

Centre of
expertise
on child
sexual abuse

Sibling sexual behaviour

A guide to responding
to inappropriate, problematic
and abusive behaviour



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About the Centre of expertise on child sexual abuse (CSA Centre)

Our overall aim is to reduce the impact of child sexual abuse through improved prevention and better response, so that children can live free from the threat and harm of sexual abuse.

Who we are

We are a multi-disciplinary team, funded by the Home Office, hosted by Barnardo's and working closely with key partners from academic institutions, local authorities, health, education, police and the voluntary sector.

Our aims

Our aims are to:

- increase the priority given to child sexual abuse, by improving understanding of its scale and nature
- improve identification of and response to all children and young people who have experienced sexual abuse
- enable more effective disruption and prevention of child sexual abuse, through better understanding of sexually abusive behaviour/perpetration.

What we do

We seek to bring about these changes by:

- producing and sharing information about the scale and nature of, and response to, child sexual abuse
- addressing gaps in knowledge through sharing research and evidence
- providing training and support for professionals and researchers working in the field
- engaging with and influencing policy.

For more information on our work, please visit our website:
www.csacentre.org.uk 

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Introduction

Who is this guide for?

This guide is for professionals working with children and families where there are concerns about sexual behaviour involving siblings. It is designed to assist decision-making in line with current evidence relating to this issue.

How to use this guide

This guide is intended to help professionals navigate key decisions at the various stages of a case where there are concerns about sexual behaviour involving siblings. Such behaviour may range from developmentally appropriate through inappropriate or problematic to abusive.

As siblings are members of a family, their behaviour should always be considered in the context of the wider family and not viewed in isolation from family dynamics and history. This is particularly important when sexual behaviours become inappropriate, problematic or abusive. All family members are affected in some way, and their different responses will affect one another. It must always be borne in mind that a child who has harmed and a child who has been harmed – and any other children in the family – are first and foremost *children*, whose safety, health and wellbeing must be supported. However, the needs of the individual children are not the same, and may conflict.

While professionals often have existing skills to manage such situations, they commonly report a lack of knowledge or experience to feel confident in doing so effectively. In the context of high workloads, this guide is intended as an accessible resource to help professionals negotiate the complexities and challenges raised by sexual behaviours between siblings.

This guide should be read alongside the CSA Centre's ***Sibling Sexual Abuse: A Knowledge and Practice Overview***, as well as further suggested reading, and should not be viewed as a standalone document. It is in two main parts:

- **Part A** covers the identification and understanding of sibling sexual behaviour, presenting it as a continuum from developmentally appropriate to abusive behaviours. It stresses the importance of reflecting on your practice and being open to the possibility that sibling sexual behaviour may be problematic or abusive. A number of 'reflection points' are included to help you in this.
- **Part B** covers professional responses to sibling sexual behaviour. After setting out the key responses to different levels of behaviour, it provides more detail on the initial response to inappropriate, problematic and abusive sibling sexual behaviour, as well as further assessment, intervention and support.

A brief final chapter contains advice on looking after your own wellbeing when working with families affected by sibling sexual behaviour.

Language and terminology

For the sake of simplicity and in keeping with the definition used in the UN Convention on the Rights of the Child, we generally use the term **'child'** to mean anyone under the age of 18.

We recognise that terms like 'brother', 'sister', 'sibling' and 'family' can have different meanings in various families, contexts and cultures. It is always important to ask children themselves about their preferred terms and what they mean by them, but in this guide we generally use **'sibling'** as a gender-non-specific term.

We further recognise that there are many different kinds of **sibling relationships**, and some children considered siblings may not be biologically or legally related. This guide is concerned primarily with sexual behaviours involving siblings who have one or both parents in common and have lived and grown up together in a family context, reflecting the focus of most research to date. Many of the issues raised here are also likely to have relevance for sibling relationships that do not fit this description, such as those involving foster siblings and adoptive siblings.

Wherever possible we use the terms **'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 the latter terms can convey. (For the same reason, we use the term 'abusive sibling sexual behaviour' rather than 'sibling sexual abuse'.) This is especially important since we are referring to children who are learning and developing, and who need professionals' support and protection. Note that many children who harm have themselves been harmed in some way.

For the sake of simplicity, we refer to the *child* who has harmed/been harmed throughout, but we recognise that multiple children may be harmed by a sibling's sexual behaviour.

The term **'harmful sexual behaviour'** is commonly used as an umbrella term to describe a range of sexual behaviours displayed by children. We use the term sparingly in this guide when referring to sexual behaviour that has harmed or could harm a sibling, but where appropriate we refer specifically to developmentally appropriate, inappropriate, problematic or abusive sexual behaviours by siblings (as defined in Chapter 2).

We use the term **'parent'** to mean someone in a parental or principal care-giving role to a child; this may be their biological parent, step-parent, adoptive parent, foster parent or other relative fulfilling that role.

