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Psychological Consequences of Fraternal Incest

Sleh Eddine Saadi

Mohamed Tahar Maamouri Hospital, Nabeul, Tunisia

Abstract

Fraternal incest, due to its transgressive nature, is a form of sexual abuse with severe psychological repercussions. This study aimed to explore the relationships between post-traumatic stress disorder (PTSD), dissociative symptoms, and attachment styles among female victims of fraternal incest in Tunisia. Seventy adult women with a history of fraternal incest participated in the study. PTSD symptoms were assessed using the Post-Traumatic Stress Disorder Checklist -DSM-5 (PCL-5), dissociative experiences with the Dissociative Experiences Scale -Second Edition (DES-II), and attachment styles with the Experiences in Close Relationships Revised (ECR-R16). The results indicate a substantial mental health impact of Sibling Incest. Nearly three-quarters of participants met the clinical threshold for post-traumatic stress, and a substantial proportion exhibited insecure attachment patterns and notable dissociative symptoms. Significant positive correlations were found between PTSD symptoms, dissociative experiences, and insecure attachment. Age and duration of abuse were significantly associated with higher PCL-5 scores, while no significant effects were observed for DES-II or ECR-R16. Younger participants and those exposed for more than two years had higher PCL-5 scores. These findings emphasise the interconnected roles of PTSD, dissociation, and insecure attachment among survivors of sibling incest, highlighting the need for integrative, trauma-informed approaches and for further research specifically on sibling incest to better understand its dynamics.
Key words: sibling incest, attachment, dissociative experiences, Post-Traumatic Stress Disorder.

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Novelty and Significance

What is already known about the topic?

- Sibling incest is among the most frequent yet least studied forms of intrafamilial sexual abuse, often linked to profound and lasting psychological consequences.
- Individuals who experience sibling incest are at high risk of developing Post-Traumatic Stress Disorder.

What this paper adds?

- Nearly three-quarters of participants showed symptoms of Post-Traumatic Stress Disorder, while the majority exhibited insecure attachment styles and symptoms indicative of dissociative disorders.
- Earlier onset and longer duration of abuse were associated with increased Post-Traumatic Stress Disorder severity.
- This study offers new insights into the complex interplay between Post-Traumatic Stress Disorder, dissociation, and insecure attachment in victims of sibling incest.

Sibling incest, involving brothers or sisters, is often described as one of the most widespread forms of sexual behaviour within families (Cohen, 1991; Greer & Stuart, 1983; Horton, Johnson, Roundy, & Williams, 1990; Sgroi, 1986). Paradoxically, despite this frequency and the importance of treating victims, less is written about this form of abuse compared with other forms of incest (Albadine, Mesquida, & Revêt, 2025). Fraternal incest refers to acts of a sexual nature between at least two members of the same sibling, occurring at an age deemed inappropriate and which cannot be explained by exploration or curiosity related to normal development. These acts include touching, forced or inappropriate exposure to pornographic content, and forced sexual intercourse (Tener, Tarshish, & Turgeman, 2020). This type of abuse is often prolonged over several years and is rarely limited to a single incident (Carlson, Maciol, & Schneider, 2006).

* *Correspondence*: Sleh Eddine Saadi, Mental Health Department, Mohamed Tahar Maamouri Hospital, Mrazka 8000 Nabeul, Tunisia. Email : s.saadi_@hotmail.fr

