**Sibling sexual abuse:
A descriptive study of sibling sexual abuse data from
Canadian incidence studies and selected sibling incest research
in the literature, 1980-2001.**

by

Rachael Crowder

A thesis submitted to the Faculty of Graduate Studies and Research in
partial fulfillment of the requirements for the degree of
Master of Social Work

Thesis Supervisor: Dr. Elizabeth Whitmore

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Abstract

This exploratory research examines descriptive sibling sexual abuse data from the secondary data analyses of the Canadian Incidence Study of Reported Child Abuse and Neglect, 1998, and the Ontario Incidence Study of Reported Child Abuse and Neglect 1993. These data are analyzed against the background of ‘sibling incest’ research in the literature. The chronological literature review reveals changes in attitudes to the issue of sibling sexual abuse over the past two decades, as well as giving a review of the variety of methodologies employed. This secondary analysis explores the overall phenomenon of sibling sexual abuse by gender, then focuses on the most common form of sibling sexual abuse, brother-on-sister sexual abuse. The characteristics of the brother-on-sister sibling sexual abuse dyad are examined, including ages at onset and age differences; and the family characteristics, including size, structure, socio-economic status, parental history of maltreatment and parental responses. Implications for future research and social work praxis are discussed.

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Chapter 1 Introduction

This exploratory study primarily examines sibling sexual abuse data in the Ontario Incidence Study of Reported Child Abuse and Neglect (OIS93) (Trocmé, 1993) and the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS98) (Trocmé, MacLaurin, Fallon, Daciuk, Billingsley et al., 2001). The exploration is done within the context of previous research on sibling sexual abuse, including large population incidence surveys and small treatment sample studies that have been published in academic journals over the past 20 years. While the results describe some of the overall phenomenon of sibling sexual abuse in the Canadian studies, the majority of the descriptive statistics presented are about the most common form of sibling sexual abuse, that of older brother-younger sister sexual abuse.

Some data on the prevalence of sibling sexual abuse in the USA are available (Finkelhor, Hotaling, Lewis, & Smith, 1990; Russell, 1983; Wyatt, 1985). These self-report studies show that sexual abuse by a sibling accounts for 2 – 4% of all intrafamilial sexual abuse against girls (Bolen, 2001). The OIS93 Final Report shows that of reported cases of child sexual abuse, siblings are perpetrators in 10.8% of all investigations (Trocmé, 1993). More detailed statistics, particularly on brother-on-sister sibling sexual abuse, were not available without secondary analysis. The more recent *Canadian Incidence Study of Reported Child Abuse and Neglect: Final Report* (Trocmé, MacLaurin, Fallon, Daciuk, Billingsley et al., 2001) also promised some revealing

incidence statistics, but secondary analysis to reveal sibling sexual abuse statistics was also required.

This study presents a secondary data analysis from the OIS93 and the CIS98 on sibling sexual abuse that has not been previously analyzed. In the analysis of these data, characteristics of the family, parents and the dyad where sibling sexual abuse happens were examined, in an effort to understand the 'relationships of power' (Smith, 1987), both familial and societal, that contribute to sibling sexual abuse. The point of data collection for the OIS93 and CIS98 was through a sample of child protection agencies, as compared to most other studies that are based on self-selected adult survivor reports or studies with offenders. Therefore, because of the unique nature of the Canadian studies, this analysis also offers some new information on child victims. The secondary analysis is presented with an analysis of quantitative and qualitative research in the literature, which is also examined for similar quantitative data.

The study comments on the problems with research methodologies and bias in the literature from a structural social work perspective, that is, an analysis of whether issues of systemic oppression have been considered and/or whether the research itself perpetuates it. Discussion of the qualitative data from the literature highlights the barriers survivors face when dealing with the impacts of sibling sexual abuse (both in terms of initial disclosure and in seeking therapy) resulting from these biases as well as systemic oppression. The study also gives some Canadian context to a social problem in relation to research in the USA and Australia.

The Problem

The consciousness raising activities of the second wave feminist movement of the 1970's produced new awareness about the realities of violence in women's lives. Women started to talk to each other about their experiences of violence and oppression, as women in a patriarchal society and as girls growing up in families where that violence and oppression often took the form of sexual abuse. Freedom from patriarchy was the targeted goal of the early second wave feminist movement, and fathers were often named as the physical, emotional and sexual abusers of girls. Father-daughter incest became one focus within the movement to end violence against women. Rape crisis and sexual assault centres included services to help adult women survivors bring the issue to light, to support women in their healing and seek justice against the perpetrators.

It was easy for us to see the very clear violation of a girl by her father or other older male relatives like uncles and grandfathers. Recognizable generational boundary violations and the abuse of trust in a relationship where a girl child depends on the parent for survival are obvious. What we failed to see, even those of us who were victims, was the violation we suffered as children from our peer male relatives, our brothers. Often our brothers were themselves victims of abuse and they became our allies in families filled with violence, chaos and unresponsive adults. It made it doubly difficult to see ourselves as having suffered any 'reportable' violation at the hands of our brothers, and no one else seemed to think that it was a topic worth discussing either.

A common thread in the literature is that ‘sibling incest,’ as it is commonly referred to, is greatly under-reported because of parental ambivalence in families where sibling incest occurs. There is often confusion about what is normal, age-appropriate sexual curiosity between siblings, and what is sexual abuse. Denial by parents is a common reaction; this is something that doesn’t happen in ‘nice’ families. Studies with survivors show that a common initial reaction by parents to disclosures about sibling incest is either denial or dismissal. If the offending sibling is talked to at all, he is merely told, along with the victim, to ‘cut it out’. The girl gets the message that this is not a serious problem, and that she’s as much to blame as her brother. Families in Canadian society are also less likely to report sibling incest because the law requires parents to charge offending children in order to receive treatment, and this usually results in child protection agencies removing the offending child from the home (Crisci, 2001).

Adult survivors are often ambivalent about their experiences for the same reasons, as well as feeling complicity in the sexual relationship. While they can identify their feelings of guilt from this sense of complicity, they often do not connect, or they deny, other feelings and symptoms of trauma with the sibling incest. When adult survivors seek therapy for depression, disassociative problems, problems with eating, suicidal ideation or other manifestations of post-traumatic stress disorder (American Psychiatric Association, 1994), therapists sometimes do not hear about the sibling incest until months, sometimes years, into the counselling relationship. When they do finally hear about it, therapists will sometimes minimize the survivor’s experience with the common

misunderstanding that sibling incest is 'not as bad as' parent-child incest (Rudd & Herzberger, 1999).

There is also ambivalence about what constitutes 'consensual' incest and what does not, not only among survivors and therapists, but among researchers as well. Some writers will argue that 'consensual incest' is an oxymoron – that is, all incest is illegal and therefore cannot be considered consensual (Caffaro & Conn-Caffaro, 1998). Some feminist writers also support the idea that brother-sister incest cannot be consensual, but not for legal reasons. They believe that in patriarchal families males have more value and more power in families, and therefore sisters can never be considered free and willing to consent to any behaviour that is perpetrated upon them by their brothers (Cole, 1982). So there is no 'sibling incest' that is not sibling sexual abuse. Still others believe that brothers and sisters, close in age and where no coercion or force has been used, engaging in sexual activity that would be age appropriate if they were doing the same activity with a non-sibling, are engaging in consensual incest. Hence, there is a difference between 'sibling incest' and 'sibling sexual abuse' (Bank & Kahn, 1982).

Sibling incest is also not confined to brother on sister sexual behaviours either. There are documented incidences of sister on brother as well as same-sex sibling sexual activity (Caffaro & Conn-Caffaro, 1998). Therefore some care must be taken when defining what we mean by sibling incest and sibling sexual abuse. For the sake of this research, the term sibling incest is used when it is so called in the literature. My preferred term, sibling sexual abuse (SSA) is defined within the context of feminist theory as any

sexual activity perpetrated by a brother upon a sister, (except normal sex play/exploration between very young children), whether that sibling relationship is by blood, 'blended families' or adoption (Cole, 1982).

The Importance of the Problem

Adult survivors of SSA face many barriers in their healing journey. Many do not consider it a 'problem' at all. SSA has not been given the same kind of attention in popular or feminist discourse as has father-daughter incest/sexual abuse, and as we have grown to appreciate, breaking the silence on such taboos does much to break the isolation survivors feel. SSA survivors have not 'enjoyed' the same amount of publicity about their issue, and therefore believe that they are the rare case. They are also dealing with ambivalence about what exactly it was that happened to them - was it normal sexual activity between children and did they consent? Is it even worth mentioning? Surely the depression, the eating disorders, the suicidal ideation cannot be connected to such a 'benign' act.

Women dealing with the impacts of sexual abuse perpetrated by their brothers often eventually find themselves in the therapist's office dealing with a spectrum of difficulties that result from the trauma of SSA. Some are very high functioning individuals, others are suffering from the most severe form of post-traumatic stress disorder and are struggling to function at a basic level. As we will see in the literature review, several small treatment-based studies have established that, as in other forms of child sexual abuse, the impacts run a spectrum according to several factors.

As in other forms of familial sexual abuse, families where SSA has occurred have certain characteristics, as do the perpetrator and the victim in the incest dyad. This study analyzes these so-called family characteristics in light of structural social work theory to determine how this form of sexual violence mirrors the sexual violence against women and girls, which is systemic in our society.

My original desire was to interview adult female survivors of SSA about barriers to disclosure and healing from SSA. A review of the literature made it quite clear that rates of disclosure were very low (Cole, 1982; Finkelhor, 1980; Hardy, 2001; Laviola, 1992; O'Brien, 1991). My feeling from this was that credibility is a big issue for survivors. As children disclosing to parents, and as adults disclosing to therapists, child victims and adult survivors often felt their experiences were dismissed or minimized (Cole, 1982; Laviola, 1992). Therapists often consider SSA rare, and when it does occur, less harmful than parent-child sexual abuse (Rudd & Herzberger, 1999). Much silence has been maintained about SSA, so I felt that revealing the prevalence of SSA would be a good place to start my investigation. Further work was needed to find out what proportion of these were the brother-on-sister statistics that I needed for my research, and what other descriptive data might be similar to that in the literature about characteristics of the families and the sibling dyad.

My initial question about the barriers to healing encountered by adult survivors of sibling sexual abuse starts with establishing credibility for survivors. It starts by *finding* and looking at the rates of incidence for sibling sexual abuse - establishing that there is

indeed ‘ a problem’. And being a Canadian researcher, I am particularly interested in establishing rates in a Canadian context. We cannot establish incident rates for Ontario or the country, and the reasons for this are discussed in the methodology chapter. But we can look at what has been studied thus far about the characteristics of the sibling dyad and the sibling incest family in the literature (which is mostly from the USA) and see how those descriptive data look alongside the provincial and national studies. In the process of this discussion we can also look at how systemic oppression in attitudes and biases about sibling incest are reflected in the literature that create further barriers to adult survivors' credibility and appropriate therapeutic intervention.

Few studies have been done to establish rates of incidence for SSA. This tends to confirm the idea that many researchers have not identified sibling sexual abuse as a social problem. Canadian and American National studies are examples of this. When the *American National Incidence Study on Reported Child Abuse and Neglect* asks questions about child sexual abuse, it assumes that the offender is an adult (Sedlak & Winglee, 2001). In the Canadian Incidence Study, ‘sibling’ is included in the list of possible perpetrators, but this question was not asked/recorded consistently across the country, so national estimates cannot be given. This lack of diligence in the collection of sibling offender data highlights the lack of serious regard given by these researchers to this issue.

Research Questions

The research questions that informed this study asked how the data regarding SSA in the OIS93 and the CIS98 look in the context established by data from selected studies in the literature from 1980-2001. What might the data tell us about the prevalence of SSA, and the SSA victim, offender, and family characteristics? From a structural social work perspective, what can the Canadian data tell us about the etiology of SSA? Is systemic oppression a factor in SSA?

An analysis from a structural social work perspective is often missing, especially from the older studies. Data analysis was informed by structural social work theory in an effort to understand if families reproduce systemic (especially patriarchal) oppression of women within these families, which result in the abuse of the girl children. Family characteristics such as rigid gender roles, the presence of spousal violence and the child's exploitation in terms of pornography or prostitution are examples of variables that would indicate gender oppression in the home. Other systemic oppressions experienced by the family may be indicated through the analysis of variables such as culture, race, parental illness/disability and socio-economic class of the family. Some studies have shown what seems to be a notable relationship between some of these 'potential risk factors' and SSA (Adler & Schutz, 1995).

The study also asks what the long-term impacts of SSA are on individual psychological functioning. The small treatment sample studies in the literature often happened as a result of a single therapist or group of private practitioners noticing a

remarkable increase in SSA cases in their practice. They took advantage of these individuals in their care to study the phenomenon. These studies are rich in narrative and are a mix of self-reports of adult survivors, therapy case notes, and information from the records of child protection workers. They give us insight into the relationship between abuse variables - particularly severity and duration of abuse - and the long-term impacts of SSA (Bank & Kahn, 1982; Caffaro & Conn-Caffaro, 1998; Cole, 1982; Hardy, 2001; Laviola, 1992; Rudd & Herzberger, 1999; Wiehe, 1997). These studies that yield information on the long-term impacts of SSA establish that this is indeed a social problem that can have severe consequences for victims. This also contributes to the credibility of survivors, previously discussed. The Canadian studies are also examined for data that may add to our knowledge about severity and duration of abuse of SSA victims.

The study also asks what other new information about SSA does the Canadian data offer. The OIS93 and CIS98 have the benefit of helping us to understand SSA at the point of occurrence, which give us some additional insight into the experiences and circumstances of child victims. Most of those child victims grow into adults, but few of them disclose their abuse. Additionally, few survivors know or remember the information that can be collected at the time of child welfare intervention, such as the history of abuse for their primary caregivers such as the CIS98 offers. Any additional knowledge that we can gather about SSA will better inform our social work practice at all

levels. Further, it will increase our knowledge about what we do not know thus providing us with new avenues to explore with additional research.

Theoretical Considerations

As a worker in the field of sexual violence against women for many years, I come to this research with a feminist perspective. A decade of work and activism in services for women survivors of violence, including spousal and sexual violence, has had a radicalizing effect on my practice. Likewise, my structural social work education has broadened my feminist perspective to include, along with gender, an analysis of other forms of systemic oppression due to race, class, physical ability, sexual orientation and so on. Therefore structural social work theory under-girds my approach and discussion of SSA, as well as the analysis and interpretation of the data. This is in contrast to the prevailing psychoanalytic and/or family systems theories used when analyzing SSA etiological factors and impacts (James & MacKinnon, 1990), discussed in detail following the literature review.

The structural approach to social work presents an alternate model to the personal deficit theory that is embodied in psychology-based family systems theory and ecological theory models (Carniol, 1992; Moreau, 1979; Mullaly, 1993). Structures of patriarchy, capitalism, heterosexism, racism, ageism and ableism are defined as the primary structures of oppression. The secondary structures of family, community, bureaucracy and the individual's personality, "express and perpetuate the supremacy of the primary structures of oppression. These secondary structures which do not always accept

oppressive relations, often contain conflict, especially when individuals, families, and organizations struggled against the unjustifiable domination of exploitive relations,” (Carniol, 1992). This approach gives us a different perspective from which to view families where SSA occurs. From an ecological or systems point of view, incestuous families are filled with conflict and power relations that are interpreted as filling a need or deficit in the family system. Structural social work theory sees this secondary (family) conflict and power relationship as mirroring the primary structures of an oppressive (patriarchal) society.

My point of entry into the problem of SSA is also personal. As a survivor of SSA, I bring personal standpoint into my investigation, which could be said to both inform and bias my research (Truman, Mertens, & Humphries, 2000). However, instead of seeing this as bias, I believe that I have a unique standpoint from which to understand the everyday world of victims and survivors of sibling sexual abuse. The usual approach that we take to research in academia is maintained by the ideology that to be legitimate we must begin from some theoretical framework or conceptual apparatus drawn from a discipline (Smith, 1987). This comes from the assumption that the everyday world has no internal logic or social organization of its own and an external theoretical framework needs to be imposed in order to make sense of it.

However, it is also true that to those living the everyday experience, especially in a capitalist society, the social organization that forms and maintains the relations of power are not obvious or observable to the one living the everyday experience. This is

particularly true for those who benefit most from the relations of power. And while we don't always see them, those who support the relations of power – those who are the most oppressed by an oppressive social relation – are in the best position to see and understand the structures that support the hegemony in that relationship (hooks, 2000). So the challenge, as I make my research and analysis, is to be aware of my own experience as it was lived physically, materially, emotionally and spiritually within the internal logic or organization of a highly patriarchal and oppressive social relationship, and how well that fits with the theories that I or other social scientists may use to explain it.

This awareness provides me with a point of balance, a place to make bifurcated consciousness connect: where I can honour my gendered experience of the everyday world as well as honour the privilege of years of informal learning and formal education that organize that gendered experience. It is a way to move back and forth from personal lived experience of that everyday world and study of the objectified 'phenomenon' of SSA exemplified by my secondary analysis of the quantitative data of the Canadian incidence studies. My research standpoint position is now one that is formed years later after therapy and education have reframed my understanding and ability to analyze the social structures and relationships of power, as well as grasp the importance of how women understand and make sense of the world which is often different, and just as relevant, as the more 'objectified' ways of knowing that are accepted in the mainstream.

In keeping with this iterative process of checking personal experience against the information that has been gathered and organized by social scientists, I began to notice

how research on SSA was or was not grounded in the everyday experiences of SSA survivors, and I make note of this in the literature review. This is also a reason why it is not enough to analyze quantitative data alone, and I have opted to compare quantitative data alongside the qualitative data, (i.e. SSA survivor narratives). This is an attempt to reconnect the objectified knowledge represented by the quantitative data with some representative subjects of this knowledge (Smith, 1990). Besides adding a connection to the subjects, survivor narratives can also offer us clues as to what is missing in our quantitative research.

Likewise, I feel there is a danger in presenting only the subjective, personal narrative in the study of SSA, the danger of not seeing the forest for the trees. When we are the ones engaged in the everyday, we cannot always make sense or see the oppressive structures that maintain the relations of ruling. Quantitative data collection and analysis allows us to pull back and look at the larger picture, and gives us an opportunity to discern patterns and trends in the personal as well as the political. Large sample surveys, for example, might give us data on racial or socio-economic variables that contribute to SSA. It helps us as a society to look at the larger systems that support and perpetuate oppression, which may not be readily discernible in personal narrative, unless the speaker is aware of and articulate about systemic or structural oppression.

Chapter 2 Literature Review

A common thread in the literature is that sibling incest is greatly under reported because of the ambivalence of parents of children where sibling incest is occurring in families. There is often confusion about what is normal, age-appropriate sexual curiosity between siblings, and what is sexual abuse. Denial by parents is also a common reaction; this is something that doesn't happen in 'nice' families. If parents are not in denial, they may choose not to report sibling incest because it may result in removing the offending child from the home.

