Centre of expertise on child sexual abuse

Sibling sexual abuse: A knowledge and practice overview

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Correction (July 2025)

After reviewing the published evidence regarding the prevalence of sexual abuse involving child siblings, we have made minor revisions to the first sentence of Chapter 1 (page 8) and the second and third paragraphs of section 3.1 (page 20).

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About the Centre of expertise on child sexual abuse

The Centre of expertise on child sexual abuse (CSA Centre) wants children to be able to live free from the threat and harm of sexual abuse. Our aim is to reduce the impact of child sexual abuse through improved prevention and better response.

We are a multi-disciplinary team, funded by the Home Office and hosted by Barnardo's, working closely with key partners from academic institutions, local authorities, health, education, police and the voluntary sector. However, we are independent and will challenge any barriers, assumptions, taboos and ways of working that prevent us from increasing our understanding and improving our approach to child sexual abuse.

To tackle child sexual abuse we must understand its causes, scope, scale and impact. We know a lot about child sexual abuse and have made progress in dealing with it, but there are still many gaps in our knowledge and understanding which limit how effectively the issue is tackled.

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Executive summary

The subject of this paper is sibling sexual abuse solely involving children; it does not consider abuse of a child by an adult sibling, nor sexual interactions between siblings in adulthood.

Sexual abuse involving child siblings is a common form of intra-familial child sexual abuse; a recent study in Australia found that 1.6% of the population had been sexually assaulted by a sibling during childhood.

In cases of sibling sexual abuse, the individual who has harmed and the individual who has been harmed are both children. This presents particular challenges which can lead to confused and confusing responses by professionals.

All professionals working in health and social care need to be prepared to work with people affected by sibling sexual abuse, including both children and adult survivors. This involves understanding the nature and consequences of the abuse, in order to provide adequate responses to disclosure and identification. It also involves, where appropriate, being able to assess and manage effectively different kinds of situations involving sibling sexual abuse, and provide support for all family members affected in order to help them move on from harm and distress.

This paper aims to provide an accessible resource to help professionals think through the issues and challenges raised by sibling sexual abuse. It presents an overview of the current research and practice knowledge and covers:

- sexual behaviour between siblings
- the scale and nature of sibling sexual abuse
- the impact of sibling sexual abuse
- professional responses to sibling sexual abuse
- conclusions and reflections.

It is written primarily for social workers and other professionals involved in safeguarding children, but it may be of interest to a wider group who find themselves working with families affected by sibling sexual abuse (e.g. teachers, mental health practitioners, foster carers, residential care workers). As sibling sexual abuse is rarely disclosed in childhood, this paper may be of use also to professionals working with adult survivors of sexual abuse.

> Cases of sibling sexual abuse present particular challenges which can lead to confused and confusing responses by professionals

Understanding sibling relationships

Sibling relationships are complex, and their influence on development and psychosocial functioning is likely to be significant and ambiguous. The impact of an abusive sibling relationship is therefore also likely to be significant and complex.

Sibling relationships are likely to entail complex power dynamics that are informed by a range of gender and cultural differences. Older children typically have a wider range of tactics to draw upon, and are more likely to be given authority over younger siblings and be believed by parents.

In the context of abuse, the nature of sibling relationships and the environment in which they develop makes it possible for behaviours to be frequent and unrestrained, and may make it difficult for younger siblings to tell anyone about the abuse or have confidence that they will be believed.

Understanding the functioning of any family must extend beyond an understanding of how children are looked after by their parents/carers. It needs to include how individuals within the family interact; their roles and statuses in different situations and contexts; relationships between the children in the family; the children's understanding of those relationships; and the individual needs of each child within the family.

Different forms of sibling sexual behaviour

'Sibling sexual behaviour' is an umbrella term that may refer to any form of sexual behaviour between siblings. Sibling sexual abuse has the potential to be every bit as harmful as sexual abuse by a parent; it can have both short- and long-term consequences for children's physical and mental health, and lead to relationship difficulties throughout their lifetime. However, some sibling sexual interactions may be exploratory and mutual rather than abusive. Assessing the nature and quality of the sibling relationship is important when assessing the nature of the sibling sexual behaviour.

> Sibling sexual abuse can be every bit as harmful as sexual abuse by a parent, with short- and long-term effects on physical and mental health

Given all of the complexities around sibling sexual behaviour, professionals need to be precise about the language they use to describe the behaviours, which can be broadly divided into three types:

- normative sexual interactions between siblings – behaviour between young siblings that exists within expected developmental norms
- inappropriate or problematic sexual behaviour involving siblings – behaviour between siblings that falls outside developmental norms and which may cause developmental harm to the children involved
- sibling sexual abuse – behaviour that causes sexual, physical and emotional harm, including sexually abusive behaviour which involves violence.

Imprecise language should be avoided, as adults have varying beliefs and values around what constitutes appropriate sexual behaviour at different stages of childhood, and professional assessment requires a clear description and analysis of the nature of the behaviour alongside its context. It is vital that professionals record the details of the behaviour, rather than relying on labels alone in case notes.

Normative sexual interactions between young sibling children are relatively common, harmless, and serve a developmental function. Sibling sexual behaviour that falls outside developmental norms is likely to be harmful to the children involved. It is essential not to dismiss sibling sexual abuse as harmless exploration; equally, it is important not to pathologise developmentally normal sexual behaviours between sibling children as exploitative and harmful.

Characteristics and impact of sibling sexual abuse

The most common reported pattern of sibling sexual abuse involves an older brother abusing a younger sister, and most of what we know from research relates to this pairing.

All combinations of siblings may be involved with sibling sexual abuse, however; a significant minority involve a number of children being harmed within the family, or children who both harm and are harmed through sibling sexual abuse.

Sibling sexual abuse may involve a wide range of behaviours over a long period of time, including sexual touch, penetrative sexual acts and non-contact forms of sexual abuse such as voyeurism. It is less likely to be disclosed than other forms of sexual abuse, and its impact may not be apparent until adulthood. As with other forms of child sexual abuse, however, sibling sexual abuse does not equally affect all those involved. Families who do not acknowledge the abuse or who misplace responsibility can significantly amplify the abuse's impact.

Professionals need to be careful not to make assumptions, but to assess the likely impact of sibling sexual abuse by considering its nature and duration, the context of sibling and family relations in which it has taken place, its meaning to the children involved, the responses of family members, and other protective and vulnerability factors.

Children who have sexually abused a sibling may often have experienced abuse and trauma themselves, and must be given support accordingly. Research has conclusively shown that children and young people represent a population distinct from adults who commit sexual offences, and that pathways into – and out of – these behaviours are very different for children and for adults. These children are not 'mini-adult sex offenders'.

This does not mean that sibling sexual abuse takes place only within the context of wider family dysfunction – but it does mean that both the sibling relationships and the wider family dynamics need to be explored, both to understand the pathway to sibling sexual abuse and to indicate opportunities to tailor appropriate interventions.

Sibling sexual abuse must be understood as a problem of and for the family as a whole, and not just a problem for or about an individual child. The family as a whole needs to be involved in any intervention plan, and the strengths of the family – and potentially their community – must be harnessed in order to help the family move on from harm.

The needs and responses of families once sibling sexual abuse comes to light

When identified, sibling sexual abuse is commonly experienced as a crisis within the family. The whole family is usually affected, including siblings not directly harmed in the abuse. The responses of all family members need to be understood as having an impact on each other; they cannot be understood in isolation.

Parents/carers can feel that they are in an impossible situation, torn between the needs of the child who has harmed and the child who has been harmed. They may commonly experience shame and denial, and feel overwhelmed.

It is vital that services do not inappropriately pathologise what may be the family's coping strategies, but help family members process and make sense of this new information about their family. Parents/carers need support and emotional containment in order to be able to offer appropriate support to all the children within the family. Central to offering effective family support is an understanding of culture in the context of the family system, and the role that family culture may offer in terms of support and recovery.

> Children who have sexually abused a sibling may have experienced abuse and trauma themselves, and must be given support accordingly

Assessment

Assessments are best undertaken when emotional, physical and sexual safety are available to all of the children in the family. Practical decisions to promote the safety of the children are vital after sibling sexual abuse comes to light. This may require some detailed safety planning. In some circumstances, the child who has harmed will need to be placed away from the family home, at least until the assessment has been completed.

Assessment should be thorough and consider the needs of the entire family. The use of a structured risk assessment tool can be helpful, but needs to be contextualised within a broader formulation that considers the dynamics of the abuse, why a particular child was the subject of the abuse, the family dynamics, the cultural context, and the nature of the relationship between the child who has harmed and the child who has been harmed.

An assessment should comment on sibling contact if the children are separated – when it would be indicated or contra-indicated, and if indicated, how it can be safely managed – and should make recommendations about the therapeutic goals that may reduce risk over time.

Decisions about sibling living and contact arrangements need to be kept under review.

Intervention

Interventions with families who have experienced sibling sexual abuse are under-evaluated, and there are no evidence-based approaches to date.

The practice literature outlines approaches that are family-based rather than individually focused. They involve helping the child who has harmed to manage their behaviour more effectively, helping the child who has been harmed to recognise that what has happened is not their fault, and supporting positive parenting and family functioning that promotes emotional, physical and sexual safety.

When siblings have been separated, reunification is a goal that can focus therapeutic work undertaken by members of the family and the family as a whole, whether or not that goal is ultimately achieved. The process of reunification needs to be carefully staged and taken at a pace informed by the needs of the child who has been harmed, and must be informed by a thorough assessment process.

Effective intervention requires a coordinated, multi-agency approach, involving families as partners in the decision-making. This requires careful contracting around confidentiality and good communication between the professionals involved.

Those most closely involved in supporting the family need reflective supervision and support.

> Family reunification needs to be a carefully staged process, taken at a pace informed by the needs of the child who has been harmed

1. Introduction

Sexual abuse involving child siblings is a common form of intra-familial child sexual abuse ï a recent study in Australia found that 1.6% of the population had been sexually assaulted by a sibling during childhood (Mathews et al, 2004) ï and an issue that most child protection practitioners are likely to confront at some stage. Understanding and dealing with sibling sexual abuse can be demanding and highly complex, as with many other safeguarding dilemmas, but it also raises some specific challenges.

Most commonly, safeguarding children involves protecting them from harm perpetrated by adults. In cases of sibling sexual abuse, however, the individual who has harmed and the individual who has been harmed are both children (by which we mean individuals under the age of 18). Accordingly, the starting point should be the recognition of their developmental status as children, acknowledging that a child may have caused serious harm but avoiding labelling that child a 'mini adult sex offender'.

It is usually clear what roles the children have taken in the sexual behaviour when there are obvious power differences between the children involved, but even in those situations it is not always straightforward to identify one child as the 'victim' and the other as the 'perpetrator'. All children involved in sibling sexual abuse are harmed through the behaviour – and, as siblings, their behaviours and needs cannot be addressed in isolation but must be understood in the context of ongoing and future family dynamics and relationships.

Sibling sexual abuse also raises questions as to why those involved have behaved in this particular way, and whether they may have experienced other forms of abuse within the family. The consequences of this are often devastating for the families concerned; for the professionals involved, sibling sexual abuse challenges commonly held conceptions of what children, families and sibling relationships are like, as well as our understanding of what constitutes sexual abuse. The complexity of sibling sexual abuse and the challenges it raises can often lead to confused and confusing responses by the team around the child and the family, with professionals under- or overestimating its seriousness, or vacillating between minimal and punitive responses.

> Sexual abuse involving child siblings is an issue that most child protection practitioners are likely to confront at some stage

1.1 Aims and scope of this paper

The subject of this paper is sibling sexual abuse solely involving children; it does not consider abuse of a child by an adult sibling, nor sexual interactions between siblings in adulthood.

The paper aims to provide an accessible resource to help professionals think through the issues and challenges raised by sibling sexual abuse. Presenting an overview of the current research and practice knowledge in relation to sibling sexual abuse, it covers:

- sexual behaviour between siblings
- the scale and nature of sibling sexual abuse
- the impact of sibling sexual abuse
- professional responses to sibling sexual abuse and
- conclusions and reflections.

