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Beyond sibling rivalry : an exploratory study of social work assessment of school-age sibling abuse

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Hillary Faye Parks
Beyond sibling rivalry: An
exploratory study of social work
assessment of school-age sibling
abuse

ABSTRACT

The purpose of this qualitative study was to explore how clinical social workers approach assessment of siblings for physical, sexual, or emotional abuse with particular focus on assessment techniques.

Thirteen clinical social workers participated in individual interviews that asked them to talk about their approach to the assessment process and to the content of that assessment. Participants were selected through a non-random sample of convenience from a child and family social service agency in New England.

The findings of this study show that for this sample there is not a uniform method of assessing sibling abuse, although the content of assessment is strikingly similar. Participants tend to gather similar information but do so in a variety of different ways, suggesting that the process of assessment may be less important as a variable of detection than content. These findings suggest that a more thorough assessment structure is needed for effective clinical social work practice with children and families.

BEYOND SIBLING RIVALRY: AN EXPLORATORY STUDY
OF
SOCIAL WORK ASSESSMENT
OF SCHOOL-AGE SIBLING ABUSE

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements for the
degree of Master of Social Work.

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2007

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I would like to thank all of my family, for their support, encouragement and love. To my parents and grandparents, thank you for teaching me to be myself and to always try my hardest. You have all taught me that I can do anything I set my mind to.

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To the 13 participants, thank you for being open to sharing your knowledge and skill on this topic. I learned something from speaking with each one of you. I admire your passion, wisdom and curiosity to continue to learn and improve your practice.

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CHAPTER I

INTRODUCTION

The purpose of this research was to understand more clearly how social workers approach assessment of sibling relationships for abuse. The research question was as follows:

How do clinical social workers who work with families and children approach the assessment of physical, emotional, and sexual abuse among school-aged siblings?

The design of this study was exploratory with methods that consisted of carrying out semi-structured interviews with a non-random sample of convenience.

This study is important to social work because assessment of sibling abuse is one of the most invisible and thus understudied topics concerning children and families. Since research states that sibling abuse is the most common but least detected form of domestic violence (Sanders, 2004; Wiehe, 1990), a better understanding of how and when to assess siblings is imperative. Although there is quite a bit of research on the quality and impact of sibling relationships on development, there is limited research on assessment of sibling relationships for possible abuse. Furthermore, what literature does exist on assessment of abuse often focuses on parents' roles instead of the role of clinicians in identifying this phenomenon. However, since clinicians often practice with children, studies that examine

how they approach the assessment of sibling abuse are crucial so that such cases will not remain as undetected as they are now.

The study reported in this thesis focused on the assessment of school-aged children, ages six to 12, because research on the consistency of quality in sibling relationships throughout development shows that there is an increase of negative qualities and a decrease in positive qualities as children develop (Brody et al., 1994). Also, it was important to study school-aged children because they tend to engage in more sibling rivalry than other age groups and sibling rivalry is often excused as normal behavior at this age (Brody et al., 1994).

Finally, it is very relevant to social work practice because so little research focuses on assessment of sibling abuse even though their relationships are so significant and influential in the family. Therefore, clinicians who work with families and children are likely to be faced with such cases, and they must be aware of and educated in detecting this phenomenon. Once this phenomenon is better understood, we will have more helpful methods or assessment tools for both detection and further education and training.

Definitions

It is important to conceptually define siblings, sibling abuse, and sibling rivalry. Siblings are defined as two or more children with at least one biological, foster or adoptive parent in common that live in the same home and grow up together. According to the literature, child abuse, with violence and maltreatment as subtypes, is defined as

intentional acts of intimidation or violence to gain power and control over the victim (Hines & Malley-Morrison, 2005). For the purpose of this study, sibling abuse was clearly defined as specifically involving forms of physical, emotional, and sexual abuse. Physical abuse among sibling was defined as a willful act causing physical injury involving hitting, biting, slapping, punching, tickling and injurious behaviors, such as choking, and smothering. Emotional abuse was defined as verbal or body communication such as teasing aimed at insulting, belittling, threatening, ridiculing, and/or destructing personal property. Sexual abuse among sibling was defined as inappropriate and unwanted sexual contact and exposure (Wiehe, 1990).

Sibling rivalry was defined as competition and sometimes aggression among siblings that is not intended to injure or harm (Sanders, 2004). Since definitions of normal sibling rivalry vary drastically based on culture, values and beliefs, it was important to make a clear distinction between rivalry and abuse in order to minimize variations of definitions in the current study.

It is also important to distinguish between the terms, “between” and “among.” The term “between” involves two people, whereas “among” involves more than two people. For the purpose of this study, I use the term “among” to discuss sibling abuse in order to include the possibility that a child is being abused by more than one sibling.

How this Thesis is Organized

After this Introduction in which the purpose, research questions, and definitions are presented the related literature is reviewed (Chapter II). This chapter provides a review of research and theoretical models of domestic violence, sibling relationships, sibling abuse, and assessments. Chapter III explains methods for selecting participants

and describes how data were collected and analyzed. Chapter IV gives a description of the participants and present the results. Finally, Chapter V discusses the results of the study, presents implications for practice, outlines the strengths and limitations of the study, offers suggestions for further research on the topic, and concludes the document.

This study hopes to shed light on the unfortunate phenomenon of sibling abuse in a way that has not yet occurred. It is important to stop conceptualizing siblings abuse as a family or individual child's problem and instead, to learn what role clinicians can play in addressing and ending this form of abuse. This study is hopefully the beginning of more research and discussion aimed at detection and further education on preventing sibling abuse.

CHAPTER II

LITERATURE REVIEW

Introduction

The literature review will focus on empirical research on domestic violence, sibling relationships, and assessments in order to provide a framework for exploring the assessment of sibling abuse. A review of the theoretical literature will focus on social learning theory and stress theory as relates to sibling abuse. Strengths and limitations of research questions and design will also be addressed throughout.

Domestic Violence

Domestic violence is the repeated pattern of aggressive, abusive and violent actions between members of a family within a household (Carter, Weithorn, & Behrman, 1999). Although domestic violence often refers to abuse occurring between adults or parents, domestic violence also encompasses abuse between and among siblings. Research on prevalence of domestic violence shows a disproportionate number of children under the age of five live in domestically violent homes compared to in non-violent homes (Carter et al., 1999). Research like this shows that there are a considerable number of children being exposed to violence at home. Violence between adults has been found to occur more often in households with children than without children (McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006).

Domestic violence is typically the first place where children are exposed to violence, usually between or from their parents. Research has yet to look at why more homes with children are domestically violent than without children and whether sibling violence also occurs as a result. Social learning theory would suggest that children who grow up in domestically violent households learn violent patterns of interacting from their parents and often reenact those patterns with others, including siblings (Hines & Malley-Morrison, 2005). Given that there are many more domestically violent homes with children than without suggests that there may be links between partner violence being reenacted across generations in sibling relationships.

Research has identified many factors contributing to the presence of violence in the home. Bornstein (2006) suggested that economic dependence in women and emotional dependence in men are common factors contributing to partner abuse. Socioeconomic factors, including low income, high marital conflict, and other forms of oppression, are also common risk factors for domestic violence (Carter et al., 1999). In families with children, economic dependence may increase, which may facilitate further domestic violence.

Although there has been much research on domestic violence, research is less focused on how this impacts siblings. Research has found that exposure to domestic violence puts children at risk of developing adjustment problems and significant difficulties with emotional, physical, and behavioral functioning (Carter et al., 1999). Although not all children experience difficulties as a result of exposure to domestic violence, they are at greater risk for developing aggressive behavior patterns with other children, such as siblings, which can lead to sibling abuse.

