



Awareness and understanding of sibling sexual abuse amongst professionals in frontline sectors in England and Wales

RCEW National Project on Sibling Sexual Abuse

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**SIBLING SEXUAL
ABUSE PROJECT**

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Introduction

In 2021, a survey on sibling sexual abuse was undertaken by the Rape Crisis England & Wales (RCEW) National Project on Sibling Sexual Abuse in partnership with Claremont, a behaviour change communications agency. The survey, a national and global first, asked professionals about their perceptions of the wider societal awareness and understanding of this form of child sexual abuse as well as their own personal and professional experiences.

Over 700 professionals from across England and Wales responded to the survey. They came from frontline sectors including education, health, social care, the criminal justice system, policing, local government and the third sector. Twenty-six individuals also undertook in-depth interviews.

This report outlines the findings from both the survey and interviews. It provides us with insights into the first-hand experiences of professionals who are responding to reports of sibling sexual abuse, as well as the perceptions of those working in frontline sectors without direct experience of responding to reports of sibling sexual abuse.

Overall, it is a mixed, complex, and contradictory national picture. Some findings and personal observations are shocking and of serious concern. It is clear, considering this abuse is the most common form of child sexual abuse in our homes, that our current statutory and non-statutory response to sibling sexual abuse is weak. For thousands of children, young people, families, and adults living in the UK today, this creates safeguarding risks and a potential life-time legacy of emotional, physical, and mental trauma. However, this report also identifies a significant appetite amongst professionals to learn more about this form of abuse and how to respond to and support those impacted. We are very grateful that over 700 frontline professionals took the time to fill out this survey, including a large number adding their own written answers to our request for them to share any further information or experiences and asking to stay updated with the progress of this project as a whole.

Executive Summary

The key points identified from the four sections of findings within this report are summarised below:

1. Awareness within general society and amongst professionals

- In comparison to child sexual abuse where the perpetrator is a parent, **professionals believe that sibling sexual abuse is recognised significantly less within general society (56% stated high levels of recognition for parent-child sexual abuse; 8% for sibling sexual abuse) and amongst professionals (85% stated high levels of recognition for parent-child sexual abuse, 46% for sibling sexual abuse).**
- Where there is good recognition of sibling sexual abuse amongst professionals, this is often due to professionals' awareness following their own direct experience with those affected, either personally or professionally, rather than due to top-down training or information sharing.
- There may have been an increase in incidence of sibling sexual abuse over the COVID period.
- Sibling sexual abuse is often not labelled or directly acknowledged within cases of children and young people or families at risk. Instead the abuse is **coded, when reported or discovered, as a 'troubled family' or 'neglect'**. As a result, SSA is potentially not recognised until later in a child's life sometimes when they become involved in criminal activity, or once they become an adult.
- Professionals agree (90%) that significant stigma and shame exists around sibling sexual abuse.

2. Complexities of sibling sexual abuse

- **The age and gender of the children involved in sibling sexual abuse may impact professionals' responses and perception of the abuse.**
- Professionals have little to no confidence that parents will recognise and respond to sibling sexual abuse.
- Professionals recognise the difficulty presented by the 'double dilemma' of sibling sexual abuse for parents and appreciate that this, and other factors of stigma, can limit disclosure and engagement with services.
- **Professionals agree (93%) that sibling sexual abuse needs to be treated as a problem of and for the family as a whole.**
- Most professionals recognise that disclosure of sibling sexual abuse is unlikely to occur when those involved are under 18 years old.
- The majority of professionals recognise that *both* children – the sibling who has been harmed and the sibling who harmed – involved in sibling sexual abuse should be supported, and that there can be a connection between a child harming and having been themselves a victim of abuse and/or neglect and/or trauma.
- Several professionals underlined the need for different cases of sibling sexual abuse to be understood and responded to within their own particular contexts, highlighting the role of other contributing factors such as ties to other criminal behaviour and external pressures.

3. The working environment for professionals responding to sibling sexual abuse

- **The majority of professionals (73%) agree that they have not received appropriate levels of training on sibling 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 amongst professionals as to whether there are over- or under-reactions to disclosures of sibling sexual abuse, despite the majority stating they are confident that they personally would be able to respond appropriately to a child potentially at risk of sibling sexual abuse.
- Most professionals agree that they would be confident that professionals in their organisation would be able to differentiate between normal sibling sexual play and harmful sibling sexual abuse, however a quarter state that they would not be confident of this.
- There is disagreement and a lack of clarity amongst professionals about whether siblings should be separated once sibling sexual abuse has been disclosed.
- A significant proportion of professionals do not know whether sibling sexual abuse is prioritised or not by statutory services and relevant charities.
- 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.
- **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.**
- 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.

4. What should be done?

- Further research into sibling sexual abuse, including improving data collection.
- Raising awareness and encouraging dialogue within society in general.
- Increasing provision of specialist support services.
- Training on recognition, responses and prevention for parents and for professionals.
- Guidance on language to use when discussing sibling sexual abuse, which would enable better communication and multi-agency working.

1. Overview of sibling sexual abuse and RCEW project

Sibling¹ sexual abuse is the most common form of child sexual abuse in our homes (Caspi, 2011; Kreinert & Walsh, 2011; Yates & Allardyce, 2021). It is estimated to be three to five times more likely that a child will be sexually abused by a sibling than a parent/step-parent (Carlson et al., 2006; Smith and Israel, 1987).

The developmental consequences for children who have been harmed by a sibling as well as children who have harmed their sibling are significant with potential life-time effects on their health and wellbeing (Warrington et al, 2017). This is because of the longevity and potential severity of sibling sexual abuse and the family relationships involved². Despite this, sibling sexual abuse has been, and continues to be ignored, minimised or denied by professionals and authorities (Stathopoulos, 2012). As a result, research and knowledge is limited; creating a gap in our understanding of how best to respond to sibling sexual abuse and how to address the unique aspects of this intrafamilial abuse³.

A 2020 definition of the abuse states:

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 a 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 (Caffaro. 2020. p.7).

The RCEW National Project on Sibling Sexual Abuse uses, when appropriate, the following summary definition of sibling sexual abuse:

A form of harmful sexual behaviour or activity involving the misuse of power and victimising intent or outcome between children who self-identify as siblings.

It should be noted that there is no universally accepted definition of sibling sexual abuse; this lack of consistency and clarity contributes significantly to the challenges in identifying the abuse with the risk that vague definitions will provide poor guidance to professionals.

Footnotes

¹ The majority of children in the UK grow up with siblings (Office for National Statistics, 2012). There are many forms of sibling relationship: biological brothers and sisters, step-siblings, half-siblings, adoptive siblings, foster siblings and social siblings – children not biologically or legally related but who have been brought up together or in close proximity and share an enduring bond. In some cultural and social contexts, extended family relationships exist that share many of the characteristics of what may be conceptualised as that between siblings.

² Adults that were harmed as children or who harmed a sibling as a child, face an increased risk of emotional, mental and physical depression, low self-esteem, substance abuse, posttraumatic stress, future physical and sexual abuse, eating disorders, suicide, and relationship/intimacy problems (Caffaro & Conn-Caffaro, 2005; Morrill, 2014; Panagakis, 2011; Tener et al., 2020)

³ As evidenced by academic research and victimisation studies including: Carlson, B. E., Maciol, K., & Schneider, J. (2006). Sibling incest: Reports from forty-one survivors. *Journal of Child Sexual Abuse*, 15(4), 19–34. Caspi, J. (2011). Future directions for sibling research, practice, and theory. In *Sibling development: Implications for mental health practitioners* (pp. 377–390). Springer. Kreinert, J., & Walsh, J. (2011). Sibling sexual abuse: An empirical analysis of offender, victim, and event characteristics in National Incident-Based Reporting System (NIBRS) data, 2000–2007. *Journal of Child Sexual Abuse*, 20, 353–372. Smith, H. and Israel, E. (1987) Sibling incest: A study of the dynamics of 25 cases. *Child Abuse & Neglect*, 11(1):101–108 Yates, P., & Allardyce, S. (2021). Sibling sexual abuse: A knowledge and practice overview. Centre of Expertise on Child Sexual Abuse.

Project Summary

Rape Crisis England & Wales (RCEW), in partnership with two universities and two rape crisis centres, is carrying out a ground-breaking project to support victims and survivors of recent and historic sibling sexual abuse. The two-year project is the largest, Government funded, project on sibling sexual abuse to date in the UK. It is also the first England-wide and Wales-wide project on sibling sexual abuse. It is funded by the Home Office and Ministry of Justice and will conclude in March 2022.

The main aims of the project are to:

- increase the provision of specialist support for both recent and historic victims and survivors of sibling sexual abuse across England and Wales to enable them to recover, heal and rebuild their lives;
- improve the continuity, consistency, and quality standards of specialist support for recent and historic victims and survivors of sibling sexual abuse across England and Wales.

The project has worked with:

- Somerset and Avon Rape and Sexual Abuse Support (SARSAS), Purple Leaf (The Trading Arm of West Mercia Rape and Sexual Abuse Support Centre – WMRSASC);
- the University of Birmingham and the University of the West of England, Bristol in order to carry out academic research;
- an advisory group made up of academics, professionals in the field and those with lived experience of sibling sexual abuse;
- professionals and practitioners from across England and Wales, over 700 of whom participated in a survey regarding sibling sexual abuse.

2. The survey and interviews

A survey of 718 professionals and 26 interviews occurred between 25 March 2021 and 10 June 2021. The professionals work within sectors identified by the project as frontline and therefore with the potential to come into contact with those impacted by sibling sexual abuse (SSA). The sectors identified were:

- education
- health
- social care
- criminal justice
- policing
- local government
- third sector

The survey was shared by stakeholders of the project, externally through social media and with a list of known and unknown contacts from different sectors. Questions included in the survey were drafted by the project management team, taking guidance from the professionals interviewed early and the project's advisory group made up of academics, professionals and lived experience experts.

It received 718 responses in total, with the professional background of the participant being one of the questions. Not all participants responded to all of the questions and this is reflected in the statistics (with 100% being the number of participants who answered that question, not the total number of participants), although no question received fewer than 600 responses. The order of questions was randomised to ensure as even a number of responses to each question as possible. Survey statistics quoted are rounded to two significant figures. Within survey questions asking participants to choose the most relevant number on a scale of one to five, one signified the lowest option while five signified the highest.

