



## Reducing Sibling Sexual Behaviour

### Executive summary

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

### Policy recommendations

1. Clearer definition, criteria and recording of SSB cases as a distinct form of sexual abuse in Children in Need Data. Include a sub-category in section B3: 'Children in need by primary need at assessment' and D2: Child Protection Plans starting in the year by

category of abuse and local authority' to include 'sibling sexual behaviour'. In the Children in Need Census include a specific sub-section that extends the new 2021 child-on-child sexual abuse category (19b) to include a separate sibling sexual behavior sub-set.

### ***The Department of Health and Social Care:***

2. Implement the Sibling Sexual Behaviour Mapping Tool (SSB-MT) across Children's Services to bolster practitioner confidence and planning, and in turn the quality of support.
3. Training on SSB should be a compulsory part of social service training so that SSB is recognised as a multi-faceted health and wellbeing issue, rather than solely a criminal justice one.

### ***The Department of Education:***

4. SSB to be included in relationship, sex and health education (RSHE) in schools. Clearer identification of SSB in schools' RSE programmes will aid prevention and early intervention.

### ***The Department for Education and The Department for Health and Social Care:***

5. Upskill all frontline workers to identify SSB earlier. Greater training and support on SSB will allow for risks to be identified earlier and harm can be reduced.

### **Policy recommendations explained**

#### ***Clearer definition, criteria and recording of SSB cases in Children in Need Data.***

At present data collected on the reason why a child is in need by 'B3 primary need at

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assessment' does not include the category of 'sibling sexual behaviour'. At present data collected on 'D2 Child Protection Plans starting in the year by category of abuse and local authority' does not include 'sibling sexual behaviour' which we advocate needs including in both instances.

Child-on-child sexual harm is now included in the Children in Need Census. We advocate extending (19b) to include a sub-set that includes SSB. SSB should not automatically be prosecuted but the individual factors that surround the case should be considered.

### ***Sibling Sexual Behaviour Mapping Tool.***

A recognition of the wider determinants that feed into SSB including family, community, peer and friendship groups is needed and the SSB-MT can provide this. As part of this, a recognition that responding to SSB needs a multi-agency, whole family approach that needs to be systematic and clearly recorded.

### ***SSB as a multi-faceted health and well-being issue.***

Our research shows SSB is a multi-faceted health and wellbeing issue needs to be at the forefront of CSA discussions, rather than solely a criminal justice one. Working with victims/survivors and their families should be restorative, rather than punitive with a better understanding of the family journey through professional services. Training on SSB should be a compulsory part of social service training.

### ***SSB included in relationship, sex and health education (RSHE) in schools.***

A clearer identification of SSB in schools' RSE programmes so that victims are able to identify themselves and seek help. A clearer discussion of the changing nature and role of pornography needs to take place. This should be coupled with greater early-stage partnership working between schools and related social care and third sector organisations. Young people who feel that they

are at risk of committing SSB need greater prevention and early intervention via education so that harm can be prevented.

### ***Early upskilling all frontline workers to identify SSB.***

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

### **About the research**

These recommendations stem from two research projects.

***Project one-*** The 'Sibling sexual abuse: supporting victims and survivors to recover, heal and rebuild their lives' which was funded by the Home Office. The project to carry sibling sexual behaviour research was led by King-Hill and McCartan and victim agencies. ***Project two-*** The second project was led by King-Hill and amalgamated all of the UK research in SSB to create a mapping tool for professionals working with families.

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