Because of the confusion around age appropriate behaviour and the taboo nature of talking about sibling incest, research and writing about sibling incest is hard to find. It is only within the last twenty years that we find that the literature on sibling incest has moved from forensic medical journals to psychosocial journals. This review will track the progression of this development chronologically from 1980 forward through selected articles from that period, noting the methodologies of the research represented here and a brief description of the findings. Methodologies are noted because of the different ways that data have been collected, and this fact must be kept in mind when we are examining data in relationship to each other. This issue is developed in the section on methodology. The approach is chronological because it reveals an interesting change in attitude towards the issue of sibling incest, which is worth noting. The literature also discusses the various definitions of sibling incest, and usually confines itself to looking at the most common forms of brother-on-sister incest.

The search for sibling incest related literature revealed that this is an under-researched issue. Extensive journal searches on the topic produced less than a dozen articles, so I broadened my search to include sibling abuse, sexual abuse, sibling trauma, adolescent sex offenders, child maltreatment and incest in general. Within these categories I was able to isolate additional articles and studies that had sibling incest information imbedded in them.

Finkelhor, 1980

Sex among siblings: A survey on prevalence, variety and effects (Finkelhor, 1980) was a ground-breaking article and is constantly referred to in academic journal articles on sibling incest. It was the first survey of its kind to ask specific questions about sexual contact between siblings. Finkelhor surveyed 796 undergraduates at six colleges and universities in New England chosen for their diversity, during 1977 and 1978. Finkelhor reports that the survey questionnaire was administered to what he identified as lower, middle and upper class students in social science and human sexuality courses. The survey was filled out during class time, which probably accounts for the very high participation rate of 92%.

The survey approached the issue of sibling incest indirectly. The questions were couched within a survey on childhood sexual experiences, with questions about demographics, family dynamics, and family attitudes about sex. Two sections asked specifically about childhood sexual experiences with any other children (including siblings) and any sexual experiences with other family members. Finkelhor reports that

only 10% of respondents chose to skip those sections. He makes no claim that this sample is representative of a larger population as he notes that there were, for example, less than 1% black students in the sample.

Finkelhor differentiates between sex play between very young children (under the age of eight) and incest between siblings, citing Freud's theory of sexual development. This theory postulates that there are two periods of intense sexual interest in a child's development, one before the age of eight and again with the onset of puberty, separated by a latency period when sexual interest abates. Sexual activity among older children and adolescents is more likely to be termed incest.

The survey revealed that 10% of males and 15% of females had some form of sexual experience with a sibling. Of those, 10% were between sisters, 16% between brothers, the balance were between brother and sister. Twenty-five percent of experiences were considered exploitive because force was used or there was a large age difference between respondents. Females were victims in 82% of coercive experiences, and 70% of the time the female was younger than her brother, and the larger the age difference the more likely the experience was reported to be negative. Only 12% of respondents had ever disclosed the abuse; those with the most exploitive experiences were the most quiet. Twenty-three percent of siblings were more than 5 years apart in age. Respondent reactions to sibling incest were almost evenly divided between 'positive' and 'negative'.

Finkelhor states his understanding in regard to the limitations of the research and in interpreting the results. He cautions against using the data to generalize to any larger

population, or misinterpreting the findings, especially the ones on the effects of sibling incest on adult survivors. I would agree. First of all, the sample was college students, 83% of whom were under the age of 25. Given what we know about the ambivalence of sibling incest survivors, a young adult survivor of sibling incest would be unlikely to be able to judge if her or his experience was 'positive' or 'negative', unless there was violence or threat of violence present.

I believe that Finkelhor's study reveals some of the prevailing attitudes towards sexual violence of the time. This is revealed in the approach to research, which is 'sexuality' based rather than abuse or violence based, albeit recognizing that sibling incest is exploitive if force was used. It reminds us how socialization played – and still plays - a major part in teaching boys and girls about their respective gender roles. Many boys learn that they will suffer dire physical consequences if they do not satisfy their sexual urges, and moral prescriptions prevent boys from satisfying those urges themselves in a benign way (e.g. masturbation). They are also taught that girls are a legitimate source or target for getting those 'needs met' as they also witness that girls are socialized to be emotional, physical and psychological caregivers and nurturers. Sexual assault, including incest, is a reflection of the larger patriarchal agenda to establish male dominance and privilege and maintains it through all forms of coercion and violence.

Finkelhor also reveals a class bias in his analysis of the data; he states, "the nature of our college student group under represents the lower-income strata of the population which tend to have higher rates," (p. 174). It is true that U.S. college populations do tend

to under-represent lower income classes. However the rest of his statement is not supported, neither by his own survey data nor subsequent SSA research including the data provided later.

Cole, 1982

Ellen Cole responds to Finkelhor's study in her article, *Sibling incest: The myth of benign sibling incest* (Cole, 1982). She states that from her review of the literature, brother-sister incest is about five times more common than father-daughter incest. She reviews what little literature there was up to 1982 on sibling incest, and reveals that some authors believe sibling incest does not have a noticeable impact on either child, nor does it produce harmful effects later in adult life. Others agree that harm can occur if there are certain criteria met (i.e., more than five years age difference and/or use of force or coercion), although in their estimation the use of force is rare.

Cole's position is that sibling incest is not benign, even when the age difference is small, and even when, to use Finkelhor's language, the experience is 'positive.' She uses the same distinction between age-appropriate sexual curiosity between young siblings and behaviour that goes beyond the bounds of mutual and playful curiosity, which she calls sibling incest.

Cole's research sample of three cases is small. She was a practicing psychologist and college teacher, and it is not clear if these cases were clients, students or both. It appears that at least one case was from either an in-depth interview or the information

was gathered from case notes. One of her study participants provided Cole with her diary because she was not willing to be interviewed.

As with many of the articles on sibling incest, the sample is extremely small, and the information is self-reported. She does not provide the reader with any methodology around her 'research'; rather this article is more an essay with anecdotal evidence to support her views and response to Finkelhor's research findings. However, the fact that Finkelhor's research methodology is more positivist in approach than Cole's, does not mean Finkelhor's analysis necessarily has more credence. Cole's approach is to share her participants' narratives with the reader, and allows the reader to make empirically based conclusions about whether the experience of these women is 'positive' or 'negative.'

Cole strongly disputes the notion of 'positive' sibling incest, and also states that this notion of 'positive' experience comes from a positivist approach and is not accompanied by any narrative, "Finkelhor's findings, based almost entirely on a written questionnaire, offer no further information" (Cole 1982, 86). She posits that instead, the victim may see herself as a servant to her brother - an older, more valued male - and/or she is in denial of the impact of the abuse. She cites several feminist authors like Sandra Butler (Butler, 1978) and Judith Herman (Herman, 1981) who feel that consensual incest is psychologically impossible when the participants are unequal in power, which may be as true in the case of brother-sister incest as in the case of parent-child incest. Cole then goes on to give examples from her clinical experience of the after-effects of sibling incest, which resemble parent-child incest trauma or post-traumatic stress disorder.

Bank and Kahn 1982

The section entitled ‘Sibling Incest’ is part of the chapter called ‘Sibling Sexuality’ in *The Sibling Bond* (Bank & Kahn, 1982). Again the attitude toward sibling incest is made somewhat evident by the choice of placement for an issue about power and control in a chapter about ‘sexuality’. The authors’ research is also clinically based, spanning eight years. They were interested in understanding the ‘sibling bond’ in general, and did not set out to specifically research sibling abuse or incest. They chose 250 cases for further analysis, and out of those conducted one or more taped, in-depth interviews with 100 participants and their families, with the usual precautions taken to ensure anonymity of the respondents. They give no details about the data analysis process, as this book is written for a popular audience. The sibling incest data did emerge, however, in their examination of ‘sexual attraction’ between brothers and sisters. They look at this as a spectrum of attraction: playful curiosity, love, Oedipal involvement and incest. Bank and Kahn look at the historical practices of sibling incest in brother-sister marriage in ancient Egypt and Freud’s use of myth from Greek literature in his Oedipus complex theory. They rely on Freudian Oedipal theory to explain sibling incest, saying “Contemporary brothers and sisters who become romantically entwined are, like their mythic counterparts, often driven together by the absence of adult nurturance, and by the basic need for continued contact with what is intimate and familiar” (p. 160).

Bank and Kahn conclude that there are two kinds of incest: power-oriented, phallic, aggressive incest, and nurturing, erotic, loving incest. Incredibly, their

recognition of a “nurturing, erotic, loving incest” is based on one report by a male client, who had intercourse with his sister who “seemed a willing participant” (p. 186). They develop this category in spite of the blatantly harmful impacts that sibling incest had on *all* of their female patients, “(a)ll the women were depressed and there was an inordinately high percentage of drug abuse” (p. 186).

The notion that sibling incest can be erotic and consensual comes from Freudian psychoanalytic incest theory based on the historical practices of ancient Egyptian ruling classes and Greek mythology, as opposed to any kind of empirical, clinical observations or study. This theory gender-stereotypes woman as nurturers, responsible for care-taking the emotional and sexual needs of men. It must be kept in mind that psychoanalytic theory is culturally biased, having come out of white European, patriarchal, medical practice. This prevailing romantic notion in psychoanalytic theory about sibling incest and its causes serves to further minimize the majority of victims’ experiences of sibling incest and confirms therapists’ inaccurate understanding of the impacts and long term effects as well.

Smith and Israel, 1987

Holly Smith and Edie Israel’s study, *Sibling incest: A study of the dynamics of 25 cases* (Smith & Israel, 1987), is both a descriptive and statistical study of cases reported to a sexual abuse treatment team from 1982 to 1985. The reason for the research arose when the team noticed an increase in families with sibling incest. Information was gathered at intake and supplemented during later treatment. It included: nature and

duration of sibling incest, where it occurred, who knew about it and how, history of prior victimization of victim, offender and of parents; other incest in the family; role assignment in the family; marital relationship and parenting responsibilities of caregivers; sexual boundaries in the home (sexualized atmosphere); and the ability of the parent(s) to protect siblings in the future.

Smith and Israel defined sibling incest as any sexual interaction between siblings who have one or both parents in common. Their findings showed that at age of report the offender was an average of 13.2 years old, the victim an average of 9.1 years. Eighty percent of offenders were male; 72% of abuse was fondling or oral-genital contact, the balance of 28% completed intercourse. Seventy-six percent of families were 'intact', two-parent families, and of those, 56% were stepfamilies. Twenty-four families were Caucasian, one was Hispanic. Two families were upper class, the rest low to middle class.

The authors observed the following family characteristics: distant, inaccessible parents; parental stimulation of a sexual climate in the home (i.e., both excessive and repressive attitudes about sex); and the practice of extra-marital affairs in 76% of families thereby creating a climate of 'family secrets'.

In many ways, Smith and Israel set the template for future research on sibling incest. Studies that were published in following years look at many of the same dyad and family characteristics they discuss. They were also the first authors to note a distinguishing dynamic between families where father-daughter incest occurs and sibling

incest families: “the boundaries in sibling incest homes are rather loose and inconsequential, while those of the father-daughter incest family are more rigid and restrictive....Rarely do we see a father in a paternal incest system venture outside of the home to meet sexual or emotional needs” (Smith & Israel, 1987). A comparative study of the impacts of father-daughter incest and sibling incest would not follow until 1999 (Rudd & Herzberger, 1999).

Laviola 1989 and 1992

Marisa Laviola’s 1989 research is a descriptive study of four cases (Laviola, 1989) which looks like a pilot study for her 1992 study of 17 cases of older brother – younger sister incest (Laviola, 1992). The second study provides both descriptive and statistical data for analysis, where the former study is richer in respondent narrative. The 1989 study describes the self-reported histories of four women survivors of childhood and adolescent sexual abuse by their brothers. The women were contacted via their therapists. All the survivors report multiple negative effects as a result of the sibling incest, including low self-esteem, guilt feelings about their perceived role in the relationship, depression, trust issues and sexual functioning problems. The narratives also contain much information about the dynamics of their family of origin, and their perceptions of how parental response to their disclosure of the incest affected them.

Laviola’s second study of seventeen women survivors also looks at the effects of sibling incest. This study is more systematic in approach. Laviola again uses practitioners to reach her sample, finding her respondents via three psychotherapists in

three small cities in New Hampshire. She used a semi-structured, in-depth interview process as well as four 'objective' self-reporting instruments. The Impact of Event Scale and the Trauma Symptom Checklist used to measure information, impacts and long-term effects of the sibling incest; and the Family of Origin Scale and the Cohesion Evaluation Scale used to measure family of origin demographics and functioning. The data gathered from the instruments were not reported in detail (although some tables are provided) but rather analyzed for descriptive trends and used to supplement the descriptive data from the survivors' in-depth interviews.

Laviola states in her analysis of the literature that precedes her study, that the consensus seems to imply that in order for the sibling incest to be considered harmful, coercion or force must be present in the initiation and maintenance of the sexual activity. She also notes that therapists may dismiss the importance of disclosures of sibling incest because of the controversy in the literature concerning whether or not there are long-term negative effects on the sister in brother-sister sibling incest. She cites references to unresolved Oedipal issues in her literature review similar to the Bank and Kahn (1982) citation herein. She remarks that other authors note that impacts of sibling incest are a symptom of family dysfunction, and question whether the long-term impacts of sibling incest are distinguishable from the impacts of growing up in a dysfunctional family. In the analysis of her findings, Laviola states that the survivors themselves were clear that the effects they felt resulted from the sibling incest. These include sexual functioning difficulties, self-blame for the sibling incest and lowered self-esteem.

Laviola's 1992 study, rich in descriptive data and narrative, was from a small, purposeful sample. While impossible to generalize to a larger population, it contains valuable information when considering the implications for therapeutic practice with women survivors of sibling incest. She states that it would be useful to do a comparative study between such a sample used in this study and sibling incest survivors who are not in therapy and do not report negative impacts from their experience.

Worling 1995

James Worling's positivist research with offenders offers a comparative study between adolescents who sexually abuse younger children inside their own families with those who abuse non-siblings. *Adolescent sibling-incest offenders: differences in family and individual functioning when compared to adolescent nonsibling sex offenders* (Worling, 1995) looks at whether there are any statistical differences in trends in families where male adolescents are committing sexual offences inside the family versus outside the family. This may give us some clues about whether it is the dysfunctional nature of the family system that 'sets up' children for sibling incest or indeed there are other factors such as socialization which 'set up' adolescent boys to abuse young girls in either milieu.

Worling reviews previous studies on sibling and non-sibling adolescent offenders and from that hypothesizes that "sibling incest offenders would report significantly more punitive childhood experiences, dissatisfaction with family relationships, and childhood sexual abuse in comparison to non-sibling offenders" (p. 634). Worling formed his sample groups from 102 consecutive admissions to the Sexual Abuse Family Treatment

and Education Program in Etobicoke, Ontario. From those, data were collected from 90 adolescent sex offenders who acknowledged 'hands on' sex offences. The sample was used for another study on the differences between offenders against female children versus female peers. The sample group respondents were between the ages of 12 to 19 years at assessment. Information was gathered during regular clinical meetings ranging from 2 to 50 months in length. Offenders were divided into two groups for comparison. If the offender abused children both inside and outside the family of origin, he was put into the sibling incest group. All participants completed self-reporting questionnaires with literacy support from investigators. These measurement tools were the Assessing Environments (III) Scale, which measures punitive childhood experiences; the Family-of-Origin Scale, which measures satisfaction in family relationships; the Tennessee Self-Concept Scale, which measures self-esteem, and the Youth Self-Report, which measures self concept; the Buss-Durkey Hostility Inventory and the Beck Depression Inventory. Blishen Scales were used to determine socioeconomic status in families of origin. Extensive statistical analyses were employed to test scores and comparisons and Worling provides much explanation and examples of the analytic methods employed.

Relevant to the discussion in this paper are the findings that show that compared to non-sibling adolescent sex offenders, adolescent incest offenders report "more parental physical punishment, a more negative and argumentative family environment, greater feelings of parental rejection, heightened marital discord and less overall satisfaction with the family relationships" (p. 639). These offenders were also more likely to be victims of

childhood sexual abuse and to have younger siblings in the family. Worling concludes that the finding suggests that family violence in all its forms – physical, emotional and verbal – combined with a history of sexual victimization and available younger siblings provide an etiologic pathway for adolescent sibling incest offences.

The study employed strict positivist methods for gathering information and has its limitations in that the categories for response are already set out for respondents. If in-depth interviews with these adolescent offenders had been conducted, there would have been richer material for analysis. That material might have revealed other factors that play an important role in the ‘formation’ of an adolescent sexual offender, such as socialization and/or exposure to media that condones violence against women.

Adler and Schutz 1995

Like other authors, Naomi Adler and Joseph Schutz noticed an increase in sibling incest cases coming into their hospital-based family violence program. *Sibling Incest Offenders* (Adler & Schutz, 1995) is their study based on a retrospective survey of clinical intake material from a variety of sources, including demographic data, offender self-reports, parent, victim, police and child protection reports, school records and various psychological evaluations. The Adler and Schutz study sample size is 12 brother- on-sister offenders and looks at the family demographics, behavioural dysfunction, psychiatric disorders, history of victimization of the offender and the offenders’ parents, family characteristics and the characteristics of the abuse perpetrated.

Important findings from this study include: high victimization rate among parents of offenders (66% in the Adler and Schutz study as compared with 72% in Smith); high rate (92%) of physical victimization of offender by one or both parents; 58% of sibling incest cases had been discovered by parents, but continued indicating denial and/or minimization on the part of parents. 75% of victims reported verbal threats to maintain silence compared to 100% of offenders who claimed no verbal threats were made. Adler and Schutz identified risk factors as financial stress, parental illness and/or disability, marital conflict and pervasive patterns of abuse in the family.

Flanagan 1999

The Australian study, *Sexual abuse counselling and prevention program: A five year review of work with victims and adolescent perpetrators of sexual abuse* (Flanagan, 1999) reports information gathered from clients of the Child Sexual Abuse and Treatment Program (CSATP) established in 1993 to work with children and young people who were sexually abused and their non-offending caregivers, and the Adolescent Sex Offender Treatment Program (ASOTP). Information was gathered as part of the intake process from May 1993 to July 1998 using a variety of assessment tools. This study was geared towards evaluating program efficacy, and from that data secondary analysis was performed in order to develop prevention strategies. As Flanagan remarks in the section *Primary, Secondary and Tertiary Prevention*, “we require a comprehensive understanding of the extent, seriousness and complexity of sexual victimization and perpetration to develop effective prevention and intervention strategies” (Flanagan, 1999).

The sections on 'Sibling Incest' (pp. 85-89) and 'History of Victimization in ASOTP Clients' are especially relevant to this review. The former looks at the similarities and differences between the reports of CSATP clients who were sexually abused by a sibling (this term includes sibling 'substitutes') and ASOTP clients who had sexually abused a sibling. This sample, taken from the overall study population, included 64 victims/clients sexually abused by a sibling and 131 offenders who had sexually abused a sibling. Detailed data analysis methods are not provided in the study, but it appears that basic statistical analyses for estimating and hypothesis testing are employed.

Important findings include victim and offender ages at onset of abuse and at treatment, gender specific differences, nature and duration of abuse and use of force. The gender analysis of the data shows several trends: caregivers are more likely to seek service for a male child or adolescent who has been sexually abused; males are more likely to be believed than females at disclosure of abuse; and adolescent male offenders are less likely to admit they have abused a male.