Victims of childhood incest frequently develop attachment disorders in adulthood, often manifested by difficulties forming and maintaining stable and secure interpersonal relationships (Aubry & Lopez, 2022). When children are exposed to neglectful, intrusive or abusive attachment figures such as in incestuous contexts, their attachment style is profoundly shaped by these early adverse experiences (Alexander *et alii*, 1998; Aubry & Lopez, 2022; Coutanceau, Damiani, & Lacambre, 2016; Muller, Sicoli, & Lemieux, 2000; Van Ijzendoorn, Schuengel, & Bakermans-Kranenburg, 1999). The quality of adult attachment is thus often a reflection of the trauma endured during childhood (Alexander *et alii*, 1998; Aubry & Lopez, 2022; Coutanceau *et alii*, 2016; Muller *et alii*, 2000; Torrisi *et alii*, 2010). Furthermore, research has shown that specific attachment styles may significantly influence the vulnerability of victims to develop psychological disorders later in life (Muller *et alii*, 2000). Post-traumatic stress is also a frequent and significant reaction among victims (APA, 2013; Chen *et alii*, 2010; Cohen, 1991; Coutanceau *et alii*, 2016; Lindberg & Distad, 1985; Paolucci, Genuis, & Violato, 2001; Van Ijzendoorn *et alii*, 1999). It is characterised by specific symptoms, such as flashbacks, nightmares and hypervigilance, which significantly alter the quality of life of those affected, disrupting their daily functioning (APA, 2013). The DSM-5 identifies childhood sexual abuse as a major risk factor for dissociative disorders, such as depersonalisation, derealisation and dissociative amnesia. These disorders manifest as alterations in consciousness, memory and identity, often rooted in early traumatic experiences (APA, 2013). Several studies have shown that experiencing sexual abuse increases the likelihood of developing dissociative symptoms (Chu, Frey, Ganzel, & Matthews, 1999; Cohen, 1991; Cyr, Wright, McDuff, & Perron, 2002; Torrisi, Dessarzin, Halfon, & Pierrehumbert, 2010; Vanderlinden, Van Dyck, Vandereycken, & Vertommen, 1991). This study aims to make a contribution by filling a gap in research on the relationships between post-traumatic stress, dissociative disorders and attachment in victims of sibling incest, particularly in the Tunisian context where this topic remains largely unexplored.

METHOD

Participants

This study included the participation of 70 adult women, aged between 24 and 55 years (M= 38.70, SD= 8.10), who reported having been victims of fraternal incest during childhood or adolescence. All participants identified as Tunisian and spoke Arabic as their first language. Educational levels varied, with 14% having completed only primary education, 49% having completed secondary education, and 37% holding university-level degrees. Most participants (approximately 70%) belonged to low-to-middle socioeconomic backgrounds based on self-reported income and occupation. Inclusion criteria were: (a) female gender; (b) age over 18 years; (c) history of sibling incest (sexual acts perpetrated by a brother or male sibling figure before the age of 18); and (d) sufficient mastery of Arabic to complete the questionnaires. Exclusion criteria were: (a) a diagnosed psychotic disorder; (b) substance abuse; (c) intellectual disability; and (d) illiteracy. Two participants were excluded due to a diagnosed psychotic disorder, resulting in a final sample of 70 participants who met all inclusion and exclusion criteria for the study. The sampling procedure used was purposive sampling with voluntary participation. Recruitment was conducted via targeted announcements on social media platforms, survivor support forums, and through collaborations with NGOs and mental health professionals in major Tunisian cities (Tunis, Sousse, and Nabeul). Interested

participants contacted the investigator directly. Given the open and voluntary nature of recruitment through public channels, it was not possible to determine the exact number of individuals who declined to participate or did not respond to the invitation. All participants provided informed consent before data collection began.

Design

This study employed a cross-sectional, descriptive (observational), between-subjects design, in which each participant completed three standardised self-report questionnaires. Data were collected between February 2023 and January 2025

Instruments and Measures

Post-Traumatic Stress Disorder Checklist -DSM-5 (PCL-5; Weathers *et alii*, 2013; Arabic version by Brahim *et alii*, 2022). The PCL-5 is a 20-item self-report scale designed to evaluate the severity of post-traumatic stress symptoms in line with DSM-5 diagnostic criteria. Respondents are asked to indicate how much they have been bothered by each symptom during the past month, using a 5-point Likert scale ranging from 0 (Not at all) to 4 (Extremely). Each item is introduced with the prompt: "In the past month, how much were you bothered by...", followed by the symptom description. For instance, item 1 reads: "...repeated, disturbing, and unwanted memories of the stressful experience?" (Weathers *et alii*, 2013). A total score between 31 and 33 is generally considered indicative of a probable diagnosis of PTSD. The present study used the standard version without Criterion A. The Arabic version (Brahim *et alii*, 2022) has shown excellent internal consistency within the present sample (Cronbach's alpha= .98).

