The Impact of Childhood Sexual Abuse on Adult Sibling Relationships – A Research Project

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Abstract

Childhood sexual abuse (CSA) can result in adverse psychosocial, physical, and psychological affects on the victim. Furthermore, these adverse affects can extend into romantic and familial relationships. Yet, the victim is not the only individual affected. In certain instances, the non-abused sibling can experience long-lasting negative effects. The literature provides evidence that the sibling who was not abused is neglected in treatment and care. Moreover, there is also evidence that sibling relationships as a whole are not considered frequently in research, despite their powerful impact. This research project considers the potential impact of childhood sexual abuse on sibling relationships. By exploring and reviewing the literature, the aim of this paper is to provide information regarding the possible suggested link. The age spectrum ranges from childhood to adulthood, and considers the differences and similarities the age groups share in respect to CSA. Included in this work is the treatment possibilities for both the victim and non-abused sibling, as well as the sibling relationship as a whole.

Keywords: childhood sexual abuse, siblings, treatment, relationships.

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Throughout our lifespans, humans are continually experiencing, learning, and being affected by events. Some of these events may be positive and lead to growth, while others may be adverse and have detrimental impacts. These adverse life experiences can shape how we relate to the world and, more specifically, how we interact with other individuals.

My research will focus on the adverse experience of childhood sexual abuse. The question guiding my research project is: how does childhood sexual abuse (CSA) impact sibling relationships? By looking at CSA with a wide lens, I will begin to uncover the effects of this experience while simultaneously deepening the understanding of CSA and sibling relationships in general. From there, I will unpack the intricate relationship siblings share and what factors affect members' satisfaction. By doing so, I hope to highlight connections between the two topics to gain a greater understanding of their association.

In this initial manuscript, my goal is to inform the reader of the current and past literature surrounding the research topic. Overall, my objective is to create a larger conversation about a topic that I am passionate about. Additionally, I aim to begin to fill a gap in the literature by examining the parallels of existing studies. My exploration of this topic may be a call to other researchers to contribute to the expansion of understanding this human experience. As a future psychologist, there is potential for this introductory project to help create treatment options for individuals who want to maintain their familial connections.

The Research

Throughout the research process, I will continue to engage in bracketing actively. Bracketing, as described by Gearing (2008), is the process of discontinuing judgement or bias on

the information presented in the research. As I read through each piece of work, I will need to take that information without allowing my personal experience to colour the facts. I will suspend my hypothesis and theories in order to strive towards bracketing my experiences. Further, I will need to be mindful of the external world around me as I read each new piece of literature. It is possible that emotion, context, environment, and my own culture could influence how I interpret and engage with the data. Yet, actively considering that the information is fact will assist me in successfully bracketing my views and experiences. In the following section, labelled 'self-positioning statement,' I will explore my bias to inform the reader and allow for transparency.

Understanding that each article is factual and suspending my judgement is one aspect of writing an informative literature review. Additionally, to maintain this work's integrity is work's integrity, I have only included articles that are peer-reviewed and published in academic journals and reputable online sources for statistics. Each article was assessed based on its acknowledgement of limitations, its approval through the regulatory ethics board, and its reliability. Only articles written in English were included. While I will primarily be using sources from the last ten years of research, I think it is important to include works outside of this timeframe. In doing so, I will create a well-rounded understanding of the topic being researched by acknowledging the importance of historical literature.

I have organized this initial manuscript into the following sections. First, I will present a self-positioning statement, which presents the reader with a better understanding of my personal and professional connections. Additionally, there will be a thorough review of the current literature surrounding the research topic. In this work, the literature review will be the final section. I will provide the reader with definitions, explanations, and effects on my research topic

as they arise. All of the information is categorized throughout the work. The reader will find these categorizations in the headings and sub-headings I have used.

Self-Positioning Statement

I have been drawn to helping others in various capacities throughout my life, both personally and professionally. My innate desire to comfort the heart, psyche, and spirit of those around me led me to pursue a professional venture in counselling. My occupations have involved working with children, which has led me to my topic of choice. This professional experience has presented me with many client cases of childhood sexual abuse. I am honoured to know and work with many children who are victims of abuse and trauma. I have seen the impact that their experiences have had on shaping who they are and how they experience relationships. Because of this, my research interest primarily lies in helping children. Specifically, I am interested in helping children maintain a close relationship with their sibling/s after experiencing significant trauma.

Professional Experience

In my short professional career, many children have made an impact on my life. One client, in particular, stands out from the rest. I will use the pseudonym Suzy to protect her identity. Suzy is a young girl who is a survivor of many years of CSA, abuse, and neglect. Her two sisters, one older and one younger, experienced the same maltreatment leading up to their apprehension by child and family services. When the girls all came to my place of work to live, they showed signs and symptoms of the years of injury they endured. All three sisters were aggressive, reactive, anxious, displayed sexualized behaviours, and showed signs of health concern. I worked with Suzy at the time of her transition into care.

At first, the girls were not willing to interact with staff, and rightfully so. There were constant altercations with staff and many hands-on restraints used to maintain safety for all parties. It is essential to keep in mind that these girls were ten, eight, and five with little substance to their fragile bodies. The distrust for staff was evident, and their sibling bond was undeniable. In moments of crisis, each sister would seek the other out to provide support and comfort. The powerful connection they share as siblings is intense and sincere.

In contrast, during other crises, the girls would seek the other siblings to cause verbal or physical harm. The intricate sibling relationship and the patterns the girls displayed left the staff with many questions regarding their sibling relationships. How did the years of abuse and neglect impact their sibling bond? Would they remain close in the years to come? Were the symptoms they were currently showing impact their sibling relationship now and into adulthood? These questions raised by staff, as well as witnessing the devastating effects of CSA, are driving forces in this research project.

My position in this research is curious, hopeful, inquisitive, unknowing, personal, professional, and biased. My professional experience working alongside survivors of CSA has introduced me to certain ideals about this particular phenomenon. Still, I recognize the room for growth and learning. This research project will serve as a learning experience not only for the reader but for myself. In the next section, I illustrate my bias and present the reader with insight into how I approach this initial manuscript.

Personal Bias

As I endeavour to understand this path of research, I am aware of my initial bias. My topic, in part, examines sibling relationships and what affects them. I have one sister, making me part of a sibling dyad. Considering my personal experience of being a sibling, I am aware of its

role in potentially influencing my research. Upon reading the current literature, I will need to be aware that my experience is individualized and that the research may not support my ideal of what impacts sibling relationships. In the research, there are specific facts I agree with and others I do not. Similarly, there is information I relate to and knowledge I do not identify with. I acknowledge my own experience while simultaneously understanding that the literature is presenting factual information.

Being part of a sibling dyad can potentially influence how I read, digest, and reiterate information. This is mainly in part to my personal experience with the topic. While I cannot personally understand that trauma as I never experienced CSA, I have a deep passion for the social justice of children's treatment based on my professional background. My passion leads me to have emotional responses while reading some particular articles. My heart aches when I read about prevalence rates while understanding the overall lack of reporting. To know that this injustice is still happening every day is off-putting.

I understand that CSA will always be a prevalent issue in society. Therefore, I know there will be times where I work with individuals who are survivors of CSA. I realize that I have a strong reaction and personal bias in this area after having reading various articles that articulate the long-lasting impacts of this maltreatment. I do not personally understand how someone could be so selfish to injure a young individual’s psyche and body through abuse. This bias is hard to grapple with in part because I might work with perpetrators and must not let it alter the way I conduct my research. Again, an awareness of this bias and emotionality is important while remaining guided by the literature's evidence.

Finding Parallels

As I endeavour to understand this research, I hope to find parallels in the literature that indicate that CSA has an impact on adult sibling relationships. Therefore, I must keep in mind as I research that this may not be the case. There is the possibility that when I search for parallels, none exist. In doing so, I wish to avoid the possibility of confirmation bias. As per Bishop (2020), this occurs when an individual only seeks out information that confirms their bias or hypothesis. I must maintain the integrity of each research article by acknowledging the facts and information that may not support my assumptions. My goal is to uphold the factual and truthful nature of this research project; the literature review will include information found in the various articles, regardless of whether the data supports my assumptions. Throughout the process of this project, I hope to delve into the unknown and shed light on a somewhat taboo topic.

Literature Review

The literature review will serve as the premise and support of the hypotheses created in this research paper (Ramdhani, 2014). This literature review aims to provide the reader with an overview of the current literature concerning CSA and adult sibling relationships. Throughout this next section, the focus will be on summarizing and communicating the information found in other studies about the topic chosen (Ramdhani, 2014). Initially, I will explore CSA, including a broad definition of abuse, followed by a concise exploration of the specificity of children's abuse. The latter half of the literature will focus on sibling relationships, including factors that affect the relationship.

