The SSB-A Practice Outcomes Framework

for services and organisations supporting and responding to sibling sexual behaviour and abuse.

May 2025

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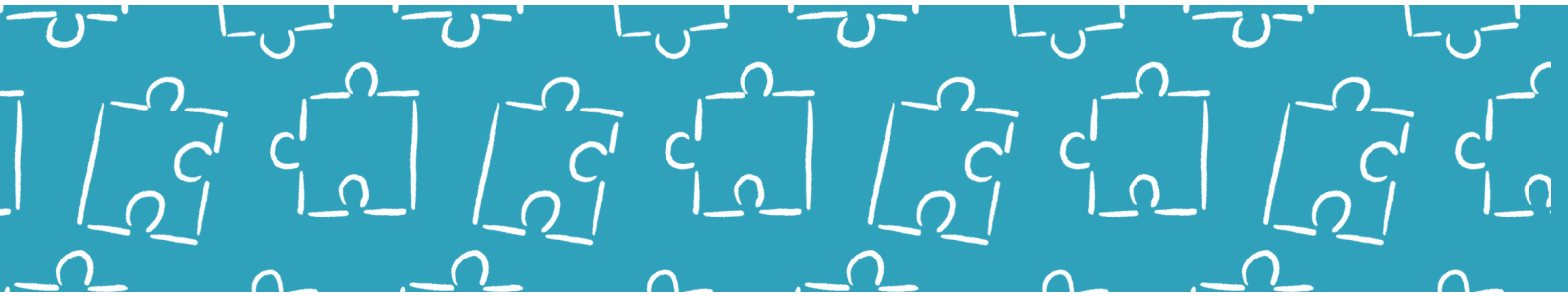

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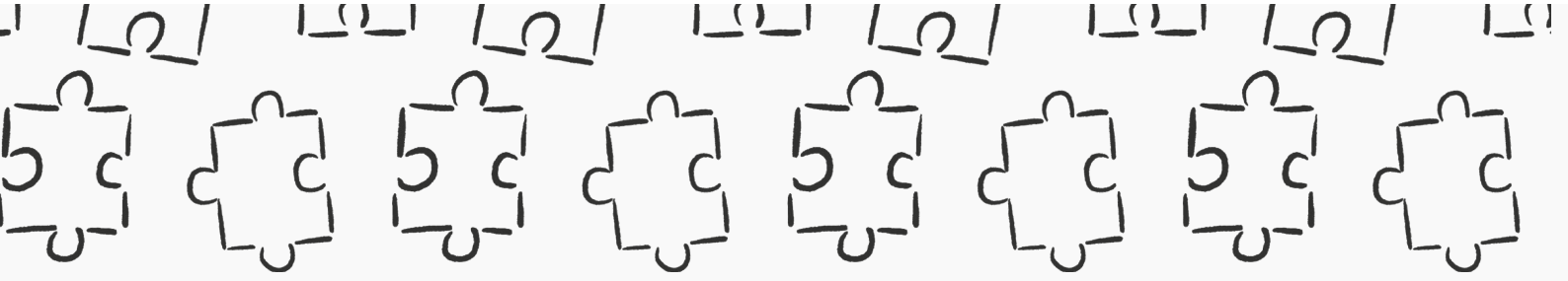

Introduction of authors

Amy Adams

is an ESRC-funded Doctoral Researcher at the University of Birmingham. Her research is focussed on sibling relationships in the context of abusive sibling sexual behaviours. Amy previously worked as research project officer on the Home Office funded National Sibling Sexual Abuse Research Project (2020-2022). Amy has led and published a scoping review on family characteristics, responses and dynamics associated with sibling sexual abuse. Amy has also co-authored the largest scoping review on sibling sexual abuse to date and the first UK academic book dedicated to the issue 'Understanding and Responding to Sibling Sexual Abuse'.

Kieran McCartan

is a Professor of Criminology at the University of the West of England. Professor McCartan has spoken extensively at conferences worldwide and published papers on varied topics, particularly on responses to and the prevention of sexual offenses. Professor McCartan is the lead Blogger on the ATSA Blog, Deputy Chair of NOTA, chairs the special interest group on Violence against Women and Children for the Confederation of European Probation, and is a board member of the Risk Management Authority, Scotland. Professor McCartan has also advised the Council of Europe and the European Commission.

Peer reviewers

This resource has been reviewed by expert researchers and practitioners in the field of sibling sexual behaviour and abuse and harmful sexual behaviour. We are grateful for their insights and invaluable suggestions in developing the SSB-A Practice Outcomes Framework.

Dr Sophie King-Hill

is an Associate Professor in the Health Services Management Centre. She specialises in sexual behaviours and assessment in children and young people, sexual health, sibling sexual behaviour and abuse, misogyny, relationships & sex education and the importance of youth voice. Much of her work is cross-sector, cross-disciplinary and centred around participatory and co-design approaches with young people. Dr King-Hill Sophie also has an interest in policy implementation, transfer and success frameworks and evaluation strategies. Previously she worked extensively in the third sector in the field of education and sexual health with many diverse groups such as teenage parents and young people with social, emotional and behavioural difficulties.

David Russell

was previously the Community Safety & Justice Manager at Midlothian Council and is now the Development lead and service manager at Thriving Survivors. Prior to this he was a senior practitioner with Barnardo's specialising in work with children and young people with harmful sexual behaviour and / or who had experienced sexual abuse or exploitation. David has extensive experience in providing assessments and interventions for vulnerable children, adolescents and adults within the field of sexual harm and violence and has also worked in custodial settings. David delivers training on a range of themes on sexual violence and has facilitated multi-disciplinary training internationally. He currently sits on the NOTA Scotland executive committee, supporting professionals responding to sexual harm. David has contributed and led on a range of research initiatives in subjects including restorative justice, sexual violence, gender, autism, harmful sexual behaviour and Incel subcultures.

Dr Stephen Barry

is a social worker and integrative psychotherapeutic counsellor, accredited with Social Work England and UKCP. He is the Clinical Team Manager/Lead for the CAMHS based multi-disciplinary Be Safe Service within Avon and Wiltshire Mental Health NHS Partnership Trust. Be Safe provides assessment and therapeutic intervention services for children and young people who have displayed problematic or harmful sexual behaviour, their parents/carers and support network around them. Be Safe offers consultation and training to professionals. Stephen has extensive experience in the harmful sexual behaviour field and has a particular interest in trauma, including trans-generational trauma, and attachment, working with the family system, restorative practice, and improving responses to young people with neuro-diversity including lear ning disabilities and autism. Stephen leads on a CAMHS wide project on Improving Access to CAMHS for Black and Brown Young People. Stephen has had a number of advisory roles including for the SARSAS/Rape Crisis National Sibling Sexual Abuse Project and the Guidance on Sibling Sexual Behaviour developed by the Centre for Expertise on Child Sexual Abuse. Stephen wrote the foreword for the recent AIM guidance on Sibling Sexual Harm. He recently contributed to the development of Pre-Trial Therapy Guidance for Young People who have harmed sexually led by the Bluestar Project.

Designers

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Key terms

Sibling Sexual Behaviour and Abuse (SSB-A)	In this resource, we have decided to use the term 'sibling sexual behaviour and abuse' instead of just 'sibling sexual abuse'. The term sibling sexual behaviour/abuse (SSB-A) is used in this resource as it reflects Hackett et al's,. (2019) widely recognised 'continuum of harmful sexual behaviour (HSB)' in children and young people (CYP). Research has indicated that, as with HSB, child siblings can and do engage in a range of sexual behaviours, with abusive behaviours being the most extreme. We feel it is important to recognise that while some sexual behaviours between child siblings can certainly be described as abusive not all behaviours can be characterised or be perceived as such. Some sexual behaviours will be better labelled as 'inappropriate' and 'problematic'. Services and organisations will encounter all types of sibling sexual behaviour. It is therefore important to recognise the range of behaviours child siblings can and do engage in, so that responses to SSB-A are proportionate and work with individuals and families affected by SSB-A have meaningful and positive effect. In this resource SSB-A is referring specifically to inappropriate, problematic and abusive sexual behaviours between child siblings.
Child and Young Person/Children and Young People (CYP)	To align with criteria that most services and organisations for SSB-A in the United Kingdom (UK) will follow, when we use the term CYP we are referring to CYP aged 0-17.
Child who has been harmed	Child who has been harmed refers to CYP who have directly experienced SSB-A.
Child who is responsible for harm	Child who is responsible for harm refers to CYP who have displayed and engaged in SSB-A.

Adult victim-survivors	Adult victim-survivors refers to individuals aged 18+ who have experienced SSB-A in childhood.
Adults who as children were responsible for harm	Adults who as children were responsible for harm refers to individuals aged 18+ who as children displayed and engaged in SSB-A.
Parent and carer	Parent and carer refers to the primary caregiver, biological parent, stepparent, foster parent, adoptive parent, kinship carer of CYP/adults who are responsible for/ experienced harm.
Other non-involved sibling	Other non-involved sibling refers to siblings (see below for definition of sibling) in the family where SSB-A has taken place who have not been directly harmed or are responsible for SSB-A.
Sibling(s)/ Sibling relationship	The terms sibling and sibling relationship mean different things to different people/ cultures and in different contexts. In this resource 'sibling' or 'sibling relationship' refers to two individuals who are united by a shared parentship (i.e., biological, marriage/ co-habitation, fostering and adoption) and live/d and grown/growing up together.
Individuals and families affected by SSB-A	When using the term 'individuals and families affected by SSB-A' we are referring to children who have been harmed, children responsible for harm, parents/carers, other non-involved siblings, adult victim-survivors, and adults who as children were responsible for harm.
Outcome	Outcomes are the changes, benefits, learning, difference or other effects that comes from the work your service and organisation do and provides.
Indicator	Information and evidence which would allow a service and organisation to measure or 'know' if their outcome(s) are happening and successful.

Output	The work/activities a service and organisation do and provides to accomplish their outcome(s) and aim(s).
Resources	Resources are the assets, materials, supplies and means that a service or organisation has available to them and would be necessary for an activity(s) to be engaged with, and outcome(s) achieved.

Introduction and context

In the UK practice guidance on how services/ organisations and professionals should respond to, and support individuals and families affected by SSB-A is increasing (see, Hanson, 2024; Sanderson, 2024; Yates and Allardyce, 2023a; King-Hill and Gilsenan, 2023). While practice guidance for this group is growing, there is a lack of guidance regarding how services and organisations delivering support to this group can develop outcomes and use evaluation measures to demonstrate that the support, assessments, interventions and treatment that they are offering to individuals and families affected by SSB-A are 'fit for purpose' and setting out what they intend to achieve. As research understanding and public awareness of SSB-A increases, the need for services and organisations dedicated to supporting individuals and families affected by SSB-A is likely to grow.

In 2020 The UK Home Office funded the National Sibling Sexual Abuse Project in partnership with four organisations. As part of this project, McCartan led one of the two research streams and Adams supported the project as a research officer. Since this project both authors have undertaken subsequent research on SSB-A and from this have concluded that there is a need to provide services and organisations, in the field of SSB-A, with direction and guidance in thinking about how to develop outcomes for their work and evaluating these for effectiveness. To support this, Adams and McCartan have developed the SSB-A Practice Outcomes Framework for services and organisations that respond to, and support individuals and families affected by SSB-A.

Overview of the SSB-A Practice OutcomesFramework

It is anticipated that the SSB-A Practice Outcomes Framework will:

- Help services and organisations have a clear understanding of what individuals and families affected by SSB-A are likely to require and need from support, assessments, treatment and interventions.

- Provide services and organisations supporting individuals and families affected by SSB-A with practical guidance and direction in thinking about how to develop outcomes and evaluation measures that are purposeful and conceptually relevant to SSB-A.

The framework is split into three sections:

▶ **In section one**
an overview of research and practice evidence relating to SSB-A is provided. The aim of this section is to provide services and organisations with a clear understanding of the issues and circumstances pertinent to SSB-A in order to support the development of outcomes and evaluation measures that are contextually and conceptually relevant.