Dissociative Experiences Scale -Second Edition (DES-II; Carlson & Putnam, 1993; Arabic version by Al-Eithan *et alii*, 2013). The DES-II is a self-report questionnaire widely used to assess dissociative symptoms across clinical and non-clinical populations. The instrument consists of 28 items, each describing a specific psychological experience (e.g., amnesia, depersonalisation, derealisation). Participants are asked to indicate the percentage of time they experience each phenomenon by selecting a value between 0% and 100%, in increments of 10. For example, one item reads: "Some people have the experience of finding new things among their belongings that they do not remember buying." A mean total score of 30 or above suggests clinically significant dissociation. The Arabic version (Al-Eithan *et alii*, 2013) used in this study has shown acceptable internal consistency (Cronbach's alpha= .67).

Experiences in Close Relationships Revised (ECR-R16; Fraley, Waller, & Brennan, 2000; Arabic version by Saadi, 2025). The ERC-R 16 is a self-report instrument designed to assess adult attachment across two core dimensions: anxiety and avoidance. It includes 36 items rated on a 7-point Likert scale (1= strongly disagree to 7= strongly agree). Mean scores are computed separately for each dimension, with higher scores reflecting greater levels of attachment-related anxiety or avoidance. Although the ECR-R does not rely on strict diagnostic thresholds, attachment styles can be inferred from score patterns: low anxiety and low avoidance suggest a secure attachment; high anxiety and low avoidance indicate a preoccupied style; low anxiety and high avoidance reflect a dismissive style; and high scores on both dimensions are typically associated with a fearful or disorganised attachment. For this study, a shortened 16-item Arabic version was developed based on the original 36-item ECR-R. A standard back-translation procedure was employed to ensure conceptual and linguistic equivalence. An example of a translated item is: "I'm afraid that I will lose my partner's love". Attachment styles were classified into four categories: secure, dismissive, preoccupied, and fearful, based on participants' anxiety and avoidance scores. In the present clinical sample, the scale demonstrated satisfactory internal consistency, with Cronbach's alpha coefficients of .82 for avoidance, and .80 for anxiety, supporting the reliability of the adapted version in the Tunisian context.

Procedure

Participants were welcomed individually and informed about the study's objectives, procedures, and the measures taken to ensure the confidentiality of their data. After providing their informed consent by signing a dedicated form, they completed an information sheet that included personal and demographic details, along with the measurement scales used in the study.

This study was conducted in accordance with the ethical principles applicable to psychological research in Tunisia, and aligned with international standards, including those of the American Psychological Association (APA) and the Declaration of Helsinki. As ethical approval was not formally required within the institutional framework at the time of data collection, the study was carried out independently. All measures necessary to ensure respect for the dignity, rights, and well-being of participants were rigorously applied, in line with national and international ethical guidelines.

Data Analysis

The data were analysed using Jamovi version 2.6.19 for Windows. A significance threshold of $p < .05$ was adopted. Pearson correlation analyses were conducted to examine the relationships between participants' scores across the different assessment domains: post-traumatic stress, dissociative symptoms, and attachment styles. In addition, one-way ANOVA and three-way ANOVA tests were performed to investigate the effects and potential interactions of age, duration of abuse, and frequency of abuse on the test scores. For each ANOVA, *ddl1* refers to the degrees of freedom for the effect and *ddl2* to the degrees of freedom for the error.

RESULTS

Descriptive statistics were calculated to characterise the distribution of scores on the three primary measures. As shown in Table 1, the mean scores were 66 for the PCL-5 were 67.10 for the DES-II, and 76.90 for the ECR-R16. Median values were close to the means (65, 55.60, and 74 respectively), indicating approximately symmetrical distributions. Standard deviations were relatively high across the three scales (PCL-5= 21; DES-II= 22; ECR-R16= 20.40). This dispersion was also reflected in the broad score ranges (PCL-5= 25-126; DES-II= 4-116; ECR-R16= 30-124) and interquartile ranges (PCL-5: 30; DES-II: 28; ECR-R16: 29.50). Skewness coefficients (PCL-5= .35, DES-II= -.18, ECR-R16= .20) were low, and Shapiro-Wilk test values ranged from .98 to .99 (all $p > .05$), suggesting no significant deviations from normality. These descriptive results are presented in Table 1.