Abuse Versus Assault

A person commits assault when there is intentionally applied force, a threat to apply force, or when, through the use of a weapon, real or fake, a person accosts another person (Criminal Code, 2019, s 318(1)(a)). This explanation is potentially limiting since it only

considers the aspect of physical force or injury (Matthews & Collin-Vézina, 2019). In juxtaposition to assault, abuse has many forms, including the targeted individual's lack of consent. Abuse can be physical, sexual, emotional, financial or can encapsulate neglect. Physical abuse includes the deliberate use of impact to cause injury or pain. Sexual abuse is the use of force against an individual to engage in mortifying or unsafe sexual acts, including touching or actions. Emotional abuse includes psychological abuse as well through the use of actions or verbiage to segregate, limit, or scare an individual. Financial abuse occurs when an individual uses finances or material property to manipulate or misuse the victim (Criminal Justice, Family Violence, 2017).

Therefore, abuse encompasses much more than just the physicality of the act, according to Matthews and Collins-Vézina (2019). In this work, the focus will primarily be on sexual abuse. Examples of how Matthews and Collins-Vézina's (2019) definition pertains to CSA will be explained in the following section. To conceptualize childhood sexual abuse experience, this definition will be utilized in this work. At times, the word maltreatment may be used interchangeably with abuse.

Childhood Sexual Abuse

Sexual abuse, by definition, involves individuals not being able to, or not giving consent to, being forced, threatened, or taken advantage of sexually by a perpetrator (Matthews & Collin-Vézina, 2019). There is not one consolidated definition of CSA due to various conflicting ideals. As per the Child, Youth, and Family Enhancement Act (2019), if a child is exposed, subject to, or forced into sexual contact, activities, and or behaviours, they have been sexually abused.

As laid out by Johnson (2004), some of the activities consist of oral, genital, or hand to genital interaction, genital, or hand rectal interaction or hand to breast interaction. In addition to

these, the use of a child to create pornography, showing a child pornography, the viewing of sexual anatomy in a forceful way, exposure to any sexual anatomy, and physical or mental gratification from the act classify as CSA (Johnson, 2004; Matthews & Collin-Vézina, 2019). As mentioned previously, these acts support the definition of abuse, stating that abuse is beyond the physicality of sexual penetration or touching.

Identifying CSA

Matthews and Collin-Vézina (2019) explore four distinguishers that aid in identifying CSA. The four points are as follows: (a) the child being in a position of inequality, (b) a relationship of power, (c) exploitation of vulnerability, and (d) the lack of consent. When these four identifiers are present in any case of child maltreatment, individuals can be more confident that CSA occurred.

Position of Inequality. Matthews and Collin- Vézina (2019) consider inequality not to be based solely or primarily on age. Instead, the authors define inequality as when the abused child is in a position of elemental disadvantage compared to the person imposing the abuse (Matthews & Collin-Vézina, 2019). Inequality can occur through age, culture, psychological capacity, gender, physical ability, and cognitive capacity. Therefore, if a child is sexually abused by an individual younger than them, there can still be inequality based on the factors listed. The authors claim that another condition of inequality is the power relationship between the child and the abuser.

Power Differential. There are four types of power laid out by Matthews and Collins-Vézina (2019): (a) familial relationship, (b) institutional relationship, (c) economic relationship, and (d) psychological relationship. A familial relationship could include siblings, adult family members, and parents. When a child is part of an institutional relationship, it could be a teacher,

spiritual/religious member, or a coach. An economic relationship could be that of an employer or supervisor. Lastly, individuals with a higher psychological power in a romantic or peer relationship with the child would be considered a psychological relationship. Due to these power relationships, the authors state that abuse extends to the emotional and psychological violation, which can cause long-term harm.

Vulnerability and Lack of Consent. The third distinguisher of CSA is the abuser taking advantage of the abused individuals' vulnerability. The abuser uses their position of power to harm the child and benefit themselves. Individuals in positions of power or trust could be spiritual leaders, school principles, teachers, guidance counsellors, and family members (Bellamare, 2008; Matthews & Collin- Vézina, 2019). This could include mental or physical sexual satisfaction and exploitation. The abuser is ultimately leading the child to feel degraded and used (Matthews & Collin- Vézina, 2019).

In Canada, the legal age of consent for sexual acitivity is 16-years old. Any sexual activity where consent is not given is considered a criminal offence over the age of 16. Under the age of 16, regardless of consent, sexual activity with a child is a criminal offence. The relationship to the abuser, level of dependence between abuser and victim, the age difference between abuser and victim, potential control or influence, as well as if the relationship is exploitive are all factors in determining consent over the age of 16 (Department of Justice, 2017). In Canada, children cannot provide consent before the age of 16 (Department of Justice, 2017), and must be protected from individuals who may take advantage or abuse their vulnerability (Matthews & Collin- Vézina, 2019).

Risk Factors

Many factors could increase a young person's risk of being sexually abused. One of these factors is the familial environment (Brenner et al., 2015), such as high poverty, parental substance abuse, single or absent parenting, high stress, low caregiver warmth, domestic violence, and low parental education (Murray et al., 2014; Pérez-Fuentes, 2013). In these situations, it is also increasingly likely that concurring forms of abuse could be taking place, increasing the risk of adverse effects (Pérez-Fuentes, 2013). CSA survivors also reported having lower levels of perceived family support, increasing possible feelings of isolation and vulnerability (Pérez-Fuentes, 2013).

Reporting

The World Health Organization (WHO) (2018) reported that worldwide, 8% of boys and 20% of girls are victims of abuse in their lifetime. More specifically, this abuse happened when they were children.

With the WHO (2018) statistics in mind, the abuse of children often happens more than recorded (Johnson, 2004; Münzer et al., 2016). Many children do not report the incidences of CSA that they experience, a rate that is estimated to be higher than 20% of cases in Canada (McElvaney et al., 2014). With this lack of reporting, or even delay of reporting, the chance for adverse effects of CSA to occur increase (McElvaney et al., 2014). Children will often only report the incidents to a family member and neglect to tell professionals such as health providers, child welfare services, police departments, or medical professionals (Münzer et al., 2016). Some of the reason's children may not disclose CSA could include: not wanting to burden their loved ones; overwhelming feelings of shame; apprehension of blame of judgement; societal views regarding sexual abuse; and the perpetrator threatening the child (Münzer et al., 2016; Vrolijk-Bosschaart et al., 2018). Lewis et al., (2016) argue that some children may not disclose their

CSA experience due to the perpetrator threatening to harm the victim or their family, as well as emotional manipulation.

There is a spectrum of delay of disclosure, ranging from the day of the incident to one or more years after the fact. In some instances, there was no disclosure at all (Münzer et al., 2016). Researchers have found that the primary emotion driving delayed disclosure is shame (Badour et al., 2017; Collin-Vezina et al., 2015; Münzer et al., 2016). Other barriers to disclosure include internal impediments such as the child experiencing feelings of guilt or responsibility for the maltreatment, the victim wanting to protect themselves, threats from the perpetrator, not wanting to burden their families, and a lack of recognized protection (Badour et al., 2017; Collin-Vezina et al., 2015; Münzer et al., 2016). Whether a child decides to disclose their abuse after time has passed or not disclose at all, the detrimental impacts on the psyche are immense (Collin-Vezina et al., 2015; Münzer et al., 2016).

Physical and Emotional Effects of Sexual Abuse

The sexual abuse of a child can have both physical and psychological/psychosocial effects or symptoms. Symptoms that arise can be extremely varied and broad (Vrolijk-Bosschaart, 2018). These health impacts can persist throughout the victim's lifespan. In addition to these physical health concerns, victims of CSA experience a lifetime of externalizing and internalizing behaviours and symptoms, as well as moments of dissociation (Ensink et al., 2020; Lewis et al., 2016).

Internalizing behaviours can be understood as 'inward' symptoms. Internalizing behaviours are oftentimes seen as various depressive and anxiety disorders, as well as post-traumatic stress disorder (PTSD) and obsessive compulsive disorder (OCD). Particular symptoms associated with internalizing behaviours are withdrawal, shyness, inhibition,

worrying, fearfulness, and somatic complaints (Hansen & Jordan, 2017). Externalizing behaviours can be best understood as ‘outward’ actions which are usually unwanted and problematic. These beviours generally go against social norms and standards. Diagnoses that usually coincide with externalizing behaviours are conduct disorder, oppositional defiant disorder, intermittent explsive disorder, and attention deficit/hyperacitivity disorder. Particular presentations of externalizing behaviours can include antisocial acts, targeted aggression, defiance, tantrums, destruction of property, substance abuse, and theft (Kauten & Barry, 2020).

For males and females, these symptoms persist throughout a lifespan if left untreated (Hansen & Jordan, 2017., Kauten & Barry, 2020., Lewis et al., 2016). During adolescence, internalizing and externalizing behaviours become more prominent (Lewis et al., 2016).

Psychological. To understand the need for intervention at an early stage, it is essential to be aware of the psychological effects of sexual abuse. In childhood, the results or indicators of abuse could be a-typical behaviour problems such as attention deficit disorder, sexualized behaviour, or inappropriate sexual knowledge based on age. Additionally, individuals who have experienced CSA are more likely to be diagnosed with internalizing disorders at a young age and into adulthood (Rapsey et al., 2019). Diagnosed posttraumatic stress disorder as well as posttraumatic symptoms without a specific known event, painful sexual intercourse, or abuse involving threats and violence is also an effect of CSA (Steine et al., 2017; Vrolijk-Bosschaart, 2018). Furthermore, suicide attempts for this particular population are elevated even after accounting for the symptoms of psychiatric disorders (Murray et al., 2014).

