

**NSPCC**  
**Learning**

# Understanding and responding to sibling sexual harm and abuse

A research review and analysis

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## Aim and scope of this review & analysis

What is the nature of sibling sexual abuse (SSA), and wider harmful sibling sexual behaviour (HSSB)?<sup>1</sup> What contributes to the occurrence of SSA and what harms does it cause? What is most helpful to children and families after SSA comes to light, to assist safety, healing and justice? This paper reviews and analyses relevant research to help answer these and related questions, with a primary aim of informing the development and practice of services designed to meet the needs of these children and families. There is a focus on abusive sibling sexual behaviour but much is also relevant to understanding and responding to wider problematic or harmful sibling sexual behaviour.

## Introduction

Sibling sexual abuse (SSA) is one of the most complex and challenging forms of sexual abuse for professionals to understand and respond to effectively (Yates & Allardyce, 2023a).

Like other forms of intrafamilial sexual abuse, SSA may leave victims with particularly conflicting and ambivalent feelings towards their offender (Warrington, Ackerley, Beckett & Allnock, 2017), yet unlike sexual abuse involving an adult perpetrator, there is not the clear demarcation between adult and child to easily clarify the wrongdoing. Sibling sexual abuse sits within a wider range of sexual behaviours that can occur between siblings, other forms including that which is normative childhood play and exploration, and those which are problematic or harmful but not necessarily abusive (Yates & Allardyce, 2021, 2023b).

Identifying which type of sibling sexual behaviour has taken place is not always straightforward and yet getting it wrong in either direction can have detrimental consequences (King-Hill, Gilsenan & McCartan, 2023). As Yates and Allardyce (2023a) summarise:

“It is important on the one hand not to pathologise what may be normal and harmless sexual behaviour between siblings; on the other hand, it is essential not to dismiss as experimental and exploratory behaviours that are abusive and potentially extremely harmful” (pg. 3).

The literature contains various examples of both of these errors and the harms they can cause. For example, in Yates (2018) study of social workers’ decision-making in sibling sexual abuse cases in Scotland, he found that they were at times unable to see the abusive nature of the behaviour and the impact it had had on victims, biased by a ‘rule of optimism’

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1 Since this review was written, the NSPCC has adopted the term ‘sibling sexual abuse and harm’ for use in its services. This term refers to both sibling sexual abuse and wider harmful sibling sexual behaviour, and both of these are explored in this report. To note, and as discussed below, at times determining whether behaviour is abusive or not (even if it is harmful) is not straightforward and, for services working with children and families, a precise determination is not always necessary.

and perceptions of all children being inherently vulnerable and sibling relationships being of intrinsic value. This led to siblings often remaining in the same home together with insufficient attention given to safety and healing. And in a study interviewing female survivors of SSA, Rowntree (2007) found that they had often experienced responses to their disclosures that minimised the abuse, narrating it as ‘natural’ or ‘experimentation’ and, relatedly, perceiving the victim as in some way to blame. These responses were at times felt to be as harmful as the abuse.

“Like my mum walked in on... but she doesn’t actually know that he was coercing and forcing. She believes in her mind that it’s just consensual, experimentation is going on”

“That’s okay, ‘sometimes boys do that’ and that was the end of the conversation because that’s apparently all it was”

Adult female survivors of SSA quoted in Rowntree (2007, pp. 351 & 352)

Equally, some people report sexual experiences with their siblings in which there is no clear victim and offender, or coercion and power dynamic (Finkelhor, 1980; Tener, Tarshish & Turgeman, 2017; Marmor & Tener, 2022) and in these situations, the lack of language to describe these often complex experiences may impede individuals’ ability to process and make sense of them. Even worse, if systems are geared up to only see victims and perpetrators there is the risk that children will be inappropriately placed into these categories, resulting in unfair punitive consequences for the child labelled ‘perpetrator’ and unnecessary family ruptures and stigmatization. As Tener et al. (2017) note:

“treatment and care... can actually cause an additional crisis as the family feels adherence to social norms requires it to label one or several of its members as perpetrators and others as necessarily traumatised when its main task is to try to stay unified” (p. 17).

Related to this, research finds that sometimes professionals may catastrophise and exaggerate the severity of the behaviour in response to underlying anxiety and risk aversion (King-Hill, Gilsean & McCartan, 2023).

Complicating matters is that it is typically difficult to know early on exactly what has happened and why. There is the wholly understandable

“tendency of children to initially tell only a portion of what they have experienced, to withhold disturbing information from parents, to perhaps not even remember all or part of the abuse until their brain is ready to reveal it” (Brandy Black, founder of 5Waves, personal communication; McElvaney, 2015).

This introduction to just a few of the complexities inherent to understanding and responding to SSA and HSSB demonstrates the need for professionals who encounter these issues to be reflective, open-minded, curious, informed, and attuned to those that they working with, and a core aim of this review is to support such an approach. It begins with a summary of what we know about the prevalence of SSA and sibling sexual behaviour – this providing a useful backdrop to the subsequent discussion on types of sibling sexual behaviour and abuse and how we might define these.

## Note on language

There are very legitimate concerns that the terms ‘perpetrator’ and ‘offender’ when applied to children with harmful sexual behaviour can unfairly imply that they are like adults who have sexually abused children, despite the fact that the two groups are quite different in terms of their psychology, risk, and levels of responsibility (Yates & Allardyce, 2021). And these terms can unhelpfully stigmatize children, could make reoffending more likely (through the impact of labelling on identity development, and through alienation), and work against the building of rapport between children, families and services. Therefore it is advised that they are not used in practice. Caution is also warranted around the use of labels to describe harmed children (such as ‘victim’ or ‘survivor’) given they may also carry meanings or associations that these children may find unhelpful or not relate to.

In research, writing and discussion that speaks to the issues more generally (versus practice focussed on specific cases), summary terms are necessary and so these terms are used as a shorthand for, and interchangeably with, longer descriptors such as ‘children who have harmed’ or ‘harming children’. Every descriptor has its limitations and no term used here should obscure that it is children under discussion with their distinct psychology, needs and rights.

A further complexity is that some forms of sibling sexual behaviour have no clear ‘child who harmed’ or perpetrator, and no clear ‘harmed child’ or victim (separable from those situations where these do exist but are not immediately apparent – discussed below). The majority of the research in this field has focussed on sibling sexual behaviour that is abusive and so typically these categorisations of harmed or harming children are used, but it should be borne in mind that there are cases where they do not apply. In these situations, terms like ‘children who have engaged in sibling sexual behaviour’ are preferable.

There is further discussion below on the terminology for different types of sibling sexual behaviour, including sibling sexual abuse; inappropriate, problematic or harmful sibling sexual behaviour; and sibling incest.



# Prevalence of sibling sexual abuse and other sibling sexual behaviour

A variety of studies have explored the prevalence of sibling sexual abuse or wider sibling sexual behaviour. Whilst most do not meet the methodological standards necessary to draw firm conclusions, when taken together, they provide some insights, including around the different forms that sibling sexual behaviour can take.

In a seminal study, Finkelhor (1980) surveyed 796 U.S. undergraduates and found that 15% of females and 10% of males reported some form of sexual experience with a sibling. Of those who reported these, 74% reported that they had experienced brother-sister sexual behaviour, 16% brother-brother, and 10% sister-sister.<sup>2</sup> Finkelhor classified a quarter of the reported experiences as abusive because force was used or there was a large age disparity – leading to a prevalence of SSA of 3%. Whilst it is not completely clear from the study, it seems that this figure includes both those who were victims and those who were harmed. In a more recent survey of 2,885 U.S. students, 4.7% reported sexual behaviour with a sibling, and 1.3% reported that this was coerced by their sibling (Griffee et al., 2016). A further survey of (it seems) undergraduate women found that 2.9% reported sexual abuse from a brother – this being 4.9% of those with a brother (Stroebe et al., 2013). These figures are comparable to those of the two previously cited studies given that most studies find women reporting greater sibling sexual victimization than men.

In contrast, a recent study of university students in Portugal by Relva, Fernandes & Alarcão (2017) found higher rates: 10% of males and 6% of females reported being a victim of brother-sister sexual abuse (other combinations were not enquired about), and 11% of males reported sexually coercing a sister and 5% of females sexually coercing a brother. Another study with unique findings is that of Morrill and Bachman (2013) – in their survey of 335 university students, high rates of sibling sexual victimization were apparently reported equally by men and women,<sup>3</sup> and whilst far fewer reported themselves sexually coercing a sibling, more women than men did so.<sup>4</sup>

Turning to wider populations, in an interview study of 2,869 representative UK young adults conducted by Cawson, Wattam, Brooker & Kelly (2000) for the NSPCC, approximately 2% reported sexual abuse by a sibling, roughly double the number reporting abuse from a father. Brothers and step-brothers were the most frequently reported familial perpetrators. Table 1 below reproduces some figures from this study, showing the percentage of victims of intrafamilial abuse reporting different sexual acts from some of the different familial perpetrators. This indicates the high percentage of severe sexually abusive acts perpetrated by brothers – a finding that accords with the wider literature, which indicates that the majority

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2 These add up to more than 100% as some reported sexual experiences with more than one sibling.

3 Percentages cannot be provided, as only mean frequency scores were reported. These would seem to suggest that over 50% of the sample had experienced sibling sexual victimization – however looking at the scale they employed more closely, it is questionable whether it measured sibling sexual coercion (as the authors claim) or wider sibling sexual behaviour. For example, ‘a sibling showed me pornographic material’ may or may not be abusive depending on the dynamics at play, as discussed further below.

4 This finding, taken together with those of Finkelhor (1980) indicate that males in particular may be under-estimating their perpetration of sibling sexual abuse, intentionally or otherwise.

of sibling sexual abuse is perpetrated by an older brother towards a younger sister (Caffaro, 2014; Griffee et al., 2016; Kreinert & Walsh, 2011).

**Table 1. The percentage of victims of intrafamilial sexual abuse reporting abusive acts from different relatives**

Offender*	Penetrative / oral acts	Attempted penetrative / oral acts	Touching	Voyeurism / pornography	Exposure
Brother / stepbrother	38	43	20	43	29
Father	23	14	12	21	11
Stepfather	13	19	16	9	9
Uncle	14	13	19	12	26
Cousin	8	8	10	4	9
Grandfather	6	1	9	2	17
Sister / stepsister	–	–	6	–	3
Mother	4	6	3	14	2

\*Data for stepmothers, grandmothers and other relatives are not included here as the figures for these categories were mainly less than 1%. A number of respondents identified themselves as victims of intrafamilial abuse but did not wish to answer who within the family had abused them.

Source: Cawson et al., 2000

An Australian study also based on a representative sample of the population (8,503 individuals aged 16 and over) has recently been published, and this found that 1.6% reported sexual abuse from a sibling as a child (Mathews et al., 2024).

Frustratingly a number of studies investigating the prevalence of sexual abuse with otherwise strong methodologies (for example using representative samples) have not parsed out rates of sibling sexual abuse – including, for example, siblings amongst ‘other relatives’ (beyond father figures) or amongst other young people (such as peers). This is reflective of the tendency, up until recently, for the particular problem of sibling sexual abuse to be overlooked in research, ignoring the particular complexities, dynamics and challenges it involves. Yates and Allardyce (2023a) argue that this blind spot has come about because SSA

“simultaneously threatens our stereotypes of those who sexually abuse children, our ideology of family, our ideals of childhood, our archetypes of siblings, and our very constructions of what child sexual abuse is” (pg. 3).

These stereotypes have not only, arguably, been an obstacle to much needed research, they also hamper effective responses to the problem, as is explored below.

When studies focussed solely on survivors of CSA have asked about perpetrators, sizeable proportions report that these were siblings. For example, a survey conducted by Office of the Children’s Commissioner (for England) of 1013 survivors of sexual abuse within the family environment (including those abused by family friends and neighbours) found that 12% had

been sexually abused by their brother (OCC, 2015). Brothers were the third most frequently named perpetrator, following fathers and uncles.

Finally, a small number of studies have explored police data. Kreinert and Walsh (2011) found 13,013 incidents of sibling sexual abuse reported to U.S. law enforcement between 2000 and 2007.<sup>5</sup> The mean age of victims was 8 years old, and 71% were female. The mean age of offenders was 14 and 92% were male. A quarter of incidents involved a stepsibling and 13% multiple victims. Two thirds of cases involved a boy abusing his sister, whilst a quarter involved a boy abusing his brother. In a study of England and Wales police data, Adams and Crosby (2022) found 2,869 reports of sibling sexual assaults made to 21 (of 42) police forces between 2017 and 2020. This figure accounted for 24% of all intrafamilial sexual offences (and 40% involved abuse by a parent).

Considering these studies together, it would appear that somewhere between approximately 1–5% of children have been sexually abused by a sibling (and a further number have experienced other forms of sibling sexual behaviour). A small proportion of this abuse (but not an insignificant number) is reported to the police. This range of 1–5% is of course a tentative suggestion given the limitations to the relevant studies, and also given that prevalence rates are likely to differ markedly between countries, times, and cultures, depending on the prevalence of contributing factors (explored further below).

## **The nature and dynamics of SSA and other forms of sibling sexual behaviour**

Studies have examined both the characteristics and dynamics of sibling sexual behaviour that is clearly abusive in nature, as well as the nature of sibling sexual behaviour more generally. These are explored in turn here, informing the subsequent discussion and suggestions on how SSA and HSSB might be best summarised and defined.

Sibling sexual abuse, on average, appears to be a particularly severe and long-lasting form of sexual abuse (Tidefors, Arvidsson, Ingevaldson & Larsson, 2010; Rudd & Herzberger, 1999; Bertele & Talmon, 2021). Cyr, Wright, McDuff & Perron (2002) in a comparison of cases involving girls abused by their fathers or brothers found that both forms of abuse on average persisted for over two years, and penetration was involved in 71% of the sibling cases compared to 35% of those involving fathers. In a survey of 34 female survivors of sibling sexual abuse (Carlson, Maciol & Schneider, 2006), 21% reported objects being inserted into their vagina or anus; 12% reported images being taken; and 9% reported sadistic acts. On average their abuse lasted six years. A more recent empirical review by Bertele and Talmon (2021) found that, across studies, victims were on average 8 years old when SSA begins and 4 ½ years younger than the child who harmed.

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<sup>5</sup> This is not the total number reported to U.S. police within this time period as it seems that not all police departments participated in the submission of data to the national body from which these figures were gleaned.



For over 75% of these victims, their abuse lasted over a year and for a third it happened once or more a week. This duration and severity follows from the unique situational opportunities afforded to sibling offenders: not only do siblings typically reside in the same home, it is not typically seen as unusual for them to often be alone together. As a result sibling sexual abuse can sometimes be opportunistic in nature (Marmor & Tener, 2022).

Survivors describe a range of behaviours and tactics used by the abusing child to achieve compliance or silence, including persuasion; persistent and repeated requests; emotional pressure; threats (for example, of physical violence, or to withhold privileges); bribery (for example with money or gifts); approaching victims when they are in bed or sleeping; and trickery and deception (Katz & Hamama, 2017; Lewin et al., 2023; Tener et al., 2017). Sometimes offending siblings present the abuse as part of a playful game or daily routine, or as a necessary quid pro quo (*'I did that for you, so you need to do this for me'*), creating a sense of indebtedness (Canavan, Meyer & Higgs, 1992; Lewin et al., 2023; Marmor & Tener, 2022; Tener et al., 2017). Relatedly, victims may comply with sexual acts in order to retain affection from their sibling which might be otherwise missing in their life (Ballantine, 2012; Katz & Hamama, 2017).

It is not uncommon for survivors to also report the use of physical force within the abuse (Cyr et al., 2002; Rudd & Herzberger, 1999). And some have reported siblings switching between affectionate and cold or cruel treatment (Ballantine, 2012) – this behaviour is also evident in other forms of sexual abuse (such as child sexual exploitation) and domestic abuse, and can be especially powerful in eliciting traumatic bonding and compliance in victims (Dutton & Painter, 1993). At times none of the above strategies or dynamics are present, because, for example, offending children are relying on their sibling's lack of knowledge and understanding, or because they are confident that no-one would take their sibling seriously if they were to disclose.

Naturally the wider relationship between the siblings is critical to understanding the aetiology and dynamics of the abuse (Caffaro, 2014). In some situations, the sexual abuse is one of a number of aggressions carried out by a child who feels generally hostile towards their victim (for example due to jealousy or because they are acting out their own victimization; Caffaro, 2017). In others, it is the siblings' closeness and intimacy that is conducive to the abuse commencing (Lewin et al., 2023). And in further cases, the abuse may occur against a backdrop of relative indifference – the offending child may not have strong feelings either way for their sibling, it is simply that they are accessible for abuse.

A frequently overlooked dimension of sibling sexual abuse is the betrayal trauma that it constitutes (Ballantine, 2012; Carlson, 2011). Despite the rivalry and conflicts that are normal in many sibling relationships, siblings are usually close family members (Caffaro, 2014) that children will likely first approach subconsciously with an expectation of care. This trust will be higher when siblings have a close bond, and children will rely on this trust more when they are missing nurturance from their parents or other family members. This merits mention because betrayal is an important moderator of impact: the more the abuse is a betrayal of trust, the more victims are impacted by it over the long-term (Edwards et al., 2012).

Child and adult survivors of SSA often describe complying with the abuse – the sexual acts are not something they want, but are also not something they are empowered to stop (Katz & Hamama, 2017). This lack of perceived power can stem from one or more of the above abusive tactics, as well as from a wider power differential between the two children (arising

from, for example, differences in age, knowledge, intellectual ability) and/or wider family dynamics and norms, such as hierarchies based on patriarchy, parental favouritism, or biological/step differences (Caffaro, 2014).

However these constraints and influences on a child are usually not as visible to them (or to others) as their actions or inactions – contributing to victims and survivors grappling with distressing feelings of complicity and related shame (Ballantine, 2012; explored further below). In short, the highly adaptive strategy of compliance is confused with complicity or collusion.

The nature of sibling sexual behaviour often changes over time – for example, as with other forms of sexual abuse, it may progress from voyeurism and touching to more violating sexual acts such as penetration or filming. There is also the dynamic in which sexual behaviour between siblings starts off as something fully or somewhat mutual before turning into abuse as one sibling wants it to stop but the other persists (Carlson et al., 2006; Marmor, Gemara, Lusky-Weisrose & Tener, 2021).

Table 2 summarises some qualities (discussed in this section) that are particularly common in sibling sexual abuse and which may worsen or complicate its impact.<sup>6</sup>

**Table 2. Frequent aspects of sibling sexual abuse which may complicate or worsen its impact**

Frequent aspects of sibling sexual abuse which may complicate or worsen its impact
Frequent, severe abuse acts persisting over years
Abuse takes place within the victims’ home on any day so they have no safe place or time
Intrusion into the night-time space
Abuse as a part of everyday routine or play
Victims feeling responsible and complicit – alongside concomitant shame and self-disgust – for example, because of the lack of adult/child divide; because mutual sexual play progressed into sexual abuse; and because they complied because of ‘invisible’ influences and constraints (such as the abuse being routinised or the price for affection)
Victims’ conflicted feelings for the abusive sibling
Victims’ fears of being blamed or misunderstood by others if they disclose or the abuse comes to light
Victims not understanding the abusive nature of what their sibling is doing, for example because they are young and it is part of play or a routine
The breaking of the ‘incest taboo’ leading to greater shame and disgust
Protective caregivers (for example mothers) have conflicted loyalties to the children. They are interested in the wellbeing of both, even though what may benefit each may be in conflict
Minimising responses from family, friends and professionals – for example, the abuse is assumed to be mutual sexual experimentation

<sup>6</sup> Note that these qualities are not unique to sibling sexual abuse, and are by no means always present – rather, they are particularly common in this form of abuse. Some of these qualities are also common in other forms of intrafamilial sexual abuse.

