

1

Publications



- King-Hill & Gilsenan (in press). Sibling sexual behaviour mapping tool (SSBMT): Supporting practitioner confidence, planning and competency when reporting to sexual behaviours between siblings. *Child Abuse & Neglect*.
- King-Hill & McCartan (2024a) *Reducing Sibling Sexual Behaviour: Policy Brief*.
- McCartan & King-Hill (2024). Developing a framework for the prevention of sibling sexual behaviour. *Child Abuse & Neglect*.
- McCartan, K. F., Hill-King, S., Allardyce, S., (2024). Sibling Sexual Abuse. *Current Psychiatric Reports*.
- McCartan, K F., King-Hill, S., & Gilsenan, A. (2023) Sibling Sexual Abuse as a form of family dysfunction. *Journal of Sexual Aggression*.
- King-Hill, S., Gilsenan, A., & McCartan, K. F. (2023). Professional responses to sibling sexual abuse. *Journal of Sexual Aggression*.
- King-Hill, S., McCartan, K. F., Gilsenan, A., Adams, A., & Beavis, J. (2023). *Understanding and Responding to Sibling Sexual Abuse*. Palgrave MacMillan.

2

The National Sibling Sexual Abuse Project

- Funded by the Home Office and Ministry of Justice



3

Sibling sexual behaviour: a complex system

Discussion:

Define a sibling.

Explore why this is a unique form of sexual behaviour and abuse.

4

Defining a Sibling

“We recognise that terms like ‘brother’, ‘sister’, ‘sibling’ and ‘family’ can have different meanings in various families, contexts and cultures. It is always important to ask children themselves about their preferred terms and what they mean by them, but in this guide we generally use ‘sibling’ as a gender-non-specific term. We further recognise that there are many different kinds of sibling relationships, and some children considered siblings may not be biologically or legally related”.
(Yates & Allardyce, 2023)

What would you consider to be a sibling relationship?

“Problematic definitions of SSA One of the elements that emerged from the data was the issues professionals had when defining SSA and the term sibling. This highlights the issues of complexity when working within SSA. It was found that professionals, from the outset struggled to define what constituted a sibling”.
(King-Hill et al, 2023)

5

Definition of sibling sexual behaviour/abuse

SSB/A: the physical, psychological, and/or sexual abuse of one sibling by another in the context of sexual behaviour.

Sibling: refers to children who grow up in the same family whether they are stepchildren, foster children, adopted children or birth children

Definition: not just penetrative sexual abuse, it can be forcing a sibling to watch pornography, making a sibling engage in sexual acts with another child, or watching a sibling dress/use the toilet

More likely to be a series of sexual abuse encounters that occur over a prolonged period rather than a one-off incident.

6

Current state of the field on SSB/A

- Sibling sexual behaviour and abuse (SSB/A) is a common form of child sexual abuse.
- There are no clear definitions of what constitutes SSB/A and challenges persist around appropriate and correct language.
- Lack of research focussed on the child responsible and socio-ecological factors of sibling sexual behaviour and abuse (McCartan & King-Hill, 2024)
- Sibling sexual behaviour and abuse often occurs in the presence of family stress and adversity (i.e., parental emotional/physical absence, domestic violence, marital strain etc. (Adams, 2024).
- Sibling sexual abuse and behaviour can have long-term effects into adulthood impacting a person's psycho-sexuality and generating unhealthy coping methods such as substance use (McCartan et al., 2022).
- Sibling sexual abuse and behaviour can take place in a range of socio-economic environments and is not limited to one family type (King-Hill et al, 2023; Adams, 2024).
- Professional confidence in dealing with SSB/A is limited and responses are often contradictory (King-Hill et al., 2023).



7

Prevalence of SSB

SSB/A is believed to be the most common and long-lasting form of all intra-familial abuse

Estimates being that it is five times more prevalent than parent-child sexual abuse

One of the reasons for the underreported nature of SSB/A, is that disclosures are particularly challenging.