Skopp, McDonald, Manke, and Jouriles (2005) found that siblings exposed to domestic violence have different experiences of and perception of violence and differences in adjustment as well. The study looked at sibling pairs exposed to domestic violence and how they experienced the violence in their homes. Results show that the amount of hostility and guilt that children experienced associated with domestic violence affected their development and adjustment. They found that siblings with more adjustment problems felt more threatened by their parents' conflicts and felt more at fault for the conflicts. In conclusion, the more conflict and guilt a child experiences within a home, the more likely the child's development and relationships will be affected. Siblings who had problems with behavioral adjustment were found to be violent with siblings. This study shows that domestic violence affects siblings differently and may contribute to violence and abuse between siblings.

Sibling Relationships

In order to understand sibling abuse, it is important to look at sibling relationships and what factors influence the quality of these relationships. Research has found that the quality of sibling relationships varies more in degree than peer relationships (Sanders, 2004). This is thought to be the result of the large amounts of time that siblings spend together and the fixed genetic component linking siblings. Since quality of sibling relationships are extremely varied, research has focused on identifying factors that influence quality in order to better understand the relationships.

Sibling relationships are not affected by an independent variable, but rather the interaction of multiple variables involving a child's individual characteristics and a family's dynamics (Stocker, Dunn, & Plomin, 1989). Research has found that the

interaction between sibling's individual temperaments, quality of family relationships, and family structure are factors that consistently influence the quality of sibling relationships (Brody, Stoneman, & McCoy, 1994). Research on siblings looks at warmth/positivity, conflict/rivalry, and control/power as common factors influencing level of quality (Stocker et al., 1989; Stoneman & Brody, 1993).

Research has found that a child's temperament has the most significant effect on the quality of the siblings' relationship (Brody et al., 1994; Stoneman & Brody, 1993). Stoneman and Brody (1993) found that various dimensions of siblings' temperaments combine in complex ways to influence aspects of the sibling relationship. Researchers measured the association between sibling's temperament, consisting of their level of activity and adaptability, and the level of warmth, conflict, and power in the relationship. Differing temperaments among siblings were associated with higher levels of conflict and low levels of warmth, whereas similar temperaments were associated with high levels of warmth and low levels of conflict. Research findings suggest that siblings who are different in temperament and personality may experience more conflict and even violence (Stoneman & Brody, 1993). This study is limited because it only looked at temperament as an influential factor in sibling relationships without identifying the impact of the family context.

Research has also found that levels of conflict and hostility within the family may influence sibling relationships. High levels of conflict and hostility among parent-parent and child-parent relationships were found to influence the quality of sibling relationships more than family structure (Brody et al., 1994; Buhrmester & Furman, 1990; Stocker & Youngblade, 1999; Volling & Belsky, 1992). Family structure, including birth order,

gender, and age difference, was found to have the least impact on quality of sibling relationships when compared to quality of familial relationships (Stocker et al., 1989). Research also identified that conflict between siblings tends to be most present during ages 6-12 years old (Brody et al., 1994; Buhrmester & Furman, 1990). Research consistently finds that overt parental conflict and negativity lead to high levels of negativity in parent-child relationships as well as sibling relationships (Stocker & Youngblade, 1999; Volling & Belsky, 1992). Studies on the effects of parental relationships on siblings show that negative or abusive parental interactions are often imitated and exaggerated by siblings in their interactions with one another (Volling & Belsky, 1992). This is significant because it suggests that experiencing conflict and hostility from parents may lead to violence and conflict between siblings.

Sibling Abuse

As discussed above, there is limited research on sibling abuse, but instead on domestic violence and sibling relationships, which can contribute to understanding sibling abuse. Conceptually, sibling abuse is the most undetected type of child abuse most likely because of the considerable variation of how sibling abuse is defined.

Theoretical literature suggests that cultural context significantly impacts definitions and assessment of what is considered child abuse (Hines & Malley-Morrison, 2005). Literature states that society tends to excuse siblings aggression and violence towards one another, which leads to abuse, as normal behavior or rivalry (Sanders, 2004). How this problem is defined and recognized is highly influenced by cultural context and what society deems acceptable. Since sibling rivalry is an acceptable part of our culture, sibling abuse is not viewed as an existing problem. If society did recognize that sibling

rivalry can be violence and abusive, then the whole culture of sibling rivalry would no longer be acceptable.

Cultural context also contributes to issues of how sibling abuse is defined. One study looked at responses to vignettes, involving possible child abuse situations, to determine if definitions of abuse significantly varied. The study found that sibling abuse may be considered acceptable compared to other types of abuse, such as from a parent or strangers (Hines & Malley-Morrison, 2005). Implicit norms that permit violence among siblings stem from the idea that sibling violence is not distinguished as abuse, but as accepted common sibling rivalry (Hines & Malley-Morrison, 2005; Wiehe, 1990).

Gender stereotypes and expectations also come into play with sibling relationships. Wiehe (1990) found that gender roles contributed to males seeking control and power in sibling relationships, leading to abuse of their sisters. Gender norms have shaped what siblings and families believe is acceptable. The study found that males often thought it was alright to assert themselves over their sisters.

Among the empirical literature on sibling abuse, Wiehe (1990) contributed immensely to the understanding of victims' experiences of sibling abuse. Unlike most studies on sibling abuse focusing only on physical abuse, Wiehe (1990) looked at all types of abuse, including emotional and sexual abuse among siblings. His qualitative study gathered rich descriptions of the factors involved in sibling physical, emotional and sexual abuse. He developed clear definitions of sibling abuse from participants' narratives of their own experiences of sibling abuse. The study's large sample size of 150 participants was a strength that added to the validity of the data. Although this study

expanded on existing knowledge about sibling abuse, generalizability is low, because subjects were predominately educated, adult, white, and female.

The study found that parental factors, including lack of appropriate parental expectations and feeling overwhelmed, were significantly associated with the presence and persistence of sibling abuse. As seen in previous research, parents may be an important factor in the presence and persistence of sibling abuse. The study also looked at parental reactions to abuse and found that parents who were aware of the abuse sometimes responded inappropriately. For example, parents would minimize, ignore, blame the victim, join the abuse or not believe the victim. This finding sheds light on the nature of sibling abuse being undetected and untreated in families.

Wiehe's (1990) research also discovered several important factors related to the dynamics between siblings in families. The theme of power and control was present in many cases of abuse, where the abuse was a means of obtaining control and power in the relationship. Interestingly, some victims of sibling abuse reported reacting to the abuse by abusing another sibling, often younger. This suggests that if one sibling is a victim of abuse, another sibling may be as well. Wiehe (1990) believes that sibling abuse occurs because of several different factors such as, inappropriate parental expectations, decrease in parental functioning, ineffective interventions, modeling abuse, normalizing abuse, and inappropriately expressing feelings of anger.

Results also suggested several criteria for distinguishing sibling abuse from normal behaviors (Wiehe, 1990). The following questions should be considered: Is the behavior age-appropriate? How often and how long has the behavior occurred? Is there victimization? What is the purpose of the behavior?

Of the vast amounts of theoretical literature on siblings, theories range from examining macro contextual to intrapersonal factors involved in sibling abuse. For the purpose of this study, social learning theory and stress theory are most appropriate in explaining sibling abuse given empirical findings (Hines & Malley-Morrison, 2005; Hoffman, Kiecolt, & Edwards, 2005; Hoffman & Edwards, 2004; Sanders, 2004). Social learning theory suggests that familial interaction patterns can encourage sibling violence through experiencing patterns of reinforcement and punishment of what is “appropriate” violence. Children witnessing or experiencing violence from or between their parents are likely to reenact these learned behaviors in relationships with siblings. Social learning theory also recognizes society’s cultural acceptance of violence, which is often reinforced for males (Hines & Malley-Morrison, 2005). This theory is a useful framework to examine sibling abuse because it links familial interactions and nature of relationship to siblings’ relationship, which are factors that empirical research has found to be important.

