

**Stop It Now!**  
UK & IRELAND  
Helping prevent  
child sexual abuse

**THE  
LUCY FAITHFULL  
FOUNDATION**  
Working to protect children

# New resources for tackling sibling sexual abuse

**Stuart Allardyce**

**Director Lucy Faithfull Foundation**

The only UK-wide charity dedicated solely to  
preventing child sexual abuse

# Stop It Now! UK & Ireland helpline

**Population:** 67 million in the UK, 5 million in Ireland

**Helpline Target group:** people with concerns about child sexual abuse, including

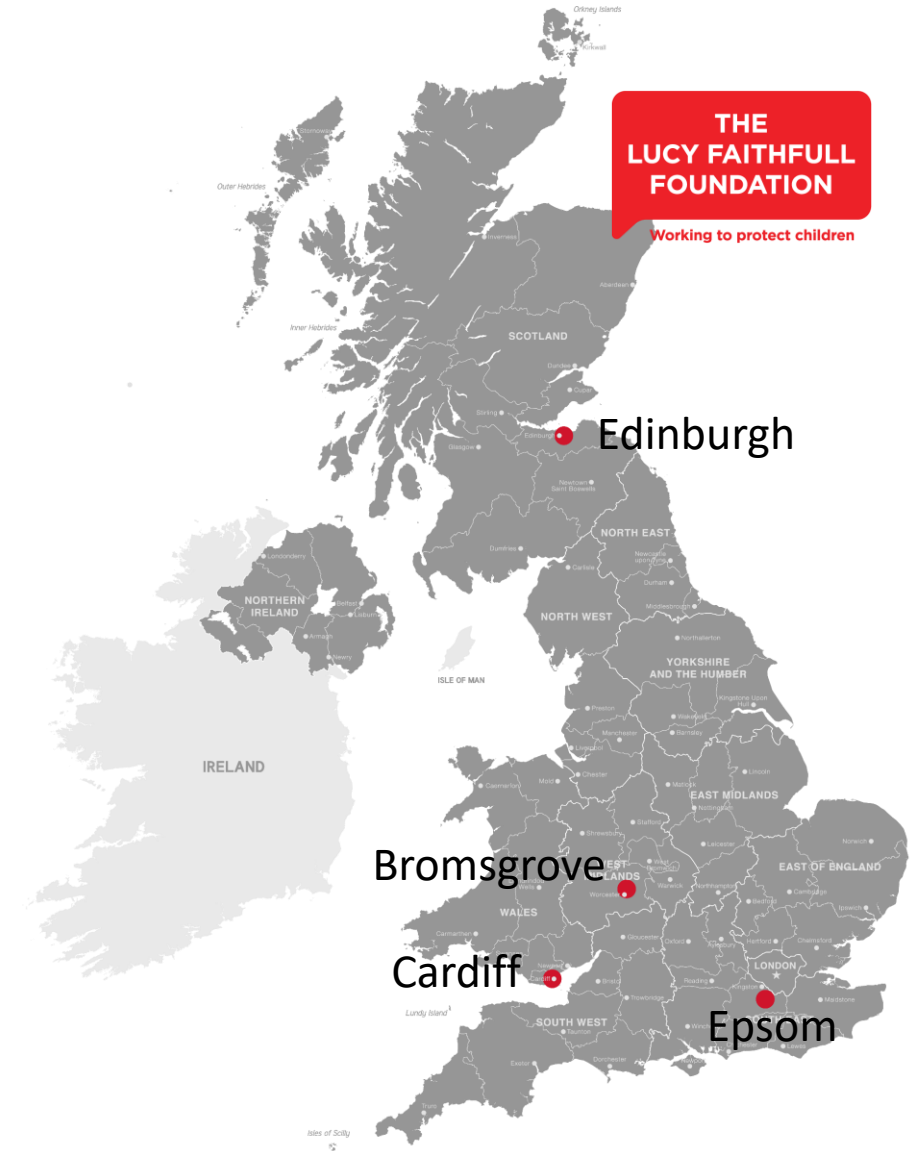
- People concerned about their own thoughts and behaviours towards children (online and offline)
- People concerned about the behaviour of another adult
- Adults concerned about a child who may have been abused
- Professionals calling for case advice
- Survivors of child sexual abuse

We operate from 4 offices across the UK providing anonymous and confidential support.

In 2022/23, we helped **8,614** people who made **16,764** contacts between them (calls, chats and emails).

**50%** were adults who have abused, are close to abusing or are worried about their sexual thoughts or behaviours

**25%** were adults concerned about an adult's sexual thoughts or behaviour



# New resources

- [Centre of expertise in CSA - Sibling sexual behaviour: A guide to responding to inappropriate, problematic and abusive behaviour](#)
- [Stop It Now! Sibling sexual behaviour webpage](#)
- [Stop It Now! sibling behaviour home safety plans](#)
- [Stop It Now! UK sibling behaviour safety plan \(YP version\)](#)

'Mom and Pop were just a couple of kids when they got married. He was eighteen, she was sixteen, and I was three.'