8

Complex Issues



Professional confidence is key to effective interventions. This is sporadic and there is widespread professional anxiety surrounding SSB/A.



Professional confidence often comes from experience in the field, as opposed to training. Which is indicative of a sporadic approach to SSB/A support.



Access to SSB/A support is irregular and depends on effective multi-agency working and specialist services in the demographical area.



There is a significant need for holistic, strengths based, restorative work that takes account of the whole family context due to the multi-faceted nature of SSB/A.

9

Sibling sexual behaviour

Clear, concise and detailed information is required from the start of referral.
Considering the risk of re-traumatisation.

Effective multi-agency working requires awareness of all agencies involved.
Mapping agencies currently involved within the assessment process is helpful.

Awareness of the wider family context is needed at the assessment stage to ascertain family co-operation and to tailor interventions to the CYP and the wider familial context into which they are situated.

The professional setting where interventions take place needs consideration before a CYP and their family are seen.

10

The importance of good data and good data collection.

- The need to develop a research and practice evidence base – SSB/A has an established practice but not a research/evidence base.
- Build effective services that work with the whole SSB/A population – the child who has been harmed, who has been harmed, and the related family system.
- Ensure the data captured on children and young people and their families gives the organization an accurate sense of 'the whole child' and not only the behavior/abuse/harm they have displayed/experienced – seeking to understand socio-ecological determinants as well as individual ones.
- Help recruit, develop, and retain appropriate staff to deliver holistic and intersectional support.
- Help the service delivery team cost and commission the most appropriate service for their clients.
- Help the service evaluate their data to support further practice development.



11

Victim/survivors experiences of SSB/A

12

Understanding Sibling Sexual behaviour-Abuse

- Current research on SSB/A does indicate a link between family systems, trauma, and sexual abuse, but this has not been formally researched or discussed in respect to SSB/A.
- Currently, in sexual abuse policy, practice, and research there is a focus on the role of adverse experiences and trauma in offending behaviour.
- The importance of, developmental/life-course criminology in preventing as well as responding to offending, and its links to of the bio-psycho-social approach to risk assessment and management.
- Research into dysfunctional and abusive families highlights the potentially traumatising nature of these family systems on child development and social inclusion.
- Research on young people and adults that sexually harm has indicated a number of traumatic risk factors, or Adverse Childhood Experiences (ACEs) in the family histories that have contributed to their asexually abusive behaviours.

13

Juxtaposition of SSB/A: HSB & Adult survivors

Children and young people commit SSA/B and it is a form of Harmful Sexual Behaviour.

Disclosure/reporting often happens at two points:

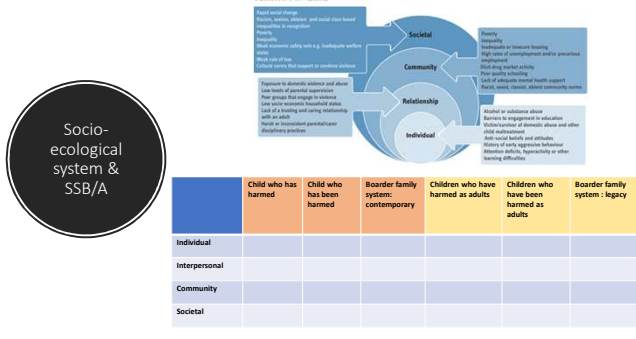
- In childhood as it happens or soon after
- In adulthood, reporting as a victim-survivor

Therefore, understanding and reporting SSB/A is complicated and runs the risk of conflating two different issues:

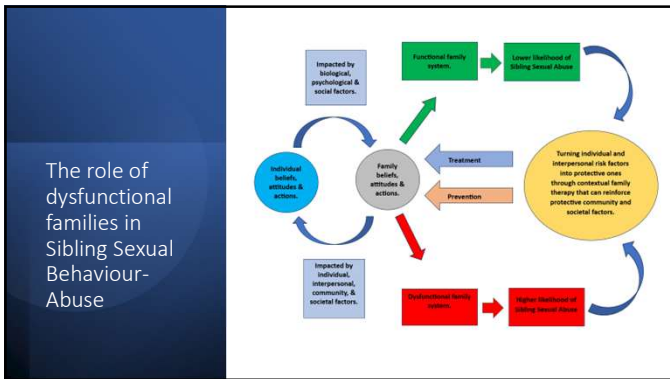
- Harmful sexual behaviour that happened in childhood with adult survivor perceptions as well as reactions...

14

Figure 1 An ecological framework (adapted from World Health Organisation, 2002; drawing on Irwin-Rogers et al., 2009 and Curtis, 2008)



15



19

- Understanding the scale, scope, and nature of the behaviour- where does it sit on the Hackett Continuum?
- Using the SSBMT and related Socio-ecological approach to frame interventions and chart progress
 - For individuals and family systems
- Consider what evidence partner organizations, commissioners, and related services need (are their pre-existing tools, as well as agency/disciplinary requirements).
- What existing or new services can be used, what do they add, and how are they measured

What KPI's and data needs to be collected in SSB cases

Item	Measuring tool	Domain/socio-ecological model
1	Sibling Sexual Behaviors	Individual (self or how treated), individual (self and/or sibling treated), interpersonal (sibling systems)
2	Family Dynamics and Functioning	Interpersonal (sibling systems), individual (self and/or sibling treated), interpersonal (sibling systems)
3	Home Characteristics and Housing	Individual (self and/or sibling treated), interpersonal (sibling systems), interpersonal (sibling systems)
4	Education	Individual (self and/or sibling treated), interpersonal (sibling systems)
5	Health and Development	Individual (self and/or sibling treated), interpersonal (sibling systems)
6	Social context	Individual (self and/or sibling treated), interpersonal (sibling systems)

(McCartan & King-Hill, 2024)

20

Service Key Performance Indicators:	How should this objective be supported and addressed	How should this objective be evaluated for success?
- For children and young people responsible for sibling sexual behaviour and abuse		
- For children and young people who have experienced sibling sexual behaviour and abuse		
- Parents/carers and other non-involved siblings affected by sibling sexual behaviour and abuse		
- Adult victim-survivors who have experienced sibling sexual behaviour and abuse		

21

Example of KPI:

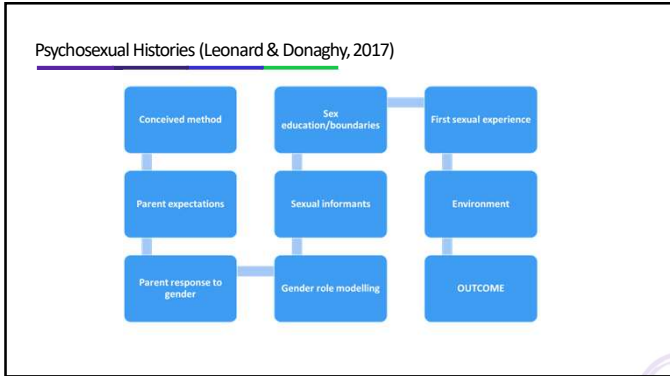
- Service Key Performance Indicators: For children and young people responsible for sibling sexual behaviour and abuse:
 - Offer holistic interventions and treatments that support the 'whole child' and consider their contextual and socio-ecological circumstances and factors to aid recovery.
 - Assess the risk and nature of the sexual behaviour the child/young person has displayed and reduce/stop their engagement with sibling sexual behaviour and abuse/other harmful/problematic sexual behaviour.
 - Assess, rebuild and restore the child/young person's relationships with family members.
 - Educate, improve understanding and hold children/young people accountable in age/developmentally appropriate ways.
 - Assess and improve social, health and wellbeing outcomes for children/young people responsible.