Some people who have had sexual experiences with their siblings do not describe this as abuse, this word feeling an ill-fit (Marmor et al., 2021; Marmor & Tener, 2022). Sometimes this is because they in fact offended against their sibling but they are struggling to acknowledge this or do not understand that they have. For example, Marmor and Tener (2022) found that some individuals who had abused their siblings used terms such as ‘story’, ‘play’ and something weird’ to describe what happened. In other cases, victims are not naming the abuse as such because they are unfairly viewing themselves as complicit and to blame (as discussed above) – this stance can be a subconscious attempt to protect themselves from the otherwise overwhelming feelings fully facing the abuse might entail (such as betrayal, grief, powerlessness and anger) (Hanson, 2018), and may be amplified by others’ minimising or blaming reactions (see below).

It is also the case that, because sibling sexual abuse has not been made visible in society as a form of sexual abuse, having been ignored and minimised (Yates & Allardyce, 2023a), survivors can be left feeling that what they experienced must be something different.

“I wouldn’t naturally go to a rape crisis centre. I wouldn’t naturally go to child sexual abuse either... I’m not in there, but I’m in there but I’m not in there. And in a way that kind of feeds into then you not having your own voice and you not being heard. So... it’s like again, you’re not fitting anywhere?”

Survivor quoted in King-Hill, McCartan, Gilseman, Beavis & Adams (2023)

Adding to this complexity are cases in which professionals are working with families where a child has been abused by a sibling (according to most definitions) but expresses positive feelings about the experience and appears to show no signs of harm. In these circumstances, practitioners may understandably feel conflicted about categorising it as abuse (Tener & Silberstein, 2019).

“I had a case of a four-year-old girl whose brother would sit her on his knees and masturbate on her while she was naked before taking a shower, because it was his chore to wash her... for her, it was a game. I spoke with the teacher, talked to the parents, met the girl – and nothing. The girl was happy and joyful... I was really in a dilemma – should I refer her to the unit?... we decided to refer the parents to parental guidance and keep an eye on her... I even argued with my supervisor about this case... she did not understand how I could leave a girl who had been abused without treatment”

“The information that comes with her tells of several years of acts [performed by her brother]... for her, the story is different: she tells me she is her brother’s model and one day she will be famous... and she really had fun with him and for her it really was a game... there was nothing coercive, he would ask her if she wanted to play “models” and photograph her on a cellphone... The intervention in this case is very complex. What should I say? That she was sexually abused? Not for her, not at all! Would she feel the same in a few years from now? Maybe yes and maybe no, I have no answers”

Practitioners quoted in Tener & Silberstein (2019)

Going beyond these situations, there are also those (as discussed above) in which siblings have behaved sexually with one another but there is no clear abuse dynamic or victim/offender roles. In some of these cases, the behaviour is simply part of normal childhood play and exploration. Yates and Allardyce (2021) give an example:

“A mother comes across her five-year-old son and his four-year-old sister laughing and showing their genitals to one another. She tells them off and has not seen them doing it again” (p. 16).

In others however, whilst there is no clear abusive dynamic, the sexual behaviour does not appear to be normative and is a breach of the societal taboo against incest<sup>7</sup> (which the siblings may not be aware of at that time). In these cases, the sexual behaviour may have compulsive elements and/or be an attempt to meet needs that should be met by others (such as parental affection or peer dating), and they tend to have a degree of secrecy to them (Yates & Allardyce, 2023b).

Research by Tener and colleagues in Israel (involving interviews with adults who experienced this sibling sexual behaviour as children, as well as interviews with practitioners, and analysis of case files) indicates that these situations are high in *mutuality* and/or are often characterised by *routine* (Tener & Silberstein, 2019; Marmor & Tener, 2022; Tener et al., 2017). Note that it is not that routinised sibling sexual behaviour cannot be abusive, rather that many cases of routinised sibling sexual behaviour are less easy to judge as such, in contrast to cases without this feature. An example of an apparently mutual sibling sexual relationship is that of ‘Joseph’ and his twin brother cited by Marmor and Tener (2022). He described a five year sexual relationship with his twin, sharing:

“I remember all sorts of games we used to play. Make-believe games in which we remained in some sort of apocalyptic disaster and we were the only guys there and, I don’t know, we become a couple because it was part of the game... but as we got older... I no longer remember how it was. After all such games are not played then. But still, there is the sexual relationship, which happened on its own... because... I did not plan it to... I experienced a couple relationship that involved much love, warmth, respect... it was not coerced”

Participant cited by Marmor & Tener (2022, p. 5)

Examples of cases characterised by routine where clear victim/offender roles were not clear included that of ‘Jasmine’ who described masturbating with her three siblings at the end of most days (Marmor & Tener, 2022), and cases where a sibling introduced a sexual practice to their siblings as part of an everyday routine which was then mimicked and initiated by the others on different occasions of the routine (Tener et al., 2017).

An important finding from these and other studies is that these situations, in which sibling sexual behaviour is neither normative nor abusive, are still often difficult and harmful for the siblings involved. Returning to the case of ‘Joseph’, who had the long-term sexual relationship with his twin, he shared:

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<sup>7</sup> This term being used to refer to sexual relations between family members or close relatives (versus the more narrow legal definition in some jurisdictions).

“This was the formative event of my life... in my behaviour, there are marks of sexual trauma, yes, and of ongoing sexual abuse... like there was no-one to blame, but rather the experience of something I cannot get out of – something I am trapped in, something I, like, choose not to do, but into which I fall again and again, against my own choice. So, these marks of incest exist”

Participant cited by Marmor & Tener (2022, pp. 5–6)

‘Ella’ who also experienced this form of sibling sexual behaviour describes the co-existence of pleasure and distress it involved:

“I became addicted to it... I am also not comfortable with ‘I became addicted’... I remember myself with A, reaching orgasm – as if it was a conflict that cannot be contained: I am really enjoying it and also really suffering”

Participant cited by Marmor & Tener (2022, pp. 5–6)

Similar conflicts are also shared by ‘Jasmine’:

“I have no reason to broach the subject with my siblings, because what will I tell them? Ten years ago – no, more, twenty years – we would masturbate together... I enjoyed it, I did not like it, I did like it, it was not suitable, it was suitable... it is something that emerged during my childhood, and apparently also in my siblings... it’s that greyness”

Participant cited by Marmor & Tener (2022, pp. 5–6)

The feelings and recollections of these individuals highlight not only the harm that these experiences can engender, but also the compulsive dynamic frequently at play, and the difficulties people experience in attempting to put words to it all. Yates and Allardyce (2021, 2023b) suggest that this broad form of sibling sexual behaviour (which is not necessarily abusive or normative) ranges from ‘inappropriate’ to ‘problematic’, the latter typically involving more instances, more seriousness and/or older children than the former. Other terms which may be useful are ‘harmful sibling sexual behaviour’ and ‘sibling sexual trauma’ – these would include both sibling sexual abuse as well as these situations under discussion, which whilst not abusive, nonetheless appear to carry a significant risk of harm.

For some the latter term ‘sibling sexual trauma’ is preferred given the focus on the impact (in situations where this is apparent) and its move away from categories of behaviour which may be always in debate. Another term which may be used is ‘sibling incest’. Whilst this term seems to be going out of fashion, it appears helpful to some, like Joseph above, who are trying to capture the problematic nature of their experience without mischaracterising it as abuse. Although some might argue the term is stigmatising, the breaking of the incest taboo (causing stigma) is arguably a core part of why it is harmful to those involved, and so using the term ‘incest’ may help to do justice to this, implying harm and challenge without necessitating an abuser and abused.

Such terms may also be useful in capturing another form of sibling sexual behaviour that is not uncommon – sexual behaviour from one sibling to another, or between siblings, that is directed or coerced by someone else, for example an online offender sexually blackmailing one or both of the children, or a father instructing his children in sexual acts with one another (alone or as part of an abusive group). Thus in this situation, there is a (typically adult) offender (or more) who is abusing both children, who are both victims and not perpetrators or ‘children who harmed’. The child or children carrying out the sexual behaviour on another is being subjected to both sexual abuse and the abuse of ‘moral injury’ (Griffin et al., 2019): this is where an abuser forces a child to go against their ‘moral core’ and it constitutes a particularly cruel and harmful violation. Without this conceptual clarity, there is a high risk that the perpetrator’s aim of making the morally injured child feel responsible will be effective. Whilst this form of sibling sexual behaviour is rarely discussed in the immediate literature, it is described in research on organised abuse (for example, Canadian Centre for Child Protection, 2017), and of note, 15% of Carlson et al.’s (2006) 34 female survivors of sibling incest report that this involved ritual abuse or torture: forms of abuse that are typically directed by adults and involve moral injury abuses.

## **Defining sibling sexual abuse (SSA) and harmful sibling sexual behaviour (HSSB)**

Over the years sibling sexual abuse has been defined in a variety of ways, which has caused difficulties for both research and practice (McCoy et al., 2022). Earlier definitions often asserted that an age difference of five years or more needed to be present for it to be abuse, if it was not otherwise clearly coercive, with force, or against the child’s wishes (e.g. Finkelhor, 1980; Carter & van Dalen, 1998; Cawson et al., 2000). However, it has been widely noted that power differentials enabling abuse may take a variety of forms beyond a five year age gap (including power afforded by patriarchal gender norms or by differences in knowledge or intellect).

Another definition in the field is that proposed by Morrill (2014):

“Sibling sexual abuse is defined as sexual behaviour between siblings that is not age appropriate, not transitory and not motivated by developmentally appropriate curiosity”.

The difficulty with this is that it rests on various things not being present, not of all of which are well understood or conceptualised themselves. Furthermore, it would capture forms of sibling sexual behaviour that, as explored above, involve no clear abusive party, whilst still holding a high risk of harm.

Caffaro (2020) arguably offers a more helpful delineation of the issue:

“Sibling sexual abuse consists of sexual acts initiated by one sibling toward another without the other’s consent, by use of force or coercion, or where there is a power differential between the siblings. It may involve children of similar or different ages;



aggression, coercion or force; harm or potential for harm; occur frequently or infrequently; and may include minor or advanced sexual behaviours. This includes sexual behaviour that the harmed child is not developmentally prepared for, is not transitory, and does not reflect age-appropriate curiosity. It may or may not involve physical touching, coercion or force.

Non-contact sibling sexual abuse may include behaviour that is intended to sexually stimulate the harmed sibling or the offender. It can include unwanted sexual references in conversation, indecent exposure, forcing a sibling to observe others' sexual behaviour, taking pornographic pictures, or forcing the sibling to view pornography. It also may include sibling sexual contact perceived as non-abusive by both victim and offender, which nonetheless meets these criteria."

The various elements of this definition may support practitioners' confidence in naming various sibling behaviours as abusive; however it is really simply the first line that provides the necessary specifics. Whilst it has many strengths, we might bring some challenges to it – for example, might there be sibling sexual behaviour that is harmful but not abusive where there is consent, an absence of force or coercion, and a minor power differential that does not appear to be contributing to the behaviour (after all there is always some power difference between people)? Furthermore, consent is hard to define (being seen as an absence of 'no' at one end of the spectrum and the presence of an enthusiastic 'yes' at the other) and in many circumstances, children consent to sexual activity that they do not want.

Without wishing to get lost in a thicket of definitional intricacies, a further definition is suggested here, informed by both the literature on sibling sexual abuse and wider sibling sexual behaviour, and separate but related thinking on the principles of healthy sexual behaviour.

*Sibling sexual abuse comprises sexual behaviour from one sibling to another which:*

- a) *Goes beyond normative exploratory play of young children and,*
- b) ***lacks mutuality***, *that is each person's desire for the encounter being present, communicated and feeding into the other person's, and/or*
- c) *is **assisted by a power difference** between the siblings (such as that afforded by differences in age, size, knowledge, ability, familial status, or the situational circumstances) **and/or by coercion** (including force, persuasion, bribery, deception, the giving or withholding of favours or affection, and emotional or repetitive pressure).*

In assessments a focus on these dimensions of the behaviour (mutuality, power differences and coercion); the degree to which they are present or not; and the wider context in which the behaviour occurred may be more useful than a categorical, dichotomous approach (i.e. one of simply 'is it abuse or not?').

The wider category of harmful sibling sexual behaviour includes that which is abusive alongside situations like those discussed in the section above, where sexual behaviour between siblings falls outside developmental norms and may have compulsive or learnt elements to it, but is not assisted by a power differential or lacking in mutuality.

Sibling sexual behaviour that may be appropriately classed as 'normative' is that between prepubescent siblings of similar age, size and developmental status which

- a) is voluntary, minor and light-hearted;
- b) does not cause distress (as much as this can be determined);
- c) diminishes if children are told to stop;
- d) appears to be a part of a wider explorations and curiosity.<sup>8</sup>

This behaviour is no different from wider normative sexual behaviour in prepubescent children.

In order to capture all cases in which sibling dynamics are at play, it may be most useful to adopt a broad definition of 'sibling' which includes not only children who share a parent (be that one that is biological, step, foster or adopted), but also other children brought up in the same household or in close proximity to one another (so, for example, perhaps at times including cousins). Consistent with this conceptualisation, the process of defining siblings in a particular case should be informed by the children's own sense of who their siblings are.

As noted, definitions are likely to be most helpful when used as thinking tools and to inform areas of exploration, versus applied in a rigid fashion. Thought should always be given to how definitional labels may help or hinder fundamental goals (of safety, healing and justice, explored below). For example, in some situations the term 'abuse' can provide much needed validation to survivors whose realities have been minimised by others and who have unfairly blamed themselves. In other situations, the term may still be a definitional fit but may not resonate with the victim, and therefore could act as a barrier to acknowledging and processing the harm.

## **What factors can increase the risk of sibling sexual harm and abuse?**

Understanding the things (in individuals, families, societies) that increase the risk of sibling sexual abuse is vital for preventative efforts, as well as informing assessment and subsequent intervention, in particular with the family and the children who harmed. Perhaps the most important starting point however is the acknowledgement that there is no one typical set of circumstances that leads to SSA or wider HSSB – as Caffaro (2014) notes, SSA is a problem about which few generalisations hold true. Even when we do find factors that appear to raise the risk of HSSB, the degree to which they do is likely to vary significantly depending on the form of sibling sexual behaviour and the cultural context, amongst other things.

In a study that has perhaps utilised the strongest methodology to address this question, Griffee et al. (2016) found five factors to predict sibling incest, in a sample of

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<sup>8</sup> I have drawn heavily on Yates & Allardyce's (2021) approach in defining HSSB and normative sibling sexual behaviour whilst also developing and extending.

2,885 individuals (of whom 137 reported sibling incest): parental-child sexual abuse; low levels of maternal affection; family nudity; ever having shared a bed for sleeping with a sibling; and ever having shared a bathtub with a sibling. The authors suggest that the attitudes and behaviours of parents favouring family nudity and sibling bed or bath sharing may work against children being socialised in the incest taboo. In this situation, children's sexual curiosity is unintentionally stimulated at a young age alongside the provision of numerous opportunities to act on this with a sibling (in the bathroom or at night). This may lead to sibling sexual behaviour which is fairly mutual or non-coercive at least initially, but this in turn is then a risk for abusive sibling sexual behaviour to develop.

“As a child, I slept in a room with my brother, who is six years older than me. My brother would close the door and ask me to touch his penis... as a child I didn't understand what he wanted, it was like a regular game that I didn't like and didn't want but I cooperated because he pressed and asked. He didn't threaten or force me.”

34 year old male survivor quoted by Lewin et al. (2023)

Relatedly, studies find pornography to significantly raise the risk of harmful sexual behaviour in adolescents (for example, Brown & L'Engle, 2009; Ybarra et al., 2011; Wright et al., 2016) and some research suggests that it may even more powerfully increase the risk of specifically sibling sexual abuse – Latzman et al. (2011) found that adolescents who sexually abused a sibling were more likely to have been exposed to pornography than those who abused a non-sibling. Similarly, Louise Barraclough in a file analysis of cases referred to a Sexual Assault Referral Centre found pornography to be highlighted as an issue in 37.5% of those concerning sibling sexual abuse compared to 29% of the others (Barraclough & Barry, 2022).

Not only can pornography heighten an individual's proclivity to abuse through increasing sexual preoccupation, objectifying attitudes, and sexual scripts conducive to abuse (beliefs such as *'following your sexual arousal wherever it leads is normal and good'*; *'people often enjoy sex they have been coerced into'*) (Hanson, 2020; 2021), it can also play a direct role in grooming and the abuse itself (Carlson et al., 2006; Tener et al., 2017; Lewin et al., 2023). In a study interviewing young people who had sexually abused and treatment providers about what would help to prevent HSB, reducing exposure to pornography was identified as one of three essential actions (McKibben et al., 2017). Similarly, survivors of SSA also identify pornography as one of its causes (McDonald & Martinez, 2017).

“I didn't really watch pornography when my sister was around, usually at that point my head was thinking let's try what I've seen. Then, so as well as the pornography and that sense of power, they pretty much added together and then caused [my harmful sexual behaviour]”

19 year old male quoted in McKibben et al. (2017)

“From a young age they've accessed pornography which gets easier and easier, and they're exposed to this idea that sex and aggression are linked, and they're exposed to these ideas that you don't necessarily need consent, and that 'no' might mean 'try harder'”

HSB treatment provider quoted in McKibben et al. (2017)

Of note, in some cases it is familial adults who have exposed children to pornography, often as part of a wider unboundaried or sexually unsafe culture in the home.

“He [Dad] would do weird stuff like... shower with the bathroom door open and with the shower curtain open, so you could kind-of see like your dad washing himself... my father would do things like watch pornography in the living room like when I was a kid”

Survivor of SSA quoted in McCartan et al. (2023)

There is growing concern that the increased exposure of children to pornography in recent years, including to ‘incest porn’ (which has in parallel become mainstream; Hanson, 2021; Vera-Gray, McGlynn, Kureshi & Butterby, 2021) is leading to a rise in harmful sibling sexual behaviour, potentially including SSA. It is certainly the case that as societal sexual norms and scripts are increasingly shaped by pornography and other sexualised media, the prevalence and nature of HSB is likely to be shifting, and inquiry about this is warranted.

“I won’t shoot any kind of incest scenes. I realize that’s cutting my work in half but I just don’t feel okay doing those scenes anymore... I don’t want some kid seeing me on film coaxing my ‘stepbrother’ into f\*ing me and that kid thinking it’s okay to do that to his little sister or cousin. I shudder to think about it.”

Gia Paige, pornography actor<sup>8</sup>

Just as inappropriate sexual influences on children are a concern, so too are approaches that keep children ignorant of all sexual matters, especially as they enter into the adolescent period. Survivors of sibling sexual abuse from the Orthodox community in Israel have spoken about how the general silence on sexuality in this tradition (common to many religious cultures) contributed to the abuse: because all sexuality was taboo, there was no learning of appropriate sexual boundaries, and children had no understanding or language to make sense of what was happening or to disclose (Marmor et al., 2021; Marmor & Tener, 2021). Even in wider society, education on healthy sexual relationships and boundaries has been insufficient (and is all the more important given the influence of pornography and related media), and strikingly, both those who have engaged in HSB and those victimised by it consistently identify this as something that could have prevented the abuse (Hamilton-Giachrisis, Hanson, Whittle & Beech, 2017; McKibben et al., 2017). For example, in the latter study, a 19-year-old boy who sexually abused his sister shared:

“I think if I had sex education before everything had occurred, like obviously before I hit full-on puberty, I think everything would have changed. I think, I’m not even sure if what had happened would have happened, because I would have known it was wrong... I would have known why it was wrong and why not to do it”

Family relationship patterns and dynamics frequently play a part in sibling sexual abuse and wider HSSB. Related to Griffiee et al.’s (2016) finding that low maternal affection predicted HSSB, studies exploring cases of sibling sexual abuse often identify a backdrop of parental neglect or absence (for example, Smith & Israel, 1987; McCartan, King-Hill & Gilsenan, 2023).