Stress theory is another useful framework in which to view sibling abuse because it emphasizes sociocultural contexts and external stressors that impact families’ experiences of violence (Hines & Malley-Morrison, 2005). Socioeconomic stressors, such as being a single-parent, having a low income, or having limited resources are factors often left out of the research as possibly influencing sibling conflicts. Experiencing other forms of oppression, such as racism or ableism, are often other forces that are lacking in descriptions of what influences sibling violence. Stress theory allows families to be viewed as part of a larger social context in which is significantly influential of relationships and family dynamics.

Strengths in the theoretical research include a focus on the context in which sibling abuse occurs (Hines & Malley-Morrison, 2005; Hoffman et al., 2005; Hoffman & Edwards, 2004; Sanders, 2004). Besides the siblings' family, it is important to examine the social contexts and larger society. Limitations in the theoretical literature include a bias towards society's gendered cultural norm of accepting violence among males. Not all families agree with and/or enforce this cultural norm within their home.

Research and literature on families and culture have shown that definitions of abuse affect whether this form of violence is identified and treated seriously. Culture and societal norms then get translated into what is acceptable, treatable and how clinicians intervene. In order to elaborate and expand social work and other interventions regarding sibling abuse, we must first examine how sibling abuse is defined, viewed and regarded by our culture and society,

Assessment

Research has found that definitions and methods of assessment are extremely individualized and vary among professionals (Portwood, 1998). A major reason why sibling abuse continues to be hidden is the lack of effective methods of assessment. There have been many frameworks for assessing domestic violence between adults and child abuse from an adult, but limited research on how to assess siblings. Assessments for sibling relationships tend to involve structured checklists, interviews and questionnaires (Jordan & Franklin, 1995; Sanders, 2004). Research has found structured checklists and interviews to be effective in assessing sibling relationships, but equally limited due to the structured format of assessing children (Sanders, 2004). Structured assessments prevent

sibling interactions from being observed. They also limit the amount of information gathered about the context of the siblings' family, culture and background.

Although there are structured assessments for sibling relationships, there are no developed structured assessments that focus on sibling violence or abuse. It is unclear why these assessments have not focused on sibling abuse, but the lack of research on sibling abuse in general may be a factor. Since sibling abuse is not very well studied, assessments that examine this phenomenon are also nonexistent.

Another form of assessing sibling relationships is observational, which takes place during children's unstructured play. This form of assessment captures sibling interactions with each other, during that period of time. By observing siblings during unstructured play, clinicians may be more likely to observe how siblings typically interact with one another. This will allow clinicians to create their own conclusions about the siblings' behaviors, aside from parents, teachers or siblings' subjective experiences. There is limited research on clinicians' use of observational methods of assessing children. Of all the different forms of assessment, observation is the most commonly used form of assessment by clinicians. The reliability and validity of observational methods of assessment is also lacking in the research.

Collecting siblings' subjective experience of their relationships is another method of assessment that is often used. This form of assessment is difficult to study due to varying definitions of child maltreatment and abuse and how to classify one's experience. Variations in definitions of abuse are a significant reason for the differential forms of assessment, identification and treatment of sibling abuse. Research has looked at what factors, specifically individual characteristics and experiences, contribute to a person's

definition of child maltreatment. Portwood (1998) examined groups of subjects with different experiences with and relationships to latency-age children, including mental health professionals, legal professionals, medical professionals, teachers, parents, and adult non-parents. Researchers asked participants to rate how important individual factors were in determining an abuse determination as well as how likely certain acts were to constitute child abuse.

Results showed that personal experiences and parenting only minimally impacted the individual's definition and assessment of child abuse, but professional experiences did have an impact. Professionals who had prior experience with and/or exposure to child maltreatment at work were less likely to interpret ambiguous acts as constituting abuse compared to subjects without prior experience. Personal experience with abuse was not found to impact interpretation of ambiguous situations (Portwood, 1998). Implications of this study suggest that professionals' experiences and their roles can have an impact on assessment and definition of child abuse. The study did not look at what was different between the professionals and non-professionals to have caused the results.

Since the study found that participants' definitions of abuse did not vary drastically, it is interesting that there was a difference in interpretation of ambiguous situations. Since professionals with child maltreatment exposure were less likely to interpret uncertain situations as abusive, this may point to reasons why sibling abuse continues to be undetected. Professionals may not interpret ambiguous situations as abusive because they are able to determine more clearly between abuse and rough play. For further research, it is important to understand how personal and professional experiences lead to different ways of assessing abuse for this thesis study.

Strengths in the research include the research designs, such as fixed observational methods involving longitudinal data collection, seen in Brody et al. (1994), Stocker and Youngblade (1999), and Volling and Belsky (1992). Observational research designs capture direct interactions, verbal exchanges, and nonverbal behaviors of siblings and parents that are not available in retrospective designs (Stocker & Youngblade, 1999; Volling & Belsky, 1992). Studies also used a longitudinal method of data collection that gathered data at two points in time, often three or four years apart (Brody et al., 1994; Volling & Belsky, 1992). Rather than gathering data from a single point in time, longitudinal studies examine consistency overtime, which increased reliability. Although observational longitudinal methods strengthen a study's design, they also limit the amount of self-reported, narrative data and descriptive statistics obtained (Brody et al., 1994; Stoneman & Brody, 1993). Another strength is the clarity of the research question in the empirical research.

Limitations of sibling research include biased samples, consisting of mostly white, middle to upper class, intact families with two children (Brody et al., 1994; Buhrmester & Furman, 1990; Stocker & Youngblade, 1999; Stoneman & Brody, 1993; Volling & Belsky, 1992; Wiehe, 1990). These samples limit generalizability of results to other populations and create the bias of invisibility of various disadvantaged populations. As a result of the limited sample, the research findings are not representative of experiences in non-white, lower-class, divorced, single-parented or blended families. Decontextualization is another bias resulting from the lack of consideration of sibling abuse within the context of the family, the community and society.

Ethically, the lack of assessment tools impedes clinicians' ability to effectively work with families. An assessment may not be done because of unavailable standards or structure of what should be assessed. The lack of availability and efficacy of assessments can also lead to sibling abuse going undetected by clinicians. Therefore, clinicians cannot engage in the best practice possible to support and assist a family and its siblings.

Summary

As discussed above, some research has addressed domestic violence, quality of sibling relationships, and assessments of sibling abuse. Research on siblings suggests that the quality of the relationship is extremely varied and influenced by temperament and family context. Theoretical literature suggests that cultural norms regarding sibling behaviors and aggression result in an inconsistent definition of what is considered sibling abuse. Theories also suggest that children are influenced by exposure to and witnessing of violent and aggressive behaviors from parents or other adults. The lack of available assessments for siblings, differing definitions of sibling abuse, and varying quality of sibling relationships, however, cause this phenomenon to be largely undetected and ignored. The current study used existing empirical and theoretical literature on sibling relationship quality to inform research methodology on clinicians' use of sibling assessment. Given the findings of studies on sibling conflicts, I have chosen methodology that strives to capture a detailed picture of how clinicians assess sibling for abuse given the hidden nature of this form of abuse. This study hopes to be able to clearly identify significant factors that clinicians use in assessing sibling abuse through first-hand experiences of clinicians who assess siblings.

CHAPTER III

METHODOLOGY

This chapter presents the research methods used in this study, including sample selection, data collection and data analysis. The purpose of this qualitative study was to understand the ways in which social workers approach the assessment of sibling relationships for abuse. The Literature Review (Chapter II) has discussed the limitations in the research regarding current standard means of assessment. As it clearly indicates, there is a real lack of knowledge in this area, a lack of information that naturally contributes to the continued hidden nature of this type of abuse. Thus, since minimal research has been carried out on the assessment of siblings abuse, an exploratory design was utilized to seek and in-depth narrative description from practitioners regarding the look of this process.