It is written primarily for social workers and other professionals involved in safeguarding children, but it may be of interest to a wider group who find themselves working with families affected by sibling sexual abuse (e.g. teachers, mental health practitioners, foster carers, residential care workers).

As sibling sexual abuse is rarely disclosed in childhood, this paper may be of use also to professionals working with adult survivors of sexual abuse. Work with adult survivors is touched on only briefly, however, as the paper's focus is on child protection.

1.2 Approach to developing this paper

This paper presents the findings from published research on the topic of sibling sexual abuse, but current academic research in this area has many limitations. The authors of this paper are both researchers and practitioners in the field, and have therefore drawn on practice experience where evidence is limited, or on relevant parallel literature.

Although there are some examples of large pieces of research, most empirical studies in this field draw on relatively small samples of cases from the UK and North America. As these generally focus on cases that have been referred to specialist services, the evidence base derives primarily from situations where significant harm has been experienced and statutory services have been involved. Research focusing on inappropriate or problematic sibling sexual interactions and/or behaviour not known to statutory services is very limited, and where necessary we have drawn on the more general literature on working with children with problematic – but not abusive – sexual behaviours.

The majority of published studies provide little information about the ethnic composition of the samples, which makes it difficult to understand the role of cultural diversity and context in cases of sibling sexual abuse. We have highlighted areas where we believe that culturally sensitive practice is particularly important.

In Chapter 5 we provide an overview of the practice literature around assessments of and interventions with children affected by sibling sexual abuse, which remain empirically under-evaluated but are often drawn from clinical experience.

This paper has been developed in line with comments from a reference group made up of experts in practice and an expert by experience.

1.3 Terminology and definitions

We recognise that language does not always readily reflect lived experience, and that even simple terms like 'sibling' and 'family' can have different meanings in various families, contexts and cultures. In this paper we describe a multifarious phenomenon where the function of the behaviour, the intentions that underpin it, and the level of harm caused are often highly contested by different individuals within the same family and/or by the different professionals involved. Additionally, the understanding of the harm that different individuals within the same family experience can change over time. Our focus is on when such behaviour is abusive and leads to physical, psychological or emotional harm.

Accordingly, we consider sibling sexual abuse in childhood to be a common form of 'harmful sexual behaviour' – indeed, it is thought that somewhere between a quarter and a half of the sexual abuse perpetrated by children and young people involves siblings or close family relatives such as cousins, nephews and nieces (Hackett et al, 1998, Shaw et al, 2000, Beckett, 2006, Finkelhor et al, 2009).

For the purposes of this paper, we take the term 'harmful sexual behaviour' to mean "sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child [or] young person" (Hackett et al, 2019:13).

In writing this paper we have paid close attention to the use of language throughout. Wherever possible we have used the phrases 'child who has been harmed' and 'child who has harmed' in preference to 'victim/survivor' and 'perpetrator', in order to avoid the overtones of adult sex offending that these terms often convey. This is important because, from the 1980s onwards, research has conclusively shown that children and young people represent a population distinct from adults who commit sexual offences, and that pathways into – and out of – these behaviours are very different for children and for adults (Lussier and Blokland, 2014; McKillop et al, 2015).

There is now a large body of research evidence to support the view that children and young people who display harmful sexual behaviour are not 'mini adult sex offenders'. Over the last 20 years, this has led to the development of practice approaches that recognise the importance of the developmental status of this client group. Many incidents involving sexual abuse perpetrated by children and young people are serious crimes, and proportionate management of the genuine risks that these individuals present is necessary. However, in accordance with the definition of childhood as set out in Article 1 of the United Nations Convention on the Rights of the Child (The United Nations, 1999), everyone under the age of 18 – including everyone who displays these behaviours – needs to be seen as a child first and foremost. Accordingly, where possible and not too cumbersome, we have avoided terminology that might imply that these behaviours parallel those of adults who commit sex offences.

Additionally, we have used the term 'intervention' instead of 'treatment', to focus on the importance of systemic and holistic responses rather than the more clinical, deficit-oriented and medicalised approaches. Although our use of language may seem over-cautious or complex at times, we hope it communicates values that are essential when professionals respond to this issue in practice: being child-centred, prioritising protection and safety, and responding to the individual and unique needs of all those affected.

Finally, we use the term 'parent' throughout to refer to parents as commonly understood, but we recognise that other adults may have occupied a parenting role for the siblings during their childhood, such as step-parents, adoptive or foster parents, and other adults in positions of parental responsibility. The issues for all these kinds of parents may be different to varying degrees, and judgements would need to be made on an individual basis as to the extent to which the matters outlined in this paper apply.

2. Sexual behaviour between siblings

2.1 Understanding sibling relationships

The majority of children in the UK grow up with siblings (Office for National Statistics, 2012). There are many forms of sibling relationship: biological brothers and sisters, step-siblings, half-siblings, adoptive siblings, foster siblings and social siblings – children not biologically or legally related but who have been brought up together or in close proximity and share an enduring bond. In some cultural and social contexts, extended family relationships exist that share many of the characteristics of what may be conceptualised as that between siblings.

Early research on sibling sexual abuse focused mainly on full and half-siblings, but some more recent research encompasses a broader spectrum. Most of what we discuss in this paper relates to brothers and sisters who have lived and grown up together. The extent to which sibling or other familial relationships share these circumstances will determine the extent to which the issues discussed are relevant.

2.1.1 Non-abusive sibling relationships

Sibling relationships are potentially the most enduring of all the relationships we have in our lives, outlasting those with friends, parents, partners and our own children (Sanders, 2004). We may spend more of our free time as children with siblings than with anyone else (McHale and Crouter, 1996), and there is an increasing body of research demonstrating the importance of the sibling relationship for our development and psychosocial functioning above and beyond that of any other family relationship, such as parent–child or parent–parent relationships (White and Hughes, 2018).

Siblings may act as attachment figures, role models, playmates and rivals for each other, with their relationships involving teaching, teasing, playing, arguing, nurturing, conflict, hostility and scapegoating (White and Hughes, 2018). None of these features are mutually exclusive. Through these relationships, children may learn skills such as reasoning, being empathic, perspective-taking, negotiation and conflict resolution, as well as developing their sense of self, identity and self-esteem.

The exercise of power and control is often a feature of sibling relationships. Although an older child will usually have more power over younger siblings, this is not always the case (McIntosh and Punch, 2009). There may be complex power dynamics within the relationship, influenced by factors such as birth order, age, sex, cognitive ability and the immediate family and wider culture within which the sibling relationship operates. While these power dynamics can be subverted, contested and resisted, older siblings typically have a wider range of tactics to draw upon: physical threats are more credible; they are more likely to be trusted and believed by parents; and parental authority is often devolved to older siblings left in charge of younger ones (McIntosh and Punch, 2009; Punch, 2008).

> Relationships between siblings may involve teaching, teasing, playing, arguing, nurturing, conflict, hostility and scapegoating

It is also noteworthy that sibling relationships mostly take place 'backstage', away from the gaze of adults, where the normal boundaries of acceptable social interaction can be tested to the limit; where anger and irritation need not be suppressed; and where politeness and tolerance may be dispensed with (Punch, 2008). To understand sibling relationships, it is therefore important to listen to children themselves and understand how they see their relationships with one another within their family. In the context of abuse, the nature of sibling relationships also makes it possible for behaviours to be frequent and unrestrained, and may make it difficult for younger siblings to tell anyone about their experience of abuse or have the confidence that they will be believed.

In assessing the quality, value and influence of sibling relationships, Sanders (2004) comments that there is a tendency to simplify their complexity: to view siblings either as protective, nurturing equals or as rivalrous and competitive. The reality is that sibling relationships are much more complicated and ambiguous in terms of their overall influence, and the nature and quality of the relationship may change over time.

Some tools and guides have been developed to assess the nature of non-abusive sibling relationships, in order to inform decision-making about whether siblings can be placed together in adoptive or foster placements. These include:

- Beckett, S. (2018) *Beyond Together or Apart: Planning for, Assessing and Placing Sibling Groups*. London: Coram BAAF.[1]
- Burnell, A., Castell, K. and Cousins, G. (2009) *Siblings Together or Apart (Family Futures Practice Paper Series)*. London: Family Futures.[2]

In general, however, the dimensions of warmth, rivalry and hostility are particularly useful in establishing the overall quality of the relationship. These are independent dimensions, such that levels of hostility do not indicate or necessarily influence levels of warmth; for example, a relationship could be high in hostility, low in rivalry, and high in warmth:

> "… *below a threshold of being abusive*, ordinary sibling squabbling, bickering and fighting may not be as indicative of the relationship as whether or not, in between the bickering and fighting, there are indications of warmth." (Sanders, 2004:80, emphasis added)

> Dimensions of warmth, rivalry and hostility are particularly useful in establishing the overall quality of siblings' relationship

1 See **www.corambaaf.org.uk/books/beyond-together-or-apart-sibling-adoption-fostering**

2 Available at **www.familyfutures.co.uk/wp-content/uploads/2015/05/Siblings-Together-or-Apart-Practice-Paper.compressed.pdf**

2.1.2 Abusive sibling relationships

The key phrase in the quotation above is 'below a threshold of being abusive'. In some families, sibling rivalry and hostility moves beyond squabbling and teasing to behaviour that may include bullying, psychological maltreatment, physical abuse and sexual abuse. It is very important to differentiate normal sibling fighting from physical violence and abuse.

Understanding the difference between them will include consideration of the cultural context of the family, gendered power relations, and the presence of any disability or developmental delay. Sibling relationships may in any case be characterised by significant dependency and power imbalances, even where age differences are small (Russell, 1986). Disabled children may be particularly vulnerable to abuse, as well as facing additional challenges in communicating the abuse and being believed when they try to do so. Gender may also confer considerable power differences, particularly where family, culture or religion sanctions women and girls as being of lesser status than men and boys. Taboos and silencing within certain cultures may present additional barriers to, and particular consequences of, disclosure (Fontes and Plummer, 2010).

Severe trauma and disrupted attachments can lead to developmentally unhealthy sibling relationships, and may contribute to acute forms of sibling rivalry that become abusive (Leavitt et al, 1998). In some families, siblings may imitate parental aggression, and that aggression may in turn negatively influence the behaviour of the parents, so that they end up 'shaping' each other's behaviours in spiralling patterns of coercive interaction (Patterson, 2013). These patterns, initiated by the abusive behaviours of adults, are complicated by internal differences within families: trauma is rarely meted out equally, and abuse is often directed to one child or to different children in different ways within the same family. Under such circumstances, the quality of sibling relationships needs to be understood in the context of the impacts of both the sibling abuse and the parental abuse.

Key messages

- Sibling relationships are potentially the most enduring relationships we have, and are important for an individual's development and psychosocial functioning.
- Sibling relationships are likely to entail complex power dynamics. Older children typically have a wider range of tactics to draw upon, and are more likely to be given authority over younger siblings and be believed by parents.
- Power dynamics will be informed by a range of gendered and cultural differences.
- In the context of abuse, the nature of sibling relationships makes it possible for behaviours to be frequent and unrestrained, and may make it difficult for younger siblings to tell anyone about abuse or have confidence that they will be believed.
- Understanding the functioning of any family must extend beyond an understanding of how children are looked after by their parents. It needs to include how individuals within the family interact; their roles and statuses in different situations and context; relationships between the children in the family; the children's understanding of those relationships; and the individual needs of each child within the family. Sibling relationships are complex, and their influence on development is likely to be significant and ambiguous. The impact of an abusive sibling relationship is therefore also likely to be significant and complex.