An opportunity was provided for survey participants to share their comments on SSA and the project. These comments were not tied to any one particular topic raised in the survey and therefore can be considered a relatively unbiased reflection of the professionals' priorities on the subject. Some of these comments have been quoted in the report. A total of 111 comments were made. This, combined with the large uptake of the survey generally, suggests that there is significant interest in SSA amongst professionals.

The interviews followed a loose structure of the topics raised within the survey, but also followed directions as prompted by interviewees around their experience, knowledge and perspective from their work and their sector. These interviews were used to provide suggestions for additional context around the survey findings. They should not be used to present absolute facts in relation to SSA as the pool of participants is too small to extrapolate findings onto the UK more generally.

3. Awareness and perceptions

3.1 Overview

- In comparison to child sexual abuse where the perpetrator is a parent, **professionals believe that sibling sexual abuse is recognised significantly less within general society (56% stated high levels of recognition for parent-child sexual abuse; 8% for sibling sexual abuse) and amongst professionals (85% stated high levels of recognition for parent-child sexual abuse, 46% for sibling sexual abuse).**
- Where there is good recognition of sibling sexual abuse amongst professionals, this is often due to professionals' awareness following their own direct experience with those affected, either personally or professionally, rather than due to top-down training or information sharing.
- There may have been an increase in incidence of sibling sexual abuse over the COVID period.
- Sibling sexual abuse is often not labelled or directly acknowledged within cases of children and young people or families at risk. Instead the abuse is **coded, when reported or discovered, as a 'troubled family' or 'neglect'**. As a result, SSA is potentially not recognised until later in a child's life sometimes when they become involved in criminal activity, or once they become an adult.
- Professionals agree (90%) that significant stigma and shame exists around sibling sexual abuse.

3.2 General awareness of SSA

Responses to the **survey highlight the low profile of SSA in mainstream media and politics. A large majority of between 80% and 96% of respondents agreed that they did not recall hearing any mention of the topic:**

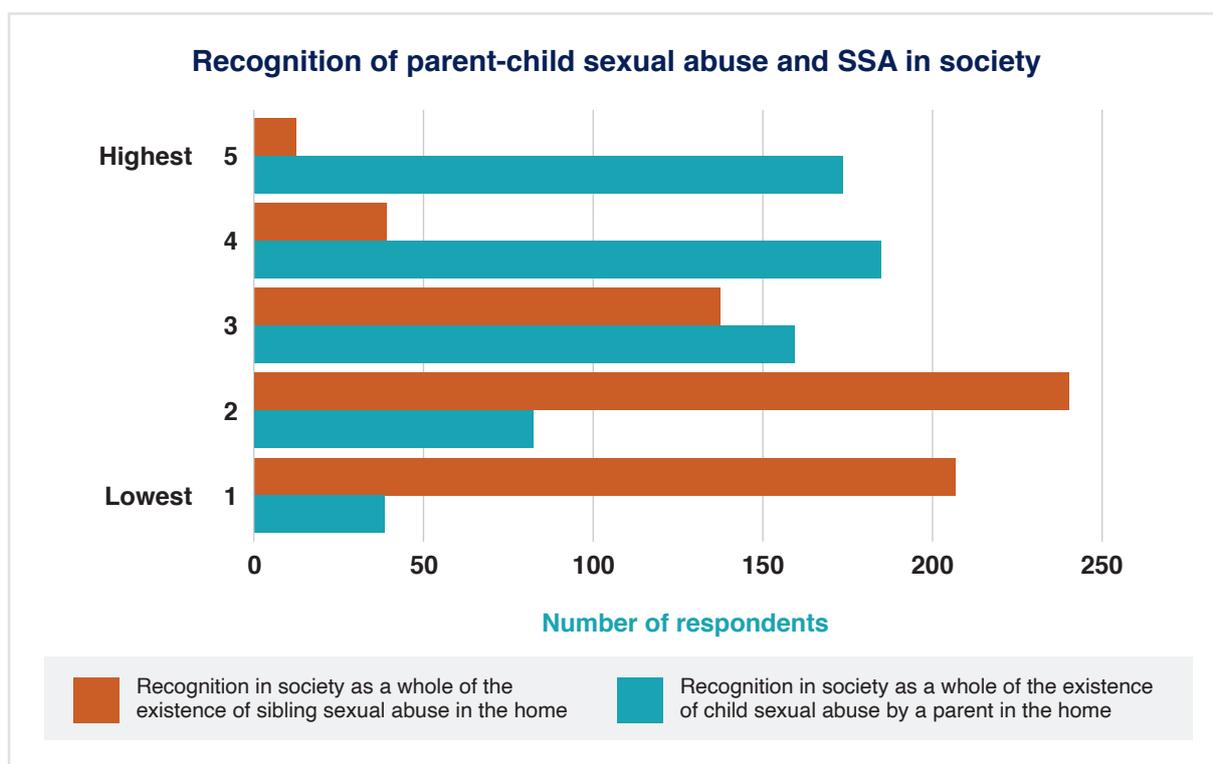
- on TV/radio soaps or films;
- in mainstream news media;
- through a children's charity campaign;
- or within local or national politics over the past three years.

This included anything from the perspective of a victim-survivor of SSA.

Through our interviews, it was suggested that despite an increase in general awareness, amongst professionals and wider society, of child sexual abuse (CSA), this awareness did not necessarily equal an increase in awareness of intrafamilial CSA specifically. Instead, **extrafamilial abuse, child sexual exploitation and 'stranger danger' were highlighted by several interviewees as forms of CSA which are potentially more 'palatable' to the general public.**

Further to this, when questioned around awareness of different forms of intrafamilial CSA:

- Over half (56%) of survey respondents responded that across society, CSA by a parent in the home was highly recognised;
- whereas just **8% responded in the same way for recognition of SSA in the home.**



3.3 Professional awareness of SSA

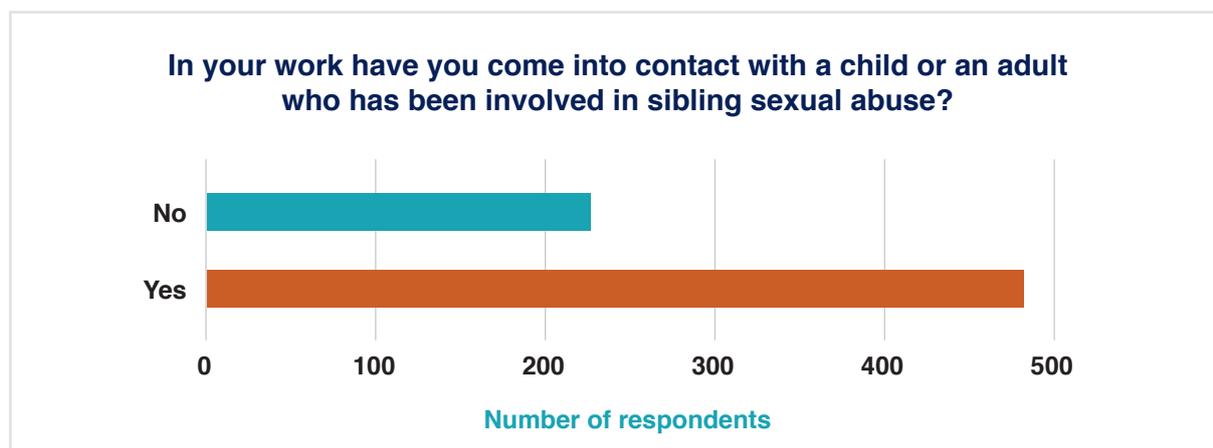
When asked specifically to reflect on recognition within their own profession:

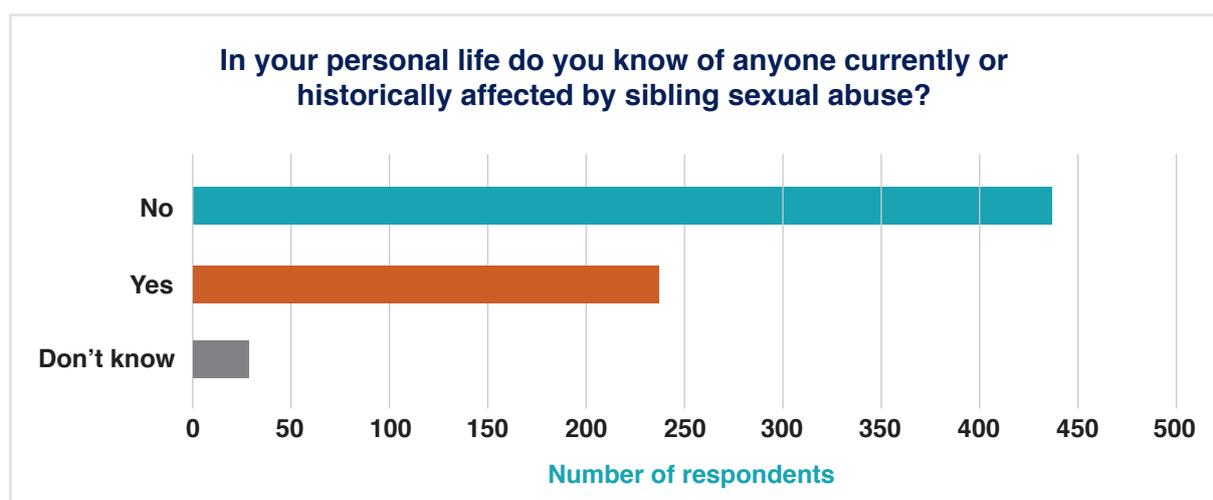
- 85% of respondents acknowledged high levels of recognition of CSA perpetrated by a parent in the home (including 63% rating this recognition as a five on the scale provided);
- But just 46% recorded high levels of recognition of SSA.

This highlights that even within specifically intrafamilial CSA, SSA is yet to benefit from an increase in awareness. Speaking to this, one interviewee suggested that **SSA has taken the place of adult to child sexual abuse in regards to ongoing stigma and taboo.**

However, when questioned on how they thought incidence of SSA compares to parent to child sexual abuse:

- around **two thirds (66%) of respondents stated that they believed a sibling sexually abusing a sibling was either an equally or more common form of CSA in homes than a parent sexually abusing their child (14% for more common, 53% for equally common).**





This idea of significant incidence aligns with our survey's findings that of the 718 respondents:

- a third (34%) reported having known or currently knowing someone personally who is affected by SSA;
- and over two-thirds (69%) reported having come into contact professionally with someone involved in SSA.