Sample

The participants were limited to clinical social workers who had at least a master's level degree in social worker from an accredited school for social work, a minimum of two years of direct social work practice experience, and current involvement in direct social work practice with families and children. Participants were also limited to those who are able to read and understand written English.

Participants for this study were recruited from two satellite offices of a child and family social service agency in New England. The agency in question was selected because of its ease of accessibility.

Data Collection

Data collection consisted of a semi-structured qualitative interview (see Appendix A) carried out at a mutually convenient place and time. The qualitative interview included a section on demographic information, such as education level, experience and theoretical orientation. The interview also included open-ended questions about respondents' approaches to assessments.

The semi-structured interview is an effective method of data collection in this case because it allowed respondents to talk about and describe their process in narrative form and yet provided some guidance around desired content.

Before gathering data, a proposal to protect participants' confidentiality and rights was submitted to the Human Subjects Review Board at Smith College School for Social Work. Once the study was approved, participants were invited to participate. In order to efficiently use time, participants were given the option of completing the demographics section of the interview in advance and return it to me at the time of the interview or of completing it at the start of the interview. Before each interview, each participant read and signed an Informed Consent (see Appendix B) that describes the study and participant rights. Confidentiality was maintained throughout the study by de-identifying all materials. After the Informed Consent was signed, the participant responded to questions that aimed to elicit their ideas, methods and approaches related to assessing siblings for potential abuse. During the interviews, I clarified questions, asked participants to expand on certain areas when necessary. Generally, however, participants were allowed to describe their ideas and actions in a free-flowing manner.

All data collection took place between January 15 and March 2, 2007. Each

interview, which ranged from 25 to 45 minutes, was audio recorded and transcribed by me.

Data Analysis

After interviews were transcribed, both content analysis and descriptive statistics were used to organize the characteristics of the sample. Thematic analysis was used to organize and present the narrative portion, paying attention to similarities, differences and variations both among particular sample members and in the sample as whole.

Assumptions

Assumptions that formed the basis for this study include the lack of a clearly defined approach to assess the presence of abuse among siblings. I assumed that there are multiple different approaches to assessing sibling abuse. I also assumed that clinicians are faced with many cases with sibling rivalry or violence but rarely actually detect abuse because of its hidden nature of this issue.

CHAPTER IV

FINDINGS

Introduction

The purpose of this qualitative study was to understand how clinical social workers approach assessment of siblings for physical, sexual or emotional abuse. This study investigated the specific techniques and approaches that social workers use when assessing sibling relationships for the possibility of abuse. Sibling abuse is one of the most under-researched topics concerning children and families (Wiehe, 1990). Although there is quite a bit of research on how to assess the quality of sibling relationships, there is a lack of research on how to assess for abuse among siblings. There is also little empirical knowledge on what methods social workers use to assess and identify sibling abuse.

Participants

Thirteen clinicians participated in this study: 10 females and three males. All participants are Caucasian and practice at an outpatient child and family social service agency in New England. All participants have at least a master's level degree in social work. All of the participants are licensed clinicians. Five of the participants have an LCSW and eight have an LICSW licensure. Twelve participants are clinicians, and one was the clinic director at the time of study.

Participants' length of time working at this agency at the time of study ranged from one month to 10 years, with an average of five years.

The amount of training among participants in assessing violence and abuse in children varies from none to moderate. At the time of study, one participant had no training; seven had some training, and four reported a "moderate" amount of training. Theoretical orientation among sample members includes psychodynamic, family, solution-focused, narrative, relational, attachment, and trauma theories (see Table 1). Twelve out of the 13 participants are trained in psychodynamic theory, making this sample heavily homogeneous in terms of theoretical training.

Table 1

Type of theoretical orientation	Type of theoretical orientation trained in	Type of theoretical orientation using in current practice
Psychodynamic	12	13
Family	7	10
Solution-focused	1	5
Cognitive-behavioral	1	9
Dialectical behavioral	1	2
Narrative	1	1
Relational	1	1
Attachment	1	1
Trauma	1	1

All of the participants work with children individually; seven work with children and siblings; 11 work with siblings plus other family members (see Table 2). Three participants work with children in groups as well as individually, and all have had the opportunity to conduct individual intake assessments with children, with children and their siblings and/or other family members.

Table 2

Treatment modalities	Number of participants working with each modality	Number of participants assessing each modality
Individual children	13	13
Children with their siblings	7	9
Families including siblings	11	5
Children in groups	3	2

The findings presented below are organized according to themes that emerged from content analysis. In the course of data collection, several additional topic areas related to sibling abuse were generated by the participants that had not been explicitly identified in the instrument. They were integrated into the discussion below.

Approach to Assessments

The major findings are as follows: there is not a uniform method of assessing sibling abuse among this sample. Participants have many different approaches to assessing sibling abuse, although there is striking similarity in nature and content of assessment. Thus, for this sample at least, process tends to vary more than content.

Although participants report many different ways to engage in an assessment, the content of the assessment tend to be most similar. It is also important to note that each participant had a case or client on whom they drew for illustrative material. Thus, there were no hypothetical situations used in describing their approach. Details are discussed below. Pseudonyms are used to maintain confidentiality of sample members.

The Assessment Content

Family Assessments

Regarding information gathered, 10 participants begin their approach to assessment with a family assessment because, as Kyle said, family history “seems to be a major factor for the assessment. A lot of my data on siblings are collected as part of the big picture and the family.” Robert also spoke to the important of family assessment:

It is important to assess the sibling relationship. It must be in the context of the family and where they are learning about violence and what is acceptable between siblings. The entire family picture and dynamic needs to be assessed.

Family assessment consists of gathering family history, nature of relationships, and parent functioning. Many participants also gather information about boundaries, family dynamics, how people get along, temperaments of children, and temperaments of parents. As Angelic stated, “It’s not just an assessment for abuse but also an assessment for family dynamics.” Almost all participants believe it is very important to gather information about the parent-child and parent-parent relationships. As Tracy put it, “I consider the nature of the relationship and the quality of the relationship whether it (is) supportive or destructive... (which leads) me to think about what level of abuse and violence is permitted at home.”

Several participants also try to gather information about parent functioning and parental trauma history. As Anne stated, “I assess parents functioning level and ability to keep kids safe.”

Finally, intergenerational history is seen as very important to ascertain as part of the family assessment, Robert described asking such questions as,

What is it like when the children go to mom’s parents or dad’s set of parents? Is there strife within those extended families? Is there major mental illness or substance abuse? Any history of violence or suicide? I think so very much of this work is held along from the beginning from doing a thorough assessment, not just doing the current family history and sibling subset, but an extensive investigation of the families of origin of the parents.

Several respondents also ask about siblings in their assessment of a child, and the issues of siblings is an important theme, specifically developmental history, current developmental level, quality of sibling relationships, relationships with others, and temperament. Trauma history is also an important factor. However, interestingly enough, not all participants ask about siblings in the initial assessment, as Molly reported: “I think I don’t usually ask something specifically about siblings. I ask general questions about violence in the home, not specifically this or that.”

Assessing parenting style is also a common theme. Alison asks whether there is a “coercive parenting style at work, which may be harsh or punitive for the kids to have grown up in.” She also asks is there have been “pro social ways to go about problem solving and making choices that basically empowers the children to approach conflict that is not violent.” Roseanne states,

Sexualized play and those things honestly make me look more into parenting and less into the relationship assessment between siblings and more into parenting. That makes me look more into how do you keep an eye on this, how do you keep

them in separate rooms, you know, assessment of safety and that involves parents when kids are little.