2.2. Differentiating between normative sexual behaviour among siblings and sibling sexual abuse

2.2.1 Children's sexual development

It is helpful to start by discussing children's sexual development more generally. Children and young people may display normative or expected sexual behaviours from early childhood onwards. For pre-pubescent children, this means:

> "Natural and healthy sexual exploration … an information-gathering process wherein children explore each other's and their own bodies by looking and touching (e.g. playing doctor), as well as exploring gender roles and behaviours (e.g. playing house). … The child's interest in sex and sexuality is balanced by curiosity about other aspects of his or her life. … The feelings of the children regarding the sexual behaviour are generally light-hearted and spontaneous."
> (Johnson, 2015: 1–2)

For adolescents, this means behaviours that may include "kissing, flirting and foreplay (touching, fondling), [that] are more goal-oriented toward intimacy, sexual arousal and orgasm" (Araji, 2004:22).

Practitioners' ability to determine whether a child's sexual behaviour is harmful will be based on an understanding of what constitutes developmentally appropriate and healthy sexual behaviour in childhood, as well as an awareness of informed consent, power imbalances and exploitation. Assessing what constitutes 'normal' sexual behaviour at each developmental stage is not straightforward, and needs to take into account the social, emotional and cognitive development of the individual child or young person. Some behaviours that are normal in young children are concerning if they continue into adolescence; other behaviours, normal in adolescence, would be worrying in younger children (Friedrich et al, 1998).

Sexual behaviour outside the normative range may be called 'harmful' as it may cause physical and/or emotional harm to others and/or to the child or young person themselves. It may range from activities that are simply inappropriate in a particular context through to abusive behaviours such as serious sexual assault. Children's sexual behaviour may therefore best be described as lying on a continuum from normal through to inappropriate, problematic, abusive and violent behaviours (Hackett, 2010) – see Figure 1.

A detailed assessment of children's sexual behaviour is indicated if the behaviour meets any or all of the following criteria (Chaffin et al, 2002:208):

- It occurs at a frequency greater than would be developmentally expected.
- It interferes with the child's development.
- It occurs with coercion, intimidation or force.
- It is associated with emotional distress.
- It occurs between children of divergent ages or developmental abilities.
- It repeatedly recurs in secrecy after intervention by caregivers.

Resources such as the Brook Traffic Light tool[3] can be useful in recognising potential child protection concerns in relation to children's sexual behaviour. The tool and accompanying training provide professionals with a framework for identifying whether behaviour is part of healthy development or a cause for concern.

Professional assessment requires a clear description and analysis of the nature of the behaviour alongside its context. Imprecise language should be avoided, as adults have varying beliefs and values around what constitutes appropriate sexual behaviour at different stages of childhood. Given the complexities and lack of universally agreed definitions, it is vital to note the details of the behaviour, rather than relying on labels alone. It is also important that professionals and parents understand normative childhood sexual development.

3 See **www.brook.org.uk/training/wider-professional-training/sexual-behaviours-traffic-light-tool/**

Figure 1. A continuum of children and young people's sexual behaviours

Normal	Inappropriate	Problematic	Abusive	Violent
Developmentally expected	Single instances of inappropriate sexual behaviour	Problematic and concerning behaviours	Victimising intent or outcome	Physically violent sexual abuse
Socially acceptable	Socially acceptable behaviour within peer group	Developmentally unusual and socially unexpected	Includes misuse of power	Highly intrusive
Consensual, mutual, reciprocal	Context for behaviour may be inappropriate	No overt elements of victimisation	Coercion and force to ensure victim compliance	Instrumental violence which is physiologically and/or sexually arousing to the perpetrator
Shared decision-making	Generally consensual and reciprocal	Consent issues may be unclear	Intrusive	Sadism
		May lack reciprocity or equal power	Informed consent lacking or not able to be freely given by victim	
		May include levels of compulsivity	May include elements of expressive violence	

Source: Hackett (2010).

2.2.2 Sibling sexual behaviours

'Sibling sexual behaviour' is a general term used to describe all forms of sexual behaviour and interaction between siblings, ranging from that which can be recognised as representing normal development to behaviour that is cause for significant concern and intervention. Of the principles above relating to children's sexual development generally, many also apply to siblings. There are some important differences, however, which we discuss below. In particular, while it may be developmentally expected for unrelated adolescents to engage in some forms of sexual activity with each other, these same behaviours may be very concerning if taking place between siblings.

All sexual behaviours on the continuum in Figure 1 can occur in the context of childhood sibling relationships, and can be broadly divided into three types of behaviour:

- **normative sexual interactions between siblings** – behaviour between young siblings that exists within expected developmental norms
- **inappropriate or problematic sexual behaviour involving siblings** – behaviour between siblings that falls outside developmental norms and which may cause developmental harm to the children involved
- **sibling sexual abuse** – behaviour that causes sexual, physical and emotional harm, including sexually abusive behaviour which involves violence.

It is important to note that not all sexual interactions between sibling children are exploitative and harmful; equally, it is important not to dismiss problematic or abusive sibling sexual behaviour as harmless exploration. In addition, adults – or adolescents – may in some cases encourage or force sibling children to engage in sexual behaviours with each other. This is clearly abusive of the children involved, but it does not preclude the possibility that the siblings may also engage in inappropriate, problematic or abusive sibling sexual behaviour separately from the encouragement of adults or adolescents.

Normative sexual interactions between siblings

As with young children generally, young siblings may engage in exploratory sexual interactions and sexual play with each other. This is relatively common and harmless, and serves a developmental function: it helps children to learn about their own bodies and the bodies of those around them. Curiosity about other people's bodies is expected among young children, and may often involve looking at each other's genitals through games such as 'you show me yours, I'll show you mine' and playing 'doctors and nurses' (Allardyce and Yates, 2018).

Johnson (2015) describes this kind of behaviour as an information-gathering process between children of a similar age, size and developmental status, provided it meets all these criteria:

- It is voluntary, light-hearted and playful.
- It diminishes if the children are told to stop by an adult.
- It is balanced by a curiosity to explore all sorts of other things in the child's world.

The more the behaviour varies from this description, the more that concerns should be raised and professional advice sought by the family.

Examples of normative sexual interactions between siblings include the following:

- A mother comes across her five-year-old son and his four-year-old sister laughing and showing their genitals to each other. She tells them off and has not seen them doing it again. There are no other reasons to be concerned.
- A seven-year-old girl tells her father that she plans to marry her five-year-old brother when they grow up and that they will have babies together.

Inappropriate or problematic sexual behaviour involving siblings

Inappropriate or problematic sexual behaviour involving similar-age siblings of any age is behaviour that falls outside developmental norms and can be developmentally or emotionally harmful to either or both of the siblings involved. According to Figure 1 above, inappropriate behaviours are generally those where context is misjudged and are typically single instances. Problematic behaviours tend to emerge when the behaviour becomes more repeated and patterned, or where issues concerning consent and reciprocity are unclear (Hackett, 2010).

Even when mutually initiated, sexual behaviour outside developmental norms between similar-age siblings can be developmentally harmful to them. Partly for this reason, it is widely accepted that older siblings should not engage in sexual behaviour with each other. Evidence from a large survey suggests that non-abusive sibling sexual behaviour that falls outside developmental norms may be associated with depression and hyper-eroticisation of those involved (Stroebel et al, 2013).

> Exploratory sexual interaction and sexual play between young siblings is relatively common and serves a developmental function

Sibling sexual behaviour that falls outside developmental norms may emerge from sexual games and sexual play that go unchecked through a lack of appropriate supervision and boundary-setting within the home (Tener, 2019). For some children, it may become a way of coping with other stresses in their lives. Siblings may be drawn together for nurturance and support that later becomes sexualised within the context of other abuse and stresses within the family (Bank and Kahn, 1982). The sexual behaviour may become an everyday part of the children's relationship. The extent to which both sibling children equally want the sexual behaviour may vary on different occasions. Over time, it is also possible that one sibling may continue to demand sexual contact more than the other, and the relationship may become coercive (Tener, Tarshish and Turgeman, 2020).

The boundaries between problematic and abusive behaviour are therefore not always easy to draw and may shift over time. It is not always straightforward to identify and demarcate one child as the child who has harmed and the other as the child who has been harmed.

In situations of inappropriate or problematic sibling sexual behaviours, it is always important to establish whether – and the extent to which – the children are or have been experiencing other forms of stress or harm in their lives, and to take appropriate steps to ensure their safety. In response to the sexual behaviours themselves, setting clear boundaries and providing redirection and input about healthy relationships is often sufficient to ensure that the children are nudged onto a more positive developmental pathway (Friedrich, 2007).

For younger children, low-level problematic sexual behaviour should be responded to in line with other challenging behaviours; this requires adults to be specific about naming and describing the behaviour, pointing out to the child its impact on others, and developing individualised strategies to reduce the likelihood of repetition (Allardyce and Yates, 2018).

To modify the behaviour of older children, it is often sufficient to explain why the behaviour is inappropriate (in a way that does not increase shame), set boundaries, encourage strategies around self-control and positive emotional expression, and establish a plan to increase safety (Bateman and Milner, 2015).

Examples of inappropriate or problematic sexual behaviour involving siblings include the following:

- A 14-year-old boy sends a text to his 13-year-old step-sister while under the influence of alcohol, saying that he is attracted to her and would want to be her boyfriend if she wasn't his sister.
- A mother goes to check on her children in their shared bedroom, and interrupts her eight-year-old son and his six-year-old sister touching each other's genitals under their clothes. The children appear very embarrassed and admit that they have been doing this on repeated occasions. There are some wider concerns about domestic abuse within the household.

The following are examples of more clearly problematic sexual behaviour involving siblings:

- Thirteen-year-old male twins watch pornography online together and mutually masturbate each other while doing so.
- When enquiring about a drawing she finds in one of her pupils' school books, a teacher is told by a seven-year-old girl that she and her two siblings, aged eight and five, often play the 'shag me' game, whereby they all join in kissing each other with open mouths, touching each other's genitals, and sometimes lying on top of each other and moving up and down in ways that give them a 'warm and fuzzy' feeling.

Sibling sexual abuse

Although there are no universally accepted criteria for defining sibling sexual abuse, it is a type of child sexual abuse, which is defined by the UK Government as behaviour that:

> "… involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children."
> (Department for Education, 2018:103)[4]

All of these typical indicators of child sexual abuse can apply to interactions between siblings. Where any of the following factors are present, the sibling sexual behaviour can be regarded as abusive:

- There are large age gaps between the children. While an age gap of five years is commonly accepted as large, some authors suggest that three or even two years between the children should raise concerns (Carlson et al, 2006).
- The behaviour involves the use of threats or force, or other forms of coercion such as bribes, trickery and manipulation – for example, the giving or withholding of affection.
- There are significant power imbalances – due, for example, to size, strength, intellectual ability or position of authority.

Sexually abusive behaviour can be initiated by children of any age. Sexual behaviour between siblings close in age, or with no coercion evident, may still be abusive. Both large and small studies have identified incidents of sibling sexual abuse that have not involved the use of force or other overt coercion. Likewise, large and small studies have identified abuse where age gaps between the siblings were small, or even where the abuse was carried out by the younger sibling (e.g. Cyr et al, 2002; Krienert and Walsh, 2011; Pierce and Pierce, 1990; Russell, 1986).

The factor that primarily characterises sibling sexual behaviour as abusive is the exploitation of power for sexual objectives. In the absence of large age gaps or obvious use of coercion, the dynamics of the sibling relationship within the context of the family culture need to be explored in order to inform an assessment of the sexual behaviour (Allardyce and Yates, 2013). As indicated in section 2.1.1, the exercise of power and control is often a feature of sibling relationships, and such relationships may be characterised by significant dependency and power imbalances, even where age differences are small.

Understanding the dynamics of power will require exploration of factors such as birth order, age, sex, cognitive ability and gendered power relations within the immediate family and the wider culture in which the sibling relationship exists. Brother–brother, sister–brother, sister–sister and multiple sibling sexual abuse (including involving extended family members such as cousins) can and do occur, but the most common known pairing is a brother abusing a sister.

> Sexual behaviour between siblings who are close in age, or involving no use of force or overt coercion, may still be abusive

4 This definition is used in England; the Welsh Government (2019) has its own definition.

Once sibling sexual abuse has been identified, initial decisions – in relation to living and contact arrangements, for example – must be made to ensure the safety of all the children involved. Further assessment of the situation is required, including a risk assessment of further possible harm with recommendations about measures to reduce identified risks and to help the family move on from abuse and harm. Relevant approaches to assessment and intervention in relation to sibling sexual abuse are discussed in Chapter 5.