Service Key Performance Indicators: For children and young people who is responsible for sibling sexual behaviour and abuse:	How should this objective be supported and addressed?	How should this objective be measured and evaluated for success?
The nature, severity and type of sexual behaviour the child/young person has displayed is determined at the initial stages of assessment and treatment and interventions subsequently offered are reflective and proportionate to the behaviour.	The child/young person's understanding of the sexual behaviour they have displayed and its nature is determined at the start of the treatment and interventions and is assessed and monitored throughout the process.	Pre and post (professional/practitioner) evaluation
The type/nature of behaviour the child/young person has displayed (i.e. developmentally expected, inappropriate/problematic and abusive) should not be pre-assumed, a detailed and reflexive examination is required to determine this. Age/developmentally appropriate assessments and tools are used to support understanding the nature and type of sexual behaviour (e.g. SSB-AT and SSBCT).	The child who has been harmed and parent and carer's understanding of the nature and type of sexual behaviour the child/young person has displayed should be assessed to provide a holistic evaluation.	Professional and multi-agency agreement on determining the nature of the sexual behaviour is achieved. Pre and post-treatment evaluations are conducted with the child/young person and their family.

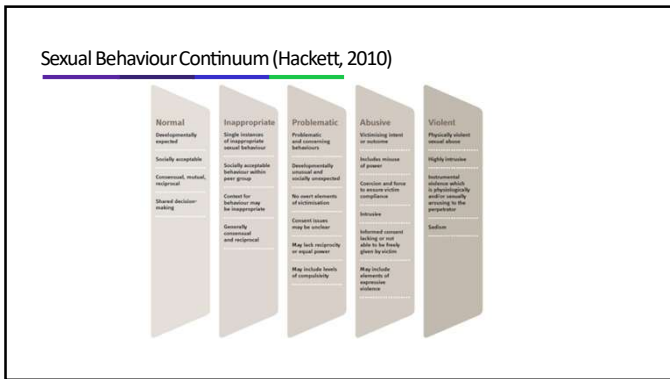
22

Working with SSB-A cases in practice

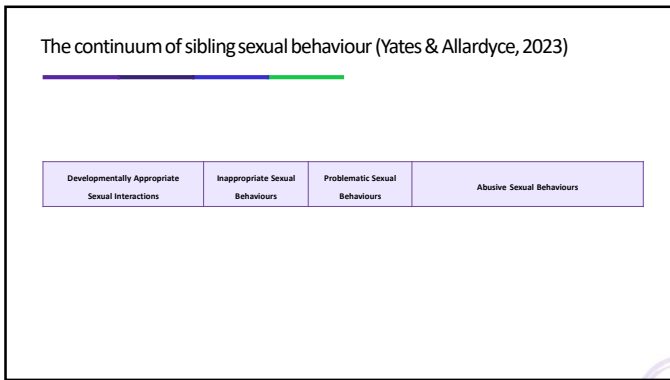
23



24



25

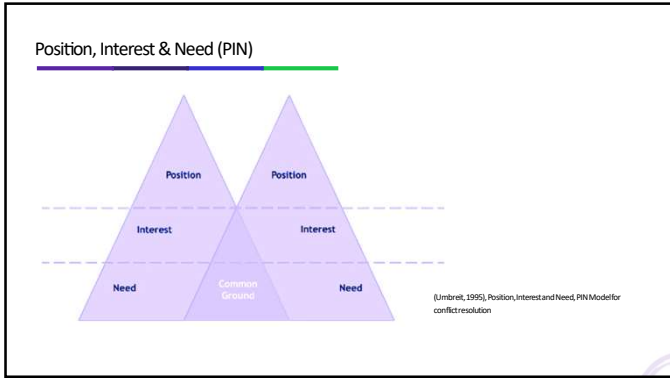


26

The Impact of Sibling Sexual Behaviour - Abuse