Post-Traumatic Stress Disorder.

Posttraumatic stress disorder (PTSD) is a mental health diagnosis defined by the American Psychiatric Association's (2013) *Diagnostic and Statistical Manual of Mental Health*

Disorders (5th ed, *DSM-5*) as the development of characteristic stress response symptoms following a traumatic event that an individual has experienced. These stress response systems could be due to sexual violence or injury. The symptoms associated with PTSD include avoidance of stimuli, distressing memories of the event, physiological reactions to the event's memory, reoccurring dreams or nightmares, and dissociative experiences. The individual feels as though the trauma is occurring again.

The symptoms could be debilitating for individuals who have experienced CSA, which resulted in a formal diagnosis of PTSD. Additionally, individuals who have experienced sexual coercion by another individual have an increased risk of having strong emotions of shame and anger (Badour et al., 2017). PTSD symptoms combined with the potential lack of emotion regulation strategies can lead victims to experience depression. If individuals are taught how to effectively regulate their emotions and increase their emotion regulation strategies, there can be an overall decrease in depressive and PTSD symptoms. This highlights an essential example of the need for intervention strategies that include tools for emotion regulation following an incident of CSA (Chang et al., 2018).

The American Psychiatric Association (2013) also includes classifiers for children under the age of 6 who are experiencing PTSD. Some of the symptoms are the same, such as intrusive memories, troubling dreams, dissociative reactions, and psychological or physical reactions to stimuli surrounding the event. Differences in symptomology include anger outbursts, irritability, and possible reckless behaviour (Center for Behavioral Health Statistics and Quality, 2016). Children experiencing PTSD are more likely to express their emotional reactions during play, which can vary across developmental stages (Center for Behavioral Health Statistics and Quality,

2016). Furthermore, children may experience fearful reactions in moments when they are re-experiencing the trauma (Center for Behavioral Health Statistics and Quality, 2016).

Externalizing Symptoms. A significant amount of literature has been created on the internalizing symptoms of CSA, while little focus has been placed on the externalizing symptoms (Norton-Baker, 2018). Many of the psychological effects associated with CSA can influence an individual's ability to manage conflict. CSA increases victims' lifetime aggression (Norton-Baker, 2018). In other words, CSA victims are more likely to get into physical altercations and inflict injury than those who have not experienced CSA. Aggression and altercations include intimate partner violence (IPV), which uses physical force against a romantic partner to cause harm, injury, or even death (Cubellis et al., 2018). Research completed by Cubellis et al. (2018) shows that CSA victims have a higher chance of engaging in IPV, showing the lack of ability to manage conflict healthily.

Adult Profiles. If left untreated or undisclosed, CSA's effects can span into adulthood and may present as diagnosable psychiatric and psychosocial disorders. These psychological effects can include non-suicidal self-injury, sexual dysfunction, depression (Negele et al., 2015), eating disorders, obesity, relationship problems, attachment difficulties, and substance abuse (Hailes et al., 2019). Antisocial behaviours and traits can also result from CSA and can impact victims into adulthood (Cubellis et al., 2018). While these lists are not exhaustive, it represents the enormous impact of sexual abuse along a lifespan continuum.

In a study conducted by Labadie et al. (2018), the researchers found that individuals who had experienced CSA also experienced disruptions in their attachment security, sexual avoidance, and sexual compulsion. Two groups are distinguished when assessing attachment and sexual outcomes. The first group consists of individuals who are fearfully attached and

experience both sexual avoidance and compulsion. The second group consists of individuals that are anxiously attached to individuals with no sexual disturbances. This helped to argue further that CSA creates an attachment trauma that extends throughout a lifespan. This attachment trauma can affect interpersonal relationships in childhood and can extend into adulthood. This could account for the increased number of divorce rates for individuals who have experienced CSA (Bachat at al., 2015).

Effect on Relationships. The effects of sexual abuse on an individual are devastating and can impact individuals across the lifespan. When considering the effects of CSA on relationships, overall family functioning should also be considered (Münzer et al., 2016). For some families, when a child discloses abuse, there is a creation of tension within the familial home. This tension can remain for many years if a family is unwilling to believe and support the young individual (Münzer et al., 2016). Furthermore, individuals in the family system could see their ability to recover from the trauma as impossible. This could be due to the trauma itself or the possible deterioration of the maltreatment (Witting & Busby, 2019).

The effects of CSA are personal, familial, and can also expand into romantic relationships. The feelings of loss associated with CSA can extend into survivors' romantic relationships (Lassri et al., 2018; Witting & Busby, 2019). When engaging in a romantic relationship, survivors may see this relationship as dissolved before it starts due to their previous trauma. This could cause a lack of personal resources to handle relationship stressors (Witting & Busby, 2019). Some relationship stressors could be sexual intimacy disturbances, lack of communication, changes in connection, attachment security, high self-criticism, decreased levels of trust, and overall relationship distress. Furthermore, when a family has a negative response or

impact due to CSA, the chances that an adult survivor may feel less stable or calm in a relationship increases (Lassri et al., 2018; Witting & Busby, 2019).

Sibling Sexual Abuse

Throughout history, the research on sibling sexual abuse has been little to none (Morill, 2014; Tener et al., 2020) The research mostly focuses on the impacts of intrafamilial incest or abuse through the lens of a father and daughter (Morrill, 2014). However, the exploration of this topic has shown that the most common perpetrator of child sexual abuse is a sibling (Morrill, 2014). Due to the stigma surrounding incest, incidences of SSA go unreported and undisclosed (McDonald & Martinez, 2019). Formal disclosure includes law enforcement officers, educators, psychologists, and social workers. Informal disclosure includes parents, non-offending siblings, and peers (Tener et al., 2020). If the abuse does stop before a child can report, it stops due to the perpetrator being old enough to move out of the family home (Tener et al., 2020).

Defining Characteristics of Sibling Sexual Abuse

Sibling sexual abuse (SSA) has some of the same features of sexual violence, as mentioned previously, yet the key difference is that a sibling is the perpetrator of the abuse. McDonald and Martinez (2017) define SSA as "sexual behaviour between siblings that is not age-appropriate, not transitory and not motivated by developmentally appropriate curiosity" (p. 206). This includes oral-genital contact, intercourse or attempted intercourse, touching of genitals directly or through the fabric, child prostitution or pornography, and exposure to pornography or adult sexual intercourse (Caffaro, 2017). Examples could be manipulation, coercion, or threat, as well as excessive sexual curiosity and intercourse (Tener et al., 2020). All forms of SSA from the indecent touching of genitals to exposure to pornography, are considered.

Similar to familial sexual abuse or any other CSA type, there is a dynamic relationship present among the siblings. This dynamic primarily involves power through force, physicality, and threats (Tener et al., 2017). There is usually a clear distinction between the sibling who is in power or 'the perpetrator' and the victim. The perpetrator will capitalize or take advantage of times where the victim is in a state of vulnerability (Tener et al., 2017). For example, if a parent gives a child a sense of authority by having them babysit or watch the other sibling, the sibling is given the ability to use this power (McDonald & Martinez, 2017; Tener et al., 2017). Through this power dynamic, one sibling gains the compliance of the victim to engage in sexual behaviours.

In other cases, the power dynamic is experienced via the chronological age of the various siblings. Those who are older could perhaps fall into the normative roles of caring for siblings and creating rules in which this subsystem exists. Therefore, when SSA occurs, the younger sibling may feel that these activities are allowable (McDonald & Martinez, 2017; Tener et al., 2017).

Predicting Factors

SSA usually occurs when other dysfunctional family structures, poor parenting strategies, and the familial environment are present (McDonald & Martinez, 2017). Additionally, the risk of SSA increases within a family when there are inflexible gender roles, distinct different treatment of siblings, blurred sexual boundaries, lack of supervision, and power differentials (McDonald & Martinez, 2017). SSA usually coincides with emotional abuse in sibling relationships, as reported in McDonald and Martinez's (2019) study. In some cases, victims were verbally and emotionally abused by their sibling/perpetrator as the sexual abuse was ongoing. SSA can affect both the victim and the offender's life, including physical and mental health.

Effects of SSA

Sibling sexual abuse tends to be long-lasting due to the lack of disclosure and the fact that the perpetrator lives in the same environment as the victim (Morrill, 2014). Because of this abuse's longevity, the impacts can be distressing and enduring (Rudd & Herzberger, 1999). For children, SSA can impact their healthy development leading them to suffer from strained interpersonal relationships, aggression, distorted sense of self, early sexualization, and uncertainty about sexuality (Phillips-Green, 2002). Furthermore, children who have experienced SSA are typically more mentally distressed and tend to be antisocial (Morrill, 2014).