Examples of sibling sexual abuse include the following:

- While playing video games together, a 13-year-old boy takes out his penis and asks his eight-year-old foster brother to touch it.
- A 12-year-old boy locks himself in the toilet with his intellectually impaired 10-year-old sister and tells her to perform oral sex on him or he will tell their parents that she has been stealing from their mum's purse.
- A 14-year-old girl is bathing her three-year-old brother and digitally penetrates his anus to see what it feels like.

Key messages

- Problematic and abusive sibling sexual behaviour should not be dismissed as harmless exploration, but not all sexual interactions between children are exploitative and harmful.
- Sibling sexual behaviour that falls outside developmental norms is likely to be harmful to the children involved.
- Given all of the complexities around sibling sexual behaviour, professionals need to be precise about the language they use to label the behaviours. The following terminology is in line with current research:
  - normative sexual interactions between siblings
  - inappropriate or problematic sexual behaviour involving siblings
  - sibling sexual abuse.
- 'Sibling sexual behaviour' is a general term that may refer to any of the above. Imprecise language should be avoided, as adults have varying beliefs and values around what constitutes appropriate sexual behaviour at different stages of childhood, and professional assessment requires a clear description and analysis of the nature of the behaviour alongside its context. It is therefore vital to note the details of the behaviour rather than relying on labels alone.
- Assessing the nature and quality of the sibling relationship, within its familial and cultural context, may be important in order to understand the nature of the sibling sexual behaviour.

3. Scale and nature of sibling sexual abuse

3.1 Prevalence

It is extremely difficult to establish with any reliability the prevalence and extent of child sexual abuse generally, given its hidden nature, the stigma it carries, and the lack of disclosure due to the silencing of victims (Kelly and Karsna, 2018). Although there are variations in prevalence studies for England and Wales, the data suggests that some 15% of girls and 5% of boys experience some form of sexual abuse before the age of 16 by adults or peers. The research methods used and the questions asked affect the estimates obtained; at the higher end, international estimates of experience of child sexual abuse reach 30% for girls and 23% for boys (Kelly and Karsna, 2018). Studies suggest that at least one-third of child sexual abuse is perpetrated by other children and young people, often against a younger child (Allardyce and Yates, 2018).

Similarly, there is no conclusive data on the extent of sibling sexual behaviour generally and sibling sexual abuse specifically. Different studies using different methods and definitions have produced different results. Some of the larger studies have found that somewhere in the region of 15% of children may engage in sexual behaviour with their siblings, and around 5% may be involved in sibling sexual abuse (e.g. Atwood, 2007; Finkelhor, 1980; Hardy, 2001), but it is not possible to give precise figures with confidence. A recent Portuguese survey of university students, for example, found that 11% of males and 5% of females self-reported sexually coercing a sibling during their childhood (Relva et al, 2017). And a recent study in Australia found that 1.6% of the population had been sexually assaulted by a sibling during childhood (Mathews et al, 2024).

From the available data and the evidence regarding the comparative lack of disclosure of sibling sexual abuse, some authors have concluded that it may be as common as sexual abuse by a parent (Cawson et al, 2000; Stroebel et al, 2013).

It is therefore quite possible that any professional working in health and social care will encounter the issue, working either with children affected by sibling sexual abuse or with adult victims or survivors. All professionals working in health and social care must therefore be prepared to work with people affected by sibling sexual abuse, must understand its nature and consequences, and – where appropriate – must be able to assess and manage effectively different kinds of situations involving sibling sexual abuse.

Key messages

- It is difficult to reliably establish the extent of child sexual abuse generally and sibling sexual behaviour more specifically. However, it is common enough that most professionals working with children are likely to work with families affected by this issue.
- All professionals working in health and social care must be prepared to work with people affected by sibling sexual abuse, must understand its nature and consequences, and – where appropriate – must be able to assess and manage effectively different kinds of situations involving sibling sexual abuse.
- Studies suggest that at least one-third of sexual abuse is perpetrated by children and young people themselves, often against a younger child.

3.2 Characteristics of sibling sexual abuse

3.2.1 Sex and age

The most commonly reported pattern of sibling sexual abuse involves an older brother abusing a younger sister, and most of what we know from research relates to this pairing. Abuse can happen in other types of sibling relationships, including same-sex abuse and a younger sibling abusing an older sibling; a significant minority involve a number of children being harmed within the family, or children who both harm and are harmed through sibling sexual abuse (Adler and Schutz, 1995; Caffaro and Conn-Caffaro, 1998; Carlson et al, 2006; DiGiorgio-Miller, 1998; O'Keefe et al, 2014; Stroebel et al, 2013).

There is no evidence or theoretical reason to believe that there are differences in the *degree* of harm caused by abuse involving different sibling sex combinations – abuse needs to be assessed on a case-by-case basis, taking account of a range of factors as outlined later in this paper.

While sibling sexual abuse may involve siblings close in age or a younger child abusing an older sibling, the age difference between the children involved is typically three to five years or more. From a sample of 13,013 incidents of sibling sexual abuse reported to law enforcement in the USA between 2000 and 2007, Krienert and Walsh (2011) found that the average age difference between the children was 5.5 years, with a mean age of eight for the child who was harmed.

3.2.2 Duration and types of sexual acts

Sibling sexual abuse entails, on average, a greater number of sexual acts over a longer period of time than abuse by children who have displayed sexually abusive behaviours in community contexts (Latzman et al, 2011; O'Brien, 1991; Tidefors et al, 2010). It may start at an earlier age and is more likely to involve sexual intercourse. Sexual acts may include a whole range of behaviours such as the touching of genitals, masturbation, oral sex, penetration with fingers and objects, anal and vaginal rape, and behaviours with an online element such as sharing pornography and self-produced sexual images. Incidents involving smartphones and the filming and sharing of incidents of sibling sexual abuse, as well as livestreaming of abuse, are new forms of harm being identified by practitioners and agencies. The duration and seriousness of abuse is likely to be related to the level and nature of contact between the children in the family setting.

Additionally, sibling sexual abuse is less likely to be disclosed than other forms of abuse (Carlson et al, 2006). There may be a number of reasons for this, similar to those facing children who experience other forms of intra-familial abuse. These include fear of punishment, fear of being blamed or not being believed, fear of the sibling and what they might do following a disclosure, not understanding that what is happening is abuse, not wanting the sibling who harms to get into trouble, not wanting to upset their parents, shame, cultural factors, and just not wanting anyone to know about it. Incidents of sibling sexual abuse "among nonwhite children and others outside the majority culture are especially likely to go unreported" (Caffaro, 2020:12).

> Most research into sibling sexual abuse relates to the most commonly reported pattern: an older brother abusing a younger sister

3.2.3 Characteristics of the family, the sibling relationship, and the child who has harmed

Sibling sexual abuse may take place within families with significant strengths and protective capacities. Nonetheless, a number of studies have found common factors in the family backgrounds of children involved in sibling sexual abuse, such as domestic violence and abuse, extra-marital affairs, physical chastisement, poor sexual boundaries within the family home (e.g. witnessing sexual activity between parents), parent–child sexual abuse, and a lack of supervision (Adler and Schutz, 1995; Hardy, 2001; Latzman et al, 2011; Laredo, 1982; Smith and Israel, 1987; Worling, 1995).

Lack of supervision and failure to monitor online activity can place a child at risk of experiences that they are not ready for developmentally, such as access to adult content, online pornography, sexual interactions with other children, and sexual exploitation. Environmental contexts facilitating access and opportunity – such as sharing rooms, sharing a bed, having large amounts of unstructured and unsupervised time, and babysitting a younger brother or sister – may contribute significantly to sibling sexual abuse (Griffee et al, 2016).

Wider environmental stressors may also impact on the emergence of and/or responses to sibling sexual abuse. Although this factor is little studied in the sibling sexual abuse literature, family violence (including intimate partner violence, child abuse and elder abuse) and sexual violence can escalate during and after large-scale disasters or crises (Bradbury-Jones and Isham, 2020).

In a recent study of intra-familial abuse under lockdown conditions and COVID-19, professionals working with families that had already experienced intra-familial sexual abuse were aware of negative changes in the dynamics of families during the COVID-19 pandemic – including financial, environmental and emotional hardships – as well as some positive changes in the relationships among family members. In terms of professional interventions, concerns were raised that COVID-19 had been detrimental to the disclosure of intra-familial child sexual abuse (Tener, Marmor et al, 2020).

Sibling sexual abuse must be understood as a problem of and for the family as a whole, and not just a problem for or about an individual child. The family as a whole needs to be involved in any intervention plan, and the strengths of the family – and potentially their community – must be harnessed in order to help them move on from harm.

We have learned from a number of large-scale pieces of research that the aetiology of harmful sexual behaviour in childhood and adolescence is complex and multifactorial (e.g. Seto and Lalumière, 2010; Fox 2017). It often includes experiences of abuse and maltreatment, which may or may not have taken place in the family home, in the backgrounds of children who display this behaviour. Physical abuse, sexual abuse, neglect and witnessing domestic abuse often feature. A UK-wide study of 700 children who displayed harmful sexual behaviour found that 66% had experienced some form of maltreatment (Hackett et al, 2013). In their meta-analysis of developmental pathways into adolescent harmful sexual behaviour, Seto and Lalumière (2010) found that adolescents who had been charged with a sexual offence were five times more likely to have been sexually abused themselves than adolescents who had committed a non-sexual offence.

Furthermore, a number of studies (e.g. Latzman et al, 2011) have found that young people who sexually abuse siblings are more likely to have themselves experienced sexual abuse than other young people who display harmful sexual behaviour. Nuance to this finding is provided by some limited evidence of sub-groups among young people who sexually abuse siblings. Yates et al (2012), in a small empirical study of 34 boys, drew a distinction between boys who had sexually abused only siblings, boys who had sexually abused only in the community, and boys who had abused both siblings and other children (a mixed group). Boys who had abused only siblings were no more likely to have experienced sexual abuse than boys who had abused only in the community. Boys in the mixed group, however, were more likely to have experienced multiple forms and incidents of trauma, including sexual abuse, and to have begun their sexually abusive behaviour in pre-adolescence. Boys in the sibling-only group were more likely to have been motivated to abuse by intense feelings of jealous anger, and to have begun abusing during adolescence.

While some caution is needed owing to the small sample size, this suggests that there may be two possible pathways into sibling sexual abuse:

- a trauma-related early onset route (where boys may be more likely to abuse both siblings and children in the community)
- a later-onset route related to power dynamics and sibling jealousy (where boys may be more likely to abuse only siblings).

Understanding these kinds of dynamics will have clear implications for risk assessment and for therapeutic responses in relation to the child who has harmed, the child who has been harmed, and the relationship between them.

Most studies of sibling sexual abuse focus on the characteristics of the child who has been harmed or the child who harms, to the detriment of exploring the relationship between them. Exploring this relationship will be important, both in understanding the causes and contexts of the abuse and in assessing the help the siblings may need to recover and restore a healthier relationship in the future. Yates (2018, 2020) found that social workers rarely considered the possibility that the quality of the sibling relationship might be a causal factor in the abuse, or that it might suffer as a consequence of the abuse. Often, therefore, decisions relating to sibling contact and living arrangements were made without considering their emotional impact upon either child.