Child/YP harmed	Child/YP responsible for harm	Parents/Careers
<ul style="list-style-type: none"> Feelings of betrayal Confusion Conflicted between love & harm Shame/self-blame Family breakdown Fear 	<ul style="list-style-type: none"> Shame Fear Feelings of responsibility of breaking down family Embarrassment Regret/guilt Disgust 	<ul style="list-style-type: none"> Feelings of failure Guilt Confusion Anger Conflicted feelings Shame
Benefits of RI:	Benefits of RI:	Benefits of RI:
<ul style="list-style-type: none"> A chance to be heard An opportunity to set realistic and individualised goals/arrangements A place to heal The opportunity to support decision making 	<ul style="list-style-type: none"> A chance to be heard The opportunity to support and address the harm caused A supportive process opposed to punitive A chance to receive support for HSB and receive a child-centered intervention 	<ul style="list-style-type: none"> A chance to be heard The opportunity to support and address the harm caused A facilitated process of support that gives whole families the space to be open, honest and support all children/YP

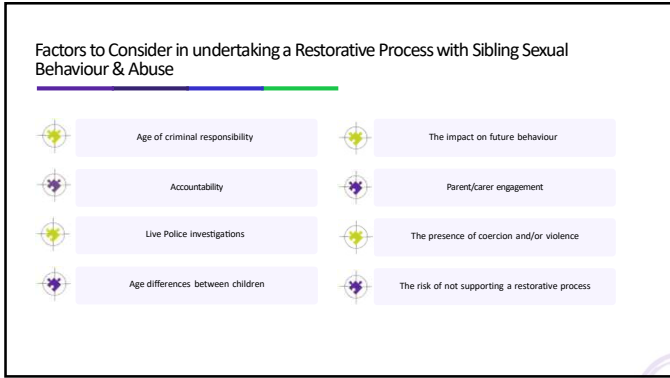
27



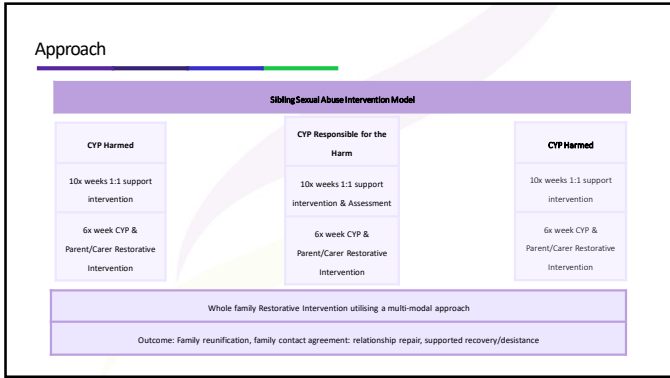
28



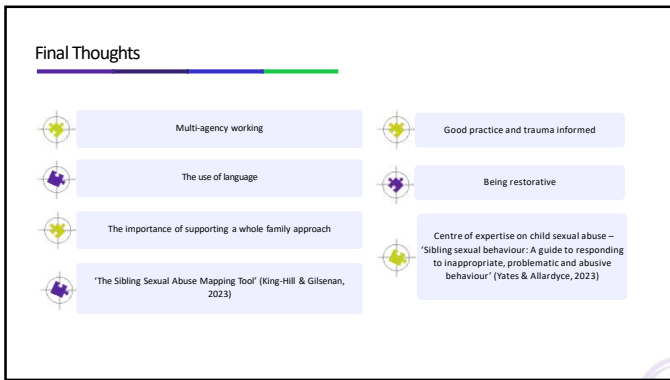
29



30



31



32

SSB: Mapping Resource and Pilot

UNIVERSITY OF BIRMINGHAM

33

Professional issues: sibling sexual abuse

Minimise

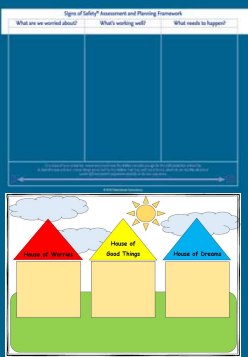
Catastrophise

Exaggerate

34

Introduction to the Resource

- Designed to support detailed information recording, holistic thinking and overall planning in cases involving SSA.
- Loosely based on the 'Signs of Safety' framework (sometimes known as the Three Houses).
- Divided into six different 'domains' in order to fully consider whole family context.