Rudd and Herzberger (1999) indicate that SSA victims have various mental health disorders and symptomologies. These include eating disorders, substance abuse, depression, PTSD, conduct disorder, and anxiety disorders. Symptomologies include suicidal ideation, nightmares, flashbacks, memory impairment, low self-esteem, and struggles to engage socially. All of the listed effects can have a long-term impact on an individual's work, family, and social interactions (Morrill, 2014). In adulthood, individuals who are victims of SSA could be at higher risk of engaging in risky behaviours due to their inability to identify threats and dangers such as unprotected sex, promiscuity, and drug and alcohol use (Morrill, 2014).

Relationships

We spend our whole lives woven into relationships. These relationships shape, build and influence our brain and our behaviour (Cozolino, 2014). They can include our families, cultures, tribes, friends, and coworkers, to name a few. Cozolino (2014) explains humans as social mammals that can only be adequately understood and explained as part of the relationships' intricate nature.

The literature suggests that positive relationships have many benefits for our mental and physical health (Cozolino, 2014). Positive or supportive relationships can influence our overall health via regulating emotions, immunological functioning, and metabolism (Cozolino, 2014).

Sibling Relationships

The sibling relationship is, at times, the most prolonged standing relationship individuals can experience in their lifetime (Braconnier et al., 2018; Portner & Riggs, 2017; Stocker et al., 2020). However, in both mental health and historical research, sibling relationships are vastly under-researched, especially adult sibling relationships (Greif & Woolley, 2015). Sibling relationships create a foundational understanding of social interaction by acting as an individual's first peer (Braconnier et al., 2018; Greif & Woolley, 2015). Interactions with a sibling can influence one's social understanding, ability to manage conflict, emotional understanding, problem-solving, academic achievement, motivation, and empathy (McHale et al., 2012). Play and prosocial behaviour teaches siblings how to share, empathize, and cooperate. (Pike & Oliver, 2017). Through the equilibrium between nurture and conflict, siblings learn how to be emotional and care for others while caring for themselves (Brody, 2004). The ability to be a caregiver and a teacher usually stems from the relationship individuals share with their siblings (Brody, 2004).

As siblings' transition from childhood to adulthood, the relationship also changes. In a study completed by Hamwey et al. (2019), researchers explored how sibling relationships evolve with age. Participants found that their relationship with their sibling changed from forced to friendship, including unconditional love, an enduring bond, and a sense of security when they transitioned into adulthood. The conflict between siblings changed from being viewed as worrisome was now seen as a regular part of relationships. Interestingly, the siblings' emotional

relationship increased when physical distance occurred (Hamwey et al., 2019; Jensen et al., 2018). Insofar as when the siblings moved out of the familial home. Because of this physical distance, the quality of communication increased, which further solidified the sibling bond. These factors help to represent the foundational lessons learned in childhood from siblings and help maintain the sibling bond as individuals age.

Factors Affecting Sibling Relationships

Many different factors shape sibling relationships. The individual, the family, and various extrafamilial forces all impact relationship satisfaction for siblings (McHale, 2012). Different factors can affect the quality of the relationship siblings share. These factors can positively or negatively influence the satisfaction of the relationship shared between siblings (Greer et al., 2015). One factor that can affect sibling relationships is disclosure and honesty in childhood, adolescence, and adulthood, specifically the disclosure of either positive or negative body-related information. Through personal information disclosure, siblings feel safe and open, which can lead to an increase in relationship quality (Greer et al., 2015).

Prosocial interactions between siblings have many positive effects on an individual level and on a relational level. Siblings can learn many adaptive ways of engaging in the world around them through play and verbal communication. Children who have prosocial interactions with their peers and friends bring these social skills home to the familial environment, which positively impacts the sibling relationship (Greif & Woolley, 2015; Pike & Oliver, 2017). Interestingly, the conflict between siblings is not always detrimental. Siblings who experience conflict learn how to manage strife with others in productive and healthy ways (Pike & Oliver, 2017). Through conflict, siblings gain exposure to different opinions, feelings, and points of

view (Hughes et al., 2018). However, consistent sibling negativity can lead to antisocial behaviour and conduct problems (Pike & Oliver, 2017).

In childhood, siblings experience many power dynamics. At times, these power dynamics are not resolved and carry into adulthood. When this happens, the presence of bullying remains constant throughout the lifespan. When a sibling feels as though they are consistently being dominated or have no authority, the relationship quality significantly decreases (Bouchard et al., 2019). Family structure plays a part in this dynamic. For example, the power imbalance between younger and older siblings and the possible power dynamic between female and male siblings can affect the quality of the relationship (Bouchard et al., 2019).

When an older sibling displays prosocial behaviour, it positively impacts the sibling relationship. This enhances not only the overall positivity of the sibling relationship but also the prosocial behaviour exhibited by a younger sibling. Therefore, this reflects the possibility that older siblings have more dominance or power in the sibling relationship. Younger siblings do not possess the same influence or weight on the positive aspects of the sibling relationship, yet it is important to be cognizant of the individual characteristics and personalities that can affect sibling relationships (Pike & Oliver, 2017).

Cognitive ability and mental health also can contribute to relationship quality in siblings. In the case of a diagnosis such as autism spectrum disorder (ASD), this social disability impacts the sibling's ability to connect. In turn, this affects the overall relationship quality for some siblings (Braconnier et al., 2018). Furthermore, in relationships where one sibling is anxious, has obsessive-compulsive disorder (OCD), or is depressed, the quality can be negatively impacted (Jacoby & Heatherington, 2016; Pike & Oliver, 2017). This could be due to a lack of

understanding by the unaffected siblings of the child affected, or, to the attention allocation, the parents gave to each sibling (Jacoby & Heatherington, 2016).

Safety, warmth, protection, and affection are all factors that can influence the sibling relationship. This is especially true in the case of parental care (Lindell & Campione-Barr, 2017). Therefore, the extent of warmth and care shown by a parental figure influences the sibling relationship's thoughts, emotions, and behaviours. Individuals with a higher level of care and support from a parental figure reported better relationship quality with their sibling in adolescence and adulthood (Lindell & Campione-Barr, 2017; Portner & Riggs, 2017). Furthermore, parents' ability to intervene in moments of bullying and conflict predicted the relationship quality of siblings in adulthood. If parents were able to intervene and provide support during disputes between siblings, there were lower levels of relationship quality in adulthood due to a lack of ability to manage conflict (Bouchard et al., 2019).

Older Adulthood. In Stocker et al. (2020) study, the researchers wanted to evaluate adult sibling relationships as specific factors can impact the strength of sibling relationships in older adulthood. Some of these factors can include parental death, the wealth of siblings, siblings having children, interactions with extended family, romantic relationships, political views, religious beliefs, and new perspectives on familial histories (Greif & Woolley, 2015). Overall, the quality of the relationship was correlated with the well-being of the individual siblings. Depression, anxiety, and hostility were all influenced not only by parent favouritism, but conflict as well. Perceived parental favouritism seemed to be the highest predictor of relationship quality in adults. In adulthood, siblings who maintained contact via phone, email, post mail, in person, or via social media noted higher feelings of warmth and support. Furthermore, ensuring a sibling

is not lonely could also positively impact their mental health. However, more research needs to be completed in this area to add robustness and further conclusions (Stocker et al., 2020).

In adulthood, siblings are also more likely to be considered emotionally close if they experienced absent parenting. Absent parenting can be described as decreased levels of control and decreased levels of care. With the decreased levels of control and care from a parent, young people could experience adverse symptoms. These symptoms could include anxiety, depression, decreased self-esteem, and panic disorder. Yet, among all of these negative symptoms, absent parents could positively affect the sibling relationship in adulthood. Adult siblings could experience or be open to building emotional closeness following absent parenting to compensate for their childhood experiences (Portner & Riggs, 2017).

CSA Effects on Sibling Relationships

As previously mentioned in this paper, the incidences of CSA have damaging effects on interpersonal relationships and the sibling relationship, is no different . The literature states there has not been much research done on how the non-abused sibling in a family is impacted by CSA (Baker et al., 2002; Crabtree et al., 2018; Schreier et al., 2017). When a sibling or child has been sexually abused, there are also lasting effects on the child who was not abused but has been a witness to the abuse of a sibling (Schreier et al., 2017). The research illustrates different non-abused sibling symptoms, including internalized and externalized behaviours and emotions (Schreier et al., 2017). Schreier et al. (2017) found that the impact CSA had on non-abused siblings is influenced by the strength of the relationship the siblings share and their relationship with the offender.

Sibling relationships can also act as a source of resilience and coping when there has been an incident of CSA. At times, siblings may become closer following the incident and lean

on one another for support. This can occur when parents are not capable of providing emotional support or connection. Therefore, when working with families or siblings when one individual is a victim of CSA, it is vital to foster this kind of familial resiliency. Through this natural support system, the familial or sibling bonds can strengthen, and the victim may feel more supported in their healing journey (Vermeulen & Greeff, 2015).

Effect on the Non-Abused Sibling. The non-abused sibling can experience many emotions after the disclosure of CSA. Various factors could affect how a sibling emotionally and behaviourally responds. Some of these factors include the location of the abuse, the sibling's age, the severity of the abuse, the length of the abuse, and the relationship between the perpetrator and the abused sibling (Baker et al., 2002). Siblings of the abused may find themselves recalculating all of their childhood memories, especially if the disclosure was later in adulthood (Crabtree et al., 2018). Significant emotions such as anger and sadness may be present for siblings, as well as panic attacks, sleeping and eating difficulties, and difficulties concentrating (Schreier et al., 2017).