Katz and Hamama (2017) in their analysis of SSA victims' forensic interviews, find that *'what was most evident in the children's narratives was the parents' absence in their daily routine'* (pg. 3654) – this was evident in 17 of the 20 cases (and unclear in the remaining three). Clearly physical absence and lack of supervision increases the opportunity for SSA, and increases the confidence of the harming child that they will not be discovered. It often means that siblings are 'parentified': given caring and supervision responsibilities which can provide a conducive context (such as a young person abusing a sibling whilst bathing or dressing them). And when parents are emotionally absent, children may seek to meet their unmet needs for parental affection and comfort by turning to their siblings, and as they develop, this intense emotional attachment may become sexualised.

These dynamics are often apparent in survivor testimonies, for example in these of two women quoted by Lewin et al. (2023):

“There was no warmth in the house. There was no love nor concern for basic needs... I was my older brother's best friend... he was my best friend. Together we survived. We were two sensitive children in a home where emotion was not allowed to be expressed”

“I sometimes felt like I was in a relationship with [my brother]... I thought that because of our relationship I got preferential treatment, a connection I was missing from my parents who did not know how to talk about feelings and they were champions in repression”

Two women quoted by Lewin et al. (2023)

Parental favouritism of one child or the other also appears to be a potent contributor (Caffaro, 2014; Caffaro, 2011; Yates, Allardyce & MacQueen, 2012). In some families, a child may feel resentful towards a sibling they perceive as favoured, and seek to take revenge or shift the power through abusing them. As one survivor describes:

“My older brother used to express resentment towards me because he thought that, as the only girl, I received special treatment. I used to feel guilty for this because it was not in my control how my parents treated me. I did better in school than he did, and my parents used to tell him to 'be more like me'. I wonder if his abuse was a way for him to try and gain control over me, to 'prove' that he was still the one in charge”

Quoted by McDonald & Martinez (2017)

It can also work the other way, where favouritism of the harming child is the facilitator. In these circumstances, this privilege plays into the power dynamic of the abuse, increasing the this child's confidence that they will get away with it, that the other child(ren) will not disclose and that if they do, that they won't be believed or supported (Caffaro, 2020). More broadly, in these cases, the SSA may be modelled on wider maltreatment of the abused child – for example, if they are also being sexually abused by their parent, or are more generally the family's scapegoat.

Patriarchal beliefs can lead to male siblings being favoured over female, creating or increasing power differentials and a sense of entitlement in boys to domineer their sisters (especially those younger than them) and use them as a means to an ends, including sexual ones (McCartan, King-Hill & Gilsenan, 2023; McDonald & Martinez, 2017). Oppressive gender norms also make it harder for both female and male victims to disclose (Alaggia, 2005; Easton et al., 2014) – they lead girls to accurately fear that their words will be given less merit than their brother’s (and more broadly, to see the abuse as something to be expected, that they cannot prevent), and lead boys to fear that they will be seen as gay or less masculine (Bass et al., 2006).

“My right to exist was in how well I would serve them... I was very susceptible to and comfortable being exploited”

Survivor of SSA quoted by Marmor et al. (2022)

“I just had it in my head... you know, this is what being a woman is... I am here to be, you know... beaten up and abused”

Survivor of SSA quoted in McCartan, Kind-Hill & Gilsenan (2023)

A clearly major factor in much sibling sexual abuse is prior victimization of the harming sibling – including experiences of sexual abuse, physical abuse, bullying and living with domestic abuse (Adler & Schultz, 1995; Joyal, Carpentier & Martin, 2016; Latzman et al., 2011; McCartan, King-Hill & Gilsenan, 2023; Worling, 1995). For example, a meta-analysis of studies comparing adolescents who offended against intrafamilial victims versus extrafamilial victims found that the former had experienced greater maltreatment and severe family dysfunction (Martijn, Leroux, Babchishin & Seto, 2020). Theorised psychological factors in pathways from victimization to perpetration include: resentment and ‘acting out’ (children attempting to resolve their own anger, confusion, powerlessness, or distress through the abuse of another); a belief that relationships always involve power difference (usually males dominant over females) and/or people using one another; compromised emotion regulation skills; a fear of vulnerability; a belief that violence is normal and can be legitimate; moral disengagement; and an impaired understanding of interpersonal boundaries (e.g. Falla et al., 2022; Plummer & Cossins, 2018; Ward, Polaschek & Beech, 2006). In interviews, both those who have engaged in SSA and those victimised by it articulate some of these dynamics:

“I thought that if I’d try it myself, what he was thinking when he’d done it to me [would become clear]”

17 year old male quoted in McKibben et al. (2017, p. 216)

“She was just playing out what was happening to her”

Survivor talking about her sister who abused her, quoted by King-Hill, McCartan et al. (2023, p. 67)

Returning to the previous discussion, it is also plainly the case that some harmful sibling sexual behaviour is even more tightly linked to wider victimization, a result of it being coerced or instructed by someone else. An appreciation of the precise dynamics and influences at



play in a particular situation is essential to practitioners supporting appropriate responsibility in interventions (not unfairly either attributed or minimised), a point that is further explored below.

It is also important to note that prior experiences of victimization may often come from outside the family home (Welfare, 2008). And, more generally, whilst certain family cultures and dynamics increase the risk of SSA, it is by no means the case that these will be present in particular families – SSA can occur in any family (King-Hill, McCartan et al., 2023), and perhaps now more than ever given the rise in societal influences such as pornography. Indeed, there appears to be a tendency in some of the literature to overstate the prevalence and degree of family dysfunction, resulting from a reliance on clinical samples (Welfare, 2008). Clearly such a bias needs to be avoided in practice, given the risk it could pose to effective assessment, engagement and therapy.

Lastly, there are more general factors which can increase the risk of sibling sexual behaviour when interacting with one or more of the contributors above. Harmful sexual behaviour is most common in boys at the early stages of adolescence (Hackett et al., 2013; Hollis, 2016), and this developmental point may confer risk when the increasing sexual arousal and reduced inhibitory capacities it involves (Hanson & Holmes, 2014) combine with the influence of harmful messages and experiences. The latter may also interact with learning difficulties and Autistic Spectrum Disorder (Hackett et al., 2013; Hollis, 2016) – for example, a child with a learning difficulty may have greater difficulties understanding that sex they have been exposed to (at home and/or in pornography) is not right or normal to replicate.

## Impact on victims

A good place to begin in seeking to understand the impact of sibling sexual abuse is the wider literature on the impact of child sexual abuse. This includes methodologically robust quantitative studies that can, for example, parse out the impact of other adverse life experiences, map the impact longitudinally, and speak to harms beyond those reported by survivors who have sought support. And these studies typically include survivors of sibling sexual abuse alongside those abused by others. The findings of the naturally smaller set of studies focussed specifically on the impact of SSA resonate wholly with this wider literature, whilst drawing out what may be particularly distressing impacts of SSA linked to dynamics and features it often involves (see Table 2 above).

Quantitative studies that control for the influence of other adversities and follow survivors over time find that child sexual abuse increases the risk of individuals (in child and/or adulthood) experiencing a number of difficulties: anxiety, depression, posttraumatic stress symptoms (such as nightmares and flashbacks), low self-esteem, dissociation (wherein a person experiences a disconnect from reality or themselves), self-harm, suicidal behaviour, relationship difficulties (such as break-ups, dissatisfaction and avoidance), sexual difficulties (such as sexual aversion or ambivalence), alcohol and drug dependence, academic difficulties and school drop-out, cognitive deficits, obesity, physical health problems and major illness, revictimization, unemployment, financial instability and reduced income,

and lower life satisfaction (for example, Assini-Meytin et al., 2022; Colman & Widom, 2004; Fergusson, Boden & Horwood, 2008; Fergusson, McLeod & Horwood, 2013; Kendler et al., 2000; Papalia, Mann & Ogloff, 2021; Rapsey et al., 2019; Trickett, Noll & Putnam, 2011; Yates, Carlson & Egeland, 2008; and for a review see Maniglio, 2009).

These increased risks are not small. For example, Fergusson et al. (2008) estimated that exposure to sexual abuse accounted for 13% of the mental health problems experienced by their large sample of 1000 individuals followed until 25 years old (the vast majority of whom had not experienced sexual abuse). A meta-analysis analysing data across 78 studies (Amado, Arce & Herraiz, 2015) found that victims of child sexual abuse had on average a 70% higher probability of suffering from anxiety or depression than others. Another study that combined meta-analysis and systematic review found that victims of sexual abuse were three times more likely than non-victims to develop an anxiety disorder, and 16 times more likely to develop a sleeping problem (Chen et al., 2010).

In a systematic review and meta-analysis of longitudinal studies, Halpern et al. (2018) found that the risk of drug misuse was 73% in individuals who had experienced child sexual abuse. A study of similar methodology but focussed on education found that girls who had experienced sexual violence were three times more likely to be absent from school than those who had not (Fry et al., 2018). Regarding risk of revictimization, an extensive review found that two out of three women who have been sexually abused will be revictimized (Classen, Palesh & Aggarwal, 2005) – a diversity of studies have found that sexual abuse can set in motion a series of events (including psychological harms) that increase the risk of further abuse by other people (Hanson, 2016a).

The majority of these harms have been reported as consequences specifically of sibling sexual abuse<sup>9</sup> (e.g. Bertele & Talmon, 2021; Carlson, 2011; Collin-Vezina et al., 2014; Cyr et al., 2002; Doyle, 1996; King-Hill, McCartan et al., 2023; Laviola, 1992; Morrill, 2014; Stroebel et al., 2013; Welfare, 2008). Quantitative studies have in particular documented how sibling sexual abuse increases the risk of depression, anxiety and sexual difficulties, and negatively impacts victims' self-esteem (for a review see Bertele & Talmon, 2021). And other research looking at factors that can worsen the impact of sexual abuse (termed moderators) find many of those common in SSA to do so. Generally such studies find harms to be greater the longer the abuse persists and the greater its severity, for example if it involves penetration (for reviews see Hanson, 2010; Tyler, 2002) – and, as noted, given siblings greater access to their victims, SSA is typically both lengthy and severe.

Studies also find children often fare worse if reactions of important people in their life are not supportive – and there is a significant risk of this in SSA, in part because parents are conflicted by both the victim and child who harmed being their children (see below). Lastly, as noted, abuse may be more harmful the greater the degree of betrayal it comprises (Edwards et al., 2012): victims tend to suffer more when abuse is perpetrated by someone they had particular reason to trust, and these are most clearly family members. Research suggests that sexual abuse perpetrated by siblings can be as harmful as that perpetrated by fathers (Cyr et al., 2002; Stroebel et al., 2013). This chimes with the finding of other research that sexual abuse perpetrated by another young person is not clearly less harmful than that perpetrated by an adult (Shaw et al., 2000).

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9 Others such as physical health problems have not been the focus of SSA impact research as yet.

“What would destroy me even more is if there were repercussions toward my parents, my brother, my family... I would rather die than live if everyone in my own family hates me”

Adolescent survivor of SSA written note quoted in Carretier et al. (2022)

As discussed, there are elements often present in SSA (including the perpetrator being another child, and frequently, care in the wider sibling relationship, the meeting of unmet needs, a context of routine, and prior consensual sexual acts) that are particularly conducive to victims feeling confused about the nature of what happened, blaming themselves and feeling ashamed. Research finds shame and self-blame to be potent mediators of later harms such as PTSD, eating disorders, depression and relational difficulties (Andrews, 1995, 1997; Feiring & Cleland, 2007; Feiring & Taska, 2005; MacGinley et al., 2019).

“I remember throughout my teenage years, and into my early adulthood, just feeling quite dirty and ashamed. And I wish that I wasn’t here. I just wish that I didn’t exist. But inside, I had lots of very strong, really low, low feelings and feeling very depressed and just wishing that I wasn’t here basically. I’m haunted by it every day. Because the memories just come in my head every day”

Adult survivor of SSA quoted by King-Hill, McCartan et al. (2023, p. 71)

“Having to cope with such sexual behaviour all on my own was overwhelming for me, especially because I was so young. The scars it made are so deeply ingrained in my mind. I felt invisible. I thought I was only worthy of attention if I had something physical-sexual to give. A connection is made between my self-worth and the benefits I give to others. I felt guilty, because apparently I chose it. I agreed to it, I even enjoyed it.”

Female adult survivor of SSA quoted in Lewin et al. (2023, p. 7)

“I also experienced sexual arousal. It was the first experience I’d had of it... I had no idea what was happening. And that combined with the thing that happened, combined with just feeling really frightened and confused”

Adult survivor of SSA quoted by King-Hill, McCartan et al. (2023, p. 73)

Both shame and trust issues make it difficult for people to be open in close relationships and can lead to misunderstandings, conflict and separation. Many will avoid them completely, or approach them in a dissociative fashion; this can include them seeing themselves as a sexual object. Caffaro (2014) reviews research indicating that sibling sexual abuse survivors marry less frequently than other incest survivors, and in his own research, 64% of SSA survivors over the age of 25 were unmarried (Caffaro & Conn-Caffaro, 2005).

“In my last relationship last year, I regressed during sex a few times, and I felt that I was with this, this brother... he [partner] said it just got too much for him... I regressed a few times and it really frightened him”

Adult survivor of SSA quoted by King-Hill, McCartan et al. (2023, p. 73)

“I really want kids but I mean, I worry that they’d go through the same thing I’ve been through... would that affect my relationship with my son?... they’re just things you think about that you shouldn’t have to as a normal woman, you know, shouldn’t have to worry whether their sons like touch or the other way round”

Adult survivor of SSA quoted by King-Hill, McCartan et al. (2023, p. 73)

“I was like in my twenties, I’d say I was hypersexualized, you know, often didn’t protect myself when I was having sex with people... I just saw myself as sexual object”

Adult survivor of SSA quoted by King-Hill, McCartan et al. (2023, p. 72)

A critical finding is that much of the impact of sexual abuse is not evident whilst it is happening or in its initial aftermath, but rather emerges over time (Caffaro, 2014; Gerin et al., 2019; Hanson, 2016a; McCrory & Viding, 2015; Trickett et al., 2011). This delayed onset is due to numerous factors including: the child initially being in ‘survival mode’ and it being judged unsafe to express distress; negative core beliefs or fears only becoming apparent at later developmental stages (for example, when a person enters a sexual relationship); the nature of the abuse becoming clearer to the person over time; internal dissociative barriers breaking down; and harms that are internal gradually having knock-on effects that are more obvious (for example, survivors turning to drugs and alcohol as a way of coping with persistent psychological intrusions).

“I suppressed all memories of it, and when I did ever think about it, particularly as a teenager and young adult, an overwhelming feeling of shame and disgust would sweep over me. Yet, even when I was drowning in feelings of shame and unease, I still did not recognise it as abuse, I just thought I was ‘weird’. These feelings recurred for years”

Epilogue: A Survivor’s Voice in King-Hill, McCartan et al. (2023, p. 169)

An important implication here is that children who are not displaying distress or difficulty following abuse can still benefit from interventions that address their ‘latent vulnerability’, for example by preventing or helping them process psychological factors often ‘beneath the surface’ such as self-blame, shame, dissociation, confusion, trust difficulties, and anger.

Equally children who have engaged in or experienced developmentally inappropriate sexual sibling behaviour that is not deemed abusive are also likely to benefit from support. Whilst there is far less research exploring the impact of this HSSB, as noted above, that which does exist indicates it can have significant adverse effects (Marmor & Tener, 2022; O’Keefe et al., 2014). These children may benefit from support that tackles potential issues such as shame, confusion about sex, sexual preoccupation, and self-blame.

Finally, it should also be borne in mind that not all victims of sibling sexual abuse experience subsequent difficulties (Ballantine, 2012; Tener & Silberstein, 2019), and that much longer-term harm can be prevented through supportive responses from family, friends and professionals. Understanding how sexual abuse can impact people from child- into adulthood should inform the breath of assessment and prompt curiosity, rather than lead to assumptions of harm which can bias practice or blinker thinking.

## Impact on the child who harmed and on children involved in non-abusive HSSB

As discussed above, sibling sexual behaviour can be harmful to the children involved even when it would not be classed as abuse – depending on the behaviour’s nature, drivers, and context, children can feel traumatised by it and experience shame, guilt and stigma (Marmor & Tener, 2022; Tener et al., 2017). And it is psychologically plausible that in many cases where there is an identified child who harmed, they too may be harmed by their behaviour. For example, a child re-enacting past sexual abuse in their abusive behaviour may both experience ‘relief’ from their unresolved powerlessness as a victim, together with increased dissociation, guilt, shame and posttraumatic intrusions. However very little research has directly explored the extent of such impacts. One study that touched on them found ongoing guilt into adulthood and fears of being a ‘predator’:

“It’s as if ever since then, I think of it as something that always goes with me, some kind of identification as a predator and some kind of clear knowledge that, actually, like, I have a side like this, where I can be a predator... it’s not agreeing to touch somebody, even if she’s my wife, if I have a shadow of doubt that she doesn’t really want it... sometimes I immediately feel like I’m being blamed, because there’s already a kind of guilt there’

Individual who sexually touched his sister quoted in Marmor & Tener (2022)

Complicating the picture is that some negative effects, such as guilt and behaviour-based shame, can be helpful – in stopping the behaviour, in motivating true apology and accountability, and in relational repair (where this is wanted). Indeed, as discussed below, helpful familial and professional responses may involve fostering these feelings (Welfare, 2008). Arguably what would seem important is that they are part of a journey towards positive change, versus causing psychological paralysis or a long-term negative identity.

Certainly more research is required into these ‘harms to the harmer’ – this should consider the complexity and (positive or negative) knock-on effects of these impacts, as well as how they differ from (and interact with) any harms of what came before (for example abuse towards the child) and what came after (for example, cold systems which treat the child as an adult offender; Tener et al., 2020). We know more about what children who have harmed need following SSA and this is discussed below.

# How are other family members affected and how do they respond? And what is the impact of this?

Child sexual abuse has been termed a ‘systemic trauma’ given its traumatic effect on many beyond the direct victim (Kilroy et al., 2014), and research has particularly illuminated these harms in parents, mainly mothers. This impact plays a part in how parents respond to the harmed and harming children, alongside other factors such as wider stressors, the impact of the abuse on the children, parenting skills, and their appraisals about the abuse. And in turn, these responses influence children’s trajectories. Children tend to be acutely aware of their parents’ attitudes and mental health and adjust their disclosures and behaviour accordingly, and both positive and negative spirals can result (Hershkowitz, Lanes & Lamb, 2007; Warrington, Beckett, Allnock & Soares, 2023; Welfare, 2008). In short, there are close interrelationships and mutual dependencies between family members following sexual abuse (arguably in particular following sibling sexual abuse) – and the corollary of this is that support and intervention must take a whole family approach in order to be maximally effective (Warrington et al., 2023).