▶ **In section two**
guidance and think exercises on how services and organisations can practically develop and create outcomes and choose suitable outputs and evaluation measures to achieve and assess these will be provided. This section will provide examples and prompts that are contextually relevant to SSB-A and relate to challenges and matters associated with this issue.

▶ **In section three**
all guidance and information in section one and two will be brought together and a framework of hypothetical outcomes and evaluation measures will be provided to demonstrate to services and organisations what outcomes relating to SSB-A could look like and how these could be practically achieved and evaluated. We recognise that services and organisations that respond to and support individuals and families affected by SSB-A have a range of diversities and will have varied outcomes that they want to achieve. Therefore, the framework offers one example outcome for each individual who is likely to be affected by SSB-A and with whom services and organisations for SSB-A will have contact. Outcome examples in the hypothetical framework relate to children who have been harmed, children responsible for harm, parents/carers, adult victim-survivors and adults who as children were responsible for harm.

It is important to note that the hypothetical examples offered are by no means outcomes and evaluation measures that services and organisations working with individuals and families affected by SSB-A should implement into their service/organisation (although some may be of relevance). Rather the hypothetical outcome and evaluation examples represent challenges and issues that this group faces because they have experienced or displayed SSB-A and have been created to provide services and organisations with realistic illustrations. To support services and organisations in developing and thinking about outcomes and evaluation measures suitable for them, in section three this resource also includes a blank framework with prompts, that services/organisations can fill out and use when planning their own outcomes, outputs, resources, indicators and evidence relating to SSB-A.

Note:
We recognise that services/organisations that work with this service user group are also likely to offer therapeutic interventions and assessments to individuals who have been affected by other forms of abuse (e.g., CSA, sexual violence, HSB). However, this resource is to help services/organisations develop outcomes that are specific to their service users that have been affected and impacted by SSB-A, as such the context and examples within this resource are orientated around issues pertinent to SSB-A. In addition, the SSB-A Practice Outcomes Framework is designed for services and organisations that support individuals and families affected by SSB-A across the life course and is generic in its application. However, where it is important to recognise age-related and developmental factors these will be highlighted.

The Development of SSB-A Practice Outcomes Framework:

The information in this resource about SSB-A reflects findings and evidence that the authors Prof. Kieran McCartan and Amy Adams with colleagues have gained from their research on SSB-A since 2020 (Figure (1) provides an overview of key findings from our research) and from the broader research literature on SSB-A and HSB.

The information in this resource on how to develop outcomes and evaluation measures draws on McCartan's experience of working with and evaluating different services and organisations that specialise in sexual abuse, health and the justice system (see Richards, Death and McCartan, 2020; McCartan, 2016) and both author's research background. Information and guidance have also been drawn from the Centre for Expertise on child sexual abuse (CSA Centre) resource: Measuring your effectiveness: A practical guide for services working with children and young people affected by sexual abuse guidance by Parkinson and Sullivan (2019) which is a resource designed to provide any CSA service to set up or improve its monitoring and evaluation system. **We have also followed guidance and information from Evaluation Support Scotland support guides on developing outcomes and evaluation measures and guidance from NCVO's developing a monitoring and evaluation framework.**

It is recommended that services and organisations engage with these resources alongside this resource to gain a comprehensive understanding about developing outcomes and evaluation measures.

Figure (1). Overview of key research findings from our work with colleagues on SSB-A since 2020.

- Sibling sexual behaviour and abuse is a common form of child sexual abuse (CSA) (Yates, Mullins, Adams & Kewley, 2024).
- There is no single clear definition of what constitutes SSB-A and challenges persist around appropriate and correct language usage (McCartan, King-Hill and Allardyce, 2024; Yates et al., 2024).
- There is a lack of research focussed on the child responsible for harm and understanding the socio-ecological determinates regarding preventing and treating SSB-A (McCartan and King-Hill, 2024).
- SSB-A often occurs where there is family stress and adversity (e.g., parental emotional/physical absence, domestic abuse, parental marital strain etc.), but not always and there is a need to understand how SSB-A affects all family types (Adams, 2024; McCartan, King-Hill and Gilsenan, 2023 and Yates et al., 2024).
- SSB-A has impact into adulthood and effects adults' psychosexuality, relationships and can lead to adults generating unhealthy coping methods such as substance use (King-Hill, McCartan, Gilsenan, Beavis and Adams, 2023a).
- SSB-A can take place within families across the socio-economic spectrum and is not limited to one family type (Adams, 2024, Yates et al., 2024).
- Professional responses to SSB-A can be contradictory and confusing, these are often reflective of deficits in service wide training, knowledge and guidance (King-Hill, McCartan and Gilsenan, 2023).
- The impact of SSB-A is not individualised and often all family members are negatively affected, as such SSB-A should be understood as a 'whole family issue' (Adams, 2024; King-Hill et al., 2023a).
- Accessing services for SSB-A is subject to a postcode lottery, with few services solely dedicated to supporting individuals and families affected by SSB-A across the UK (McCartan, King-Hill and Allardyce, 2024).
- Most disclosures of SSB-A are made in adulthood and disclosure is subject to a myriad of barriers (Yates et al., 2024).
- There is a need for professional recognition and understanding of the wider determinants underpinning SSB-A (King-Hill and Gilsenan, 2024; McCartan and King-Hill, 2024).
- Socio-ecological approaches are required to understand SSB-A in its entirety (McCartan and King-Hill, 2024).

Who is the SBB-A Practice Outcomes Framework for:

The SSB-A Practice Outcomes Framework is designed for services and organisations that respond to, work with and offer support, assessments, treatment and interventions to individuals and families affected by SSB-A. A non-exhaustive list of services and organisations that could benefit from the SSB-A Practice Outcomes Framework includes:

- Statutory services (children and adult social care)
- Child Protection and Safeguarding agencies
- Rape crisis centres and sexual violence services
- Trauma and counselling services
- Independent sector (e.g., NGOs, charities, private providers)
- Independent practitioners
- Health care services
- Justice services
- Education services

Aim of the SSB-A Practice Outcomes Framework:

This resource aims to support services and organisations working with individuals and families affected by SSB-A to implement evidence-based outcomes into their service/organisation. We anticipate that this will bolster

- The rationale and justification for continued service delivery to stakeholders and funders
- Services and organisations' understanding of what types of support/assessmement/ treatment/interventions they provide for who and why
- Services and organisations' ability to track the progress of their service users' journey, as well as understand the types of outcomes that are suitable for their service/organisation
- Services and organisations' ability to assess and measure the effectiveness of their service/ organisation against other similar services/organisations
- Pathways towards recovery for individuals and families affected by SSB-A.

Section one: Key Evidence Areas

Any outcomes that a service/organisation implement should be rooted in robust evidence. Evidence can come from many different sources such as research, practice guidance and policy, drawing on a wide range of evidence and different sources when developing outcomes and evaluation measures is recommended (Pawson and Tilley, 1997; Clark and Purdy, 2007). If outcomes are not rooted in a robust evidence-base (evidence that is collected and analysed without bias and with transparency, rigour and purpose) it is unlikely that they will target the issues and challenges that individuals and families affected by SSB-A face.

To help services and organisations have a clear understanding of the current research and practice evidence relating to SSB-A this section of the framework will provide an overview of what we have determined are Key Evidence Areas (KEAs) relating to SSB-A. These include: The nature and types of sibling sexual behaviour, The influence of family dynamics and functioning, Disclosure and impact and Professional responses. The KEAs reflect findings and evidence from McCartan and Adams' research with colleagues in the last five years and evidence from the broader SSB-A, HSB and CSA literature base. We recognise that there are other existing guidance and reviews (e.g., CSA Centre guidance and the National SSA Home Office Project) available that address these evidence areas, and we suggest engaging with these alongside the KEAs outlined in this resource. The purpose of this resource is centred on improving organisational and service evaluation and outcome processes to ensure more effective practice in the area, providing context and evidence on SSB-A is a necessary aspect of this.

See below other recommended relevant research and practice evidence on SSB-A:

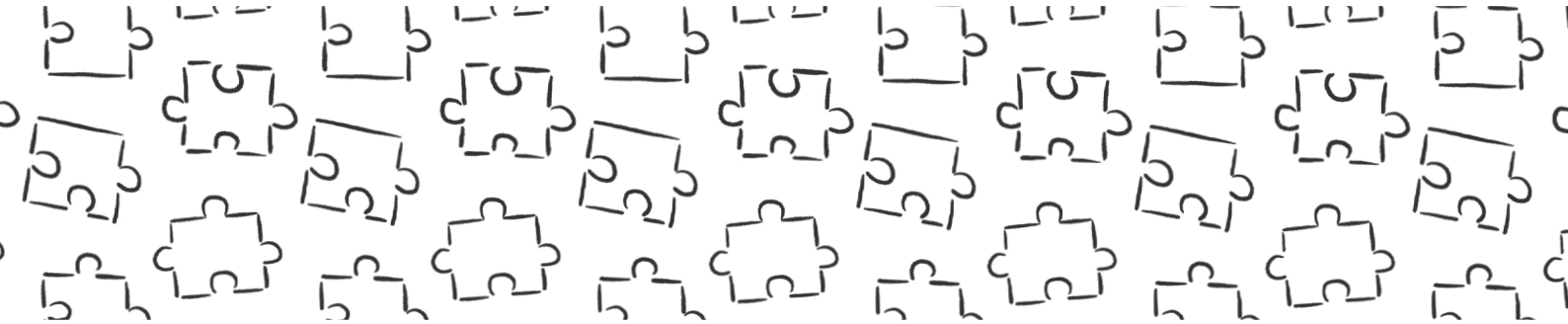
- CSA Centre: Sibling sexual abuse: A knowledge and practice overview (Yates and Allardyce, 2021)
- CSA Centre: Sibling sexual behaviour: A guide to responding to inappropriate, problematic and abusive behaviour (Yates and Allardyce, 2023).
- NSPCC: Harmful Sexual Behaviour Framework and Audit (Hackett, Branigan and Holmes, 2019)
- NSPCC: Understanding and responding to sibling sexual harm and abuse (Hanson, 2024)
- Understanding and Responding to Sibling Sexual Abuse (King-Hill, McCartan, Gilsenan, Beavis and Adams, 2023)
- Sibling Sexual Behaviour Mapping Tool (King-Hill and Gilsenan, 2023)
- For detailed and extensive literature reviews on SSB-A we recommend reading (Adams, 2024; McCartan, King-Hill, & Allardyce, 2024; Yates et al.,2024 and Hanson, 2024).

Frameworks and approaches to addressing SSB-A

SSB-A is not a one-dimensional issue and there are several contextual factors to consider when seeking to understand its causes and how to treat and prevent it. Before providing an overview of the KEAs relating to SSB-A, we felt it necessary to provide a summary of the practice/ theoretical approaches and frameworks that are recommended/used in practice and research when understanding and responding to SSB-A. Considering these approaches and frameworks will help services and organisations develop outcome and evaluation processes that are holistic and sensitive to systemic issues/factors relating to SSB-A.

Multi-agency working:

In the UK there are few services which provide support for CYP, and family members affected by SSB-A collectively often different parts of the system work with different members (King-Hill et al., 2023a). Moreover, few services have specialist provisions in place to provide therapeutic interventions and assessments that are suitable to address all challenges and contexts that individuals and families affected by SSB-A experience and would require support for. Thus, in circumstances of SSB-A multi-agency working, joined-up approaches, effective communication and building relationships across systems, agencies and sectors are most often required (King-Hill et al., 2023a; Barry and Harris, 2019). Given its unique nature and that SSB-A affects all family members, not only the child harmed and responsible for harm it is likely that a larger and more diverse range of partners will be involved. Multi-agency working in circumstances of SSB-A is important because it not only helps adults, CYP and their families receive holistic support, but it can also support professional confidence as it offers professionals the space to reflect on and seek advice about any practice anxieties or queries they may have (Barry and Harris, 2019). It is important to note that while multi-agency working is beneficial and often necessary it is not always easy to achieve because of a lack of resources, funding, and support (King-Hill and McCartan, 2024). In terms of developing effective outcomes and evaluation processes for SSB-A, it is very likely that services and organisations will need to adopt a multi-agency and collaborative approach. This may be reflected through seeking out referrals, information sharing, and gaining advice and consultations about issues pertinent to SSB-A from specialist and interdisciplinary organisations. In the UK, specialist services and organisations such as Be Safe Service Avon and Wiltshire Mental Health NHS Partnership Trust and The Green House: Bristol provide consultation to social workers, schools etc. where there are concerns regarding HSB and SSB-A.