Another important trend which is noted in other studies (Adler & Schutz, 1995; Smith & Israel, 1987) is the high percentage (67%) of SSA offenders who had a history of sexual abuse by a parent, and were more likely to report penetrative forms of abuse. Also noted by Flanagan is that the sexual abuse between brothers is often accompanied by more force than brother-on-sister sexual abuse, and the possible long terms effects of this. "Of particular concern is the proportion of abusers who had used physical force on male siblings. The use of physical force before, during and/or after the commission of sexual

abuse may have a significant impact on the development of cognitive distortions and both sexual dysfunction and deviance later in life” (Flanagan, 1999, p. 89). The male victims’ experiences of greater violence linked with their sexual abuse may give us one more clue to as to why more male victims grow up to become sexual abusers than female victims (Ryan, 1989, 1999).

Rudd and Herzberger 1999

Brother-sister incest, father-daughter incest: A comparison of characteristics and consequences (Rudd & Herzberger, 1999) is the study referred to earlier in the review of the Smith and Israel (1987) article. It is the first comparative study published that contrasts the effects of sibling incest with parent-child incest. The sample size is relatively small, using 14 brother-sister incest cases and 15 father-daughter incest cases. Sample selection was purposeful. This was a treatment sample, in that all were women in therapy groups for incest survivors. Survey questionnaires were distributed to the women asking questions based on demographics, values and goals of group participants; emotional, physical and sexual abuse; family of origin questions in regards to relationship with parents and the abusers. The questionnaire was designed to elicit both quantitative and qualitative data, which gave the authors a fuller understanding of the issues involved. Quantitative data were gathered using Likert-type scales.

The Rudd and Herzberger study found that brother-sister incest is at least as serious as father-daughter incest. The threat of force was higher in cases of father-daughter incest (64% vs. 45%) but the actual use of force was higher among sibling-

abused women (64% vs. 53%). What is significant is the high rate of force or threat of force in both kinds of incest. Long-term impacts of sibling incest are very similar to father-daughter incest and are also equally serious. These include heightened anger and depression, eating and sexual functioning problems, flashbacks and nightmares and suicidal ideation.

There are also some salient differences between the characteristics of the two kinds of families. Sibling incest families seemed even more chaotic than the families with father-daughter incest, and often the sibling incest survivors from these families perceived themselves as responsible for maintaining family 'stability' even when stability meant chaos. The daughter as peace-maker and nurturer is perhaps indicative of a strict gender role adherence as reported in other studies around the characteristics of sibling incest families (Caffaro & Conn-Caffaro, 1998; Laviola, 1992). In the sibling incest dynamic, there appears to be parental absence, neglect and physical abuse and the absence of the father seems to play a major role. Rudd and Herzberger also note that child sexual abuse has long-term negative effects on the adult survivor's parenting skills. When we view this in light of findings from other studies that show the high incidence of abuse victimization among parents of sibling incest victims, the need for prevention strategies in breaking the intergenerational cycle of abuse becomes evident.

This and other research has shown that the longer the abuse continues and the more physical violence or threat of force is used, the more serious the negative effects of the abuse are. In this kind of treatment sample, one is reading information from survivors

who feel the effects of their incestuous relationship are serious enough to require intervention. Therefore we may assume that these women are at the more negative end of the spectrum. It is difficult to know if the impacts would be different if we looked at a broader spectrum, that is, where physical force and/or threats were not used or used less, or length of the incestuous encounter was relatively short.

Chapter 3 The Theories that Drive SSA Research

Intrafamilial child sexual abuse, or incest, is not a new phenomenon, but the study of it is relatively recent. So is the understanding that incest is socially constructed (Bolen, 2001). What we know about incest is empirically based – we know that it happens and that it is real. But how we gather, organize and make sense of that knowledge – socially construct it - is impacted by the theories that guide our thinking. Much of that thinking comes from psychoanalytic, family systems theory and early radical second-wave feminist theory.

Freud's contribution to the study and understanding of child sexual abuse is well known. Freud established himself and his medical practice in Vienna specializing in nervous disorders and in the last decade of the nineteenth century formalized his theory on the etiology of hysteria. Freud concluded that his sample of eighteen so-called hysterical female patients were all victims of child sexual abuse, and privately in letters to a friend suggested fathers as the most common abuser. Freud's own gender-role socialization and stereotyping lead him to theorize that it was the seductive nature of the girl child that was responsible for the enthrallment of the father and their consequent sexual contact. This 'seduction theory' brought him under censure from his colleagues, not because of the child blaming it supposed but because of the moral abhorrence of the act itself. Perhaps fearing he might commit professional suicide by maintaining his theory, Freud backed down. His fear of censure may have only been slightly greater than his fear about the prevalence of child sexual abuse. It is a fear so pervasive that "the

knowledge of the scope of the problem of child sexual abuse is so overwhelming that it is human nature, and the nature of society as a whole, to deny its existence or prevalence” (Bolen, 2001).

In its place Freud developed his theory on the ‘Oedipus complex’ which explained the real phenomenon of child sexual abuse as fantasy: his hysterical patients, as girls, wished to have their fathers sexually, so imagined that they did. The details of Freud’s repudiation of the seduction theory are not as important as the impacts of his bowing to pressure, and the Oedipus complex becoming the core incest theory. “This emphasis on intrapsychic versus extrapsychic phenomena in the etiology of the victim’s psychopathology ... also influenced the continued blaming of victims, effectively silencing them” (Bolen, 2001, p. 19). It also absolved the abuser and the social environment from any responsibility for the abuse. Yet the evidence of *real* sexual abuse persisted, and in spite of the fact that Freud might have been discredited because of this, his theories remained. Instead, his theories were used to blame incest on the seductive nature of the child – notions that shockingly persist to this day (p. 29).

Like psychoanalytic theory, family systems theory also removes culpability from the perpetrator and society. Incest is a form of family dysfunction that maintains the family’s homeostasis. Each member of the family system contributes to this dynamic because each one has something to gain by it. This concept of circular causality is central to the maintenance of the incestuous family. In father-daughter incest, the family members are portrayed as not fulfilling their roles properly, especially mothers who are

seen as having deserted their function as sexual partner to the father, a role that must then be fulfilled by the daughter. Embedded in the role-playing ideas in family systems theory is gross gender stereotyping about women's role as caretaker of the personal needs of men.

Mothers in particular take a beating in family systems theory, especially around incest and in any theorizing about neglect. Karen Swift writes, "The ideal of the family provides the underlying schema for understanding neglect, because the image of the nuclear family provides us with the standards against which care can and should be measured. It dictates the division of labour in the family and tells us precisely what mothers ought to be doing with and for their children" (Swift, 1998). This division of labour has evolved from gendered stereotypes about which gender is the provider of personal care. Because women are seen as the 'natural' providers of care, and men are not, mothers are 'naturally' responsible for the well-being and safety of children in the family. Social welfare history shows that child welfare agencies are constructed not to protect children from environmentally caused dangers or extra-familial violence, but to enforce the social responsibilities of parents to take care of their children (DeMontigny, 1980). Therefore when children are neglected, they are seen as neglected or unprotected by their mothers. This gender bias against female parents is a particularly acute problem in cases of child sexual abuse and more recently with children witnessing domestic violence. More mothers are being charged with a new socially constructed form of gender-biased neglect called 'failure to protect' (Carter, 1999).

In sibling sexual abuse, neglectful 'parents' are often a family characteristic cited in SSA etiology (Bank & Kahn, 1982; Caffaro & Conn-Caffaro, 1998; Canavan, Meyer, & Higgs, 1992; Rudd & Herzberger, 1999; Smith & Israel, 1987). The nurturing role the parents do not play are filled by the siblings for each other, and somehow it is supposed to make sense that then they have sex with each other as well – it is a kind of mirroring of parental behaviour, if you will. Bank and Kahn (1982) take this a step further to say that siblings engaging in sex gain a sense of power over the parents because they now also possess a secret in their 'us against them' relationship which keeps them together and prolongs the incestuous relationship.

The benefits to society for using psychoanalytic and/or family systems theory are many. It keeps the focus of the problem of SSA and the responsibility for it on the family, especially on the mother. Mothers are found responsible for not protecting their daughters, because even if they are not being preyed upon by 'sexually deprived' fathers, there is some kind of unconscious force in place that makes a sibling act out this primitive urge. Non-offending mothers are increasingly being charged by child protection agencies for this kind of neglect, as well as for 'allowing' their children to witness their own violent abuse at the hands of their intimate partners. It all serves our society very well to obscure the reality and the scope of incest, both father-daughter and sibling sexual abuse. "Perhaps the most important effect of blaming mothers, daughters, or families, then, is that doing so colludes with our societal need to deny the scope of the problem of child sexual abuse" (Bolen, 2001). We not only deny the scope, we obscure the

culpability of the male perpetrators of the violence, thus maintaining patriarchal privilege and power.

Radical feminist theorizing has not had the impact on societal change for which many of us hoped. It has done much to uncover the realities of child sexual abuse and the abuse of power it represents (Herman, 1981), but has failed to move society beyond denial. That failing could be due to the fact that the most public work radical feminist practitioners do with women focuses on intrafamilial sexual abuse and intimate partner violence. We do know empirically that women are most at risk of physical and sexual violence by an intimate partner. But that notion is incorrectly carried over into persisting ideas that girls are most likely to be sexually abused by a member of their own family. The truth about incest is that it is *not* the most common form of child sexual abuse. Bolen's research shows that approximately 70% of all child sexual abuse is extrafamilial (Bolen, 2000, p. 1141) and she maintains that intrafamilial sexual abuse "is simply one form of child sexual abuse" (Bolen, 2001, p. 116). In this way radical feminist theorizing and practice, by focusing on intimate and intrafamilial violence especially when it comes to children, may unwittingly collude with society's unwillingness to face the scope of child sexual abuse.

An analysis of the underlying assumptions in the focus of the questions in the OIS93, CIS98 and other studies on child sexual abuse reveal these theories that keep the focus of child sexual abuse on families. The OIS93, the CIS98 and other studies modeled on the NIS, are designed to be used by child and family service agencies. However the

decision to use child and family protection agencies was made by the design team; it was not the child and family agencies that requested the study. In fact, in the case of the Canadian Incidence Study of Reported Child Abuse and Neglect, which followed the OIS93 in 1998, the funding came from Health Canada's Child Surveillance Program. It is true that health and well-being surveillance of children should take place in context of their family life, but it would appear from Bolen's research that children are more vulnerable to sexual abuse outside of the family. What are we doing to ascertain the rates of incidence of abuse, especially child sexual abuse outside the family? And what kind of damage are we doing to victims and families by continuing to focus our research on them, and thereby adding to the blaming of victims and stigmatization of families?

If sexual violence against children is systemic to society, it could be argued that incest is systemic to families that most closely mirror our western hegemony, i.e. patriarchal, heterosexually parented, nuclear families (Rudd & Herzberger, 1999). The taboo nature of talking about incest has not prevented the taboo practice from continuing. Incest theories have helped to maintain silence by adding a layer of shaming to victims and their 'dysfunctional' families by pointing at them as sexually perverted, when in actuality the whole ruling hegemony has an appetite for sexual exploitation and domination of children and women.

Chapter 4 Methodology

A major task of this research was the secondary analysis of the Canadian data pertinent to SSA. Access to the OIS93 data was granted by the study's author, Dr. Nico Trocmé at the Centre for Excellence in Child Welfare at the University of Toronto. The CIS98 data required an application and signed agreement with Health Canada's Population and Public Health Branch, Child Maltreatment Section in Ottawa (see Appendix E). Both data sets were provided in SPSS format and accompanied with codebooks.

The Ontario Incidence Study (OIS93) of Reported Child Abuse and Neglect 1993 (Trocmé, 1993) was a landmark for research in Canada. It was the first study of its kind to look at a province-wide sample of cases of child maltreatment reported to child protection agencies in Ontario. Prior to this study, the only other general population study of child maltreatment in Canada was a national retrospective study of a sample of adult survivors self-reporting physical and sexual abuse, made by the Badgely Commission in 1984 (Canada, 1984). The report of the Badgely Commission provides important information, but does not include the kind of data contained in reports to child protection agencies, including emotional abuse and neglect.

The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS98) followed five years after the OIS93. It was the first Canada-wide study of investigated children and families suspected of child abuse and neglect. The OIS93/CIS98 provide unique SSA data, because they are Canadian and are relatively current. Like the Badgely

Commission (1984) data, much of the SSA data in the literature are based on retrospective self-reports by adult survivors (Cole, 1982; Finkelhor, 1980; Laviola, 1989, 1992; Russell, 1983; Smith & Israel, 1987; Wiehe, 1997). Some studies are of adolescent offenders (Adler & Schutz, 1995; Allard-Dansereau, Haley, Hamane, & Bernard Bonnin, 1997; Veneziano, Veneziano, & LeGrand, 2000; Worling, 1995) and sometimes their victims (Caffaro & Conn-Caffaro, 1998; Flanagan & Hayman-White, 2000; Smith & Israel, 1987), and most are American in origin.

Detailed presentations of the OIS93 and CIS98 methodologies are available from the respective articles on this subject (Trocmé, 1993; Trocmé, MacLaurin, Fallon, Daciuk, Tourigny et al., 2001). I wish only to provide a summary of relevant information that is pertinent to my secondary analysis.

The core sample of the OIS93 is 2,447 child investigations of suspected abuse or neglect opened by Ontario child welfare agencies during the March to June 1993 study period. This sample was drawn from a possible total population of 53,000 family intake cases (of all kinds) opened in Ontario in 1993. Annualized and regional weighting was employed to render the estimated incidence data presented in the final report.

The OIS93 study tool (see Appendix C) was a two-page questionnaire completed by the agency worker at each intake. The form collected information about case status, family structure, parental race, family housing and income, parental risk factors, source and reason for referral. If maltreatment of a child was suspected, a maltreatment form was completed for each child. Up to four kinds of maltreatment can be identified per

child and multiple perpetrators, as well as levels of substantiation, nature of injury, severity, duration, information about the perpetrator, out-placement, related court and other activities.

Similarly, the CIS98 core sample was 7,672 child investigations of reported maltreatment during the October to December 1998 study period with annualized and regional weighting employed to render national incidence statistics. The CIS98 study tool (Appendix D) was an refinement of the OIS93 instrument which was itself based on the questionnaires designed for the U.S. National Incidence Studies of 1981 and 1986 (Trocmé, 1993). The CIS98 public data set did not contain the data that was needed for my SSA research because the 'sibling' as perpetrator option was not given in one jurisdiction. That required access to older versions of the data, which were prepared for my use by the data manager at the University of Toronto, Joanne Daciuk. The older version required having identifying information about agencies and clients removed before I could commence the secondary analysis. The Public Data Set was used for looking at comparative statistics on all types of child sexual abuse.

Permission to use and publish the results from the CIS98 was obtained from Health Canada, Population and Public Health Branch, Child Maltreatment Section. In accordance with their confidentiality guidelines, no analysis will be undertaken that is sufficiently detailed as to identify individual cases (see Appendix E). Therefore no statistics will be reported on fewer than five cases.

Analysis of these data is exploratory. Comparisons with the data from the

literature cannot be made nor can we fairly compare data within the literature because of the various methodologies employed. Many of the studies in the literature are based on clinical case notes and interviews of mostly female survivors, that is, self-selected, retrospective narrative data. Other studies are based on test scores and intake notes from adolescent offenders. This is in contrast to the snapshot time frame of the OIS93 and CIS98 studies of reported child abuse and neglect and its quantitative data collected by child protection agencies.

Secondary analysis of the OIS93 and CIS98 data was done using the statistical software package, SPSS10. Most statistics were produced from variable frequency tables and from bivariate and multivariate analyses using crosstabulations. Statistical testing for significance was applied occasionally and usually reserved for the larger sample sets.

The OIS93 and CIS98 are large data sets that have allowed estimates to be made for the whole of Canada. No such estimates can be employed in this research. The SSA sample subsets that were created for this research are very small, and SSA specific information was not gathered in one jurisdiction in Canada in the CIS98. Caution must be exercised in drawing conclusions, if any can be drawn at all. These data are analyzed for similar patterns in characteristics in individuals and families where SSA exists with patterns in the literature that may give us some clues about etiological pathways that may lead to sexual abuse between siblings. It may also lead to further development of research into other forms of peer violence, and for planning interventions with children at risk.

Selection of Suspected and Substantiated Cases

For the most part my research is of a particular subset of the OIS93 and CIS98 data, that is, cases representing reported sexual abuse perpetrated by a brother on a sister.

There are two ways to prepare the data for this kind of analysis, and either way is accurate. The entire data set can be analyzed using a single variable filter created by a written syntax (see sample, Appendix B). The filter is then applied to the data in SPSS 10 under the 'Data: Select Cases' option. The other option is to select successive variables applied as filters, again in the 'Data: Select Cases' option, and by choosing the 'Deleted' option for unselected cases.

When all filter variables have been applied (see the 'Notes' in Appendix B for descriptions of the variables selected) and non-relevant cases have been deleted, the file can be saved as a subset of the original data. Data on SSA were further limited to cases that were substantiated or suspected (Table 1).

Table 1 OIS93 & CIS98 Substantiated Cases of SSA

OIS93	Frequency	Percent	CIS98	Frequency	Percent
Unsubstantiated	12	32.4	Unsubstantiated	10	29.4
Suspected	4	10.8	Suspected	6	17.6
Substantiated	21	56.8	Substantiated	18	52.9
Total	37	100.0	Total	34	100.0

Unsubstantiated cases may seem high (32.4%), but are lower than unsubstantiated reports of sexual abuse of the entire OIS study of over 40% (Trocme, 1993).

By limiting the sample to include only suspected and substantiated cases, the number of investigated girls sexually abused by a brother in the OIS93 drops to 25 and in the CIS98 the sample size is 24. Because of the small resultant sample sizes, this study

can only be considered exploratory at best. Some statistical testing for significance was done (but sparingly) on selected correlative data within these samples. Descriptive statistics presented as a percentage will be presented as a number with the size of the sample for clarity (e.g., $\underline{n} = 5/25$). Also, noting that the two studies produce statistics that have many similarities, the focus of my research reporting will be on the more recent CIS98 data. OIS93 observations will be offered when they offer unique information, provide some contrast or further insight into the CIS98 descriptive statistics.

Summary of Study Methodology

- Ontario Incidence Study of Reported Child Abuse and Neglect (OIS93) core unweighted sample 2,447 child investigations
- Canadian Incidence Study of Reported Child Abuse and Neglect (CIS98) core unweighted sample 7,672 child investigations
- Core samples were used for descriptive statistics on reported CSA and SSA including gender analysis of victims and offenders.
- CIS98 public data sets did not contain information required for secondary analysis of SSA. Earlier version of data set was used to create SSA subset.
- SSA subsets were created for each study of the most common form of SSA, brother-on-sister and a further decision was made to use only suspected and substantiated cases.
- Both data sets were SPSS10 compatible. No statistics on fewer than 5 cases are reported due to Health Canada confidentiality guidelines.