## Parents

The sexual abuse of one’s child is for most parents a significant personal trauma. Typically parents experience an initial shock reaction (McCarthy, Cyr, Fernet & Hébert, 2019), and their stress increases and mental health worsens (Davies & Bennett, 2022). Common impacts sequelae include posttraumatic stress, anxiety and depression (Cyr et al., 2016; Cyr et al., 2018). Not only is there the pain and distress of their child’s trauma, parents are also affected by how the abuse has impacted their child (which may include behaviours which are hard to manage) as well as the stress of navigating various systems and frequently facing scrutiny and evaluation (Warrington et al., 2023). Parents report struggling with shame, self-blame, confusion, anger, grief, stigma and isolation (McCarthy et al., 2018; Serin, 2018). All of this is then made even more difficult and complex if the person that harmed their child is another of their children, for whom they also care and have responsibility. Parents are effectively dealing with three traumas in one: their child has been sexually abused; their child has sexually harmed (Hackett, Balfe, Masson & Phillips, 2012; Archer, Nel, Turpin & Barry, 2020); and one was towards the other, under ‘their watch’. It is unsurprising therefore to find that professionals supporting families affected by sexual abuse have described the parents in SSA cases as the most distressed and overwhelmed:

“These parents are in such a state of anxiety. They are on the edge”

“When parents arrived because of SSA you can see how they are broken. They enter the room with such heaviness, and they look totally different from parents whose child was abused by someone else [not a sibling]”

Professionals working in a child advocacy centre quoted by Tener et al. (2020)

Parents coming to terms with sibling sexual abuse are often struggling with the loss of their family as they knew it, the loss of their child who harmed as they knew them, as well as the



loss of their sense of being competent and protective parents (McElvaney & Nixon, 2020; Tener, Lusky, Tarshish & Turjeman, 2018; Westergren, Kjellgren & Nygaard, 2023). They are doing this alongside needing to make urgent and often demanding changes to family life to create safety, and whilst grappling with dilemmas around how they respond to each child (Westergren et al., 2023) – the latter discussed further below. In all of this, their own needs are often lost and the couple relationship can be placed under strain (Westergren et al., 2023).

It is perhaps to be anticipated given all this distress and challenge involved in facing SSA that some parents instead respond with disbelief or minimisation, which may offer protection from these feelings about the abuse, their children, and themselves (Duane et al., 2002). In a case file analysis of 60 families referred to an Israeli child advocacy centre<sup>10</sup> for SSA, Tener et al. (2018) found that over 50% of parents initially disbelieved or downplayed the abuse. Whilst these are understandable self-protective stances, they carry huge risk for the children, in particular victims for whom a multi-faceted supportive response is required.

A wealth of research has explored how parents (usually mothers) respond to their children after their sexual victimization comes to light, and recently studies have built on this to carefully delineate the various dimensions of a holistic supportive approach (moving beyond a somewhat binary approach of ‘supportive’ versus ‘non-supportive’; Knott & Fabre, 2014). These dimensions comprise the following (Bolen, Dessel & Sutter, 2015; McCarthy et al., 2019; Smith et al., 2017):

- Believing the child’s reports of abuse<sup>11</sup> and taking them seriously
- Taking adequate measures to protect the child from further abuse
- Helping the child access support from others (for example, therapy) and supporting their engagement and journey with this
- Encouraging the child to open up to and explore the world beyond the family – a form of support most often adopted by fathers (Cyr, Allard, Fernet & Hébert, 2019)
- Three forms of emotional support, with verbal, attitudinal and behavioural elements:
  - a) elaborating: encouraging the child to talk about their experience and feelings about sexual abuse;
  - b) soothing: comforting the child’s distress; and
  - c) orienting: guiding the child’s recovery process, for example by normalising their feelings and actively building their self-esteem

(McCarthy et al., 2019)

Importantly emotional support involves making time for one’s child – being available for conversations and through this showing them that they are loved – and being open-minded, attuned and empathic towards them (McCarthy et al., 2019).

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10 These are centres in existence in some countries that bring together the range of professionals involved when child abuse comes to light, so that interventions and procedures (medical, child protection, legal, therapeutic) are coordinated and provided ‘under one roof’. There are similarities with the Lighthouse model in the UK. See Tener et al. (2020) for a detailed description.

11 Unless of course there are clear indicators that these reports may be false, in which case, immediate belief may be harmful (Knott & Fabre, 2014).

These mothers quoted by McCarthy et al. (2019) provide some examples of elements of this support:

“I take more time to play with her... I learned to play board games with her, to watch movies with her, to share similar interests and to have fun with her... it brought us a lot closer together”

“I understood her mood swings better... so I started reacting in a different way by sitting down with her and discussing so I could understand why she got to that point”

“We put together a plan with a routine, defining the house rules, how to implement them, a calendar of the rules... It was a way to facilitate communication... it really helped improve our relationship and restore confidence”

Sadly however, taking the findings of a large number of studies together, it would appear that in cases of intrafamilial sexual abuse, the majority of non-offending parents struggle to provide their victimized child with a wholly supportive response – despite the fact that many are otherwise caring parents (e.g. Elliott, Goodman, Bardwell & Mullin, 2022; Katz & Hamama, 2017; Hershkowitz et al., 2007; Tener et al., 2018; Rowntree, 2007; Welfare, 2008). This is due to a variety of factors including the huge stresses and challenges they are under (discussed in other sections); denial and minimisation as mentioned; the abuse triggering reactions related to their own past trauma; unconstructive and paralysing self-blame; hypervigilance and overprotectiveness; and challenging behaviour in children (e.g. Plummer & Eastin, 2007; Warrington et al., 2023).

As noted, in cases of SSA, there is the additional layer of parents feeling torn between the needs of the two children; as one parent put it: “*you don’t have the luxury of taking sides*” (Westergren et al., 2023, p. 7), and a professional summarised: “*they struggle with how to protect the victim child and the offender. It prevents reporting and cooperation. How do I protect one kid without harming the other one?*” (Tener et al., 2020). If parents are offering emotional support to their child who harmed, this may be experienced by the victim as them under-playing what he or she did. Similarly, the victim may be best served by the sibling who harmed living elsewhere, whereas this may alienate that child at a time when they need support, including to help them take appropriate responsibility.

Importantly research finds that in cases of SSA parents tend to support their child who harmed less than in other HSB situations (Hackett et al., 2012), whilst also supporting their victimized child less than in many other CSA situations (Malloy & Lyon, 2006) – i.e. on average, both children receive less parental support than they would have had the abuse not been between siblings. Studies further suggest that, on balance, parents may tend towards supporting their child who harmed over the victim (Tener et al., 2020). Whilst this can be as a result of self-serving minimisation of the abuse, sexist gender norms, or a desire to protect the family’s reputation, the bias can also result from parents finding themselves in a system which is protecting and supporting their harmed child, whilst being a perceived threat (or at minimum no help) to their other child (Tener et al., 2020). In short, whilst the victim now seems safe, the child who harmed now seems in danger, necessitating his or her parents’ protection. This is one way in which a simply punitive or absent response to the child who harmed may have destructive knock-on effects, including upon the victim.

An important finding is that parents and non-offending siblings are more likely to support the victim when they know more details of the abuse (Wamser-Nanney & Sager, 2018; Welfare, 2008; Crabtree, Wilson & McElvaney, 2018). This detail makes minimising more difficult, and helps family members appreciate the seriousness, dynamics and impact, and therefore support required. However, victimized children, keenly aware of the distress such detail can cause and protective of those they love, often withhold this information (Warrington et al, 2023; Welfare, 2008). Vicious spirals can occur wherein inadequate support lowers disclosure and vice versa.

“When it comes to this a lot of people don’t want their parents to be too involved – to stop them getting upset. Most kids won’t tell their parents everything”

“Knowing how bad my mum beat herself up about it, I held back a lot of things. We’d never go into detail. It was much harder for me to talk to her because I knew she blamed herself”

14-year-old and 18-year-old girls quoted in Warrington et al. (2023)

On a positive note, the presence of a vicious spiral means that if one thing changes for the better, so do others. Related to this, the fluidity of parental support is a critical and implicational finding in the literature. Studies reveal that parents generally become more supportive of their victimized children over time, after the initial period of shock (LaFleur, 2009; Cyr et al., 2014). Conflicting feelings, for example towards the child who harmed, are normative, even important, and research suggests that they do not equate to insufficient support of the victim (Bolen & Lamb, 2007). The support parents receive in dealing with the practicalities post-abuse (for example, implementing safety plans), in understanding the needs of their children, and regulating and processing their own feelings (for example around self-blame) are likely to powerfully assist them in developing the most constructive approaches, and this is something children who have survived abuse are vocal about (Warrington et al., 2023).

“I wish that my mum and my sister could come to places like this so that they could actually understand a bit more... they don’t have anywhere to go to get help and understanding from it. So that was one thing that I did find hard”

“you can see that they’re [parents] not coping with it and being in a household of people that aren’t coping well, doesn’t help you because that makes you feel like ‘I’ve caused this’... also knowing that you’re getting help but they’re not makes you feel bad”

17-year-old and 15-year-old girls quoted in Warrington et al. (2023)

In SSA, parents working out the rightful approach to both (or more) children involved, alongside any other children they may have, is likely to comprise a complex journey. Whilst we can be relatively clear on what a supportive parental approach to victims looks like (discussed above), there has been less thinking and research on what is most appropriate for the child who harmed – bearing in mind both their needs and those of the child(ren) they have hurt. In Welfare’s (2008) study of families where there had been SSA (involving interviews of adult survivors and their family members), she found that the siblings who harmed ‘recovered the best’ when their parents ‘supported them, cared about them, confronted them, involved themselves

*with them and held them accountable*' (p. 143). This approach, both high in support and high in holding-to-account, was also useful for victims to witness, although was a difficult balance to achieve. It involves the perpetrating child being supported to face what they have done and experience the anguish and shame of this, thus helping the victim give up their own shame, all the while knowing that they are cared for and their connection with family remains. This often needs to be done in interaction with establishing new daily patterns within the family which prioritise safety, with all the stress and challenge these may entail. And this is all made more difficult for parents if professionals or wider family prioritise one child over the other.

"It required two people, and you really had to make sure that, 'okay, I'm going to cook some food now, now you can be there,' and 'now they have to go to the bathroom, I have to be here', and it was like just surviving the day"

"I felt like my partner and I had split it up so that I was there for [the sibling who caused harm], while my partner was there for [the harmed sibling], and then after awhile we also switched. And it... well, it worked"

"I broke off contact with her [this parent's mother] for a while there. Both with my mother and father. So I didn't have anyone to support me. They really took [the harming sibling's] side. That I had abandoned [him], given him away"

Parents quoted in Westergren et al. (2023, pp. 7 & 9)

If, despite all the complexity, stress and challenge involved, parents are able to achieve an approach with all these ingredients – validation, care, accountability and safety – a new familial safety and closeness can result, in effect a form of posttraumatic growth.

"[My son] gladly talks for half an hour with me. Because there's so much, there's therapy and what they talked about there and all that. And he wants to know what I think, so we've become, I can definitely say that we've become tighter together, he and I... Now [the harmed sibling] wants to come and cuddle. [The other sibling] does the same, wants to crawl up and snuggle. And they want to talk about feelings more compared with what they have done before"

Parent quoted in Westergren et al. (2023, p. 10)

As is evident, this positive impact on the family as a whole entwines with benefits for victims. Indeed, how parental support improves outcomes for victims following sexual abuse has been a major focus of research, the final 'spotlight' of this section. Whilst findings have not always been clear-cut (relating to issues such as the different ways parental support has been conceptualised; what other factors have been controlled for; and the time period of measurement; Bolen & Gergely, 2015), overall they point to the important role parents can play in supporting their children's recovery.

A meta-analytic review by Bolen & Gergely (2015) found that caregiver support was associated with improved self-concept and decreased depression and acting out in victims (although hypothesised relationships with other outcomes were not significant). Since then, Zajac, Ralston & Smith (2015) found in a longitudinal study that victims with more supportive

mothers experienced less anger, depression and PTSD following abuse. Interestingly they also found that children whose mothers expressed vengeful feelings towards the perpetrator had more severe trauma-related symptoms – this finding concurring with victims sharing that parents’ intense emotional reactions can be difficult to deal with and distancing (as noted above; Warrington et al., 2023). Furthermore, in a subsequent longitudinal study conducted over the course of therapy journeys, Cinamon et al. (2021) found that these emotional reactions, as well as depression and parenting competency, were related to children’s posttraumatic stress in a reciprocal fashion – in particular, parents’ emotional reactions were a key predictor of children’s posttraumatic stress over the course of therapy. And studies surveying adult survivors also attest to the importance of child-centred parental support (Godbout et al., 2014).

“I felt bad when everything came out that my mum wasn’t going to be able to cope, but having support for the rest of my family... helped me know that I’m not going to be a massive burden on everyone”

17-year-old survivor of intrafamilial sexual abuse quoted in Warrington et al. (2023)

“Mum, she said, I want you to stop feeling this abuse, it’s not yours. And that was an amazing sentence for my mother to come out with, and it was very important”

Survivor of SSA quoted in McCartan et al. (2023)

Taking all this research together, one of the key messages to emerge is the systemic nature of children’s and parents’ journeys on from sibling sexual abuse. Each person’s journey is impacted by those of the others, and ‘positive outcomes’ for one cannot be focussed on in isolation. If one family member is deprived of appropriate support, everyone suffers. This systemic perspective also involves taking into account the vantage points, experiences and needs of any siblings not involved in the abuse, our next focus.

## Other siblings

There is a small but rich and growing literature on how non-offending children in a family are affected by the sexual abuse of a sibling – exploring both the impact of this in their childhood and later adulthood. Up until recently the experiences of these siblings (in this section from now on simply referred to as ‘siblings’) has been neglected – with all the focus on victims, those children who have harmed, and parents. Yet they often face challenges and complexities, whether the abuse comes to light when they are children or adults, for which they merit support with. And it is also the case that how they respond can be pivotal to healing and recovery of others, whether that be of the victim or the family more widely.

Children may witness the abuse of their sibling or sense an aspect of it, but they are not typically equipped to know what to do with this information or in position to protect them. This can leave them feeling helplessness or guilt, and like the victim themselves, they may dissociate from this knowledge, as this woman who witnessed the abuse of her sister describes:

“I was seven, she was nine, I didn’t have the words to tell anyone and just buried the memory... I was too traumatized to tell anyone. So really, I’ve always known about it in some form... when she did tell me, I wasn’t able to get the words out that I was there when one of the attacks happened... the main thing holding me back from speaking out is being accused of lying... I’ve never lost the feeling of being that helpless 7 year old, not able to stop what was happening and not knowing what to do to help my sister”

55-year-old woman quoted in McElvaney, McDonell-Murray & Dunne (2022)

Sometimes siblings are those to whom victims first disclose – and whether the sibling is able to help will depend on their understanding, as well as the potential of support from adults around them both. If they are unable to, they can be left with guilt for years to come. Indeed this emotion is frequently expressed by siblings whether or not they knew or were told at the time (Crabtree et al., 2018; Hill, 2003; McElvaney et al., 2022; Schreier, Pogue & Hansen, 2017). They may hold a feeling that they somehow should have known and done something, or hold a sense of ‘survivor guilt’: feeling bad that their sibling was abused and they were not, alongside sometimes feelings of relief that they escaped it, as this woman quoted in McElvaney et al. (2022) shares:

“I felt guilty that I was not a victim myself when three of my four sisters were abused... I felt huge guilt for having never been a victim... I struggle with feeling guilty and lucky for having escaped it”

Other emotions and reactions that siblings describe include shock and disbelief; intrusive images of the (imagined) abuse; grief and sadness; fear and anxiety (for example, about the safety of their sibling or themselves, or what the future now holds); ambivalent feelings towards familial offenders, including when they are siblings; confusion; anger (in particular towards the offender, but also at times towards victims or their parents); protectiveness towards their abused sibling or parents; and internal questions about why they were not abused (Baker, Tanis & Rice, 2002; Crabtree et al., 2018; Hill, 2003; McElvaney et al., 2022; Schreier et al., 2017; Welfare, 2008; Westergren et al., 2023). The degree to which the victim is impacted by the abuse directly effects siblings’ reactions, for example research cited by Schreier et al. (2017) found that child siblings’ distress was significantly correlated with the victim’s distress and PTSD symptoms.

“I was imagining how afraid she would have been... that killed me, just a child like that, just the sheer terror and her wondering “why is nobody coming to stop this?” you know? That haunted me”

41-year-old man quoted in Crabtree et al. (2018)

Knowledge of the abuse can cause siblings a painful re-evaluation of their childhood and family – they may have held assumptions of being a stable, happy family which are then thrown into question, threatening their fundamental sense of security (Welfare, 2008). As this 19-year-old man explained, “*everything I thought about my family is shattered*” (McElvaney



et al., 2022). And this may then be exacerbated by child protection and legal processes, and changes to family living arrangements (Schreier et al., 2017). The latter, whilst designed to increase safety, can also mean profound loss and destabilization. So it is not the abuse alone which impacts siblings but all of its ripple effects. These also include the impact on their parents which, as discussed, can be devastating (Schreier et al., 2017).

Siblings frequently find themselves in emotional support roles to other family members, whether to their harmed or harming siblings, or their parents, and may also become mediators, negotiating between them (Crabtree et al., 2018; McElvaney et al., 2022; Welfare, 2008). This can be stressful, and places them in complex dilemmas, especially when they are holding conflicted feelings themselves. Siblings have described their own emotions being unseen by other family members, and not validating them for themselves either – so an unhealthy dynamic can develop involving one-sided support and care (Crabtree et al., 2018).

If some form of family resolution is not found, siblings may find themselves in these roles for a lifetime: protecting, negotiating, ‘pretending’, and within it all often facing confusion. A 56-year-old reflecting on her mixed feelings towards her brother who harmed shared *“I feel sorry for him too, but still don’t know what to do”*.

“It is a life sentence of negotiation of relationships, avoiding some, embracing others, but a pit of fear and dread in my stomach when family gatherings have to happen”

51-year-old man quoted in McElvaney et al. (2022)

This underscores how significant a timely whole family approach could be – helping family members to find a ‘rightful’ way of being which prevents or, at least, reduces these relational difficulties longer-term. Relevant to this, research finds that child siblings are less distressed when their families are more cohesive and have greater problem-solving skills (cited in Schreier et al., 2017). In some cases, the crisis caused by the sexual abuse can lead to closer relationships between family members over the longer-term, at times this being facilitated by therapeutic work.

“A counsellor taught my sister how to talk more openly to me and our siblings about her sexual assault experiences, it made us all so much closer as we can talk to each other about anything now. It created a safe place for her to tell us how she feels, which in turn meant we could share how we feel”

51-year-old man quoted in McElvaney et al. (2022)

# Responding to SSA and HSSB

Taken together, all that has been discussed so far indicates that SSA and HSSB is one of the most challenging of child sexual abuse and HSB types for professionals to understand and effectively respond to. As a multi-disciplinary set of relevant professionals interviewed by Taylor, Tener, Silovsky & Newman (2021, p. 9) concurred: “*The inherent complexity of working with child abuse cases becomes exacerbated when addressing HSB among siblings*”. However the challenges are not insurmountable and there is a rich base of both research- and practice-based knowledge to guide response and intervention. This is knowledge about the problem (discussed above) as well as direct knowledge about what helps children and families in these and related circumstances. Drawing on this, in this section I delineate core aims for interventions following SSA and HSSB (the broad ‘why’ behind them) and what appear to be good practice principles for this work (the broad ‘how’), before then moving to consider more specific practices.

## Core aims

Implicit in the literature are three core, rightful needs that children and families have following SSA: safety, healing and justice. These needs are overlapping and intersecting (whilst also at times in tension), and they form the broad aims of intervention.