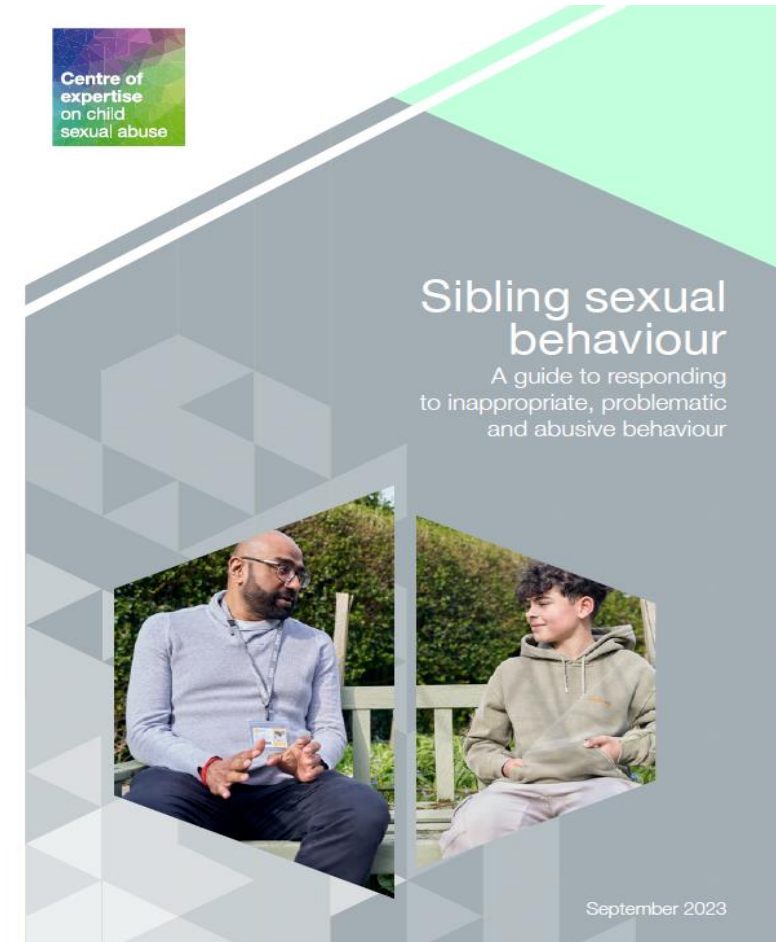
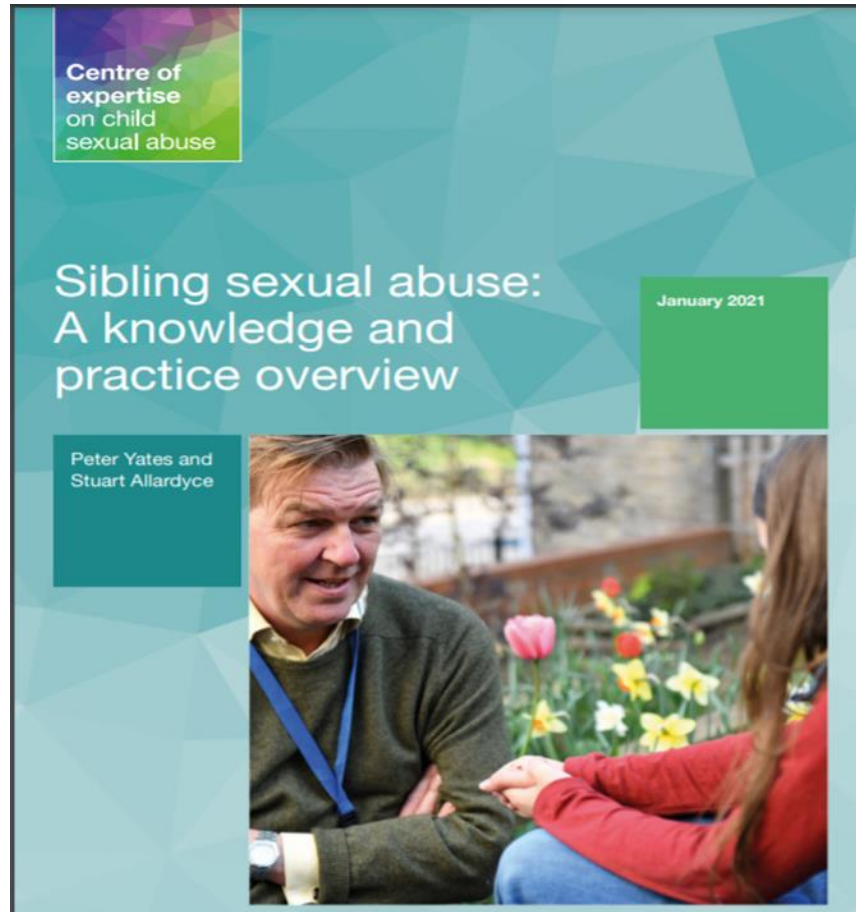


'You couldn't tell (cousin Ida) nothing about Henry, why that boy used to give us girls a terrible time. He even tried to do what we called 'that thing' to us while we were sleeping. Sometimes we would be so tired from fighting this little angel off all night, we wouldn't wake up in time for school. I used to try to plead with him because I knew it wouldn't be any good to talk to Cousin Ida.

