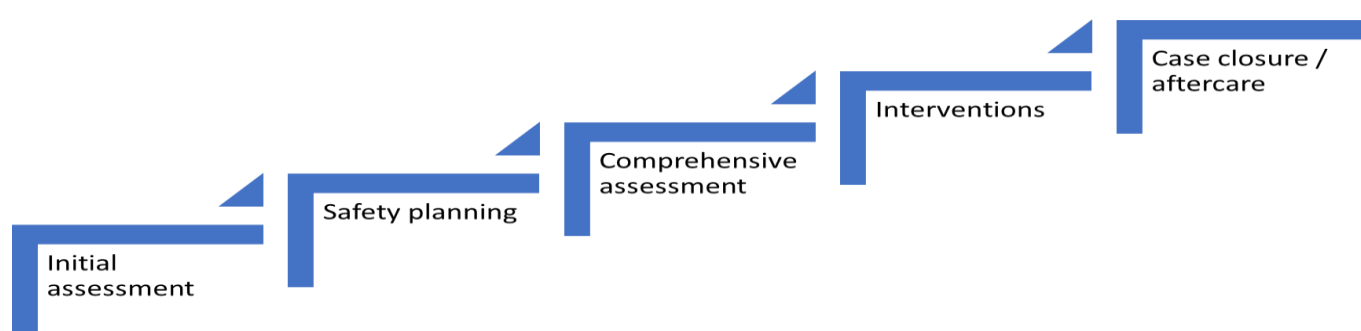


A Safeguarding Road Map in Sibling Sexual Abuse Cases

The following should be read in parallel with Yates and Allardyce (2020) Sibling Sexual Abuse: A Knowledge and Practice Overview (Centre of Expertise on Child Sexual Abuse).



1. Initial Assessment

Ascertain whether the behaviour is abusive using a tool such as the Hackett Continuum:

Normal	Inappropriate	Problematic	Abusive	Violent
Developmentally expected	Single instances of inappropriate sexual behaviour	Problematic and concerning behaviours	Victimising intent or outcome	Physically violent sexual abuse
Socially acceptable	Socially acceptable behaviour within peer group	Developmentally unusual and socially unexpected	Includes misuse of power	Highly intrusive
Consensual, mutual, reciprocal	Context for behaviour may be inappropriate	No overt elements of victimisation	Coercion and force to ensure victim compliance	Instrumental violence which is physiologically and/or sexually arousing to the perpetrator
Shared decision-making	Generally consensual and reciprocal	Consent issues may be unclear	Intrusive	Sadism
		May lack reciprocity or equal power	Informed consent lacking or not able to be freely given by victim	
		May include levels of compulsivity	May include elements of expressive violence	

Source Hackett (2010)

2. Safety Planning

Ascertain whether the siblings can remain together in the same household while a comprehensive assessment is undertaken. This should be underpinned by an understanding of nature of the behaviour along with the following factors:

- the behaviour's likely impact, including its emotional impact, on the child who has been harmed
- the views, however expressed, of the child who has been harmed
- the quality and value of the sibling relationship, including consideration of the likely impact of the sibling sexual abuse on the relationship
- an evidence-based assessment of the risks of future sibling sexual behaviour taking place
- the parents' protective abilities and capacities
- the ages and developmental stages of the respective children ▶ the level to which the family's physical environment is conducive to safety.

A safety plan will typically be in place if siblings remain together in same household.

3. Comprehensive Assessment

Consider the following:

- Why has the young person behaved in a harmful sexual way?
- How likely are they to do so again, to whom and in what particular circumstances?
- What needs to be done in the short term to manage risks?
- What are the indicators of risk increasing or decreasing?
- What needs to be done in the longer term to reduce risks and to support prosocial development for the child who has harmed?
- What will support and promote the child who has been harmed in terms of recovery from abuse?
- How have other children or family members been impacted, and what do they need in terms of support?
- How can the parents best support all children in the family?
- How will progress be measured?

The assessment should include an assessment on sibling relationships within the family. This should focus on:

- Patterns of closeness and attachment.
- Alliances within the family: Emotional sharing and the role of secrecy and secrets between family members.
- Changes in relationships over time.
- Power dynamics: Who gets what and how in the family? What people do to tease, embarrass, reward, discipline, and punish within the family. Who is most commonly subjected to these behaviours and by whom?

- How conflicts between siblings emerge and how they commonly end.
- Horseplay within the family (tickling, playfighting etc.).
- Roles siblings take on in the family.
- Gender roles and stereotypes within the family.
- Sexualisation: Does a sibling ever say anything that makes other siblings uncomfortable about their body? Do they ever get touched in ways they don't like?
- Cultural issues within the family.
- Views about what needs to change in the future to promote emotional, physical and sexual safety

4. Interventions

Interventions should promote the following:

- Ensuring safety
- Supporting the child who has been harmed and any other children within the family
- Helping the child who has harmed to move on from their behaviour
- Repairing family relationships as a whole
- Restoring family functioning
- Restorative justice and family therapy models widely discussed in the literature and used in practice. Evidence base is limited but such approaches are congruent with nature of the problem.

When interventions take place where siblings have been separated, reunification can direct therapeutic work. Reunification must go at the pace set by the child who has been harmed (not that of the parents or the child who has harmed). A typical reunification process will cover the following components.

- family assessment and evaluation
- intervention planning
- interventions with the child who has harmed and the child who has been harmed, to inform readiness for an initial meeting with each other
- interventions with the parents to prepare them for a meeting between the siblings
- a meeting between the child who has harmed and the child who has been harmed to promote the need for the former to accept responsibility (if appropriate) and answer questions that the latter may have ► further interventions with the children, and, if indicated:
- supervised contact visits at the agency supporting the children
- community contact visits
- home visits
- reunification
- post-reunification services (e.g. DiGiorgio-Miller, 1998; Haskins, 2003; Thomas and Viar, 2005).

Stuart Allardyce

Lucy Faithfull Foundation

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