**Safety.** When sexual abuse comes to light, clearly the first step is ensuring that this does not happen again, that children are protected from further abuse (Taylor et al., 2021). Stopping the sexual behaviour may be felt to be less urgent in cases of problematic sibling sexual behaviour where there is no clear child who harmed, but is still important given the evidence that this behaviour can still be harmful for both children (Marmor & Tener, 2022; O’Keefe et al., 2014).

There are also wider forms of safety to consider, including emotional safety, in particular how safe a child feels around the sibling who harmed them (Yates, 2018). Even if the abuse stops, the sibling’s behaviour and very presence may mean that the child is living with a pervasive sense of threat and all that this brings with it, such as anxiety and hypervigilance. Relatedly, their presence, words or actions (even if not clearly abusive) may act as a reminder of the abuse, triggering dissociative and posttraumatic stress symptoms such as flashbacks. Emotional safety can also mean how supported, validated and cared for a child feels (Tener & Silberstein, 2019) – is the child safe from blame and disbelief, and safe to disclose details or feelings about the abuse without negative consequence?

There is also the safety of the family as a whole. As discussed, sibling sexual abuse coming to light typically triggers a crisis in families, often leading to conflict and the breakdown of family relationships and family life (Crabtree et al., 2018; Westergren et al., 2023). And difficulties parents may experience (such as financial stress, mental health problems, relational issues, and substance misuse) can lead to profound insecurity for children (both emotional and physical).

“My mum started drinking again [when she found out], my sisters went into foster care.. we [me and my sister] knew it was going to happen and it did happen”

18-year-old girl quoted in Warrington et al. (2023)

The safety of the child who harmed is also of major concern. As noted, following sibling sexual abuse, families can find themselves dealing with systems in which this child faces significant risks, including the loss of connection to family as well as wider alienation, and long-term stigma and punishment that is arguably a more appropriate response to adult offending (Tener et al., 2020). These risks can be thought of as separable from appropriate consequences for abusive behaviour (explored below), notwithstanding that there is professional debate about where the line between the two is drawn (Tener et al., 2020). Lastly, given that sibling sexual abuse often occurs in the context of other victimization (towards the children or indeed adults in the family), safety from this must also be addressed.

**Healing.** This might also be termed ‘recovery’ or ‘moving forward from the abuse’, and each term has its limitations – both ‘healing’ and ‘recovery’ might imply that in the process victims are returning to a pre-abuse state when clearly that is not possible or, for many, desirable. For many, posttraumatic growth and thriving (versus surviving) are aspirations to continually journey towards, and for many (often the same people), there is just not the possibility of eliminating all harms that the abuse has wrought. Healing can be thought of as a process (verb) or a goal that that process leads to (noun) and both senses of the word are important to keep in mind: the journey and the destination.

So, the term ‘healing’ here is used with this thinking in mind, to mean people developing greater well-being, mental health and healthy connections following abuse. For victims, this might mean forging a positive sense of self, living a life free of posttraumatic intrusions and anxiety, or learning to trust significant others – reducing or avoiding the long-term impacts of SSA discussed above. On a systemic level, a family’s healing might comprise developing healthier communication patterns, closer bonds, or fairer norms. Familial healing is not always possible and in many situations, distant or estranged relationships are indeed necessary for victims to achieve some lasting relief. Lastly, and paradoxically, healing from abuse often, if not always, involves pain – for example, in processing memories or in facing deep fears in order to address them – and so, in this sense, it and the goals of safety and justice may at times feel in tension.

**Justice.** Following sexual abuse, there is a deep need for justice and this is felt keenly by victims, those that care for them, and wider society. Justice is not reducible to healing or safety goals, as it is fundamentally a moral (and political) versus therapeutic or protective concern (Daly, 2017). A rich literature has explored what justice means for victims and survivors and, from this, several core justice needs or ‘justice interests’ emerge (for example, Daly, 2017; Field & Katz, 2022; Herman, 2005; McGlynn & Westmarland, 2019). The latter term is perhaps preferable as it conveys better that these outcomes often go beyond what a person needs for themselves and are also to do with improving matters for others and for society as a whole – as Daly (2017, p. 109) notes, “a victim’s perspective is not narrow or self-centred, but widens to embrace others in a justice activity, including admitted offenders, supporters

of victims and offenders, and a wider societal view on the wrong and harm of sexual violence". These justice interests can be summarised as.<sup>12</sup>

- *Participation*. This involves victims being included in the justice process, being valued as core participants. It includes them being supported in the process, educated on it and kept informed, as well as being given choices and the opportunity to ask questions and have them addressed. Arguably justice involves this participation for not only direct victims, but others affected by the crime (most directly family members) and the person or people who harmed.
- *Voice*. This is also termed 'truth-telling' and appears to be the most frequently cited justice element. It involves victims having the opportunity to recount what happened to them and its impact in a significant setting where it is formally recognised and treated with the gravity that it deserves. This might also be extended to include others affected by the crime.
- *Validation*. This follows from 'voice' and involves the victim being believed and not blamed, and the weight of what happened shifting from their shoulders to others (the offenders, those that contributed, and wider society). Belief and concrete 'non-blame' can be demonstrated in many different ways, but be demonstrated they must – it is not enough for them to be assumed, as into a 'blank page' victims may read judgement, disregard or disbelief, following the experience of abuse which was in and of itself a form of invalidation. This justice dimension helps to right this wrong, demonstrating the validity of the victim's feelings, truths and personhood.
- *Vindication*. This is acts by others (family, community, the societal system) marking and affirming that the abuse was a serious moral wrong (vindication of the law), and that specifically what was done towards *this victim* was wrong (vindication of the victim). This is separable from recognising the harm of the abuse – beyond harm, it is a moral wrong and a violation of the victim's rights. Vindication finds its form often in offenders being prescribed a 'burdensome' task, in recognition of the gravity of the offence and their level of culpability.
- *Offender accountability – taking responsibility*. Following closely from vindication, this comprises the person who harmed 'owning the wrong' – authentically demonstrating that the burden of this abuse rests on them. This involves a process of anguish and shame, that they may need support in tolerating and working through (Joly & Anderson, 2000; Welfare, 2008). It might then take shape in the form of honest admission and cooperation with the justice mechanism, expression of the pain, a sincere apology and an acceptance of 'the burdensome task'. Particularly in cases involving children and young people who have harmed, this should extend to including others who contributed to the harm.

Just as different forms of therapy can be compared on how well they facilitate healing, so too can different justice mechanisms (such as traditional criminal justice system and restorative justice processes) be compared on how well they deliver these various justice dimensions.

Working out what a good justice response to sibling sexual abuse comprises is more complex than doing so for many other forms of abuse. Firstly, the clarification that what took place was abuse is needed. If instead it was another form of sibling sexual behaviour, then a justice process would be inappropriate and indeed harmful, introducing something unfair (versus

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<sup>12</sup> Different researchers have categorised and labelled victims' justice interests somewhat differently, but in essence they describe the same themes. Here I have chosen the categorisation of Daly (2017) given that she and colleagues have specifically sought to evaluate these outcomes in cases of sibling sexual abuse (Daly & Wade, 2017).

bringing in something fair). In abusive situations, the culpability of children who harmed varies considerably, depending on their age and understanding, and what influenced them, and any justice process must reflect this. They may have also experienced abuse and need justice for this – most typically this involving those who hurt them being held responsible and owning this (Haskins, 2003). Furthermore, victims are often grappling with highly conflicted feelings towards their sibling, and any process needs to be sensitive to these, whilst continuing to vindicate them and validate their worth. How justice might be achieved given all of this is explored further below.

“I didn’t want to have to start an entire investigation against my brother – he’s still my brother after all – he’s a c\*\*t, but he’s my brother – it’s like a mental messed up love”

18-year-old girl quoted in Warrington et al. (2017)

As noted, safety, healing and justice closely intersect, and a process designed to facilitate one may well assist with others. At times they may also find themselves in slight tension (for example, effective therapy involves risk and thus some forms of ‘safety’ need to be set aside). Regular reflection on these three fundamental goals may help teams find ways of consistently working towards them all, without one obscuring the others.

## Good practice principles

From the rich literature exploring practice with children and families following sibling sexual abuse and HSSB (and in tandem with the wider research and practice development in cases of child abuse and harmful sexual behaviour), it is possible to derive a set of core principles of best practice, around which there would appear to be consensus. This international literature includes case studies by practitioners; research exploring the perspectives of professionals and families on intervention and journeys on from the abuse; evidence-informed practice frameworks; and reviews drawing everything together (for example, Anderson & Parkinson, 2018; Caffaro, 2014; McCoy et al., 2021; Taylor et al., 2021; Tener et al., 2018; Tener & Silberstein, 2019; Yates & Allardyce, 2021; Westergren et al., 2023).

### A whole family approach

As is demonstrated throughout this review, sibling sexual abuse is a problem for the whole family, and is best understood in the context of the family. Family members powerfully influence one another in their journeys on from the abuse. And how they approach one another, and as a whole respond to the abuse, has profound implications for all outcomes, including the risk of further abuse, the victim’s wellbeing and mental health, and the family’s long-term cohesion and functioning.

Taking a whole family approach means factoring in (and, at times, balancing) each family member’s insights, views, feelings, needs and strengths at all stages, including during assessment, safety planning, therapy and justice processes. As noted, if one person is missed out, this is both harmful to them and to everyone else (for example, when parents work extra hard to support the child who harmed to correct a lack of support from professionals, and this leaves the victim feeling neglected within the family; Tener et al., 2018).

Whole family interventions typically comprise a combination of individual or group therapies for harmed children, children who harmed, parents, and other siblings respectively (i.e. at least four types of support, one for each), and then, sequentially and/or in parallel, therapeutic sessions that bring together all or some family members. Support and psychoeducation of wider family members (such as grandparents, aunts, uncles, family friends) should also be considered, given how the situation may have impacted them, and the help and influence they can bring (Westergren et al., 2023).

Whilst there appears to be consensus on the importance of this approach, it is not always easy to achieve. It requires sufficient resource and attention to practicalities (for example, sessions for different family members may need scheduling in parallel to be feasible for the family; Schreier et al., 2017). And in various jurisdictions, including the UK, providing meaningful intervention to victims, children who harmed, or families has at times been judged to conflict with the requirements of the criminal justice process. The perceived needs of the criminal justice system are then prioritised over these interventions, despite its extremely poor outcomes (Field & Katz, 2022; Barraclough & Barry, 2022; Daly & Wade, 2017).

### **Comprehensive assessment and ongoing learning**

Working out the dynamics and impact of any form of sexual abuse, and children's and families' needs following it is always a challenging endeavour. Children rarely disclose all aspects of the abuse, at least initially (due to fears, shame and embarrassment) (McElvaney, 2015), and its impact is not usually observable immediately. The nature and impact of SSA and problematic sibling sexual behaviour is all the more complex to assess given that the factors that might be necessary to distinguish between the two can be so hidden – such as the feelings of both children, the evolution of the behaviour, and any coercion or 'contingencies' (for example, what might happen if a child didn't go along with it).

Yet as discussed at the outset of this paper, understanding the nature of what took place is critical to determining the rightful approach, getting it wrong in either direction can be damaging. And this can be made even more difficult by professional assumptions that can bias judgements, such as the belief that sibling relationships are always of value, or that the child who harmed must be a victim also and did not intend to harm (or conversely be acting like an adult) (Yates, 2018; Yates 2020). It is also critical to understand any contributors to the behaviour, and how the family are making sense of it and responding, and again this understanding can be undermined by assumptions, such as there necessarily being wider family dysfunction (Welfare, 2008).

All of this speaks to the need for an approach to assessment that is *comprehensive* (seeking the perspectives of everyone, including for example, other siblings and wider family; and looking beyond the behaviour to wider dynamics); *ongoing* (open to more information coming to light over time); and *reflective* (making space for uncertainty and professional challenge).

“I think it would've clouded my opinion of the young man... if I had seen her, I would've seen a victim and a daddy would've taken over, not a social worker... I think I'd have been harsher on him because... he's a child but she's a, she is the child”



A social worker quoted by Yates (2018) discussing a case involving a 15 year old boy and his 7-year-old sister – it appears he chose not to do a comprehensive assessment to avoid a bias towards the victim, in fact this arguably reveals a bias towards the child who harmed

## Prioritise safety of the victim

In focus groups with professionals at Child Advocacy Centres (CACs) in the United States and Israel, Taylor et al. (2021) found unanimous agreement with the view that preventing further abuse of the victim is the first task. However, there were differences in opinion about how this is best achieved, with professionals at two CACs (one in Israel, one in the U.S.) believing this could typically be done through safety planning, whereas professionals at the other U.S. CAC believing that generally the child who harmed would initially need to be removed from the home. The tension here was also felt within teams, as one practitioner described: *“I think the whole team understands that this kid needs safety. I don’t think the team always agrees on how to get that right. Like some people may say, ‘we need to remove that 14-year-old’, or ‘no, we need to remove that victim child because the parents aren’t being supportive,’ and we think that other people may say, ‘that’s retraumatizing the victim, why are you taking the victim out?’... they all hate this case, they all know something needs to happen; they all agree on that. Sometimes the logistics of it, that’s where it gets a little sticky”* (p. 5).

It is how understandable how decisions about safety can be stressful and difficult, given the high stakes they involve. They are likely to be most effective when informed by:

- Thorough assessment (see section on assessment below)
- Attention to the different forms of safety (see above). Whilst safety from the abuse must be prioritised, the victim’s emotional safety must also be heeded (for example, if the siblings remain living together, what is the impact of that on any posttraumatic stress and anxiety they may be experiencing and their ability to process the trauma?)
- Thinking about the steps in the journey ahead, for example, it may not be sufficiently safe for the child who harmed to be in the family home initially, whereas progress in therapy might enable this in a few months’ time. Of relevance is the finding that parents’ initial reactions are often very different from their longer-term approach (LaFleur, 2009), and they can be supported to move relatively quickly from one to the other (Tener et al., 2018).
- Self and team reflection and evidence-informed debate. Returning to Yates’ (2018) study of social worker decision-making, he found that further sexual abuse took place in eight of nine families where children had been judged safe to remain together in large part because the parents had reported the behaviour and were accepting of support. He identified and challenged the assumption that parental openness to support equates to their ability to protect, which requires further demonstration.

All these elements, alongside wider principles discussed in this report, will help professionals and families make the best decisions possible to foster safety. However, at the same time we are missing critical research that maps the impacts of the different decisions here (most significantly, the decision to separate siblings versus that to keep them under the same roof with safety plans in place). Therefore services should include within their own evaluations and audits tracking of how these different pathways play out – this will then further inform decision-making and help to resolve dilemmas.

## Bespoke and modular

Whilst a whole-family approach typically involves separate support for different family members together with conjoint sessions, it is interesting to note, looking across the literature, the absence of a set model for this (for example say intervention models that specify how many sessions children are offered before family sessions commence, or what the focus should be). Instead, what is recommended with good reason is a bespoke approach tailored to the needs and journeys of each family (Caffaro, 2014; Haskins, 2003; Keane, Guest & Padbury, 2013; McNevin, 2010). As Keane et al. (2013) note, “*The challenge of working with the aftermath of sibling sexual abuse requires seeing each family as a unique entity*”. The specific approach offered to families follows from an evolving understanding of each person’s and the whole family’s difficulties, strengths and needs; ongoing (often informal) evaluation of progress towards goals; and evidence-based discussion on best next steps.

To give a brief example of such a tailored approach – Haskins (2003) describes a case in which a 13-year-old boy had sexually abused his 11-year-old sister and contributors to this behaviour included their mother’s favouritism towards her daughter; her son seen as ‘bad’; and a sexually repressive family culture related to the mother’s own childhood victimization. The boy went to live his uncle, and treatment initially involved separate sets of sessions for the boy, the girl, the mother, and the mother and stepfather as a couple, as well as group therapy for the boy. On the basis of progress made in these sessions, two ‘accountability sessions’ followed, one in which the son took responsibility for his behaviour towards his sister and apologised to her with remorse, and another in which the mother owned her unfair behaviour towards her son, and in which the stepfather also apologised for his previously limited participation in the family. Subsequent to these, further family sessions took place focussed on rebuilding trust, establishing boundaries, and prevention strategies, leading to the family being reunited after 18 months of therapy.

## A ‘both, and’ perspective

As is evident throughout this paper, sibling sexual abuse defies easy understanding or easy answers. Complex thinking is required, both to understand the issues and to act effectively and ethically, and in this endeavour, holding onto a ‘both, and’ perspective appears vital (Burnham, Moss, de Belle & Jamieson, 1999; McNevin, 2010; Welfare, 2008; Yates & Allardyce, 2023a). This refers to the stance of holding together two positions that are frequently viewed in opposition, and is a principle within systemic, narrative and dialectical behavioural therapeutic traditions. Useful and ethical *both, and* positions when working with families affected by sibling sexual abuse include:

- Both the victim’s and the harming child’s needs must be addressed – as well as other family members
- The child who harmed should both be supported and held accountable
- On a related note, both systemic contributors and individual agency are important
- Similarly, there should be accountability both for the abusive behaviour perpetrated by the harming child and for wrongs committed towards him or her
- Shame and guilt about one’s harmful behaviour are both rightful responses to its wrongfulness and signs of a person’s inherent ethics (Jenkins, 2006; Jory & Anderson, 2000) – supporting young people in holding and processing these feelings can be critical to positive change

## Initial steps with families

Broadly speaking, when families first come to the attention of services due to reports of sibling sexual abuse, there are four interlocking tasks that need to take place or, perhaps more accurately, processes that need to begin: *assessment* (of the problem, and more widely the strengths, needs and difficulties of the children and family); *supporting the family in understanding the situation*; *building rapport and engagement*; and *ensuring safety from further abuse* (alongside meeting other immediate needs). Child protection services might take the lead in these and/or work in collaboration with a therapeutic service. Alternatively multidisciplinary teams may do so, such as the aforementioned Child Advocacy Centres, which are the context for much of the practice that has been researched in this field.

### Assessment

In short, the purpose of an initial assessment is to gather sufficient information in order to formulate a good understanding of the sibling sexual behaviour and its impact, and the strengths and needs of children and family going forwards.<sup>13</sup> This understanding informs decision-making about interventions, and in turn these lead to further knowledge, in a process of reciprocal feedback and ongoing learning. On the basis of practice guidance (for example, Caffaro, 2014 and Yates & Allardyce, 2021) and the wider findings of this review, it seems most useful for initial assessments to focus on reaching an understanding of the following five areas:

- The nature of the sexual behaviour, including its functions and motives; what facilitated and maintained it; and what behaviours it comprised. Drawing on the understanding of SSA and HSSB mapped out above, core elements such as mutuality or lack thereof; power differentials and their impact; and coercion, emotions and contingencies (e.g. what did the victim fear would happen if they did not comply?) should be explored. This might then feed into a classification of it as either SSA, other HSSB, or sibling sexual behaviour which is of less concern.
- The wider context and any contributors, including the wider sibling relationship, family dynamics, peer groups, earlier life experiences, and online influences and interactions.
- The impact of the sibling sexual behaviour on the children (in particular the victim(s) if there is an identified one or more) and other family members. Assessment of the impact should extend beyond what is visible to others (e.g. aggression or depression) to include what may be more hidden, such as the victim's thoughts, perceptions and emotions about the abuse, themselves and other people, and any forms of dissociation.
- Family responses, in particular towards each of the children involved. For example, how are the parents managing the potential dilemmas and conflicts involved in meeting both children's needs? Are there any elements of a supportive response to the victim(s) that are

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13 A useful tool to guide the initial assessments of sibling sexual behaviour by frontline social workers is the Mapping Tool developed by researchers Sophie King-Hill, Abby Gilsean & Kieran McCartan: <https://www.birmingham.ac.uk/schools/social-policy/departments/health-services-management-centre/research/projects/2022/sibling-sexual-behaviour-mapping>

missing, and if so, what are the hindrances to this? Equally, are there elements of a helpful response to the child who harmed that are missing, and if so, what are obstacles here?