Key stages of identification and response

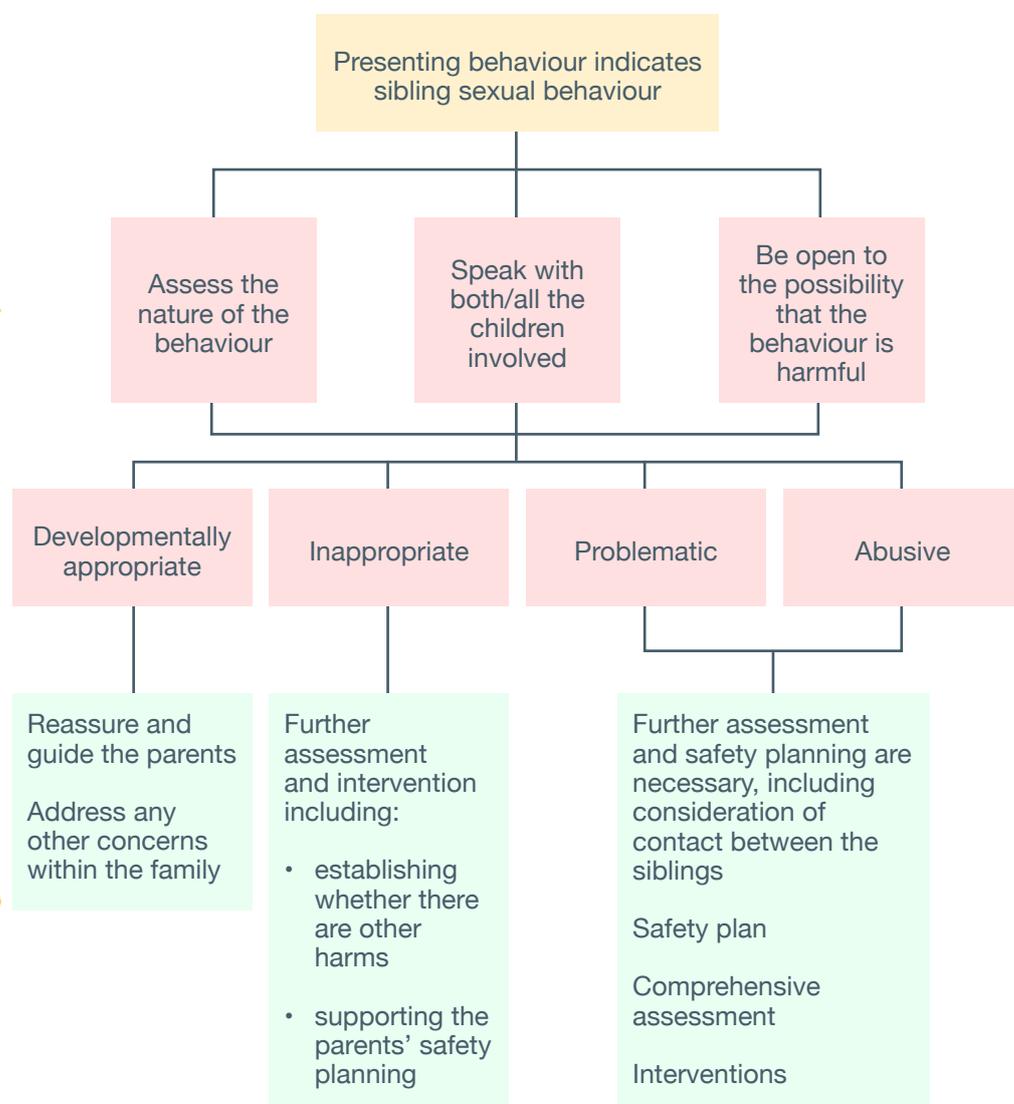
Sibling sexual behaviours can feel overwhelming for professionals, but the response is in principle the same as for any other concerns about children:

- Identify what the presenting concerns are.
- Understand the nature of any harm.
- Where appropriate, take steps to prevent further harm and undertake additional assessment.
- In all cases, ensure the children and families are supported to understand and respond.

Below we outline the key stages of identification and response.

[See Part A](#)

[See Part B](#)



Part A: Identifying and
understanding sibling
sexual behaviour

The importance of reflecting on your practice

When children think, feel and/or behave in a sexual way, this can raise considerable but sometimes unwarranted anxieties – both for their families and for professionals. Adults may feel uncomfortable with the idea that children, and especially siblings, may engage in sexual behaviours with each other – even if those behaviours are developmentally appropriate and harmless. They may be confused if siblings engage in problematic yet mutually initiated behaviours. And it can be particularly difficult to accept that children may behave in sexually abusive ways more commonly associated with adults.

The anxieties and dynamics of families (and other professionals) may raise additional challenges to responding appropriately and proportionately to children's needs. However, protecting and supporting the wellbeing of *all* children involved in sibling sexual behaviour, as well as any siblings who are not involved but may be affected by the behaviour, is of paramount importance.

Reflection point

Remaining **calm, considered and reflective** is essential when working with families affected by sibling sexual behaviour; this is best supported through regular, reflective **supervision** and ongoing conversations with colleagues. Some professionals may not feel comfortable in working in this area at all; is that true of you? If so, it is important to highlight this in supervision.

It is particularly important to recognise and understand the **barriers** that might prevent you from identifying and responding to harmful sexual behaviour by siblings. Research by Yates (2018) has found that, when working with these concerns, professionals may have a tendency to act intuitively rather than making considered assessments; they can find it difficult to accept the idea of children behaving in sexually abusive ways, especially in the context of sibling relationships. As a result, they may minimise the seriousness of a sibling's abusive sexual behaviour. Alternatively, King-Hill, McCartan et al (2023) have found that professionals may catastrophise sibling sexual behaviour, or exaggerate it in order to access services (with the consequence of labelling children and unnecessarily restricting their access to developmental opportunities). None of these responses is helpful for children or their families.

Where it is discovered or believed that a child has been sexually harmed but it is not immediately clear who has or may have harmed them, be sure to consider the possibility that the harm may have been caused by another child, including a sibling. Equally, where sibling sexual behaviour is discovered, be sure to consider whether it may be abusive or otherwise fall outside developmental norms; this is explored in detail in Chapter 2.

Assessing the nature and context of sibling sexual behaviour

2

If concerns about sexual behaviour involving siblings have been identified, the first action should be to assess the nature of the behaviour.

Children's sexual behaviours can be considered to be on a continuum, ranging from developmentally appropriate or expected behaviours through to behaviours that are abusive – see Table 1 on the next page. Keeping the nature of the broader relationship between the siblings in mind, you will need to decide which of the categories in the table – which is adapted from the continuum of children's sexual behaviour developed by Simon Hackett (Hackett, 2010) – best describes the identified behaviours.

While it is common to think of children's sexual behaviour in terms of physical contact, it may involve online behaviour such as producing/sharing child sexual abuse material (e.g. images and videos) and sexualised interactions online.