The Non-Abused Sibling and The Five Domains of CSA Disclosure. Crabtree et al.'s (2018) study described the process for non-abused siblings following CSA disclosure in five domains. All participants had a sibling that had disclosed CSA, were not the ones who caused the abuse and had not been abused themselves. These domains include "trying to make sense of it all, struggling to provide support, managing the impact on the wider family, feeling silenced and finding a voice, and rescripting the future" (Crabtree et al., 2018, p. 6).

In the first domain, the participants in the study found that making sense of the disclosure was a long-term process that, at times, caused them distress. Participants engaged in numbing or avoidance coping, such as burying themselves in work, turning to substances, or caring for their

own families. Other difficulties included changes in appetite and sleep, trouble concentrating, and encompassing feelings of guilt, sadness, anger, and panic attacks. Siblings were left questioning the narrative and image they had of their family, causing them to make sense of their new reality (Crabtree et al., 2018).

In the second domain, struggling to provide support, the participants stated that there was tension in the relationship as the survivor was volatile following the disclosure. Some participants felt as though they did not know how to support their sibling, while others felt as though they became closer during the years following disclosure. Many felt overwhelmed and depleted, leading to them taking emotional and physical space to focus on their needs (Crabtree et al., 2018).

In the third domain, managing the broader family's impact, participants found they lost connection with their family, both nuclear and extended. Trying to understand and be empathetic towards each individual's reaction to the disclosure ended up being detrimental to the familial bond. Participants recognized how hard it was to witness other family member's distress while trying to manage their emotional reactions (Crabtree et al., 2018).

The fourth domain, feeling silenced and finding a voice, focused on how the non-abused sibling felt silenced following the disclosure of CSA. Participants found it hard to support their siblings. They then internalized their feelings, and as a result, learned about different avenues to gain support (Crabtree et al., 2018).

In the fifth domain, rescripting the future, participants had to rewrite the narrative they had written for their future to include the long-term impacts of CSA. This included changes in family relationships, frequent family crises, worries about the future, and drawn-out legal processes. Amidst all this uncertainty, many participants-maintained love and support for their

sibling as well as hope for the future regarding justice, mental health struggles, and relationship with the sibling (Crabtree et al., 2018).

As evidenced by Crabtree et al. (2018) study, the impacts of CSA on siblings is immense. The effects can impact the non-abused sibling throughout the lifespan. Because of this, non-abused siblings experienced a myriad of relationships and personal impacts (Crabtree et al., 2018; Schreier et al., 2017). With these adverse effects in mind, there is a need to continually expand the research and treatment options for non-abused siblings to ensure their overall well-being (Schreier et al., 2017).

Effect on the Relationship. Following CSA disclosure, individuals may find a relationship strain between the survivor and the non-abused sibling (Crabtree et al., 2018). A lack of communication could cause this strain, lack of belief following the disclosure, emotional abuse between abused and non-abused, and overall deterioration of the relationship (Crabtree et al., 2018). Additional feelings of blame or resentment between both siblings can further injure the relationship (Schreier et al., 2017). The lack of recognition of the support given by the non-abused sibling could also cause conflict. This may lead to the relationship lacking in reciprocity and mutual understanding (Crabtree et al., 2018).

Sibling Sexual Abuse

In the case of adults who have experienced SSA, there is a significant impact on adult sibling relationships (Tener, 2019). Most participants in the study conducted by Tener (2019), chose to distance themselves from their sexually abusive sibling in adulthood. This was due to a realization as the individuals aged that the abuse was detrimental to their well-being. Another reason for distancing was the abusive relationship that endured as they aged. While it may not have been sexual, participants found that the abuse carried on in other forms such as emotional

or verbal. Additionally, the survivor felt connected to and affected by their abuser emotionally throughout the lifespan. This emotional connection proved to be invasive for many participants, as this was a feeling that they were unable to purge. Individually, participants felt that the impacts of their childhood SSA experience followed them into adulthood, causing them distress in romantic or friendly relationships.

Moving Forward

The literature presented, both historical and current illustrates the impact of childhood sexual abuse (CSA) on adult sibling relationships. CSA does not just affect a child in one facet of their existence; rather, it can impact them physically, psychologically, and emotionally (Vrolijk-Bosschaart, 2018). Like CSA, the sibling relationship is a bond so profound that it can affect individuals from development through adulthood (Braconnier et al., 2018; Greif & Woolley, 2015; Hamwey et al., 2019). By examining the complex nature of childhood sexual abuse and the intricate connection of siblings, evidence demonstrates the need for clinical intervention and continued research in this particular field.

Implications for Counselling Psychology Practice

As mental health care providers, we must be willing to consistently expand our practice and be open to various client needs. I will explore diverse implications for practice for supporting individuals who have experienced CSA throughout the following section. Based on the provided literature, there are evident implications for counselling psychology practice as it relates to CSA impacting adult sibling relationships. I believe it is important to address factors that could prevent CSA and what these factors mean for counselling psychology.

The following section will focus on significant themes found in the literature and how to apply them to counselling psychology practice. The themes include: (a) early intervention, (b) collaboration between helping professionals, and (c) respecting client's wishes.

Early Intervention

The Victim

As mentioned in the literature review, CSA can have a longstanding effect on both men and women (Collin-Vezina et al., 2015; Lewis et al., 2016; McElvaney et al., 2014; Murray et al., 2014; Rapsey et al., 2019). These effects can manifest in physical and psychological forms impacting both males and females similarly (Vrolijk-Bosschaart, 2018). Clinically, it is essential to understand that when these symptoms are left untreated due to lack of disclosure, inability to access therapy, or history of abuse, there is evidence that symptoms will perpetuate and worsen (Cubellis et al., 2018; Murray et al., 2014). Specifically, in adolescence, symptoms are exacerbated when victims are left untreated and unsupported (Lewis et al., 2016). This can be particularly detrimental due to the development of academic, social, and behavioural functioning. For these various reasons, the literature suggests that early intervention is an integral part of CSA treatment (Collin-Vezina et al., 2015; Lewis et al., 2016; McElvaney et al., 2014; Rapsey et al., 2019).

For these reasons, early intervention by mental health clinicians is an integral part of the healing process in CSA incidences. In Cubellis et al. (2018), the researchers suggest that early intervention for both the victim and their families can negate the long-term adverse effects of abuse and begin the coping process. Furthermore, the researchers suggest a more collaborative approach between clinicians, legal services, healthcare, and social services best to meet the victims and their families' needs. Based on the information presented in this study, clinicians

must be willing to collaborate and create a thorough case conceptualization that involves all services to best support our client's journey towards healing and coping following CSA disclosure.

Early intervention can begin when clinicians can notice particular identifiers of CSA. We can never, as clinicians, force our clients to make disclosures. However, if we are aware of specific identifiers, we can perhaps support the individual with interventions specific to o their healing. Some of these potential identifiers may include but are not limited to a-typical sexual behaviour, extensive sexual knowledge, diagnosis of post-traumatic stress disorder (PTSD), attention deficit hyperactivity disorder (ADHD), anxiety, and depression (Lewis et al., 2016; Murray et al., 2014).

While this list illustrates some symptoms of CSA, they are not exclusive to this experience. As Vrolijk-Bosschaart et al. (2018) suggest, clinicians must be aware of possible regressions in development, behavioural problems, and physical complaints. Understanding these various identifiers is essential for clinicians. Overall, as a profession, we can be cognizant yet diligent in assessing these particular individuals due to the lack of a consistent symptom pattern (Vrolijk-Bosschaart et al., 2018). Best practices can be shared with other helping professions. This will equip everyone with more information and understanding of CSA.

Parental Involvement

The familial environment was identified as a risk factor that increases the likelihood of CSA (Murray et al., 2014; Pérez-Fuentes, 2013). Generally, if parents are of lower educational level, experience substance abuse, are in poverty, do not support their children or show them warmth, and/or experience high levels of stress, the likelihood of CSA and other forms of abuse

increase (Murray et al., 2014; Pérez-Fuentes, 2013). Several implications from this research can be concluded.

The first implication is as follows. As evidenced by Pérez-Fuentes (2013), Brenner et al. (2015), and Murray et al. (2014), the familial environment can influence a child's well-being. As per the *Child, Youth, and Family Enhancement Act (2019)*, children's well-being is critically dependent on the welfare of the family and community. With this in mind, clinicians can tailor their treatment and involve other services to best support struggling families. Support can be in the form of in-home support, community engagement, parenting groups, and individual therapy for the parent on a sliding scale financial position. If we as clinicians can engage in the healing process from this early stage, before instances of CSA occurs, perhaps we can reduce the potential of abuse and, therefore, impact the sibling relationship.