'Henry,' I'd say to him. 'it ain't so bad with me. I'm only your cousin. But Elsie's your sister.' (p3)



# Centre of expertise publications



# Case Study

- Mark (13) and Jane (7)

# Key characteristics of SSA cases

- More likely to occur over extended periods than other forms of sexual abuse
- More likely to involve penetrative assault
- Very low disclosure rate
- Age differences of 3-5 years common, but also lower ages – power is key
- When identified, can be distressing for parents
- Can highlight faultlines in families
- Can affect all members of family
- Children harmed may often appear asymptomatic at time
- Separation of siblings necessary when safety and welfare is not possible within the family

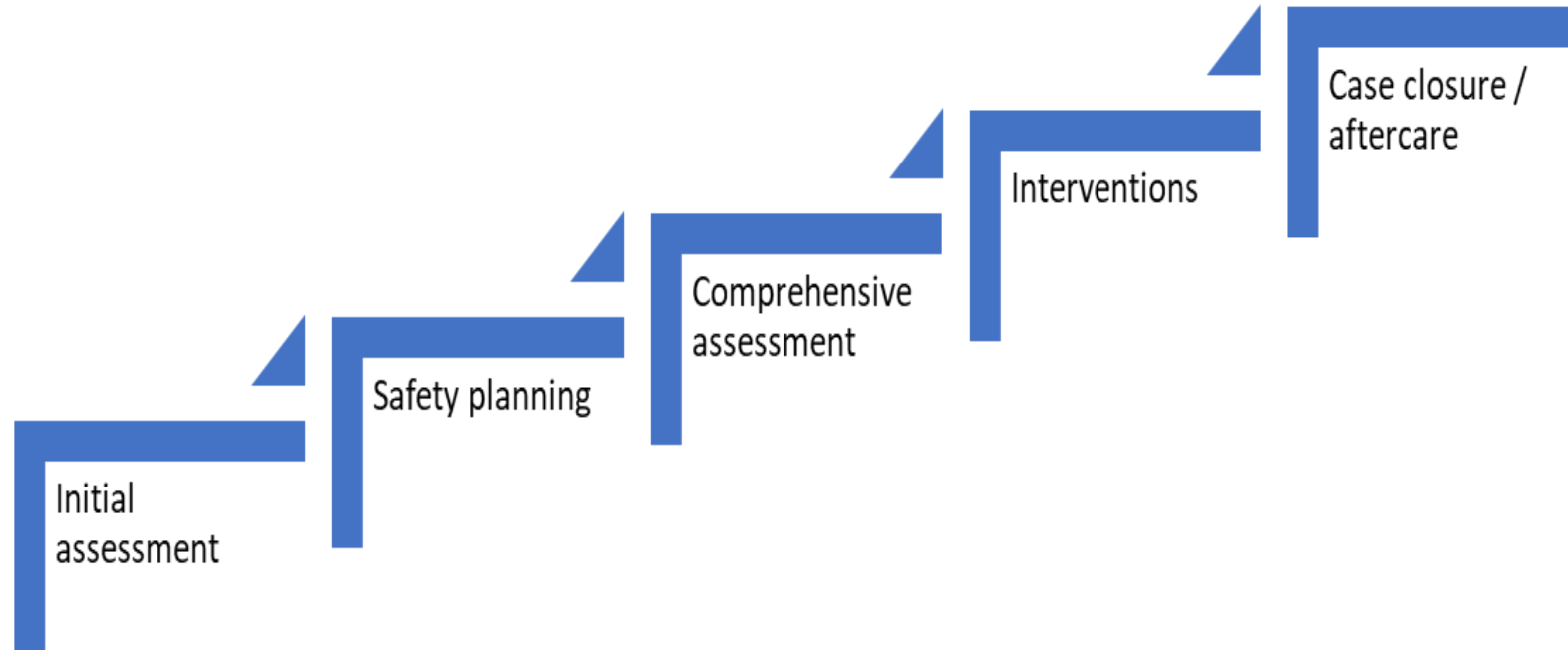


# Common issues for professionals (Noble 2022)



- The majority of professionals (73%) agree that they have not received appropriate levels of training sexual abuse for their role, and that this training is often non-existent.
- There may be a fear amongst some professionals of using high impact terms such as 'rape' and 'sexual abuse' in regards to sibling sexual abuse.
- There is a lack of consensus amongst professionals around consistency in language and terminology used, and whether they personally use the most appropriate language. This includes disagreement over use of the term 'perpetrator'.
- There is disagreement and a lack of clarity amongst professionals about whether siblings should be separated once sibling sexual abuse has been disclosed.
- A majority of professionals agree that specialist support should be provided for both children who have harmed and have been harmed by sibling sexual abuse. There may not be enough specialist services consistently available across the country for those affected by sibling sexual abuse, including support for prevention and for those who have sexually abused their sibling but are themselves victims of abuse and/or neglect and/or trauma
- Most professionals agree that sibling sexual abuse is too often seen as a children's social care issue and treated as affecting the individual children, rather than the family as a whole.