Generally, parental subjective experience is also an important piece of information to gather in an initial assessment, such as how a parent describes a situation and how the child describes the same situation, as well as their affect. Participants generally get clients' subjective experience through discussions with the family. As Terry said, it is helpful to talk with the mother "to understand more what her level of comfort is with the level of violence between the siblings." They ask about what is tolerated and what is acceptable, how the parents describe the situation, and how the problems are viewed. As Rosanne said, "There is real value in exploring it in detail. You shouldn't just take for granted off hand comments about siblings being mean or fighting."

Questions Asked in Assessments

Participants reported questions as a major way to gather client history, clarify the abuse, and obtain the subjective experience of the client. In order to gather client history, participants reported asking open-ended and directive questions to parents and children. Open-ended questions are often used to identify and learn about family dynamics and relationships in the process of gathering the client's and family history. Examples of open-ended questions include: Tell me about your family. Who gets along with whom? Who yells? What is that person like? Other questions about client history were more directive, such as, has your child ever been sexually abused?

Clarification questions hope to determine the nature, frequency, severity and details of the abuse. As Susanne stated, she asks such questions for clarification: "What do you mean by fighting? What does the sibling do that is mean? Do they get physical?"

Do they get hurt? Do they bleed? Do they engage in sexual play with others? Is this a single incident or repeated? When did this first happen? Is this happening currently or just in the past?"

As stated above, the child and parent's subjective experience is a major source of assessment information. Many questions that respondents ask are intended to gather the clients' and parents' subjective experience of the sibling relationship. Questions hope to determine how the child and parent experienced the relationship and the interactions. For example, Terry asks, "Are the kids playing or feeling like more? Do you have any concerns about your children's behavior?" Respondents also report asking themselves and their supervisors questions about cases involving the possibility of sibling abuse. These questions tend to focus on quality of practice and level of risk. Tracy said it this way: "What are models for violence in home? Why is fighting preferred method of relating? Can parents keep children safe? What is nature of abuse?" Tracy also spoke about her use of self in the process of working with siblings who were violent with each other. She stated that she uses modeling to show non-violent methods of problem solving and relating to each other.

The Assessment Process

Interestingly, participants identified many possible approaches to engaging in the process of assessing sibling abuse. The most common response was that such assessment was carried out as part of a more general assessment of the child and their family. For example, Susanne said,

I tend to incorporate assessment of violence between siblings into a general assessment. I guess I haven't thought about it as a separate category, and I don't know how I can separate assessment of sibling abuse from the overall assessment.

All participants reported engaging in an initial assessment at the start of treatment. In fact, this is what most participants commented on. For example Roseanne stated: “I rely heavily on this initial assessment. You can get at particulars like are the kids getting hurt and are parents stopping it.”

Three participants engage in an ongoing assessment process in addition to the initial assessment, with the ongoing process of involving continual assessment of sibling interactions, interactions with other children, and overall family dynamics. Here are a few ways in which this was reported:

- Greg: You ask questions and constantly go back to it. It isn't a linear treatment.
- Anne: You are always reassessing for safety, talking to the child and family about what is happening in the home.
- Kyle: Assessments should be an ongoing process, by continually assessing, siblings interactions with other children, family dynamics, family history and child history, developmental stage, sibling and parental subjective experience. I also constantly screen for abuse.

Participants also individualize their assessment process, tailoring it to individual situations and families. For example, they ask different questions depending on what the client is saying.

Participants rarely commented on the source of their assessment knowledge. As Alison said, “A lot of what I do I think I have learned or adapted from other models, from models of treating traumatized children, or families, working with domestic violence and trauma.” Thus, there is not, at least for this sample, a particular formal source for designing the process

Methods of Gathering Information

Methods of gathering information for assessment include observations, general questions, and direct questions, as well as observations of sibling interactions, of family interactions, and of play. All of the participants also ask questions of parents and children as a way to get information, beginning with questions about family and sibling relationships but without asking specifically about abusive behaviors. Clinicians tend to ask further only if they feel it is necessary. As it was stated by a few respondents:

Terry: When I ask my usual assessment questions and nothing flagged at all, I don't think I went more specific with it.

Alison: What parents and children say triggered more questions to help determine whether it was sibling play or abusive. It depends on what they say, how far I go.

Susanne: I don't usually ask something specifically about siblings. I ask general questions about violence in the home.

Jennifer: Depending on the situation, if nothing flags then I stop.

Few participants actively engage in a thought process about sibling abuse assessment. One participant, however, does think about the topic but does not necessarily or actively initiate questions unless deemed necessary. As Greg put it, "It is great to have these questions about siblings in the back of your head even if you don't ask them, to be thinking about them for the future."

Crisis Assessments

One approach to assessment is to begin with an individualized crisis or risk assessment. As Jennifer stated, "I could get a sense of a child's behavior, what triggers might be for them, when they were triggered, what that might look like, and if they were

physically violent with other or towards themselves.” Safety was identified as a major factor in the risk assessment. As Jennifer said,

Safety and stabilization both internally and in the environment are key. Safety of environment, are parents attuned to child’s need and moods? Do they feel safe in their home and with their families? Also making sure they feel safe in their bodies, with emotions. Can they tolerate emotions? Are they dissociating? A crisis can trigger a lack of safety and it can send back to a crisis.

Sexual Abuse Assessment

Assessing for sexual abuse among siblings is seen as a very different process from assessing for physical abuse among siblings. In fact, participants responded to sexual abuse assessment as a separate category.

Assessment Tools

In addition to discussion, non-verbal tools are used to gather information. Tools for gathering information include genograms, drawings, and play. In fact, three participants feel that genograms are very important tools to use when conducting an assessment involving a family, Kyle said the following:

Genograms are going to be the most important tool for seeing what is happening or what could be happening in the family. Knowing what has proceeded and what has happened before in the child’s life and knowing what has happened before in the parents lives.

Another respondent, Molly, stated,

I have both parents and children do a genogram and I refer to the genogram as a way to get at who gets along with who, who does not get along with who, and why that might be happening.

Assessing drawings by children is another tool for getting information. As Kyle said, “... a child’s picture will tell you a lot about how they see themselves and about their lives.”

Finally, assessing the nature and quality of play is also a useful method of gathering information, Even using dollhouses, for example, as a way to assess sibling rivalry and family dynamics.

Treatment Alliance

Clinicians consider the treatment phase and treatment alliance when engaging in an assessment of difficult information or histories, such as abuse or violence. As Alison said, “I might not necessarily be direct about it. I would want to provide a situation where the parent could tell me what was going on rather than being defensive about it.”

Supervision

Participants feel that clinical supervision is a significant part of the assessment process when working with siblings and families, allowing them to reflect on their process and to think about any further questions that could be useful to ask or areas to explore. For example, both supervisees and supervisors commented on the importance of the relationship when assessing children, Molly stated:

I am thinking about cases that I supervise and it comes up. It's relevant in that supervisor position because it is important to think about whether it is a possibility that there is sibling violence- to help the staff think about how they could ask those questions about the family and kid and how they can explore that if it isn't so up front.

After the Assessment

When discussing what they do after the assessment is completed, respondents identified several treatment foci including type of treatment modality, possible referrals to other services, and the goals of the work.

Treatment Modalities

Treatment modalities include working with parents, families, sibling pairs or groups. Participants identify that they work with a combination of different members of the family through the course of treatment. Eight participants work with parents and six participants work with the whole family. Angelic stated, “I strongly believe that when you are working with children you really need to be doing family therapy and especially with young children.” Five participants stated that they work with siblings specifically, and not just the child.

Referrals

Referring children and families for other services and supports is a common theme in working with sibling abuse. Five participants said they call the Department of Social Services (DSS) to file a 51A of parental neglect, if parents are not able to keep children safe by stopping the abuse. Another reason participants would call DSS is if parents are not cooperating with them in order to take steps to stop the abuse.

