good communication strategies. Some resources are reviewed in this issue and many others were reviewed in Volume 30 of VCPN. These resources and others can help parents set a positive home climate.

A fourth prevention technique is to provide good supervision to children when parents are absent. If children do not get along well, they should not be left alone together. Even if children appear to be doing well with an older sibling in charge, parents should carefully monitor and frequently ask about possible abusive behavior. Communities can help parents by establishing attractive and inexpensive after-school care and drop-in babysitting for working parents. Even telephone support for children home with siblings can be a help.

A fifth strategy is to educate children about sexuality, proper relationships and their right to be free of abuse from both adults and other children, siblings included. Many programs of this sort are available. Parents and teachers can emphasize that children may not abuse other children, even if children are related.

Sixth, parents can model non-violent problem solving. Discipline should be non-violent. Television and movies that feature violence for more positive themes can be chosen. Children can be encouraged to develop interests and activities rather than squabbling. Finally, parents can reward positive sibling interactions. Rewards help children develop self-esteem and emphasize positive aspects of character.

Summary

Sibling abuse and sibling incest are a new problem for most professionals. Says Dr. Celano, “Looking now at what we know about sibling incest, I can assure you that we don’t know much” (p. 4, Lloyd, 1990). Lloyd agrees, “especially in the area of sibling incest, we have yet to define what is good practice and what are good practice standards” (p. 47, Lloyd, 1990).

There is an obvious need for research. We need to know what differences are crucial between siblings who grow up to be close and those who dislike each other. We need to know more about families where sibling abuse occurs. We need better definitions so that we can communicate accurately about the problem. Once the basic knowledge base is better, then assessment and treatment can be refined.

Siblings can be a source of enrichment and love and a tremendous source of learning. Siblings will generally share more years of life on earth with each other than with parents. When parents are gone, siblings are the closest family tie, other than one’s children. It follows then, that one of the best gifts society and parents can give children is positive experiences with siblings. We should examine sibling abuse in the spirit of learning how to enhance and foster the gift of family ties rather than in the spirit of labeling one child a victim and another an offender. Both siblings are children in need.

References Available Upon Request

James Madison University
Department of Psychology
Harrisonburg, VA 22807

Attention: J. Grayson

Address Correction Requested