OIS98 Core Sample
2,447 Investigations

All reported CSA
577 investigations

All reported SSA
62 investigations

Created subset:
Suspected and
substantiated Brother
on Sister SSA
25 Investigations

CIS98 Core Sample
7,672 Investigations

All reported CSA
882 investigations

All reported SSA
65 investigations

Created subset:
Suspected and
substantiated Brother
on Sister SSA
24 Investigations

Chapter 5 Results of Secondary Analysis

Overall Phenomenon of SSA

When looking at the overall phenomenon of sibling sexual abuse, I used the entire unweighted OIS93 sample ($N = 2447$) and the CIS98 sample ($N = 7,672$) to get general descriptive statistics (Table 2). Of the entire OIS93 sample of 2,447, there are 577 cases of reported child sexual abuse (about 24%). Of those, 62 are perpetrated by siblings, or about 10.7% of all cases of reported child sexual abuse. In the CIS98 there are 882 cases of reported child sexual abuse (Trocmé, 1993; Trocmé, MacLaurin, Fallon, Daciuk, Billingsley et al., 2001) about 11.5% of investigations. Of those, 65 were perpetrated by siblings, or about 7% of all CSA.

Table 2 OIS93 & CIS98 Rates of Reported CSA and SSA

	Ontario Incidence Study Of Reported Child Abuse And Neglect 1993	Canadian Incidence Study of Reported Child Abuse and Neglect 1998
Unweighted Sample Size	2,447	7,672
All Reported Cases of CSA	577 (24% of sample)	882 (11.5% of sample)
All Reported Cases of SSA	62 (10.7% of CSA)	65 (7% of CSA)
<i>Suspected & Substantiated SSA</i>	OIS93 ($n = 37$)	CIS98 ($n = 40$)
Male Perpetrators	35 (95%)	34 of 36* (94%)
Male Victims	11 (30%)	12 (32%)
Female Victims	26 (70%)	28 (68%)

* 4 cases are missing because perpetrator gender was not recorded

A trend analysis on the 1993 and 1998 Ontario Incidence Studies reveals a 44% decrease in substantiated sexual abuse investigations, which is consistent with decreases reported across the United States (Trocmé, Siddiqi, Fallon, MacLaurin, & Sullivan, 2002). There also appears to be an overall decrease (from 24% to 11.5%) in the number of child investigations for all kinds of child sexual abuse from the 1993 provincial to the 1998 national studies (Table 2), and there is also a slight decline in the ratio of sibling perpetrated sexual abuse within the category. This is a remarkable trend, and one that lends itself to the theory that, like child sexual abuse, the majority of sibling sexual abuse behaviour is socially controlled rather than the result of deviance (e.g., pedophilia). Further it lends some credence to the notion that SSA is a reflection of the sexual violence that is systemic to society. However, one must be cautious about jumping to conclusions regarding the overall falling rates in substantiated sexual abuse. “While it could indicate that sexual abuse prevention programs and criminal charging policies may have acted to effectively deter sexual abusers, it is also possible these same policies are causing victims and their parents to be less willing to disclose and report sexual abuse” (Trocmé et al., 2002).

Gender

A gender analysis of perpetrators in the OIS93 and CIS98 data corresponds with other studies (Adler & Schutz, 1995; Flanagan, 1999; Smith & Israel, 1987; Trocmé, MacLaurin, Fallon, Daciuk, Billingsley et al., 2001) that show the majority (80% - 100%) of perpetrators are male (see Table 3). In the CIS98, 94% of perpetrators are male in

suspected and substantiated cases of SSA.

Table 3 SSA Perpetrators by Gender

Study	Sample Size	Percentage of Male Perpetrators
Smith & Israel 1987	25	80%
O'Brien 1991	50	100%
Adler & Schutz 1995	12	100%
Flanagan ASOTP 1999	64	100%
OIS93 (All SSA)	37	94%
CIS98 (All SSA)	40	94%

However victim rates in the OIS93 and CIS98 show a different story (Table 4).

The Canadian incidence studies show a lower female victim percentage than self-reported based studies in the literature, which show that 89%-100% of victims are female (Adler & Schutz, 1995; Bolen, 2001; O'Brien, 1991; Smith & Israel, 1987). The Canadian studies show female victim rates at 70%, which are more in line with the Flanagan (1999) study that shows the female victim rate at 67%. Higher proportions of female to male victims reported in the studies that are based on retrospective self-reports are likely due to differences in gender socialization. Females are more likely to seek therapy and disclose SSA than males.

Table 4 SSA Victims by Gender

Study	Sample Size	Percentage of Female Victims
Finkelhor 1980	792	84%
Smith & Israel 1987	25	89%
Adler & Schutz 1995	12	100%
Flanagan ASOTP 1999	64	67%
OIS93 (All SSA)	37	70%
CIS98 (All SSA)	40	70%

Overall male victim rates in the Canadian incidence studies at 30% are also in line with the Flanagan (1999) study in Australia. That study showed that in cases of SSA, 33% of the victims were male. Flanagan also notes in her study with adolescents that young male sex offenders are less likely to admit to sexually abusing boys than they are to admitting sexually abusing girls (Flanagan & Hayman-White, 2000). If you were to go by information based on offender disclosure in the same study, the rate would only be 22%.

A further analysis of the Canadian data shows that brother-on-brother sexual abuse accounted for 22% of cases in the OIS93 (8 of 37 cases – one case had gender information missing) and 28% of cases in the CIS98 (10 of 36 cases, 4 cases had gender information missing), in suspected and substantiated cases of SSA.

Age

Descriptive statistics on victim and perpetrator ages are bound by the nature of the variables determined by the original study. The victim age is one of few ratio variables used in the Canadian studies (0 - 16), and is also available in age categories as a derived variable, while the perpetrator age is only available grouped into categories (i.e. < 12, 13-15, etc.). There is a problem with the age categories in both the OIS93 and the CIS98, i.e. the problem of where to slot 12- year-old perpetrators because the questionnaire categories are < 12, then 13 - 15.

I was advised by the CIS98 study authors¹ to assume that perpetrators aged 12

¹ Personal communication with Nico Trocmé and Barbara Fallon, University of Toronto, June 11, 2002.

were included in the < 12 category. Further, that anyone in that category who was investigated or charged by police would have to be 12 years old in accordance with Canadian Law, under the Young Offenders Act. I was able to establish that four of these perpetrators in the < 12 category were indeed 12 years old by a cross tabulation of perpetrators' ages with police investigation and charges laid.

Child development theory has had an impact on how researchers and child protection workers define sibling sexual abuse. Theorists who follow Freud claim that very young or 'pre-latency' children do not engage in exploitive behaviour. Any sexual behaviour between children of that age group, regardless of kinship, is considered sexual play or exploration and not harmful. The latency period in a child's development ranges approximately from age 8 to puberty, and is a time when it is assumed that sexual interest abates. This influence shows up in the research literature in careful collection and analysis of age data of victims and perpetrators. I was curious to find out if this theory of latency also influenced the Canadian data collectors in their considerations of whether to take sexual contact between siblings seriously if the perpetrator's age fell into the so-called 'latency' period.

With this in mind, all cases of SSA in the CIS98 ($n = 65$) were analyzed to see if ages of perpetrators might have had an impact on the rates of substantiation. The correlation between the age of the perpetrator and rates of substantiation for all cases of SSA was tested and found not significant ($r = -0.039$, $n = 57$, $p > .05$, two-tails). In the <12 age category there were almost equal numbers of perpetrators that were substantiated

($\underline{n} = 7/57$; 8 cases missing), suspected ($\underline{n} = 6/57$) and unsubstantiated ($\underline{n} = 8/57$). Across age categories, perpetrators in the < 12 group represented only 38% ($\underline{n} = 8/21$) of all the unsubstantiated SSA cases. This would seem to indicate that most Canadian child protection workers take seriously reports of sibling sexual abuse by perpetrators of all ages.

Brother on Sister SSA Dyad Characteristics

Perpetrator-Brothers

The Flanagan study (1999) of adolescent perpetrators of sexual abuse states that the average age at the onset of their sexually abusive behaviours was 12 years old. Other studies show that the majority of perpetrators were between 13 and 16 years of age (see Appendix A).

The majority of brother-perpetrators in the CIS98 ($\underline{n} = 21/23$, one case missing) were 12 years or older. Almost two thirds ($\underline{n} = 15/23$) fell into the 12 -15 age range and their victims ranged in age from 2 to 12, with most of those ($\underline{n} = 6/23$) being between 4 and 8 years old. All the perpetrator-brothers aged 16 and over ($\underline{n} = 6/23$) abused sisters between the ages of 8 and 15.

Victim-Sisters

Because of the nature of the CIS98, there are no data for victim-sisters past the age of 15, as they are no longer under the jurisdiction of child welfare agencies at age 16. So we can only make comments on observations when looking at the age of victims at the time of the study. The girls ranged in age from 2 to 15, with no over-representation in

any particular age of sister victim, similar to victims in the Smith and Israel (1987) study group ($N = 25$) who ranged in age from 3-13. Mean age of victim-sisters in the CIS98 was about 8 years ($S.D. = 4.42$ years). The Flanagan study (2000) reports the mean age of victims of both sexes as 8.3 years ($S.D. = 3.3$ years). The notable clustering of victim age groups occurs in relationship to the age of the perpetrator as reported in the previous section on Perpetrator-Brothers.

Age Difference

Age difference between victim and perpetrator is considered important by some researchers in relationship to whether or not the sexual interaction can be considered exploitive and/or for determining long term negative effects (Alpert, 1997; Bank & Kahn, 1982; De Jong, 1989; Finkelhor, 1980; O'Brien, 1991; Wiehe, 1997). Age difference between victim and perpetrator in the CIS98 can only be estimated, due to categorization of the perpetrator age variable. Age differences are not ascertainable for 2 cases in the '<12' category where no investigation or charges were laid. Where there was a police investigation, it was assumed that the perpetrator was at least 12 in accordance with the Young Offenders Act. Where age difference is discernible (in 24 of 25 cases), the majority of sibling pairs ($n = 14$) are at least five years apart, and of those, 10 of the perpetrators are in the 12 - 15 age category. The remaining 7 pairs are less than 5 years apart in age.

Some researchers believe that when the age difference between the offender and the victim is small (less than five years is the usual measure) there is less harm to the

victim (Bank & Kahn, 1982; Finkelhor, 1980; O'Brien, 1991). An analysis was undertaken to also look at the relationship between age difference between victim and perpetrator and mental and emotional harm assessed. A cross tabulation of these categories revealed that in the 16 of 23 cases where no mental or emotional harm was assessed and age difference can be ascertained, there was an almost even split between the less than five years and the five years or more age difference: 7 of the sibling dyad ages were at least 5 to 11 years apart (again it is difficult to be more precise due to age categorization of perpetrators). Therefore in the case of the CIS98, workers did not seem to base their decisions about harm on the difference in age between perpetrator and victim. However, in all cases of harm requiring treatment ($n = 6/23$), the perpetrator ages were all 13 - 20 years old, and in at least two of those cases the age difference was at least 5 years.²

Nature and Severity of SSA

Sibling sexual abuse is often more severe than other forms of child sexual abuse, involving penetration (Laviola, 1992; O'Brien, 1991; Smith & Israel, 1987) and threats or force (De Jong, 1989; Rudd & Herzberger, 1999). Duration is usually six months or longer (Adler & Schutz, 1995; De Jong, 1989; O'Brien, 1991; Rudd & Herzberger, 1999) and offenders often abuse more than one child (O'Brien, 1991; Smith & Israel, 1987) though not necessarily siblings.

2 . Cross-tabulation diagram cannot be displayed due to the individual case detail of the data.

Of the 24 cases of SSA in the CIS98, 9 included attempted or completed intercourse, 16 included touching or fondling of genitals. Use of threat is not recorded directly, but for use of force I looked at the results from the 'harm suspected or known to be caused by investigated maltreatment' question. This question is an improvement over the OIS93 questionnaire, which did not give detailed definitions of the various categories of 'harm', but rather left it up to the worker's judgement as to the level of severity. In the CIS98, workers found three cases where physical harm was determined, but no treatment indicated, and three cases where safety was endangered.

Mental and emotional harm was assessed in about one third of the cases ($\underline{n} = 9/24$). As was the case when I did the secondary analysis of the OIS93 data, I was concerned by number of cases ($\underline{n} = 16/24$ or about two thirds) where no mental or emotional harm was assessed. I was curious to know if this had to do with the attitude of caseworkers. I began by looking at how mental and emotional harm was assessed in relation to the nature of the sexual abuse.

One might think that the more severe the nature of the abuse, the greater the harm. An examination of the categories of sexual maltreatment against the derived variable "Mental or Emotional Harm: Treatment" revealed that this assumption was not the case. In the 9 of 24 cases where sexual activity was completed or attempted, only 3 were assessed as causing harm, and all those required treatment. A large number of cases ($\underline{n} = 16/24$) involved touching and fondling, and six of those were assessed to have caused harm. No harm was assessed for any cases where there was exposure of genitals and no

incidences were noted in the remaining categories of exploitation, sexual harassment or voyeurism. So for about a third of cases where abuse was noted, harm was also assessed.

A reading of the CIS98 final report shows this is in line with the overall statistics where emotional harm was noted in cases of sexual abuse:

Emotional harm was noted most often (31%) in sexual abuse cases; in 23% of these cases harm was sufficiently severe to require treatment, and an additional 8% symptoms were noted but treatment was not considered to be necessary...Although emotional harm was often documented in cases of sexual abuse, it may seem surprising that in many cases emotional harm was not noted. The CIS emotional harm question was limited to situations in which observable signs of harm were noted. Given the traumatic nature of sexual abuse, the absence of documented harm does not mean that victims have not suffered emotionally, nor does it mean that this harm will not be noted at a later point (Trocmé, MacLaurin, Fallon, Daciuk, Billingsley et al., 2001).

Duration

Small sample research has found that many cases of SSA last for a considerable period of time (Adler & Schutz, 1995; O'Brien, 1991; Rudd & Herzberger, 1999). The Adler and Schutz (1995) study found that the abuse lasted an average of 22 months and in the Rudd and Herzberger (1999) study, it lasted an average of 7.9 years. Neither Canadian study provides a category beyond the 'more than six months' option, so the average time of duration cannot be given. However, the Canadian data do show that cases of SSA are more often of a long duration (more than six months) than all reported forms of substantiated or suspected child sexual abuse. Of the 17 substantiated or suspected CIS98 cases where duration of SSA is known, just over half are in the more than six months category. Flanagan's study reports the same ratio – half of all cases of SSA occurred for a

period of more than 6 months (Flanagan, 1999). In contrast, the entire CIS98 sample where suspected or substantiated child sexual abuse was investigated ($N = 466$), only about one quarter of cases ($n = 121$) were of more than six months duration.

Perpetrator History of Abuse

The studies in the literature show that a large number of SSA offenders were or are themselves victimized sexually and/or physically within their families (Caffaro & Conn-Caffaro, 1998; O'Brien, 1991; Veneziano et al., 2000; Worling, 1995). Also, the Flanagan study (1999) shows that children with a history of victimization are more likely to abuse siblings (55%) rather than non-siblings (39%). History of maltreatment is not recorded for offenders in the CIS98 unless the offender is a primary caregiver. None of the siblings in the CIS98 study were primary caregivers. The option to collect these data is another consideration for the designers of the next CIS.

Victim Functioning Concerns

A child's behavioural concern may pre-exist perpetration of maltreatment, so this is not a reliable indicator of harm. However, other concerns such as an organically based disability may predispose a child to being vulnerable to abuse. In the secondary analysis of child functioning data among victim sisters, fewer than five were noted as having a developmental delay or a physical disability. Concerns about the behaviour of victim sisters included two noted and somewhat anticipated behavioural concerns for this group: eight cases where either suspected or confirmed depression or anxiety were noted or age inappropriate sexual behaviour. Other behavioural concerns among victim sisters

included a small number of negative peer involvement, substance abuse, violence towards others and running away. In all for this group of sisters, 10 of the 24 had child functioning concerns: there were 6 noted health concerns and 7 noted behaviour concerns. This is in line with the number of children of both genders ($n = 229$) with child functioning concerns who were victims of any form of suspected and substantiated child sexual abuse in the CIS98 ($n = 524$). Both groups represented about 40% of their respective samples.

Family Characteristics of SSA Families

Studies in the literature look at what could be considered 'etiological pathways' or indicators of families at risk for SSA. These pathways include family structure, race, socio-economic indicators such as housing, income and parental risk factors. The CIS98 provides us with information on these indicators also.

Family Size

Hardy (2001) notes that family structure (one vs. two parents) or number of siblings in the family did not appear as a significant etiological indicator in her study. Laviola (1992) on the other hand noted that SSA families are often large, i.e. more than 4 children. In the CIS98 few families had more than 4 children at home. The majority of families ($n = 17/24$) had three children or less under 19 living at home at the time of the investigation.

Household Structure

Of the CIS98 SSA subset ($N = 24$) about half the households ($n = 11/24$) are two

parent, almost evenly split between biological ($\underline{n} = 6/24$) and stepparents. This was in contrast to the OIS93 where the majority of households ($\underline{n} = 18/25$) were two-parent, with an almost even split between biological parent ($\underline{n} = 8/25$) and stepparent ($\underline{n} = 10/25$) families. There was a remarked increase in lone female households in SSA families from the 93 to the 98 data, a change that is unmatched in the families with or without all forms of child sexual abuse as a primary treatment category from the 93 to the 98 data (see Table 5).

Table 5 Household Structure in OIS93 and CIS98

Household Structure	OIS93 $\underline{N} = 25$	CIS98 $\underline{N} = 24$
Both Biological parents	8 (32%)	6 (25%)
Step Parents	10 (40%)	5 (21%)
Lone female	6 (24%)	11 (46%)

Discussion of the impact of this change in SSA family structure is explored further in the sections on socio-economic status and caregiver concerns.

Race and Socio-Economic Status

The majority of households in the CIS98 ($\underline{n} = 20/24$) were white, and in the OIS93 all SSA families were white. Family Income Estimates show that SSA families come from a spectrum of socio-economic backgrounds (see Table 6).

Table 6 Estimated Income of SSA Families in the CIS98

Estimated Income	Frequency	Percent
< \$25,000	7	29.2
\$25,000 – 40,999	7	29.2
\$41,000 – 80,000+	5	20.8
Unknown	5	20.8

A correlation for the data revealed that family structure and source of income were significantly related, $r = +.52$, $n = 24$, $p < .01$, two tails. All of the families on income benefit programs ($n = 8/24$) were lone female families. As we saw in the notable change in family structure in the previous section, the increase in the number of lone female SSA families has increased and so one can assume that the poverty of SSA families has also increased.

Just over half ($n = 6$) of the eleven lone female caregivers in SSA families have a history of maltreatment, as do about half of caregivers in biological and stepparent families. A history of maltreatment for lone female parents may indicate a further barrier to being able to work, which is less an issue in a two-income family than a lone parent family.

More than half of the SSA families in the CIS98 ($n = 14/24$) owned their own homes. In the OIS93 location of housing was asked and worth noting was that a substantial number of families ($n = 10/25$) lived in a sparsely populated location (< 5000 people). This may indicate that geographically isolated families are at higher risk for SSA. Unfortunately the question of geographic location was not asked in the CIS98.