Systemic whole family approaches to SSB-A:

Traditionally CSA and/or HSB have been recognised as individual issues (i.e., about the person who has been harmed and the person who is responsible for harm separately) or as an interpersonal issue (i.e., about their relationship dynamic) but research suggests that it is more complex and multi-faceted than this in cases of SSB-A.

There is a growing understanding of the important role families play in the circumstances of SSB-A and how impactful this form of behaviour and abuse is to the whole family system (Adams, 2024). Because of this, there is increasing suggestion in practice guidance and research, that SSB-A and the responses to it should not be centralised to an individualistic framework but instead that services and organisations offering support for SSB-A should seek to address this form of behaviour/abuse using 'whole family approaches and interventions' (Yates and Allardyce, 2023a; McCartan and King-Hill, 2024). By 'whole family approaches and interventions' we mean a process that includes all members of the immediate family, which could include the nuclear family (parents/carers and other siblings), extended family (grandparents, cousins, aunts/uncles etc.) or care family (foster family, carers, etc.) in assessments, therapeutic interventions, or treatments, so that all processes, decisions and outcomes are understood by everyone, and each family member receives the support they need. It is thought that adopting whole family approaches will allow services and organisations to provide assessments and therapeutic interventions that are suitable to address the broad range of contextual family factors associated with SSB-A such as living arrangements, stress and adversity, risk, health, well-being and family functioning (Barry, 2020; Archer, Nel, Turpin and Barry, 2019; Keane, Guest and Padbury, 2013; Welfare, 2008).

In recent years there has been advocacy for adopting restorative approaches alongside/or within whole-family approaches and interventions for SSB-A because it is seen as a compassionate process that is fluid as well as iterative and can have meaningful benefits for all involved (Archer and Windle, 2016; Streich and Spreadbury, 2017). In circumstances of SSB-A restorative approaches, can allow family members to communicate with each other (this can be through face-to-face meetings or non-direct contact such as letters/notes etc.) in a formalised and facilitated manner (Streich and Spreadbury, 2017). This type of approach may be used to allow an apology and/or acknowledgement of harm to be made by the child responsible, and/or where indicated and safe as a means and process of rebuilding family relationships and trust (Yates and Allardyce, 2022; Archer and Windle, 2016). There is no set way of conducting restorative approaches for SSB-A, but to ensure that it is meaningful and effective it would require coordination and facilitation from professional/s who have relevant and specialised experience.

It is important to note that while whole family approaches and interventions are likely to be beneficial and are recommended for responding to and working with individuals and families affected by SSB-A, there will be circumstances whereby this approach is not safe or warranted and instead, therapeutic interventions should be individually focussed, but ideally still with each family member. Before engaging in any form of whole family support and interventions parent/carer's capacity and ability to support their children, protect and keep them safe must be assessed, in conjunction with other factors within the familial environment that could cause risk and harm (e.g., sibling power dynamics) (Yates and Allardyce, 2023a).

It is also important to note that whole family approaches and interventions to SSB-A will look different for CYP and adults affected by SSB-A and will likely address different challenges and have different purposes. These differences will be necessary to consider when developing outcome and evaluation processes. For example, with CYP a whole family approach may be necessary to arrange and plan living arrangements for both CYP involved, this would not be relevant for adult victim-survivors who no longer live with the sibling that harmed them or their parents/carers. Among child populations it is likely that the involvement of family members (to varying degrees based on circumstantial factors) in therapeutic interventions and assessments would be required to ensure safeguarding risks are captured/addressed and the CYP receives appropriate care/treatment. However, for adults who have been affected by SSB/A whole family approaches to support should always be decided by them and agency should be afforded to adults in whether they want or need other family members to be involved in their support and recovery journey.

Socio-ecological approaches to SSB-A:

The socio-ecological model comes from public health, and it states that behaviour, and it is related outcomes can be understood on a series of levels, these include the individual, interpersonal, community, and societal. The socio-ecological model suggests that although the individual is at the centre and the driver of their behaviours, actions and behaviours that individuals engage in are also influenced by the people, community and society around them. Adopting a socio-ecological lens also means recognising the systemic, intersectional and macro issues/factors that interplay and influence individual circumstances, such as gender, ethnicity, cultural background, and socio-economic status etc. When thinking about SSB-A this means moving away from seeing and understanding CYP's engagement in SSB-A from an individual lens and instead considering all four levels of the socio-ecological model in order to effectively reduce, prevent and successfully intervene in SSB-A (McCartan and King-Hill, 2024). This will be difficult and challenging to do and would require systemic change and input, nonetheless it is a necessary step to ensure that SSB-A is understood in its entirety. McCartan and King-Hill's (2024) recommendations for implementing a socio-ecological approach to SSB-A are described in Figure (2).

Individual traditionally relates to the psychology, development, actions and behaviours of the individual, but in case of SSB-A this needs to be refined to discuss both siblings, as the abuse is more normalized than other forms of sexual abuse and both siblings need to be considered separately. Therefore, an individual is broken down into (1) individual: child who has harmed, and (2) individual: child at risk of being harmed.

Interpersonal traditionally relates to the interaction between two people, generally the harmed and the harming child; however, given the importance of family dynamics in cases of SSB-A there needs to be a separate, but related, consideration of the relationship of the sibling to the family. Therefore, interpersonal is broken down into (1) interpersonal: sibling dynamics (i.e., the relationship and interactions between individual siblings, that is the child who has been harmed and the child who has harmed), and (2) interpersonal: family dynamics (i.e., the relationships and interactions of all family members, not just the ones involved in SSB-A).

Community relates to the broader community that surrounds the individual, whether that is a physical, social, or online community; in many ways this should be referred to as communities rather than community. However, with SSB-A, there is another community that needs to be considered as research indicates that the broader family, that is the extended and not nuclear family, plays a role in the celestializing of the behaviours, as well as the traditional communities. Therefore, community is broken down to (1) community: the broader family system, and (2) community: the wider communities.

Societal relates to the broader social and societal norms and values and remains the same. Although, the overall concept and designation of the societal level does not need to change or be sub-divided to fit with SSB-A additional considerations do need to be considered, for instance, social stigma, shame, and challenges in social recovery integration. The fact that the abuse has happened within the family setting adds an additional layer to the narrative of the abuse that can result in more judgement, embarrassment and contained victimization.

Figure. (2) Socio-ecological considerations for SSB-A (McCartan and King-Hill, 2024. p.5).

Trauma informed approaches to SSB-A:

Research and practice highlight the importance of life course development in behaviour and attitude formation, especially regarding attachment and its links to anti-social, problematic and criminogenic behaviour (Kemshall & McCartan, 2022). Over the past 5-10 years there has been an increase in conversation about the role of trauma and adverse childhood experiences (ACEs) in the lives of people who end up in the justice system, see Figure (3) McCartan, 2020). This has been discussed about people who go on to commit sexual offences (McCartan, 2022a) and has led to a reframing of ideas around the treatment and rehabilitation of these people in the justice system (Kemshall & McCartan, 2023; Senker, Eason, Pawson, and McCartan, 2023).

It is important to note that conversations about the role of the life –course and development are not new in criminology and psychology (McCartan, 2020), rather these conversations have moved and been reframed into a public health framework (Kemshall & McCartan, 2023; Senker, Eason, Pawson, & McCartan, 2023).

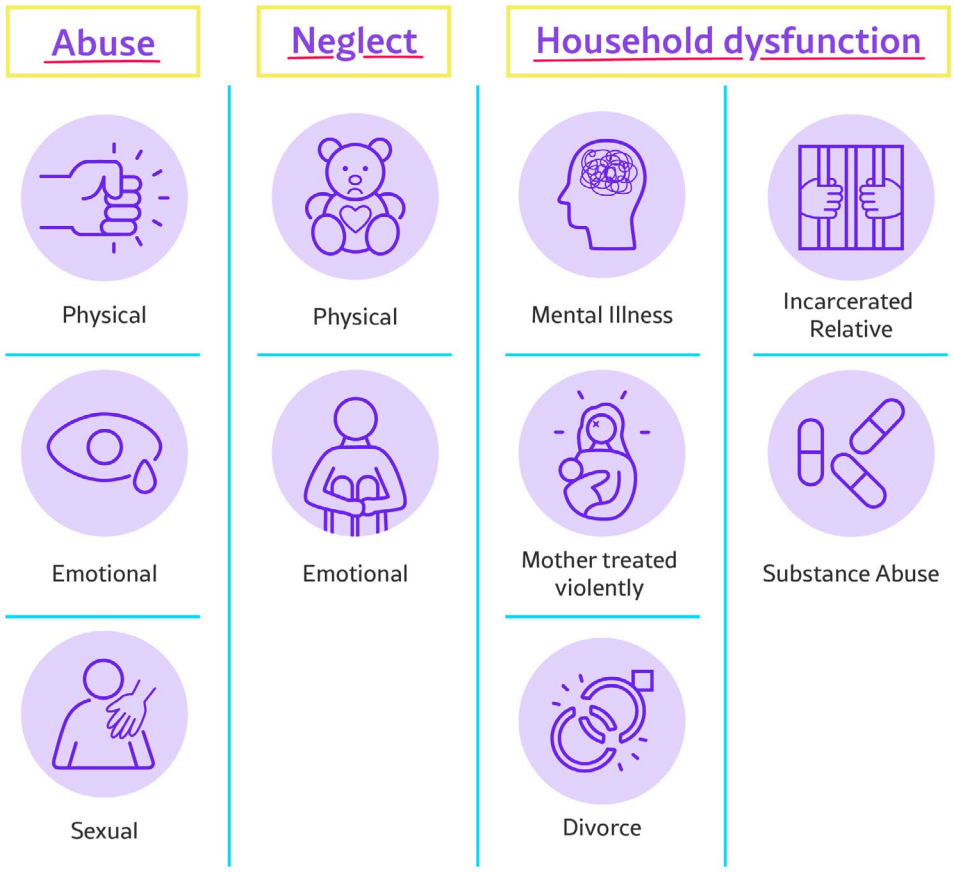


Figure. (3) ACEs in relation to Criminal Justice System McCartan (2020)

With respect to CYP and HSB we know that trauma and being a victim of abuse/harm, in its many forms, is associated with problematic behaviours including SSB-A (King-Hill et al, 2023a). Therefore, when thinking about SSB-A it is important to identify trauma or ACEs early on so that the appropriate therapeutic interventions and assessments can be delivered to the CYP in question. This is not to negate the evidence that many individuals who experience trauma and adversity (including sexual trauma and abuse) do not harm others, rather it is important to acknowledge that there are potential 'drivers/factors' which can increase CYP's engagement with HSB including SSB-A (King-Hill et al., 2023a; McKibbin, Green, Humphreys and Taylor, 2023).

With regards to SSB-A, there is specific importance in understanding family dynamics to responses and prevention, especially in recognising if the ACEs/trauma are coming from within or outside of the family. As will be discussed in KEA (2) families affected by SSB-A are often experiencing adversity and stressors such as parent neglect and domestic abuse. This means considering family histories and functioning and how these in conjunction with SSB-A could exacerbate trauma for CYP and across generations. If we accept that trauma and adverse experiences can play a role in some SSB-A interactions, then we need to be thinking and talking about trauma- informed approaches when responding to these cases. A trauma-informed approach is a compassion-based approach to understanding how life events shape and influence actions and behaviours. A compassion-based approach is seen as good practice in general (McCartan, 2020; Kemshall & McCartan, 2023), but especially with CYP who have experienced abuse and harm.