The results indicated that 52 participants (74.30%) showed PTSD. Regarding attachment styles, 8 participants were classified as secure, 5 as dismissive, 28 as

Table 1. Descriptive statistics on PCL-5, DES-II, ECR-R16 (*N*= 70).

	M	*Med*	*SD*	*IR*	*M-Max*	*CA*	*ASE*	*W*
PCL 5	66	65	21	30	25-126	.35	.25	.98
DES II	67.10	55.60	22	28	4-116	-.18	.25	.99
ECR-R16	76.90	74	20.40	29.50	30-124	.20	.25	.98

Notes: ASE= Asymmetry of Stantard Error; CA= Coefficient of Asymmetry; IR= Interquartile Range; *M*= Mean; Md= Median; *M-Max*= Minimum and Maximum values; *SD*= Standard Deviation; *W*= score in the Shapiro-Wilk test.

preoccupied, and 29 as fearful. Additionally, 49 participants presented symptoms suggestive of a Dissociative Disorder. Pearson correlation analyses revealed significant associations between the three main psychological constructs. The correlation coefficient between PCL-5 and DES-II, PCL-5 and ECR-R1, and between DES-II and ECR-R16 are showed in Table 2. All correlations showed significance at different p levels (see Table 2)

Table 2. Correlations between PCL-5, DES-II and ECR-R16 (N= 70).

	PCL 5	DES II	ECR-R16
PCL 5	--	r= .64 ($p \leq$.01)	r= .57 (p= .011)
DES II	r = .64 ($p \leq$ .01)	--	r= .30 (p= .004)
ECR-R16	r = .57 ($p \leq$ .01)	r= .30, (p= .004)	--

Notes: DES II= Dissociative Experiences Scale-II; ECR-R16= Experiences in Close Relationships Scale; PCL 5= PTSD Checklist for DSM-5.

Additional Pearson correlation analyses showed one significant association between dismissive attachment style and DES-II scores (r= .62, p <.05), while the correlations associated with preoccupied style remained non-significant for both the PCL-5 and the DES-II. In addition, fearful attachment style was significantly correlated with PTSD symptoms as measured by the PCL-5 (r= .66, p <.001). These findings are detailed in Table 3.

Table 3. Correlations between Attachment styles and PCL 5-DES II scores.

Attachment styles	PCL 5	DES II
Secure	.81	.94
Preoccupied	.27	.01
Fearful	.66**	.23
Dismissive	.48	.62*

Notes: *= p <.05; **= p <.001); DES II= Dissociative Experiences Scale-II; PCL 5= PTSD Checklist for DSM-5.

One-way ANOVA analyses showed a significant effect of age on post-traumatic stress scores (see Table 4), as measured by the PCL-5 [$F_{(2, 55)}$= 10.09, p <.001], and a significant effect of duration of abuse on PCL-5 scores, [$F_{(1, 84)}$= 5.35, p= .02]. No significant effects of age, duration, or frequency were observed for dissociative symptoms (DES-II) or attachment styles (ECR-R16). Post hoc Tukey HSD tests indicated that younger participants (<30) and adults (30-49) had significantly higher PCL-5 scores than participants aged 50 or above. The difference between the younger and adult

Table 4. Results of one-way ANOVA: Effects of age, duration and frequency on PCL-5, DES-II and ECR-R16 scores.

		F	*ddl1*	*ddl2*	*p*
Age	PCL 5	10.09	2	55	<.001
	DES II	.97	2	55.40	.38
	ECR-R16	1.43	2	56.80	.24
Duration	PCL 5	5.35	1	84.40	.02
	DES II	.65	1	83.40	.41
	ECR-R16	.004	1	83.80	.94
Frequency	PCL 5	2.24	1	83.30	.13
	DES II	.14	1	87.40	.70
	ECR-R16	.28	1	87.80	.59

Notes: *ddl1*= degrees of freedom for the effect; *ddl2*= degree of freedom for the error; DES II= Dissociative Experiences Scale-II; ECR-R16= Experiences in Close Relationships Scale; PCL 5= PTSD Checklist for DSM-5.

groups was not significant. In terms of duration, participants exposed to sibling abuse for more than two years had significantly higher PCL-5 scores than those exposed for less than two years.