A second theme that arose includes educating parents on how to create safety and comfortability within the parent-child relationship to negate a delayed disclosure (McElvaney et al., 2014; Münzer et al., 2016). As explored in research by Vrolijk-Bosschaart et al. (2018), Münzer et al. (2016), and McElvaney et al. (2014), children may not disclose their abuse experience to parents due to overwhelming feelings of shame, judgement, fear, and guilt. This theme is significant for clinicians who work with parents and caregivers. As McElvaney et al. (2014) suggest in their research, creating both parental and public education programs to assist and support parents in having conversations about sexuality and their overall well-being would be beneficial to reducing CSA. There is evidence to conclude that mental health clinicians can help parents feel supported in this experience by offering tailored groups, workshops, and individual counselling regarding these vulnerable conversations.

As evidenced in the research, as clinicians, it is crucial to understand the importance of early intervention. By engaging in any therapeutic process following potential concern or a direct disclosure, the potential risks of withstanding symptoms could decrease. By being aware of potential identifiers, consulting with other professionals, providing parenting support, and engaging in community growth, clinicians can help clients potentially mitigate CSA's long-term adverse effects. As a counselling profession, we must be willing to become part of a broader community to help the most vulnerable.

Adult Profiles of CSA Survivors

If the early intervention was not accessible due to lack of disclosure, available resources, and community or parental support, CSA symptoms could persist into adulthood. As Hailes et al. (2019) explained, if individuals are not treated as children and adolescents, there is the possibility for diagnosable psychosocial or psychiatric disorders in adulthood. While this research illustrates the importance of early intervention, we must be aware that this will not always be possible..

When working with adults who have experienced CSA, Sanderson (2006) highlights important clinical challenges that clinicians must be cognizant of. These challenges victims can experience in the counselling setting include the inability to form healthy relationships, hindrance on expressing needs and feelings, lack of trust, unclear boundaries, and loss of power. As Sanderson (2006) suggests, it would be beneficial for the clinician to be aware of what the client may be experiencing in session, while being aware of how manifestations of their trauma could be beneficial therapeutically. The clinician must first and foremost create safety and trust in the counselling space in order for any healing to ensue (Chouliara et al., 2011; Parry & Simpson, 2016; Sanderson, 2006).

In Bath's (2008) study, he suggests three pillars of therapeutic practice in order for healing to occur. The first pillar is safety. Therapists must first and foremost create safety with their victim clients in order for any therapeutic work to ensue. In order to create a safe environment, therapists must be consistent, available, honest, reliable, transparent, and predictable. Additionally, clients must be included in decision-making, when appropriate, to encourage their sense of selg-agency. Creating safety may take time, yet is imparitaive for therapy to be successful. The second pillar is connection between any form of care provider and the victim. Positive therapeutic relationships can help to heal the victim and allow for the development of positive emotional responses such as happiness, feelings of security, and joy. The third pillar is impulse and emotion management. After a traumatic event, there is a inability to regulate emotions and impulses. In session, it could be beneficial to teach victims co-regulaton strategies, how to label their feelings, active listening tools, and self-regulation plans.

The Government of Canada (2019) suggests that all health care practitioners need to address clients in a way that makes them feel safe, regardless of knowing their abuse history. This is referred to as "Sensitive Practice" and encapsulates nine categories. The categories are as follows: (a) respect, (b) rapport, (c) taking time, (d) sharing information, (e) sharing control, (f) respecting boundaries, (g) mutual learning, (h) understanding non-linear healing, and (i) demonstrating an understanding of sexual abuse. To allow our adult clients to begin healing from CSA, we must first follow these principles to create safety. These clinician and client relationships are skill-based and ultimately intentional (Government of Canada, 2019).

Included in sensitive practice is trauma-informed practice (Davies et al., 2017., Knight, 2019). Similar to sensitive practice, the focus of trauma-informed practice is to create physical and emotional safety for the client. Safety can be established through the physical environment

such as furnishings, the assurance of privacy, and comfort within the agency or private practice setting. Emotional safety can be established through support, validation, understanding, and trust. Trust is another focus of trauma-informed practice. Trust can be built though consistent boundaries, protection of confidentiality, as well as open and honest communication. Empowerment is the third focus of trauma-informed practice. Through the therapeutic relationship, the client should feel empowered in session. When clients leave session, empowerment comes through the mastery of their lives. Clinicians must ensure clients have choice and feel as though session is a collaborative experience (Knight, 2019).

Using trauma-informed practice helps to create trauma-aware practices and policies that help to create a trauma-informed culture within an agency or private practice. This practice includes screening, familiarity with community resources, education for both clients and clinicians, and trained intervention practices. By using a trauma-informed practice in therapy, feelings of shame, isolation, and self-blame for the victim will hopefully be reduced (Davies et al., 2017).

As clinicians, we must be holistic in our approach to addressing adult survivors of CSA. The Government of Canada (2019) states that many victims expressed understanding that their body, spirit, and mind are intrinsically connected. For this reason, I refer back to earlier in this section and echo the need for a multi-disciplinary approach to treatment. This could be a collaboration between clinician and medical doctor, social worker, or other health care providers to ensure the client feels supported (Government of Canada, 2019). Furthermore, clinicians must be consistently willing to adjust their counselling style to provide space for survivors. Adjusting could look like allowing space for the present moment, past experiences, and future ideals.

Siblings

As the research displayed, the sibling relationship is one that is profound, powerful, educational, motivating, playful, and longstanding (Braconnier et al., 2018; Brody, 2004; Greif & Woolley, 2015; McHale et al., 2012; Pike & Oliver, 2017; Portner & Riggs, 2017; Stocker et al., 2020). Overtime, sibling relationships evolve and change (Hamwey et al., 2019; Jensen et al., 2018) and are affected by various factors (Greer et al., 2015; McHale, 2012). Because of the transforming nature of sibling relationships, clinicians must be willing to self-educate.

Interestingly, similar themes arose in the research surrounding influences of CSA and factors affecting sibling relationships. For example, parental care or familial environment (Lindell & Campione-Barr, 2017; Portner & Riggs, 2017), power differential between siblings (Bouchard et al., 2019), and possible mental health diagnoses (Jacoby & Heatherington, 2016; Pike & Oliver, 2017). With these considerations in mind, as clinicians, we can begin to draw parallels. There are similarities in moderating factors that affect both the possibility of CSA and the health of sibling relationships. With this in mind, we can begin to create possible treatment plans for both the individual members of the sibling relationship and the sibling relationship as a whole.

As mentioned previously, early intervention is one of the most important implications for practice when working alongside CSA victims and their siblings. This includes involving the parents and educating them on fostering prosocial, nurturing, and supportive relationships between siblings (Bouchard et al., 2019). However, helping parents understand children's 'healthy' conflict can also be beneficial (Pike & Oliver, 2017). By continually involving parents in treatment and prevention, clinicians can, ideally, reduce the risk of CSA and cultivate the overall educational experience of being a sibling.

As such, in the case of CSA, the familial environment can positively or negatively impact children. This is true regarding siblings as well. It is important as clinicians to be cognizant that siblings who have support and care from parents tend to have a stronger relationship with their sister or brother (Lindell & Campione-Barr, 2017; Portner & Riggs, 2017). The overall warmth and affection shown by parents help to better the sibling relationship long term. Therefore, if we provide parents with the tools to be confident in their parenting approaches while fostering warmth and connection, parents will be able to engage in supportive, healthy relationships with their children.

Adult Siblings

In adulthood, many factors can affect the sibling relationship. These factors can range from familial to personal, yet the most notable factor is the impact the individual person has on the sibling relationship. The individual mental health, marital status, having children, individual wealth, and religious beliefs are all influencing factors (Greif & Woolley, 2015; Stocker et al., 2020). Thus, clinicians who work with adult siblings must consider the individuals' well-being before coming into the counselling space. Individual work with the client needs to be done prior to fostering a positive sibling relationship in adulthood.

Similarly, to childhood, overall satisfaction in adult sibling relationships is also linked to parental care (Greif & Woolley, 2015; Portner & Riggs, 2017; Stocker et al., 2020). Nevertheless, as the research suggests, parental care can negatively impact the sibling relationship by causing increased levels of mental health diagnoses or positively affect the relationship by siblings becoming closer emotionally (Portner & Riggs, 2017). Regardless of the result, this research provides evidence for allowing space for discussion regarding familial

history in the session. By gaining a more in-depth understanding of the familial environment in childhood, the clinician may support the individual and the sibling relationship in adulthood.

Including the Non-Abused Sibling in Treatment

The effects of CSA on the abused sibling or child are well documented, while the affects on the non-abused sibling are scant (Baker et al., 2002; Crabtree et al., 2018; Schreier et al., 2017). In the research described in the literature review, the non-abused sibling can also experience similar externalizing and internalizing behaviours as the abused sibling (Schreier et al., 2017). Clinicians armed with this information can tailor therapy to meet the non-abused sibling's needs.

Regardless of believing or supporting their sibling, many non-abused siblings struggle with maintaining the sibling relationship. In Crabtree et al. (2018), there was a further exploration into this sibling dynamic. Non-abused siblings can start to feel as though they are unable to meet the abused sibling's needs, 'walking on eggshells,' getting into regular emotional and physical fights, and talking about the abuse at all led to an overall strain in the relationship. Furthermore, the non-abused sibling can feel silenced and like there is no space for them to get their needs met (Crabtree et al., 2018). Allowing that space in session or providing the non-abused sibling with individual counselling (Crabtree et al., 2018; Schreier et al., 2017) may be paramount in the healing journey of the non-abused sibling. The data supports providing the non-abused sibling with time to explore their emotional reactions following CSA disclosure; perhaps there is a chance that siblings' strain on their relationship can be reduced.