Other services or supports that participants identified as possible referrals include the Family Stabilization Team, specialist who works with child sex offenders, crisis services, and other extracurricular activities.

Additional Findings

In the course of data collection, several additional topic areas related to sibling abuse were generated by the participants that had not been explicitly identified in the instrument. These topics included risk factors, warning signs, distinguishing abuse from rivalry, personal experiences, and reflection on their practice.

Warning Signs and Risk Factors

Warning signs and risk factors were identified by almost all participants as significant areas of focus as they discussed their approach to assessment. Warning signs tend to be different depending on the form of abuse discussed. The following are a list of identified warning signs or red flags for children experiencing sexual abuse by a sibling:

- Sexual acting out
- Masturbation
- Encopresis/Enuresis
- Physical complaints such as bleeding and urinary tract infection
- Siblings sleeping in same bed
- Trauma symptoms

Warning signs for physical abuse by a sibling include the following:

- Physical signs such as bruising or broken bones
- Emotional regression or distress, such as acting out, depression, anxiety, withdrawing from school, fears
- Signs of PTSD or trauma symptoms
- Distorted drawings
- Poor boundaries in the home, involving secrets or rituals

Participants tend to be unclear about specific warning signs for emotional abuse by siblings, but when discussed, they overlap with risk factors for physical abuse excluding physical signs. As Kyle put it:

When someone is traumatized, when they start getting triggered again in a similar situation, they can start acting out in similar ways but this time taking on the role of the aggressor. So becoming the perpetrator rather than the victim. So that is something that you can be watching for.

Participants also cited several risk factors for siblings experiencing all forms of abuse by a sibling. The following are risk factors for sibling abuse that respondents identified:

- Parental mental health issues or mental illness
- Parental trauma history

- Substance abuse
- Domestic violence or history of being abused
- Parental style (blaming or critical, targeting one child)
- Poor boundaries in relationships
- Parental views of abusive behavior as normal or acceptable
- Sibling mental illness or physical disability

Distinguishing Abuse from Rivalry

In the process of discussing how to assess sibling abuse, respondents began to discuss what constitutes abuse among siblings. Participants reported their opinions on how to distinguish normal sibling rivalry from sibling abuse. Many factors affect clinicians' opinions of what is abuse versus sibling rivalry, including personal experiences, personal attitudes, a client's subjective experience, a parent's subjective experience, and societal norms.

Although not all participants expressed their opinions about how to distinguish abuse from rivalry, participants who did comment on the topic tend to reflect most on their personal bias based on experiences. Participants report that their attitudes and beliefs came from their personal experience as parents and as siblings. One clinician, Terry, thought that personal experiences were very important to think about in terms of clinicians' own bias in their work of assessing sibling behaviors.

Participants also tend to rely on parents' judgment or subjective experience of the sibling relationship when determining whether behaviors between siblings constituted abuse. For example, Roseanne said, "I tried to get from the parents and also the kid that I was working with sort of what their sense was and their experience of it. My assessment is sort of asking everyone's subjective experience." When speaking about their thoughts about sibling abuse, many participants tend to put the responsibility on the parents

opposed to on the children. One participant, Susanne said, “I think of it more as a parental guidance issue around keeping the kids safe from each other, in those scenarios that I have dealt with.”

When deciding whether sibling relationships are abusive, six clinicians out of eight who spoke on this topic stated that they thought behaviors are abusive if someone gets hurt, including bruising, broken bones, or bleeding. Behaviors are also considered abusive if a child does not stop, has no remorse, no sense of it being too much, or no sense that they have gone too far and siblings are getting hurt. In this case, when children are not recognizing that their behavior has gone too far, parents may not know how to detect that or recognize it as a problematic thing.

Other important factors that influence participants’ view of relationships as abusive are power differential, control differentials, age and gender. Participants were concerned about sibling relationships or families where there is a big power and control differential, because parents are more likely to excuse a child from engaging in violent behaviors with their siblings.

Differences in age and gender are also important factors in whether participants considered behaviors abusive. For example, Jennifer said that young siblings who were very close in age may be considered to be experimenting or engaging in normal sibling rivalry than are siblings very far apart in age. Gender tends to be a factor in determining abusive relationships. More often, clinicians tend to think same sex siblings are not abusive with each other compared to opposite sex siblings.

The child’s trauma history is also a significant factor in determining whether a sibling relationship is abusive. If a child is acting out on another sibling when re-

traumatized or triggered, then that behavior is suspicious for abuse. One clinician, Rosanne, said, “It is important to separate trauma reactive behaviors from sexual curiosity or a form of sexual play to express the distress of what happened to them.” Behavior is not considered abusive if no one got hurt or injured and if siblings are not concerned about the behaviors. Interestingly, clinicians state that it most likely is not abuse, but instead rivalry, if the parents are concerned about it.

Reflections on Practice

In the process of commenting on their experience assessing sibling abuse, clinicians tend to reflect on the quality of their practice and assessments with siblings. Clinicians, who spoke about the quality of their assessments, tend to think that their assessments are minimal in content and poor in quality. They disclose that a more thorough assessment should be done. They also suggest that the quality of the assessment should be greater. Two clinicians specifically disclose that their assessments are messy and they do not know what they were doing. As Anne put it, “Talking about this is making me think that I would like to incorporate assessing for sibling abuse more into my initial assessment, more thoroughly because I ask about it generally.” Six clinicians feel that they need to specifically remember to address siblings in the assessment. Clinicians also report a lack of time spent on the topic in their work. For example, Jennifer said, “I think remembering to ask these questions are important and to think about asking specifically about siblings. I have to remember to do that.”

Lack of training and desire to learn more about sibling abuse are reactions to discussing quality of sibling assessments. Thoughts about sibling abuse are around confusion and lack of understanding of the topic, which clinicians cited as a result of

being inadequately trained in the topic. Angelic said that she would like to learn more: “I would be interested in learning more about what research is out there about what constitutes abuse.” Seven clinicians feel they have received a lack of training on the topic. As it was stated by a few respondents:

Molly: What parents and children I don’t know that there was actually a big emphasis on sibling issues. It is interesting to think about the fact that it isn’t addressed. It certainly wasn’t addressed in my social work education, and I can’t say I ever run across an article about it.

Angelic: It certainly is a common topic even though it is a fairly frequent thing. I really haven’t learned anything about it. I got through it in a messy way.

When reflecting on practice and quality of assessment, clinicians said that the process of participating in the research study allowed them to think more about their assessments of siblings. Participants tend to state that they did not often think about the topic of sibling abuse.

Reflections on Personal Experience

Personal reflections about sibling abuse tend to involve the clinicians’ past experiences with their own siblings or children. Three clinicians reported difficulty thinking about the topic because of their personal experiences with their siblings. One clinician, Roseanne, said, “This is a big hole for me, due to own experiences. I don’t know how to assess that because I don’t even know how to assess my own.”

During the interviews, many respondents spoke about their personal thoughts on the topic of sibling abuse. Themes include a lack of clear understanding, lack of clear boundaries, minimization, and a lack of known stigma. Respondents spoke about the social status of sibling abuse as an important issue to address.

Summary

This chapter presented the findings from the semi-structured interviews with 13 clinical social workers. The major finding is that although there is not a uniform method of assessing sibling abuse for this sample, there is striking similarity in nature and content of assessment. Participants have many different approaches to assessing sibling abuse. Process tends to vary more than content. Participants' responses on next steps after the assessment are also varied. Creative ideas regarding referrals and additional supports are also offered.

Several topic areas, including risk factors, warning signs and distinguishing abusive behaviors, personal experience and reflections, were also generated by the participants that had not been explicitly asked about in the Interview Guide (see Appendix A). Participants reported many possible risk factors and warning signs for sibling abuse that seem to inform their assessment process and content. Participants also tended to reflect on their practice and how their personal experiences have affected their approaches to assessing siblings.