The OIS93 data-gathering tool had a remarkable class bias (see Appendix C). Under the housing question, workers are given the following boxes to select: Public housing complex (e.g. OHC); Unsafe/Inappropriate housing; Moved within the last six months; Rural/town (< 5000 inhabitants). The assumption appears to be that families where child maltreatment occurs do not live in homes they own, or housing they rent in

middle or upper middle-class, suburban neighbourhoods. This was corrected in the CIS98 instrument where a full spectrum of accommodations was offered, including rental and purchased home options.

Caregiver Concerns

There were differences in the questions asked from the OIS93 (see Appendix C) and the CIS98 (see Appendix D) in regard to caregiver functioning. In the CIS98, parental risk factors, or 'caregiver concerns' were assessed in a third ($n = 8$) of the 24 families including alcohol or drug use, criminal activity, cognitive impairment, mental health issues and spousal violence (see Table 7).

Table 7 Parental Risk Factors OIS93 and CIS98

OIS 93 Parental Risk Factors $N = 25$	Number of families where risk is assessed	CIS 98 Parental Risk Factors $N = 24$	Number of families where risk is assessed
Alcohol and drug abuse, mental health, inter-parental violence	6	Alcohol and drug abuse, mental health, spousal violence, criminal activity	8
Separated/divorce	12	Lone Female Families	11

The OIS93 had an additional risk category of 'separated/divorced'. With this risk factor included, 18 of the 25 families were considered to have some form of identified parental risk present. Without this category, the 'caregiver concerns' OIS93 statistics ($n = 6/25$) are much more in line with the CIS98 statistics ($n = 8/24$). As noted in the section on Family Structure, there was a notable increase in the number of lone female families from the OIS93 study to the CIS98. This perhaps indicates that SSA families in the CIS98, like the ones who were considered at risk of divorce in the OIS93, are no

longer holding together resulting in more lone female families.

I was curious about the correlation between all cases of suspected and substantiated child sexual abuse and risk for separation/divorce in the whole OIS93 sample ($N = 2447$). I found that the correlation between CSA and risk for divorce is *not* significant, $r = -.078$, $n = 547$, $p > .05$, two tailed. So the finding that SSA families seem to be at higher risk may be explained either one of two ways. It could be argued that having a child or children who act out sexually against their siblings can bring great stress into a marriage and increase the risk of separation. However, several authors note that SSA families may already be under stress and have pre-existing parental relationships that are generally unhealthy. Adler and Schutz (1995) reported that even though the majority of most parents were living together, there was significant parental strife. O'Brien (1991) describes role reversals, blurred boundaries, presence of other kinds of abuse; Rudd and Hertzberger (1999) note that SSA families are generally more chaotic than families where father-daughter incest occurs, and in another study, extra-marital affairs were occurring in 76% of cases (Smith & Israel, 1987). The Worling (1995) study suggests a physically violent, negative and argumentative family environment, and Hardy (2001) also notes that SSA families experience more family changes than non-SSA families, especially marital strains.

Parental History of Maltreatment

There is an important finding in the CIS98 regarding the household maltreatment history of caregivers of children who have been sexually abused by a sibling. One or both

parents were maltreated as children in 10 of the 24 investigated child cases. That is almost half of the households, and higher than the 31% of caregivers with a history of child abuse in all investigations of sexual abuse in the CIS98 final report (see Table 8). The Smith and Israel (1987), O'Brien (1991) and the Adler and Schutz (1995) studies also report high victimization rates in SSA families (see Appendix A).

Table 8 Household History of Maltreatment in SSA and CSA Families in CIS98

Household History of Maltreatment	Suspected/Substantiated Brother on Sister SSA	All Reported Cases of Child Sexual Abuse
History	10 of 24 (42%)	4,447 of 14,406 (31%)
No History / Unknown	14 of 24 (58%)	9,959 of 14,406 (69%)

Five of the investigated children in the SSA sample were assessed as having a caregiver that failed to supervise and protect them. On closer analysis, all five were found to be lone female parents, and they all had a history of maltreatment. We also know that a history of maltreatment has a negative impact on the survivor's ability to parent (Rudd & Herzberger, 1999) and this may indicate an emotional or psychological inability of a female survivor of abuse to protect her child. We do not know the nature of the mothers' maltreatment in the CIS98, but given the endemic presence of sexual abuse in the lives of girls, it seems reasonable to assume that they were probably victimized sexually. Therapists who work with women who are dealing with the after effects of their own childhood sexual abuse remark that sometimes survivors have not developed the ability to protect themselves (Miller, 1994). This is especially apparent among women who self-injure or engage in other forms of high-risk or self-harming behaviours.

Caregivers with a history of sexual abuse are not likely to be able to protect their children when they are not able to protect themselves from abuse, by their own hands or from others. That is also assuming they even know about or can recognize that their child's abuse is happening.

We should also consider how economics (poverty) impacts a woman's ability to supervise and protect. If she has to work two or three jobs in order to make ends meet, it gives her little time to be at home to supervise her children. Young children are often left in the care of older siblings because a babysitter is not economically feasible. In the section of theoretical considerations, I have already discussed how we socially construct parental or caregiver neglect of children to mean neglect by mothers. We have devolved our social responsibility as a society for children's welfare onto families and onto mothers in particular, who are considered caregivers par excellence by virtue of their gender. It is difficult enough to parent and supervise effectively on your own when you have the financial resources to access services and supports. Remove the financial resources and there is little provided by the state for services and supports – including respite from full-time caring (like that offered to caregivers of elders) except via child welfare agencies and the attendant stigma.

Parental Responses to Disclosure of SSA

Rates of disclosure among victims is generally reported as low, and when victims do disclose parents commonly reacted with denial or dismissal (Adler & Schutz, 1995; Finkelhor, 1980; Rudd & Herzberger, 1999). The CIS98 reports that most parents

responded to the disclosure of SSA in a positive and supportive away: $\underline{n} = 21/24$ caregivers believed their child, $\underline{n} = 22/24$ gave emotional support and $\underline{n} = 20/24$ caregivers successfully protected the child from further incidences. This may seem to contradict the studies in the literature, but it must be remembered that these are cases of *reported* child maltreatment, so one might assume that when the children were not believed, there would be no abuse reported. In their methodology, the CIS98 study authors illustrate this difference between the known and unknown aspects of child maltreatment as an iceberg: the reported child abuse and neglect represents only the tip (Trocmé, MacLaurin, Fallon, Daciuk, Billingsley et al., 2001).

The proportion of charges laid as the result of a police investigation in cases of SSA is about 46% ($\underline{n} = 11$). In all cases of child sexual abuse in the CIS98, the proportion is about 34%. Child protection workers suggest that waiting lists for access to social services for young sex offenders are often a year or more unless they are court ordered, in which case it is often a matter of weeks. Parents often feel they don't have any choice but to involve the courts if they want their offending child to get the counselling and other interventions they need such as placement in foster care.

Summary of Findings

Overall Phenomenon of Child Sexual Abuse CIS98 (N = 882)

- Reported rates child sexual abuse have fallen from 24% to 11.5% from the 1993 to 1998 studies
- Reported rates of SSA (N=65) have also fallen from 10.7% to 7%

All Suspected and Substantiated SSA in the CIS98 (N = 40)

- Perpetrators 94% male
- Victims 70% female

Brother on Sister SSA Dyad Characteristics CIS98 (N = 24)

- Majority of brothers over 12 years old (n = 21)
- More than half (n = 15) in the 12 to 15 year age range
- All perpetrators > 16 victimized sisters 8 to 12 years old
- Victims mostly in the 4 to 8 year old range (n = 6) mean age 8 years (S.D. = 4.42)
- Most sibling pairs (n = 14) had more than five years difference in age
- Mental/Emotional Harm assessed in about 1/3 of cases, similar to assessments for all CSA in CIS98
- Where duration can be determined, more than half took place over a period of six months or more
- Victim functioning concerns were noted in 10 children: 6 health concerns and 7 behavioural concerns

Brother on Sister SSA Family Characteristics CIS98 (N =24)

- Most families (n = 17) had three children or less
- About half the households were two parent families, 6 biological parents and 5 step parents
- Eleven families had lone female caregivers
- Most families (n = 20) were white
- Most received their income from a variety of sources and had a range of incomes
- Poorest families had lone female caregivers
- All caregivers charged with “failure to protect” (n = 5) were lone female and each had a personal history of maltreatment

Brother-on-Sister SSA Caregiver Concerns CIS98 (N = 24)

- Concerns present for about 1/3 of families including drug and/or alcohol abuse, criminal activity, cognitive impairment, mental health and spousal violence
- A parental history of maltreatment present in almost half (n = 10) of households

Parental Responses to Brother-on-Sister SSA CIS98 (N = 24)

- Most parents responded positively to the disclosure of the abuse by believing the child (n = 21), giving emotional support (n = 22) and by protecting the child from further abuse (n = 20).
- Large proportion of police charges laid against perpetrators (n = 11) probably represents the desire for parents to receive help quickly for offending child

Chapter 6 Future Directions for Research and Praxis

Incidence

Overall rates of child sexual abuse from the Ontario Incidence Studies between 1993 and 1998 seem to indicate that the incidence of sexual abuse within families is declining. Somewhat ironically, by focusing on the problems of child sexual abuse within families, we may be able to lend more credibility to the notion that this problem is systemic to society, rather than on family dysfunction or organically based sexual deviance.

If we consider the results of our sibling sexual abuse data analysis within its context, I believe the data do help build credence about the reality and prevalence of SSA for survivors. It also points to the incompleteness of our knowledge about incidence and impacts and the need for further research. The Canadian incidence studies give us a picture of the phenomenon of sibling sexual abuse as a portion of reported intrafamilial child sexual abuse. It does not give us a full picture of the incidence of sibling sexual abuse, just as the studies in their entirety do not give us a full picture of the incidence of child sexual abuse, inside or outside families.

Most of the parents who reported SSA in CIS98 were assessed as being supportive of the victims, quite a different picture than what we see in the literature. Studies in the literature give a fairly clear indication that survivors often felt that their abuse went unrecognized, was dismissed or minimized by parents for numerous reasons. This poses interesting questions about the generation gap that this may represent between

present day reports and retrospective self reports in what might be interpreted as changes over the years in social (in)tolerance of SSA, the understanding of impacts of SSA, or services available for victims and offenders. And if rates are indeed falling, it also makes one wonder about the structural bases for SSA and how they may have changed over the years. For example, the connection between SSA and gendered violence, or the socioeconomic changes experienced by families and the incidence of SSA.

While the secondary analysis of these data seem to show that reporting parents and child protection workers take the sexual abuse of siblings seriously, we still have no way of analyzing whether the majority of Canadian parents take this problem seriously. The most obvious conclusion would be that the parents who do not take SSA seriously do not report the abuse. But it may not be merely a case of lack of recognition or parental concern about the seriousness of the impacts of SSA that result in non-reporting. We see that the overall numbers of reports of all forms of CSA are dropping. This may be as a result of concerns by parents and perhaps workers alike about the emotional and psychological toll that reporting takes on the victims. SSA families are unique in that these parents must be concerned about the emotional and psychological toll on the child victim *and* the child perpetrator. Opinions from child protection workers indicate that parents will report SSA in order to access resources for the offending child perpetrator. Research into the multi-layered factors that parents take into consideration when making these reporting decisions about SSA would be helpful to understanding the systemic social, economic, legal and bureaucratic barriers that ultimately impact the day-to-day

protection and safety of SSA victims as well as early intervention with perpetrators.

The mandate of the Canadian Incidence Study in its present form would make collecting this mostly narrative data impossible. But what can be done within the current Canadian Incidence Study format is a more intentional focus on SSA by the study designers and collectors of data that are quantifiable. For a start this includes making sure that data are collected in all jurisdictions across the country, clarifying definitions around ages of perpetrators and hopefully more information about the perpetrators' history of maltreatment.

To broaden our structural understanding of SSA, further data could be gathered on the socioeconomic history of the families leading up to the report. The OIS93 showed the geographical isolation of almost half of the SSA families. One is left wondering if this is a purposeful decision by one or both parents to socially isolate the family to maintain control over the activities of the spouse and/or children. Studies in the literature do speak of socially isolated families, distant and neglectful parents, but none have mentioned geographic isolation specifically as a strategy for obtaining one or more of these objectives. Is it then a result of the family trying to find affordable housing? Perhaps both? It is difficult to know without more intentional research in this area, and the CIS98 could begin by adding this question on geographic location, and questions on socioeconomic history.

Victim Gender

One of the biggest surprises arising from this study was the proportion of brother

victims in the SSA dyads. While it was never my intention to discuss brother-on-brother SSA, it requires recognition as a social problem that is probably more significant than previous studies have concluded (with the exception of Flanagan, 1999) or I had suspected. Further study on this aspect of SSA warrants consideration, especially in relationship to the fact that sexually abused males are more likely to become sex offenders as a result of their abuse than females. This is likely due to the fact that male-on-male SSA is often even more physically brutal and perpetrated against even younger victims than brother-on-sister SSA (Flanagan, 1999) and that there is an even less empathic climate for males to disclose their sexual abuse than there is for females. The impacts of SSA on male children and how it contributes to the cycle of violence and abuse in families and society needs further investigation. I believe that this understanding may be one of the keys to breaking the cycle, and until we have fully integrated this knowledge about brother-on-brother SSA and other forms of sibling violence into our social work praxis, the cycle will likely continue.

Age

Major restrictions on data analysis were bounded by age cut-offs in the OIS93 and CIS98. SSA happens to children older than 16 years of age, and girls 16 to 24 years old are also particularly vulnerable to extrafamilial sexual assault. Research needs to be done with girls in this age group around their experiences of sexual violence in general and SSA in particular; this may give us a better understanding of the rates of SSA that may occur during this age period and also help us understand the connection between SSA and

vulnerability to later sexual assault. We also need to access this population to gather more data on how long SSA relationships last and the related long-term impacts on psychological, emotional and social functioning.

It was encouraging to see from the secondary analysis of the CIS98 that child welfare workers in Canada appear to understand that sexual exploitation between siblings can happen across and between all age categories of victims and offenders. However the CIS98 data collection tool has to be corrected if the age categories are maintained for the perpetrators. Because of the way Canadian law is administered to youth, the '< 12' category should be clearly spelled out as 'Under Twelve' and the '13 - 15' category renamed '12 - 15.' For my own further research I would prefer to see the actual age of the perpetrator recorded, especially for the 'Under Twelve' category. This information is important if we are to begin to get a sense of the prevalence of sibling abuse perpetrated by young children. This could help promote understanding in two areas. First it may give us a sense whether this problem is a reflection of the violence we see in young children, which may indicate exposure to violence in society. Second it may add to that credibility factor for survivors who had their exploitive experience dismissed as sexual play or exploration due to the age of the perpetrator or nearness of age between victim and offender. This second point also reminds us of the inadequacy or erroneous nature of some of the theories of child development, many of which continue to be taught to contemporary social work, psychology and other students.

Harm and Duration

The CIS98 gives us some insight into the harm assessed at the time of incidence, that is, that about one third of cases resulted in harm to the victim. The snap-shot nature of the CIS98 can not provide us with a picture of the long-term effects of SSA. Again this points to the need to do further research with adolescent and adult survivors to make connections between the severity and longevity of SSA and long-term effects. More narrative data collected from survivors would likely produce data similar to narrative data collected in the literature.

A completely neglected area of research around SSA is with survivors who claim no harm or long-term effects from SSA. I would also be interested in finding out why some survivors claim to have consented to sexual encounters with siblings. During the process of gathering information and ideas for this research, a number of women disclosed their SSA experiences to me informally. One of them told her story about a single sexual encounter with her brother that occurred when both were adults, and she truly felt that this was a loving and supportive encounter to which she fully consented. This kind of story – of which I am sure there are more – take the research into a completely different realm and back into the discussion about ‘sibling incest’ and whether or not consent can be freely given in a relationship, which may be based in unequal power. This is a fascinating and challenging question for feminists, because this also relates to how we understand our theories in relationship to women’s choice. In incestuous relationships and in other similar relationships that we may identify as

subjugating (e.g. sadomasochistic sex), or objectifying (e.g. pornography), and/or a perpetuation of patriarchal violence, like prostitution, do we perceive women exercising their choice as agents or as victims? It is also important to acknowledge in amongst all that, the connections between child sexual abuse and prostitution (Brannigan & VanBrunschot, 1997; Widom & Kuhns, 1996) and child sexual abuse, prostitution and drug use (Schafer, Schnack, & Soyka, 2000).

This research and discussion would provide an interesting arena to discuss the core values feminists have about sex, power and relationships and to deconstruct where our moralizing about sex comes from. Additionally, it would help us to engage in the full 'praxis' implications that this kind of research and analysis brings, "an ability to put...new awareness into practice, (which) is an integral part of the feminist movement. This linking of analysis and action (praxis) is a cornerstone of feminist thought..." (Fook, 1993, p.15). This 'praxis' would allow us to understand better the ways we can support survivors' attempts to make meaning of their experience by getting a fuller picture of the complexities of the issue, both personally and politically.

History of Maltreatment

History of maltreatment of the perpetrator is not recorded in the CIS98, but these are important data. The Flanagan study (1999) shows that children who themselves were or are abused are more likely to sexually abuse non-siblings as well as siblings. There is growing concern among parents and teachers about bullying and other forms of violence among children, and the connection between that and violence (including physical

disciplining) in the home. This is important data that could be collected within the CIS98 mandate and questionnaire format and will hopefully be considered for addition to the research instrument.

The data on family characteristics that stand out are those around gender, economics and parental history of abuse. Almost half ($n = 11$ of 24) of the SSA families were headed by a lone female parent and eight of those were on income benefits. Five of the lone female parents were assessed as failing to protect their child, and all five of those mothers had a history of maltreatment as a child. I commented previously on the socially constructed notion of 'failure to protect' within the child welfare system, which we need to unpack and rethink in our approaches to child protection. We should also give some thought to how this impacts or informs our interventions with adult survivors of SSA.

History of Societal Maltreatment

If we are to approach our interventions and counselling from a structural perspective, it helps to understand SSA in the context of structural oppression. This includes gendered poverty, the lack of social responsibility for the welfare of children, as well as the cycle of abuse that seems to be continued from generation to generation supported by an acceptance and commercialization of violence in society. This goes hand in hand with helping parents accept their personal responsibility for the health, well-being and behaviour of their children. We already appreciate how important it is to teach parenting skills and to counsel women who have been in violent or abusive relationships as well as their children who have witnessed violence. We need to more fully embrace a

holistic approach for mothers *and fathers* who have a history of CSA or SSA and their children in our social work practice.