Sibling Sexual Abuse

According to the WHO (2018), CSA happens more often than is recorded. Yet, as Morrill (2014) suggests, the most common perpetrator is the sibling. Sibling sexual abuse (SSA)

primarily affects the sibling relationship, as the perpetrator is the brother or sister (Morrill, 2014). Clinically, this is important as it changes the victim and sibling(?) relationship entirely. In incidences of SSA, the power dynamic between siblings is distinct (Tener et al., 2017); therefore as clinicians, we must become educated on how to manage that power dynamic.

In some instances, power can be explained based on chronological age. In others, power can be fostered through the parental division of household roles and tasks, unclear sexual boundaries, differential treatment of siblings, as well as a lack of overall supervision (McDonald & Martinez, 2017; Tener et al., 2017).

As addressed in the literature review, SSA has longstanding psychological implications extending into adulthood (Morrill, 2014; Phillips-Green, 2002; Rudd & Herzberger, 1999). Clinically, the implications for this are similar to CSA when the perpetrator is not the sibling. I consider early intervention as beneficial in the successful healing journey of SSA survivors. This includes helping families get to a place of overall better functioning and maintain a healthier familial environment (McDonald & Martinez, 2017). Furthermore, clinicians must be willing to consider multiple counselling methods such as individual, sibling, and family (Caffaro & Conn-Caffaro, 2005; McDonald & Martinez, 2017). Through these various approaches, the survivor, perpetrator, and family can hopefully begin to heal alongside the clinician who serves as the guiding force.

Perpetrator Versus Survivor in Treatment

As Caffaro and Conn-Caffaro (2005) and Rudd and Herzberger (1999) suggest in their research, children who have experienced SSA may regress due to the trauma happening during developmental periods. Because of this reason, the researcher states clinicians must be diligent in understanding the client's/victim's capacity, developmental stage, and readiness for treatment.

At the time of treatment, there is a chance that the client/victim will need guidance on addressing their guilt and shame associated with SSA's incidence (Morrill, 2014). Significant work may be required to re-establish self-esteem and improve self-confidence, all while respecting the client's pace (Caffaro & Con-Caffaro, 2005; Morrill, 2014; Morrill, 2017).

Harm can be caused to a client/victim when the clinician cannot be flexible in their approach and rush treatment (Morrill, 2014). Some possible treatment modalities could be art therapy, play therapy, and sand tray therapy when working with victims of SSA (Caffaro & Conn-Caffaro, 2005; Morrill, 2014). There is evidence to conclude that clinicians could benefit from having an integrative approach to counselling when working with this population.

Practitioners must also be willing to consider the treatment of the abuser. Treatment plans for the offender should include guiding them to take responsibility and discontinue denial (Morrill, 2014). Following an incidence(s) of SSA, offenders may feel an overall decrease in their self-esteem, therefore throughout the therapeutic process, clinicians can help clients/offenders gain their self-esteem back (Morrill, 2014). Perhaps this means the clinician puts aside bias, preconceived notions, and ideals to work with offenders. That itself is the learning or clinical implication in the case of working with SSA offenders.

As evidenced by the presented research, I believe it is fundamentally important for siblings to engage in individual therapy in order for any curative behaviour to begin. Individual therapy for the victim and perpetrator would need to be completed by two separate therapists. By addressing both the victim and the perpetrator's personal needs individually, clinicians can begin to unify the sibling connection if siblings state they desire this. At times, the practitioner must understand that reunification of the sibling bond is not attainable (Tener et al., 2019). The

substantial emotional, physical, and psychological impact SSA can have on siblings may be beyond repair (McDonald & Martinez, 2019; Tener et al., 2019).

Next Steps for Research

After completing the literature review, the research suggest that there are gaps in understanding. As explained previously, many children and adults do not get to the point of comfortability or safety where they can disclose their abuse (Johnson, 2004; McElvaney et al., 2014; Münzer et al., 2016). Simply stated, we do not know what is not disclosed. When there is a large group of individuals not reporting their abuse, there leaves an immense gap in the research. Unfortunately, not much can be done about this, other than usingtrauma-informed/sensitive practices to create safety and connection. It is through the use of validation, trust, understanding, and empowerment (Knight, 2019) that there is a chance that clients willfeel safe enough to disclose.

When a child does not disclose, there is the possibility that they do not feel safe and supported to do so. The familial environment influences that safety (Brenner et al., 2015; Lindell & Campione-Barr, 2017; Murray et al., 2014; Pérez-Fuentes, 2013; Portner & Riggs, 2017). Understanding the familial environment is influential and can potentially impact the rate of disclosure, the sibling relationship, and individual adjustment. I believe more research needs to be completed in this field. My suggestion would be to continue researching how to implement treatment that can ensure parents or caregivers are well equipped to meet their children's needs. Additionally, how to create safety and support in the home, so children are able to go to their parents or caregivers when they are experiencing any form of discomfort.

Helping professionals need to be trained and educated on how to create trauma-informed, emotionally and physically safe environments for children as primary caregivers/biological

parents are not always present or emotionally available (Substance Abuse and Mental Health Services Administration, 2014). For this reason, I believe the research needs to extend beyond parents and include a wider system lens of professionals and caregivers..

Best practice emphasizes ensuring the victim is adequately supported when an incidence of CSA occurs. Yet, in the lens of sibling relationships, the non-abused sibling is usually overlooked. This can be in treatment and research (Baker et al., 2002; Crabtree et al., 2018; Schreier et al., 2017). My suggestion for research is to expand and dig further into the (experiences?) of the non-abused sibling. By doing so, we can better understand how CSA affects more than just the victim (Baker et al., 2002; Crabtree et al., 2018; Schreier et al., 2017). Going forward, larger sample sizes (Crabtree et al., 2018; Schreier et al., 2017) and perhaps qualitative methods to gain the non-abused siblings' lived experience could be beneficial (Crabtree et al., 2018).

As mentioned throughout this work, sibling relationships are extremely influential (Braconnier et al., Brody, 2004; 2018; Greif & Woolley, 2015; McHale et al., 2012; Pike & Oliver, 2017). Nevertheless, as Grief & Woolley (2015) argue, sibling relationships are under-researched, especially in adulthood. Research reflective of various genders, ages, and ethnic groups should be considered (Braconnier et al., 2018; Hamwey at al., 2019; McHale et al., 2012; Pike & Oliver, 2017; Portner & Riggs, 2017; Stocker et al., 2020).

To understand how CSA impacts the sibling relationship, we must have a diverse understanding of sibling relationships at a foundational level from various backgrounds (Braconnier et al., 2018; Hamwey at al., 2019; McHale et al., 2012; Pike & Oliver, 2017; Portner & Riggs, 2017; Stocker et al., 2020). This is especially true in a multicultural country like Canada. More research needs to be completed with diverse ages, genders, sexualities, religions,

and cultures to guide clinicians in their work with siblings. Having this understanding could help researchers and clinicians to understand the sibling relationship in the context of the culture and other environmental or familial influences.

Similarly, to CSA and sibling relationships, the literature regarding SSA has gaps and areas for increased robustness. Generally, the research on SSA is minimal (Morill, 2014; Tener et al., 2020). Within this limited research, studies lacked a reasonable sample size, had a small demographic scope, did not account for lack of reporting, and at times, were based on retrospective reports (McDonald & Martinez, 2019; Morrill, 2014; Tener at al., 2017; Tener et al., 2020). It is essential to begin to fill the gaps in research surrounding the cultural context in which any form of abuse happened. This could help clinicians best to support their clients in a culturally sensitive way. By completing individual, cultural, and familial histories, researches can expand their understanding.

Overall, CSA, SSA, and sibling relationships do not affect just one demographic. All three experiences happen all over the world to varying cultures, ages, genders, and communities. The research needs to adapt to involve all individuals in order to create more knowledge and understanding. In Canada, clinicians would benefit from this diverse research due to the multicultural nature of their clientele.

Recommendations for Practice

This section's focus will primarily address how clinicians can become well equipped to meet their clients' needs and have the knowledge to do so with confidence. While CSA is a sensitive topic, and sibling relationships are complicated, I do not believe we will go one day as practitioners without encountering a client who fits in either one or both categories. As such, I

will make recommendations for counselling psychology practitioners to best support their clients and build sustained sibling relationships.

The first recommendation for practice is the need for early intervention. Early intervention is a crucial tool in the treatment of CSA, SSA, and sibling relationships (Collin-Vezina et al., 2015; Cubellis et al., 2018; Lewis et al., 2016; McDonald & Martinez, 2017; McElvaney et al., 2014; Rapsey et al., 2019). Through early intervention, the victim, the sibling, and other family members can begin their healing journey (Cubellis et al., 2018).