In SSB-A cases it is important to follow the 5 R's of trauma-informed working, see Figure (4) with all parties involved (the child who has been harmed, the child/adult responsible for harm, adult victim-survivors and the surrounding family) and build a compassionate and supportive environment where recovery, rebuilding and healing can happen.

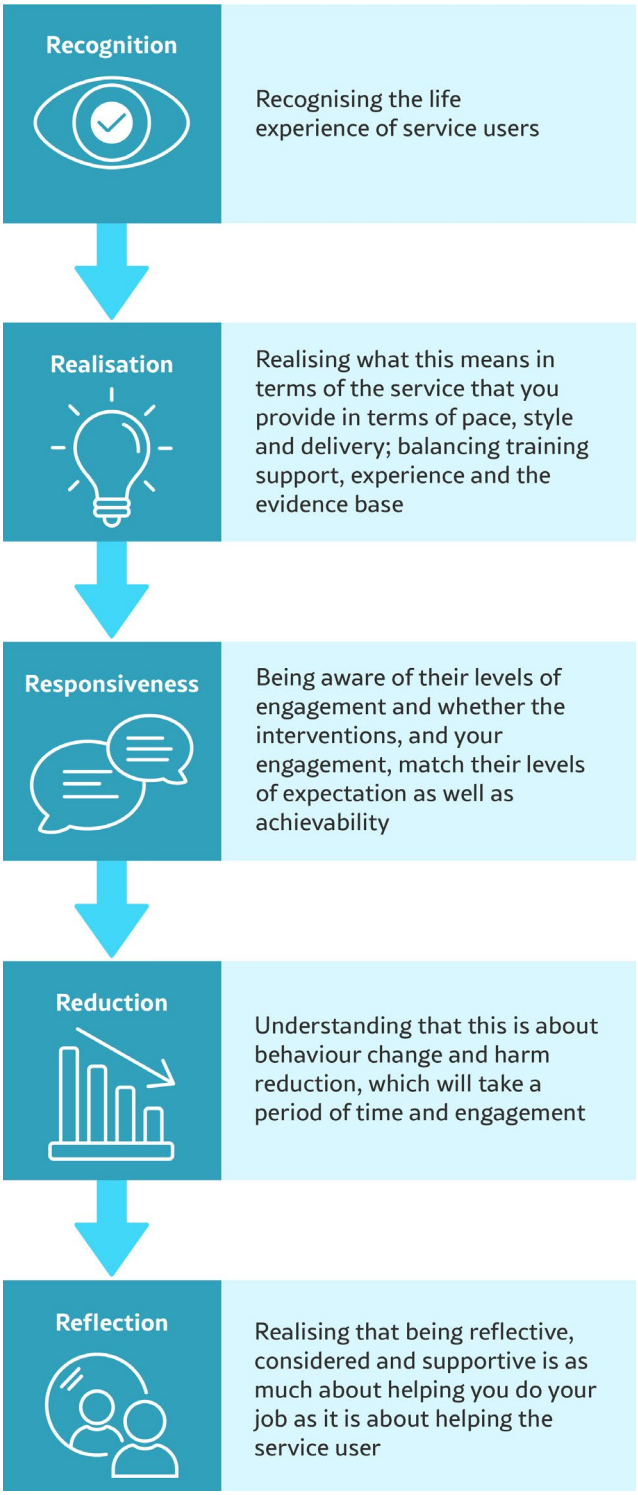
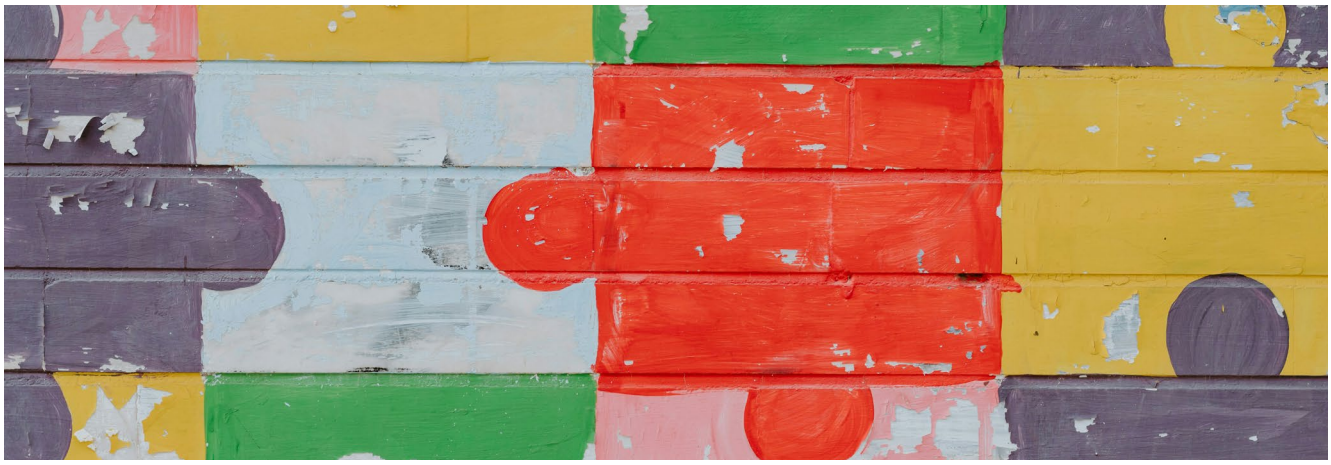


Figure (4) 5 R's of trauma informed working, from Senker et al., (2023).

Senker et al. (2023) suggest that when supporting individuals on probation (but the same principles can be applied to individuals and families affected by SSB-A) the following trauma-informed ways of working should be adopted:

- Pay attention to the person and hear their narrative
- Speak with kindness
- Listen carefully and without judgment
- Encourage the person to speak
- Offer to help with a task
- Be happy and supportive for the persons' success
- Accept people for who they are
- Realise that people make mistakes and support them in trying to rectify them
- Show respect
- Be patient
- Be careful of burnout and seek support when needed



Key points for services and organisations to consider: Frameworks and Approaches to SSB-A

- There needs to be education and engagement across all four levels of the socio-ecological model so that a holistic understanding of SSB-A is developed for adults, CYP and their families, as well as the immediate broader community.
- Greater acknowledgement of the importance of different communities and how they influence individual and interpersonal relations, as well as understanding the regional and local variations in responding to SSB-A is required.
- Involving all family members and understanding the family context surrounding the SSB-A will allow for family relationships, patterns, parenting capacity, sibling dynamics and relationships, parental responses, power dynamics, boundaries, and safety and risk to be assessed and implemented into support and treatment pathways.
- Adopting trauma-informed approaches will allow services and organisations to develop a more holistic and compassionate understanding of individuals and family members' behaviours and responses to SSB-A.
- Adopting restorative approaches where indicated could help individuals and families reunify and recover from the SSB-A.

Key Evidence Area (1): Nature and types of sibling sexual behaviour

It has been suggested that sexualised behaviours between child siblings can be categorised on a continuum with abusive sexual behaviours being the most extreme (Yates and Allardyce, 2023a). Services and organisations providing support to adults, CYP, and their families are to likely deal with cases involving different types of sibling sexual behaviour, not all cases will involve behaviours that fall within the abusive category, even if they are perceived as abusive some behaviours will be better categorised as inappropriate and/or problematic. It is therefore useful for services and organisations to have a clear understanding and overview of the nature and types of sibling sexual behaviour that child siblings can and do engage in.

Research suggests that determining the type and nature of sexualised behaviour (i.e., inappropriate, problematic, and abusive) that has been displayed by child siblings is not always straightforward and can be a challenging process for professionals (King-Hill and Gilsenan, 2024). Reasons why determining the nature and type of behaviours between child siblings can be difficult in part relates to misconceptions about CSA and sibling relationships (Yates and Allardyce, 2023b), a lack of professional confidence and understanding about SSB-A (King-Hill, Gilsenan and McCartan, 2023) and because in some cases it is not clear which sibling is responsible for harm or has been harmed because of issues surrounding vulnerability, capacity and consent (Tener and Silberstein, 2019; King-Hill et al., 2023a). However, determining the nature, severity and type of sexual behaviour that has been engaged in and the context surrounding the sexual behaviour is important, because it will help services and organisations provide support, therapeutic interventions and assessments that are suitable and proportionate (King-Hill, McCartan and Gilsenan, 2023; Yates and Allardyce, 2023a). Concerns have been raised that if all sexualised behaviours between child siblings are thought of as abuse this could increase the risk of inaccurate, harmful, and poor outcomes and decisions being made for a portion of CYP and their families (McCartan, King-Hill and Allardyce, 2024). Yates and Allardyce (2023a) and McCartan, King-Hill and Allardyce (2024) suggest that when professionals have a more holistic perspective of the range of sexual behaviours that child siblings may engage in, this will afford greater flexibility in their decision-making and help them better identify behaviours that are abusive. Moreover, understanding the nature and type of behaviour that a child sibling has engaged in, is expected to reduce the potential for professional minimisation of abusive behaviours on the one hand and catastrophising non-abusive behaviours on the other, perhaps leading to better understanding of inappropriate/problematic behaviours (King-Hill, McCartan and Gilsenan, 2023).

To support services and organisations in understanding and thinking about the nature and types of sexual behaviours that they are likely to assess and respond to,

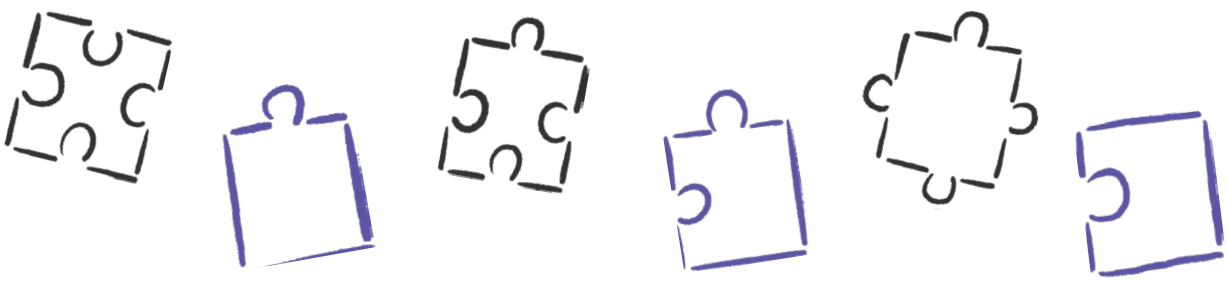


Figure (5) provides and outlines Hackett et al's., (2019) continuum of HSB and includes an overview of inappropriate, problematic and abusive sexual behaviours for CYP. For a more detailed understanding of inappropriate, problematic and abusive sexual behaviours between child siblings, see Yates and Allardyce's (2023a) practice guidance on sibling sexual behaviour for the CSA centre, which offers a continuum that is specific to sexual behaviours between child siblings. The overarching premise of Yates and Allardyce's (2023a) continuum is comparable to Hackett and colleagues (2019) continuum, yet there are some differences, specifically modifications to acknowledge and provide context to the sibling and familial foundations of SSB-A. For example, Yates and Allardyce (2023a) suggest that in circumstances of SSB-A an assessment of the power dynamics in the sibling relationship between the child who has been harmed and is responsible for harm is critical to determine the nature and type of sexualised behaviour that has been displayed. McCartan and King-Hill (2024) also suggest that examining the familial factors associated with the onset of the sexual behaviour is important to determine its nature, type and severity. It is important to note that the unique relationship (i.e., the sibling relationship) involved in SSB-A challenges aspects of the Hackett continuum and Yates and Allardyce's adaption. Further empirical research is needed to understand the range of sibling sexual behaviours and the context underpinning these, as well as perhaps a larger rethink about the appropriateness of current categorisations (a topic which we seek to discuss in further work).

