

Reducing Sibling Sexual Behaviour

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Reducing Sibling Sexual Behaviour

Executive summary

- Research indicates [that one in five children](#) and young people (CYP) experience sibling sexual behaviour (SSB) and it is thought to be the most prolific form of intrafamilial sexual abuse.
- SSB remains one of the most under reported forms of intrafamilial child sexual abuse (CSA) and has long lasting, complex, impacts.
- There needs to be a move away from the term sibling sexual abuse and the term sibling sexual behaviours (SSB) should be used, as the sexual abusive behaviours exist on a spectrum.
- Due to sparse knowledge on SSB many practitioners are left without guidance and best practice protocols when dealing with this complex form of sexual abuse.
- SSB contributes to long term adverse outcomes such as eating disorders, substance misuse, emotional distress, low-self-esteem, relationship difficulties, depression, sexual dysfunction, personality disorders, anxiety and negative impacts on parenting.
- Due to the fear of the impact of disclosure, many victim/survivors do not disclose their abuse until adulthood.
- SSB needs to be understood as a whole family issue, that needs bespoke interventions.

Policy Recommendations

1. **Clearer definition, criteria and recording of SSB cases as a distinct form of sexual abuse**

in Children in Need Data. Include a sub-category in section B3: 'Children in need by primary need at assessment' and D2: Child Protection Plans starting in the year by category of abuse and local authority' to include 'sibling sexual behaviour'. In the Children in Need Census include a specific sub-section that extends the new 2021 child-on-child sexual abuse category (19b) to include a separate sibling sexual behavior sub-set.

2. **The Department of Health and Social Care:** Implement the Sibling Sexual Behaviour Mapping Tool (SSB-MT) across Children's Services to bolster practitioner confidence and planning, and in turn the quality of support.
3. **The Department of Health and Social Care:** Training on SSB should be a compulsory part of social service training so that SSB is recognised as a multi-faceted health and wellbeing issue, rather than solely a criminal justice one.
4. **The Department of Education:** SSB to be included in relationship, sex and health education (RSHE) in schools. Clearer identification of SSB in schools' RSE programmes will aid prevention and early intervention.
5. **The Department of Education and The Department for Health and Social Care:** Upskill all frontline workers to identify SSB earlier. Greater training and support on SSB will allow for risks to be identified earlier and harm can be reduced.

Policy Recommendations Explained

Clearer definition, criteria and recording of SSB cases in Children in Need Data. An episode of need begins when a child is referred to children's social care services and is assessed as being in need of children's social care services. At present data collected on the reason why a child is in need by 'B3 primary need at assessment' does not include the category of 'sibling sexual behaviour'. At present data collected on 'D2 Child Protection Plans starting in the year by category of abuse and local authority' does not include 'sibling sexual behaviour' which we advocate needs including in both instances. Child-on-child sexual harm is now included in the Children in Need Census. We advocate extending (19b) to include a sub-set that includes SSB. Additionally, the police, social work, and children's services should not automatically look to prosecute the child who has sexually harmed but rather look at the individual factors that surround the case and make an informed, contextual judgement.

Sibling Sexual Behaviour Mapping Tool. A recognition of the wider determinants that feed into SSB including family, community, peer and friendship groups is needed and the SSB-MT can provide this. As part of this, a recognition that responding to SSB needs a multi-agency, whole family approach that needs to be systematic and clearly recorded – in the main this will be a holistic to encompass multisystem therapies, family system treatment, contextual safeguarding and other related interventions.

SSB as a multi-faceted health and well-being issue. [Our research](#) demonstrated that recognition of SSB as a multi-faceted health and wellbeing issue needs to be at the forefront of CSA discussions, rather than solely a criminal justice one. Working with victims/survivors and their families should be about points of intervention and be restorative, rather than punitive. SSB needs to be invested in more with greater funding for research and practice development. A clearer understanding of SSB by the police and CPS is required to help in better preparation and prosecution. There needs to be a better understanding of the whole families journey through professional services. A greater recognition of the role of trauma and adverse childhood experiences in the SSB dynamic and a recognition that it does not happen in isolation, whether its family or peers. Therefore, training on SSB should be a compulsory part of social service training.

SSB included in relationship, sex and health education (RSHE) in schools. A push towards clearer identification of SSB in schools' RSE programmes so that victims are able to identify themselves and seek help. A clearer dis-

cussion of the changing nature and role of pornography needs to take place, as SSB related imagery, videos and content is increasing in availability. This should be coupled with greater early-stage partnership working between schools and related social care and third sector organisations, so that risk can be identified early and that harm can be reduced – which also means greater training and support about SSB for all frontline workers. Young people who feel that they are at risk of committing SSB need greater prevention and early intervention via education so that harm can be prevented.

Early upskilling all frontline workers to identify SSB.

Greater training and support on SSB for all frontline workers and early-stage partnership working between schools and related social care/ third sector organisations will allow for risks to be identified earlier and harm can be reduced. This will also support [professional responses to SSB](#), demonstrated that professionals lack confidence when presented with SSB.

About the Research

These recommendations stem from two research projects. These projects allowed better understanding of SSB and its impact to ensure that victim/survivors at any point in their lives can receive consistent, research led support for themselves and their families.

[Project one](#)- The 'Sibling sexual abuse: supporting victims and survivors to recover, heal and rebuild their lives' which was funded by the Home Office. The project funded Rape Crisis England and Wales (RCEW) Centres, Somerset and Avon Rape and Sexual Abuse Support and West Mercia Rape and Sexual Abuse Support/Purple Leaf to carry sibling sexual behaviour research led by King-Hill and McCartan. The project aimed to support adult victim/survivors of historical SSB and to model bespoke provision for those experiencing SSB.

[Project two](#)- The second project was led by King-Hill and amalgamated all of the UK research in SSB to create a mapping tool for professionals working with families. This merged research from the initial Home Office project and policy and practice guidance set out by the Centre of Expertise in Child Sexual Abuse (CSA Centre). The mapping tool was then piloted across social services across the UK.

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