The family environment can impact the individual, sibling and increase the risk of abuse (Brenner et al., 2015; Lindell & Campione-Barr, 2017; Murray et al., 2014; Pérez-Fuentes, 2013; Portner & Riggs, 2017). At the familial level, early intervention can help parents and caregivers gain more parenting skills, tools, understanding, and communication strategies to support their children (Bouchard et al., 2019; Lindell & Campione-Barr, 2017; McDonald & Martinez, 2017; McElvaney et al., 2014; Münzer et al., 2016; Pike & Oliver, 2017; Portner & Riggs, 2017). As evidenced in the literature, parenting groups, parenting therapy, and one-on-one therapy for parents may be a helpful recommendation for clinicians.

Through the utilization of early intervention, there is the possibility clinicians can reduce the risk of CSA from occurring. Furthermore, if an incident of CSA has already occurred, early intervention can negate the long-term adverse effects on the victim's psychological, emotional, and physical well-being and overall sibling relationship. By involving parents and caregivers, we can provide them with the confidence to support their children and foster a positive sibling relationship.

Early intervention includes supportive interventions versus intensive treatment. Supportive interventions can be described as ensuring the child is emotionally and physically

safe, helping to alleviate immediate suffering, easing any anxiety, and helping the child feel more in control. Early intervention can include helping the child to engage in relaxation and recreation activities. Which includes listening to music, participating in play or recreation sport, completing art activities. Parents can be encouraged to spend quality time with their children, playing with them, and ensuring safety. Early intervention strategies can also include teaching children structured relaxation strategies which include deep breathing and guided imagery. These strategies are utilized to help children calm or distract the mind during moments of distress. As times progress, it could be beneficial for individuals to transition back into their routine to encourage normalcy, predictability, and feelings of control. As therapy continues, clinicians can begin to work on skill training which includes emotion regulation, self-esteem rebuilding, assertiveness training, and re-gaining control. Clinicians can help clients to rebuild their vision for their future through the use of identity establishment (Roberts et al., 2019; Seshadri & Ramaswamy, 2019).

The second recommendation I will make is the need for collaboration between multiple helping professions and a willingness to adapt or learn multiple therapy styles. As clinicians, we can only provide a certain level of care. For this reason, we must be willing to lean on other professions in order to meet our client's needs (Cubellis et al., 2018; Government of Canada, 2019). CSA is a sensitive topic in many regards, and victims may be experiencing a spectrum of psychological and physical symptoms.

It is important at the graduate school level that other helping professionals teach and co-teach about the continuum of services available to clientsin their city. some of these services may include but are not limited to legal services, healthcare, and social services. By learning in a

scholar practitioner model such as thisstudents will may be more knowledgeable about the options available within our community.

CSA does not just impact the victim. Rather, it impacts the family, including siblings as well. For this reason, I recommend clinicians who work with this population must be willing to become educated on a range of therapy styles and techniques (Caffaro & Conn-Caffaro, 2005; McDonald & Martinez, 2017; Morrill, 2014). While we may learn a vast array of counselling styles and theories, it is important that this learning does not stop there. Clinicians must be willing to meet their clients where they are at (Government of Canada, 2019). Therefore, we must be willing to change our pace, style, and various techniques to support our clients throughout their journey.

The final recommendation for clinicians is to understand that rebuilding the bond may not be their preference (McDonald & Martinez, 2019; Tener et al., 2019). Ultimately, I believe in order to heal the relationship, we must emphasize healing the individual. Concerning this paper, the individual could include both the victim, the perpetrator in SSA cases, and the non-abused sibling. There is evidence for allowing space in therapy for the victim as they experience a range of symptoms following an incident (Lewis et al., 2016; Murray et al., 2014), yet there is also an argument for giving space to the victim and the non-abused sibling (Crabtree et al., 2018; Morrill, 2014; Schreier et al., 2017). By understanding that each 'category' of the client has specific needs, we encourage them to heal individually before working towards relationship healing.

The research has displayed that the sibling relationship is one that is profound, educational, and intricate (Braconnier et al., 2018; Brody, 2004; Greif & Woolley, 2015; McHale et al., 2012; Pike & Oliver, 2017; Portner & Riggs, 2017; Stocker et al., 2020). Yet, after

significant trauma such as CSA or SSA, the possibility of the relationship being the same or stable may be altered. I recommend that clinicians always ensure they follow the clients' wants with what they prefer to happen in their relationships.

Reflexive Self-Statement

I went into this research project with a lens of curiosity and personal interest, with the hopes of expanding my knowledge as a professional. Throughout my work experience, many individuals with CSA were within the population I worked with. The professional connection to these individuals left me with the lingering desire to learn more about their adverse experiences and how it can affect them in other areas of their lives. Furthermore, with my personal experience of being a sibling dyad member, I possess first-hand knowledge of the incredible impact of this particular form of relationship. The combination of professional interest with the personal experience led me to explore the impact of CSA on adult sibling relationships.

My intent with the presented research project was to continue to understand CSA while simultaneously exploring the complexity of the sibling relationship. My objective was to uncover parallels and illustrate how CSA's incidences can affect sibling relationships into adulthood through these methods.

After reflecting upon what drew me to this topic, I realized I was not without bias. I assumed that all individuals who have experienced an adverse life event, specifically CSA, would experience devastating lifelong impacts. I did not account for the possibility of potential positive outcomes following the incidence of CSA. I also did not consider the various factors that can potentially influence an individual and sibling’s ability to heal. This reflection helped me to acknowledge the vast spectrum of human experience and thus, how therapy for this population

cannot be tailored to one specific approach. Rather, therapy should include a broad scope of potential treatments to best suit the individual client's needs.

The incidence of CSA can impact both the individual and the sibling relationship across the lifespan (Schreier et al., 2017). These effects can be both positive as well as negative and can range from physical to psychological impacts. Based on the literature, the delay in disclosing the event itself can increase the likelihood of harmful effects (Collin-Vezina et al., 2015; McElvaney et al., 2014; Münzer et al., 2016). The prevalence rate of non-disclosure was a surprising aspect of the research. My passion lies in helping children and ensuring they feel safe as well as supported. Due to this passion, this integral part of the research further solidifies my understanding that there needs to be continued work towards providing children with emotional and physical safety. This can be done through the use of trauma-informed practice which includes building trust, establishing a safe environment, and respecting the client.

An aspect of the research I had underestimated was the environment familial environment's impact on preventing and healing from incidences of CSA and sibling relationships. A healthy familial support system and well-equipped parents could potentially negate the likelihood of CSA from happening (Murray et al., 2014; Pérez-Fuentes, 2013). Similarly, family resiliency and strong relational bonds help to move not only the victim but the whole family towards a journey of healing (Vermeulen & Greeff, 2015). For me, this reinforced the idea that the whole family, including the non-abused sibling, should be encouraged to engage in a therapeutic process. Therapy can occur as a preventative measure and intervention once the disclosure of CSA has occurred.

Conclusion

This research project posited that early intervention, involving and educating parents, and focusing on the individual are all aspects that could mitigate the risk CSA and restoring the sibling relationship if CSA or SSA has occurred.

As evidenced in this literature review, childhood sexual abuse is a prevalent phenomenon that is currently happening worldwide. While there is no agreed upon definition of CSA, the definition utilized for this manuscript helps highlight and contextual the experiences of many children who have experienced CSA and SSA. CSA is usually underreported due to lack of understanding, clarity of the event, and acceptance of the topic. When there is a lack of reporting or even a delay of disclosure, the effects can be increasingly adverse and harmful.

Sibling relationships are bonds that are overlooked and understudied in the literature. These relationships play an essential role in social development and can continue to influence an individual's life. Despite offering many benefits to development, sibling relationships are not immune to power differentials, abuse, bullying, and trauma. There are many factors, including but not limited to family dynamics, socio-economic factors, age differences between siblings, cognitive impairments, and psychological disorders, that can significantly impact the quality of a sibling relationship. Having a thorough understanding of this type of relationship can lay the necessary foundation for understanding the impact of CSA on sibling relationships.

The effects of CSA and SSA on the victim/survivor are immense, potentially causing long-term detriments on their physical and psychological state. However, the effects on the family and the non-abused sibling are just as damaging. The non-abused sibling experiences a range of emotions and physical reactions to the disclosure. Considering the factors mentioned in this section of the literature review, it is evident that CSA and SSA affect the individuals

involved and the entire family system. However, no current study has explored the possibility of a direct impact of CSA on adult sibling relationships.

While there is no definitive conclusion that CSA impacts sibling relationships, there is enough evidence provided to be able to draw a potential link. Moreover, information provided supports the need for a holistic and collaborative approach to treatment. This approach involves various helping professions and services that can support individuals and families previous to or following an incidence of CSA. By creating this alliance within the counselling psychology community, perhaps we will begin to witness programs and treatments created to support the presented population. By bringing attention to this topic, clinicians can expand their practice to involve various treatment types and build their professional address book.

Through the information provided in this research project, we can begin to see parallels that would explain why CSA does have effects on sibling relationships. This research project aimed to synthesize the literature surrounding the topics of CSA and sibling relationships. Because of CSA's complex nature and the intricate bond of siblings, I believe practitioners must always be willing to continue researching and expanding their knowledge.

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