These survey findings seem to indicate **a mismatch between general and professional awareness of SSA as an issue, and the significant number of professionals with first-hand experience.**

3.4 Becoming aware of SSA

Multiple interviewees highlighted that their own awareness of SSA came organically through working with children or adults currently or historically affected. Multiple participants also highlighted significant recent case reviews in their region. **This was in place of them having received top-down training or information on the subject.**

Multiple survey participants also left comments which reflected a similar experience, one specifying that, *"[their] awareness of sibling sexual abuse is the result of direct work with one family experiencing sibling sexual abuse and doing [their] own research around the subject at the time"*. Another highlighting that they, *"don't recall any mention of sibling sexual abuse in any of [their] training. [Their] answers to this survey are based on [their] role as a foster carer"*.

It seems from these responses that top-down intervention to promote awareness of SSA has been limited across all sectors. **One local government interviewee went as far as to highlight that even after the topic of SSA was raised in an information gathering conference for multiple sectors in their region, their own senior management was unenthusiastic to engage with the subject until it was identified directly by the Children's Commissioner's office and Ofsted, meaning that until then resources and funding to support work they were doing around SSA was very limited.**

3.5 Increased incidence during the COVID period

Within interviews with professionals with experience working with those affected by SSA, there were suggestions that the incidence of SSA over the COVID period may have increased. This came from several separate interviewees, with one specifying that for their service, where they receive referrals to support children and young people (CYP), they had noticed a definite increase in cases shared with them involving SSA which went further than the general increases in need for their services over the same period.

A survey response also noted that this survey *"seems very timely with very similar conversations happening in local authorities currently with what appears to be higher numbers of referrals into the department for sibling sexual abuse"*.

We cannot take these suggestions to mean that a definite increase in incidence of SSA has occurred, however it does highlight the need and perhaps timely necessity for further work to be done on the subject.

3.6 Under-reporting/labelling of SSA

There were also suggestions by interviewees that SSA can become hidden due to an emphasis on other dimensions of a child's situation.

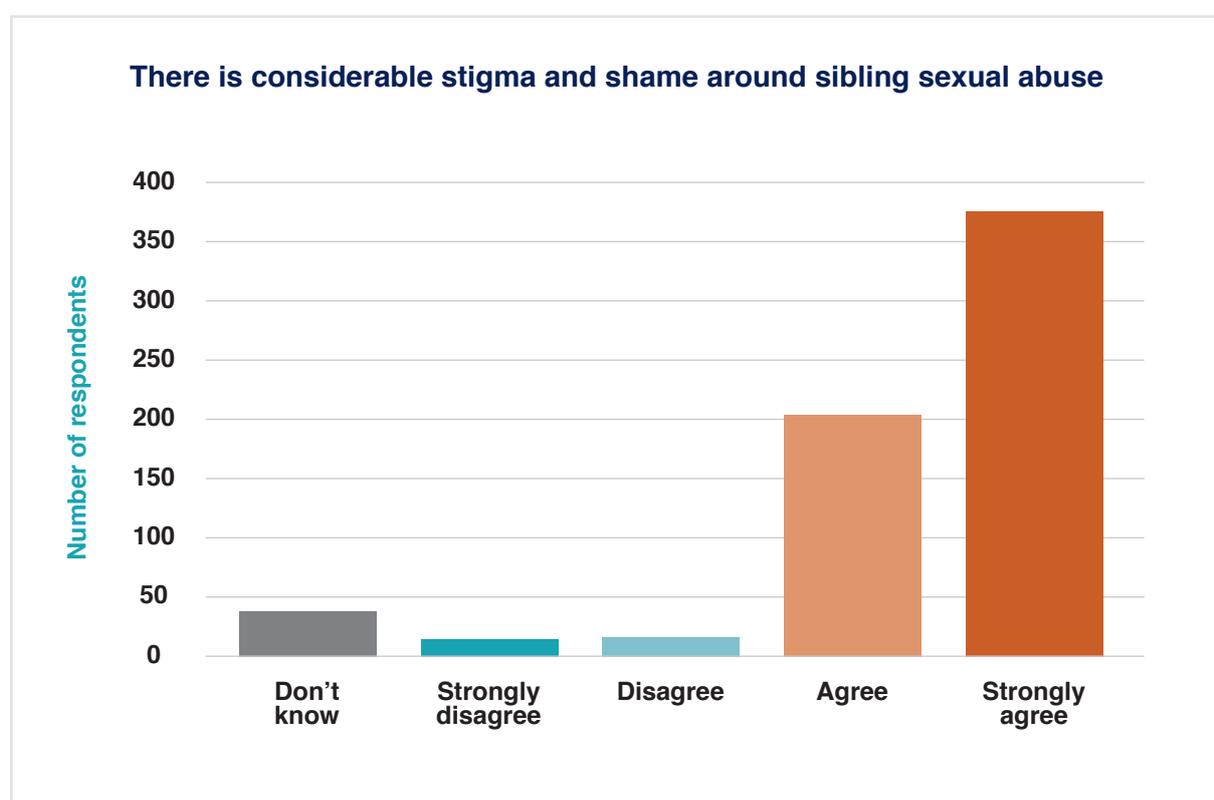
- Several discussed the **precedent for SSA to be coded, when reported or discovered, as a 'troubled family' or hidden within a child protection plan for 'neglect'** (with suggestion that frequency of the latter has been increased in recent years alongside a decrease in protection plans for CSA).
- Several also suggested that **SSA is often only recognised later in a young person's life, potentially if they have begun harming others or have been involved in other types of criminal behaviour.**

A survey response supported this latter suggestion: *"I work in a service that fairly often gets referrals based on risk behaviours and often sibling sexual abuse is a concern but this is often not disclosed until later on and is often not a primary concern"*. This highlights a need to recognise SSA as a possible factor to consider when supporting CYP at risk.

3.7 Perceptions and stigma around SSA

Why SSA is not being recognised earlier is a key question, and this could be tied to perceptions and the role of stigma around the subject. When questioned in our survey:

- **a large majority of respondents (90%) agreed that there is considerable stigma and shame around SSA (58% 'strongly agreed' with this statement).**



In regards to the potential reasons for this, we suggested two elements of this perception, both of which were also agreed by the large majority of survey responses:

- that **childhood is perceived as a period of ‘sexual innocence’ by society (89% agreed);**
- and that **the idea of siblings doing sexual things together is repulsive (87% agreed).**

These two dimensions of the stigma explain SSA being referred to as ‘**double taboo**’ in several interviews. These responses underline that the **existing stigma stretches beyond just discussion of SSA, and includes any sexual activity between children and between siblings, potentially impacting understanding of what constitutes SSA and therefore potential over- or under-reactions to disclosures.** Professionals’ responses will be revisited later in this report.

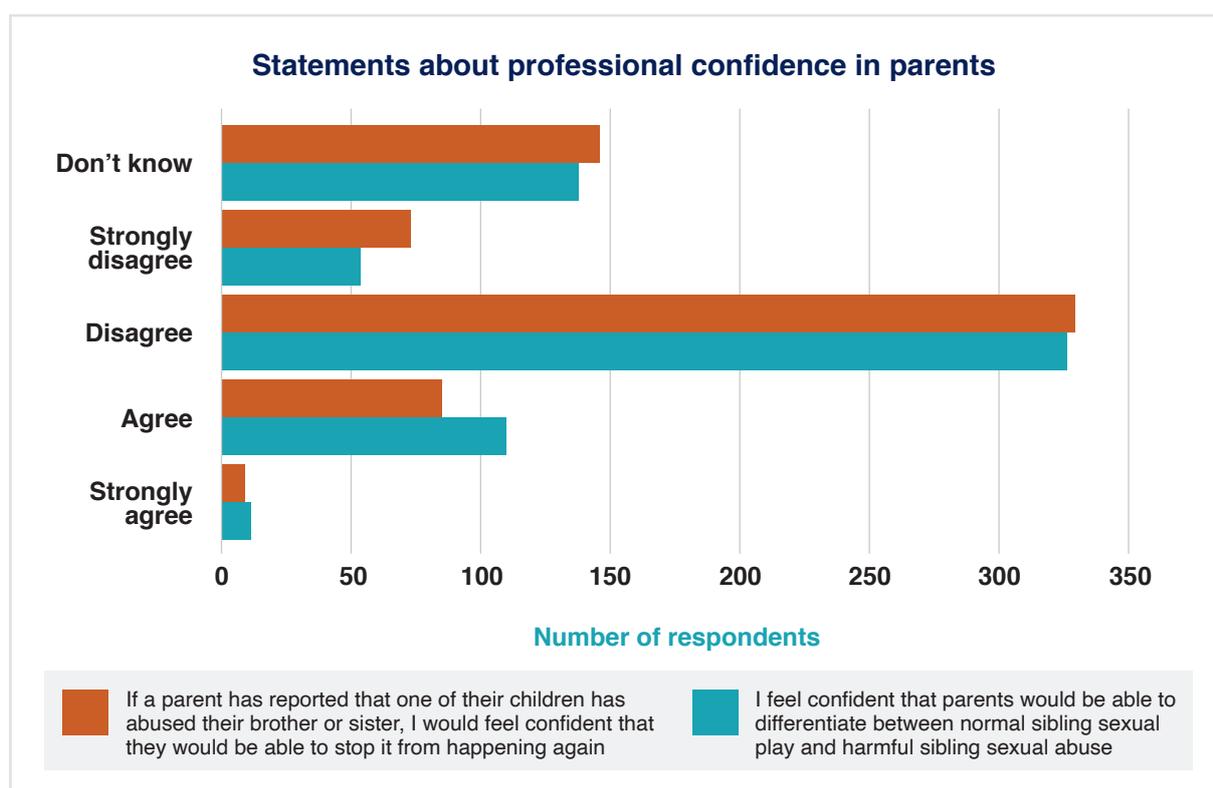
This stigma could have a significant impact on the likelihood of disclosure. As a survey respondent highlighted: *“It’s considered as ‘too hard’ to bring out into the open”*. The difficulties around disclosure will also be discussed in more depth in the next section.