# Child protection responses



# Living arrangements

- Key decisions for professionals responding to sibling HSB

(Allardyce & Yates, 2018; Tener, Newman, et al. 2020)

Prioritise victims' needs, remove 'offending' child, stop contact pending assessments (Tapara, 2012)

Only consider removal if immediate safety concerns (Caffaro, 2014)

Should always be considered where there are concerns about immediate physical safety...or...causes significant distress (Yates & Allardyce, 2021)

Flexible position on a case-by-case basis (Kambouridis, 2012)

Avoid premature return before understanding abuse pattern and victim impact (Ballantine, 2012)

Damaging effects of separating abusing child from family and community (Welfare, 2008)

# Hackett Continuum of sexual behaviours

Normal	Inappropriate	Problematic	Abusive	Violent
<ul style="list-style-type: none"> <li>• Developmentally expected and socially acceptable behaviour</li> <li>• Consensual, mutual and reciprocal</li> <li>• Decision making is shared</li> </ul>	<ul style="list-style-type: none"> <li>• Single instances of developmentally inappropriate sexual behaviour</li> <li>• Behaviour that is socially acceptable within a peer group</li> <li>• Generally consensual and reciprocal</li> <li>• May involve an inappropriate context for behaviour that would otherwise be considered normal</li> </ul>	<ul style="list-style-type: none"> <li>• Developmentally unusual and socially unexpected behaviour</li> <li>• May be compulsive</li> <li>• Consent may be unclear and the behaviour may not be reciprocal</li> <li>• May involve an imbalance of power</li> <li>• Doesn't have an overt element of victimisation</li> </ul>	<ul style="list-style-type: none"> <li>• Intrusive behaviour</li> <li>• May involve a misuse of power</li> <li>• May have an element of victimisation</li> <li>• May use coercion and force</li> <li>• May include elements of expressive violence</li> <li>• Informed consent has not been given (or the victim was not able to consent freely)</li> </ul>	<ul style="list-style-type: none"> <li>• Physically violent sexual abuse</li> <li>• Highly intrusive</li> <li>• May involve instrumental violence which is physiologically and/or sexually arousing to the perpetrator</li> <li>• May involve sadism</li> </ul>

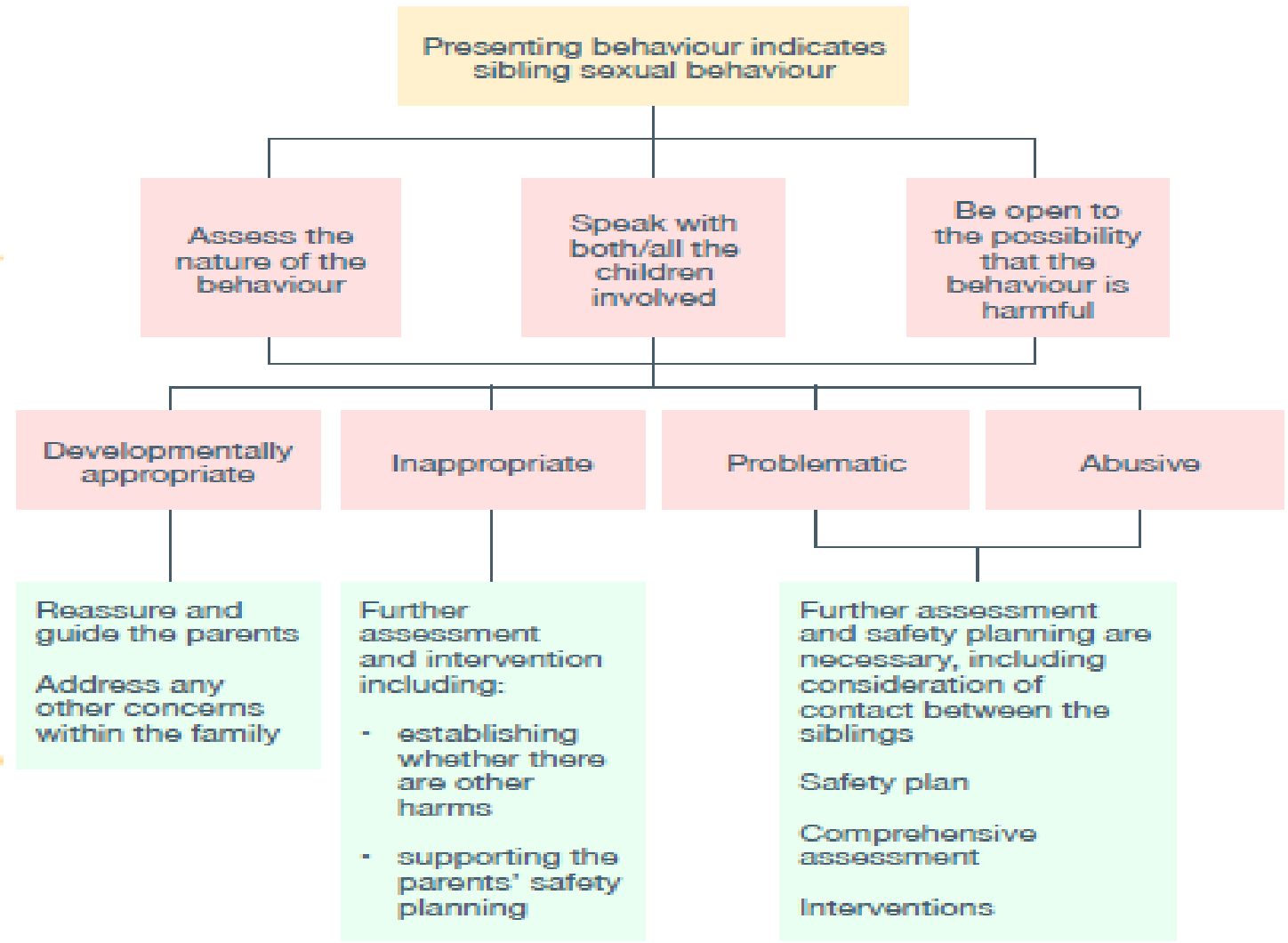
## Continuum of Sibling Sexual Behaviour