Key messages

- The most common reported pattern of sibling sexual abuse involves an older brother abusing a younger sister, and most of what we know relates to this pairing.
- Sibling sexual abuse can also involve a number of children being harmed within the family, or children who both harm and are harmed by sibling sexual abuse.
- Sibling sexual abuse may involve a wide range of behaviours over a long period of time, as well as one-off or short-term events.
- Sibling sexual abuse is less likely to be disclosed than other forms of sexual abuse. Social workers need to be alert to its possibility in the context of other forms of family physical and sexual violence, emotional abuse or neglect.
- Sibling sexual abuse is statistically associated with family environments characterised by disrupted living situations, poor family relationships, and unstable parental backgrounds.
- Children who sexually abuse their siblings may often have experienced abuse and trauma themselves, and must be given support accordingly.
- This does not mean that sibling sexual abuse only takes place within the context of wider family difficulties – a child may have been abused outside the family and then re-enact this with their sibling, for example – but it does mean that both the sibling relationships and the wider family dynamics need to be explored in order to understand the pathway to sibling sexual abuse and to tailor appropriate interventions.
- Sibling sexual abuse must be understood as a problem of and for the family as a whole, and not just a problem for or about an individual child. The family as a whole needs to be involved in any intervention plan, and the strengths of the family – and potentially their community – must be harnessed in order to help them move on from harm.

4. The impact of sibling sexual abuse

4.1 The impact on the children involved

Child sexual abuse is often regarded as being perpetrated by an adult, so when another child is responsible there may be a tendency to regard the behaviour as somewhat less harmful or to fail to recognise it as abuse. Children who have been sexually abused by another child may find it particularly hard to recognise the behaviour for the abuse that it is. When the abuse is reported or discovered, it is especially important for adults to recognise the seriousness of the behaviour and the potential impact on the child, and to respond accordingly.

These issues become even more acute in the context of sibling sexual abuse. In the past, the potential seriousness of sibling sexual abuse tended to be underplayed, and it was regarded as relatively harmless and less harmful than parent–child sexual abuse (Yates, 2017). A growing body of research has developed over the last 30 years, however, outlining the considerable and long-term impact that sibling sexual abuse can have on children, and it is clear that such abuse has the potential to be every bit as harmful as sexual abuse by a parent. Practice in this area therefore needs to be informed by an understanding of trauma, and to consider sibling sexual abuse as a possible adverse childhood experience.

As summarised in Yates (2017), the short-term consequences may include pregnancy, sexually transmitted infections, physical injury, symptoms of post-traumatic stress disorder, and emotional and behavioural problems. In the longer term, the consequences may include depression or suicidal thoughts, dissociation, flashbacks, nightmares and intrusive thoughts, low self-esteem, alcohol and other substance misuse, eating disorders, and ongoing feelings of guilt and shame. Relationship difficulties throughout life – such as being unable to form or maintain meaningful or healthy sexual relationships and partnerships, experiencing physical violence within relationships, or having difficulty trusting other people – are reported in many studies.

It is also noteworthy that both parties are likely to be adversely affected, with depression and hyper-eroticisation having been identified as consequences for children who harm as well as for those who have been harmed (Stroebel et al, 2013).

Neither child may display symptoms of trauma at the time – and, as with child sexual abuse more generally, it is possible that they may regard their sibling sexual experiences as positive or ‘normal’ and be affected in ways that they do not realise or understand at the time. In such situations, the impact of the abuse may not become apparent until adulthood. Dissociation is also a normal response to overwhelming experiences that can cause victims and survivors to compartmentalise and underplay the impact.

It is therefore important not to assume that a child is unharmed simply because they are showing no obvious and externalised signs of psychological or emotional harm. Children may miss their siblings or seem happy to see them, but this does not necessarily mean that they have not been harmed – nor, indeed, that time spent with their sibling will not perpetuate the harm caused.

Nonetheless, all those who have harmed or have been harmed will have different experiences and, just as with child sexual abuse more generally, some people appear to experience few or no major adverse consequences (Bak-Klimek et al, 2014). Most research conducted into the harmful effects of sibling sexual abuse has involved participants already receiving interventions of some kind as a result of the abuse. As with other forms of sexual abuse, it is clear that sibling sexual abuse has the potential to be extremely harmful, but we cannot conclude or assume that it is equally harmful in all cases.

It is important to consider how the nature and quality of the sibling relationship has both contributed to and been affected by the sexual abuse, and it should not be assumed that the relationship either retains or loses all of its value as a result of it.

The specific impact of the abuse on a particular child will be mediated through the nature and duration of the abuse, the context in which it has occurred, the child's experiences of other forms of abuse, the meaning of the abuse to them, and protective and vulnerability factors. The impact of sibling sexual abuse may be exacerbated or ameliorated by the responses of family members and professionals. Families who do not acknowledge the abuse or who misplace responsibility can significantly amplify the abuse's impact.

Once again, it is important to distinguish sibling sexual abuse from non-abusive but inappropriate or problematic sibling sexual behaviour that falls outside developmental norms (see section 2.2.2). Professional responses to sibling sexual behaviour sometimes assume that there is a clear distinction to be made between a child who has harmed and a child who has been harmed, but this may not reflect the nature of the sibling sexual behaviour in specific instances. Such responses may force families (including the children themselves) to adhere to social norms by labelling one of the children as the 'perpetrator' and the other as the 'victim' who has been significantly traumatised. This may hinder the family's attempts to remain unified and move on from the distress and upset that has been caused.

An added complexity is the potential shift in perspectives on the experience of harm as children grow older and move into adulthood. For some individuals, reflection in later adolescence or adulthood upon what were thought to be mutually initiated non-abusive childhood sibling sexual experiences can sometimes lead to individuals concluding that there were greater power differences than they were developmentally able to appreciate at the time, and/or that they may have experienced developmental harm at the time or subsequently. This may lead them to conclude, in hindsight, that the behaviour may have been abusive (Tener, 2019; Tener and Silberstein, 2019). The harm may not become apparent until they leave the family environment and seek to establish their own adult intimate relationships (Carlson, 2011; Carlson et al, 2006).

Key messages

- Sibling sexual abuse has the potential to be every bit as harmful as sexual abuse by a parent; it can have both short- and long-term consequences for children's physical and mental health, and lead to relationship difficulties throughout their lifetime. The impact may not be apparent until adulthood.
- As with other forms of child sexual abuse, sibling sexual abuse does not equally affect all those involved.
- Families who do not acknowledge the abuse or who misplace responsibility can significantly amplify the abuse's impact.
- Professionals need to be careful not to make assumptions, but to assess the likely impact of sibling sexual abuse by considering its nature and duration, the context of sibling and family relations in which it has taken place, its meaning to the children involved, the responses of family members, and other protective and vulnerability factors.

4.2 The impact on and responses of family members

4.2.1 Parents

Sibling sexual abuse is commonly experienced as a crisis within the family when it becomes known (Tener et al, 2018). Parents can feel that they are in an impossible situation, torn between the needs of the child who has harmed and the child who has been harmed (Tener, Newman et al, 2020). Common responses displayed by parents and caregivers include:

- initial shock and denial
- fear, anger and anxiety
- guilt and shame
- feeling like a failure as a parent
- feelings of loss and grief
- isolation and stigma
- feeling totally overwhelmed
- feeling out of control and powerless, especially with professionals
- being unconcerned about the behaviour (believing it to be normal or just not serious)
- ongoing denial, struggling to accept this could have happened
- ejecting the child who has harmed
- being supportive of the child who has harmed
- being supportive of the child who has been harmed
- blaming the child who has been harmed
- having different responses from each other
- blaming the other parent
- confusion and uncertainty about sex

(Archer et al, 2020; Hackett, 2001; Hackett et al, 2014; Tener et al, 2018).

The shame, self-blame, secrecy and stigma experienced by parents may be particularly acute. They may feel that some wrongdoing on their part has resulted in sexual abuse having taken place between their children.

Failure by parents to report the abuse does not mean that they will necessarily resist support once the abuse becomes known, and a failure to report may not indicate a failure to protect. Initial denial and secrecy need to be understood as being among the possible expected responses to the abuse.

Conversely, it cannot be concluded that a parent reporting the behaviour is necessarily going to be able to engage well with services and/or prevent further such behaviour from occurring. Yates (2018) found that, in eight out of nine families where a parent or foster carer had reported the behaviour and a decision had been taken for the siblings to remain living together or having unsupervised contact, there was a further incident of concerning sexual behaviour between the siblings or another child in the family.

It is possible that the parents of children involved in sibling sexual abuse may themselves have been sexually abused as children. Some may find that their children's sexual behaviours trigger strong emotional reactions that relate to the harm they experienced in their own childhood. In some situations, parents who are themselves survivors of childhood abuse may over-respond even to normative and non-abusive sibling sexual behaviour, or may be very blaming of the child who has harmed, as their children's behaviour may stir up memories of their own abuse. It is also possible that some may deny or minimise the seriousness of the behaviour, find it difficult to acknowledge and support the needs of the child who has been harmed, or otherwise be confused about the boundaries of acceptable sibling sexual behaviour. Although this is an under-researched area, it may be that sibling sexual behaviour also triggers strong emotional reactions in parents who themselves acted in problematic or abusive sexual ways towards their own siblings during childhood.

> Failure by parents to report the abuse does not mean that they will necessarily resist support once the abuse becomes known

While parents may more often struggle to support the child who has harmed, studies have found that some parents appear to be focused on the needs of that child rather than the child who has been harmed, and are therefore deemed unprotective of the latter (e.g. Tener, Newman et al, 2020; Welfare, 2008; Yates, 2018). This interpretation of their behaviour may be correct – favouring one child over another may have been a contributory factor to the abuse – but there are other possible explanations. The child who has harmed may be required to leave the family home and be subject to uncertain and frightening legal processes, for example, while their sibling is ostensibly safe at home; in such situations, it may be understandable that they appear to be the focus of their parents' attention.

A study by Welfare (2008) found that parents sometimes struggle to support the child who has been harmed if there are behavioural problems resulting from the abuse. The child may be very sensitive to their parents' emotional distress, and may seek to protect them from this distress by saying little about the abuse and the details of what has happened. This may result in the parents feeling that they are being kept at arm's length, but also failing to understand the seriousness of the abuse that has taken place, while the child may feel increasingly isolated with parents who "just don't get it" (Welfare, 2008). In that study, the more the parents felt that they had to support the child who had harmed (because, for example, they received little support from elsewhere), the less inclined the child who had been harmed was to share their feelings about the abuse with the parents. This is not to lay responsibility for these dynamics on the child who has been harmed; rather, it is to help parents recognise and understand what may be happening and why, so that they may be supported to give unconditional support to that child.

4.2.2 Other siblings

Despite wide recognition of sibling sexual abuse being part of a family dynamic, its impact on all the siblings in the family (including those directly and not directly involved in the abuse) is largely overlooked by those working with families where abuse has been identified (Hackett et al, 2014; Yates, 2018).

Although the impact on other siblings not directly involved in the abuse is often overlooked, they may be profoundly affected, including experiencing symptoms of trauma. They may feel a loss of a sense of family, and experience problems at school in relation to friendships and educational performance. Some siblings may take on the role of trying to ensure that justice is promoted within the family, particularly where parents are not seen to be doing so; some may become disconnected from the family, immersing themselves in other interests and activities; and others may attempt to maintain some neutrality, which may be distressing to the child who has been harmed as they may not feel that their experience has been validated.

Key messages

- When sibling sexual abuse comes to light, it is commonly experienced as a crisis within the family.
- The whole family is usually affected, including siblings not involved in the abuse. The responses of all family members need to be understood as having an impact on each other; they cannot be understood in isolation.
- Parents can feel that they are in an impossible situation, torn between the needs of the child who has harmed and the child who has been harmed. They may commonly experience shame and denial, and feel overwhelmed.
- Parents need support and emotional containment in order to be able to offer appropriate support to all the children within the family.

5. Professional responses to sibling sexual abuse

5.1 Common professional responses

Many professionals struggle to respond appropriately and proportionately to sibling sexual abuse, and can find it difficult to offer the kind of support, reassurance and emotional containment that families need – particularly in the context of time and resource constraints. As with child sexual abuse more generally, it is not always known with certainty that the abuse has taken place; discourses of minimisation, denial and disbelief often pervade institutional responses (Lovett et al, 2018), and there may be signs and indicators of sexual abuse but no clear disclosure from the child affected. Whether sibling sexual abuse is known or suspected, the following points should be borne in mind.