- Strengths and protective factors, including those within the family relationships; wider support from extended family or friends; and coping, support, mentalisation, and communication skills

Assessments need to be in-depth, whilst not too onerous or time-consuming, which can disengage families and prevent timely intervention. The vantage points of different members of the family should be sought, and a mixture of semi-structured interviews (Caffaro, 2014) and questionnaires are useful in this process. Questionnaires may be generic psychometric measures such as the Trauma Symptom Checklists for Children or Young Children (TSCC & TSCYC; designed to measure common impacts of child sexual abuse), and those designed to capture the experiences and feelings of specific family members such as non-offending siblings (Schreier et al., 2017). Depending on the nature of the abusive acts reported and the view of the victim, medical assessment may also be useful – this can provide reassurance, identify health needs and treatment, and in some circumstances, feed into a criminal justice process (Barracough & Barry, 2022).

## **Acknowledging the behaviour collectively, and building engagement with families**

As discussed, when the harmful sibling sexual behaviour first comes to light, parents are frequently in a state of shock, and it is not unusual for them to react with disbelief or minimisation. Tener et al.'s (2018) analysis of CAC files in SSA cases demonstrates the crucial role that first meetings with professionals can play in helping parents move from such positions to one of acknowledgement, whether this means integrating the SSA into a pre-existing family narrative, or understanding it as a rupture in the family's image. This research further suggests that crucial to this process of changing attitudes are a) conversations between practitioners and the children involved in which more details of the SSA often come to light that are then fed back to parents, and b) the behaviour being clearly named to parents as both legally and socially sexually abusive.

Such conversations can trigger a real sense of crisis, and the next task is to help families to process this reality and their feelings about it, and to support them to engage in a therapeutic (and possibly restorative justice) process which, whilst hopefully helpful in the long-term, may involve further difficult themes and feelings.

Readiness for such journeys should not be assumed. As McNevin (2011) summarises in a paper on family therapy following SSA, "*we know and appreciate that engaging family members in dialogue around difficult and troublesome issues can be of enormous benefit to the family as a whole. When the issue to be discussed is one they find confronting, embarrassing, sad and hurtful, it makes sense they want to avoid it. So how [can we] support family members to take a risk so that they can eventually experience the benefits of difficult discussions?*" (p. 343). Useful practices (from systemic therapy and motivational interviewing) that she highlights may help families develop their own motivations for talking, and facilitate empathic, ethical and constructive conversations include: 'talking about talking' and decisional balancing in which family members weigh up the pros and cons of therapy; psychoeducation and metaphors that support an appreciation that transitory pain and discomfort are a normal part of the change

process; and scaling, circular, hypothetical and perspective-taking questions. A case study illustrating this approach shows a boy moving from an initial place of *'I won't discuss it any more as it is too embarrassing'* to *'this is hugely embarrassing for me and I want to avoid that, but I can see that it would be helpful for my sister'*, and his parents moving from *'I cannot hear about what he did'* to *'I hate the idea of hearing from him what he did to her, but I can see that this would be helpful and acknowledging for his sister and would help him take responsibility'*.

Other practices evidenced to improve engagement of families and children in treatment following sexual abuse include: open discussion about possible (practical or emotional) barriers and addressing these; providing information about therapy and how it works; and adopting a stance that is collaborative, non-blaming, normalising and hopeful (for further elaboration of these and other methods, and their research basis, see Hanson, 2017).

## Safety and other immediate needs

Following on from earlier sections, establishing safety (in particular preventing further abuse) is a particular priority in intervention, and this process is critically informed by ongoing assessment, reflectivity, and attention to all forms of safety and how family members change over time. Depending on the findings of the initial assessment, in particular regarding the dynamics, severity and impact of the abuse, and the responses and capacity of the parents and wider family, social workers will decide whether living arrangements can remain as they are, or whether the child who harmed and victim need to live apart, at least initially. In this situation, typically it is the child who harmed, not the victim, who should move; if the victim is moved, this can leave them feeling punished and blamed for disclosing, and gives them an additional adversity to deal with (Taylor et al., 2021). To avoid the upheaval and challenges of foster care, wider family and friends may be able to look after the child who harmed, or each child may be able to live with one parent (Westergren et al., 2023).

In many situations, it is judged tenable for the family to continue living together with a safety plan in place. Safety plans are likely to be more effective at preventing further abuse and emotional harm if they are:

- Derived from an understanding of everyone's needs, strengths and challenges
- Devised collaboratively. An approach such as a family group conference, sufficiently prepared for and sensitive to the dynamics of SSA, may be useful in this regard. Anderson & Parkinson (2018) outline a framework for such meetings in cases of HSB which could be adapted for the specific complexities of SSA and focussed on safety.
- Specific and realistic, versus vague and unachievable (Barraclough & Barry, 2022)
- Supported by others (professionals and wider family), psychologically and practically
- Regularly evaluated and refined to ensure maximal feasibility and effectiveness

Safety planning should also seek to address factors that may have contributed to the abuse or wider HSSB, and/or may otherwise be a risk to the children. Online safety must be a focus, including preventing children's exposure to pornography (McKibben et al., 2017; McDonald & Martinez, 2017). As is evident, achieving safety goes beyond safety planning. Safety is also an outcome of therapy (discussed next) which interweaves with and amplifies the effectiveness of these measures.

# Therapeutic approaches

## Individual or group therapy for children or parents

Under the broad umbrella of healing, safety and justice aims, there are specific outcomes that therapeutic work with children or parents following SSA typically aims to achieve, following on from the aetiology and harms of this abuse discussed above. Therapeutic work with victims commonly focusses on supporting them process their memories and feelings about the abuse, understand it adaptively (for example, appreciate that it was not their fault), develop constructive core beliefs about themselves and others, regulate their emotions, and develop wider coping skills (Ballantine, 2012; Hanson, 2017; Hubel et al., 2011; Tavkar & Hansen, 2011; Tener & Silberstein, 2019). Similarly, interventions with parents aim to help them process their feelings about the abuse and understand it appropriately (in ways which do not blame the victim, or others unfairly), whilst developing a) their holistic support of their victimized child (as outlined above); b) their care and management of their child who harmed (and skills in helping him or her take appropriate responsibility); and c) their wider parenting skills, including in dealing with challenging behavioural impacts of the abuse (Keane et al., 2013; McNevin, 2010; van Toledo & Seymour, 2013; Welfare, 2008). Sessions may also aim to strengthen the parents' relationship and co-parenting (Haskins, 2003).

Approaches with children who have harmed tend to focus on helping them understand their behaviour, take responsibility for it, and manage risk, integrated with skills building (including emotion regulation and social skills), learning about healthy sexuality, developing positive identities, and working towards personally meaningful goals – a 'good life' (e.g. Barry & Harris, 2019; Fortune, 2018; McCrory, 2010; Slattery, 2003). Whilst therapies for other siblings are much less developed, those that do exist aim to help them understand and process their feelings about the abuse and its impact, and develop their coping and assertiveness skills, knowledge of emotions, and understanding of healthy sexuality (Schreier et al., 2017).

The majority of evaluation research in this field has focussed on individual or group treatments for sexually abused children utilizing various forms of trauma-focussed cognitive behavioural therapy (TF-CBT)<sup>14</sup> and typically with conjoint (group or individual) sessions for parents (Hanson, 2017). In short, studies find that this therapy reduces a range of difficulties children struggle with following sexual abuse, including posttraumatic stress symptoms, anxiety and self-blame (e.g. Cohen, Deblinger, Mannarino & Steer, 2004; Hubel et al., 2014; and see Hanson, 2017, for a review). Other forms of trauma-focussed therapy such as EMDR<sup>15</sup> and play therapy also hold promise (Jaberghaderi et al., 2004; Reyes & Asbrand, 2005).

Numerous studies have found parental involvement in victims' therapy to be both beneficial to parents themselves, whilst also instrumental in their children's therapeutic gains (e.g. Cohen & Mannarino, 1998; Cinamon et al., 2021). And positive outcomes for parents

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14 Trauma-focussed cognitive behavioural therapy involves revisiting the trauma to process it and addressing any thoughts or behaviours that are barriers to healing (for example, self-blaming thoughts or avoidance of all reminders of the trauma).

15 EMDR (Eye Movement Desensitization Reprocessing) helps people integrate trauma memories through a process of revisiting the trauma whilst attending to external stimuli – <https://www.emdr.com/what-is-emdr/>



and children are also reported for 'stand alone' group or individual parent interventions, which include psychoeducational, emotional support and CBT elements (van Toledo & Seymour, 2013). Therapeutic approaches for young people with harmful sexual behaviour are insufficiently evaluated (Sneddon et al., 2020), although various CBT, integrative<sup>16</sup> and narrative<sup>17</sup>-based approaches hold promise (e.g. Barry & Harris, 2019; Fortune, 2018; McCrory, 2010; Slattery, 2003) and very positive outcomes have been reported for those that intensively involve families (Letourneau et al., 2009).

## Family work

Family therapy following sibling sexual abuse, which as noted tends to be offered following or in combination with sessions for the individual children and their parents, broadly aims to support the family in coming to a collective understanding of the abuse that is adaptive and fair, acknowledging both individual responsibility and wider contributors. Interweaving with this, it aims to support healthy communication patterns, appropriate roles (for example, reducing any parentification of the children), hearing and understanding others' perspectives, and fair familial norms (Haskins, 2003; Keane et al., 2013; McNevin, 2010; McNevin, 2011; Welfare, 2008). It appears common practice for therapists to offer sessions between all or some family members in a bespoke fashion, based on their progress within individual (or group) therapy. This approach can enable sessions to be most constructive, and reduce the risk that they become a forum for destructive or unfair familial dynamics to play out. For example, individual sessions may help parents move from reactive anger towards both children to a stance that is caring of them both and appropriately holds the child who harmed to account, and so a family session timed towards the end of this process is likely to be helpful, versus one at the beginning which risks significant harm to both children.

Therapeutic approaches that practitioners have reported as helpful in this work include motivational interviewing (especially at the outset, as discussed above), and systemic and narrative methods (Haskins, 2003; McNevin, 2010; McNevin, 2011). It is critical that this therapy is sensitive to the dynamics of the sibling sexual abuse and any wider maltreatment within the family. In this regard it should differ from some other forms of family therapy in which therapists strive to maintain 'neutrality' and see everyone's 'truth' as equally valid. It is argued with good reason that instead in families where there has been abuse, therapists should take an active, ethical stance in which they seek to address the misuse of power and invite those who have harmed to authentically take and express responsibility, all the while being alive to wider contributors (including societal messages) and the harming child's status as a child, and conveying the inherent worth of each person (Jenkins, 2006; Jory & Anderson, 2000; Welfare, 2008). In this endeavour, 'both, and' thinking and team reflection is central.

As well as therapeutic work increasing safety and improving psychological health and relationships, it can be a powerful vehicle for justice – insofar as it gives a voice to those harmed, takes seriously what they have suffered, and involves the person(s) who harmed (and others who may have contributed) being held accountable and taking responsibility. In this way it may complement and indeed intersect with formal justice mechanisms, although

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<sup>16</sup> Integrative therapies combine elements from one or more approaches in a complementary fashion

<sup>17</sup> Narrative therapies assist people in coming to an adaptive narrative about what happened and oneself (for example one that involves both accountability as well as freedom to change), this may involve metaphors and developing a sense of different parts of oneself.

it is rarely seen as a substitute for these. This is perhaps because it lacks their formality, their ability to prescribe meaningful consequences (McGlynn & Westmarland, 2019) and their status as embedded within the societal ‘system’ – all of which may help to more fully meet the justice needs of vindication and offender accountability.

Before moving to consider formal justice mechanisms and their application to sibling sexual abuse, a few final points relevant to therapeutic intervention merit noting. First, as is clear, the vast majority of practice and research has focussed on interventions following SSA or wider sexual abuse, and there is little to guide practitioners on the specifics of working with children who have experienced forms of HSSB not deemed abusive (albeit many elements of interventions following abuse are likely applicable). Second, there appear to be no evaluations (or even comprehensive descriptions) of whole family approaches to SSA (which combine individual and family work) – the time is ripe for their development and testing and this would benefit practitioners globally and the children and families they work with. Third, many (if not most) families affected by sibling sexual abuse never come to the attention of services, and yet could be helped by even non-specific support that guides them in how they think and talk about it, and journey on from it (Epilogue, King-Hill, McCartan et al., 2023). Online psychoeducational resources, recommended for all families affected by sexual abuse (van Toledo & Seymour, 2013) are likely to be particularly helpful in this regard.

## Justice approaches

The criminal justice system (CJS), involving police investigation and adversarial court process, is the dominant justice mechanism in the UK and most anglophone countries. Despite the best efforts of many people working within it, it has notoriously poor outcomes in cases of sexual violence, including child sexual abuse. The vast majority of reported crimes of sexual abuse do not result in conviction (Bunting, 2008) and the experience of engaging with the system can layer significant additional harms on already traumatised children and their families (Butterby & Hackett, 2022; Field & Katz, 2022). These harms result from long delays; intrusive investigation; a lack of reasonable choice, control or information; aggressive questioning in court; and more generally processes and interactions that leave victims feeling devalued or disbelieved (Butterby & Hackett, 2022; Hanson, 2016b). Even more fundamentally, the forms of justice offered by the CJS may differ markedly with those most sought by victims, especially when the person who abused them is a family member (as noted above; Warrington et al., 2017; Tener & Katz, 2018). Going further, it may often work against these justice aspirations, for example reinforcing offenders’ denial or victim-blame when the victim most keenly desires their acknowledgement, apology and remorse (Tener, Katz & Kaufmann, 2021).

Tener and Katz (2018) examined the decision-making of forensic interviewers in 42 cases of sibling sexual abuse and it is sobering to note that not one was recommended to progress through the criminal justice system. There was particular concern about the impact on victims of testifying against their siblings in court and the increased strain this would place on family relationships and functioning. As summed up in one case, “*the boy displayed*

*emotional distress and testimony in court would place him in a complicated position with his family”* (p. 118).

Given this seeming ill-fit between the CJS and the justice needs of children, survivors and families following SSA (and often wider HSB or intrafamilial abuse), it is vital that other forms of justice are available,<sup>18</sup> and indeed some jurisdictions have formalised alternative pathways. In the Australian state of Victoria, child protection legislation does not require the reporting of sibling abuse to the CJS if the parents are judged to be sufficiently able to ensure future safety (Keane et al., 2013). A related but more formal, structured approach is taken in Israel – here, when a case of SSA comes to light child protection practitioners will undertake an initial assessment (interviewing each child in the family as well as the parents) to inform a multi-disciplinary, collaborative decision to either proceed with a criminal justice process or refer the case to an Exemption Committee. This committee has the authority to grant a permanent or temporary exemption from legal proceedings – and a temporary one may become permanent upon the child who harmed or family’s successful completion of a therapeutic programme (for a detailed description see Tener et al., 2020). It seems that nearly all cases receive an exemption and this is felt to be positive for the families involved; however there is also concern that no other mechanism is offered to meet victims’ justice interests which not directly considered in this process (Tener et al., 2020).

A further alternative approach is adopted by the Australian state of Queensland: youth offending reported to the police (including sibling sexual abuse) may either be directed into a criminal justice or restorative justice (RJ) process (Daly & Wade, 2014; Daly & Wade, 2017). The latter involves a formal restorative justice conference chaired by a trained RJ coordinator and attended by the young person who harmed, the victim or someone representing them, and other family members and involved professionals. This will typically take place after the young offender has received some therapeutic support and preparation. During the conference, an account of the abuse is shared (for example, the police report is read by the coordinator) and there is a discussion of its impact. During this process the young offender is asked reflective questions, designed to facilitate their acknowledgement, remorse and responsibility, and there is an opportunity for family members to share their views and feelings. The conference culminates in the development of a ‘conference agreement’ collaboratively decided by the group. This specifies the next steps the young person needs to take, for example, completion of a therapeutic programme, or an apology, and may put in place restrictions or other meaningful consequences.

The approach to restorative justice that Queensland adopts is one form of many that RJ can take. At its simplest, restorative justice is a formalised meeting or set of meetings (whether in person, virtually, via written communication etc) involving the person who harmed, the person harmed or their representative and other(s) from the community or society, in which the offence and its impact is acknowledged and attempts at redress or apology are made (Daly, 2017). A restorative justice project involving three organisations in Bristol (the local youth offending team; BeSafe which works with young people with HSB; and the Green House which works with children who have suffered sexual abuse) appears to offer various forms of restorative meeting, including the exchange of letters between the children, each supported by their therapist (Barracough & Barry, 2022; Archer & Windle, 2016; Streich & Spreadbury, 2017 cited in Yates & Allardyce, 2023a).

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18 <https://www.euforumrj.org/en/thriving-survivors-restorative-justice-sexual-harm-service>

Importantly, different justice mechanisms can be evaluated and compared on how well they achieve key justice outcomes. Using a sample of 17 cases of sibling sexual abuse, 6 of which were dealt with by restorative justice conference and 11 of which went to court, Daly and Wade (2017) compared the two processes on how well they delivered the five justice interests: participation, voice, validation, vindication, and offender accountability – taking responsibility (as outlined above; Daly, 2017). Restorative justice performed better than criminal justice on all five, and differences were most marked for voice, validation and participation. However this assessment also revealed shortcomings to the restorative justice process. In particular it seemed questionable the degree to which victims actually felt justice through this process, given that they were typically not present and instead represented by a parent who “*had an emotionally complex dual role*”, representing both their children’s interests.

Wider research indicates that restorative justice mechanisms can deliver significant benefits, including victim satisfaction and reduced re-offending (Robinson & Banwell-Moore, 2023; Strang et al., 2013); however more work is needed both to develop and then evaluate RJ processes for HSB and SSA in particular.

The research as it stands indicates that restorative justice for sibling sexual abuse holds promise, but requires considerable thought and planning (both in developing a general process and in its case-by-case application). It also requires initiative, given that it is not a widely used justice mechanism in the UK and professionals can be hesitant about change (Armstrong, 2021).

A good restorative justice process would seem to involve the following elements:

- Assessment of each child and their parents to evaluate their needs and readiness. In particular, would the child who has been harmed value such a process? And can the child who harmed acknowledge their wrongdoing? Has the harmed child also experienced significant harm, and does there need to be a parallel process to address this?
- Therapeutic sessions that further support the harmed child in identifying their needs (possibly with help from their parents) and that further support the child who harmed in taking appropriate responsibility
- A meaningful and realistic set of possible actions (‘menu’) that the harmed child could undertake to help make redress, that both children and other family members can contribute to and consider
- A formal meeting or dialogue in which the victim and child who harmed play a part, and in which the latter makes an authentic apology and expression of remorse and/or the set of actions they will undertake is agreed (using the aforementioned menu).
- Tracking of the completion of these actions and evaluation of the process, in particular how fair it felt to participants and the degree to which justice interests were met

Ideally a restorative justice programme would have the support of local partners, in particular those from the criminal justice system. A formal decision to refer a young person to a restorative justice *instead of* criminal justice process, as is the practice in Queensland, can assist them in fully participating. Without this, RJ can be fundamentally undermined by young people holding back from taking responsibility, fearful of how this could be used against them in any subsequent criminal proceedings.