Normative sexual interactions between children	Inappropriate sexual behaviours	Problematic sexual behaviours	Sibling sexual abuse
<ul style="list-style-type: none"> <li>• take place between young sibling children of a similar age (probably eight or nine years old or younger) and</li> <li>• are voluntary, light-hearted and playful (e.g. games such as ‘you show me yours, I’ll show you mine’ or ‘doctors and nurses’) and</li> <li>• are an information-gathering process, involving exploration of bodies or gender roles and</li> <li>• are balanced by a curiosity to explore all sorts of other things in the child’s world and</li> <li>• diminish if told to stop by an adult</li> <li>• the more the behaviour deviates from this description, the more concerning it is</li> </ul>	<ul style="list-style-type: none"> <li>• young sibling children, single, isolated instances, where the behaviour moves a little beyond a curious exploration of bodies or the context for the behaviour is inappropriate, or</li> <li>• older siblings, single, isolated instances, where the context for the behaviour is inappropriate and misjudged</li> </ul>	<ul style="list-style-type: none"> <li>• the sexual behaviour between the siblings is repeated and patterned, or falls more clearly outside of developmental norms, or where issues concerning consent or reciprocity are unclear</li> </ul>	<ul style="list-style-type: none"> <li>• A large age gap between the children (3 years or more), or</li> <li>• Use of threats, force or other coercion (e.g. bribes, trickery and manipulation, such as the giving or withholding of affection), or</li> <li>• Significant power differences (e.g, size, strength, cognitive ability, position of authority)</li> </ul> <p>*However, in the absence of any of these factors the behaviour may still be abusive. An exploration of the sibling relationship dynamics (particularly with respect to power dynamics) may be required if there are particular concerns that the behaviours are not inappropriate or problematic.</p>



See Part A

See Part B



Presenting behaviour indicates sibling sexual behaviour

Assess the nature of the behaviour

Speak with both/all the children involved

Be open to the possibility that the behaviour is harmful

Developmentally appropriate

Inappropriate

Problematic

Abusive

Reassure and guide the parents  
Address any other concerns within the family

Further assessment and intervention including:  
- establishing whether there are other harms  
- supporting the parents' safety planning

Further assessment and safety planning are necessary, including consideration of contact between the siblings  
Safety plan  
Comprehensive assessment  
Interventions

# Contents

Introduction .....	6
Key stages of identification and response .....	8
<b>Part A: Identifying and understanding sibling sexual behaviour.....</b>	<b>9</b>
1. The importance of reflecting on your practice .....	10
2. Assessing the nature and context of sibling sexual behaviour .....	11
2.1 Keep an open mind .....	14
2.2 Next steps .....	16
<b>Part B: Responding to sibling sexual behaviour.....</b>	<b>17</b>
3. A whole-family response to sibling sexual behaviour .....	18
4. Initial support for the children's parent(s) .....	21
5. The children's living arrangements.....	22
5.1 Considerations when deciding whether to separate the children.....	23
5.2 Reviewing the decision .....	29
6. Contact between the children .....	30
6.1 If the children are living apart, should there be contact between them? .....	30
6.2 Safety planning.....	31
7. Further assessment.....	32
7.1 Interviewing members of the family .....	33
8. Further intervention and support.....	34
<b>Part C: Meeting your own needs.....</b>	<b>35</b>
9. Taking care of yourself .....	36
References .....	37

## Reflection point

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

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

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

Would my decision-making differ if...