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
Consesual, mutual, reciprocal	Context for behaviour may be innapropriate	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	

Figure (5) Continuum of Harmful Sexual Behaviour for CYP (Hackett, Brannigan and Holmes, 2019).

Key points for services and organisations to consider: Frameworks and Approaches to SSB-A

- Not all sexual behaviours between child siblings are abusive and assumptions that all behaviour should be categorised as such should not be the default mindset of services and organisations offering support, assessment, treatment and interventions. However, caution is also required to avoid potential minimisation of abusive behaviours.
- Sexualised behaviours between siblings exist on a continuum of severity, nature and context. Evidence-based frameworks should be used to support identifying and understanding the different types of sexualised behaviour that can and do occur between siblings.
- The nature and type of abusive sexual behaviours between siblings are not always contact behaviours such as penetration, behaviours can include non-contact behaviours such as exposure to pornography and may involve technology assisted behaviours.
- Assessing the nature and context of CYP's family relationships and their socio-ecological circumstances can be helpful to understand the nature of the sexual behaviour and provide context as to why the CYP has displayed this behaviour.
- Understanding the relational characteristics and dynamics of the sibling relationship can help provide context to the nature and type of sexual behaviour which has been engaged in.
- When understanding the nature and type of sexualised behaviour: Think and assess: What happened? Who was involved? What are the ages/dynamic between those involved? Where did it happen? How was the behaviour discovered? Has it happened more than once? How many times has it happened? How long has it been happening? What is the nature of the behaviour (inappropriate, problematic, abusive?) Consider the voices and experiences of both the child who has harmed and the child who has been harmed (King-Hill and Gilsenan, 2023, taken from the SSB-MT).

Key Evidence Area (2): Family dynamics and functioning

There is a growing awareness that SSB-A is an issue influenced by family dynamics and functioning (McCartan, King-Hill and Gilsenan, 2023; Adams, 2024) and that families play a central role in our understanding of this issue, see Figure (6). The 'family' in this context refers to the immediate family (parents/carers and other non-involved siblings) of the child who has been harmed and the child who is responsible for harm, but in some circumstances, it is also helpful and necessary to consider the broader family unit (e.g., cousins, grandparents and other relatives). This section provides a brief overview of what is currently known about the dynamics and functioning of families where SSB-A has occurred, information about how family members respond to SSB-A and how SSB-A impacts all family members will be covered in KEA (3).

Recent reviews identify that where SSB-A has occurred families often (albeit not always) have complex histories and/or can be experiencing and dealing with a wide range of stressors and adversity, such as parental martial strain, previous contact with welfare services, and other forms of abuse and neglect within the family unit such as domestic abuse and CSA by parents (Hanson, 2024; Adams, 2024; Yates et al., 2024). Research also identifies that where SSB-A occurs parents can be emotionally and physically absent from their children (Adams, 2024; Bertele and Talmon, 2023). Absence can be demonstrated in the physical sense (e.g. because parents/carers are working, sleeping or engaging in leisure activities) (King-Hill et al., 2023a; Katz and Hamama, 2017; Lewin, Spaegele and Attrash-Najjar, 2023), but studies also describe parental absence and a lack of supervision in terms of emotional unavailability/neglect and parents/carers showing little emotional warmth and affection to their children (Katz and Hamama, 2017; Laviola, 1992).

In circumstances where SSB-A has taken place, evidence suggests that parents and carers may be dealing with their own trauma and challenges for example they may have mental health and substance issues and/or have histories of domestic abuse and CSA

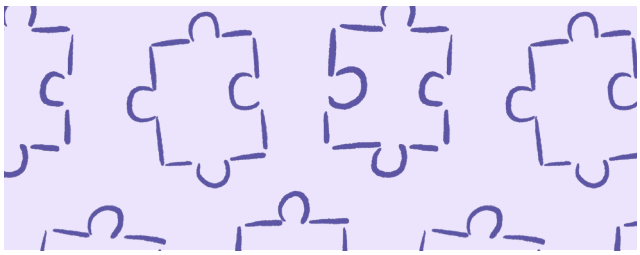
(Thomsen, Ogilvie & Rynne, 2023; Cyr, Wright, McDuff & Perron, 2002).

There is also a small evidence base to suggest that in family environments where SSB-A has occurred, there can be rigid or loose sexual boundaries, for example restricting conversations about sex and sexuality (Marmor and Tener, 2022) and children being exposed to sexualised behaviour in shared family spaces such as parental nudity and pornography (King-Hill et al., 2023a; Griffee, Swindell, O'Keefe & Stroebel, 2016). In some circumstances, patriarchal and gendered power relations may be a feature of family functioning, with research identifying that boys in some families are afforded more privilege and power than girls (Laviola, 1992; King-Hill et al., 2023a). There is much more research that is required to understand how SSB-A affects families from different ethnic and cultural groups.

A recent scoping review by Yates et al., (2024) identified that the ethnicity of the CYP is not related to the likelihood of SSB-A, although it is often unreported and unexamined in research and practice. In the UK Home Office Funded SSB-A research (see King-Hill et al., 2023) it was discovered that ethnicity and cultural contexts may play a role in how SSB-A is understood, responded to and prevented and impacts how the family is defined and how it operates (e.g., adult victim-survivors of SSB-A from BAME populations often talked about a broader and more diverse construction of a close family system with cousins, uncles and aunts being talked of in the same way as siblings and parents). Research, from Israel, indicates that religiosity and cultural practices can be associated with disclosure difficulties and how parents and carers respond to SSB-A. For example, research shows that in Ultra-Orthodox Jewish cultures parents can hold conservative beliefs surrounding sex and sexuality, which may proliferate a sense of shame and discomfort in talking about these topics, this in turn can make it difficult for CYP and adults to disclose sibling sexual behaviour that is abusive, inappropriate and problematic (Marmor, 2023).

It is important to note that families can also present with seemingly no other issues or adversity beyond the SSB-A and that it can affect families across the whole socio-economic spectrum and different family types (e.g., married, step, single parent)

(Ward, 2023; Yates et al., 2024).



It should not be presumed that SSB-A only occurs in families experiencing stress and adversity and that only certain family structures are affected. Much of the current research on families affected by SSB-A comes from clinical and forensic case files which emphasise the experiences of families that are more likely to come to the attention of services (e.g., child protection agencies/services) (Hanson, 2024). It is reasonable to suggest that clinical and forensic samples could highlight more 'problematic' and 'harmful' family characteristics and histories, and not fully reflect the spectrum of families affected by SSB-A. Few studies focus on the characteristics, dynamics, and quality of the sibling relationship between the sibling who has been harmed and who is responsible for harm. Nevertheless, research provides some insight into the nature of sibling relationships where SSB-A has occurred (Tener, 2021; Katz and Hamama, 2017; Hardy, 2001). Research shows that there can be apparent power or hierarchal disparities between the sibling who has been harmed and who is responsible for the harm (McDonald and Martinez, 2017; Bass, Taylor & Knudson-Martin, 2006). Power in the sibling relationship has been described as manifesting through threats, coercion, 'grooming' and afforded authoritative status (e.g., gendered differences, caring responsibilities and perceived parental treatment) (Winters and Jeglic, 2023; McDonald and Martinez, 2017; Bass, Taylor & Knudson-Martin, 2006). Studies also report that SSB-A sometimes occurs in sibling relationships where there is 'anger' and 'jealousy' (Yates, Allardyce, MacQueen, 2012; McDonald and Martinez, 2017). Nevertheless, it is important to highlight that studies also report sentiments of love and closeness within the sibling relationship (Lewin et al., 2023) and where SSB-A has occurred siblings who have been harmed may maintain a close and loving relationship with the sibling that has harmed them into adulthood (King-Hill, McCartan, Gilsenan, Beavis & Adams, 2023b).

It is useful to gain a clear picture of family dynamics, functioning and relationships and that these are well understood by services and organisations offering support for SSB-A. Services and organisations should be open-minded, flexible and ready to support a range of different families and should seek to understand the functioning and circumstances of the family unit in its entirety through a systemic lens, including both adversities and risk factors, and strengths of the family. It should be this holistic picture and understanding that guides the support, assessment, treatment and interventions that services and organisations offer and the outcomes they implement.

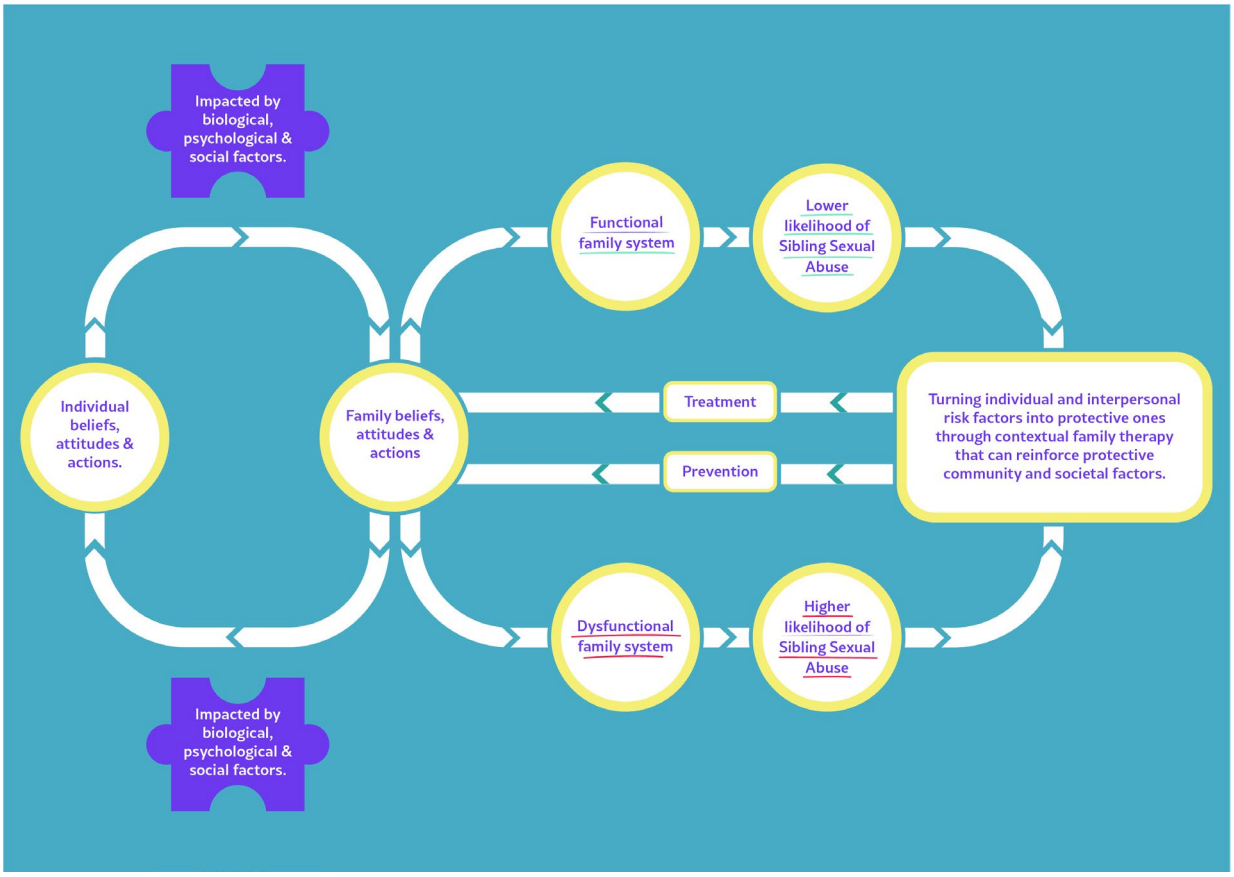


Figure (6). Context mapping of sibling sexual behaviour and abuse in the family system, taken from McCartan, King-Hill & Gilsenan (2023).