Finally, a three-way ANOVA conducted on the PCL-5 scores showed significant main effects of age ($F_{(2, 78)}$= 9.52, p <.001, and duration ($F_{(1, 78)}$= 5.72, p= .019. No significant effect was found for frequency, and none of the interaction effects reached significance. These results indicated that age and duration were the main explanatory factors for variations in PCL-5 scores. Tukey HSD post-hoc comparisons showed that younger participants had significantly higher PCL-5 scores than both older adults (*M* difference= 20.07, p <.001) and adults aged 18-50 (*M* difference= 13.86, p= .01). No significant difference was found between older adults and adults aged 18-50. Regarding duration, participants exposed to sibling abuse for more than two years had higher PCL-5 scores than those with shorter exposure (*M* difference= -9.71, p= .01). For the DES-II and ECR-R16 scores, ANOVA analyses did not reveal any significant main or interaction effects. Only the age x duration interaction approached significance for the DES-II score.

Discussion

This study examined post-traumatic stress, dissociative symptoms, and attachment styles in adults who experienced sibling incest during childhood. Nearly three-quarters of participants met the diagnosis criteria for PTSD, with many also presenting insecure attachment styles and pronounced dissociative symptoms. These results are consistent with previous findings on sibling incest (Cyr *et alii*, 2002; Lindberg & Distad, 1985), intrafamilial sexual abuse (Cyr *et alii*, 2002), and sexual trauma more broadly (APA, 2013; Aubry & Lopez, 2022; Coutanceau *et alii*, 2016; Chen *et alii*, 2010; Cohen, 1991; Paolucci, Genuis, & Violato, 2001; Van Ijzendoorn *et alii*, 1999). They also align with prior research documenting the long-term impact of childhood sexual abuse (Alexander *et alii*, 1998; Chu *et alii*, 1999; Muller *et alii*, 2000; Torrisi *et alii*, 2010; Vanderlinden *et alii*, 1991). PTSD symptoms correlated moderately with both dissociation and insecure attachment, while dismissive attachment was strongly associated with dissociative symptoms. An earlier onset and a longer duration of abuse were significantly related to more severe PTSD.

Clinically, these findings underscore the interconnected nature of relational patterns and trauma responses in sibling incest, supporting the need for multifaceted, trauma-informed interventions. Symptoms may remain latent until triggered by major life events or the recovery of traumatic memories (Philippe & Dellucci, 2018), making the systematic assessment of trauma history essential (Lopez, 2016). Addressing attachment dynamics is also crucial, particularly when dismissive patterns mask vulnerability. From a preventive perspective, persistent taboos hinder early detection, highlighting the importance for professionals to recognise subtle signs, validate disclosures, and work transparently with families. Public health education may also help dismantle the culture of denial that allows such abuse to persist undetected.

It is important to acknowledge the limitations of the present study. The sample size was modest, which may limit the generalisability of the findings and reduce statistical power. The lack of a comparison group further restricts the ability to attribute specific outcomes uniquely to sibling abuse. Other influential factors -such as family support, parental reaction, or previous therapeutic interventions- were not assessed, despite their

potential role in shaping psychological outcomes. Finally, the specific nature of the abuse (e.g., touching, penetration) could not be considered systematically, making it difficult to explore differential effects based on severity.

Future research should include larger and more diverse samples, compare outcomes across different types of childhood trauma, and adopt longitudinal designs to explore how attachment styles and dissociative tendencies evolve and respond to interventions. Investigating protective factors -such as resilience, social support, and early access to care- would further enrich the understanding of trauma recovery and guide targeted prevention strategies. This study reveals the profound psychological toll of sibling incest, marked by high rates of PTSD, dissociation, and insecure attachment, with these factors strongly interconnected and mutually reinforcing. Younger age at the time of abuse and longer exposure emerged as clear risk factors for more severe PTSD symptoms, underscoring the urgent need for trauma-informed interventions tailored to this specific form of abuse.

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