Section 2.2 of the CSA Centre's ***Sibling Sexual Abuse: A Knowledge and Practice Overview*** contains more information to help you differentiate between developmentally appropriate sexual behaviours and those that fall outside developmental norms.

The Lucy Faithfull Foundation's **Parents Protect** website contains a series of guides to understanding the sexual development of children at different ages.

You may also find it useful to read ***Age Appropriate Sexual Behaviour in Children and Young People (2nd Edition)***, an Australian publication from the South Eastern Centre Against Sexual Assault and Family Violence, which provides a wider discussion of children's sexual behaviours in a developmental context.

Bear in mind that problematic or abusive sexual behaviour by a sibling may remain **hidden and difficult to identify**: there are multiple barriers that prevent children from telling about it, and barriers that prevent adults from recognising and naming concerns. At present, no research has found specific indicators of abusive sibling sexual behaviour that differ from the signs and indicators of child sexual abuse by adults.

The CSA Centre's **Signs and Indicators Template** lists a range of physical and behavioural signs that a child may display if they have been sexually harmed, as well as potential signs of harmful sexual behaviour in those around the child, and factors in the child's family or environment which may increase opportunities for sexual harm to occur. If you have concerns that a child may have been sexually harmed, you should consider the possibility that the harm may have been caused by a parent or other adult and/or a sibling or other child.

Table 1. The continuum of sibling sexual behaviour¹

Developmentally appropriate sexual interactions	Inappropriate sexual behaviours	Problematic sexual behaviours	Abusive sexual behaviours
<p>These interactions:</p> <ul style="list-style-type: none"> • take place between young siblings (probably no older than eight or nine years) of a similar age and developmental stage, <i>and</i> • are voluntary, light-hearted and playful (e.g. games such as ‘you show me yours, I’ll show you mine’ or ‘doctors and nurses’), <i>and</i> • are about curiosity, involving exploration of bodies or gender roles, <i>and</i> • are balanced by a curiosity to explore all sorts of other things in the child’s world, <i>and</i> • diminish if told to stop by an adult. <p>The more the behaviour deviates from this description, the more concerning it is.</p>	<p>These are behaviours occurring in single, isolated instances, where:</p> <ul style="list-style-type: none"> • in the case of young siblings, the behaviour moves a little beyond a curious exploration of bodies or the context for the behaviour is inappropriate, <i>or</i> • in the case of older siblings, the context for the behaviour is inappropriate and misjudged. 	<p>Differentiating abusive from problematic behaviours is not always straightforward. Fundamentally, it is necessary to assess and understand the power dynamics in the sibling <i>relationship</i> in order to understand the power dynamics in the sibling sexual behaviour.</p> <p>These behaviours:</p> <ul style="list-style-type: none"> • are repeated and patterned, <i>or</i> • fall more clearly outside developmental norms, <i>or</i> • involve a lack of clarity around consent or reciprocity <p>but are not assessed as abusive.</p>	<p>Behaviours are clearly abusive if they involve:</p> <ul style="list-style-type: none"> • significant power differences (e.g. size, strength, cognitive ability, position of authority), <i>or</i> • a large age gap (of three years or more) between the children, <i>or</i> • the use of violence, threats, force or other coercion (e.g. bribes, trickery and manipulation, such as the giving or withholding of affection). <p>However, there are many examples in the research of abusive sibling sexual behaviour taking place in the absence of these indicators. In these circumstances, an assessment of the power dynamics in the sibling relationship is crucial.</p>

¹ Please note that Chapter 2 of *Sibling Sexual Abuse: A Knowledge and Practice Overview* lists ‘abusive sexual behaviours’ and ‘violent sexual behaviours’ as separate categories, but for simplicity we have merged them in this guide.

Whenever there are concerns about sexual behaviour between siblings, it is important to speak with both/all the children involved, separately and away from parents and other professionals. This will help you to:

- assess their overall wellbeing
- understand their perspective on the behaviour and on their relationship with their sibling(s)
- consider whether there are any other concerns or risks to the children, within or outside the family, that are ongoing or preceded the sibling sexual behaviour.

Assessing the power dynamics between the siblings will help you understand the sexual behaviour and how best to support the siblings' relationships from this point on. The children's own accounts will be central to this.

The CSA Centre's **Communicating with Children Guide** contains detailed information about talking to children who have been sexually harmed.

Reflection point

If sibling sexual behaviour has been identified, consider what information you need to understand the behaviour. For example, are there any patterns to the behaviour? What is the wider context in which it has occurred?



2.1 Keep an open mind

At all times, **be open to the possibility of new information emerging** that may change your original assessment of the situation – in particular, the possibility that behaviour assessed as inappropriate has been or could become problematic, and that behaviour assessed as problematic has been or could become abusive.