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

either of the children were older or younger?

the ethnicity of the children/ family were different?

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



**Developmentally appropriate sexual interactions**

Providing some support to the parent(s) may be a sufficient response.

Offer the parent(s) reassurance and education about developmentally appropriate sexual behaviours and signs of concerning behaviours. Advise them to seek further help if they observe those signs.

**Inappropriate sexual behaviours**

A response is needed to support the children and the family.

Offer the parent(s) education about sexual behaviours, and support to set clear boundaries and provide redirection.

**Problematic sexual behaviours**

Should trigger a statutory Initial Assessment as a minimum; interventions are required.

Offer the parent(s) education about sexual behaviours, and support to set clear boundaries and provide safety in the home.

**Abusive sexual behaviours**

A statutory intervention is required, and a multi-agency response to the complexity of needs that the behaviours are likely to indicate.

Carry out a comprehensive assessment leading to a multi-agency plan that:

- ensures safety for everyone in the family
- supports the child who has

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

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

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

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

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

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

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

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

## While you are waiting for an evidence-based risk assessment

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

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

Note that because of heightened concerns about sexual abuse and prevention

## 5.2 Reviewing the decision

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

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

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



# Taking care of yourself

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

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

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

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

## Sibling sexual behaviour

How we can help you

How to tell if a child's sexual behaviour is appropriate for their age

Preventing harmful sexual behaviour

If your child gets into trouble for their online sexual behaviour

Sibling sexual behaviour

How to talk to your child about sex

Wellbeing and telling other people

Most child sexual abuse takes place within the family home. The most common form of child sexual abuse within families is thought to involve child siblings.

That's why it is important that parents, carers and professionals understand sibling sexual behaviour, how to respond and where to get help.

### What is sibling sexual behaviour?

Sibling sexual behaviour means any type of sexual behaviour between siblings. This can include:

- ◆ Sexual interactions that might be expected or appropriate for the child's stage of development – it might be behaviour between young siblings and include curiosity or comfort seeking behaviours.
- ◆ Inappropriate or problematic sexual behaviour – this is behaviour outside of what might be expected at a child's age and stage of development. It might cause developmental



Click to escape

F

# Sibling Sexual Behaviour Home Safety Plan

This safety plan aims to support children and young people, families and professionals where there have been concerns about inappropriate, problematic or abusive sibling sexual behaviour. It will help identify steps that can be taken to increase safety.

‘Sibling sexual behaviour’ means any sexual behaviour between siblings. The term ‘siblings’ is used to refer to children who are jointly cared for. This could be biological siblings (e.g. brothers, sisters), step- or half-siblings, as well as cousins. Inappropriate or problematic sibling sexual behaviour is defined as “behaviour between siblings that falls outside developmental norms and which may cause developmental harm to the children involved.” Sibling sexual abuse refers to “behaviour that causes sexual, physical and emotional harm, including sexually abusive behaviour which involves violence” (Allardyce, Yates, 2021)<sup>1</sup>.

## How to use this plan

This plan will help you respond to concerns and manage potential risk. This plan does not take the place of a risk assessment. If you need support, please contact our confidential Stop It Now! helpline on 0808 1000 900 or visit [stopitnow.org.uk](https://stopitnow.org.uk) to get in touch online.

This safety plan should support the children or young people’s development, promote healthy relationships and support the whole family to establish safety. It should be proportionate and not seek to punish young people.

**Identifying and promoting strengths is as important as identifying concerns. Harnessing strengths and promoting young people’s healthy development can help to reduce risky behaviours.**





# Basics of the safety plan

Who is involved with the plan

What are the identified concerns

Family views

Identifying strengths (children / family)

Home environment – who lives in the home, who visits

Safety plan

Additional supports measuring success

Review process

# Key components

- Physical environment
- Supervision
- Routines
- Rules and boundaries
- Sexual behaviour within the home
- Dress
- Internet access
- Sexual safety
- Relationships between the children
- Emotional support and communication