There is considerable evidence internationally that the seriousness of sibling sexual abuse is often minimised by professionals or goes unrecognised altogether, and that there is a tendency for professionals to under-respond to it (Yates, 2020). This may be due to the incest taboo: cultural norms that discourage sexual behaviour among close relatives may make the thought of sibling sexual activity too abhorrent to contemplate. Alternatively, it may be due to a prevailing myth of the harmlessness of sibling sexual abuse and a tendency to normalise it as experimentation, particularly in the absence of a clear and unequivocal definition to differentiate normal from abusive sibling sexual behaviour.

More profoundly, Yates (2020) found that professionals may minimise or overlook sibling sexual abuse owing to a fundamental perception of sibling relationships as non-abusive. While we accept that brothers and sisters may argue and fight as well as play with and care for each other, it is not within our shared expectations of sibling relationships that they may be abusive. Siblings are regarded as equals, the complexities of their relationships simplified, and their power dynamics unobserved. The idea of sibling children being abusive to each other challenges simultaneously our expectations of childhood and of siblinghood, and it may be very difficult to contemplate an abusive relationship at the very heart of the family.

> Professionals may minimise or overlook sibling sexual abuse owing to a fundamental perception of sibling relationships as non-abusive

At the same time, Allardyce and Yates (2018) note that professionals may be influenced by heightened public concern about sexual abuse and stereotypical media depictions of adults who commit sexual offences, eliciting powerful emotions including fear, moral outrage and disgust when children behave in sexual ways that raise our concerns. Children who challenge our conception of childhood as a period of sexual innocence may quickly be cast as dangerous. Professionals lacking knowledge and experience, or feeling out of their depth, may have panicky reactions even to situations of quite developmentally normal and exploratory sexual behaviour. Rather than serving to minimise professional responses, the incest taboo may evoke an even greater sense of disgust at the idea of siblings behaving in sexual ways with each other, and therefore may exacerbate these anxious responses. Such reactions can lead to multi-agency disagreement about risk and appropriate responses, which can result in disproportionate and risk-averse, single-agency reactions.

Downplaying the seriousness of sibling sexual abuse or letting it go unrecognised clearly risks leaving children in unsafe situations and exposed to further potential abuse. It denies them the opportunity to receive the support they may need to survive, thrive and move on from an experience of harm.

Because of the above dynamics, professionals may be pulled in different directions by the child who has harmed, the child who has been harmed, and their parents and families. Paying critical attention to the attitudes, feelings and assumptions that inform everyday actions and decisions in practice is vital for professionals working in this area. Supervision of professionals is valuable (see section 5.4), as it allows space for reflection on practice in order to sustain a balanced and proportionate response, and to ensure that core values around dignity and respect are maintained when working with these children and their families.

Key messages

- Professionals can both under- and over-respond to concerns about sibling sexual behaviour, and need to reflect on their values and personal emotional responses to situations involving sibling sexual interactions.
- In cases involving sibling sexual abuse, professionals may feel pulled in different directions by the child who has harmed, the child who has been harmed, and their parents and other family members. Paying critical attention to the attitudes, feelings and assumptions that inform everyday actions and decisions in practice is vital for professionals working in this area.
- Professionals need to be clear about the details of the behaviour, and may need support in order to make sense of the behaviour and their emotional responses to the situation.
- Supervision of professionals allows them space for reflection on practice, in order to sustain a balanced and proportionate response and to ensure that core values around dignity and respect are maintained when working with children and families affected by sibling sexual abuse.
- Making use of support and supervision to practise reflexively, and using language proportionate to the behaviour displayed, will help to inform a proportionate response which provides reassurance and emotional containment to families.

> Downplaying the seriousness of sibling sexual abuse risks leaving children in unsafe situations and exposed to further potential abuse

5.2 Recognising and encouraging disclosure

Practitioners responding to cases involving sibling sexual abuse must be sensitive to challenges relating to gathering evidence of abuse. Sibling sexual abuse is verbally disclosed less often than sexual abuse by an adult, and it is vital that professionals have the knowledge, skills and confidence to respond to disclosures adequately and appropriately when they do occur. That said, telling may take all sorts of different forms and does not always involve a direct verbal account of the abuse. Retractions are also common, particularly in the context of unsupportive responses from professionals and/or family, and the very significant and sometimes unanticipated consequences of the disclosure. Professionals need to be alert to the possible signs of abuse, and may need to ask specifically about abuse involving brothers and sisters in order for children to have any confidence that a disclosure of this nature will be believed.

Many survivors of sibling sexual abuse do not tell anyone about their abuse during childhood but may do so as an adult. Adult survivors may be trying to work out for themselves whether what they experienced was abusive or exploratory; when working with them, it is important to explore the details of the sibling sexual behaviour sensitively and at the survivor's pace, paying attention to the language they use and the language used by the professional.[5]

In general terms, professionals from law enforcement, education, health and social care need to follow trauma-informed practice and therefore provide environments that are sensitive to people who have experienced any form of abuse and trauma. They need to offer:

- **safety** – being warm and welcoming, with relationships that are respectful, consistent and predictable
- **trust** – with consistent, reliable and clear information (e.g. in relation to confidentiality)
- **choice** – helping service users to gain autonomy and the skills needed to take control of their lives
- **collaboration** – working together, paying constant attention to the ways in which the power of the professional and the vulnerability of the service user may be inadvertently reinforced
- **empowerment** – offering a strengths-based approach

(adapted from Levenson, 2017).

Providing such environments may mean that those who have experienced sibling sexual abuse are not required to disclose their abuse verbally in order to receive sensitive care – and there is evidence that these environments, where professionals are perceived as sensitive to and having awareness of child sexual abuse and its consequences, may encourage people to share their experience of abuse.

Key messages

- It is essential for all health and social care professionals, whether working with children or adults, to have an awareness of sibling sexual abuse in order to encourage and provide adequate responses to disclosure.
- Professionals from law enforcement, education, health and social care need to provide environments that are sensitive to people who have experienced any form of abuse and trauma. These environments should offer safety, trust, choice, collaboration and empowerment.

5 When working with adult survivors of abuse, services should adhere to the seven principles of engagement set out in the charter produced by Survivors' Voices; see **https://survivorsvoices.org/charter/**

5.3 Assessment and decision-making

5.3.1 Initial decision-making and safety planning

Welfare (2008) summarises different family members' initial needs within the family context after sibling sexual abuse has been identified:

- Parents need to be able to process their grief and shame, to restore the family unit, and to feel that the child who has harmed will not persist with their behaviour.
- The child who has been harmed requires a response that reflects the gravity of the situation, and requires the parents to express distress and to take practical steps to ensure safety and hold accountable the child who has harmed. They need the family's clear validation, unconditional and unambiguous empathic nurturance, and a belief that justice is being attended to by the family (rather than only through legal processes).
- The child who has harmed requires nurture and a sense of staying connected to the family (whether living with the family or not). They also need assistance to acknowledge their behaviour, to manage their shame, and to address and maintain their accountability. Parents may need to maintain a balance between care of and challenge to the child who has harmed.

Holding in mind the wellbeing and needs of all the children in the family can feel overwhelming for many parents. Processes such as child protection and police investigations, as well as impending court proceedings, bring considerable anxiety. If parents do not receive adequate support and acknowledgement of the enormous challenges they face, they may be reluctant to engage with relevant supports and feel threatened by professionals. It is vital that services do not inappropriately pathologise what may be the family's coping strategies, but help family members process and make sense of this new information about their family.

The cultural context

Central to offering effective family support is an understanding of the family's cultural context – the strengths and supports that are provided by that context, but also whether it creates barriers to disclosure and engagement with services, and whether there are cultural factors that relate to the emergence of the abuse.

It is particularly incumbent upon practitioners working in this area to maintain an "inequalities imagination" (Hart et al, 2003) – an empathic understanding and awareness of, and skilled response to, cultural difference and experiences of structural and individual disadvantage and inequality – and to follow guidance with regards to anti-discriminatory practice (Thompson, 2016). This will involve understanding the cultural context in which the family conceptualises itself as a family, as well as the roles, norms and boundaries within the family – for example, asking about family beliefs, relationships, identity and values from the perspective of each member of the immediate family in order to build a detailed and sensitive picture of strengths, needs and risks within that context.

Sensitivity to cultural context is necessary not only when working with families from minority ethnic backgrounds – it enables the dynamics of power, age, class and especially gender to be understood in any family, including the impact of honour-based issues and the abilities of services to engage effectively with the family. Cultural issues may offer strengths as well as challenges; if they know of the behaviour, the support of extended family members and the wider community may be critically important.

Very little research has been undertaken with regard to child and adolescent harmful sexual behaviour generally, and sibling sexual abuse in particular, in different cultural contexts; nonetheless, the cultural context must remain in the foreground of any assessment. As Caffaro (2020:12) puts it, "The importance of addressing issues of race, class, and culture, not as 'add-ons' external to the 'deeper' themes that concern clinicians but rather as intrinsic parts of the very themes that come to define an individual's social and psychological realms, cannot be overstated."

Sibling separation

Assessments are best undertaken when emotional, physical and sexual safety are available to all of the children in the family. In some circumstances, the child who has harmed will be placed away from the family home until the assessment has been completed. Practical decisions to promote children's safety are vital after sibling sexual abuse comes to light. A key decision that needs to be made is whether the siblings can continue to live together, at least until further investigation and assessment are undertaken. Decisions about whether siblings can have contact will also need to be made.

Separation should always be considered where there are concerns about immediate physical safety, or where the continued presence of the child who has harmed causes significant distress. As discussed earlier, a child's expression of distress may be delayed, so any decision to keep children together needs to remain under review. If these factors are not present, the situation will need to be assessed on its own merits. Such decisions should be informed by consideration of:

- the behaviour's likely impact, including its emotional impact, on the child who has been harmed
- the views, however expressed, of the child who has been harmed
- the quality and value of the sibling relationship, including consideration of the likely impact of the sibling sexual abuse on the relationship
- an evidence-based assessment of the risks of future sibling sexual behaviour taking place
- the parents' protective abilities and capacities
- the ages and developmental stages of the respective children
- the level to which the family's physical environment is conducive to safety.

Separation may not be necessary if sexual behaviours are judged to be problematic or inappropriate rather than abusive. This may be particularly the case with younger children under the age of 10. Younger children involved with sibling sexual behaviour will often have complex trauma backgrounds, and an assessment of whether they should be separated needs to weigh up needs and risks, including the important support that the sibling relationship may provide for vulnerable children.

In situations where both children remain at home, or where both are removed and placed together, a regularly reviewed home safety plan can be of assistance (Brady and McCarlie, 2011; Worling and Langton, 2012). This should maintain boundaries and supervision in the areas of:

- bedroom and sleeping arrangements
- bathroom/toilet arrangements
- play and other activities inside and outside the family home
- sibling roles and responsibilities, including ensuring that the child who has harmed does not assume any position of trust or authority with respect to younger siblings
- family nudity
- family sexuality.

If children do need to be separated, the child who has harmed may be able to make sense of being removed from the family home more easily than the child who has been harmed, and may assume or come to understand that their sibling's needs must ultimately be given priority. If the child who has been harmed is removed, however, they may struggle to make sense of why the sibling who abused them is still at home; they may feel unfairly treated, blamed or punished, and experience further guilt and self-blame about how and why the abuse happened.

Where children are placed elsewhere, foster carers or residential staff need to be given sufficient information and support to feel confident that they can look after the child safely. This will need to be informed by a risk assessment that considers the potential risks to other children within the foster family/ residential unit, school and other contexts.

5.3.2 Determining the level of contact between siblings

Further to separation, and in accordance with UK legislation and guidance, maintaining close ties between the parents and the child who has harmed (as well as the child who has been harmed) should be promoted unless there are good reasons to suggest that such contact would be detrimental to the child in some way.

Such legislation and guidance ordinarily promote contact between siblings, but in cases of sibling sexual abuse there needs to be careful consideration of whether the siblings involved should be allowed to see each other and spend time together. This consideration should take into account:

- the behaviour's likely impact, including its emotional impact, on the child who has been harmed
- the quality and value of the sibling relationship, including consideration of the sibling sexual abuse's likely impact on the relationship
- the possible impact on both the child who has been harmed and the child who has harmed of seeing each other and spending time together
- the views, however expressed, of both the child who has been harmed and the child who has harmed
- the protective abilities and capacities of the adult(s) supervising and managing the contact between the children, and their ability to understand and respond to the children's needs.

