



Child Sexual Abuse and the Family:

Heterogeneity of Response in Non-Abused, Non-Offending Siblings

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Introduction

Child sexual abuse (CSA) is associated with increased risk for mental health and behavioral problems for victims and family members. Due to the paucity of research on siblings of CSA victims, recent research by our team has sought to bring awareness to the clinical needs of this population (Schreier, Pogue, & Hansen, 2016). This project explored the heterogeneity of siblings' emotional and behavioral functioning at presentation for treatment.

Method

Participants

Participants were 78 siblings and 66 caregivers. Siblings were 6 to 18 years old ($M = 10.7$, $SD = 2.9$), 52.6% male, 78.6% biological siblings of the victim, and 72.6% identified as European American. Caregivers ranged from 29 to 72 years ($M = 37.4$, $SD = 11.3$), with 69.7% biological mothers, 15.2% step or adoptive mothers, 7.6% biological fathers, 4.5% step or adoptive fathers, and 1.5% grandmothers, and 88.6% were European American.

Measures

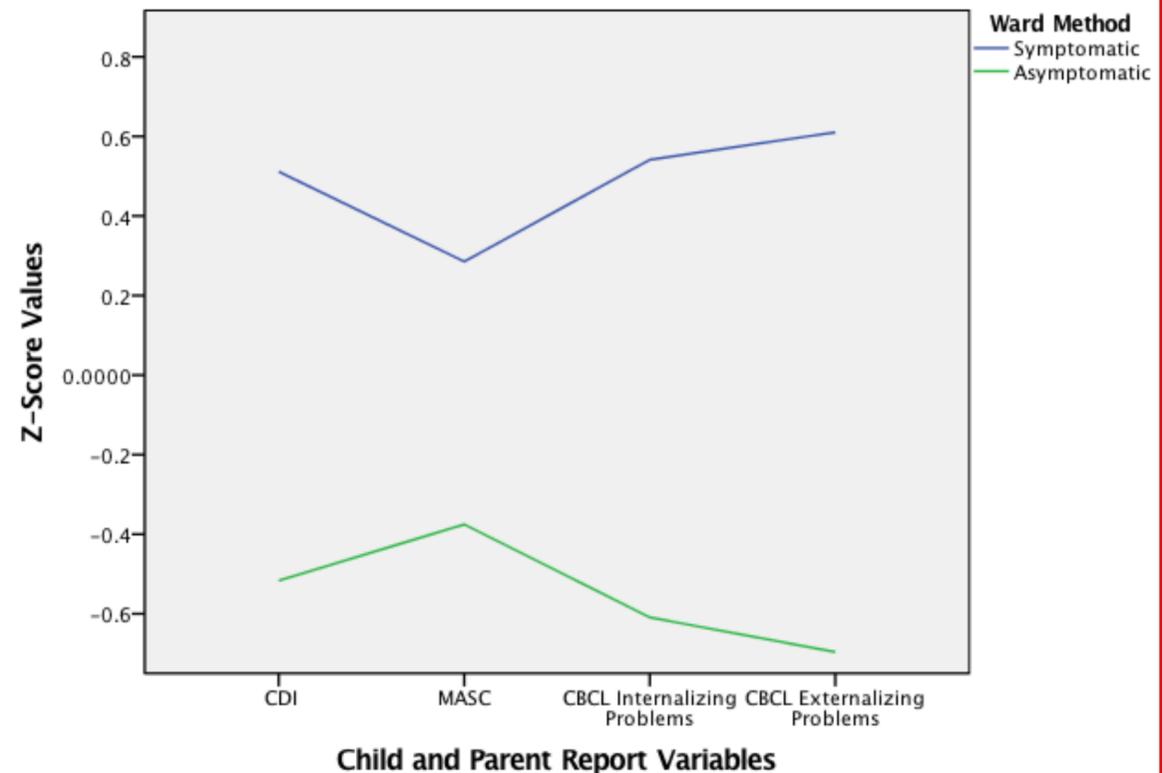
- *Child Depression Inventory* (CDI; Kovacs, 1992) measures children's self-reported depressive symptoms.
- *Multidimensional Anxiety Scale for Children* (MASC; March et al., 1997) measures children's self-reported anxiety symptoms.
- *Child Behavior Checklist* (CBCL; Achenbach, 2000) is a parent-report measure designed to identify emotional and behavioral problems in children.

Procedures

Participating families attended Project SAFE (Sexual Abuse Family Education), a cognitive behavioral treatment for families impacted by child sexual abuse. Prior to treatment, non-abused and non-offending siblings of child sexual abuse victims completed the measures described above to assess for the presence of symptoms of anxiety and depression. Parents completed a child behavior checklist about these youth.

Results

Cluster Analysis of Sibling's Symptoms of Depression, Anxiety, Internalizing Behaviors, and Externalizing Behaviors



Analyses indicated that 56% ($n = 43$) of the siblings presenting to Project SAFE had symptoms in the at-risk region or above the clinical cutoff for self-reported depression or anxiety, and/or parent-reported internalizing or externalizing symptoms. Of the siblings with complete data, 7 children had clinical-level symptoms and 22 children were asymptomatic. Discriminant function analyses comparing the groups on age, gender, relationship to victim, and severity of the victim's abuse did not find any significant differences between the two groups.

Discussion

Akin to the heterogeneity of response seen in CSA victims, their siblings present heterogeneously to treatment. However, small sample size remains a limitation and these research questions need to be addressed with larger numbers. Researchers and clinicians working with CSA victims and their families need to recognize that a proportion of non-abused siblings may require additional support. Siblings deserve attention in the research literature and in clinical practice.