4. Complexity of SSA and its impact on those involved

4.1 Overview

Overall, our research had the following general findings in regards to professional understanding of the complexities of SSA:

- **The age and gender of the children involved in sibling sexual abuse may impact professionals' responses and perception of the abuse.**
- Professionals have little to no confidence in parents to recognise and respond to sibling sexual abuse.
- Professionals recognise the difficulty presented by the 'double dilemma' of sibling sexual abuse for parents and appreciate that this, and other factors of stigma, can limit disclosure and engagement with services.
- **Professionals agreed (93%) that sibling sexual abuse needs to be treated as a problem of and for the family as a whole.**
- Most professionals recognise that disclosure of sibling sexual abuse is unlikely to occur when those involved are under 18 years old.
- The majority of professionals recognise that *both* children – the sibling who has been harmed and the sibling who harmed – involved in sibling sexual abuse should be supported, and that there can be a connection between a child harming and having been themselves a victim of abuse and/or neglect and/or trauma.
- Several professionals underlined the need for different cases of sibling sexual abuse to be understood and responded to within their own particular contexts, highlighting the role of other contributing factors such as ties to other criminal behaviour and external pressures.



4.2 The role of the family

The survey reflected a **lack of trust between professionals and parents in relation to their recognition of, and response to, SSA:**

- 59% stated that they would not feel confident that parents would be able to differentiate between normal sibling sexual play and harmful sexual abuse;
- 63% stated that they would not feel confident that a parent would be able to stop one of their children from abusing their sibling again once they had reported it happening.

(Although it is important to note that for these statements there was a significant percentage who selected “don’t know” – 22% for the former and 23% for the latter).

These findings were supported by various interviewees who identified:

- cases they had worked on where a parent had dismissed disclosed SSA as ‘normal’ behaviour;
- that **generally family members were more likely to underreact, than to overreact, to SSA.**

A survey response also stated that a **lack of information about SSA makes it “easier for families to shrug it off and say it’s kids being silly”**. There were also suggestions that parents may be more aware of the risk of a child being abused, than a child being the abuser.

4.3 Complexities of SSA as a specific form of CSA

However, interviews also highlighted an awareness amongst professionals that the specific complexities SSA presents also play a significant role in the response of family members.

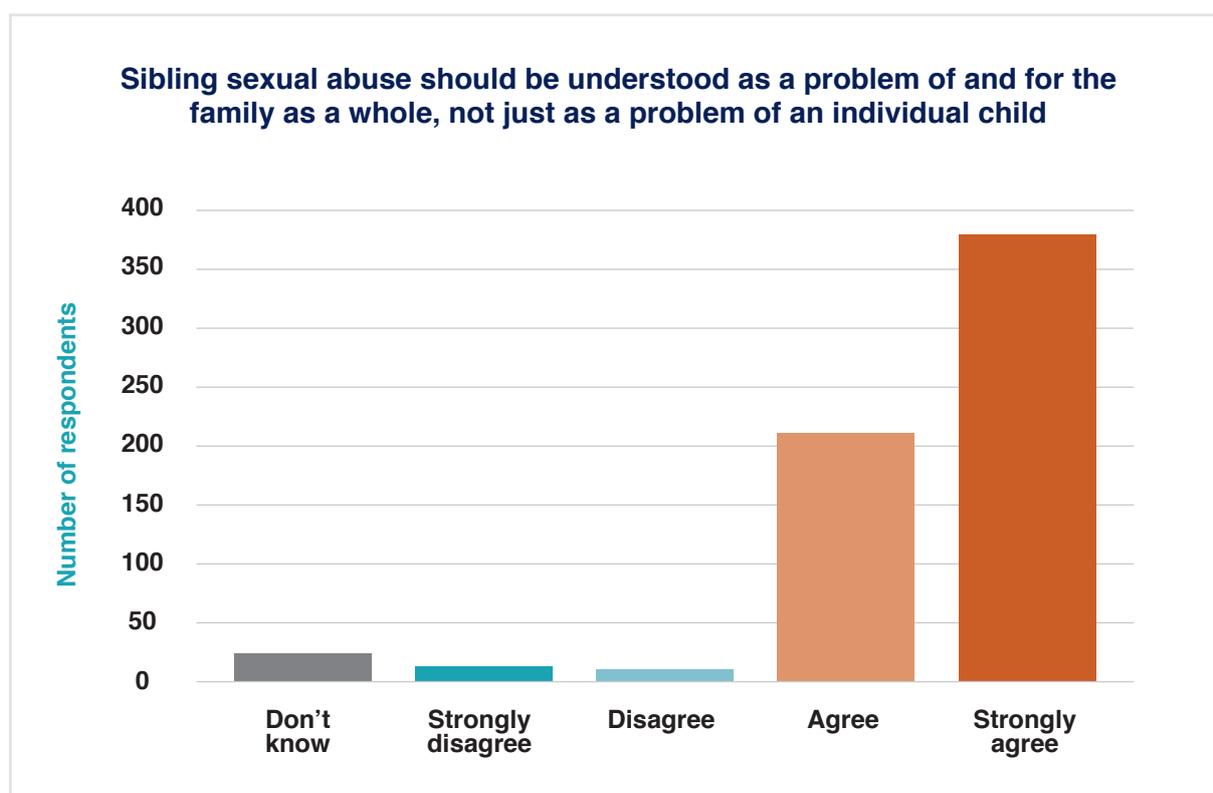
Multiple interviewees shared experience of **parents wanting to ‘take sides’ when faced with the ‘double dilemma’ of one sibling within their family abusing another**, potentially never accepting or recognising that the abuse took place, or is still taking place.

- **The majority of survey respondents (89%) agreed that “it is difficult for parents to support both their child who harmed and their child who has been harmed”.**
- **The vast majority (94%) also agreed that “the existence of sibling sexual abuse can often be difficult for families to disclose to anyone outside of their family (including statutory services)”.**

It was suggested that **families often try to ‘close ranks’, viewing SSA as a ‘dirty secret’ and leaning into an ‘instinctive reaction’ to not share the information outside of the family.**

Multiple interviewees did suggest that parents would be more likely to come forward if they knew that their child wouldn’t be criminalised. A survey response stated that: *“Parents can be torn between meeting the needs of both/all their children despite the disclosure and having rules imposed such as expecting the instigator to move out of the home can be very traumatic”.*

4.4 SSA as a problem of and for the family as a whole



Further considering the impact of SSA within a family:

- a majority of survey respondents (93%) agreed with the statement that “SSA should be understood as a problem of and for the family as a whole, not just as a problem of an individual child” (including 60% saying they *strongly* agreed with this statement).

One survey respondent noted that “*the impact destroys the family as well as the victim*”. An interview also highlighted the potential for ‘hidden victims’ in the household, such as further siblings not directly involved in the abuse but impacted nonetheless by the presence of this abuse.

4.5 Disclosure of SSA

When questioned on what age professionals thought disclosure of SSA would be most common:

- Only 13% of professionals believed that under 18 years old was the most likely age of disclosure;
- 60% believed that the most likely age of disclosure would be between 18 and 39.

Multiple suggestions were given both within the survey and within interviews to suggest why this might be the case:

- a **delayed realisation for those involved that what they experienced may have been wrong**, potentially until they left their home and recognised that it was not the norm;
- **unsatisfactory professional responses to disclosure of SSA at a young age** meaning that those who disclosed still felt unsafe in their homes;
- **a child not wanting their sibling to be targeted on their behalf**, potentially finding a disclosure being dealt with in an “overbearing” way, very difficult.

4.6 Impact on children directly involved

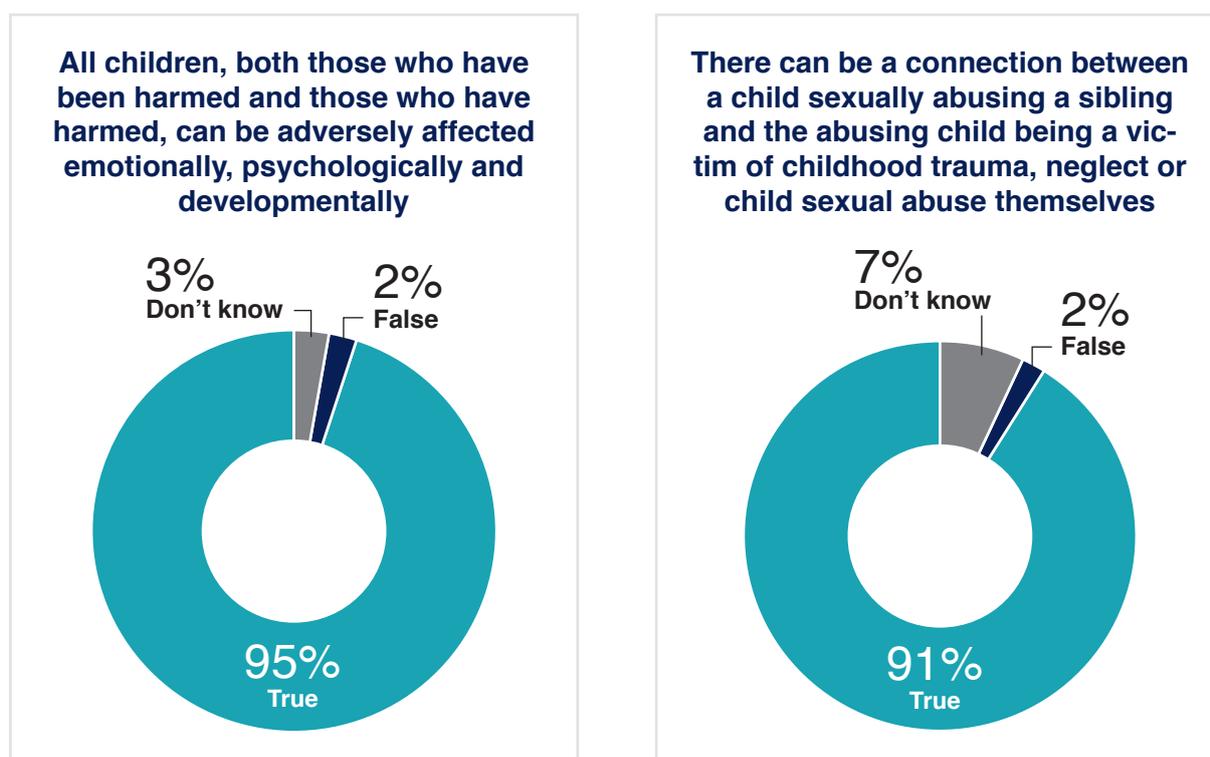
In terms of the children directly involved, the survey highlighted that there appears to be a lack of certainty around harmful sexual behaviour and what the expressing of this behaviour might mean for a child, including once they become an adult.