Practitioners should also consider how sibling sexual abuse and abusive dynamics are played out online through social media as well as offline in person. Although the role of online interaction and sibling sexual abuse has yet to be explored in research, Allardyce and Yates (2018) highlight the intertwined nature of children's online and offline worlds and the importance of assessment and intervention incorporating both. This has relevance for decision- making and arrangements regarding contact and safety planning following sibling sexual abuse. Thought may need to be given to boundaries around electronic communication if siblings have been separated during an assessment period.

Yates (2018, 2020) found a tendency among social workers to arrange contact between siblings, based on an assumption that the sibling relationship had some intrinsic value, without considering the abuse's emotional impact on the child who had been harmed or its possible impact on the quality and value of the relationship. Seeing the child who harmed them may be frightening and upsetting for the child who has been harmed, and the sibling relationship dynamics that supported the abuse may be replicated during any direct contact. In Yates's study, 'rough and tumble' play sometimes continued to characterise the sibling interactions during supervised contact, which risked perpetuating unhelpful power dynamics as well as providing opportunity for further sexual contact. Sometimes an authority role continued to be adopted by the child who had harmed.

While children may be significantly and visibly distressed by seeing and having to spend time with the child who has abused them, an apparent lack of distress may not mean that contact is helpful. The emotional responses of children who have been harmed may be complex, as perhaps would be expected given the multi-faceted nature of sibling relationships and sibling sexual abuse. They may miss their sibling and need reassurance that (s)he is okay if (s)he has been removed from the family home. They may feel guilty that their disclosure has led to the break-up of the family and be looking for ways to please their parents. Furthermore, a child who has harmed but who does not (yet) appreciate the harm they may have caused may have their beliefs reinforced by contact with a sibling who, on the face of it, seems happy to see them.

In cases where siblings do need to be separated following the abuse, it may be judicious to postpone contact until such time as the dynamics of the abuse are better understood and the impact of and response to it are clearer for both children. Hard as separation is, a sibling relationship with sufficient strengths is likely to survive a temporary period of separation and can be repaired and restored if appropriate work is done with the family. This is something that therapeutic intervention should aim to work towards; the issue of family rehabilitation is discussed further below.

5.3.3 A whole-family approach to assessment

Most young people who have sexually abused another child will require a comprehensive assessment (see Allardyce and Yates, 2018), and a similarly thorough assessment needs to be undertaken in all cases of abusive sibling sexual behaviour.

There is an emerging consensus within the literature that professional involvement following sibling sexual abuse should consider the needs of the entire family, from the moment of disclosure or discovery of the abuse right through until the end of the intervention (Tener and Silberstein, 2019). The involvement of a range of professionals from different disciplines working together to address the entire family's needs has been found to improve the recovery of both children who have harmed and those who have been harmed, as well as their parents and other siblings (Tener and Silberstein, 2019).

Good assessment practice involves engaging meaningfully with parents and carers to explore aspects of the family's history and functioning that may have facilitated or supported the child who has harmed to act in this way. The comprehensive assessment will also need to consider how the family can support that child to address their behaviour. The considerable evidence that sibling sexual abuse commonly has its roots in family dynamics (see section 3.2.3) underlines the critical importance of a family-based assessment when sibling sexual abuse becomes known.

The assessment will need to consider family and sibling relationships in detail. Current risk assessment tools are relatively weak at looking at family dynamics, and a thorough assessment will involve interviewing the parents about the child who has harmed, the child who has been harmed, and any siblings not involved in the abuse.

When interviewing parents to gather a full developmental history of each child and the nature and quality of the sibling relationships, it should be noted that these relationships begin not when the child is born but in utero. Early experiences before and after birth are important to explore, as are new roles that emerge as the family grows.

Alongside the kinds of questions and subjects indicated by specific harmful sexual behaviour assessment tools (such as AIM3[6]), interviews with all participants should explore the following issues (adapted from Caffaro and Conn-Caffaro ,1998:263–272) from the perspectives of each family member:

- patterns of closeness and attachment
- alliances within the family: emotional sharing and the role of secrecy and secrets between family members
- changes in relationships over time
- power dynamics – Who gets what and how in the family? What is done to tease, embarrass, reward, discipline, and punish within the family? Who is most commonly subjected to these behaviours, and by whom?
- how conflicts between siblings emerge and how they commonly end
- horseplay within the family (tickling, playfighting etc.)
- roles taken on in the family by siblings
- gender roles and stereotypes within the family
- sexualisation – Does a sibling ever say anything that makes other siblings uncomfortable about their body? Do they ever get touched in ways they don't like?
- cultural considerations within the family
- views about what needs to change in the future to promote emotional, physical and sexual safety.

6 AIM3 is a 'dynamic assessment framework' designed by the AIM Project to help professionals assess a young person's harmful sexual behaviour 'within the context of multiple domains' of their life, and identify the sexual and non-sexual needs that the behaviour is meeting. See **www.aimproject.org.uk**

The use of a specific harmful sexual behaviour risk assessment tool may help the assessor draw on a structured approach to weighing up evidence-based risk and protective factors. However, while a tool of this kind may provide a general indication of the level of risk that a child or young person may present to others in the community, it does not consider the possible risks to specific children in certain settings (Allardyce and Yates, 2013). In particular, it does not help to determine the level of risks to siblings or other close family members.

Accordingly, any use of a structured risk assessment tool needs to be contextualised within a broader formulation of the sibling sexual abuse. In brief, formulation entails "explaining the underlying mechanism of the presenting problem … and directing intervention" (Logan and Johnstone, 2010:614). This will typically involve organising the information gathered during the course of an assessment to specify the problem (risk of what and to whom?); any predisposing or vulnerability factors; precipitating factors (triggers); perpetuating (or maintenance) factors; and protective factors (Logan, 2014). In cases of sibling sexual abuse, such a formulation needs to consider the dynamics of the abuse, why a particular child was the subject of the abuse, and the nature of the relationship between the child who harmed and the child who was harmed.

An ecological formulation – keeping a simultaneous focus on individuals and on reciprocal relationships within the context of the family – which is grounded in the relevant research and tailored to the family can help to outline how the sibling sexual abuse emerged, what supported its continuation (if it occurred on multiple occasions), and what could reduce the risk of the abuse (or other parallel behaviours) emerging in the future. This will form the foundation for intervention work with the family.

Key messages

- Assessments are best undertaken when emotional, physical and sexual safety is available to all of the children in the family. In some circumstances, this will lead to the child who has harmed being placed away from the family home until the assessment has been completed.
- An assessment needs to involve an understanding of family dynamics and sibling relationships, to make recommendations about the therapeutic goals that may reduce risk over time.
- Central to offering effective family support is an understanding of the family's cultural context – the strengths and supports that are provided by that context, but also whether it creates barriers to disclosure and engagement with services, and whether there are cultural factors that relate to the emergence of the abuse.
- It is vital that services do not inappropriately pathologise what may be the family's coping strategies, but help family members process and make sense of this new information about their family.
- The use of a structured risk assessment tool can aid risk assessment but needs to be contextualised within a broader formulation.
- An assessment should comment on sibling contact if the children are separated – when it would be indicated or contra-indicated and, if indicated, how it can be safely managed.
- Decisions about sibling living and contact arrangements need to be kept under review.

5.4 Interventions with the whole family

Interventions with those who have harmed or been harmed through sibling sexual abuse are under-evaluated to date, and there has been little research into the outcomes following on from engaging with an intervention programme or into the experiences of family members who undertake therapeutic work further to sibling sexual abuse. In light of the consensus that sibling sexual abuse should prompt a family-based response rather than an individual response, however, the long-term aims of intervention would tend to be guided by the following key outcomes:

- ensuring safety
- supporting the child who has been harmed, and any other children within the family
- helping the child who has harmed to move on from their behaviour
- repairing family relationships as a whole
- restoring family functioning.

Achieving these outcomes requires a coordinated, multi-agency response involving schools and other community groups (Tener and Silberstein, 2019), and in which families are included as partners in decision-making with their strengths and protective capacities recognised. It is important to understand that emotional healing, moving on and closure will take place within the family and their community as much as through therapeutic intervention, so harnessing the strengths of the professional team around the child, the family and their community is vital.

The content and process of therapeutic work with children and young people who have displayed harmful sexual behaviour is widely covered in the literature, and is summarised in Allardyce and Yates (2018). Intervention should be ecological, developmentally sensitive and informed by an understanding of trauma. The wider welfare needs as well as the behaviour of the child who has harmed must be addressed, and should be included in any measures of progress and outcomes. Work with a child or young person who has sexually abused a sibling should be very similar, with a few important additional considerations and adaptations.

In a recent meta-analysis of studies comparing adolescents who had sexually abused within and outside family contexts, the former group were found to have higher levels of atypical sexual interests (including sexual interests in children, problems with sexual regulation, more extensive use of pornography, and early histories of sexual behaviour problems) and backgrounds of family dysfunction, while the latter group scored more highly on general antisocial behaviours and attitudes (Martijn et al, 2020). Although any intervention programme must be tailored to the needs of the individual, identified at assessment stage, this finding suggests that harmful sexual behaviour interventions need to be adaptable so that specific criminogenic needs can be addressed with the right duration and intensity – and that overly rigid, manualised programmes subjecting all young people who sexually offend to the same intervention are likely to be ineffective.

An issue that has arisen in the practice literature around sibling sexual abuse is the level of responsibility that needs to be taken by the sibling who has harmed in the context of an intervention. There is a broad consensus that it is important for the child to acknowledge and take responsibility for their behaviour and the harm they have caused if family relationships are to be repaired. Although there is value in this principle, it needs to be formulated in a developmentally oriented way. For example, taking account of their age and stage of development, what level of empathy and responsibility can we expect from the child who has harmed? Some thought needs to be given to their own experiences: have they experienced maltreatment from others, where responsibility or harm has not been acknowledged by those responsible?

> Emotional healing, moving on and closure will occur within the family and the community as much as through therapeutic intervention

Furthermore, the principle of acknowledgement and taking responsibility needs to be critically appraised. Many papers on practice with children who have sexually abused siblings are over 20 years old; they predate this century's broad paradigm shift in practice with young people who have displayed harmful sexual behaviour, in which practitioners have moved from an individualised approach (focusing on cognitive distortions, deviance, responsibility-taking and understanding the triggers in relation to sexual behaviour) to a more strengths-based and ecological approach (focusing on skills acquisition, including emotional and sexual regulation skills, and healthy relational and social development).

Nonetheless, enabling the child who has harmed to understand their behaviour's emotional impact on their sibling, and to apologise for it, is often a helpful way forward for both children and for their future relationship. It may therefore remain an important therapeutic goal in the longer term. In the early stages, however, it may be common for the child who has harmed to feel that they are 'the real victim' and to be angry towards the sibling they abused. Over time, this stance will need to change, but in the first instance these feelings need to be heard, understood and gently reframed rather than aggressively challenged.

Instead of requiring an apology from the child who has harmed, perhaps it may be sufficient to achieve reunification during childhood for the family to develop a shared narrative of their relationships which acknowledges that one child has harmed or abused another through their sexual behaviour, and which sets out the ways in which the family needs to relate in the future. As the children mature and move towards adulthood, the family may then be able to look for more signs of responsibility from the child who has harmed.

These are all questions for practitioners to consider in the context of individual cases; as yet, however, there is no specific research to guide the answers to these questions.