- **Apply the same approach as in other situations of possible sexual abuse or harm.** Research by Yates (2018) found that professionals sometimes doubted that abusive sexual behaviour by a sibling had taken place at all, which they did not typically do in situations relating to the behaviour of adults or of adolescents outside the family – despite the fact that a significant proportion of child sexual abuse is carried out by children, including siblings, and it may be every bit as harmful as abuse by an adult.
- **Challenge your thinking, especially in situations where there may be a tendency to overestimate or underestimate the seriousness of the behaviour.** Yates (2018) also found that professionals often required a second incident to be reported before taking any action, even when it was accepted that abusive sexual behaviour such as rape had happened, and made decisions for children to remain living together or in contact with each other after considerable harm had been caused.
- **Recognise that the behaviour may have been harmful, irrespective of its causes.** Some sibling sexual behaviour may be reactive to sexual experiences or sexual victimisation that a child has experienced, or to material to which they have been exposed. This is particularly true of pre-adolescent children, but also of adolescents. Your response needs to be trauma-informed and promote safety for all children, but in recognising the causes of the behaviour you should never minimise the harm that may have taken place.
- **Be clear and considered with the language you use.** Professionals may resist labelling the behaviour as abusive, even in situations when it has initially been assessed as such, as a way of trying to avoid labelling a child as an abuser. It is important to separate the labelling of the child from the labelling of their behaviour. Yates (2018) found that terms such as ‘inappropriate’ or ‘experimental’ were used to describe behaviours that were clearly abusive, understating the seriousness of the behaviour and the impact on the child who had been harmed. This was particularly evident in cases involving abusive behaviour by younger children, children who had expressed some remorse for the behaviour, or children already well known to the professional.
- **Consider all kinds of behaviour displayed by the sibling.** Traditionally, harmful sexual behaviour was considered to involve physical sexual contact or non-contact behaviours such as exposure or voyeurism – but concerns in relation to children’s sexual behaviour increasingly involve the use of digital technology. This may include sharing online pornography with other children, online grooming, online sexual harassment, and making and/or sharing sexual images without consent; all of these behaviours can occur within sibling relationships. All evidence to date suggests that the harm caused by ‘technology-assisted’ sexual behaviour can be as impactful as harm from behaviour involving physical contact (Brown, 2023). Remember to consider the context of and motivation for the behaviour, though: if an adolescent is found to have filmed themselves abusing a sibling, it may be that the adolescent was being exploited by others online to act abusively.

Reflection point

Reflect on your and other adults' responses to the behaviour – where do they sit on a continuum ranging from 'minimising' through to 'proportionate' to 'overreacting'? Do key professionals' responses differ from those of the parent(s)? If so, how? What is behind these responses? How can you enable a shared view to be developed about the nature and seriousness of the behaviours?

Challenge your thinking, especially if – because of the child(ren)'s age, for example, or because one child has a learning disability or you have an existing relationship with the family – there may be a tendency for professionals to overestimate or underestimate the seriousness of the behaviour.

It can be useful to test your thinking and decision-making in relation to a particular situation. Try using these questions to explore whether your thinking or decision-making would change if the situation were slightly different:

Would my decision-making differ if...

either of the children were of a different sex/ gender?

either of the children were older or younger?

the ethnicity of the children/ family were different?

one or more of the children had a disability or learning difficulty?

Furthermore, is it the behaviour that is of concern or the children's relationship as siblings? If the children were not siblings, would this affect your decision-making?

It is sometimes right for thinking and decision-making to differ in different situations – but it is important to be clear why this is, rather than making decisions based on unconscious biases.

2.2 Next steps

Having considered the context and nature of the behaviour:

- check your thinking with a colleague or supervisor – preferably someone with experience of this area of work
- be open to new information and evidence, and be willing to change your thinking or views on the behaviour
- record the details of the behaviour, for future reference and to aid assessment if further information is disclosed or comes to light
- consider the needs of the children, including in the context of the wider family – while it is possible that the sibling sexual behaviour itself is not very concerning, there may be a need to address risks or unmet developmental needs in the wider family context (see also **Part B**)
- ensure you have considered the voice of all the children involved.

These actions will help to ensure that your response meets the needs of the children and the family.

Reflection point

Check your language. Are you sure that you are labelling the behaviour rather than the child? Remember that children may express their views in different ways. Are you confident that you have captured their views?

If you consider that the behaviour has been problematic or abusive, the CSA Centre's ***Key Messages from Research on Children and Young People Who Display Harmful Sexual Behaviour*** provides a succinct overview of the latest available research to support professional understanding and practice.



Part B: Responding to sibling sexual behaviour

3

A whole-family response to sibling sexual behaviour

This chapter summarises the key responses to different forms of sibling sexual behaviour – see Table 2 on the next page. More detail on the initial response to *problematic* and *abusive* sibling sexual behaviour is provided in Chapters 4–6, while Chapters 7–8 cover further assessment, intervention and support following the initial response.

In all situations you will need to take a whole-family approach which harnesses and builds on the strengths of each family member in order to address the emotional needs and any immediate physical/sexual safety needs of the children in the family – this includes the child(ren) who have engaged in the sexual behaviour, any child harmed by the behaviour, and any children not directly involved.

Understanding the influences on the parent(s)' response – such as their own experiences of abuse, their faith, values and beliefs, and responses from the wider community – will help you to arrange appropriate support.

For more information about common parental responses to the sexual abuse or harm of their children, see the CSA Centre's [Supporting Parents and Carers Guide](#).

The more serious the behaviour, the more likely it is that formal safeguarding processes will be necessary. In all cases, **the immediate priority is to ensure the safety of all the children** in the family, both in relation to the sexual behaviour and any other forms of significant harm. You may also need to consider the safety of other children outside the family network (e.g. friends and fellow school pupils) if there are indicators that the child who has harmed may pose a risk to them.

The University of Birmingham's Health Services Management Centre has developed a [mapping tool](#) (King-Hill, Gilson et al, 2023) to support professionals' response to concerns about siblings' sexual behaviour. Designed for use alongside this guide, the mapping tool aims to help you organise your thinking based on the information you have about the children and the family context.