The following chapter will compare this study's findings with current literature and discuss the significant implications to clinical social work practice and education that arise from the findings. Chapter V will also outline the limitations and strengths of the study, offer suggestions for future research on the topic, and conclude the document.

CHAPTER V

DISCUSSION

Introduction

The purpose of this research was to understand more clearly how social workers approach assessment of sibling relationships for abuse. The research question was as follows:

How do clinical social workers who work with families and children approach the assessment of physical, emotional, and sexual abuse among school-aged siblings?

The design of the study was exploratory with methods that consisted of semi-structured qualitative interviews with non-random sample of convenience.

This chapter compares the major findings of this study to current literature and presents implications for social work practice and education. This chapter will also outline the limitations and strengths of the study, offer suggestions for future research on the topic, and conclude the document.

Discussion

During data collection, all participants had a case, client, or past experience with sibling abuse or violence on which to draw for illustrative purposes. Thus, there were no hypothetical situations used in describing approach to assessment. This suggests that sibling abuse is commonly faced

by clinicians working with families. This finding is also consistent with research on the high prevalence of sibling abuse.

The most striking finding is that assessment content tends to be most similar among participants compared to assessment process. All participants tend to gather similar information, but in various different ways. Thus, for this sample at least, process tends to vary more than content. There is not a uniform method of assessing sibling abuse for this sample, although there is striking similarity in nature and content of assessment.

The findings suggest that the process is not as important as content in assessing sibling abuse. Since assessment content was similar among participants, this suggests that content is the most important variable of detection for sibling abuse. The variety of assessment processes suggest that how the information is gathered is not as important as if it is gathered at all.

How Findings Compare to the Literature

The data collected was not surprising when compared to the literature and theory about sibling abuse. As far as assessments, participants state a wider range of approaches than literature presented, partly because of the lack of research on assessment approaches. Participants did identify observation as a crucial form of assessing siblings, which is consistent with literature on assessing sibling relationships.

Findings are consistent with how social learning theory (Hoffman & Edwards, 2004) explains the process of socialization and internalization of violence in children, who grow up in domestically violent households, or with models of violence. Participants' emphasized the importance of family and models of violence to siblings as an important factor involved in sibling abuse.

There are some inconsistencies between the literature and the findings. Past research on sibling relationships emphasized the importance of assessing the sibling relationship in order to determine the quality and level of conflict. Although participants state that assessing sibling relationships is important, it is not as influential in determining abuse for participants as past research suggests. Participants tend to rely on family dynamics and parental factors more than sibling relationship factors, which is similar to research by Wiehe (1990).

Implications for Practice

There are five major implications for clinical practice, which are discussed below in order of importance.

1. Mandatory focus on sibling abuse

Attention and focus on sibling abuse should be mandatory instead of optional in clinical social work practice and education. Sibling abuse should be purposefully introduced, not discounted, as a possibility when working with families. Abuse of any form, including among siblings, should be taken seriously and looked at in research and practice as a possibility of occurring within families. Findings suggest that how assessments are done is not as important as that an assessment is done at all. This shows that assessing for sibling abuse is important and should be addressed more formally in social work education in order to increase the reliability that an effective assessment is done.

2. Evaluating and expanding our definitions of abuse

Increased discussion and attention around definitions of abuse specifically relating to siblings is imperative in the process of ending sibling abuse. Conceptually,

sibling abuse is identified by participants and research as a common but often undetected type of child abuse due to variation of how sibling abuse is defined. These findings are consistent with the literature, which suggests that society tends to excuse sibling violence as normal behavior or rivalry (Sanders, 2004). Similar to the research by Portwood (1998), this study's findings suggest that definitions of what constitutes abuse and how to assess siblings for abuse vary among professional and are individualized in nature. Since these definitions are varied and inconsistent, more formal discussion and research about how abuse is defined is imperative to addressing this abuse.

Cultural competent definitions of abuse are part of what is lacking in how definitions of abuse are constructed. It is imperative to take into account cultural context when determining where a relationship is abusive. By creating definitions of abuse that are not too rigid or too loosely defined, sibling abuse will become more effectively detected and addressed.

3. Creation of reliable assessment tools

The third implication of this study is that solid, reliable assessment tools or guidelines should be created and available to clinicians that include important variables, such as family dynamics and sibling experiences. Structure for observing sibling interaction is also needed to include clinicians' own assessments in addition to parents' and siblings' subjective experiences as part of the assessment content. Lack of formal assessment guidelines is clear in participants' responses in the interviews and contributes to the messy and incomplete nature of assessing sibling abuse.

4. Importance of family context

The fourth implication of this study is that sibling abuse should be conceptualized within a family context instead of only within the sibling relationship. Findings point to the importance of parents in the presence of sibling abuse, which is a major implication for clinical practice. Assessment and treatment considerations must involve parents in order to be effective and useful. Assessment should be done with increased attention to parents, nature and structure of family, and sibling experiences. Consistent with Wiehe's (1990) research, which states the importance of parental factors involved in sibling abuse, participants in this study also state that parental functioning and parental subjective experience is a major factor in the presence of sibling abuse. These findings should be put into practice when conducting assessments with families.

It is also extremely important that interventions and prevention efforts be approached with an intergenerational focus. Sibling abuse does not happen in isolation but within a family context in which they belong. It is also important to expand the concept of what a family context means to also include extended family. By taking an intergenerational approach to assessment and care, sibling abuse can be more effectively resolved and not passed through generations, which is often the course of trauma and abuse.

5. Trauma informed interventions

Finally, clinicians should address sibling abuse with trauma-informed interventions. Trauma-informed frameworks for addressing sibling abuse should be developed in order for clinicians to have tools for working with families and help end sibling abuse. Being educated in how traumatic experiences, such as sibling abuse, affect

a child and the family system is essential to effective clinical practice and intervention. Participants from this study identify trauma history and trauma symptoms as significant warning signs and risk factors, which speak to the importance of trauma-informed work. If various theories and approaches became better integrated, treatment would be more effective and comprehensive. Sibling abuse, along with other possible stressors or problems that may be contributing to the abuse in some way, would all be addressed, as part of one overall treatment plan.

Limitations and Strengths

There are several inherent limitations in this study. First, the size and homogeneity of the sample limited the diversity and generalizability to other populations. Due to limited time and access to a diverse range of social workers, the sample lacked sufficient diversity and variation of participants' focus of work. The lack of diversity in the sample also led to limited generalizability.

The lack of detail in the interview guide limited the depth and detail of the responses. The semi-structured instrument only captured a broad picture of assessments and limited the data gathered on specific areas of this topic. The qualitative nature of responses also limited the data collected. There are no observations of participants' conducting assessments, which would have expanded the range of data gathered.

There were also many strengths in this study, including the methods of data collection and sample selection. The semi-structured interview was a strength of the study because it allowed participants to openly discuss their ideas and experiences without placing many limits on their responses. Participants could discuss case examples, which put the responses into context and allowed for a dialogue to be created instead of a

monologue. Since all participants spoke about same areas of the topic, the study shows reliability and strength in data-collection method.

The sample selection was also a strength of this study because it allowed for a group of seasoned practitioners to respond to the topic with real-world examples and not hypothetical examples. Since all participants work at an outpatient social service agency, the results cannot be generalizable to other outpatient clinics or similar setting, but the study did yield several implications for practice that are very applicable to clinicians who work in similar contexts.

Recommendations for Future Research

Recommendations for future research include focusing specifically on parents' roles and responsibility in the presence of sibling abuse. Research that studies parents' roles in the assessment process of sibling abuse is essential, given this study's findings. Research is also needed focusing on the creation of a more uniform assessment tool for sibling abuse. Future research should utilize a larger, more varied sample, in order to obtain a clearer picture of how other settings and treatment modalities approach the assessment of sibling abuse. A larger sample will also strengthen reliability and validity of results.