Many researchers and practitioners look towards prevention as the key in families who are expected to prepare and educate children to become effective, responsible, non-violent parents to stop the cycle of violence. However, prevention also needs to focus beyond parents. Structural social work practice demands that we look at the additional risks to children as a result of poverty, social isolation, gender role stereotyping, and disability. We have only touched on the connections between SSA and homophobia (especially between brothers). No formal SSA research has been done in Aboriginal populations in Canada, although I have anecdotal data disclosed by Aboriginal service providers and survivors, suggesting that the numbers may be very high. Important connections to rates of incidence for SSA with experiences of colonization in Aboriginal communities and internalized oppression in all racialized minorities are likely to be discovered. Aboriginal and other racialized populations require indigenous research, as well as prevention and intervention programs that are culturally specific for both victims and offenders of SSA (Carter & Parker, 1991; Tsun, 1999).

Data from research on SSA etiology and interventions have potential cross-over benefits for other populations. There is potentially important research to be done with male survivors of SSA and their histories of long-term effects, including their propensity for becoming abusers of children of both sexes. We need to know more about male violence generally, and sexual violence specifically; how it is used as a tool of oppression

and subjugation against 'inferior' males and females, and why so much of it goes unreported or minimized.

Finally, as important as SSA specific research and analysis is, I feel it warrants reiterating that sibling sexual abuse is only a fraction of the problem of intrafamilial child sexual abuse; and that intrafamilial child sexual abuse does not represent the majority of child sexual abuse. According to Bolen (2001) about 70% of child sexual abuse is perpetrated by someone not related to the child. Prevention really does need to focus beyond parents.

However, intrafamilial child sexual abuse, including sibling sexual abuse, is still a problem, so there is no reason to advocate for *not* studying neglect and abuse within families. I am not suggesting that we cease investigating rates of incidence nationally or provincially via child protection agencies. These studies provide us with important information and relevant data that shed a great deal of light on the problems of violence, which are systemic to our greater community. But we should be cautious about where we focus our analysis when we are assigning responsibility for abuse or neglect.

"Individualism provides the logic and moral force supporting the delegation of caring responsibilities to individual parents and families, regardless of the resources needed to carry them out. Self-reliance is the dominating virtue that justifies the shutting of doors firmly in the faces of those unable to be self-reliant" (Swift, 1998). We are all concerned with the welfare of children, and so we should all share the responsibility when it comes to child abuse and neglect. If children are being neglected or abused, we as a society have

as much responsibility to ensure proper care as parents of both genders do. At the very minimum, it means ensuring adequate material resources to do so.

Chapter 7 Conclusions

This study explored data in the context of studies that have been conducted over the past two decades in the United States and one in Australia to see how and if the Canadian data support some of the hypotheses in the literature about the etiology of sibling sexual abuse. There are as many approaches to research on sibling incest as there are researchers. A spectrum of methods has been presented here, from the highly qualitative small sample case studies to positivist quantitative survey questionnaires. They all have their limitations, and their value. The challenge is making sense of the data as we try to compare studies using different methodologies. We are trying to put together a puzzle in which the pieces are not uniform in shape or size, but nevertheless combine to give us a bigger picture of the problem about which we seek knowledge. The end product is perhaps not as tidy as we would like, but comes with its own, sometimes exciting, creation story.

This research has revealed that ideas about the etiology of sibling incest have changed. Some interventions still rely heavily on family systems theory (Crane, 1997; Crisci, 2001; DiGiorgio-Miller, 1998) to understand how families where sibling incest occur come into being. However, much has been done in feminist and structural social work practice to look at alternative theories of power and violence that are systemic in society and are reproduced in sibling sexual abuse families (Caffaro & Conn-Caffaro, 1998; Canavan et al., 1992; Wiehe, 1997). More research needs to be done to identify the underlying structural ideologies of our western culture – especially about gender, nuclear

families, etc. - which directly or indirectly cultivate and support family violence and all child sexual abuse including sibling sexual abuse.

It was my personal experience and my work with other survivors of sexual violence – including child sexual abuse – that really fuelled my desire to do this research into sibling sexual abuse. It came from a desire to listen to what other adult women survivors had to say about the barriers they faced in their healing from brother-perpetrated sexual abuse. In many ways I was looking for a validation of my own experience, and the first piece of that validation for me was incidence. I knew from reactions I received while searching for a counsellor that this was not a common “presenting problem.” But I also knew from talking about my experience with other women that it wasn’t as uncommon as counsellors seemed to think it was.

Therefore I was very motivated in my quest to gain some answers, which were not easy to find. Sibling sexual abuse is an under-researched area, and it may be that it is under-researched because it appears that it is not common – because that is what the research has shown up to this point. If we are honest about what we do, researchers know that we find what we’re looking for. We get data for the questions we ask. So there are likely lots of data for questions that have not yet been asked. I think this is the case with sibling sexual abuse – there has not been much dialogue about it, and so we think it is rare, and we don’t structure our practice or our research to purposefully ask about it.

The thought did occur to me that maybe sibling sexual abuse really is relatively uncommon and that I am trying too hard to find what I’m looking for. Granted, building

a case for incidence may have been my original impetus, but that soon fell by the way when I started to pull the relatively small sibling sexual abuse numbers out of the CIS98. I then acquainted myself with Becky Bolen's (1999) shocking estimate that much more child sexual abuse (about 70%) happens outside the family, and began to doubt what I was trying to accomplish.

I finally decided that there is folly in trying to equate numbers with importance and that it doesn't really matter what the rate of sibling sexual abuse incidence may be (comparatively) so much that the issue as it stands alone is an important one. Yes, the data we do have tell us some things about the lives of some girls in some families, and speaks also about the gendered experience of women in society. But perhaps what may be *more* important are the data we do *not* have that speak to how some still suffer in silence because they have not been given a space to tell their stories. This includes the unheard males who are victims of sibling sexual abuse. This research and the report from Australia's Karen Flanagan (1999) reveals that about 30% of sibling sexual abuse is perpetrated against boys. *Where are these boys and men?* I have yet to have a male friend or colleague disclose sibling sexual abuse to me, whereas I have had several disclosures from women when they have discovered that I am doing this research. This greatly concerns me, because what little research there is on the subject shows that male-on-male sibling sexual abuse is usually even more brutal than brother-on-sister sibling sexual abuse, and that this increases the chances of these victimized males to become perpetrators. We need to make a space for their voices too.

As a feminist I must recognize that – along with other feminist researchers and social work practitioners - I may also unwittingly add to the barriers that male survivors face by not recognizing and appreciating the prevalence and impacts of child (including sibling) sexual abuse on boys. Male violence generally, and sexual violence particularly, impacts us all and this is one more area where we can work to break this cycle of violence. Feminists must remember to work reflexively to insure that we do not become ideologues, that our feminism does not become our new religion, even though it may have been our salvation. Smith (1990) speaks eloquently about the transition that happens when, as ‘experts,’ we distance ourselves from our research ‘subjects’, thereby separating knowledge from the knower. Dialogue breaks down or no longer exists, and we effectively create an “other” whom we objectify. We feminists can thereby unwittingly become the abusers of power that we so disdain.

So my passion for the issues pertaining to sibling sexual abuse continues, as does my desire to take this research to the next level. I still want to talk to the survivors of sibling sexual abuse and ask them how *they* perceive the barriers to their healing, personally and politically. I also want to talk to those women who have contacted me and told me that they had voluntary, adult sexual relationships with their brothers. These are women who feel, like their male counterparts, that there is no room for their voice in the feminist discourse about sibling sexual abuse.

These statements challenge me personally and politically, as does the work I am presently doing with sex workers. I am fascinated by how women make choices, and the

framework from which they make those choices and how we judge their choices. As feminists, where do we get our values and morality? The politics of female sexuality and power, and the social controlling power of shame are very big. Referring to what I have said earlier about becoming feminist ideologues, and how that helps us create the “other” in our relationships, I think this dialogue is very important in helping us understand our biases in order to create greater access for all women (not to mention transgendered folk) to women’s services and their voices into the ‘feminist’ discourse.

All that being said, I still believe that establishing rates of sibling sexual abuse incidence will enhance the survivor’s sense of credibility to her/himself and her or his therapist. Further study of the problem helps survivors understand the etiological factors leading to sibling sexual abuse, relief from self-blame and the long-term impacts of sibling sexual abuse. We can use this research to further social change, and to work towards prevention. We can influence federally funded researchers to take this issue seriously and establish national incidence rates. As social workers, we can begin to dismantle barriers to healing for survivors dealing with the impacts of sibling sexual abuse. We can identify the families and siblings who are at risk of sibling sexual abuse, we can educate for change on the political level, and intervene early at the individual level.

	CIS98	Rudd & Herzberger 1999	Flanagan 1999	Adler & Schutz 1995	OIS93
Sample Size	40 All SSA* / 24 BTS*	14 BTS / 15 FTD*	CSATP* N = 64 / ASTOP* N = 131	12	37 All SSA / 25 BTS
Sample Profile	Substantiated and suspected SSA intake data gathered by child welfare agencies in Canada	Treatment sample, retrospective self-reports; compares brother-sister/father-daughter incest	Data gathered at intake by child welfare agencies in Australia from victims and adolescent offenders	Adolescent offender data compiled from intake material from hospital-based family violence program	Substantiated and suspected SSA intake data gathered by child welfare agencies in Canada
Gender: Offender	94% M (34 of 36) All SSA	100% M	100% M	100% M	94% M (35 of 37) All SSA
Gender: Victim	70% F (28 of 40) 30% M (12 of 40) All SSA	100% F	67% F 33% M (CSATP)	100% F	70% F (26 of 37) 30% M (11 of 37) All SSA
Onset Age: Offender	9% < 12 yrs (n = 2) 65% 12-15 yrs (n = 15) 26% > 15 (n = 6) BTS category N = 24		x = 13.4 / x = 13	11-14 yrs x = 12	33% < 12 yrs (n = 8) 42% 12-15 yrs (n = 10) 25% > 16 (n = 6) BTS category N = 25
Onset Age: Victim	x = 8		x = 8.3 / x = 7.5	5-11 yrs x = 7	x = 9
Age Difference	58% 5 yrs or > (n = 14)		on average 5.4 yrs	x = 5	29% 5 yrs or > (n = 7)*
Nature of Abuse	37.5% attempted/compl. intercourse (n = 9) 67% fondling (n = 16)	64% use of force (BTS)	69% penetration 69% force / 58% penetration 51% force	42% penetration 75% threats	
Harm	37.5% mental/emotional harm assessed (n = 9)				
Duration	more than 50% > 6 months	x = 7.9 yrs	50% > 6 months	2-72 months x = 22 months	
Offender History of Maltreatment			67% sexual abuse	92% physical abuse	
Victim Concerns / Long Term Impacts	25% health (n = 6) 29% behaviour (n = 7)	100% depression 56% drug/alcohol use 80% eating disorders 60% suicidal			
Family Size	71% 3 or fewer children (n = 17)	x = 6.2 children			
Family Structure	25% biological (n = 6) 21% step (n = 5) 46% lone female (n = 11)	majority intact biological parents		83% "intact"	32% biological (n = 8) 40% step (n = 10) 24% lone female (N = 6)
Race	83% Caucasian (n = 20)			83% Caucasian 8% Hispanic 8% African-Am.	100% Caucasian
SES*	29% < \$25K (n = 7) 29% \$25-40,999 (n = 7) 21% \$41-80K (n = 5) 21% Unknown (n = 5)	majority middle class		middle-upper urban	40% rural (n=10)
Caregiver Risks	33% alcohol, drug, mental health, violence etc. (n = 8)	parents described as emotionally distant			24% drug/alcohol, mental health, violence (n=6)
Caregiver History of Maltreatment	42% of families at least one parent (n = 10) 55% of lone female families (n = 6)			Mothers: 58% csa 25% physical abuse Fathers: 8% csa 8% physical abuse	
Caregiver Response to Abuse	87.5% believed (n = 21) 92% emotionally supported (n = 22) 83% protected (n = 20)	most unresponsive, unable / failed to further protect		58% parents denial / minimization	
*Key	SES = Socioeconomic Status SSA = sibling sexual abuse BTS: Brother to Sister n = frequency N = sample size x = mean	FTD = Father to Daughter SSA families more chaotic than FTD incest families	CSATP = Child Sexual Abuse Treatment Program (Victims) ASOTP = Adolescent Offender Treatment Program (Offenders)		Accurate age differences impossible to discern because of age categorization for both CIS98 and OIS93

	Laviola 1992	O'Brien 1991	Smith & Israel 1987	Finkelhor 1980
Sample Size	17	50	25	776
Sample Profile	Treatment sample; adult survivor self-reports (retrospective narratives)	Treatment sample of adolescent SSA offenders	Treatment sample of referred CSA families where SSA occurred	College undergraduates responding to survey on childhood sexual experiences
Gender: Offender	100% M	100% M	80% M	90% M (approx)
Gender: Victim	100% F		89% F	74% F 16% M
Onset Age: Offender	8 - 21 yrs x = 14.4	12 - 19 yrs x = 15	9 - 20 yrs x = 13.2	
Onset Age: Victim	4 - 12 x = 8.9	76% < 9 yrs	3 - 13 yrs x = 9.1	
Age Difference	50% > 5 yrs.	75% > 3 yrs		23% 5 yrs or >
Nature of Abuse	53% attempted/ completed intercourse 50% force	46% penetration	28% penetration 72% fondling/oral-genital contact	25% of sample reported coercion;* of that 82% females coerced
Harm				30% report negative effects; the younger the child the more vulnerable to trauma
Duration	88% 1 yr or >	51% > 6 months		
Offender History of Maltreatment	physical & emotional child abuse common in families	42% sexual abuse 61% physical abuse		
Victim Concerns / Long Term Impacts	sexual response difficulties intrusive thoughts			
Family Size	76% families 4 or > children (n = 13)			
Family Structure	94% "intact" * (n = 16)		76% "intact" * 24% lone parent	
Race	82% Caucasian (n = 14)	90% Caucasian 4% Native Am. 6% African Am.	96% Caucasian 4% Hispanic	
SES*	94% suburban or rural (n = 16) lower-middle income	31% Rural	primarily lower-middle income	
Caregiver Risks	alcohol abuse common	56% chemical abuse		
Caregiver History of Maltreatment		36% mothers sexual abuse 10% fathers sexual abuse	72% both parents sexual abuse	
Caregiver Response to Abuse	parents emotionally neglectful	47% of families rated as severely disturbed	emotionally distant parents	12% of respondents disclosed; the most exploited were the most quiet
*Key	strict gender roles enforced		sexualized environment extramarital affairs in 76% of families	Coercion includes both use of and threats of force; 10% M and 15% F responded to having had some type of sexual experience with a sibling

Appendix B Construction of Syntax for SSA Filter

Male Sibling Perp: Sexual Abuse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	37	1.5	100.0	100.0
Missing	System	2410	98.5		
Total		2447	100.0		

The filter is:

```
*/ Jan 23, 2002
```

```
*/ Creating the Male Sibling Perp: Sexual Abuse Sister Variable
"BROTHER"
```

```
if (q13d_adv = 5 and q13K_1=1 and q8c_1dv=2) brother1=1.
if (brother1=1 and q7b=2) broth1=1.
freq vars = broth1.
```

```
if (q13d_bdv = 5 and q13K_1=1 and q8c_1dv=2) brother2=1.
if (brother2=1 and q7b=2) broth2=1.
freq vars = broth2.
```

```
if (otsp2_1c=5 and q13K_1=1 and q8c_1dv=2) brother3=1.
if (brother3=1 and q7b=2) broth3=1.
freq vars = broth3.
```

```
freq vars = broth1 broth2 broth3.
```

```
if (broth1=1 or broth2=1 or broth3=1) brother =1.
freq vars = brother.
```

NOTES:

Q13d_adv = 5 : 'other' first perpetrator = sibling (derived variable from the OIS instrument) first child

Q13d_bdv = 5 : 'other' second perpetrator = sibling, first child

Otsp2_1c = 5 : 'other' first perpetrator = sibling, second child

Q13k_1 = 1 : perpetrator male

Q8c_1dv = 2 : primary maltreatment classification sexual abuse

Q7b = 2 sex of child = female

Thanks to Joanne Daciuk at the Centre for Excellence in Child Welfare at the University of Toronto for her assistance with building this filter.

Appendix C OIS93 Questionnaire

IPCA/OACAS ONTARIO INCIDENCE STUDY: INTAKE ASSESSMENT FORM

1. Worker Name: _____		Agency: _____	
Date Case Opened: ____/____/____ DY MO YR		☐ Case previously opened → Date of last opening: ____/____/____ MO YR	
Today's Date: ____/____/1993 DY MO YR		Current Case Status: ☐ On-going assessment ☐ Assessment completed →	
		☐ Case to be kept open for CAS service ☐ Case to be closed, referral to other agency/service ☐ Case to be closed, no referral	

2. Family Initials (first two initials): ____ OR ____ (alternate names)		Case Number: _____	
		Postal Code (if known) _____	

Adults in the house (check all that apply):		Children < 16 in the home at time of referral (first name only)	Age (years)	Sex (M/F)	Target of Referral
☐ biological mother	☐ biological father	1. _____	_____	_____	☐
☐ stepmother/partner	☐ stepfather/partner	2. _____	_____	_____	☐
☐ grandmother	☐ grandfather	3. _____	_____	_____	☐
☐ other (specify): _____		4. _____	_____	_____	☐
		5. _____	_____	_____	☐
		6. _____	_____	_____	☐

Approximate age of mother/primary caretaker:
☐ <16 ☐ 16-18 ☐ 19-21 ☐ 22-25 ☐ 26-30 ☐ >30

3. Parent(s) racial group (check all that apply)		Is either parent Native Canadian (Status or Non-Status)? ☐ Yes ☐ Not Sure	
☐ Black (e.g. African, Canadian, Caribbean)	☐ West Asian/North African (e.g. Arab, Turkish, Armenian)		
☐ East Asian (e.g. Chinese, Japanese, Korean)	☐ White (e.g. Canadian, European)		
☐ South Asian (e.g. Indian, Pakistani, Sri Lankan)	☐ Hispanic (e.g. Central/Southern American)		
☐ Southeast Asian (e.g. Vietnamese, Filipino, Indonesian)	☐ Don't Know/Not Sure		

4. Housing				Parent Risk Factors			
	Yes	No	Not Sure		Yes	No	Not Sure
Public housing complex (e.g. OHC)	☐	☐	☐	Parent alcohol abuse	☐	☐	☐
Unsafe/inappropriate housing	☐	☐	☐	Parent drug abuse	☐	☐	☐
Moved within last 6 mos.	☐	☐	☐	Parent mental health	☐	☐	☐
Rural/town (<5,000 inhabitants)	☐	☐	☐	Inter-parental violence	☐	☐	☐
				Separated/divorced	☐	☐	☐

Primary source of income:
☐ Full-time ☐ Part-time (<30 hrs.) ☐ Unemployment ins. ☐ Welfare/family benefits ☐ No reliable source ☐ Not sure

Approximate family income: ☐ <\$20,000 ☐ \$20,000-\$30,000 ☐ \$30,000 - \$40,000 ☐ over \$40,000 ☐ Can't estimate

5. Source of allegation/referral (if more than one assign number '1' to first source that contacted agency, '2' to second, etc.)			
☐ Custodial Parent	☐ Neighbour/Friend/Acquaint.	☐ YOA Court/Probation	☐ Mental Health Prof./Agency
☐ Non-custodial Parent	☐ School	☐ Hospital	☐ Other CAS
☐ Child	☐ Day care	☐ Public Health Nurse	☐ Anonymous
☐ Relative	☐ Police	☐ Family Physician	☐ Other (specify): _____

6. Reason for referral (check all that apply)		SUPPORTIVE SERVICES	OTHER SERVICES
☐ Abuse, neglect or other maltreatment of child		☐ Child/Youth Behaviour	☐ Service for other CAS
		☐ Dev/Phys Handicapped Child	☐ Foster/Adoption Home Study
		☐ Pre-Natal Counselling	☐ Service for Ex-Ward
		☐ Parent Mental Health	☐ Adoption Information Sharing
		☐ Developmentally Delayed Parent	☐ Other Information Request
		☐ Financial Assistance	☐ Other
		☐ Other Supportive Services	

Was child maltreatment suspected at any point during the assessment (including referral)?