Table 2. Key responses to sibling sexual behaviours

Developmentally appropriate sexual interactions	Inappropriate sexual behaviours	Problematic sexual behaviours	Abusive sexual behaviours
<p>Providing some support to the parent(s) may be a sufficient response.</p>	<p>A response is needed to support the children and the family.</p>	<p>Should trigger a statutory Initial Assessment as a minimum; interventions are required.</p>	<p>A statutory intervention is required, and a multi-agency response to the complexity of needs that the behaviours are likely to indicate.</p>
<p>Offer the parent(s) reassurance and education about developmentally appropriate sexual behaviours and signs of concerning behaviours. Advise them to seek further help if they observe those signs.</p>	<p>Offer the parent(s) education about sexual behaviours, and support to set clear boundaries and provide redirection.</p>	<p>Offer the parent(s) education about sexual behaviours, and support to set clear boundaries and provide safety in the home.</p>	<p>Carry out a comprehensive assessment leading to a multi-agency plan that:</p> <ul style="list-style-type: none"> • ensures safety for everyone in the family • supports the child who has been harmed, and any other children in the family
<p>It's sufficient for the parent(s) to tell the children to stop the behaviour and/or distract them with other activities. Clear messaging about boundaries and appropriate ways to express intimacy may be beneficial. The parent(s) should not express anger with the children.</p>	<p>The parent(s) should tell the children to stop the behaviour, expressing clear boundaries. Depending on their ages, the children may benefit from input – ideally from their parent(s) or another adult in their support network – on healthy relationships.</p>	<p>For younger children whose parent(s) can protect/support them, name and describe the problematic behaviour, point out its impact, and develop strategies so reduce the likelihood of its repetition.</p> <p>Tell older children why the behaviour is problematic, set boundaries, and encourage strategies around self-control and positive emotional expression.</p>	<ul style="list-style-type: none"> • helps the child who has harmed to move on from their behaviour • repairs family relationships as a whole • restores family functioning. <p>The coordinated response must recognise family members' strengths and protective capacities, and include them as partners in decision-making.</p>
	<p>Find out about any other forms of stress or harm faced by children in the family, and take action to ensure their safety and reduce stress.</p>		

See Chapter 4

[See Chapter 5](#)

[See Chapter 6 and Chapter 7](#)

[See Chapter 8](#)

Developmentally appropriate sexual interactions	Inappropriate sexual behaviours	Problematic sexual behaviours	Abusive sexual behaviours
		If the parent(s) cannot set clear boundaries or model positive emotional expression, and so are unlikely to be able to prevent further problematic behaviour from occurring, consider whether the siblings can remain living together at home.	In light of the abusive behaviour and any other significant harm in their lives, decide whether it is safe for the siblings to remain living together at home.
		Consider whether there may be harmful sexual behaviour outside as well as inside the home.	
	Address factors (such as access to developmentally inappropriate sexual material online) that may have contributed to the emergence of the behaviour.		
	Establish a short-term home safety plan, and be clear about how and when it will be reviewed.	Safety planning and more in-depth assessment and intervention are essential.	
Address any other concerns within the family (e.g domestic abuse, neglect, a history of other sexual abuse) in their own right.			
Consider continued monitoring of the situation.	Consider remaining involved with the family for a time, to continue offering support and monitor the situation.		

Initial support for the children's parent(s)

4

When abusive (or, in some cases, problematic) sexual behaviour involving siblings comes to light, the parent(s) are likely to be able to play a central role in the recovery of their children. They will require professional support so they can harness their strengths and carry out their parental roles as fully as possible, whatever decisions may be made about the children's living arrangements ([see Chapter 5](#)).

The disclosure or discovery of such sexual behaviour is commonly experienced as a crisis within the family. The parent(s) may 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. Common responses displayed by parents include initial shock and denial, fear, anger and anxiety, guilt and shame, feeling like a failure as a parent, and feeling totally overwhelmed.

The parent(s)' relationships with their children, and with each other, may come under considerable strain, perhaps especially in the context of blended families. Professionals need to help the parent(s) begin to come to terms with what has happened, maintain their own relationship, and move towards being able to offer appropriate support and safety to all the children in their family.

The parent(s) are likely to need:

- space and time to ventilate their feelings
- emotional support and containment (feeling held and protected)
- sensitive challenge if they are denying that the harmful sexual behaviour has happened
- clear information, including reassurance that:
 - most children do not go on to repeat the behaviour
 - help and support is available
 - it's OK to be angry about the behaviour, and to express that anger away from the child in a contained environment that will not shame them
 - it's important to continue loving and supporting all their children
 - they can play a very important role in helping the child who has harmed to address their behaviour.

See section 4.2 of the CSA Centre's [Sibling Sexual Abuse: A Knowledge and Practice Overview](#) for information on how parents and other family members may be affected by and respond to harmful sexual behaviour between their children.

5

The children's living arrangements

After a child has displayed abusive sexual behaviour towards a sibling, an early decision will need to be made as to whether the siblings can remain living together. Such a decision may also be necessary in a case of *problematic* sexual behaviour that has persisted or is escalating. Remember that problematic sibling sexual behaviour may include children engaging in mutual sexual activity, as well as one child causing harm to another.

There is no possibility of avoiding this decision; maintaining current living arrangements while further assessment is undertaken is still a decision not to separate the children in the short term.

Remember that both the child who has harmed and the child who has been harmed are children first and foremost. Removing a child from their family can have devastating consequences for them and should not be an automatic, risk-averse response to a sibling's harmful sexual behaviour. Consideration should be given to the potential for safety planning and support for the parent(s) and all the children in the family. However, given the potential for this behaviour to be as harmful to a child as sexual abuse by a parent, removing the child who has harmed from the family home should not be considered as a last resort either.

For some children, separation may be needed before they feel safe enough to share additional information about the abuse. Removing the child who has been harmed should be avoided unless their safety is compromised by other risks within the family beyond their sibling's sexual behaviour.

Decisions about separating children are complex and should be made with the oversight of supervision, consultation, and referral to specialist services if available. At this early stage, unless the family has already had significant involvement from services, some information about them and other issues affecting them may not be known to professionals. Decisions will need to be kept under review and re-considered in light of new information and more comprehensive assessments.

All initial decisions should be undertaken, as far as possible, as part of a multi-agency strategy involving the parent(s) and discussions with the children.

Section 5.3.2 of the CSA Centre's ***Sibling Sexual Abuse: A Knowledge and Practice Overview*** contains more information on decision-making around sibling separation.

5.1 Considerations when deciding whether to separate the children

(a) The likely impact of the sexual behaviour

Consider the sexual behaviour's likely impact (including its emotional impact) on the children in the family, and in particular on the child who has been harmed. The more significant the likely impact, the more likely separation is to be considered, at least in the first instance. Separation would also be recommended if the child who has been harmed is expressing distress, anxiety or fear, with the understanding that such responses may be dynamic and change over time.