UNIVERSITY OF BIRMINGHAM

35

Who is it for?

- This is a tool to support practitioner thinking, it should NOT be used with children and families themselves.
- It is designed for frontline, children's services social workers and managers.
- It can be used individually to help thinking, with colleagues, or in supervision, to help illustrate thoughts and planning.



UNIVERSITY OF BIRMINGHAM

36

Resource Structure

- Example guidance given at start.
- Each domain contains suggested thinking prompts of things to consider. These are not exhaustive.
- Sibling Sexual Behaviour
- Family Dynamics and Parenting
- Home circumstances and Housing
- Education
- Health and Development
- Social Context
- Covers concerns, strengths, impact, support required and action points for each domain.
- Summary and outcomes section at the end.

37

Using the resource

Theme	Concerns	Strengths and Current Support	Impact	Support/Intervention Required	Action Points
GUIDANCE EXAMPLE	<p>What concern was presented in the referral? Provide as much detail as possible from the information given.</p> <p>Be as specific as possible when describing what has occurred and the context in which they occurred.</p> <p>Reflect on your initial response and feelings about the information provided.</p>	<p>What is currently working well in this area? What other agencies are already involved (if any)?</p> <p>What supportive networks are available – to the W and/or the family?</p>	<p>What has the impact of this concern been?</p> <p>If there is no current apparent impact, consider what the likely impact of this concern might be on the young person and their family members- physical or emotional?</p>	<p>What needs to change?</p> <p>How can this change be supported?</p> <p>Are you/your agency able to provide this intervention?</p> <p>Who/What agency can provide this support in the local area?</p> <p>Consider scope for engagement with family, availability and access.</p>	<p>What needs to happen now to ensure support is actoned?</p> <p>Who needs to be contacted?</p> <p>What can you do now to ensure necessary interventions happen?</p>

38

SSB/A mapping tool & links to prevention (McCartan & King-Hill, 2024)

Domain	Mapping tool	Extended socio-ecological model
1	Sibling Sexual Behaviors	- Individual: child who has harmed, - Individual: child at risk of being harmed. - Interpersonal: sibling dynamics
2	Family Dynamics and Parenting	- Interpersonal: sibling dynamics, - Interpersonal: family dynamics. - Community: the broader family system
3	Home circumstances and housing	- Interpersonal: sibling dynamics, - Interpersonal: family dynamics. - Community: the wider communities.
4	Education	- Community: the wider communities. - Societal
5	Health and development	- Individual: child who has harmed, - Individual: child at risk of being harmed.
6	Social context	- Community: the wider communities. - Societal

39

Moving forward.....

- In respect to SSB/A
 - Research needs to catch up with practice
 - There needs to be a commonly understood and used definition, terminology, and approach.
 - There needs to be investment in understanding the different “service user” groups and what they need.
 - There needs to be a greater understanding of the role of prevention and response interventions.
 - We need to understand how the multidisciplinary and multi-agency landscape can come together to support all service users, service staff, and the broader community.

40

Summary

- SSB/A is complex
- More research needs to be undertaken to fully understand its causes, how to better support victims/survivors and how to prevent it.
- SSB/A is caught up in the complexity of family dynamics and that this can make it challenging for victims/survivors to report the abuse.
- Greater public and professional understanding is needed and the difference from CSA
- Understanding is needed how to better engage, support and work with victims/survivors in a way that recognizes the additionally and multi-layered trauma that they are also experiencing.