For many victims, an authentic, full and remorseful apology can make a huge difference to both their healing and sense of justice. It can powerfully provide validation and vindication. However, apologies can fall short in many ways, and young people who have harmed may need therapeutic support and guidance in arriving at one that is most ethical and meaningful. Such apologies and expressions of remorse cannot be forced or pressured (but nor should systems work against them, as current CJS processes arguably do). They form part of what Jenkins, Hall & Joy (2002) term ‘other-centred atonement’ and include:

- An attempt to understand the abused person’s feelings and experience, and respect for them
- An acceptance of responsibility for the abuse and its impact
- Feelings of shame and remorse
- A recognition that the behaviour is ‘unforgiveable’ (even if it is subsequently forgiven)

Absent from them are:

- Any expectations of forgiveness or other actions on the part of the abused person (including a resumption of the relationship)
- Confusions of personal loss with remorse

Such apologies can help to shift the burden of shame from the victim’s shoulders (Jory & Anderson, 2000) and contribute to restored relationships and healing.

## Conclusion and next steps

Sibling sexual abuse and wider HSSB are complex difficulties that families and the professionals working with them often find themselves in dilemmas around. Sibling sexual behaviour is deemed abusive when there is a lack of mutuality, the use of a power differential or forms of coercion. Factors conducive to SSA include children’s exposure to pornography, prior victimization, family norms and hierarchies, and parental emotional or physical absence. SSA is typically a long-lasting and severe form of sexual abuse and often has serious long-term impacts on victims – these connect to the confusion, betrayal and shame many find themselves grappling with.

How family members respond is crucial to children’s healing, yet many struggle to provide holistic support as they process their own emotions about it and feel conflicted between the needs of each child. Ideally families should be supported through a whole family approach which works to the fundamental goals of safety, healing and justice, and which involves separate support for family members as well as therapeutic and restorative justice sessions together. The research reviewed here provides a basis for developing the aims, outcomes, principles, and methods of such an approach, which in turn can be the basis for further learning about this challenging problem and how children and families can be best helped in its aftermath. We are now at a place of knowing enough to act, and needing to act to know more.

## References

- Adams, A. & Crosby, E. (2022). *Establishing the prevalence of sibling sexual abuse as reported to and recorded by police forces across England and Wales*. RCEW National Sibling Sexual Abuse Project.
- Adler, N. A., & Schutz, J. (1995). Sibling incest offenders. *Child Abuse & Neglect*, 19(7), 811–819.
- Alaggia, R. (2005). Disclosing the trauma of child sexual abuse: A gender analysis. *Journal of loss and trauma*, 10(5), 453–470.
- Amado, B. G., Arce, R., & Herraiz, A. (2015). Psychological injury in victims of child sexual abuse: A meta-analytic review. *Psychosocial Intervention*, 24(1), 49–62.
- Anderson, M., & Parkinson, K. (2018). Balancing justice and welfare needs in family group conferences for children with harmful sexual behavior: the HSB-FGC framework. *Journal of child sexual abuse*, 27(5), 490–509.
- Andrews, B. (1995). Bodily shame as a mediator between abusive experiences and depression. *Journal of Abnormal Psychology*, 104(2), 277–285.
- Andrews, B. (1997). Bodily shame in relation to abuse in childhood and bulimia: A preliminary investigation. *British Journal of Clinical Psychology*, 36(1), 41–49.
- Archer, E., Nel, P. W., Turpin, M., & Barry, S. (2020). *Parents' perspectives on the parent–child relationship following their child's engagement in harmful sexual behaviour*. *Journal of sexual aggression*, 26(3), 359–371.
- Archer, R., & Windle, M. (2016). *An evaluation of the Restore pilot project – year one (April 2015 – April 2016): The extent to which a Restorative Justice approach contributes to successful outcomes for children and young people who have been sexually abused, those who have harmed them and their families*. The Green House: Bristol.
- Armstrong, L. M. (2021). Is restorative justice an effective approach in responding to children and young people who sexually harm?. *Laws*, 10(4), 86.
- Assini-Meytin, L. C., Thorne, E. J., Sanikommu, M., Green, K. M., & Letourneau, E. J. (2022). Impact of child sexual abuse on socioeconomic attainment in adulthood. *Journal of Adolescent Health*, 71(5), 594–600.
- Baker, J. N., Tanis, H. J., & Rice, J. B. (2002). Including siblings in the treatment of child sexual abuse. *Journal of Child Sexual Abuse*, 10(3), 1–16.
- Ballantine, M. W. (2012). Sibling incest dynamics: Therapeutic themes and clinical challenges. *Clinical Social Work Journal*, 40, 56–65.
- Barraclough, L., & Barry, S. (2022). *Sibling sexual abuse and the impact of pornography*. The National Sibling Sexual Abuse Conference: SARSAS Support. <https://www.youtube.com/watch?v=1AUdetQaojg>
- Barry, S., & Harris, E. (2019). The children's programme: A description of a group and family intervention for children engaging in problematic and harmful sexual behaviour and their parents/carers. *Journal of Sexual Aggression*, 25(2), 193–206.
- Bass, L. B., Taylor, B. A., Knudson-Martin, C., & Huenergardt, D. (2006). Making sense of abuse: Case studies in sibling incest. *Contemporary Family Therapy*, 28, 87–109.



- Bertele, N., & Talmon, A. (2023). Sibling sexual abuse: A review of empirical studies in the field. *Trauma, Violence, & Abuse, 24*(2), 420–428.
- Bolen, R. M., Dessel, A. B., & Sutter, J. (2015). Parents will be parents: Conceptualizing and measuring nonoffending parent and other caregiver support following disclosure of sexual abuse. *Journal of Aggression, Maltreatment & Trauma, 24*(1), 41–67.
- Bolen, R. M., & Gergely, K. B. (2015). A meta-analytic review of the relationship between nonoffending caregiver support and postdisclosure functioning in sexually abused children. *Trauma, Violence, & Abuse, 16*(3), 258–279.
- Bolen, R. M., & Lamb, L. J. (2007). Can nonoffending mothers of sexually abused children be both ambivalent and supportive?. *Child Maltreatment, 12*(2), 191–197.
- Brown, J. D., and L'Engle, K. L. (2009). X-rated: Sexual attitudes and behaviors associated with US early adolescents' exposure to sexually explicit media. *Communication Research, 36*(1), 129–151.
- Bunting, L. (2008). Sexual offences against children: An exploration of attrition in the Northern Ireland criminal justice system. *Child abuse & neglect, 32*(12), 1109–1118.
- Burnham, J., Moss, J., deBelle, J., & Jamieson, R. (1999). Working with families of young sexual abusers: Assessment and intervention issues. *Children and young people who sexually abuse others: Challenges and responses, 146–167.*
- Butterby, K., & Hackett, S. (2022). 'It's like we're locked in a box': Girls' and mothers' experiences of the police and legal system following child sexual abuse. *Children & Society, 36*(1), 149–165.
- Caffaro, J. (2011). Sibling violence and systems-oriented therapy. *Sibling development: Implications for mental health practitioners, 245–272.*
- Caffaro, J. V. (2014). *Sibling abuse trauma: Assessment and intervention strategies for children, families, and adults.* Routledge.
- Caffaro, J. (2020). Sexual abuse of siblings. *The Sage Handbook of Domestic Violence, 758–78.*
- Caffaro, J. V., & Conn-Caffaro, A. (2005). Treating sibling abuse families. *Aggression and violent behavior, 10*(5), 604–623.
- Canadian Centre for Child Protection (2017). *Survivors' Survey.* Canadian Centre for Child Protection.
- Canavan, M. M., Meyer III, W. J., & Higgs, D. C. (1992). The female experience of sibling incest. *Journal of Marital and Family Therapy, 18*(2), 129–142.
- Carlson, B. E. (2011). Sibling incest: Adjustment in adult women survivors. *Families in Society, 92*(1), 77–83.
- Carlson, B. E., Maciol, K., & Schneider, J. (2006). Sibling incest: Reports from forty-one survivors. *Journal of child sexual abuse, 15*(4), 19–34.
- Carretier, E., Lachal, J., Franzoni, N., Guessoum, S. B., & Moro, M. R. (2022). Disclosure of sibling sexual abuse by hospitalized adolescent girls: Three case reports. *Frontiers in psychiatry, 12*, 792012.
- Carter, G. S., & van Dalen, A. (1998). Sibling incest: Time limited group as an assessment and treatment planning tool. *Journal of Child and Adolescent Group Therapy, 8*, 45–54.

Cawson, P., Wattam, C., Brooker, S., & Kelly, G. (2000). *Child maltreatment in the United Kingdom*. London: NSPCC.

Chen, L. P., Murad, M. H., Paras, M. L., Colbenson, K. M., Sattler, A. L., Goranson, E. N., ... & Zirakzadeh, A. (2010, July). *Sexual abuse and lifetime diagnosis of psychiatric disorders: systematic review and meta-analysis*. In *Mayo Clinic Proceedings* (Vol. 85, No. 7, pp. 618–629). Elsevier.

Cinamon, J. S., Bambrah, V., Muller, R. T., Zorzella, K. P., Konanur, S., & Thornback, K. (2021). Examining the reciprocal relationships between parent functioning and child posttraumatic stress throughout trauma therapy. *Journal of Family Trauma, Child Custody & Child Development*, 18(2), 139–161.

Classen, C. C., Palesh, O. G., & Aggarwal, R. (2005). Sexual revictimization a review of the empirical literature. *Trauma, Violence, & Abuse*, 6(2), 103–129.

Cohen, J. A., Deblinger, E., Mannarino, A. P., & Steer, R. A. (2004). A multisite, randomized controlled trial for children with sexual abuse-related PTSD symptoms. *Journal of the American Academy of Child & Adolescent Psychiatry*, 43(4), 393–402.

Cohen, J. A., & Mannarino, A. P. (1998). Factors that mediate treatment outcome of sexually abused preschool children: Six- and 12-month follow-up. *Journal of the American Academy of Child and Adolescent Psychiatry*, 37(1), 44–51.

Collin-Vezina, D., Fast, E., Hélie, S., Cyr, M., Pelletier, S., & Fallon, B. (2014). Young offender sexual abuse cases under protection investigation. *Child Welfare*, 93(4), 91–111.

Colman, R. A., & Widom, C. S. (2004). Childhood abuse and neglect and adult intimate relationships: A prospective study. *Child abuse & neglect*, 28(11), 1133–1151.

Crabtree, E., Wilson, C., & McElvaney, R. (2021). Childhood sexual abuse: Sibling perspectives. *Journal of interpersonal violence*, 36(5–6), NP3304–NP3325.

Cyr, M., Allard, M. A., Fernet, M., & Hébert, M. (2019). Paternal support for child sexual abuse victims: A qualitative study. *Child abuse & neglect*, 95, 104049.

Cyr, M., Frappier, J. Y., Hébert, M., Tourigny, M., McDuff, P., & Turcotte, M. È. (2016). Psychological and physical health of nonoffending parents after disclosure of sexual abuse of their child. *Journal of Child Sexual Abuse*, 25(7), 757–776.

Cyr, M., Frappier, J. Y., Hébert, M., Tourigny, M., McDuff, P., & Turcotte, M. E. (2018). Impact of child sexual abuse disclosure on the health of nonoffending parents: A longitudinal perspective. *Journal of child custody*, 15(2), 147–167.

Cyr, M., Hébert, M., Frappier, J. Y., Tourigny, M., McDuff, P., & Turcotte, M. E. (2014). Parental support provided by nonoffending caregivers to sexually abused children: A comparison between mothers and fathers. *Journal of Child Custody*, 11(3), 216–236.

Cyr, M., Wright, J., McDuff, P., & Perron, A. (2002). Intrafamilial sexual abuse: Brother–sister incest does not differ from father–daughter and stepfather–stepdaughter incest. *Child Abuse & Neglect*, 26(9), 957–973.

Daly, K. (2017) Sexual violence and victims' justice interests. In E Zinsstag & M. Keenan (Eds) *Restorative Responses to Sexual Violence: Legal, social and therapeutic dimensions*. Oxford: Routledge.

Daly, K., & Wade, D. (2016). Sibling sexual abuse: Offending patterns and dynamics in conferences. In *A restorative approach to family violence* (pp. 185–196). Routledge.

Daly, K., & Wade, D. (2017). Sibling sexual violence and victims' justice interests: A comparison of youth conferencing and judicial sentencing. In E Zinsstag & M. Keenan (Eds) *Restorative Responses to Sexual Violence: Legal, social and therapeutic dimensions*, pp. 143–178.

Davies, M. A., & Bennett, D. B. (2022). Parenting stress in non-offending caregivers of sexually abused children. *Journal of child sexual abuse*, 31(6), 633–648.

Doyle, C. (1996). Sexual abuse by siblings: The victims' perspectives. *Journal of Sexual Aggression*, 2(1), 17–32.

Duane, Y., Carr, A., Cherry, J., McGrath, K., & O'Shea, D. (2002). Experiences of parents attending a programme for families of adolescent child sexual abuse perpetrators in Ireland. *Child care in practice*, 8(1), 46–57.

Dutton, D. G., & Painter, S. (1993). Emotional attachments in abusive relationships: A test of traumatic bonding theory. *Violence and victims*, 8(2), 105.

Easton, S. D., Saltzman, L. Y., & Willis, D. G. (2014). "Would you tell under circumstances like that?": Barriers to disclosure of child sexual abuse for men. *Psychology of Men & Masculinity*, 15(4), 460.

Elliott, S. A., Goodman, K. L., Bardwell, E. S., & Mullin, T. M. (2022). Reactions to the disclosure of intrafamilial childhood sexual abuse: Findings from the National Sexual Assault Online Hotline. *Child Abuse & Neglect*, 127, 105567.

Edwards, V. J., Freyd, J. J., Dube, S. R., Anda, R. F., & Felitti, V. J. (2012). Health outcomes by closeness of sexual abuse perpetrator: A test of betrayal trauma theory. *Journal of Aggression, Maltreatment & Trauma*, 21(2), 133–148.

Falla, D., Ortega-Ruiz, R., Runions, K., & Romera, E. M. (2022). Why do victims become perpetrators of peer bullying? Moral disengagement in the cycle of violence. *Youth & Society*, 54(3), 397–418.

Feiring, C., & Taska, L. S. (2005). The persistence of shame following sexual abuse: A longitudinal look at risk and recovery. *Child Maltreatment*, 10(4), 337–349.

Feiring, C., & Cleland, C. (2007). Childhood sexual abuse and abuse-specific attributions of blame over six years following discovery. *Child Abuse and Neglect*, 31, 1169–1186.

Fergusson, D. M., Boden, J. M., & Horwood, L. J. (2008). Exposure to childhood sexual and physical abuse and adjustment in early adulthood. *Child Abuse & Neglect*, 32(6), 607–619.

Fergusson, D. M., McLeod, G. F., & Horwood, L. J. (2013). Childhood sexual abuse and adult developmental outcomes: Findings from a 30-year longitudinal study in New Zealand. *Child Abuse & Neglect*, 37(9), 664–674.

Field, N., & Katz, C. (2022). The experiences and perceptions of sexually abused children as participants in the legal process: key conclusions from a scoping literature review. *Trauma, Violence, & Abuse*, 15248380221111463.

Finkelhor, D. (1980). Sex among siblings: A survey on prevalence, variety, and effects. *Archives of sexual behavior*, 9, 171–194.

Fortune, C. A. (2018). The Good Lives Model: A strength-based approach for youth offenders. *Aggression and violent behavior*, 38, 21–30.

- Fry, D., Fang, X., Elliott, S., Casey, T., Zheng, X., Li, J., ... & McCluskey, G. (2018). The relationships between violence in childhood and educational outcomes: A global systematic review and meta-analysis. *Child Abuse & Neglect*, 75, 6–28.
- Gerin, M. I., Hanson, E., Viding, E., & McCrory, E. J. (2019). A review of childhood maltreatment, latent vulnerability and the brain: Implications for clinical practice and prevention. *Adoption & Fostering*, 43(3), 310–328.
- Godbout, N., Briere, J., Sabourin, S., & Lussier, Y. (2014). Child sexual abuse and subsequent relational and personal functioning: The role of parental support. *Child abuse & neglect*, 38(2), 317–325.
- Griffee, K., Swindell, S., O’Keefe, S. L., Stroebel, S. S., Beard, K. W., Kuo, S. Y., & Stroupe, W. (2016). Etiological risk factors for sibling incest: Data from an anonymous computer-assisted self-interview. *Sexual Abuse*, 28(7), 620–659.
- Griffin, B. J., Purcell, N., Burkman, K., Litz, B. T., Bryan, C. J., Schmitz, M., ... & Maguen, S. (2019). Moral injury: An integrative review. *Journal of traumatic stress*, 32(3), 350–362.
- Hackett, S., Balfe, M., Masson, H., & Phillips, J. (2014). Family responses to young people who have sexually abused: Anger, ambivalence and acceptance. *Children & Society*, 28(2), 128–139.
- Hackett, S., Phillips, J., Masson, H., & Balfe, M. (2013). Individual, family and abuse characteristics of 700 British child and adolescent sexual abusers. *Child Abuse Review*, 22(4), 232–245.
- Halpern, S. C., Schuch, F. B., Scherer, J. N., Sordi, A. O., Pachado, M., Dalbosco, C., ... & Von Diemen, L. (2018). Child maltreatment and illicit substance abuse: A systematic review and meta-analysis of longitudinal studies. *Child Abuse Review*, 27(5), 344–360.
- Hamilton-Giachritsis, C., Hanson, E., Whittle, H., & Beech, A. (2017). Everyone deserves to be happy and safe. *A mixed methods study exploring how online and offline child sexual abuse impact young people and how professionals respond to it*. London: NSPCC.
- Hanson, E. (2010). *What do we know about child sexual abuse?* Briefing commissioned by NSPCC.
- Hanson, E. (2016a). Understanding and preventing re-victimisation. *Clinical practice at the edge of care: Developments in working with at-risk children and their families*, 197–227.
- Hanson, E. (2016b) ‘I know if the law believes in me, something can happen’: A briefing for UK law enforcement on an initial approach of belief towards reports of non-recent childhood sexual abuse. Paper commissioned by Operation Hydrant, UK National Policing.
- Hanson, E. (2017). Promising therapeutic approaches for children, young people and their families following online sexual abuse. *Online risk to children: Impact, Protection and Prevention*, 123–142.
- Hanson, E. (2018). *Victim self-blame following sexual abuse: Understanding, preventing & responding*. Presentation at Conference of Centre of Expertise on Child Sexual Abuse.
- Hanson, E. (2020). *What is the impact of pornography on children and young people? A research briefing for educators*. PSHE Association.
- Hanson, E. (2021). *Pornography and Human Futures*. Fully Human: PSHE Association.
- Hanson, E., & Holmes, D. (2014) *That difficult age: Developing a more effective response to risks in adolescence*. Research in Practice & ACDS.