☐ No ☐ Yes → *Please complete Child Maltreatment Form for each investigated child*

CHILD MALTREATMENT CODES		
ABUSE	NEGLECT / FAILURE TO PROVIDE	EMOTIONAL MALTREATMENT
1. Physical abuse	6. Failure to supervise or protect leading to physical harm	14. Emotional abuse
2. Sexual abuse involving attempted or completed intercourse	7. Failure to supervise or protect leading to sexual abuse	15. Emotional neglect
3. Sexual abuse involving touching/fondling genitals	8. Physical neglect (avoidable harm due to inadequate food, nutrition, clothing, hygiene, or dangerous living conditions)	16. Nonorganic failure to thrive
4. Sexual abuse involving adult exposing genitals to child	9. Medical neglect (intending/failing to provide treatment)	17. Other maltreatment (specify):
5. Sexual abuse involving other sexual activities	10. Failure to provide treatment for mental/emotional/developmental problem (e.g. depression, learning disability, suicidal behaviour)	
	11. Permitting maladaptive/criminal behaviour (e.g. drug/alcohol abuse, theft, vandalism)	
	12. Abandonment/refusal of custody (e.g. abandonment, expulsion, refuse custody of runaway)	
	13. Educational neglect (chronic truancy, failure to enroll; does not include #10, "failure to provide treatment" for developmental/educational problems)	

SUBSTANTIATION (Box 9)

Indicate level of substantiation at this point in your investigation. A case is considered *Substantiated* if it is your professional opinion that you have sufficient evidence that abuse or neglect probably has occurred (i.e. you would be prepared to testify in court as an expert witness, even though you may be uncertain whether the evidence meets all legal evidentiary requirements).

A case is *Suspected* if you do not have enough evidence to substantiate maltreatment, but you also are not sure that maltreatment can be ruled out.

A case is *Unfounded* if you are convinced that the child has not been maltreated. For *Unfounded* cases *Nature and Severity* of injury should be coded 'N' (no harm), but where possible the suspected perpetrators(s) should be indicated. A *malicious* referral is one where you believe the source of referral made an intentionally false referral.

NATURE OF INJURY OR IMPAIRMENT (Box 10)

Circle only one type of injury per column, use additional columns if there are more than one type of injury so that the *Severity* ratings correspond to each specific type of injury. Note that for most sexual abuse cases the predominant injury or impairment will probably be emotional or behavioural.

SEVERITY OF INJURY OR IMPAIRMENT (Box 11)

Endangered - child's health or safety was or is seriously endangered, but child appears not to have been harmed. "Endangered" is used in the same sense as "substantial risk" is used in the CFSA. An "endangered" rating does not necessarily refer to a less serious case than a *Moderate injury/condition* rating (e.g. toddler often left alone with access to deadly chemicals).

Probable impairment - no obvious injuries or problems, but in view of the extreme traumatic nature of the maltreatment, it is probable that the child's mental, emotional, or developmental health or capabilities have been significantly impaired. A *Probable impairment* rating does not necessarily refer to a less serious case than a *Moderate injury/condition* rating (e.g. a seriously sexually abused child who has not been physically harmed and is not yet exhibiting emotional difficulties).

Moderate injury/condition - behaviour problem or physical/mental/emotional condition with observable symptoms lasting at least 48 hours.

Serious injury/condition - professional treatment/remediation needed to alleviate acute present suffering or to prevent significant long-term impairment.

Fatal - maltreatment suspected as a major contributory cause of death.

PERSON(S) SUSPECTED/RESPONSIBLE FOR MALTREATMENT (Box 13)

For each form of maltreatment indicate person(s) responsible for maltreatment. Note that different people can be responsible for different forms of maltreatment (e.g. common-law partner abuses child, but other parent could have prevented the abuse).

If *Other* please specify relationship to child (e.g. brother, uncle, grandmother, teacher, doctor, stranger, school-mate, neighbour, family-friend), as well as *gender* and *approximate age*. Age is essential to distinguish between child, youth and adult perpetrators.

COMMENTS / ADDITIONAL INFORMATION:

MALTREATMENT INVESTIGATION FORM: CHILD 1

(complete one form for each investigated child)

7. Child's First Name: _____		Age (Years): _____
3. CFSA Court Activity: ☐ Application made ☐ If services refused, court likely ☐ No court considered	Out of Home Placement: ☐ In CAS care and custody ☐ Informal placement (e.g. relative, neighbour) ☐ Placement considered ☐ No placement considered	Other Activities: ☐ Police investigation ☐ Criminal charges laid ☐ Abuser no longer in home

8b. Punishment/Discipline Was suspected maltreatment related to any form of punishment/discipline? ☐ Yes ☐ No ☐ Not Sure/Not Applicable	Major form of maltreatment	If applicable		
Form(s) of maltreatment → (use maltreatment codes)		2nd form	3rd form	4th form
9. Substantiation <i>(circle one for each form of maltreatment)</i> U Unfounded I Suspected, insufficient evidence at this time to substantiate S Substantiated If unfounded, was this a malicious referral? ☐ Yes ☐ No ☐ Not Sure	U I S	U I S	U I S	U I S
10. Nature of injury or impairment <i>(circle one, use extra columns if several different types involved)</i> N No harm P Physical injury H Other health condition or physical impairment M Mental/emotional impairment or behaviour problem E Impaired educational development (includes truancy) U Unknown	N P H M E U	N P H M E U	N P H M E U	N P H M E U
11. Severity of injury or impairment <i>(circle one for each form of maltreatment/type of injury)</i> N No harm or substantial risk of harm E Endangered P Probable impairment M Moderate injury/condition S Serious injury/condition F Fatal U Unknown	N E P M S F U	N E P M S F U	N E P M S F U	N E P M S F U
12. Duration of maltreatment <i>(circle one for each form of maltreatment)</i> S Single incident L Less than six months M More than six months U Unknown/Not Applicable (e.g. unsubstantiated allegation)	S L M U	S L M U	S L M U	I L M U
13. Person(s) suspected/responsible for maltreatment <i>(circle all that apply for each form of maltreatment)</i> M Biological mother F Biological father S Stepfather/common-law partner O Other (specify): _____ ☐ male ☐ female Age: ☐ <12 ☐ 13-16 ☐ 16-20 ☐ >20 U Unknown	M F S O U	M F S O U	M F S O U	M F S O U
14. Previous Reports/Convictions <i>(circle all that apply)</i> C Child previously reported to a CAS P Perpetrator previously reported or convicted	C P	C P	C P	C P

MALTREATMENT INVESTIGATION FORM: CHILD 2

(complete one form for each investigated child)

7. Child's First Name: _____		Age (Years): _____
8. CECSA Court Activity: ☐ Application made ☐ If services refused, court likely ☐ No court considered	Out of Home Placement: ☐ In CAS care and custody ☐ Informal placement (e.g. relative, neighbour) ☐ Placement considered ☐ No placement considered	Other Activities: ☐ Police Investigation ☐ Criminal charges laid ☐ Abuser no longer in home

8b. Punishment/Discipline Was suspected maltreatment related to any form of punishment/discipline? ☐ Yes ☐ No ☐ Not Sure/Not Applicable	Major form of maltreatment	If applicable		
		2nd form	3rd form	4th form
Form(s) of maltreatment → (use maltreatment codes)				
9. Substantiation <i>(circle one for each form of maltreatment)</i> U Unfounded I Suspected, insufficient evidence at this time to substantiate S Substantiated If unfounded, was this a malicious referral? ☐ Yes ☐ No ☐ Not Sure	U I S	U I S	U I S	U I S
10. Nature of injury or impairment <i>(circle one, use extra columns if several different types involved)</i> N No harm P Physical injury H Other health condition or physical impairment M Mental/emotional impairment or behaviour problem E Impaired educational development (includes truancy) U Unknown	N P H M E U	N P H M E U	N P H M E U	N P H M E U
11. Severity of injury or impairment <i>(circle one for each form of maltreatment or type of injury)</i> N No harm or substantial risk of harm E Endangered P Probable impairment M Moderate injury/condition S Serious injury/condition F Fatal U Unknown	N E P M S F U	N E P M S F U	N E P M S F U	N E P M S F U
12. Duration of maltreatment <i>(circle one for each form of maltreatment)</i> S Single incident L Less than six months M More than six months U Unknown/Not Applicable (e.g. unsubstantiated allegation)	S L M U	S L M U	S L M U	I L M U
13. Person(s) suspected/responsible for maltreatment <i>(circle all that apply for each form of maltreatment)</i> M Biological mother F Biological father S Step-father/common-law partner O Other (specify): _____ ☐ male ☐ female Age: ☐ <12 ☐ 13-16 ☐ 16-20 ☐ >20 U Unknown	M F S O U	M F S O U	M F S O U	M F S O U
14. Previous Reports/Convictions <i>(circle all that apply)</i> C Child previously reported to a CAS P Perpetrator previously reported or convicted	C P	C P	C P	C P

Appendix D CIS98 Questionnaire

CANADIAN INCIDENCE STUDY

CIS

Funded by Health Canada Child Maltreatment Division, Bureau of Reproductive and Child Health and supported by the Provincial and Territorial Governments of Canada.
Funding for Overseeing was provided by the Provincial Governments of Newfoundland and Labrador, Quebec, Ontario, and British Columbia.
Additional funding was provided by the Bell Canada Child Welfare Research Unit, University of Toronto.

Child Maltreatment DIVISION
de la violence envers les enfants

CIS Maltreatment Assessment

INTAKE FACE SHEET (Please complete this face sheet for all cases)

Date referral was received Was case opened at this time? yes ☐ no ☐
If no, date case was opened

Source of allegation/referral (if more than one source of referral, assign number "1" to first source, "2" to second, etc.)

☐ Custodial Parent	☐ Social Assistance Worker	☐ School	☐ Police
☐ Non-custodial Parent	☐ Crisis Services/Hotline	☐ Community/Recreation Centre	☐ Community Agency
☐ Child (subject of referral)	☐ Hospital	☐ Mental Health Professional	☐ Anonymous
☐ Relative	☐ Public Health Nurse	☐ Other Child Welfare Service	
☐ Neighbour/Friend	☐ Physician	☐ Day Care Centre	
☐ Other (please specify)			

List all children in the home (first name only - 19 years and under)	Date of Birth	Gender of child	Child (subject of referral)
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M ☐ F ☐	☐
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M ☐ F ☐	☐
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M ☐ F ☐	☐
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M ☐ F ☐	☐
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M ☐ F ☐	☐
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M ☐ F ☐	☐

Was child maltreatment alleged by the referral or suspected at any point during this assessment period? no ☐ yes ☐

If yes, was case:

A) ☐ screened out

why? ☐ Alleged perpetrator not a caregiver ☐ Child over age covered by legislation

☐ Form of maltreatment not covered in legislation ☐ Referral known to be malicious

☐ Incomplete identifying information ☐ Other (please elaborate under section: Please describe reason for referral/screening out)

OR

B) ☐ open for assessment/investigation

If open for assessment/investigation, complete the remainder of the CIS Maltreatment Assessment

ASSESSMENT WORKER'S NAME

Family code (first two letters of surname)
 (Other surname, if applicable)

Postal code

or address

Case number

Please describe reason for referral/screening out for all cases

If anyone other than the Assessment Worker has completed demographic information on the Maltreatment Assessment, please identify name and position

NAME POSITION

This information will remain totally confidential, and no identifying information will be used outside of your own agency.
This Intake Face Sheet will be destroyed at this location following the coded entry of this data by one of our researchers

The Bell Canada Child Welfare Research Unit, Faculty of Social Work, University of Toronto
246 Bloor Street West, Toronto, Ontario M5S 1A1 • tel: (416) 978-2527 • fax: (416) 978-7072

CIS Maltreatment Assessment: Household Information

CIS Office Use Only: - -

<p>1. Caregiver A:</p> <p>☐ Biological Parent ☐ Foster Parent ☐ Common-Law Partner</p> <p>☐ Adoptive Parent ☐ Step-parent ☐ Grandparent</p> <p>☐ Other (Specify): _____</p> <p>Age: ☐ <15 ☐ 16-18 ☐ 19-21 ☐ 22-25 ☐ 26-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 61-70 ☐ >70</p> <p>Gender: ☐ Male ☐ Female</p> <p>2. Primary Income Source: (fill in only one)</p> <p>☐ Full Time ☐ Seasonal ☐ Other Benefits</p> <p>☐ Part Time <20 hrs ☐ Unemployment ☐ Unknown</p> <p>☐ Multiple Jobs ☐ Social Assistance ☐ None</p> <p>3. Educational Level:</p> <p>☐ Elementary or less ☐ College/University</p> <p>☐ Secondary or less ☐ Unknown</p> <p>4. Ethnic-Racial Group: Based on Statistics Canada 1996 Census</p> <p>☐ White ☐ Arab/West Asian (e.g. Armenian, Egyptian, Jordan, Lebanese, Moroccan)</p> <p>☐ Aboriginal ☐ South Asian (e.g. East Indian, Pakistani, Punjabi, Sri Lankan)</p> <p>☐ Chinese ☐ Southeast Asian (e.g. Cambodian, Indonesian, Laotian, Vietnamese)</p> <p>☐ Latin American ☐ Black (e.g. African, Haitian, Jamaican)</p> <p>☐ Filipino ☐ Japanese ☐ Korean ☐ Other _____</p> <p>If Aboriginal, please check all that apply:</p> <p>☐ On Reservation ☐ Non-Status ☐ Métis ☐ Inuit</p> <p>☐ Off Reservation ☐ Status ☐ Other _____</p> <p>Primary Language: ☐ English ☐ French ☐ Other _____</p> <p>5. Contact with Caregiver: ☐ Co-operative ☐ Not co-operative ☐ Not contacted</p> <p>6. Was Caregiver maltreated as a child?</p> <p>☐ Confirmed ☐ Suspected ☐ No/Unknown</p> <p>Is Caregiver in a violent relationship?</p> <p>☐ Confirmed ☐ Suspected ☐ No/Unknown</p> <p>Was this Caregiver the: ☐ Victim ☐ Perpetrator</p>	<p>1. Caregiver B: ☐ No Other Caregiver ☐ Caregiver in Home ☐ Other Adult (not in household)</p> <p>☐ Biological Parent ☐ Foster Parent ☐ Common-Law Partner</p> <p>☐ Adoptive Parent ☐ Step-parent ☐ Grandparent</p> <p>☐ Other (Specify): _____</p> <p>Age: ☐ <15 ☐ 16-18 ☐ 19-21 ☐ 22-25 ☐ 26-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 61-70 ☐ >70</p> <p>Gender: ☐ Male ☐ Female</p> <p>2. Primary Income Source: (fill in only one)</p> <p>☐ Full Time ☐ Seasonal ☐ Other Benefits</p> <p>☐ Part Time <20 hrs ☐ Unemployment ☐ Unknown</p> <p>☐ Multiple Jobs ☐ Social Assistance ☐ None</p> <p>3. Educational Level:</p> <p>☐ Elementary or less ☐ College/University</p> <p>☐ Secondary or less ☐ Unknown</p> <p>4. Ethnic-Racial Group: Based on Statistics Canada 1996 Census</p> <p>☐ White ☐ Arab/West Asian (e.g. Armenian, Egyptian, Jordan, Lebanese, Moroccan)</p> <p>☐ Aboriginal ☐ South Asian (e.g. East Indian, Pakistani, Punjabi, Sri Lankan)</p> <p>☐ Chinese ☐ Southeast Asian (e.g. Cambodian, Indonesian, Laotian, Vietnamese)</p> <p>☐ Latin American ☐ Black (e.g. African, Haitian, Jamaican)</p> <p>☐ Filipino ☐ Japanese ☐ Korean ☐ Other _____</p> <p>If Aboriginal, please check all that apply:</p> <p>☐ On Reservation ☐ Non-Status ☐ Métis ☐ Inuit</p> <p>☐ Off Reservation ☐ Status ☐ Other _____</p> <p>Primary Language: ☐ English ☐ French ☐ Other _____</p> <p>5. Contact with Caregiver: ☐ Co-operative ☐ Not co-operative ☐ Not contacted</p> <p>6. Was Caregiver maltreated as a child?</p> <p>☐ Confirmed ☐ Suspected ☐ No/Unknown</p> <p>Is Caregiver in a violent relationship?</p> <p>☐ Confirmed ☐ Suspected ☐ No/Unknown</p> <p>Was this Caregiver the: ☐ Victim ☐ Perpetrator</p>
<p>7. Other adults in the home: ☐ None ☐ Grandparent ☐ Children > 18 yrs ☐ Other Relative ☐ Boy/Girl-friend ☐ Spouse ☐ Other _____</p> <p>a) Are you aware of a Caregiver outside of the home involved with any of the children? ☐ None ☐ Mother ☐ Father ☐ Other _____</p> <p>b) Is there an ongoing child custody dispute at this time? ☐ Yes ☐ No ☐ Unknown</p>	
<p>8. Family Income Estimate: ☐ < \$15,000 ☐ \$15,000 - \$24,999 ☐ \$25,000 - \$34,999 ☐ \$35,000 - \$44,999 ☐ \$45,000 - \$54,999 ☐ \$55,000 - \$64,999 ☐ \$65,000 - \$74,999 ☐ \$75,000 - \$84,999 ☐ \$85,000 - \$94,999 ☐ \$95,000 - \$104,999 ☐ \$105,000 - \$114,999 ☐ \$115,000 - \$124,999 ☐ \$125,000 - \$134,999 ☐ \$135,000 - \$144,999 ☐ \$145,000 - \$154,999 ☐ \$155,000 - \$164,999 ☐ \$165,000 - \$174,999 ☐ \$175,000 - \$184,999 ☐ \$185,000 - \$194,999 ☐ \$195,000 - \$204,999 ☐ \$205,000 - \$214,999 ☐ \$215,000 - \$224,999 ☐ \$225,000 - \$234,999 ☐ \$235,000 - \$244,999 ☐ \$245,000 - \$254,999 ☐ \$255,000 - \$264,999 ☐ \$265,000 - \$274,999 ☐ \$275,000 - \$284,999 ☐ \$285,000 - \$294,999 ☐ \$295,000 - \$304,999 ☐ \$305,000 - \$314,999 ☐ \$315,000 - \$324,999 ☐ \$325,000 - \$334,999 ☐ \$335,000 - \$344,999 ☐ \$345,000 - \$354,999 ☐ \$355,000 - \$364,999 ☐ \$365,000 - \$374,999 ☐ \$375,000 - \$384,999 ☐ \$385,000 - \$394,999 ☐ \$395,000 - \$404,999 ☐ \$405,000 - \$414,999 ☐ \$415,000 - \$424,999 ☐ \$425,000 - \$434,999 ☐ \$435,000 - \$444,999 ☐ \$445,000 - \$454,999 ☐ \$455,000 - \$464,999 ☐ \$465,000 - \$474,999 ☐ \$475,000 - \$484,999 ☐ \$485,000 - \$494,999 ☐ \$495,000 - \$504,999 ☐ \$505,000 - \$514,999 ☐ \$515,000 - \$524,999 ☐ \$525,000 - \$534,999 ☐ \$535,000 - \$544,999 ☐ \$545,000 - \$554,999 ☐ \$555,000 - \$564,999 ☐ \$565,000 - \$574,999 ☐ \$575,000 - \$584,999 ☐ \$585,000 - \$594,999 ☐ \$595,000 - \$604,999 ☐ \$605,000 - \$614,999 ☐ \$615,000 - \$624,999 ☐ \$625,000 - \$634,999 ☐ \$635,000 - \$644,999 ☐ \$645,000 - \$654,999 ☐ \$655,000 - \$664,999 ☐ \$665,000 - \$674,999 ☐ \$675,000 - \$684,999 ☐ \$685,000 - \$694,999 ☐ \$695,000 - \$704,999 ☐ \$705,000 - \$714,999 ☐ \$715,000 - \$724,999 ☐ \$725,000 - \$734,999 ☐ \$735,000 - \$744,999 ☐ \$745,000 - \$754,999 ☐ \$755,000 - \$764,999 ☐ \$765,000 - \$774,999 ☐ \$775,000 - \$784,999 ☐ \$785,000 - \$794,999 ☐ \$795,000 - \$804,999 ☐ \$805,000 - \$814,999 ☐ \$815,000 - \$824,999 ☐ \$825,000 - \$834,999 ☐ \$835,000 - \$844,999 ☐ \$845,000 - \$854,999 ☐ \$855,000 - \$864,999 ☐ \$865,000 - \$874,999 ☐ \$875,000 - \$884,999 ☐ \$885,000 - \$894,999 ☐ \$895,000 - \$904,999 ☐ \$905,000 - \$914,999 ☐ \$915,000 - \$924,999 ☐ \$925,000 - \$934,999 ☐ \$935,000 - \$944,999 ☐ \$945,000 - \$954,999 ☐ \$955,000 - \$964,999 ☐ \$965,000 - \$974,999 ☐ \$975,000 - \$984,999 ☐ \$985,000 - \$994,999 ☐ \$995,000 - \$1,004,999 ☐ \$1,005,000 - \$1,014,999 ☐ \$1,015,000 - \$1,024,999 ☐ \$1,025,000 - \$1,034,999 ☐ \$1,035,000 - \$1,044,999 ☐ \$1,045,000 - \$1,054,999 ☐ \$1,055,000 - \$1,064,999 ☐ \$1,065,000 - \$1,074,999 ☐ \$1,075,000 - \$1,084,999 ☐ \$1,085,000 - \$1,094,999 ☐ \$1,095,000 - \$1,104,999 ☐ \$1,105,000 - \$1,114,999 ☐ \$1,115,000 - \$1,124,999 ☐ \$1,125,000 - \$1,134,999 ☐ \$1,135,000 - \$1,144,999 ☐ \$1,145,000 - \$1,154,999 ☐ \$1,155,000 - \$1,164,999 ☐ \$1,165,000 - \$1,174,999 ☐ \$1,175,000 - \$1,184,999 ☐ \$1,185,000 - \$1,194,999 ☐ \$1,195,000 - \$1,204,999 ☐ \$1,205,000 - \$1,214,999 ☐ \$1,215,000 - \$1,224,999 ☐ \$1,225,000 - 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\$3,034,999 ☐ \$3,035,000 - \$3,044,999 ☐ \$3,045,000 - \$3,054,999 ☐ \$3,055,000 - \$3,064,999 ☐ \$3,065,000 - \$3,074,999 ☐ \$3,075,000 - \$3,084,999 ☐ \$3,085,000 - \$3,094,999 ☐ \$3,095,000 - \$3,104,999 ☐ \$3,105,000 - \$3,114,999 ☐ \$3,115,000 - \$3,124,999 ☐ \$3,125,000 - \$3,134,999 ☐ \$3,135,000 - \$3,144,999 ☐ \$3,145,000 - \$3,154,999 ☐ \$3,155,000 - \$3,164,999 ☐ \$3,165,000 - \$3,174,999 ☐ \$3,175,000 - \$3,184,999 ☐ \$3,185,000 - \$3,194,999 ☐ \$3,195,000 - \$3,204,999 ☐ \$3,205,000 - \$3,214,999 ☐ \$3,215,000 - \$3,224,999 ☐ \$3,225,000 - \$3,234,999 ☐ \$3,235,000 - \$3,244,999 ☐ \$3,245,000 - \$3,254,999 ☐ \$3,255,000 - \$3,264,999 ☐ \$3,265,000 - \$3,274,999 ☐ \$3,275,000 - \$3,284,999 ☐ \$3,285,000 - \$3,294,999 ☐ \$3,295,000 - \$3,304,999 ☐ \$3,305,000 - \$3,314,999 ☐ \$3,315,000 - \$3,324,999 ☐ \$3,325,000 - \$3,334,999 ☐ \$3,335,000 - \$3,344,999 ☐ \$3,345,000 - \$3,354,999 ☐ \$3,355,000 - \$3,364,999 ☐ \$3,365,000 - \$3,374,999 ☐ \$3,375,000 - \$3,384,999 ☐ \$3,385,000 - \$3,394,999 ☐ \$3,395,000 - \$3,404,999 ☐ \$3,405,000 - \$3,414,999 ☐ \$3,415,000 - \$3,424,999 ☐ \$3,425,000 - \$3,434,999 ☐ \$3,435,000 - \$3,444,999 ☐ \$3,445,000 - \$3,454,999 ☐ \$3,455,000 - \$3,464,999 ☐ \$3,465,000 - \$3,474,999 ☐ \$3,475,000 - \$3,484,999 ☐ \$3,485,000 - \$3,494,999 ☐ \$3,495,000 - \$3,504,999 ☐ \$3,505,000 - \$3,514,999 ☐ \$3,515,000 - \$3,524,999 ☐ \$3,525,000 - \$3,534,999 ☐ \$3,535,000 - \$3,544,999 ☐ \$3,545,000 - \$3,554,999 ☐</p>	