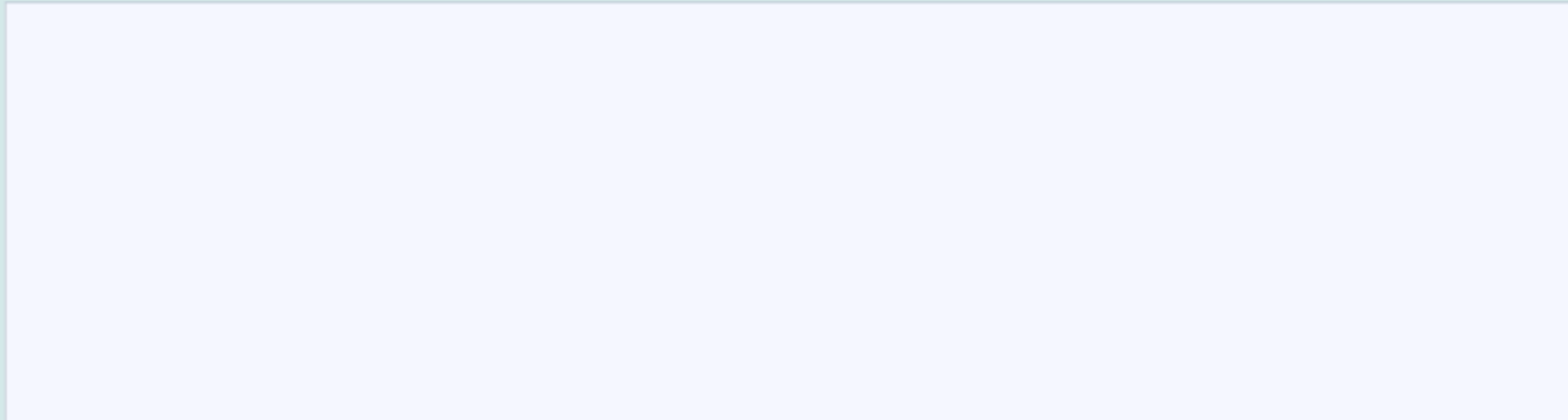
private & confidential

## Safety steps

Consider each of the following areas and what safety steps will be taken. Some questions are included to prompt your planning. These are not intended as an exhaustive list. When considering what steps need to be taken to ensure safety, take a proactive and positive approach. Remember, this plan is for the whole family.

### 1. Physical environment

Prompting questions: is the physical home environment conducive to safety? If not, what changes may need to be made? Does each member of the family have a private space? Is there a lock on the bathroom door? Do the family members use the bathroom one at a time or do they share? What are the sleeping arrangements? Where do the children play? What are the arrangements when friends come over?



### 2. Supervision and routines

Prompting questions: what level of supervision is needed for the children/young people and who is responsible for this? Are there particular times of day/locations where supervision needs to be increased? Are there any barriers to supervision i.e. parental work schedule? What are the current routines at home? Consider the times each family member gets up and goes to bed, are there times when the children are unsupervised?

# Our Home Safety Plan: children and young people's version

Who is this plan for?

Who helped make this plan?

What are we worried about?

What is going well?

## Being safe at home

My home: describe or draw a picture of your home





Preventing child sexual abuse **before** it happens in **Scotland**.

Call 0808 1000 900 or email [scotland@stopitnow.org.uk](mailto:scotland@stopitnow.org.uk)

## Looking after yourself

Child sexual abuse prevention is everybody's business. Whether you are a childcare professional, a parent or just a concerned member of the public – we can all make a huge difference to the protection of children from harm.

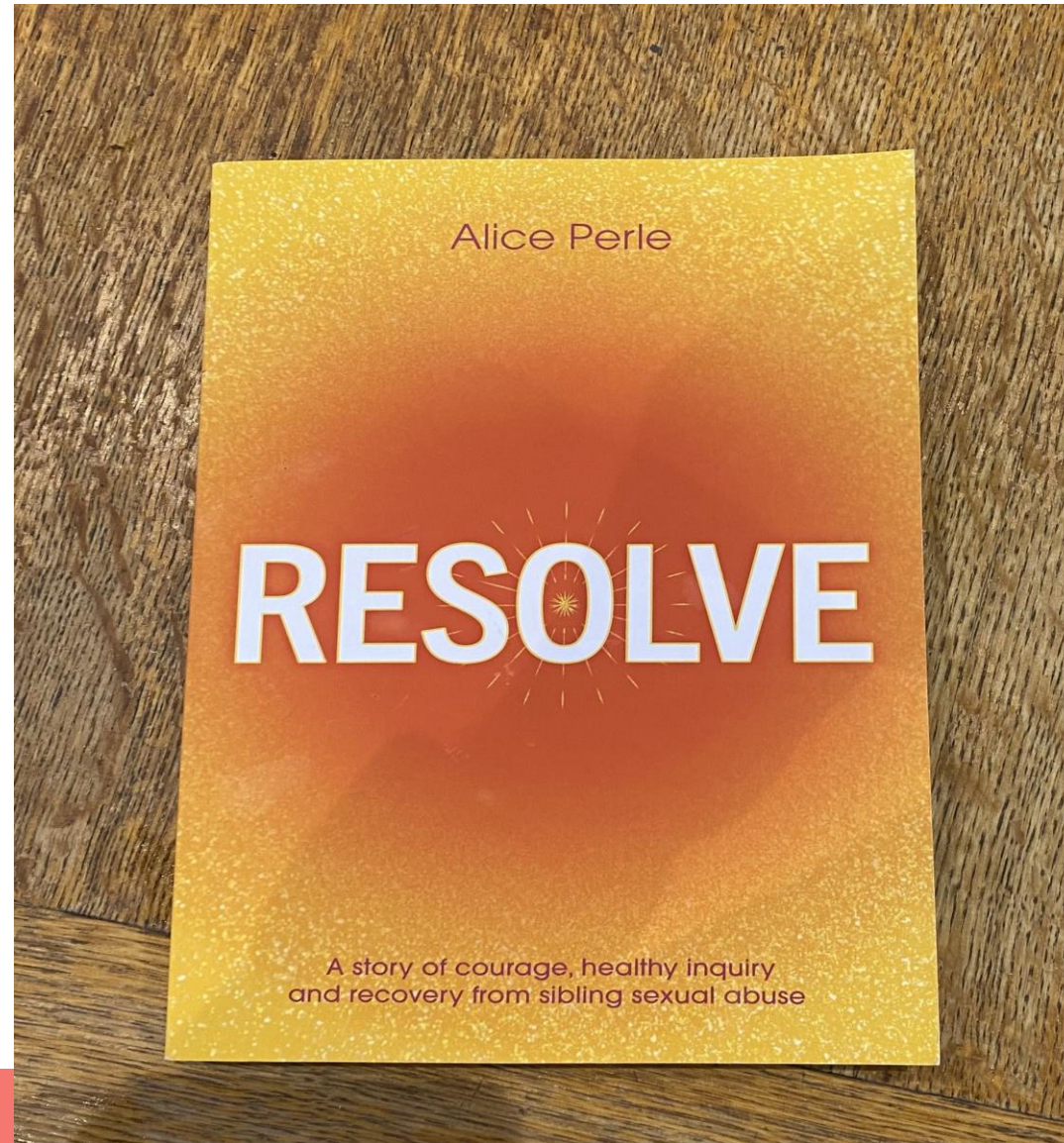
But tackling a subject like child sexual abuse can be challenging and can it evoke strong feelings in us. If your job involves working with this client group, these additional challenges can be demanding on you.