Engaging the family is essential in all work with children who have displayed harmful sexual behaviour, but the family roots of sibling sexual behaviour suggest that more intensive family work may be appropriate when addressing sibling sexual abuse. Family-focused interventions are likely to involve engaging parents in longer-term work in order to:

- identify family strengths and needs
- identify and address past and/or current parental trauma
- increase openness and emotional expressiveness within the family
- clarify, consolidate or restore appropriate parent and child roles
- acknowledge and interrupt abusive family patterns
- increase parental skills, confidence and competence in promoting accountable behaviour within the family and in handling negotiation and conflict
- enhance the parents' protective capacity, especially in relation to boundary-setting
- assist the parents to structure the young person's time and social activities
- re-negotiate family relationships in situations where it is not possible for the young person to return home, in order to clarify, maintain or improve contact with the family and enable the family to be a source of continuing support and significance

(adapted from Duane and Morrison, 2004).

> Early in an intervention, the child who has harmed may feel that they are 'the real victim' and be angry towards the sibling they abused

It should be noted, however, that there will be situations where family work is contra-indicated. This may be the case, for instance, if the family continues to downplay the level and nature of the abuse that occurred, or where parents are unable to work through their feelings of anger towards and rejection of the child who has harmed. In considering the family's difficulties, realistic expectations must be placed on the family members and on professionals, and there must be recognition that family intervention is not always possible or even acceptable if the family is too disorganised, chaotic or abusive.

The process of family rehabilitation needs to be gradual, taken step by step. Sometimes parents may be particularly keen to allow contact on special occasions – on birthdays or other festive occasions – before the process of family rehabilitation would normally have reached a stage of arranging such family time. However, seeing and spending time on such occasions with the child who has abused them is unlikely to be any less upsetting for children who have been harmed. Contact in these circumstances can also present increased risks if alcohol may be consumed by the supervising adults, if supervision of the children may be more difficult to achieve, or if safety agreements may be relaxed because it is especially difficult to contemplate further abuse taking place on a special occasion.

Where family work is indicated and the siblings have been separated, the aim of family reunification can usefully guide the intervention, irrespective of whether it is ultimately achieved or how far progress towards reunification can be made. Short of full family reunification, there is a whole continuum of possible outcomes depending upon how the intervention and ongoing assessment proceed. Therapeutic tasks for the child who has harmed, the child who has been harmed, any other siblings and parents all need to be successfully achieved. These tasks are a matter not simply of ensuring safety, but of uncovering and transforming the family and sibling dynamics that promoted the sexual abuse in the first place.

How the work progresses with the family will determine the extent to which the separated siblings can move towards reunification. A typical reunification model for families where sibling sexual abuse has occurred would include:

- family assessment and evaluation
- intervention planning
- interventions with the child who has harmed and the child who has been harmed, to inform readiness for an initial meeting with each other
- interventions with the parents to prepare them for a meeting between the siblings
- a meeting between the child who has harmed and the child who has been harmed to promote the need for the former to accept responsibility (if appropriate) and answer questions that the latter may have
- further interventions with the children, and, if indicated:
- supervised contact visits at the agency supporting the children
- community contact visits
- home visits
- reunification
- post-reunification services

(e.g. DiGiorgio-Miller, 1998; Haskins, 2003; Thomas and Viar, 2005).

> Where siblings have been separated, the aim of family reunification can usefully guide the intervention, whether or not that aim is achieved

No research has been undertaken to explore the extent to which these tasks are achieved and achievable in different contexts. Nonetheless, there appears to be overall promise and support for the general approach suggested, with the process seen by some authors as akin to those described in restorative justice (Rich, 2017).

Initial contact between siblings who have been separated requires considerable preparation. Communication between the professionals supporting the respective siblings will be necessary, as will an assessment of the desire of the child who has been harmed to confront the child who has harmed them, and an assessment of the latter's progress in intervention work (DeMaio et al, 2006). This level of information-sharing between professionals requires careful contracting about confidentiality.

The initial contact should be staged and set at a pace defined by the child who has been harmed. It should start with professionals exchanging information, move on to messages or letters forming a shuttle dialogue between the children, and eventually to a face-to-face meeting if the process so far indicates that this is appropriate. Rushing these steps because of the pace set by others within the family system, or because of organisational considerations, may damage the overall intervention process for both siblings. If reunification is attempted before all the dynamics involved are understood, it may significantly compromise the needs, values, safety and rights of the child who has been harmed.

Close supervision of the professionals involved is essential, in order to guide them through the process. Family dynamics involving power and alliances have been found to be paralleled in the professional–family system, and practitioners can take on roles reflecting those within the family (Bentovim and Davenport, 1992). Furniss (1983) has also identified such fragmentation and mirroring processes within professional systems. Supervision sympathetic to these dynamics can be critical to ensure the quality, pace and direction of the work.

Key messages

- Interventions with families who have experienced sibling sexual abuse are under-evaluated, and there are no evidence-based approaches to date.
- The practice literature outlines approaches that involve helping the child who has harmed to manage their behaviour more effectively, helping the child who has been harmed to recognise that what has happened is not their fault, and supporting positive parenting and family functioning that promotes emotional, physical and sexual safety.
- Family-based approaches and restorative justice-focused approaches are referred to in the practice literature.
- If siblings have been separated and family reunification is assessed to be in their best interests, this is a goal which can usefully focus therapeutic work undertaken by members of the family and the family as a whole, irrespective of whether reunification is ultimately achieved or how far progress towards it can be made. This can only be done with good communication between and supervision of the professionals involved.

> Close supervision of the professionals involved in work with the family is essential, to guide those professionals through the process

6. Conclusion and reflections

This paper has unpacked some of the key messages from research over the past 20 years in relation to sibling sexual abuse, and explored how those messages can be interpreted in practice. The high prevalence of sibling sexual abuse means that it is often an issue encountered by child protection services. Its prevalence and its lifelong impact on many survivors mean that it is also a common issue arising in adult mental health settings.

Research highlights that not all sexual interactions between siblings are abusive; accordingly, child protection approaches need to be couched in an understanding of children's normative sexual development, as well as an understanding of family systems and how sibling relationships operate within families. Assessments need to focus on risk, impact and harm within families, with an understanding by practitioners that developmental harm may not be immediately apparent at the time of the abuse.

In this paper we have said little about the prevention of sibling sexual abuse. Prevention is always better than cure, and the subject of child sexual abuse prevention is a particularly urgent one if we are to tackle this form of harm as a public health issue (Smallbone et al, 2008). However, theoretical models helping us understand developmental trajectories into adolescent harmful sexual behaviour are underdeveloped (Allardyce and Yates, 2018), and our understanding of the contextual factors underpinning sibling sexual abuse are not sophisticated enough to inform evidence-based, targeted preventative interventions.

Nonetheless, we know that these behaviours often – but not always – emerge in contexts of stress within families, and that those who cause harm are more likely to be boys, often during early adolescence.

We also know that young people who sexually harm siblings are more likely than other young people displaying harmful sexual behaviour to have themselves been sexually abused, and that non-abusive sibling sexual behaviour can escalate if left unchecked. Environmental factors, such as siblings of different ages and genders sharing beds or bedrooms, may also be significant.

Where such issues are present in families known to services, helping those families to alleviate the stresses they face may help to prevent different forms of harm – including sibling sexual abuse – from emerging. Families may benefit from targeted advice and support about developmentally healthy social and sexual development, including specific discussion of risks in sibling relationships. Children may be therapeutically supported to process and move on from any abuse or other forms of harm they have experienced. Changes to the children's bedroom arrangements may usefully be made, where this is possible and is identified as a risk factor. Such steps may be particularly relevant if there are already concerns around sexual abuse or sexualised behaviours within the family. More detailed assessment of sibling relationships may also be appropriate, along with safety planning and early help if there are emerging concerns about sibling sexual interactions.

> Our understanding of the contextual factors that underpin sibling sexual abuse is not sufficient to inform preventative interventions

However, as the majority of situations where sibling sexual abuse arises are in families unknown to social services, greater public recognition of sibling sexual abuse could play a role in preventing this form of child sexual abuse. It would need to be linked to the availability of resources for parents about what constitutes normative and atypical sexual development in childhood, including within sibling relationships, along with signposting of families to early help and support if they are worried about sexual interactions between their children. Sex education within schools could usefully include discussion of harmful sexual behaviour and the possibility for such behaviour to take place between siblings and other close family relatives.

We now have a better understanding of what can contribute to improved outcomes for children and their families after sibling sexual abuse has been identified. The overwhelming evidence is that these issues emerge in the context of family dynamics – and that sibling sexual abuse has impacts on both the child who has been harmed and the child who has harmed, as well as their parents and other siblings. Evidence therefore suggests that interventions need to focus holistically on the family rather than taking a fragmentary approach which offers support to individuals in isolation.

Our view, as practitioners as well as researchers in this field, is that helping the family to heal and move on is the key therapeutic goal that professionals need to work towards after sibling sexual abuse has occurred. If this is not achieved, siblings who have been harmed may all too often cut themselves off from potentially supportive family members as they grow older, because the family continues to be experienced as an emotionally unsafe place. Siblings may attempt to avoid contact with each other in adulthood because of unresolved issues, but events such as weddings and funerals can throw them together and become emotional minefields that cause stress for all members of the family. Alternatively, separated family members may drift back together and perpetuate compromised, unhealthy and abusive relationships which may reverberate through the generations.

Families therefore need opportunities to make sense of the trauma of sibling sexual abuse if they are to be able to move on in a healthier way. Without sensitive and purposeful support, the impact of the abuse on sibling relationships and on other family relationships, whether maintained or estranged, can be lifelong. Over time and with the right kinds of support, however, an experience that may be one of the most catastrophic any family can live through may also become a window of opportunity through which positive growth and change become possible.

> Families need opportunities to make sense of the trauma of sibling sexual abuse if they are to be able to move on in a healthier way

Suggestions for further reading

Allardyce, S and Yates, P. (2018) *Working with Children and Young People Who Have Displayed Harmful Sexual Behaviour*. Edinburgh. Dunedin Academic Press.

- This book provides a single-volume introduction to working with children and young people who have displayed sexually abusive behaviour.

Hackett, S., Branigan, P. and Holmes, D. (2019) *Harmful Sexual Behaviour Framework: An Evidence-informed Operational Framework for Children and Young People Displaying Harmful Sexual Behaviours (2nd edition)*. London: NSPCC. Available at: **https://learning.nspcc.org.uk/research-resources/2019/harmful-sexual-behaviour-framework/**

- This resource provides further general guidance for practitioners.

National Institute for Health and Care Excellence (2016) *Harmful Sexual Behaviour among Children and Young People [NICE Guideline NG55]*. London: NICE. Available at: **www.nice.org.uk/guidance/ng55**

- Again this resource provides further valuable general guidance for practitioners.

Caffaro, J. (2014) *Sibling Abuse Trauma: Assessment and Intervention Strategies for Children, Families, and Adults (2nd edition)*. New York: Routledge.

- This book provides more detailed guidance on clinical responses to sibling sexual abuse, including working with adult survivors of sibling sexual abuse.

Fahy, B. (2011) Dilemmas for practitioners working with siblings under 10 years presenting with harmful sexual behaviour towards each other, with complex trauma histories. What are the challenges involved in how they should be placed in local authority care permanently? In Calder, M. (ed.) *Contemporary Practice with Young People Who Sexually Abuse: Evidence-based Developments*. Lyme Regis: Russell House Publishing.

- This book chapter is useful to consult when working with younger siblings.

Thomas, J. and Viar, C. (2005) Family reunification in cases of sibling incest. In Calder, M. (ed.) *Children and Young People Who Sexually Abuse – New Theory, Research and Practice Developments*. Lyme Regis: Russell House Publishing.

- This book chapter provides a very useful framework for considering a possible reunification process, notwithstanding some of the questions raised in this paper.

Welfare, A. (2008) How qualitative research can inform clinical interventions in families recovering from sibling sexual abuse. *The Australian and New Zealand Journal of Family Therapy*, 29(3):139–147.

- This article provides some deep insight into the possible ways different family members' responses to sibling sexual abuse may affect each other.

Mercer, V. (2020) *The AIM Restorative Practice and Harmful Sexual Behaviour Assessment Framework and Practice Guidance*. Manchester: AIM Project.

- A useful introduction to restorative approaches to working with sexual harm, including working with families and engaging with family members after intra-familial harm, where appropriate.

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