Key points for services and organisations to consider: Family dynamics and functioning:

- Families affected by SSB-A are often experiencing high levels of stress and adversity, but not always.
- Families affected by SSB-A are diverse and SSB-A affects families across the socio-economic spectrum.
- In sibling relationships where SSB-A has occurred there can be power dynamics, anger and jealousy but also sentiments of love and closeness.
- In some families where SSB-A occurs there are rigid or loose sexual boundaries and gendered power relations can be a feature of family functioning.
- Parental physical and emotional absence can be present in circumstance of SSB-A.

Key Evidence Area (3) Disclosure and impact

Disclosures of CSA are best understood as a process that has many iterations and challenges, rather than a singular event (Reitsema and Grietens, 2016; Alaggia, Collin-Vézina and Lateef, 2019). Evidence that SSB-A disclosures are attached to various barriers and challenging circumstances is represented within research (Hanson, 2024; Yates et al., 2024). Disclosures and reporting of SSB-A are low and it is often years before victim-survivors disclose the harm they have experienced (King-Hill et al., 2023; Carlson, Maciol and Schnieder, 2006). There are several factors identified as prohibiting disclosures of SSB-A and while many of these do not differ to other forms of CSA (Alaggia et al., 2019), disclosing or not disclosing SSB-A can be associated with specific challenges which may not be as pronounced or pertinent to other forms of CSA or HSB. The barriers to disclosure where SSB-A has occurred are often centralised around family context and dynamics. Research has identified that CYP at the time of the incident and later in life may find it extremely challenging to disclose SSB-A because they are worried about how their families will react, do not have a safe space or outlet within their family unit to disclose and they may have concerns about how disclosure would disrupt and impact upon their family (King-Hill et al., 2023; Lewin et al., 2023; Welfare, 2008). It is not only familial consequences which can prohibit disclosure, CYP's knowledge and concept of sex and sexuality may result in them not immediately recognising that the sexualised behaviour they have experienced is abusive or harmful and it is only in adulthood that they recognise it as such (Yates and Allardyce, 2021). Barriers to disclosure can also be attached to feelings of shame and perceptions of stigma surrounding SSB-A (King-Hill et al., 2023a; Sanderson, 2024).

In terms of responses to SSB-A following disclosure/discovery, research suggests that family members (mainly parents and carers) respond to SSB-A with several strategies of minimisation such as a complete reluctance to provide support, 'taking sides', downplaying the abuse and blaming the child who has been harmed (Adams, 2024). These responses are sometimes borne out of an unwillingness to tackle the issue, but in many cases reflect feelings of confusion, fear, sadness and shame (Adams, 2024; McCartan, King-Hill and Gilsenan, 2023, Tener, Lusky, Tarshish and Turjeman, 2018). Research shows that adult victim-survivors' are not always adequately supported by family members when SSB-A is disclosed (van Berkel, Bicanic and van der Voort, 2024) and may feel as if their parents and carers do not take the abuse seriously, which for some victim-survivors is said to be worse than the trauma of experiencing SSB-A (Rowntree, 2007). It is important to note that parents/carers and family members can and do respond to SSB-A effectively and demonstrate support to their children (Adams, 2024).

In the past, sexualised behaviours between child siblings were described as 'harmless experimentation' and were often perceived as something siblings 'just do'

(Yates, 2017).

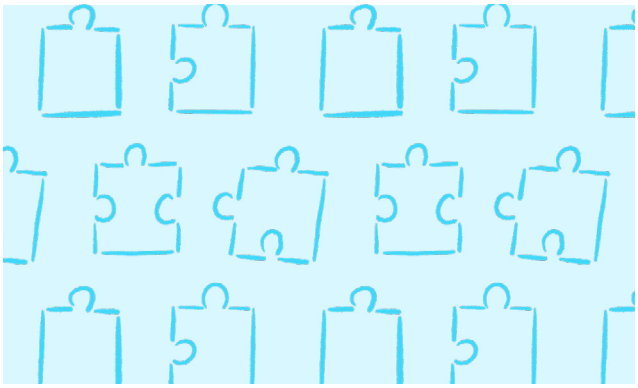
Myths of harmless behaviour still persist, however it is now better understood that inappropriate, problematic and abusive sexual behaviours between siblings are harmful and are related to negative outcomes (Yates, 2017). In terms of impact in childhood, CYP who have been harmed may show clear signs that they have been affected by SSB-A such as experiencing psychological trauma and physical symptoms (Yates, 2017; Carretier, Lachal, Franzoni, Guessoum and Moro, 2022). However, it is important to understand that CYP may not at the time of the incident appear to be harmed by their experience of SSB-A and may not display any outward symptoms, however this does not mean they have not been negatively impacted (Yates and Allardyce, 2021). It is also imperative to outline that the nature and type of sibling sexual behaviour engaged in does not equate to the harm caused. Research suggests that behaviours which are perhaps best understood as inappropriate and problematic and are underpinned by mutual reciprocity can cause harm and impact to both CYP involved (Simons, Noordegraff and Van Regenmortel, 2024), as well as harm into adulthood (Marmor and Tener, 2022). Signs that a CYP has experienced sexual abuse are not always easy to spot and can manifest in many ways. We recommend reading and engaging with the CSA centre resource 'Signs and Indicators of Child Sexual Abuse' (2021) for a further understanding on this.

Read Here

While the impact of SSB-A may not always be apparent in childhood, there is evidence to suggest that SSB-A is related to adverse outcomes in adulthood and that adult victim-survivors' can experience many challenges because of their experience of SSB-A (Carlson et al., 2006; Tener, 2021; Monahan, 2010). In a review exploring the impact of SSB-A, Bertele and Talmon (2023) identified that SSB-A is associated with negative health and functioning in adulthood such as low self-esteem, depression, anxiety and poor sexual functioning.

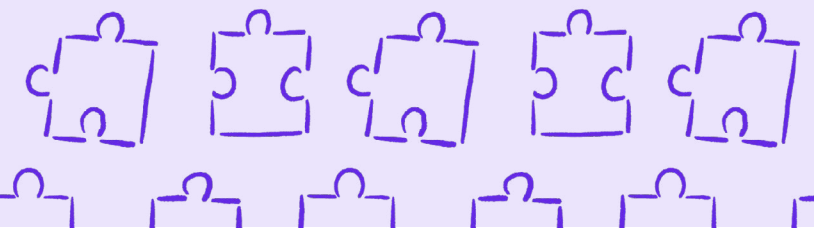
Likewise, in research with 18 adult victim-survivors, King-Hill et al., (2023a) and McCartan, King-Hill and Gilsenan (2023) found that adults may engage in unhealthy coping mechanisms such as substance use to deal with the trauma and impact relating to SSB-A. Research also suggests that SSB-A can fracture and cause relational issues for victim-survivors in adulthood (Monahan, 2010).

A recent scoping review of SSB-A found that there is very little evidence about how SSB-A impacts and effects children responsible for harm in childhood and adulthood and that this is an area of research that is lacking (Yates et al., 2024). The broader HSB literature shows that displaying abusive behaviours in childhood towards a non-related child is associated with unsuccessful and successful later-life outcomes (Hackett, Darling, Balfe and Masson, 2024). Hackett et al., (2024) found that adults who had displayed HSB in childhood did not engage in any further sexual offending but there was evidence to suggest that these individuals had personal problems such as relational issues, substance use, and enduring mental health challenges.



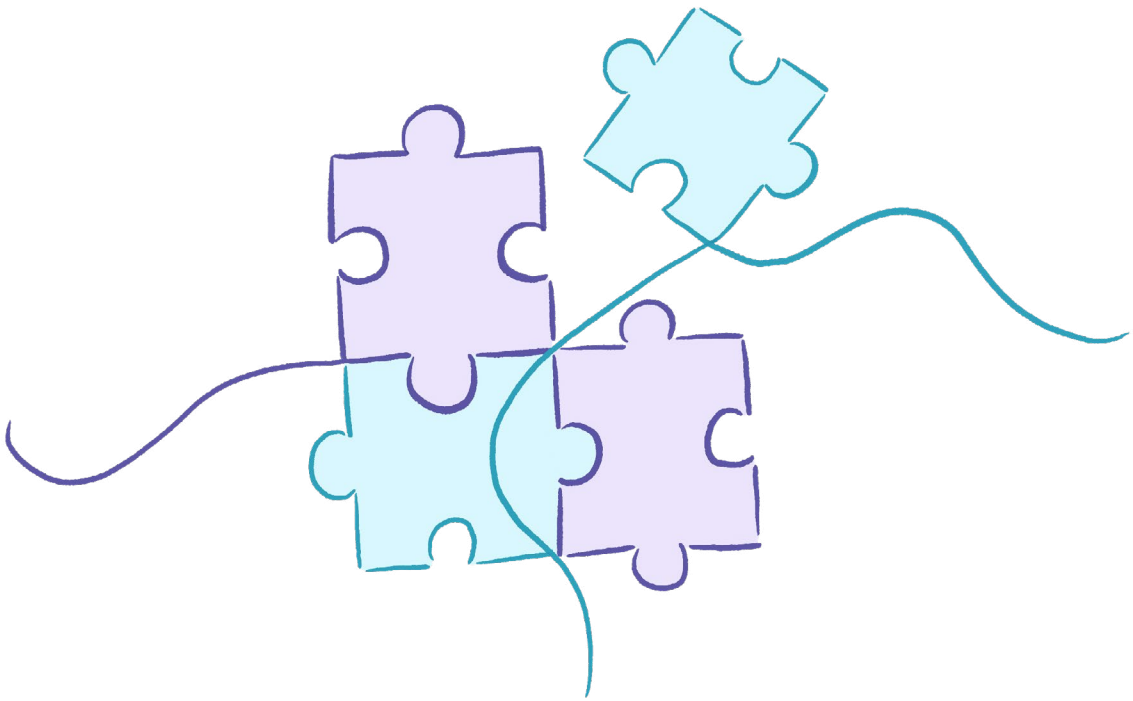
In circumstances of SSB-A the impact and harm caused is rarely centralised to the child who is responsible for the harm or has experienced the harm. Rather, SSB-A is commonly experienced as a 'crisis' for the whole family unit, and parents and other non-involved siblings often feel confused, saddened and overwhelmed when SSB-A comes to light (Adams, 2024; Simons et al., 2024; Tener et al., 2018). SSB-A can disrupt family functioning and may be experienced as and feel like an 'unprecedented' and 'life changing' event for parents and carers (Lewin, Black, Socolof and Talmon, 2024). In a study exploring parents' experiences of living through SSB-A, Westergren, Kjellgren and Nygaard (2023) found that SSB-A can impact parents' romantic relationships with each other, and cause strain and challenges to how they parent post-disclosure/discovery. For parents and carers, the prospect of supporting two children whilst dealing with their own feelings can leave them feeling that they are in an 'impossible situation' and understandably experiencing a wide range of feelings such as blame, shame, anger and grief following disclosure/discovery of SSB-A (Lewin et al., 2024; Welfare, 2008). While little is known about the experiences of other non-involved siblings, there is evidence to suggest they are also negatively impacted by SSB-A (Westergren et al., 2023).

Services and organisations working with individuals and families affected by SSB-A will need to understand and be aware that disclosing or (re)disclosing SSB-A will be a challenging process and that there are barriers attached to SSB-A which may prohibit help-seeking. CYP who have been harmed, and adult victim-survivors are likely to present with and experience a range of challenges because of SSB-A. It is recommended that services and organisations are considerate of these and that trauma-informed approaches are used to inform practice. In addition, it is important that services and organisations understand that SSB-A is impactful and harmful to all family members, not only the CYP directly involved, and that the trauma and feelings each family member may experience will need to be considered and carefully managed. The feelings and responses family members (particularly parents/carers) will have about the SSB-A could be exacerbated by their own personal histories and experiences. For example, if parents and carers have experienced sexual abuse and harm themselves then SSB-A will be a deeply challenging event to deal with.