Judging the *likely* impact on the child who has been harmed

In the longer term, the impact of a sibling's harmful sexual behaviour on the child who has been harmed will need to be established through getting to know the child very well.

In the short term, although the behaviour has been immediately harmful, its full impact may not be immediately evident either to the child who has been harmed or to any observers. It is important to look for change across all areas of a child's life, but it is quite possible that no changes will be apparent. In the first instance, before impact can be properly assessed, a judgement will need to be made about the behaviour's likely impact. This judgement should take account of what is known about:

- the nature and duration of the harmful sexual behaviour
- the context in which it has occurred
- the child's experiences of other forms of abuse or harm
- the meaning of the behaviour to the child
- other protective and vulnerability factors.

The impact of the behaviour may be exacerbated or lessened by the responses of family members and professionals. Families who do not acknowledge the harm caused or who misplace responsibility may significantly amplify the behaviour's impact.

(b) The views (however expressed) of the children, and particularly the child who has been harmed

It is important to recognise that the child who has been harmed may not feel able to express their true feelings. Possible reasons for this include sibling or family loyalty, parental pressure, comments by the child who has harmed about ‘breaking up the family’, a reluctance to bring shame on the family, or fear of blame and repercussions.

Consequently, children need to be given the opportunity to speak to a professional who can gather information about their feelings and also objective data on the behaviour’s impact: for example, you can ask them how they are eating and sleeping, and find out how they present in different contexts such as school.

Note that children’s feelings, and their ability to express their feelings, may change over time and through changing circumstances. In a small study of 10 pairs of siblings where the sibling who had harmed had been removed from the family (Fontana, 2001), a number of the children who had been harmed initially said they missed their sibling; after a period of separation, however, they expressed fear of their sibling and of the prospect of the sibling’s return home. Following restorative work involving both siblings, in many cases the child who had harmed returned home and it was possible to restore the sibling relationship.

Reflection point

Check too that your assessment has taken account of the behaviour’s *emotional* impact on the children, as well as the impact on their physical safety. Research has found that professionals often fail to do this (Yates, 2018). And have you considered both/all the children’s wider emotional needs?

Children may express their feelings and their needs in different ways. Are you confident that you have recognised their feelings and identified their needs?



(c) The parent(s)' ability and capacity to protect their children

The parent(s) are key to their children's current and future safety, so assessing their capacity to protect the children and implement a safety plan (see section 6.2) is crucial. Note that they may need additional support and information in order to understand how they can respond appropriately.

It is important to gain an initial idea of whether:

- the parent(s) have made reasonable efforts to restrict behaviours in the past, and whether these have worked or have failed
- they have made efforts in the past to build a healthy environment, and whether these have worked or have failed
- the parent(s)' jobs and other activities allow them to know and supervise the children's behaviours at all times.

See also section 3.2.3 of the CSA Centre's [***Sibling Sexual Abuse: A Knowledge and Practice Overview.***](#)

Initial assessment of the parent(s)' protective abilities and capacities

There will need to be an initial assessment of how able the parent(s) – and any others who may be supporting the children in the family – are to protect the children. Questions to answer include:

- What is known about the caregiving environment and the quality of care that the parent(s) have been able to provide until this point?
- Do the parent(s) believe the child who has been harmed? Who do they consider responsible? Is there any evidence of victim-blaming?
- To what extent do the parent(s) understand the risks of further problematic or abusive sibling sexual behaviour, and its impact?
- What ideas do they bring with regard to introducing safety to the family environment?
- How likely and realistic is it that they will be able to provide adequate safety, consistently and over a long period of time?
- How committed are they to trying to meet the needs of all the children in the family, including the child who has harmed as well as those who have been harmed?
- What resources and support can the family draw upon, including positive engagement with professional support, community support and extended family?

Even if the parent(s) have reported the sibling sexual behaviour to services, are willing to accept support, and want the children to remain living together at home, it is important to recognise that these are not adequate proxies for their ability to keep the children safe: professionals have been known to give such parents multiple chances to continue looking after their children after further incidents of abusive behaviours, but a willingness to engage is not necessarily a sign of an ability to protect (Yates, 2018 and 2020). Equally, parents who do not report the behaviour but try to manage it within the family cannot be assumed to be unprotective. An assessment of the parental ability to protect the child must be made, and may not be the same for both parents.

(d) The physical safety of the household environment

Questions to consider here include:

- Can the children sleep in separate bedrooms?
- Do the living arrangements allow the parents to know the children's whereabouts and supervise their behaviours?
- Are there any hidden areas in the living space, where it would be possible for the children to go undetected?
- Are there doors on toilets and bathrooms, and do those doors have locks (or can locks be fitted)?

See also section 3.2.3 of the CSA Centre's ***Sibling Sexual Abuse: A Knowledge and Practice Overview***.

(e) The risk of further sibling sexual behaviour

The higher the risks of further problematic or abusive behaviour taking place, the more important it will be for the children to be separated.

Alongside consideration of specific sibling and family dynamics, an **evidence-based risk assessment** should be undertaken with respect to any child who has displayed problematic or abusive sibling sexual behaviour, so that the level of supervision they will require inside and outside the home can be understood. Some early decisions will need to be taken before such a risk assessment can be completed (see box), but these can be reviewed following the assessment.

Evidence-based risk assessment tools such as AIM3 ([see www.aimproject.org.uk](http://www.aimproject.org.uk)) and PROFESOR ([see www.profesor.ca](http://www.profesor.ca)) require experienced, skilled and trained professionals. The responsibility should be on the service (not the individual professional) to source and commission external services or consultation if such expertise is not available locally.

See also section 5.3.3 of the CSA Centre's ***Sibling Sexual Abuse: A Knowledge and Practice Overview***.