- Haskins, C. (2003). Treating sibling incest using a family systems approach. *Journal of Mental Health Counseling, 25*(4), 337–350.
- Herman, J. L. (2005). Justice from the victim's perspective. *Violence against women, 11*(5), 571–602.
- Hershkowitz, I., Lanes, O., & Lamb, M. E. (2007). Exploring the disclosure of child sexual abuse with alleged victims and their parents. *Child abuse & neglect, 31*(2), 111–123.
- Hill, A. (2003). Issues facing brothers of sexually abused children: Implications for professional practice. *Child & Family Social Work, 8*(4), 281–290.
- Hollis, V. (2017) *The profile of children and young people accessing an NSPCC service for harmful sexual behaviour: Summary report*. NSPCC.
- Hubel, G. S., Campbell, C., West, T., Friedenberg, S., Schreier, A., Flood, M. F., & Hansen, D. J. (2014). Child advocacy center based group treatment for child sexual abuse. *Journal of Child Sexual Abuse, 23*(3), 304–325.
- Hubel, G. S., Maldonado, R. C., Tavkar, P., Hansen, D. J., & Flood, M. F. (2011). Cognitive-behavioral group treatment for a sexually abused child and a nonoffending caregiver: Case study and discussion. *Clinical Case Studies, 10*(5), 360–375.
- Jaberghaderi, N., Greenwald, R., Rubin, A., Zand, S. O., & Dolatabadi, S. (2004). A comparison of CBT and EMDR for sexually-abused Iranian girls. *Clinical Psychology & Psychotherapy: An International Journal of Theory & Practice, 11*(5), 358–368.
- Jenkins, A. (2006). Shame, realisation and restitution: The ethics of restorative practice. *Australian and New Zealand Journal of Family Therapy, 27*(3), 153–162.
- Jenkins, A., Hall, R., & Joy, M. (2002). Forgiveness and child sexual abuse: A matrix of meanings. *International Journal of Narrative Therapy & Community Work, 2002*(1), 35–51.
- Jory, B., & Anderson, D. (2000). Intimate justice III: Healing the anguish of abuse and embracing the anguish of accountability. *Journal of Marital and Family Therapy, 26*(3), 329–340.
- Joyal, C. C., Carpentier, J., & Martin, C. (2016). Discriminant factors for adolescent sexual offending: On the usefulness of considering both victim age and sibling incest. *Child Abuse & Neglect, 54*, 10–22.
- Katz, C., & Hamama, L. (2017). From my own brother in my own home: Children's experiences and perceptions following alleged sibling incest. *Journal of interpersonal violence, 32*(23), 3648–3668.
- Keane, M., Guest, A., & Padbury, J. (2013). A balancing act: A family perspective to sibling sexual abuse. *Child abuse review, 22*(4), 246–254.
- Kendler, K. S., Bulik, C. M., Silberg, J., Hettema, J. M., Myers, J., & Prescott, C. A. (2000). Childhood sexual abuse and adult psychiatric and substance use disorders in women: an epidemiological and cotwin control analysis. *Archives of general psychiatry, 57*(10), 953–959.
- Kilroy, S. J., Egan, J., Maliszewska, A., & Sarma, K. M. (2014). "Systemic trauma": the impact on parents whose children have experienced sexual abuse. *Journal of child sexual abuse, 23*(5), 481–503.
- King-Hill, S., Gilseman, A., & McCartan, K. (2023). Professional responses to sibling sexual abuse. *Journal of Sexual Aggression, 29*(3), 359–373.



- King-Hill, S., McCartan, K., Gilseman, A., Beavis, J., & Adams, A. (2023). *Understanding and Responding to Sibling Sexual Abuse*. Springer Nature.
- Knott, T., & Fabre, A. (2014). Maternal response to the disclosure of child sexual abuse: Systematic review and critical analysis of the literature. *Issues in Child Abuse Accusations*, 20(1), 1–6.
- Krienert, J. L., & Walsh, J. A. (2011). My brother's keeper: A contemporary examination of reported sibling violence using national level data, 2000–2005. *Journal of Family Violence*, 26, 331–342.
- Lafleur, C. T. A. (2009). *Mothers' reactions to disclosures of sibling sexual abuse*. PhD thesis. Kansas State University.
- Latzman, N. E., Viljoen, J. L., Scalora, M. J., & Ullman, D. (2011). Sexual offending in adolescence: A comparison of sibling offenders and nonsibling offenders across domains of risk and treatment need. *Journal of Child Sexual Abuse*, 20(3), 245–263.
- Laviola, M. (1992). Effects of older brother-younger sister incest: A study of the dynamics of 17 cases. *Child Abuse & Neglect*, 16(3), 409–421.
- Letourneau, E. J., Henggeler, S. W., Borduin, C. M., Schewe, P. A., McCart, M. R., Chapman, J. E., & Saldana, L. (2009). *Multisystemic therapy for juvenile sexual offenders: 1-year results from a randomized effectiveness trial*. *Journal of Family Psychology*, 23(1), 89–102
- Lewin, T., Spaegele, N., Attrash-Najjar, A., Katz, C., & Talmon, A. (2023). I got played by my best friend in my own home: survivor testimonies of sibling sexual abuse. *Journal of Sexual Aggression*, 1–16.
- MacGinley, M., Breckenridge, J., & Mowll, J. (2019). A scoping review of adult survivors' experiences of shame following sexual abuse in childhood. *Health & social care in the community*, 27(5), 1135–1146.
- Malloy, L. C., & Lyon, T. D. (2006). Caregiver support and child sexual abuse: Why does it matter?. *Journal of Child Sexual Abuse*, 15(4), 97–103.
- Maniglio, R. (2009). The impact of child sexual abuse on health: A systematic review of reviews. *Clinical Psychology Review*, 29(7), 647–657.
- Marmor, A., Gemara, N., Lusky-Weisrose, E., & Tener, D. (2022). 'You need to understand the extent of the bubble we grew up in': The religio-cultural aspects of sibling's sexual dynamics—Perspectives of Orthodox Jewish adults. *Child & Family Social Work*, 27(4), 725–736.
- Marmor, A., & Tener, D. (2022). "I don't fit into any category": Adult perspectives on the dynamics of past sexual acts between siblings in Jewish Orthodox society. *Acta Psychologica*, 228, 103645.
- Martijn, F. M., Leroux, E. J., Babchishin, K. M., & Seto, M. C. (2020). A meta-analysis comparing male adolescents who have sexually offended against intrafamilial versus extrafamilial victims. *Clinical child and family psychology review*, 23, 529–552.
- Mathews, B., Finkelhor, D., Pacella, R., Scott, J. G., Higgins, D. J., Meinck, F., ... & Collin-Vézina, D. (2024). Child sexual abuse by different classes and types of perpetrator: Prevalence and trends from an Australian national survey. *Child Abuse & Neglect*, 147, 106562.
- McCarthy, A., Cyr, M., Fernet, M., & Hébert, M. (2019). Maternal emotional support following the disclosure of child sexual abuse: A qualitative study. *Journal of child sexual abuse*, 28(3), 259–279.



- McCartan, K., King-Hill, S., & Gilsean, A. (2023). Sibling sexual abuse: a form of family dysfunction as opposed to individualised behaviour. *Journal of Sexual Aggression*, 29(3), 427–439.
- McCoy, K., Sonnen, E., Mii, A. E., Huit, T. Z., Meidlinger, K., Coffey, H. M., ... & Hansen, D. J. (2022). Helping families following sibling sexual abuse: Opportunities to enhance research and policy responses by addressing practical challenges. *Aggression and violent behavior*, 65, 101652.
- McCrary, E. (2010). *A treatment manual for adolescents displaying harmful sexual behaviour: Change for good*. Jessica Kingsley Publishers.
- McCrary, E. J., & Viding, E. (2015). The theory of latent vulnerability: Reconceptualizing the link between childhood maltreatment and psychiatric disorder. *Development and psychopathology*, 27(02), 493–505.
- McDonald, C., & Martinez, K. (2017). Victims' retrospective explanations of sibling sexual violence. *Journal of child sexual abuse*, 26(7), 874–888.
- McElvaney, R. (2015). Disclosure of child sexual abuse: Delays, non-disclosure and partial disclosure. What the research tells us and implications for practice. *Child Abuse Review*, 24(3), 159–169.
- McElvaney, R., McDonnell Murray, R., & Dunne, S. (2022). Siblings' perspectives of the impact of child sexual abuse disclosure on sibling and family relationships. *Family process*, 61(2), 858–872.
- McElvaney, R., & Nixon, E. (2020). Parents' experiences of their child's disclosure of child sexual abuse. *Family Process*, 59(4), 1773–1788.
- McGlynn, C., & Westmarland, N. (2019). Kaleidoscopic justice: Sexual violence and victim-survivors' perceptions of justice. *Social & Legal Studies*, 28(2), 179–201.
- McKibbin, G., Humphreys, C., & Hamilton, B. (2017). "Talking about child sexual abuse would have helped me": Young people who sexually abused reflect on preventing harmful sexual behavior. *Child abuse & neglect*, 70, 210–221.
- McNevin, E. (2010). Applied restorative justice as a complement to systemic family therapy: Theory and practice implications for families experiencing intra-familial adolescent sibling incest. *Australian and New Zealand Journal of Family Therapy*, 31(1), 60–72.
- McNevin, E. (2011). Stages of change theory in family therapy for sibling sexual assault. *Australian and New Zealand Journal of Family Therapy*, 32(4), 343–356.
- Morrill, M. (2014). Sibling sexual abuse: An exploratory study of long-term consequences for self-esteem and counseling considerations. *Journal of family violence*, 29, 205–213.
- Morrill, M., & Bachman, C. (2013). Confronting the gender myth: An exploration of variance in male versus female experience with sibling abuse. *Journal of Interpersonal Violence*, 28(8), 1693–1708.
- Office of the Children's Commissioner (2015). *Protecting Children from Harm: A critical assessment of child sexual abuse in the family network in England and priorities for action*. London: Office of the Children's Commissioner.
- O'Keefe, S. L., Beard, K. W., Swindell, S., Stroebel, S. S., Griffee, K., & Young, D. H. (2014). Sister-brother incest: Data from anonymous computer assisted self interviews. *Sexual Addiction & Compulsivity*, 21(1), 1–38.

- Papalia, N., Mann, E., & Ogloff, J. R. (2021). Child sexual abuse and risk of revictimization: Impact of child demographics, sexual abuse characteristics, and psychiatric disorders. *Child maltreatment, 26*(1), 74–86.
- Plummer, M., & Cossins, A. (2018). The cycle of abuse: When victims become offenders. *Trauma, Violence, & Abuse, 19*(3), 286–304.
- Plummer, C. A., & Eastin, J. (2007). The effect of child sexual abuse allegations/investigations on the mother/child relationship. *Violence Against Women, 13*(10), 1053–1071.
- Rapsey, C. M., Scott, K. M., & Patterson, T. (2019). Childhood sexual abuse, poly-victimization and internalizing disorders across adulthood and older age: Findings from a 25-year longitudinal study. *Journal of affective disorders, 244*, 171–179.
- Relva, I. C., Fernandes, O. M., & Alarcão, M. (2017). Dyadic types of sibling sexual coercion. *Journal of family violence, 32*, 577–583.
- Reyes, C. J., & Asbrand, J. P. (2005). A longitudinal study assessing trauma symptoms in sexually abused children engaged in play therapy. *International Journal of Play Therapy, 14*(2).
- Robinson, L., & Banwell-Moore, R. (2023). *Understanding barriers to Restorative Justice for young people, young adults and victims of crime. Why Me? Transforming lives through Restorative Justice.*
- Rowntree, M. (2007). Responses to sibling sexual abuse: Are they as harmful as the abuse?. *Australian Social Work, 60*(3), 347–361.
- Rudd, J. M., & Herzberger, S. D. (1999). Brother-sister incest—father-daughter incest: A comparison of characteristics and consequences. *Child Abuse & Neglect, 23*(9), 915–928.
- Schreier, A., Pogue, J. K., & Hansen, D. J. (2017). Impact of child sexual abuse on non-abused siblings: A review with implications for research and practice. *Aggression and violent behavior, 34*, 254–262.
- Serin, H. (2018). Non-abusing mothers' support needs after child sexual abuse disclosure: A narrative review. *Child & Family Social Work, 23*(3), 539–548.
- Shaw, J. A., Lewis, J. E., Loeb, A., Rosado, J., & Rodriguez, R. A. (2000). Child on child sexual abuse: Psychological perspectives. *Child Abuse & Neglect, 24*(12), 1591–1600.
- Slattery, G. (2003). Working with young men: Taking a stand against sexual abuse and sexual harassment. In *Responding to Violence: A collection of papers relating to child sexual abuse and violence in intimate relationships*. Dulwich Centre Publications.
- Smith, H., & Israel, E. (1987). Sibling incest: A study of the dynamics of 25 cases. *Child Abuse & Neglect, 11*(1), 101–108.
- Smith, D. W., Sawyer, G. K., Heck, N. C., Zajac, K., Solomon, D., Self-Brown, S., ... & Ralston, M. E. (2017). Psychometrics of a child report measure of maternal support following disclosure of sexual abuse. *Journal of child sexual abuse, 26*(3), 270–287.
- Sneddon, H., Grimshaw, D. G., Livingstone, N., & Macdonald, G. (2020). Cognitive-behavioural therapy (CBT) interventions for young people aged 10 to 18 with harmful sexual behaviour. *Cochrane Database of Systematic Reviews, (6)*.
- Strang, H., Sherman, L. W., Mayo-Wilson, E., Woods, D., & Ariel, B. (2013). Restorative justice conferencing (RJC) using face-to-face meetings of offenders and victims: Effects on offender

recidivism and victim satisfaction. A systematic review. *Campbell Systematic Reviews*, 9(1), 1–59.

Streich, L., & Spreadbury, K. (2017). *Disrupting the cycle of harm: Report on developing a restorative justice approach to work with children who have been sexually abused, those who have harmed and their families*. The Green House: Bristol.

Stroebel, S. S., O’Keefe, S. L., Beard, K. W., Kuo, S. Y., Swindell, S., & Stroupe, W. (2013). Brother–sister incest: Data from anonymous computer-assisted self interviews. *Journal of child sexual abuse*, 22(3), 255–276.

Tavkar, P., & Hansen, D. J. (2011). Interventions for families victimized by child sexual abuse: Clinical issues and approaches for child advocacy center-based services. *Aggression and Violent Behavior*, 16(3), 188–199.

Taylor, E. K., Tener, D., Silovsky, J. F., & Newman, A. (2021). Comparison of children’s advocacy center responses to harmful sexual behavior among siblings: An international perspective. *Child Abuse & Neglect*, 122, 105371.

Tener, D., & Katz, C. (2018). “It’s much more of a family issue than a legal one”: Examining the decision-making process of forensic interviewers in cases of sibling sexual abuse. *Zeitschrift für Pädagogik*, 64.

Tener, D., Katz, C., & Kaufmann, Y. (2021). “And I let it all out”: Survivors’ sibling sexual abuse disclosures. *Journal of interpersonal violence*, 36(23–24), 11140–11164.

Tener, D., Lusky, E., Tarshish, N., & Turjeman, S. (2018). Parental attitudes following disclosure of sibling sexual abuse: A child advocacy center intervention study. *American Journal of Orthopsychiatry*, 88(6), 661.

Tener, D., Newman, A., Yates, P., & Tarshish, N. (2020). Child Advocacy Center intervention with sibling sexual abuse cases: Cross-cultural comparison of professionals’ perspectives and experiences. *Child Abuse & Neglect*, 105, 104259.

Tener, D., & Silberstein, M. (2019). Therapeutic interventions with child survivors of sibling sexual abuse: The professionals’ perspective. *Child Abuse & Neglect*, 89, 192–202.

Tener, D., Tarshish, N., & Turgeman, S. (2017). “Victim, perpetrator, or just my brother?” Sibling sexual abuse in large families: A child advocacy center study. *Journal of interpersonal violence*, 35(21–22), 4887–4912.

Tidefors, I., Arvidsson, H., Ingevaldson, S., & Larsson, M. (2010). Sibling incest: A literature review and a clinical study. *Journal of sexual aggression*, 16(3), 347–360.

Trickett, P. K., Noll, J. G., & Putnam, F. W. (2011). The impact of sexual abuse on female development: Lessons from a multigenerational, longitudinal research study. *Development and Psychopathology*, 23(02), 453–476.

Tyler, K. A. (2002). Social and emotional outcomes of childhood sexual abuse: A review of recent research. *Aggression and violent behavior*, 7(6), 567–589.

van Toledo, A., & Seymour, F. (2013). Interventions for caregivers of children who disclose sexual abuse: A review. *Clinical Psychology Review*, 33(6), 772–781.

Vera-Gray, F., McGlynn, C., Kureshi, I., & Butterby, K. (2021). Sexual violence as a sexual script in mainstream online pornography. *The British Journal of Criminology*, 20, 1–18.

- Wamser-Nanney, R., & Sager, J. C. (2018). Predictors of maternal support following children's sexual abuse disclosures. *Child abuse & neglect, 81*, 39–47.
- Ward, T., Polaschek, D., & Beech, A. R. (2006). *Theories of sexual offending*. John Wiley & Sons.
- Warrington, C., Ackerley, E., Beckett, H., Walker, M., & Allnock, D. (2017). *Making noise: children's voices for positive change after sexual abuse*. University of Bedfordshire/Office of Children's Commissioner.
- Warrington, C., Beckett, H., Allnock, D., & Soares, C. (2023). Children's perspectives on family members' needs and support after child sexual abuse. *Children and Youth Services Review, 149*, 106925.
- Welfare, A. (2008). How qualitative research can inform clinical interventions in families recovering from sibling sexual abuse. *Australian and New Zealand Journal of Family Therapy, 29*(3), 139–147.
- Westergren, M., Kjellgren, C., & Nygaard, K. (2023). Living through the experience of sibling sexual abuse: parents' perspectives. *Journal of Sexual Aggression, 1–16*.
- Worling, J. R. (1995). Adolescent sibling-incest offenders: Differences in family and individual functioning when compared to adolescent nonsibling sex offenders. *Child Abuse & Neglect, 19*(5), 633–643.
- Wright, P. J., Tokunaga, R. S., and Kraus, A. (2016). A meta-analysis of pornography consumption and actual acts of sexual aggression in general population studies. *Journal of Communication, 66*(1), 183–205.
- Yates, P. (2018). 'Siblings as better together': Social worker decision making in cases involving sibling sexual behaviour. *British Journal of Social Work, 48*(1), 176–194.
- Yates, P. (2020). "It's just the abuse that needs to stop": Professional framing of sibling relationships in a grounded theory study of social worker decision making following sibling sexual behavior. *Journal of child sexual abuse, 29*(2), 222–245.
- Yates, P., & Allardyce, S. (2021). Sibling sexual abuse: A knowledge and practice overview. Centre for Expertise on Child Sexual Abuse.
- Yates, P., & Allardyce, S. (2023a). "In there but not in there": sibling sexual abuse as a disruptor in the field of child sexual abuse. *Journal of Sexual Aggression, 1–10*.
- Yates, P., & Allardyce, S. (2023b). Sibling sexual behaviour: A guide to responding to inappropriate, problematic and abusive behaviour. Centre of Expertise on Child Sexual Abuse.
- Yates, P., Allardyce, S., & MacQueen, S. (2012). Children who display harmful sexual behaviour: Assessing the risks of boys abusing at home, in the community or across both settings. *Journal of sexual aggression, 18*(1), 23–35.
- Yates, T. M., Carlson, E. A., & Egeland, B. (2008). A prospective study of child maltreatment and self-injurious behavior in a community sample. *Development and Psychopathology, 20*(02), 651–671.
- Ybarra, M. L., Mitchell, K. J., Hamburger, M., Diener-West, M., and Leaf, P. J. (2011). X-rated material and perpetration of sexually aggressive behavior among children and adolescents: Is there a link?. *Aggressive Behavior, 37*(1), 1–18.
- Zajac, K., Ralston, M. E., & Smith, D. W. (2015). Maternal support following childhood sexual abuse: Associations with children's adjustment post-disclosure and at 9-month follow-up. *Child abuse & neglect, 44*, 66–75.

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