Key points for services and organisations to consider: Disclosure and Impact

- Disclosures of SSB-A are rarely made in childhood, most disclosures are made retrospectively by adult victim-survivors.
- Disclosure is associated with many barriers, and these can be exacerbated because of the familial context surrounding SSB-A.
- SSB-A harms all family members and is often experienced as a life changing and devastating event for families.
- SSB-A is associated with detrimental outcomes in adulthood and can affect adult victim-survivors' relationships and health and wellbeing.
- Little is known about how SSB-A effects children who are responsible for harm. The wider HSB literature indicates that engaging in sexually harmful behaviours as a child is associated with negative outcomes in adulthood.
- Parents and carers often feel that they are in an impossible situation and can experience many different feelings following disclosure/discovery of SSB-A.
- CYP may not show signs that they have been harmed by the SSB-A and impact may not manifest until much later in life.
- Parents and carers often respond to SSB-A with strategies of minimisations, which are often reflective of feelings of shame, confusion, anger, and fear.
- The nature and type of sexual act or behaviour displayed does not necessarily equate to the harm and impact caused, while perhaps some behaviours might be better understood as inappropriate or problematic because of the contextual circumstances that engenders the behaviour, this does not mean that this behaviour has not caused harm or is not impactful.



Key Evidence Area (4) Professional responses

Professionals' working with individuals and families affected by SSB-A frequently report that it is a challenging and complex area of work. Recent research shows that the complexity attached to SSB-A can sometimes result in professionals' responding to SSB-A in confusing, contradictory and perhaps unhelpful ways. It is suggested that these types of responses are often borne out of a lack of confidence and formal training about SSB-A and in some circumstances reflect socially held beliefs and misconceptions about who and in what context sexual abuse is likely to occur (Yates, 2018; King-Hill, Gilsenan and McCartan, 2023). For example, Yates (2018) found that professionals' (social workers) dealing with SSB-A cases worked within a framework of 'siblings as better together' even when abuse was clearly evident. The author suggests that this professional mindset was underpinned by beliefs that children intend no harm, sibling relationships are non-abusive, and parents are protectors (ibid). In recent research, King-Hill, McCartan and Gilsenan (2023) found that professionals' can sometimes respond to SSB-A using three different approaches, these include minimising the severity of the sexualised behaviour (due to lack of knowledge), exaggerating the severity of the sexualised behaviour (to gain interventions) and finally some professionals' catastrophized the severity of the behaviour the child had displayed (due to misguided safeguarding concerns). The authors conclude that professionals respond in these ways because they feel an immense pressure 'to get it right' and in making decisions to try achieve this can respond in ways that are perhaps not always helpful or justified (ibid). It is important to recognise that many professionals have enhanced knowledge regarding the complexities attached to SSB-A and demonstrate effective practice in supporting individuals and families (Yates et al., 2024). Nevertheless, it is also necessary to note the significant challenges and pressures faced by many professionals and acknowledge the difficult climate they are working within, at present in the UK there is a lack of resources, funding, awareness, training, and statutory guidance for SSB-A and there are few services available that are specific to HSB and SSB-A (King-Hill and McCartan, 2024; King-Hill, McCartan and Gilsenan, 2023).

Improving professional responses to SSB-A is an increasing priority in research and practice. For example, recognising that professionals' require support and guidance in responding to SSB-A, King-Hill and Gilsenan (2023; 2024) have created the Sibling Sexual Behaviour- Mapping Tool (SSB-MT) which is a resource designed to support social workers' in their decision making and planning when working with CYP and families affected by SSB-A, see Figure (7) for an overview of the SSB-MT. King-Hill and Gilsenan (2024) in a pilot of the SSB-MT with professionals found that this tool positively supported professional decision-making and helped them make more holistic and family orientated decisions, and overall improved how professionals responded to SSB-A.

Services and organisations working with individuals and families affected by SSB-A should seek to ensure that responses and decisions are evidenced-based, justified and proportionate to the sibling sexual behaviour that has been displayed and the contextual circumstances surrounding it. If services/organisations do not respond to SSB-A appropriately there is a risk that this will result in negative and unhelpful outcomes for individuals and families affected by SSB-A. Providing professionals with knowledge, training and understanding of SSB-A and the issues which engender it, is a key starting point in enhancing how professionals respond to this form of harm.

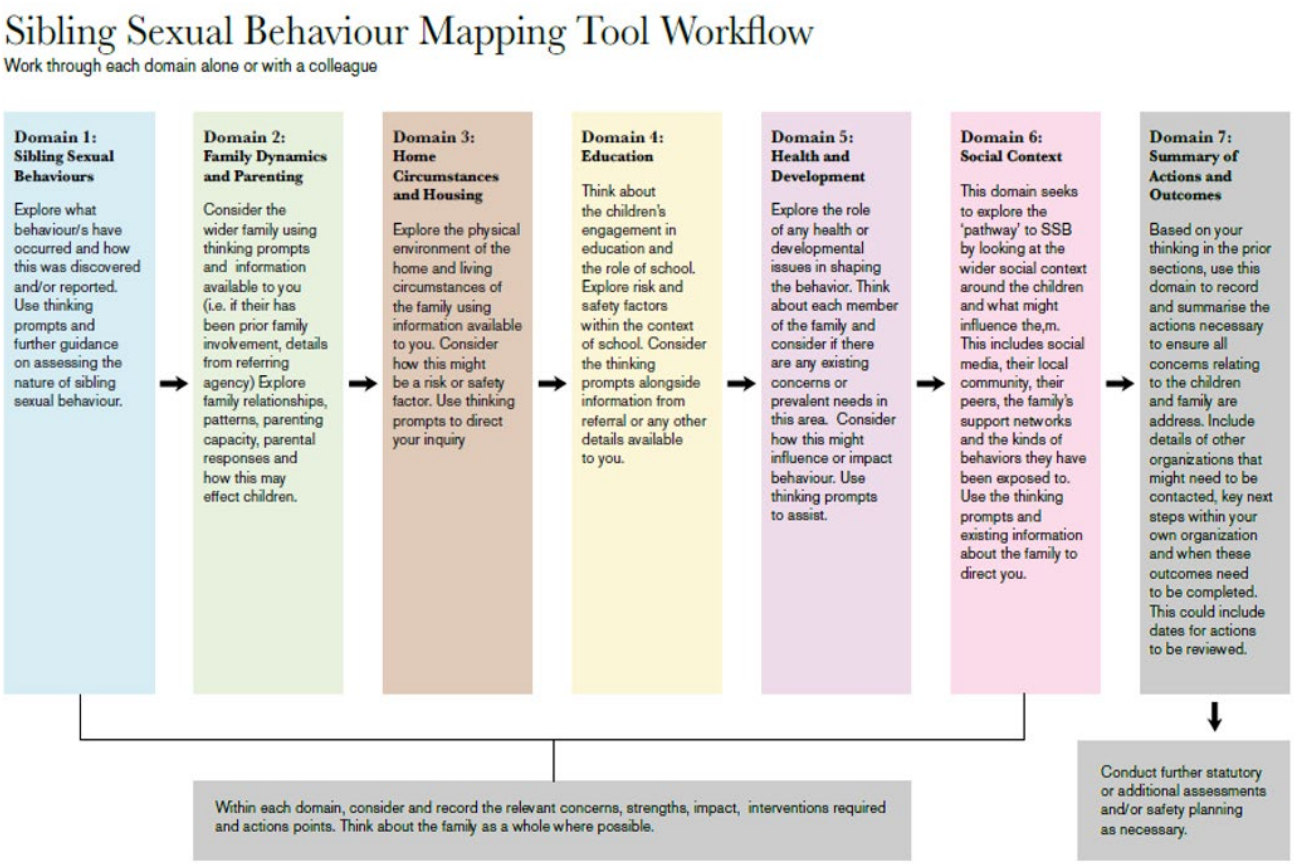


Figure (7) the Sibling Sexual Behaviour Mapping Tool (SSB-MT) King-Hill and Gilsenan (2023).

Key points for services and organisations to consider: Professional responses

- It is important that professionals are trained and supported in working with individuals and families affected by SSB-A.
- Where appropriate and indicated it would be helpful for professionals working with and supporting CYP and families affected by SSB-A to use evidence-based tools such as the SSB-MT to help with their decision-making.
- Professionals should reflect on and have an awareness of their own biases and perceptions of SSB-A when making decisions.

Section two: Creating outcomes and evaluation measures

Section two outlines what an outcome is and how to construct outcomes that are contextually and practically relevant to SSB-A. We will also provide guidance of how to go about attaining outcomes and evaluating them to determine if they are 'successful' and 'working effectively'.

Why being outcomes focussed is useful:

Sometimes developing outcomes can be perceived as a tokenistic and meaningless exercise but having clear and focussed outcomes can have many benefits for a service and organisation.

Having clear outcomes:

- Can provide clarity to what exactly services and organisations do and why
- Can provide a shared goal to work towards and improve efficiency
- Can help services and organisations demonstrate the effectiveness and potential of their work to funders, commissioners and stakeholders
- Can help services and organisations be more needs and evidence led
- Can support the development and improvement of research, practice and policy

What is an outcome?

Outcomes are the changes, benefits, effects, learning or difference that come about from the work that services and organisations do and provide (these are typically called outputs) (Evaluation Support Scotland, 2022; Clark and Purdy, 2007). Thinking specifically about SSB-A outcomes will likely be constructed around the differences/benefits/effects or changes that a service/organisation wants to bring about from the support, assessments, treatment and interventions they provide to individuals and families affected by SSB-A. It may also be the case that services and organisations want to have a better understanding or bring about changes/differences to their practice approaches/processes or how their service operates and develop outcomes that are not attached to the service user or a person.

However, in this resource we have decided to keep our focus on the individuals and family members affected by SSB-A, and throughout the examples/guidance that we will provide about outcomes and evaluation measures will relate to this group.

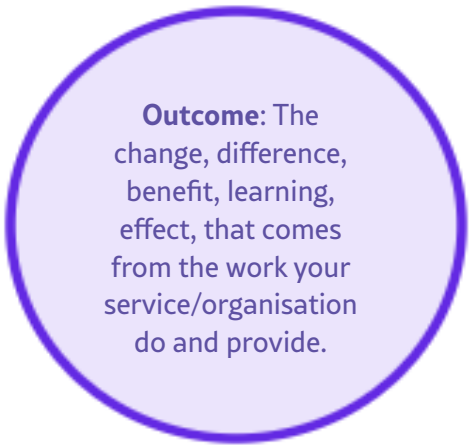


Figure. (8) What is an outcome? (Clark and purdy, 2007)

What types of outcomes are there?

Outcomes can be numerical and quantifiable which are sometimes described as 'hard' outcomes, these types of outcomes typically have numerical targets and changes attached to them and are much easier and clearer to observe/measure (Clark and Purdy, 2007). Outcomes can also be subjective, broad and flexible in nature, which are sometimes described as 'soft' outcomes, these do not have numerical targets attached to them and are usually orientated around changes, differences and benefits to a person's feelings or experience and are usually much more difficult to observe and measure because the change is subjective and varies from person to person (Clark and Purdy, 2007). You might understand these better as 'qualitative' or quantitative' related outcomes. Services and organisations working with individuals and families affected by SSB-A will most likely want to set and achieve soft outcomes, as goals will be focused on person-centred change and subjective issues that matter to individuals and families affected by SSB-A. However, this is not to say that 'hard' and quantifiable outcomes should not be set or will not be relevant. Outcomes can have different time frames, and some will be designed to be achieved in the short and medium term and others will be designed to be achieved in the long-term, it is helpful to have a mixture of all (Evaluation Support Scotland, 2022). The timescale typically reflects the complexity of the outcome, and the overarching aim.