When asked whether they believed it was true that “children who have sexually abused a sibling are unlikely to abuse other children inside of their family”:

- 64% said they believed this statement was false;
- 31% said they didn't know.

Similarly, when asked whether “children who have sexually abused a sibling are unlikely to abuse other children outside the family”:

- 52% believed that the statement was false;
- 38% said they didn't know.



That being said, professionals did, by a large majority, recognise the impact of SSA on both children involved.

- 95% said that it was true that “all children, both those who have been harmed and those who have harmed, can be adversely affected emotionally, psychologically and developmentally”.
- 92% said that it was true that “if a child who has sexually abused a sibling is not supported, their long-term welfare is compromised, increasing the risk of future abusive behaviour”.
- 91% believed it was true that “there can be a connection between a child sexually abusing a sibling and the abusing child being a victim of childhood trauma, neglect or child sexual abuse themselves”.

This final point is one wholeheartedly supported by interviewees. Several discussed the potential of children to reflect behaviour they have seen from other adults or other siblings, including domestic abuse.

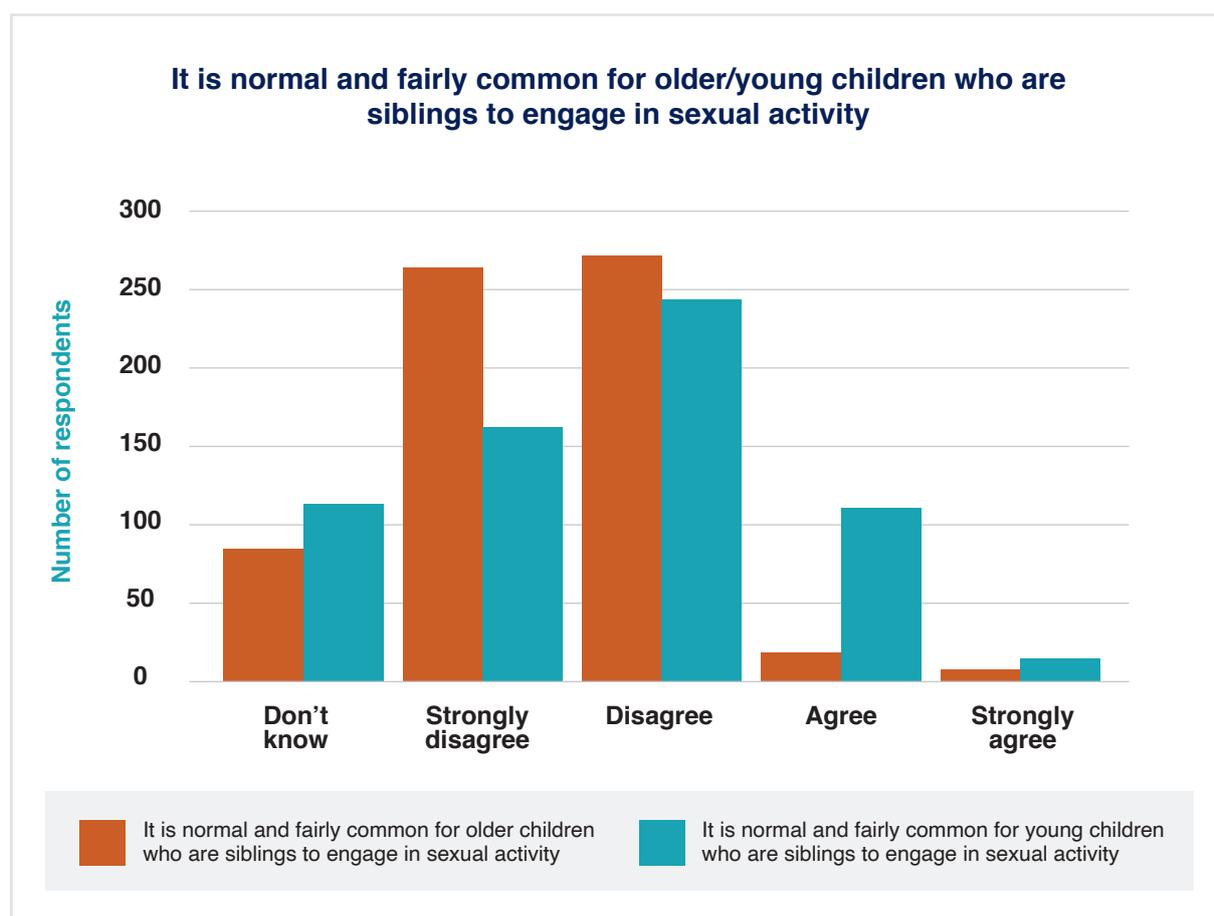
It was also supported by several survey responses, with one respondent sharing that: *“From what I have learnt and understand the single biggest predictor of a child going on to sexually harm others is not trauma, or experience of abuse or neglect, but experience of or even just exposure to **domestic abuse** in the family”.*

Another suggested that *“**children who abuse their siblings are often acting out the power dynamic within their family**”.* Others underlined how unlikely or impossible it would be that a child were to sexually abuse another, including a sibling, *“out of nowhere”.*

4.7 The role of age in SSA

The response to questions on age resulted in a confusing picture. It is difficult to ascertain the level of professional awareness of what can be termed ‘normative’ sexual interactions between *young* siblings and children, which are relatively common, harmless and serve as a developmental function. It appears from the answers that this awareness could be low.

Age was a dynamic often raised by interviewees. This was often in particular reference to questions around using language such as ‘victim’ and ‘perpetrator’ (which will be discussed in greater detail later in this report). It was often felt that this language may be more likely to be used in reference to cases of SSA where there was a large age disparity between those involved (with the child who harmed being older). Similarly, **when queried about criminalisation it was also suggested that this too may be more common or appropriate for cases with a large age disparity** (although it was not common for participants to support criminalisation of children involved in SSA in general).



This difference in perception of cases of SSA depending on the age of the children is also carried through in the response to two of our statements in the survey.

- When asked whether professionals agreed that “it is normal and fairly common for *young children* who are siblings to engage in sexual activity”, 63% disagreed or strongly disagreed with this statement.
- However, when asked about the same statement but in relation to “older” children, 20% more professionals disagreed, a total of 83%.

To highlight this difference from another perspective:

- only 4% of professionals agreed or strongly agreed with the latter statement in reference to *older* children, while 19% agreed or strongly agreed with the former statement in reference to *young* children.

Multiple interviewees also highlighted that the existence of any “power dynamic” between siblings can play a part in SSA, including those that exist outside of age disparity. This topic will be one to keep in mind when approaching future engagement with professionals around the subject of SSA.

4.8 The role of gender in SSA

Multiple interviewees and survey respondents highlighted **the importance of recognising that female children can also harm**, and that there **can be a gendered dimension to how parents and professionals respond to this, meaning that young girls who harm may not be acknowledged until later in life**.

Gender was suggested to also play a role in disclosure, **with male siblings potentially being less likely to disclose or having less awareness of what happened to them if they were harmed by a female sibling**. Fundamentally, a need to **prevent gender bias** when raising awareness of SSA was underlined by these accounts.

4.9 Ties to other forms of criminal behaviour

Several accounts were shared by interviewees and by survey respondents of cases of SSA where the abuse played a part within other criminal behaviour or was encouraged, initiated or forced by an external party. This included accounts of:

- online grooming of children by strangers leading to SSA;
- siblings “recruiting” their siblings;
- parents and extra-familial guardians (e.g. baby-sitters) encouraging or forcing siblings to engage in sexual activity;
- SSA being a part of gang related initiation.

What these accounts highlight is the essential need for cases of SSA to be approached and understood within their own context and attached complexities. This was something that multiple professionals viewed as being very important.

5. Current situation – professional responses, knowledge, confidence and experience

5.1 Overview

Below are the overall key points that our research identified in regards to the current professional responses, knowledge, confidence and experience in relation to SSA:

- **The majority of professionals (73%) agree that they have not received appropriate levels of training on sibling 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 amongst professionals as to whether there are over- or under-reactions to disclosures of sibling sexual abuse, despite the majority stating they were confident that they personally would be able to respond appropriately to a child potentially at risk of sibling sexual abuse.
- Most professionals agree that they would be confident that professionals in their organisation would be able to differentiate between normal sibling sexual play and harmful sibling sexual abuse, however a quarter state that they would not be confident of this.
- There is disagreement and a lack of clarity amongst professionals about whether siblings should be separated once sibling sexual abuse has been disclosed.
- A significant proportion of professionals do not know whether sibling sexual abuse is prioritised or not by statutory services and relevant charities.
- 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.
- **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.**
- There may not be enough specialist services consistently available across the country for those affected by sibling sexual abuse, including in terms of support for prevention and for those who have sexually abused their sibling but are themselves victims of abuse and/or neglect and/or trauma.