While you are waiting for an evidence-based risk assessment

We recognise that an evidence-based risk assessment will take time to complete, and decisions may need to be made before it is completed. In that case, you will need to consider the following questions (which the risk assessment will seek to answer) as best you can to inform your initial decision-making:

- Why has the child behaved in this way? This can be reframed as: What factors have influenced the emergence of the harmful sexual behaviour? What needs are being met through the behaviour? Understanding what needs the child was trying to meet by their behaviour will help you to think about how they can be supported to meet their needs in prosocial ways.
- Are there any particular times when the behaviour is more likely to happen? For example, times of day or specific situations (such as during a game or when parents are busy). Understanding this will help you to consider what support needs to be put in place during these times.
- Are there any particular places where the behaviour is more likely to occur? For example, in a child's bedroom, bathroom or an isolated place such as a shed. Understanding where the behaviours may be more likely to occur will help you think about how to make these places safer. For example, by keeping bedroom doors open when playing in them or agreeing family rules where only one person is allowed in the bathroom at any one time.
- Is there anything to indicate that the child poses an increased risk? For example, do they indicate that they intend to repeat the behaviour, or do they seem especially angry at or jealous of their sibling? While these factors do not necessarily mean the child will behave in this way again, they do indicate that additional supervision may be necessary.
- What are the protective factors in the child's life? What strengths can be developed, and how can these strengths and protective factors be harnessed? For example, if the child has particular hobbies or interests, can their school support them in finding extracurricular activities to develop these interests?

Note that, because of heightened concerns about sexual abuse and perceptions of those who sexually harm children, some professionals may overestimate levels of risk without grounding their thinking in clear and transparent assessment of the whole family context (King-Hill, McCartan et al, 2023).

(f) The children's ages and developmental stages, and any issues of learning disability or neurodiversity

Establish the extent to which the parent(s) are able to set clear boundaries and the children are able to respect those boundaries. Consider too whether the child who has harmed would be able cognitively to make sense of any separation from their sibling(s)/family.

(g) The quality and value of the sibling relationship

The more valuable the relationship is to the siblings, the more strenuous the efforts may need to be to allow them to continue living together safely. With support, however, a strong and valued relationship is likely to be able to survive a period of separation while further assessment is carried out, or until adequate safety measures can be introduced.

Be sure to consider how the sibling sexual behaviour is likely to affect the siblings' relationship.

Chapter 2 of the CSA Centre's ***Sibling Sexual Abuse: A Knowledge and Practice Overview*** contains detailed information on understanding sibling relationships.

5.2 Reviewing the decision

A decision for the siblings to remain living together should be reviewed regularly in any event (at least once every eight weeks in stable situations), and urgently if:

- any of the children begin to show signs of distress
- the child who has harmed continues to occupy positions of trust or authority with respect to other siblings, or there continues to be any kind of rough-and-tumble play
- reasonable efforts to restrict problematic or abusive behaviour have not worked
- the parent(s) have not made reasonable efforts to build a healthy environment, and concerns about sibling sexual behaviour persist
- the family atmosphere is volatile.

Whatever initial decisions are made around the siblings' living arrangements, these decisions need to be subject to review and further, more comprehensive assessment. Professionals always need to be open to new information, and to change care and safety plans (see Chapter 6) accordingly.





Contact between the children

Whether the children in the family remain living together or not after problematic or abusive sibling sexual behaviour comes to light, decisions will need to be made about whether there is contact between them, and how that contact is managed.

6.1 If the children are living apart, should there be contact between them?

If the siblings have been separated, decisions will need to be made around whether they should have any contact with each other.

Even if the siblings apparently enjoyed a positive relationship before the sexual behaviour was disclosed or discovered, you should not assume that there will continue to be value in their seeing one another subsequently. Assess the situation fully before initiating contact; it may be prudent to consider taking a staged approach to reconciliation (such as starting with indirect contact between the siblings before moving towards facilitated contact in a neutral location).

In any event, you should consider:

- the likely impact (including the emotional impact) of the sexual behaviour on the children involved, and in particular on the sibling who has been harmed
- the views (however expressed) of the children, and in particular the sibling who has been harmed
- the quality and value of the sibling relationship, including consideration of the sexual behaviour's likely impact on the relationship
- the possible impact on both/all the children of seeing each other and spending time together
- the protective abilities and capacities of the adult(s) who would supervise and manage the contact, and their ability to understand and respond to the children's needs.

Section 5.3.2 of the CSA Centre's ***Sibling Sexual Abuse: A Knowledge and Practice Overview*** contains detailed information about determining the level of contact.

6.2 Safety planning

If it is decided that the siblings should remain living together or having contact with each other, at home or elsewhere, a *collaborative* safety plan needs to be agreed with the family.

The home safety plan needs to be owned by the children, their parent(s) and their wider support network, and must be reviewed regularly. It should provide a therapeutic opportunity for the family to acknowledge openly and develop their shared understanding of what has happened, and to recognise the strengths they can each bring to helping the family move forward in the future.

The plan should outline boundaries and supervision requirements in relation to:

- bedroom and sleeping arrangements
- bathroom/toilet arrangements (e.g. locks on bathroom doors)
- play and other activities inside and outside the family home (e.g. at school, school camps, youth clubs, sports activities, play dates and sleepovers)
- sibling roles and responsibilities, including ensuring that a child who has harmed does not have any position of trust or authority with respect to younger siblings or those with other vulnerabilities
- family nudity
- family sexuality.

(Brady and McCarlie, 2011; Worling and Langton, 2012.)

See also section 5.3.1 of the CSA Centre's ***Sibling Sexual Abuse: A Knowledge and Practice Overview***.

The safety plan needs to be reviewed regularly – at least once every eight weeks in stable situations, or whenever there is a significant change in circumstances, a new concern raised, or a request by any of the children to engage in a new activity.

A short-term safety plan should also be developed following *inappropriate* sexual behaviour involving siblings.

The Lucy Faithfull Foundation has produced a **home safety plan template**, for use when there are concerns about inappropriate, problematic or abusive sexual behaviour by siblings.