CIS Maltreatment Assessment: Child

First Name _____ Sex ☐ Male ☐ Female Age CIS Office Use Only:

13. Child Functioning: (Are you aware if any of the following apply to this child at this point in time?) ☐ No child functioning issues at this time																																																																
<table border="1"> <thead> <tr> <th></th> <th>Confirmed</th> <th>Suspected</th> </tr> </thead> <tbody> <tr><td>Developmental Delay</td><td>☐</td><td>☐</td></tr> <tr><td>Physical/Developmental Disability</td><td>☐</td><td>☐</td></tr> <tr><td>Other Health Condition</td><td>☐</td><td>☐</td></tr> <tr><td>Substance Abuse Related Birth Defects</td><td>☐</td><td>☐</td></tr> <tr><td>Depression/Anxiety</td><td>☐</td><td>☐</td></tr> <tr><td>Self-harming Behaviour</td><td>☐</td><td>☐</td></tr> <tr><td>Negative Peer Involvement</td><td>☐</td><td>☐</td></tr> <tr><td>Substance Abuse</td><td>☐</td><td>☐</td></tr> <tr><td>Behaviour Problems (Home/Community)</td><td>☐</td><td>☐</td></tr> <tr><td>Violence Towards Others</td><td>☐</td><td>☐</td></tr> </tbody> </table>		Confirmed	Suspected	Developmental Delay	☐	☐	Physical/Developmental Disability	☐	☐	Other Health Condition	☐	☐	Substance Abuse Related Birth Defects	☐	☐	Depression/Anxiety	☐	☐	Self-harming Behaviour	☐	☐	Negative Peer Involvement	☐	☐	Substance Abuse	☐	☐	Behaviour Problems (Home/Community)	☐	☐	Violence Towards Others	☐	☐	<table border="1"> <thead> <tr> <th></th> <th>Confirmed</th> <th>Suspected</th> </tr> </thead> <tbody> <tr><td>Running (One Motion)</td><td>☐</td><td>☐</td></tr> <tr><td>Running (Multiple Motions)</td><td>☐</td><td>☐</td></tr> <tr><td>Involvement in Prostitution</td><td>☐</td><td>☐</td></tr> <tr><td>Age inappropriate Sexual Behaviour</td><td>☐</td><td>☐</td></tr> <tr><td>Psychiatric Disorder</td><td>☐</td><td>☐</td></tr> <tr><td>Child/NDA Involvement</td><td>☐</td><td>☐</td></tr> <tr><td>Special Education Class</td><td>☐</td><td>☐</td></tr> <tr><td>Irregular School Attendance</td><td>☐</td><td>☐</td></tr> <tr><td>Other (Specify): _____</td><td>☐</td><td>☐</td></tr> </tbody> </table>		Confirmed	Suspected	Running (One Motion)	☐	☐	Running (Multiple Motions)	☐	☐	Involvement in Prostitution	☐	☐	Age inappropriate Sexual Behaviour	☐	☐	Psychiatric Disorder	☐	☐	Child/NDA Involvement	☐	☐	Special Education Class	☐	☐	Irregular School Attendance	☐	☐	Other (Specify): _____	☐	☐
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Other (Specify): _____	☐	☐																																																														
14. Maltreatment Codes: (Tick primary form of maltreatment first)																																																																
Physical Abuse (1) Shaken Baby Syndrome (2) Inappropriate Punishment (3) Other Physical Abuse	1st ☐ 2nd ☐ 3rd ☐																																																															
Sexual Abuse (4) Sexual Activity Completed (5) Sexual Activity Attempted (6) Touching/Fondling Genitals (7) Exposure of Genitals (8) Exploitation: Pornography/Prostitution (9) Sexual Harassment (10) Voyeurism	1st ☐ 2nd ☐ 3rd ☐																																																															
Neglect: (Failure to Provide) (11) Failure to Supervise/Protect (12) Failure to Supervise/Protect: Sexual (13) Physical Neglect (14) Medical Neglect (15) Failure to Provide Treatment: Psych. (16) Malnutrition Behaviour (17) Abandonment (18) Educational Neglect	1st ☐ 2nd ☐ 3rd ☐																																																															
Emotional Maltreatment (19) Emotional Abuse (20) Non-organic Failure to Thrive (21) Emotional Neglect (22) Exposed to Family Violence	1st ☐ 2nd ☐ 3rd ☐																																																															
Other Abuse (23) Other: _____	1st ☐ 2nd ☐ 3rd ☐																																																															
CIS Office Use Only: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																																																
15. Alleged Perpetrator: (Fill in all those that apply)																																																																
Mother (biological) ☐ ☐ ☐ Father (biological) ☐ ☐ ☐ Stepfather/Common-law ☐ ☐ ☐ Stepmother/Common-law ☐ ☐ ☐ Sibling ☐ ☐ ☐ Other _____ ☐ ☐ ☐ Stranger ☐ ☐ ☐ Unknown ☐ ☐ ☐																																																																
16. Substantiation: (Fill in only one per column)																																																																
Unfounded ☐ ☐ ☐ Suspected: Insufficient Evidence ☐ ☐ ☐ Substantiated ☐ ☐ ☐ If unfounded, was report a malicious referral? ☐ Yes ☐ No ☐ Unknown																																																																
17. Duration of Maltreatment: (Fill in only one per column)																																																																
Not Applicable (Maltreatment Unfounded) ☐ ☐ ☐ Single Incident ☐ ☐ ☐ Less than Six Months ☐ ☐ ☐ More than Six Months ☐ ☐ ☐ Unknown ☐ ☐ ☐																																																																
Describe harm suspected or known to be caused by investigated maltreatment. (Fill in all that apply)																																																																
18. Physical Harm:																																																																
☐ No Harm ☐ Bruises/Cuts/Scrapes ☐ Burns and Scalds ☐ Broken Bones ☐ Head Trauma ☐ Fatal ☐ Other Health Condition _____																																																																
a) Medical treatment required for injury. ☐ Yes ☐ No b) Health or safety seriously endangered by suspected or substantiated maltreatment. ☐ Yes ☐ No c) History of undetected or misdiagnosed injuries. ☐ Yes ☐ No																																																																
19. Mental or Emotional Harm:																																																																
a) Child exhibits signs of mental or emotional harm. ☐ Yes ☐ No b) Exhibited harm requires therapeutic treatment. ☐ Yes ☐ No c) If maltreatment suspected/substantiated, is it probable that the child's mental or emotional health or capabilities have been significantly impaired? ☐ Yes ☐ No																																																																
20. Out of Home Placement: (Fill in only one)																																																																
☐ No Placement Required ☐ Foster Placement ☐ Placement to be Considered ☐ Group Home Placement ☐ Informal Placement ☐ Residential/Secure Treatment																																																																
☐ If this sheet is for an additional child, check here to indicate Sections 21 to 26 are the same as for the 1st child recorded in the family.																																																																
21. Child Welfare Court:																																																																
☐ Application Made ☐ Application Considered ☐ No Court Considered																																																																
22. Previous Reports to Child Welfare: (For this child)																																																																
Was child previously reported to Child Welfare for suspected maltreatment? ☐ Yes ☐ No ☐ Unknown																																																																
23. Criminal Court: (Regarding the child maltreatment)																																																																
Was there a Police investigation? ☐ Yes ☐ No If yes, were criminal charges: ☐ Laid ☐ Considered ☐ Not Laid																																																																
24. Alleged Perpetrator Description: (If not caregiver A or B)																																																																
Age: ☐ < 12 ☐ 13-15 ☐ 16-20 ☐ 21-30 ☐ Male ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ > 60 ☐ Female																																																																
25. Response to Sexual Abuse:																																																																
a) Non-offending caregiver(s) believes the child. ☐ Yes ☐ No ☐ Unknown b) Caregiver(s) provide emotional support. ☐ Yes ☐ No ☐ Unknown c) Caregiver(s) protect child from further incidents of sexual abuse. ☐ Yes ☐ No ☐ Unknown d) Alleged perpetrator is a known offender. ☐ Yes ☐ No ☐ Unknown e) Did he/she live in same home as child? ☐ Yes ☐ No ☐ Unknown f) Is he/she still living in same home as child? ☐ Yes ☐ No ☐ Unknown																																																																

Appendix E Guidelines for Research Using Data from the Canadian Incidence

Study of Reported Child Abuse and Neglect (CIS)

The Child Maltreatment Section of Health Canada has a mandate for national surveillance and epidemiologic research on child abuse and neglect. In this capacity, the section has supported the Canadian Incidence Study of Reported Child Abuse and Neglect. This is a national study of child maltreatment, its associated factors, and selected short-term outcomes. Data were collected from a representative sample of child welfare authorities. The Child Maltreatment Section strives to collaborate with other researchers with the following aims:

- (1) to extend the knowledge of child maltreatment, its risk factors and its consequences and;
- (2) to assist in the training of researchers who specialize in child maltreatment issues.

Application Procedures

In order to meet these objectives, the Child Maltreatment Section will release data from the CIS to qualified researchers who provide the following information:

- a) A short study protocol, to be approved by the Child Maltreatment Section (see below).
- b) A signed and dated copy of this form. Signature constitutes acceptance of the conditions listed below.

The data set and codebook will be provided on a CD-ROM - under no circumstances will data be e-mailed. Data are available in SPSS and SAS formats.

Qualified Researchers

The Child Maltreatment Section will consider applications from the following:

1. Faculty members, affiliates, or students of recognized universities, hospitals, public health units, or government departments or ministries. Students require written evidence of faculty or departmental approval of their research protocol in addition to written support from their research supervisor/advisor.
2. Associates of international health agencies, non-governmental organizations or other organizations involved in health, social service, or criminal justice research.
3. Private consultants and contractors may be eligible if:
 - i. They are under contract to a researcher/ organization meeting the above requirements.

- ii. They are contracted to an organization in partnership with the Child Maltreatment Section working on a project supported by or endorsed by Health Canada.

Study Protocol

Please provide the following information:

1. Study title.
2. Names and professional designations of researchers.
3. Organizational affiliation, mailing address, telephone and fax numbers.
4. Research questions.
5. How will the CIS data be used to address these research questions?
6. Other than the principal investigators, who will be using the data?
7. How long do you expect to be using the data?
8. How will you ensure that the data remain secure?

Conditions of Use

Those granted permission to use the CIS data must agree to the following conditions:

1. The data will not be released to any other person or organization without written permission from the Child Maltreatment Section and will be kept strictly confidential. Access to the data is restricted to only those directly involved in the stated research who have received written permission to use the data from the Child Maltreatment Section. To help ensure confidentiality, the data will not be stored on publicly accessible computers, computer networks, or file servers.
2. Any suspected errors or inconsistencies in the database will be reported to Health Canada.
3. To allow for the possibility of changes or corrections in the data, it is crucial that Health Canada be its chief custodian. In order for this to occur, there must be only one official copy of the data set. Therefore, upon completion of the research, all copies of the CIS data set will be removed from all computer hard drives and electronic storage media and destroyed. The CD-ROM containing the original data set will be returned to the Child Maltreatment Section.
4. In the interest of strict confidentiality no analysis will be undertaken that is sufficiently detailed as to identify individual cases. To facilitate this, do not report statistics that have been calculated on less than 5 cases.

5. Do not combine information from other data sets for the purpose of identifying individuals or families participating in the CIS.
6. Researchers will note the contribution of the Child Maltreatment Section by including an acknowledgment in all reports or publications (whether printed, electronic, or broadcast) resulting from the use of the CIS data. Please use the following citation in all published work:

Data used in this publication are from the Canadian Incidence Study of Reported Child Abuse and Neglect, and are used with the permission of Health Canada. The study was a collaboration between the Child Maltreatment Section of Health Canada, the Bell Canada Child Welfare Research Unit and the provincial and territorial departments of child welfare. The analyses and interpretations presented in this work do not necessarily reflect the opinions of the above mentioned sponsors.

7. Researchers will submit a copy of any published work or report with the Child Maltreatment Section of Health Canada.

Agreement of Conditions

This is an agreement between

Child Maltreatment Section
Health Surveillance and Epidemiology Division
Centre for Healthy Human Development
Population and Public Health Branch
Health Canada

and

(Researcher Name, Title, Organization)

regarding the provision of CIS data for

(Project Title)

The Researcher (named above) agrees to the conditions stated in the section entitled "Conditions of Use":

Signature

Date

Please submit a signed hard copy of this document (no faxes, photocopies, or e-mails) to:

**Child Maltreatment Section
Health Surveillance and Epidemiology Division
Health Canada
A.L. 0701D
HPB Building #7
Tunney's Pasture
Ottawa, Ontario
K1A 0L2**

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