5.2 Policies and statutory support

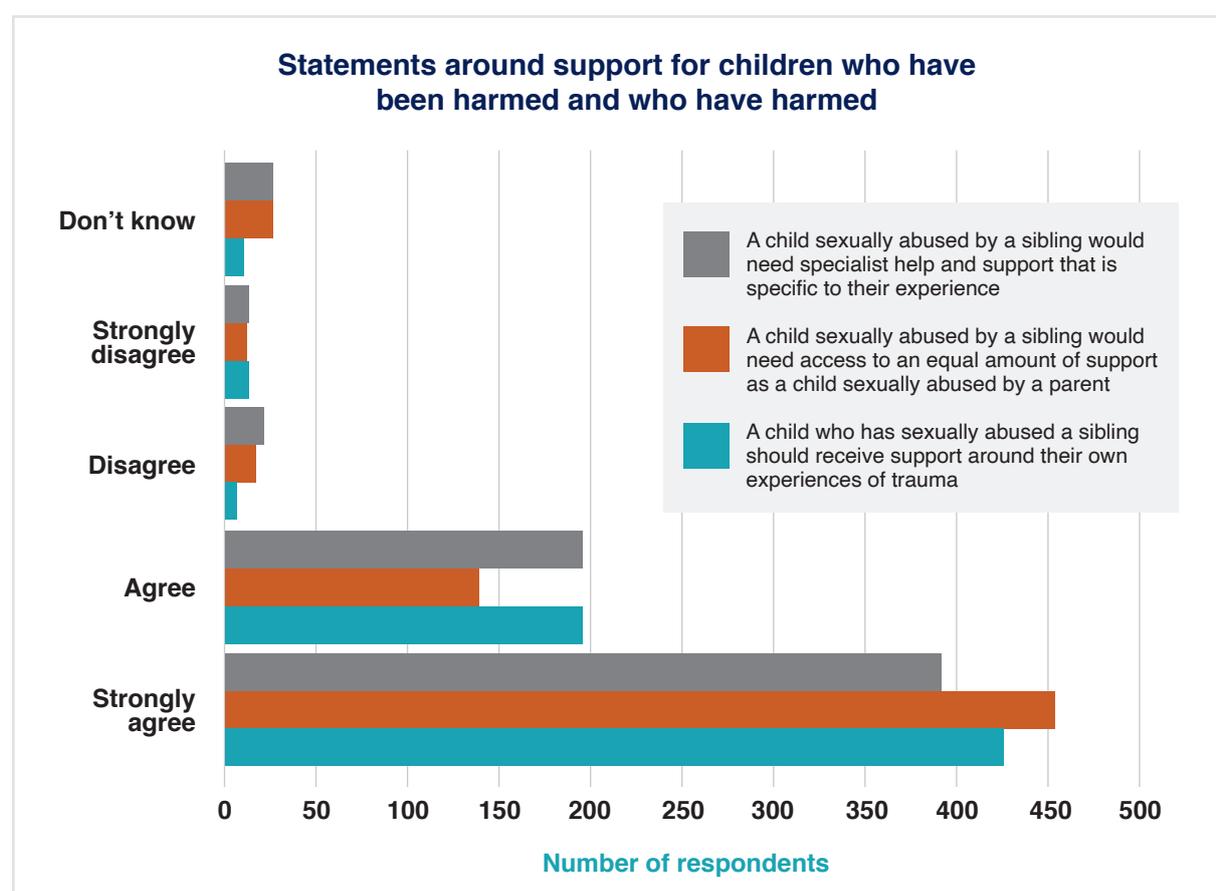
In terms of current policies and statutory support for SSA, there appears to be a significant amount of confusion amongst professionals. When asked in the survey whether professionals believed that SSA is a “key priority in national and local child safeguarding policies and strategies tackling child sexual abuse”:

- 21% answered that they didn’t know;
- 35% said that they agreed (or strongly agreed);
- and 44% said that they disagreed (or strongly disagreed).

This high percentage of ‘don’t know’ responses was carried through all the questions on current policies around SSA:

- 27% for “statutory services prioritise other forms of CSA above SSA”;
- 32% for “children’s charities and sexual violence charities prioritise other forms of CSA above SSA”;
- 33% for “a child who has sexually abused a sibling will receive as much support as the child who has been sexually abused”;
- and 35% for “children, young people and families face confusing professional responses to sibling sexual abuse based on adult models of sex offending”.

5.3 Support



In response to questions on support for children affected by SSA, three statements had very high numbers of ‘agree’ or ‘strongly agree’ responses:

- “A child who has sexually abused a sibling should receive support around their own experiences of trauma” (96%);
- “A child sexually abused by a sibling would need access to an equal amount of support as a child sexually abused by a parent” (92%);
- “A child sexually abused by a sibling would need specialist help and support that is specific to their experience” (91%).

These responses indicate that, although current understanding of existing systems may vary, there is a unified agreement across professionals of different sectors that significant support, including specialist support, should be provided for those affected by SSA, including both the child who harmed and the child who has been harmed.

Within interviews with professionals, **several potentially weak areas were identified in the current system of specialist services and support provision:**

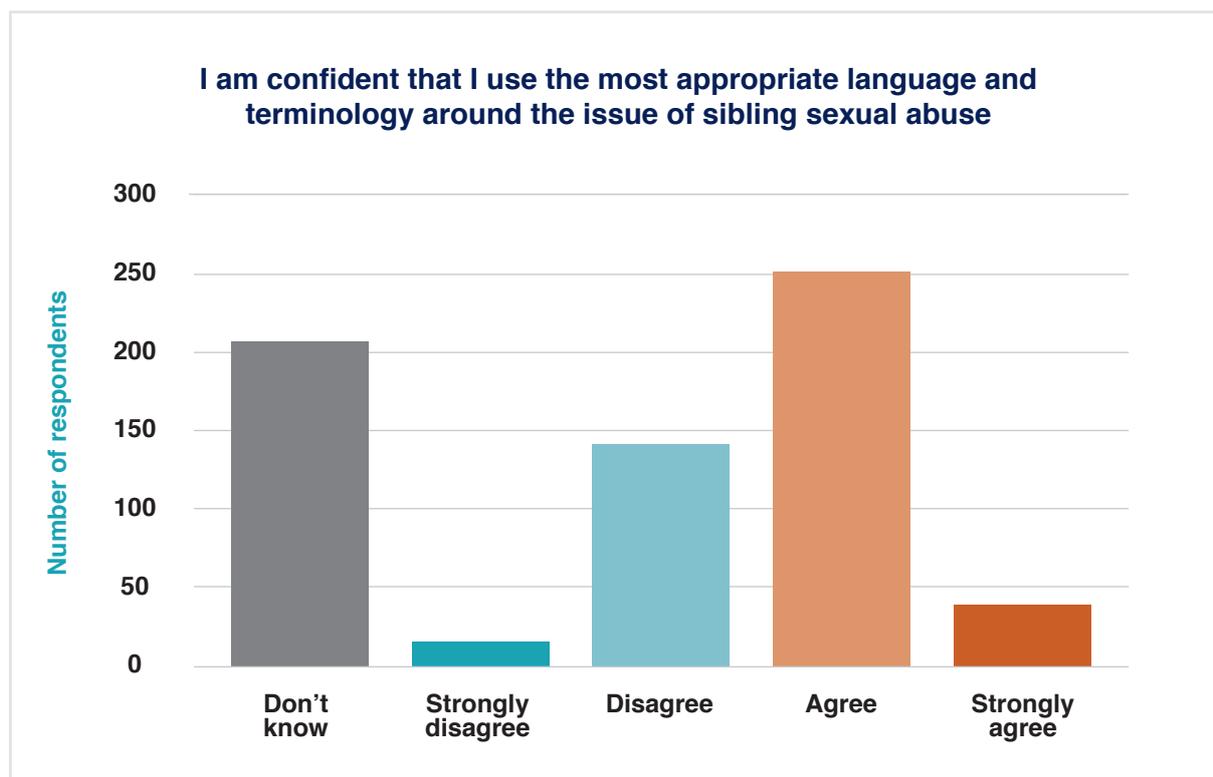
- Too often it was felt that **SSA is seen as a children’s social care issue and that adults impacted were missing from support provided.**
 - This included interviewees being unaware of support for parents in responding to and dealing with SSA.
 - These points were backed up by the ‘agree’ and ‘strongly agree’ response of 57% to the survey statement “Help and support provided after disclosure of sibling sexual abuse is too often provided at an individual child level, rather than at a family level”.
- It was suggested that either **there are not enough specialist services currently, or that professionals are unaware of them if they are available** and wouldn’t know where to signpost to. This includes the existence of significant regional disparities in support provision for child sexual abuse more generally.
- **A lack of services to support children and families in prevention of SSA and harmful sexual behaviour** was also identified.
 - This included a suggestion of there being a significant gap in when support was available, meaning that a child who has been exhibiting signs of harmful sexual behaviour may not gain any support until they have harmed.
- **A gap was identified in the support of children and adults who had harmed their sibling/s but are also victims of abuse and/or neglect.**
 - It was suggested that there can be a division between services available to support those who harmed and those who have been harmed, meaning that **those with dual experience may not find sufficient specialised support for both of their experiences.**
 - **Children with dual experience may find themselves categorised as just a child who harmed** and therefore struggle to receive sufficient specialist support for the own harm they have experienced.

5.4 Language

Another key **area where there appears to be confusion or disagreement amongst professionals is within language used around SSA.** Again, when asked about language and terminology in the survey, there was a high percentage of ‘don’t know’ responses (36%, 32% and 28%). In response to the statement “There is consistency in the language and terminology used by professionals in different organisations to describe the behaviour and children affected by SSA”:

- 36% selected ‘don’t know’;
- and 46% said they either disagreed (36%) or strongly disagreed (10%).

This leaves **a significant divide between those who believe that there is consistency and those who either didn’t know, or agreed that there wasn’t consistency.** Similarly, multiple interviewees shared that **working in a multi-agency capacity had highlighted disparity in language across different organisations.**



When questioned about their personal use of 'appropriate language and terminology' in our survey, again professionals' responses were split:

- 44% of professionals agreed that they did use the 'most appropriate language and terminology around the issue of SSA';
- 24% disagreed with this statement;
- and a further 32% didn't know.

In our final question on language we asked more specifically about the term 'perpetrator'. Again this split responses.

- Although **49% said they disagreed (or strongly disagreed) that it is appropriate for a child who has sexually abused a sibling to be described as a 'perpetrator'**;
- **24% said that this is appropriate.**
- A further 28% said they didn't know.

The large number of professionals disagreeing with this statement was reflected in responses from interviewees also, with many, across multiple sectors, having **negative responses not just to the word 'perpetrator' but also the terms 'sex offender' and 'abuser'**. They shared **concerns that these labels make early intervention and appreciation for dual experience and other nuances much more difficult.**

However, there were also reasons given as to why one in four professionals may have agreed that use of the term '**perpetrator**' is appropriate. Some suggested there was **a lack of a clear alternative to the term**, particularly in sectors such as policing and criminal justice where set terms are often used in recording incidents.

Also discussed within interviews were **terms such as 'rape' and 'abuse', both of which it was suggested that professionals sometimes shy away from using, due to the severity of their implications.** Similarly, it was suggested that professionals may avoid specifying sibling sexual abuse. Instead labelling this as just '**sibling abuse**'.

There was also a suggestion that language used around SSA could vary depending on different contexts, for example terms such as 'sexual assault' may be more common around cases involving older children, whereas 'harmful sexual behaviour' (a term which appears to be being used increasingly across multiple sectors) may be used more commonly around cases involving younger children. Generally speaking, both the survey and interview responses confirmed that there was a lack of consensus around what the appropriate language around SSA is, let alone whether this is being used currently.

5.5 Responses

Encouragingly, 83% of professionals agreed (including 31% who strongly agreed) that if they were to encounter a child they thought might be at risk of being involved in SSA, they would know what to do. It is worth noting, however, that this question did not specifically question professionals' confidence in responding to disclosures of SSA appropriately.