Working with those affected by child sexual abuse or with those that have offended can have an impact on your well-being.



Hide page

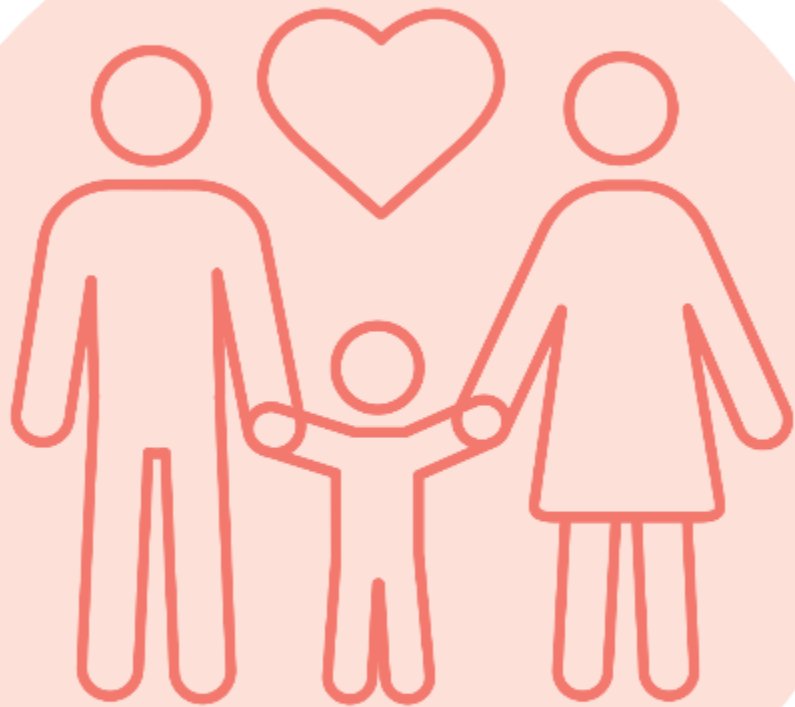
# Resolve – Alice Perle



*'I hope that wherever you are in your journey, if you are a survivor of abuse, or if you are a person who loves or cares about someone who has been abused, this book has served as a healthy inquiry for you, and has helped you find some answers to what was on your mind. Possibly, like me, you may not have thought to ask certain questions before, or to investigate your history, and family dynamics to see how the abuse could have been possible,.*

*I hope it's given you at least enough of a shake to fizz up the oxygen in your blood, to create an awakening to what might be, your next steps if the time is right for steps to be taken. Or maybe reading this has been enough for now.*

*From me, with love to you – may your healing journey be gentle, curious and empowering, and your future one where love and creativity blossom.'*



**THE  
LUCY FAITHFULL  
FOUNDATION**

Working to protect children

**Stop It Now!**

UK & IRELAND

Helping prevent  
child sexual abuse

**[stuartallardyce@stopitnow.org.uk](mailto:stuartallardyce@stopitnow.org.uk)**

**[lucyfaithfull.org.uk](http://lucyfaithfull.org.uk)**

**[stopitnow.org.uk](http://stopitnow.org.uk)**

**[parentsprotect.co.uk](http://parentsprotect.co.uk)**

**Helpline: 0808 1000 900**