Research that focuses more specifically on the various different types of abuse is also necessary. As participants state, sexual abuse is thought to be a separate category of assessment and intervention. Therefore, a separate and distinct study on sibling sexual abuse is needed. Further research should obtain more specific information on this sub-topic regarding assessment, risk factors and interventions.

Conclusion

The purpose of this thesis was to better understand how social workers approach assessment of sibling relationships for abuse. This research is important to social work because assessment of sibling abuse is one of the most invisible and thus understudied topics concerning children and families. Since research states that sibling abuse is the most common but least detected form of domestic violence (Sanders, 2004; Wiehe, 1990), a better understanding of how and when to assess siblings is imperative. Research that examines how clinicians approach the assessment of sibling abuse is crucial so that such cases will not remain as undetected as they are now.

Findings from this study show that clinicians are faced with cases involving sibling abuse and there is no formal methodology to approach assessment. The major findings are that assessment process tends to vary more than assessment content. Since assessment content is similar among participants, this suggests that content is the most important aspect of assessing sibling abuse.

These findings suggest that sibling abuse should be looked at more seriously and with increased focus on creating a reliable assessment tool or guideline. The findings also suggest that more research on assessment of sibling abuse is necessary to better understand how to detect and end this phenomenon. The main point to take away from this study is that sibling abuse is a real and present issue faced by clinicians who work with children and families. Sibling abuse has been overlooked and dismissed for too long and further research and education about this unfortunate phenomenon is essential to begin to end it.

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Appendix A

Assessments Study: Interview Guide

Part A: Demographics section

1. Male
 Female

2. Do you have siblings?
 Yes
 No

3. If yes, how many?
 1
 2
 3
 4
 More than 4

4. What is your highest level of education?
 Bachelors in Social Work
 Bachelors in other field: _____

 Masters in Social Work
 Masters in other field : _____

 Doctorate in Social Work
 Doctorate in other field: _____

5. Do you have a professional licenses? (Check all that apply)
 LCSW
 LICSW
 other: _____

6. How much training have you received in assessing violence and abuse in children?
 None
 Some

- Moderate
- Extensive

7. Theoretical orientation that you were trained in (Check all that apply):

- Psychodynamic
 - Cognitive-Behavioral
 - Dialectic- Behavioral
 - Family
 - Solution- Focused
 - other: _____
-

8. Current theoretical orientation used in practice (Check all that apply):

- Psychodynamic
 - Cognitive-Behavioral
 - Dialectic- Behavioral
 - Family
 - Solution- Focused
 - other: _____
-

9. What is your current position?

- Clinician
 - Director of agency
 - other: _____
-

10. How many years have you worked at your current employment? _____

11. In what capacity do you work with children? (Check all that apply)

- individually
- with (a) sibling/s
- with (a) sibling/s plus other family member/s
- in a group with other children
- other: _____

12. Do you have the opportunity to conduct assessments with children and families at your current or previous job?

- Yes
- No

13. If yes, in what capacity?

individually

with (a) sibling/s

with (a) sibling/s plus other family member/s

in a group with other children

other: _____

Part B: Interview guide

Some clinicians have the opportunity to conduct assessments of siblings for violence and possible physical, sexual or emotional abuse with latency-age children, ages 6 to 12, and some do not. Although you may or may not have had the opportunity to assess a child for the possibility of sibling abuse or violence, could you please describe your approach to assessing that situation in the past and/or how you would approach this type of assessment if you were to encounter it in the future? (Please give as many examples as possible. Please do not use any names or identifying information when talking about cases).

Part C: Prompt questions during interview

14. What factors did/would you consider when assessing a child's safety at home?
15. What factors did/would you consider when assessing the sibling relationships?
16. What (would) cause(d) you to begin assessing the sibling(s)?
17. What was/were the outcome(s) of the assessment(s)?
18. Did (Would) you take any additional action(s) after the assessment? If so, what specifically and why?
19. Only for those responding to real situations: Is there anything you would have done differently in any part of the assessment process? If so, what specifically and why

Appendix B

INFORMED CONSENT

Dear Participant,

My name is Hillary Parks and I am a second year master's student at Smith College School for Social Work. I am conducting a study on social workers' approach to assessments with siblings ages 6 to 12 years old for possible abuse. The purpose of this study is not to evaluate the quality of this agency but to use the professional expertise of its practitioners to gather information about the nature of their approach to assessment. I will do that by 1) gathering data on the nature of assessment by clinical social work practitioners of sibling abuse among latency-age children, 2) uncovering what methods they are using for assessment, and 3) exploring if and how they incorporate these assessments into their practice. Data from this study will be used for my master's thesis as well as professional presentations and publications on this topic.

You are being asked to participate in this study, which will involve reading and signing this Informed Consent and participating in a structured interview. It is anticipated that participation in this study will take approximately 30-45 minutes. Once you agree to participate, I will mail you a copy of the Interview Guide so that you can complete Part A, the demographic portion, in advance and return it to me at the time of the interview. Part B and C of the Interview Guide will also be included for you to read before the interview if you wish to do so. Part B and C are for you to become familiar with the types of questions asked during the interview and are not meant to be answered or returned to me in advance. During the interview, please do not use any names or identifying information when discussing cases or experiences with assessments. Narrative material from the interviews will be analyzed for collective thematic content.

Participants will include professional social workers who meet the following inclusion criteria: 1) completion of at least a master's level degree in social work from an accredited U.S. school of social work, 2) a minimum of two years of direct social work practice experience, and 3) current or past practice with children and families. Exclusion criteria include: 1) social workers who do not understand or speak English.

There are minimal anticipated risks associated with involvement in this study. The nature of this study is to gather information from social workers relating to the topic of assessment of sibling abuse. It is possible that disclosure and recollection related to this topic may create emotional discomfort if you have past experiences with this topic or other forms of trauma or if, upon examining your practice, you find yourself dissatisfied with the quality of your work.

Involvement in this study may benefit you by providing an opportunity for reflection regarding awareness of the phenomenon, a chance to reflect on practice, and the chance

to contribute to a better understanding of how sibling relationships can and/or should be assessed for possible abuse. There will be no compensation provided to you.

Confidentiality will be maintained throughout the study. Your name will not be known to anyone but me. The Informed Consent will be kept secure to protect confidentiality. Data in professional publications or presentations will be presented as an amalgam without reference to specific identifying information. Any direct quotes will be carefully disguised in order to protect confidentiality. All data will be kept locked and secure for a period of three years as required by federal guidelines. After three years, all data will be destroyed through shredding or continued to be maintained securely.

Your participation in this study is voluntary. You may withdraw from the study at anytime during or after the study. There is no penalty for withdrawal from the study. You may leave any question on the demographic portion blank or choose to pass on any interview question. The final date of withdrawal from the study is March 1, 2007, which is when the results section of the study will be prepared.

You may contact me by the email address or phone number listed below if you have any questions or wish to withdraw your consent. Please keep a copy of this Informed Consent form for your records and return a signed copy to me.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATION IN THE STUDY.

Signature of Participant

Date

Signature of Researcher

Date

THANK YOU

Researcher's Contact Information:

Hillary Parks

hparks@email.smith.edu

(413) 552-7566

Appendix C

January 6, 2007

Hillary Parks
3 Hampton Avenue, #22
Northampton, MA 01060

Dear Hillary,

Your amended materials have been reviewed. You have done an excellent job in clearing up the questions we had and all is now in order. We are, therefore, glad to give final approval to your very useful study.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain signed consent documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

We wish you the best of luck with your study. It is great that both agencies are willing to cooperate, as it will make the recruitment process so much easier and more productive.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Dominique Steinberg, Research Advisor