When asked about the potential for professionals to over-react to disclosures of SSA however, there was a slightly less clear story.

- Just over half (56%) of professionals disagreed that there is a tendency to over-react to disclosures.
- Of the remaining 64%, almost a third (32%) selected they didn't know.

Even more significantly, when asked about potential under-reactions of professionals, the percentages of professionals agreeing, disagreeing and selecting that they didn't know were almost equal:

- 32% agree/strongly agree;
- 36% disagree/strong disagree;
- 32% don't know.

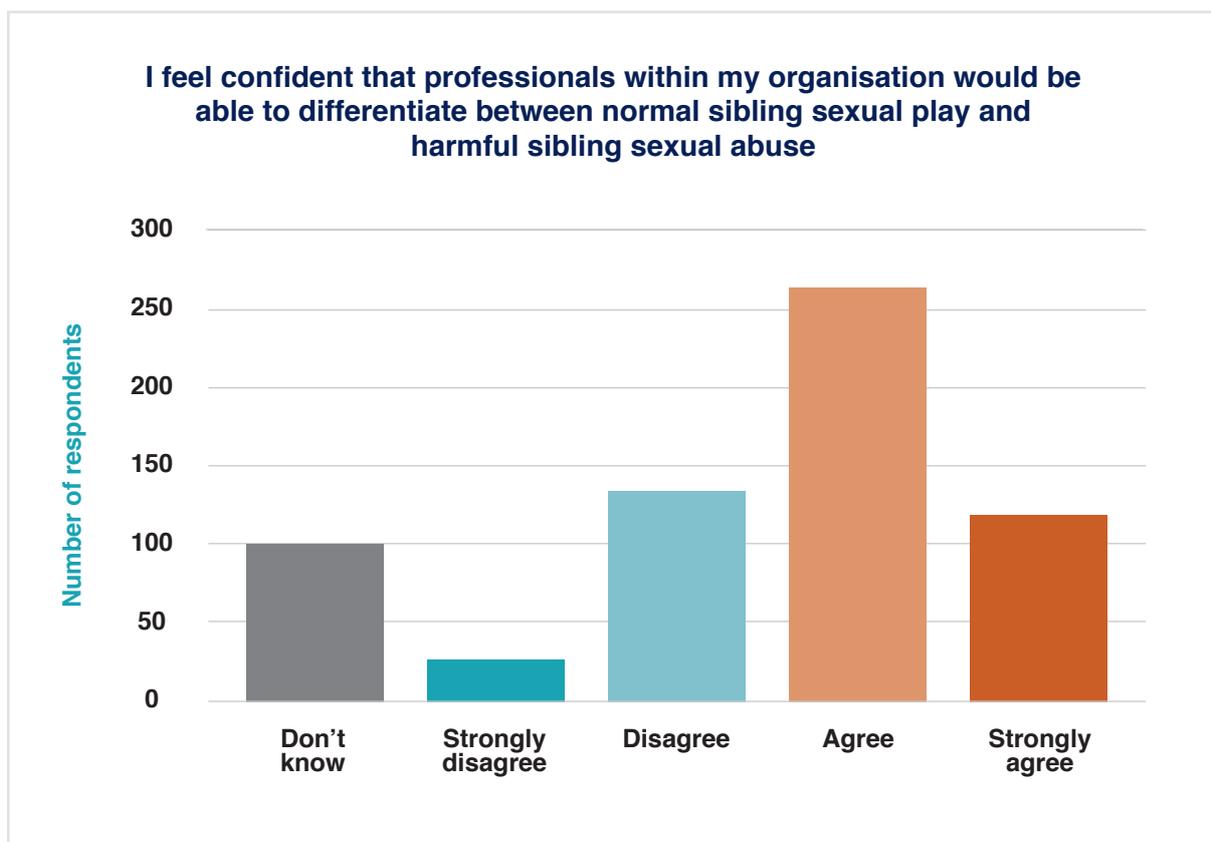
This lack of consensus casts some shadow over the previous majority who agreed that they had confidence in their own responses.

This lack of clarity in relation to over- or under-reacting was also reflected in the interviews, with interviewees often suggesting a combination of both over- and under-reactions by professionals in response to SSA.

- Several examples were given of cases where over-reactions may have occurred due to a general professional 'panic' because of a lack of understanding of what is harmful.
- Conversely, there were also suggestions of SSA being downplayed, again because of a general lack of understanding or because of the presence of stigma.

One survey respondent wrote that *"even when shared it is not taken seriously. Professionals are pleased to let it fade away... and to be withdrawn or played down"*. Another stated that they thought ***"professionals are scared when working with this type of harm that they can cause more harm than good when trying to help families"***.

Within an interview with a **health professional**, it was suggested that there was a general **fear of recording 'harmful sexual behaviour'**. This was supported by another, local government, interviewee giving an example of an SSA disclosure evolving into the production of a child protection plan for neglect, with the SSA focus lost, potentially due to a **cultural reluctance to label 'sexual abuse' within the family**. These suggestions would support the earlier mention (within the section on awareness) of decreased percentages of protection plans about child sexual abuse since the 1980s and 90s, and the increase of those around other subjects, such as neglect.



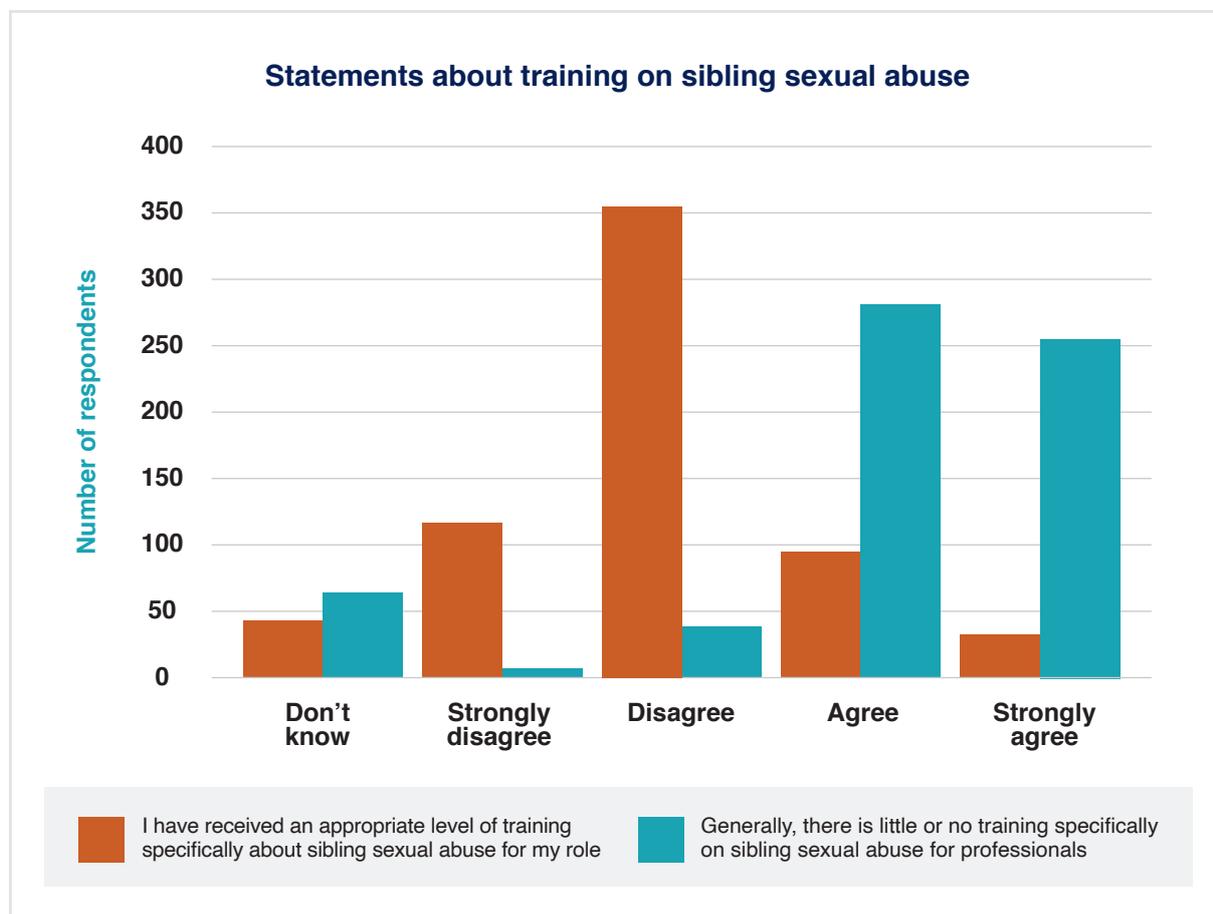
When asked in our survey if **professionals felt confident that those within their organisation would be able to differentiate between normal sibling sexual play and harmful sibling sexual abuse:**

- **59% agreed or strongly agreed that they felt confident that they would;**
- **16% stated that they didn't know;**
- **and therefore 25% stated that they didn't feel confident that their colleagues would be able to accurately differentiate.**

Interviews also highlighted other potential factors impacting professional responses, such as **insufficient resources and time for professionals to process and understand SSA in order to apply this understanding in their work regularly.** An example was given of staff in schools frustrated as they felt abandoned in tackling this issue alone (in relation to responding to indicators of harmful sexual behaviour).

There were also suggestions of particular sector specifics, such as there being the potential for different approaches and responses by different police forces, as well as in other sectors, which may depend on their team's culture and priorities, or simply individual difference.

5.6 Training



In regards to the current situation of training across different sectors, both survey and interview responses were largely aligned.