Further assessment

Once the initial decisions have been made in a case of problematic or abusive sexual behaviour involving siblings, you will need to assess the whole family situation much more carefully and comprehensively. This assessment should take into consideration the needs of:

- the parent(s)
- the siblings directly involved in the sexual behaviour
- all other siblings of the family who were not directly involved in the behaviour, but who will nonetheless be affected in some way.

Building on your initial assessment of the risk of further sexual behaviour (see section 5.1(e)), the comprehensive assessment needs to answer the following questions:

- Why has the child behaved in a harmful sexual way? This can be reframed as: What factors have influenced the emergence of the harmful sexual behaviour? What needs are being met through the behaviour?
- How likely are they to behave in this way again, to whom, and under what circumstances?
- What needs to be done in the short term to manage risks?
- What are the indicators of risk, and are they increasing or decreasing?
- What needs to be done in the longer term to reduce risks and to support prosocial development for the child who has harmed?
- What will support the child who has been harmed and promote their recovery from the harm?
- How have other family members, including children, been affected by the sexual behaviour, and what do they need in terms of support?
- How can the parent(s) best support all children in the family?
- How will progress be evaluated and reviewed?

At this stage you need to think more carefully about:

- the family history
- family relationships and functioning
- relationships between the children
- relationships between the parents
- the impact of the sexual behaviour on different family members
- the parent(s)' protective abilities
- the safety of the family environment
- understanding risks and protective factors.

7.1 Interviewing members of the family

A thorough, strengths-based assessment will involve interviewing the parent(s), the child who has harmed, the child who has been harmed, and any siblings not involved in the behaviour. These interviews should aim to gather a full developmental history of each child, so the nature and quality of the sibling relationships can be understood. They should cover:

- patterns of closeness and attachment
- alliances within the family – emotional sharing and the role of secrecy and secrets between family members
- changes in family relationships over time
- power dynamics – Who gets what, and how, in the family? What do family members do to tease, embarrass, reward, discipline and punish one another? Who is most commonly subjected to these behaviours, and by whom?
- how conflicts involving siblings emerge, and how they commonly end
- horseplay within the family (tickling, playfighting, etc)
- roles taken on by siblings in the family
- gender roles and stereotypes within the family
- sexualisation – Does a family member ever say anything that makes anyone else in the family uncomfortable about their bodies? Are any family members ever touched in ways they don't like? What are the sexual messages communicated by the parent(s)?
- cultural dynamics within the family (e.g. beliefs and values, the impact of sex/gender, the role of shame)
- views on what needs to change in the future to promote emotional, physical and sexual safety.

(Adapted from Caffaro and Conn-Caffaro ,1998:263–272.)

Further information on the whole-family approach to assessments can be found in section 5.3.3 of the CSA Centre's ***Sibling Sexual Abuse: A Knowledge and Practice Overview***.



Further intervention and support

Any interventions in response to problematic or abusive sexual behaviour involving siblings must be situated within an overarching support plan for the whole family, including the parent(s), the children involved in the behaviour, and other siblings. Such family-based interventions remain under-evaluated, but their focus should be on supporting the family to make sense of the trauma and move on in a healthy way.

The long-term aims of intervention need to be guided by the key outcomes of:

- ensuring safety
- supporting the child who has been harmed and any other children in 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), whereby family members are included as partners in decision-making, and their strengths and protective capacities are recognised. It is important to understand that healing will take place within the community as much as through therapeutic intervention, so harnessing the strengths of the whole system around the child and the family is vital.

Where children have been separated, the intervention plan needs to provide guidance on decisions around progressing to contact and possible family reunification. It may not be possible to achieve reunification in all cases, but this goal should shape and inform the intervention plan.

Research into outcomes for adult survivors of sibling sexual abuse (Monahan, 2010; Tener, 2021) has found that many affected siblings can face challenges in adulthood related to navigating stresses caused by family events (births, deaths, marriages, illness etc). This can be the case even when interventions have been successfully completed. Thought should therefore be given, at the point when a case is closed, to aftercare support and ensuring that family members know how to access appropriate advice, guidance and therapeutic services in the future.

For more information on interventions with the whole family, and the goal of family reunification, see section 5.4 of the CSA Centre's ***Sibling Sexual Abuse: A Knowledge and Practice Overview***.

Part C: Meeting your own needs

Taking care of yourself

Supporting families affected by siblings' harmful sexual behaviour can be challenging, emotionally draining and sometimes overwhelming. It may test your preconceptions of children and of family relationships, and may trigger a response – whether or not you have your own experiences and history of sexual abuse.

Maintaining your energy levels, and your feelings of self-worth and self-esteem, is essential to ensure that you can support children effectively and preserve your own emotional wellbeing. To stay healthy and effective in your role, you need to understand the psychological and emotional impact of working with children who have displayed harmful sexual behaviour or been harmed by it, and remain attentive to signs of burnout and secondary trauma. These signs may include:

- feeling overprotective towards children in your life
- having trouble sleeping
- feeling angry, frustrated or disillusioned
- finding it difficult to empathise.

Your employer should provide you with regular, reflective supervision, training and caseload management to support you to undertake your work effectively. They may also support you to access external supervision or consultation.

What else can you do?

To look after yourself when working with children who have acted out sexually or been sexually abused, make time to take part in activities which help you to switch off and relax. Advice about setting personal and professional boundaries, looking after yourself and managing stress is available from the [**Lucy Faithfull Foundation**](#).

You may also find it useful to access therapy or counselling, and some employers have employee welfare schemes that can provide access to such counselling.

Try to have your support mechanisms and strategies in place from the outset of the work rather than waiting until you are finding things difficult.

At work, it is important that you take responsibility to seek support with any issues and challenges you are facing; occupational health may be available to provide support where necessary. Another aspect of being professional is understanding your own strengths and limitations, and turning down opportunities to work with these kinds of situations if they really are not for you.

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