41

“He is my son, and I love him, but you have to do something or I don’t know what I am going to do because right now, I hate him”

The Voice of a Father

42

Background

During the night whilst everyone was in bed, Dean (father) heard Eva (6 yrs) crying in her bedroom, he walked in and found Michael (12yrs) digitally penetrating Eva whilst appearing to masturbate. Dean immediately reacted and removed Michael who at this time was visibly upset. He shut Michael's bedroom door and returned to comfort Eva. First thing in the morning Dean contacted a third sector agency who supported children and families affected by child sexual abuse. Dean highlighted his anger but also expressed a feeling of being torn between the needs of both his children and a feeling of helplessness. He expressed a fear of contacting social services or Police as he did not want to criminalise his son but expressed a need of immediate support for his family, particularly his daughter, Eva. The practitioner supported dean in initiating a child protection process via statutory child protection services.



43

Initial Risk Management



44

Who wears what hat?



45

Michaels Support

```

    graph TD
      A[Sex education/boundaries] --> B[First sexual experience]
      C[Sexual informants] --> B
      D[Environment] --> B
      E[Gender role modelling] --> F[OUTCOME]
      B --> F
  
```

- Assessing Michaels psychosexual history and factors that may have contributed to his harmful sexual behaviour
- AIM3 Assessment exploring wider domains of need, vulnerability & risk
- Exploring shame & guilt
- Protective and strength-based factors
- Michaels Position and need based on his own views

46

Eva's Support

- Providing a safe and trauma informed environment for Eva to express her feelings and emotions around the abuse she experienced and wider factors of her life
- The role of art and play therapy
- Exploring resilience
- Attachment and relationships with individual family members
- Eva's voice and position alongside professional judgement & assessment

47

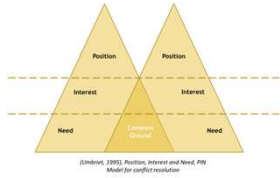
Dean & Adults Support

(Lundberg, 2005). Position, Interest and Need: A Model for conflict resolution.

- A protected space to be heard
- Coming to terms with guilt and shame
- Navigating the divided emotions
- Social, cultural and gendered perspectives
- Capacity to protect

48

Dean & Michael - Reunification



- What Dean needs from Michael:**
- Why did you do this to Eva?
 - How can I trust you again?
 - I want you back home but how can I be sure you will never do this again?
 - What do you need from me?
- What Michael needs from Dean:**
- Forgiveness
 - An understanding this won't happen again
 - Help with urges
 - To be trusted and not feel like a criminal in the home
 - "I want them to love me again"

49

An intervention with Michael



50

Family Safety Plan (Brady & McCarlie, 2014)



51


Family Reintegration

Pre-arranged short intervals of contact at family home with structured ground rules (1 visit per week for 4 weeks)	Increase of time spent in family home with additional activities (2 visits per week for 3 weeks)	Overnight stays (increased by 1 night per week until Michael is fully integrated back in family home)
<p>Gran supports Michael to attend family home with sibling for lunch</p> <p>Immediately after lunch, gran and Michael leave and return to alternative accommodation</p> <p>Eva has support session immediately after contact</p> <p>Michael has support session immediately after contact</p> <p>Parent & adults de-brief</p>	<p>Lunch visit is extended and includes activities such as games with sibling and adults in the family</p> <p>TV time is added where the children agree on a TV program to watch in the living room under adult supervision</p> <p>Gran then returns with Michael to alternative accommodation</p>	<p>Gran drops Michael off at home with his father, sibling and stepmother</p> <p>A structured plan of the evening is agreed with both children and parents</p> <p>Ground rules are reminded to all family by father and Michael resides in his own bedroom</p> <p>Gran collects Michael in morning after breakfast and returns to alternative accommodation</p> <p>Both children and parents receive support session and de-brief</p>

52

Reflections

- Parental and wider family engagement and support was key
- Professional anxiety
- The role of health professionals
- The impact of stigma
- The benefit of a child protection approach
- The varying roles of practice



53