- **83% of survey respondents agreed that “there is little or no training specifically on SSA for professionals”;**
- while **73% disagreed with the statement that they had “received an appropriate level of training specifically about SSA for my role”.**

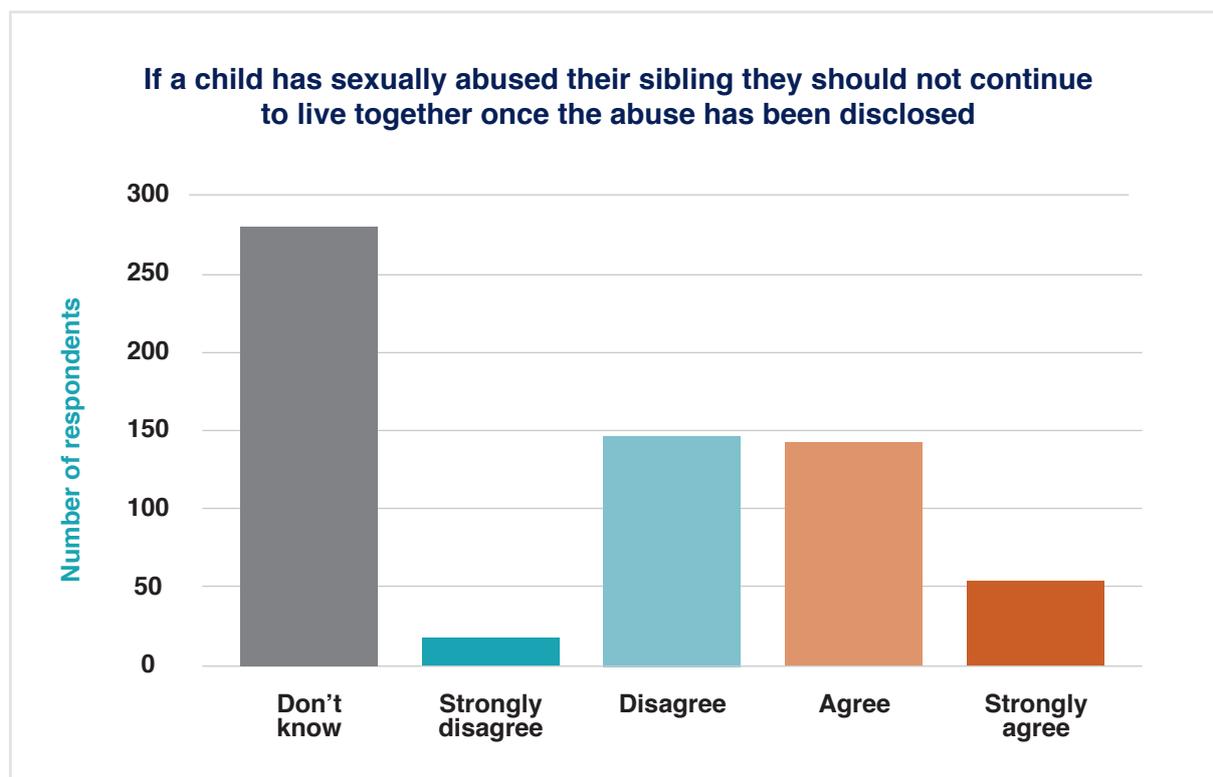
These responses aligned with our interviewees, many of whom also agreed that **SSA was not specifically mentioned in their current training**, although one mentioned it was introduced but only after a significant case review.

5.7 Separating siblings

The final area where our study highlighted a potential need for further discussion, was around the question of whether siblings involved in SSA should be separated. When asked whether professionals agreed with the statement “if a child has been sexually abused by their sibling they should not continue to live together once the abuse has been disclosed”, there was a significant divide in responses.

- Nearly half of respondents (44%) said they ‘didn’t know’;
- 31% agreed with the statement;
- and 25% disagreed.

This could reflect a certain amount of polarisation in perceptions.



Within an interview with a healthcare professional, it was suggested that in some sectors there may be an **automatic bias towards trying not to separate siblings**, perhaps reflecting a motivation to keep family members together when supporting looked after children. However, in discussion with professionals working for organisations who work directly supporting children involved in SSA (either having harmed or having been harmed), both agreed that they do not work with children who continue to live in the same home as their sibling, although they were open to learning more about this issue.

Generally, this **appears to be an area where responses to SSA could quite radically differ from responses to other forms of CSA, for example parent-child sexual abuse, where both parties would automatically be quickly separated**. This is supported by a written survey response which stated: *“Having worked with a young person who was the victim I feel that the response she got from services about still living with the sibling who abused her was poor if you compare it with if her parent had abused her”*.

Although these findings cannot indicate for certain what approach to this issue is ‘correct’, they do identify that this is an area that will need further work and clarification in order for all professionals to approach it with the confidence to provide the best support.

6. What should be done?

6.1 Overview

Within all the interviews with professionals, we **asked what they thought the next steps should be in the area of SSA**. Many survey respondents also chose to use the space provided for comments to suggest next steps and what they would like to see done.

Of these responses, suggestions can be grouped into the following categories:

- **Further research** into SSA including improving data collection;
- Raising **awareness and encouraging dialogue** within society in general;
- Increasing **provision of specialist support services**;
- **Training** on recognition, responses and prevention for parents and professionals;
- **Guidance on language**, which would enable better communication and multi-agency working.

6.2 Further research into SSA, including improving data collection

Several interviewees suggested that the first next step needed in the area of SSA, should be to **gather more information and current statistics about SSA within the UK**. This could include looking further into:

- the complex impact which SSA can have on those involved (e.g. the effect of additional guilt of the children involved feeling as if they've broken up the family);
- how support can be particularly tailored to the needs of those involved;
- what plays a role in causing SSA to take place;
- how best to ensure the physical and emotional safety of those involved after the abuse has taken place (including investigation and discussion of the best approach to the living situation of children involved after SSA has been disclosed).

In practical terms, several interviewees also discussed the necessity for particular data to be regularly collected by different sectors, to inform this research. This includes the need for guidance to relevant bodies (e.g. local government safeguarding boards) on what data should be collected and how. The current limitations in terms of data collection that were identified included not recording the specific relationship of the child who harmed to the child who has been harmed (e.g. recording a sibling as a 'family member'), therefore making it impossible to identify SSA as a specific form of abuse.

An **interviewee working in local government further specified that the standard police template for labelling abuse only provides the following categories: family, neighbour, carer, spouse, ex-partner, refuses to say**. Therefore, if this sort of data were to be collected, an effort would need to be made to alter these current systems.

6.3 Raising awareness and encouraging dialogue within society in general

Three written survey responses summarise this category of suggested next steps:

"It is clear that much more needs to be done around education for wider society regarding sibling abuse"

"This subject should be more widely talked about and the public made aware"

"We need to encourage public debate around this issue and encourage people to learn that CSA is everyone's responsibility".

Within interviews, **general awareness raising was requested for multiple areas, from the highest points of policy making, to inclusion of SSA in conversations around consent and recognition of abuse in schools.** Two more written survey responses also supported the latter idea, with one specifying the need for girls to be educated around what is abusive behaviour, in an attempt to encourage **more recognition of abuse when girls are the ones harming.**

Other suggestions were made in interviews of the need to engage with community leaders in order to ensure all areas of society are reached and made aware of the issue of SSA. There was also enthusiasm not just for raising awareness of the topic, but **promoting discussion and dialogue around it, without fear.** This could include a safe space for victim-survivors to share their stories, and ensuring that judgement is not present when family members or professionals discuss cases of SSA with others, across any sector.

6.4 Increasing provision of specialist support services

The provision of specialist support services is a subject that was previously outlined in the section on the current situation for SSA. However, it is **worth emphasising again that professionals felt, and shared both in interviews and in written survey responses, that increased provision for specialist support is needed.** This included the suggestion that there should be:

- a diverse mixture of individuals to provide support, ensuring that those impacted could talk to someone of their same culture;
- support provision for children and adults who have harmed their sibling when a child but are themselves a victim of abuse and/or neglect.

6.5 Training

Training was one of the most suggested areas for next steps around SSA, both by interviewees and in written survey responses.

Firstly, **training was encouraged for parents and family members**, with particular reference to providing parents with the information and tools they may need to recognise SSA and to respond to it. As emphasised earlier, a **crucial area where SSA can be set apart from other forms of CSA, is that parents are in the situation of trying to support both sides of the abuse.** It was suggested that many parents may benefit from guidance on how to approach a conversation with their children about subjects which have been linked to harmful sexual behaviour, such as pornography.

Similarly, this support for parents could include helping them to understand dual experience, as well as how to actively engage in steps for prevention where early signs of harmful sexual behaviour are identified.

On the other side of this issue, what the survey repeatedly highlighted is that many **professionals lack confidence around issues of SSA.** Therefore, training was also suggested specifically for professionals, both in relation to frontline responses, and secondary support. Many **professionals stated in responses and interviews that they would like guidance on:**

- **how best to approach responses to disclosures of SSA;**
- **how to provide the correct support.**

This included many sectors, from education to social care and health. Suggestions in these responses recommend SSA be considered as a specific topic within mandatory safeguarding training.

6.6 Guidance on language, including for multi-agency working

Finally, and perhaps unsurprisingly, with reference to the earlier discussion of current language usage, several professionals suggested that they could **benefit from guidance on recommended language to use around SSA**. This could benefit increasing awareness and decreasing stigma around SSA by normalising a shared language and dialogue, enabling professionals and those children, adults and families directly impacted to verbalise what is happening. It could also enable more effective multi-agency/discipline working, which has been identified as essential to support those impacted by SSA.

Appendix

Appendix 1: Breakdown of survey participants' sectors

Below is a breakdown of the option survey participants selected in relation to the sector that they work in.

Sector	Number of participants	Percentage of total participants
Charity/third sector (incl. youth services)	90	13%
Criminal Justice	26	3.6%
Policing	28	3.9%
Health (Primary Care)	61	8.5%
Health (Secondary Care)	80	11%
Health (other)	60	8.4%
Primary education	29	4%
Secondary education	18	2.5%
Higher education	6	0.84%
Local government	34	4.7%
National government	4	0.56%
Rape Crisis Centre	31	4.3%
Social Care	68	9.5%
Other	71	9.9%
[no option selected]	112	16%

Appendix 2: Breakdown of survey participants' geographical region

Sector	Number of participants	Percentage of total participants
North West	48	6.7%
North East	49	6.8%
Yorkshire and The Humber	6	0.84%
West Midlands	44	6.1%
East Midlands	12	1.7%
Wales	111	15%
London	69	9.6%
East of England	10	1.4%
South East	53	7.4%
South West	199	28%
Other	9	1.3%
[no option selected]	108	15%

Appendix 3: Breakdown of survey participants' current professional roles

Type of role	Number of participants	Percentage of total participants
Communications	8	1.1%
Frontline (patient/public facing)	382	53%
Managerial	95	13%
Oversight/assurance	30	4.2%
Policy development	12	1.7%
Other	73	10%
[no option selected]	118	16%

Appendix 4: Breakdown of interviews

Sector	Number of interviews
Health	9
Education	3
Charity	2
Policing	4
Local Government	4
Social Care	1
Criminal Justice	2
Communications/Journalism	1