Things to consider before developing an outcome:

Outcomes are designed to reinforce an aim(s) or long-term goals a service or organisation has. An aim describes the reasons why a service and organisation has been established and overall, what it seeks to achieve. Outcomes will (should) be linked and have relevance to your service/organisations' aim(s) (Robson and McCartan, 2016). So before delving into constructing your outcomes consider and answer the following questions:

- **Why does our service or organisation exist?**
- **What is our main purpose(s)?**
- **What problem(s) are we trying to solve and for who?**
- **What would success look like for our service or organisation?**

An outcome can in theory be anything a service/organisation wants, but that is not to say that it should be. It is important that the outcomes that services/organisations are responding to and supporting individuals affected by SSB-A develop are relevant and evidence-based (as outlined in section one). Services/organisations should not develop outcomes that have nothing to do with them, will not have any meaningful impact/effects for their service users, are complicated and not achievable. Outcomes instead should:

- **Address long-term goals/aims of the service/organisation**
- **Reflect and be suitable to/for the service user**
- **Reflect and be suitable to/for the stakeholder/funders**
- **Be needs and evidence led**
- **Achievable**
- **Prioritised by importance**
- **Reflect the outputs (activities) the service/organisation provides**
- **Reflect the resources the service/organisation has available (Clark and Purdy, 2007; Parkinson and Sullivan, 2019).**

Constructing an outcome:

Guidance typically suggests that services/organisations develop 3-5 outcomes, selecting outcomes that a) can actually be attainted and b) are most important and applicable to the purpose of the service and organisation (Evaluation Support Scotland, 2022; Robson and McCartan, 2016; Pawson and Tilley, 1997). Outcomes should ideally be constructed with a specific change/difference/benefit/effect, direction and person in mind. To develop clear and contextually relevant outcomes the: **Who, What** and **How** needs to be considered (Evaluation Support Scotland, 2022). The who, what and how are the key aspects of building an outcome that is focussed and meaningful. Each competent should interplay and be reflective of the other. For example, 'who' the outcome is aimed at and seeks to benefit will influence the 'what' aspect of the outcome and vice-versa. The who and what aspect of the outcome should make theoretical and practical sense, meaning the what (i.e. the context of the change/difference) should be relevant to the who (i.e., the person benefitting from the change/difference). This will be discussed further in subsequent sections.

The Who, What and How:

Who: The who is the person that an outcome is changing, benefitting or making a difference to. Thinking specifically about services and organisations that provide support for SSB-A the who will likely be children who have been harmed, children responsible for harm, parents/carers, other family members, adult victim-survivors and adults who as children were responsible for harm. Services and organisations may want to develop broad outcomes and apply these to a collective group. For example, they may develop outcomes that relate to all CYP who are responsible for harm that have accessed their service/organisation. However, there may also be circumstances where a service/organisation will develop outcomes that are tailored to a specific service user and will work directly with the service user to develop outcomes that are particular to their needs and relate to what they wish to gain from receiving support.

To develop appropriate outcomes that will be suitable and have meaningful effect it is important that the service user and their needs are thoroughly considered. To gain a richer understanding of your service user group, it is recommended that your service/organisation thinks about and takes the time to answer the questions below. To support this, Table (1) provides a blank framework for services and organisations to use when planning and reflecting on 'who' their outcome is for and is seeking to benefit, and the contextual circumstances that would need to be acknowledged for this service user.

Is our service/organisation dedicated to a specific service user? Any outcomes created will need to be relevant to the service user(s) your service/organisation operates for because the needs/challenges/issues/characteristic that an outcome(s) is seeking to make a change/difference to, will vary according to who it is constructed for. For example, thinking specifically about SSB-A, while children who are responsible for harm and children who have been harmed may have similar challenges because they are both children and are from the same family, they will have unique and specific needs because of their status of either displaying or experiencing SSB-A, and as such different outcomes may need to be developed for each CYP. Reflecting on research and practice evidence would help identify what specific needs your service user(s) are likely to have. The KEAs provided in this resource will also provide context to this.

Alongside research and practice evidence, the purpose and ethos of your service/organisation should be considered when thinking about the 'who' aspect of an outcome, as this could dictate the feasibility and suitability of certain outcomes. For example, in our work, we have found that some services/organisations want to provide support for all family members affected by SSB-A and implement activities/outcomes for the whole family collectively, however, cannot because it does not reflect their purpose, and ethos or in some cases opposes their commissioning arrangements and targets. This is in part because many victim services do not provide support for individuals responsible for harm and services for HSB do not provide support for children who have been harmed, and not all services can provide support for parents and carers/other family members.

What is the age demographic of our service users? SSB-A affects CYP and their families across the life course. Our work in the last five years has highlighted that CYP and adults affected by SSB-A need different types of support and responses. However, conversations about SSB- A and its approaches are sometimes amalgamated or are not always clearly distinguished for different age groups. While some challenges CYP face at the time of the incident will compare to issues adult victim-survivors face, SSB- A in childhood is practically different to addressing SSB-A in adulthood retrospectively. Outcomes and evaluation measures that a service/organisation creates will need to be age-appropriate and considerate to the developmental status, cognitive capacity and age-related needs the service user(s) have. In addition, if your service/organisation operates for all ages of individuals affected by SSB-A it should not be presumed that outcomes and evaluation measures that are suitable and work effectively for CYP will work and be effective for adults and vice versa.

Is our service/organisation available to all genders? Some services and organisations that work with individuals affected by SSB-A are gender specific. For example, adult rape and sexual abuse services/organisations are sometimes female only and will only permit female victim-survivors to receive support. If a service/organisation is only operational for a specific gender, then the outcomes and evaluation measures they develop may need to be gender sensitive/ focussed. In addition, gender-related outcomes may also feature in services/organisations that are not gender specific, this is because there are factors relating to SSB-A that are gendered. For example, the current evidence indicates that brothers are more likely to exhibit sexual abuse/harm towards their sisters. While certainly girls can cause sexual harm towards a sibling (brothers and sisters) and boys can be sexually harmed by their brother, a brother-sister gender pairing is most commonly indicated (Yates et al., 2024).

Do our service users have any additional needs or requirements that should be considered? Services and organisations working with individuals and families affected by SSB-A will need to be considerate to the intersectional circumstances and additional needs their service users may have. This means considering how outcomes and evaluation measures may need to be adapted when service users have a physical or learning disability, neurodiversity such as autism, are from diverse cultural and religious backgrounds, English is not their first language, are looked after children etc.

A small body of research suggests that CYP with learning disabilities may be over-represented among the males who are responsible for sexual harm towards a sibling, yet the research on this is not conclusive and weak (Yates et al., 2024). The broader HSB literature suggests that CYP with learning disabilities can be more vulnerable to being subjected to sexual harm/ abuse, and there is also evidence to suggest that CYP with learning disabilities or autism can be more vulnerable to displaying sexual behaviours that are inappropriate and problematic (NSPCC Learning, 2024; McNeish and Scott, 2024; Hackett et al., 2013). It is suggested that for some CYP with learning disabilities or autism engaging in HSB's can be attributed to this group having a lesser understanding and clarity regarding what sexually appropriate behaviours and boundaries are (Allardyce and Yates, 2018). CYP with diverse needs and additional requirements such as learning disabilities or autism would require tailored and specialised assessments/ therapeutic interventions to support them in understanding and reducing their HSB (McNeish and Scott, 2023). Holistic and tailored provisions delivered by professionals with enhanced and specialist knowledge would also be required for this group in terms of developing outcomes and the evaluation process.

Where does our service/organisation operate? (I.e. is our service/organisation in a specific region/location). This is useful to consider because it will reflect the types of outcomes that can practically be developed for who. For example, if a service/organisation is only available for CYP in a specific region of the country then outcomes can only be applied to and relevant to CYP within that area. The geographical location of your service/organisation may also mean that there are specific commissioning parameters that would impact what outcomes can be developed for who.

Service user	Gender	Age and development stage	Additional needs and requirments	Other relevant factors
Use this table to plan out who your outcome is for and seeks to benefit. For clarity this should be done for each individual outcome. **Highlight below who this outcome for (this can be a group or singular individual):** Children who have been harmed Children responsible for harm Parent/Carer Adult victim-survivor Adult who as children were responsible for harm Other (add)	What is the gender of the individual/ group this outcome is aimed at/for? **Male** **Female** **Gender is not specific/relevant** *If your outcome is gender-specific consider why gender is relevant and how a gender sensitive/focussed approach would be reflected in the outcome and evaluation process.*	What is the age and developmental stage of the individual/group this outcome is aimed at/for? **Add information about this below:** *Consider how the outcome and evaluation process would need to be adapted for CYP at different ages and stages of development and how they may need to be adapted for adult populations.*	Does the individual/group this outcome is for/aimed at have any additional needs or requirements? **Add information about this below:** *Consider how the outcome and evaluation process would need to be adpated for individuals and family members who have additional needs and requirements (e.g., physical and learning disabilities).*	Are there any other relevant factors about the service user that would be necessary to consider for the outcome and evaluation process? **Add information about this below:**

Table (1) A blank framework to support services and organisations plan and think about 'who' the outcome(s) is for and seeks to benefit.

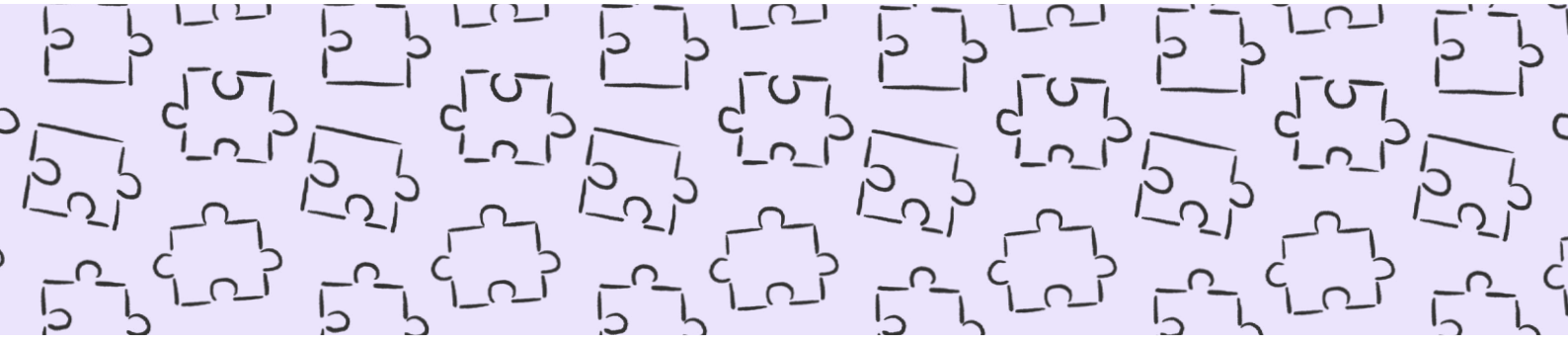
Next: Now that your service/organisation has a good understanding of the **who**, the **what** element of the outcome needs to be considered.

What: The what is the specific factor/aspect/circumstance/characteristic that a service/organisation wants to bring about a change difference/effect/benefit to. Thinking specifically about SSB-A it is very likely the what will be orientated around contextual circumstances and factors that are pertinent to individuals and families affected by SSB-A (the who). Your service/organisation is likely to have some understanding of the what that it wants to address from considering its aim(s) and from engaging with the KEAs in this resource. It is important to have in mind that the what should reflect the work your service/organisation do/provides and the resources it has available (this will be covered in more depth in the next section).
To support further understanding of the 'what' Table (2) provides a non-exhaustive list of contextual circumstances/factors/domains that services/organisations may want to make a change/difference to in relation to SSB-A. Table (3) provides a blank framework for services/organisations to use when reflecting upon and planning 'what' their outcome(s) will seek to make a change/difference to, and the context and details of this.

Domain	Relevance to SSB-A
Relationships (e.g., family, intimate partner, peers). **Note:** particular attention to family relationships and functioning is necessary with SSB-A. This includes the sibling relationship, parent-child relationship and parent-to-parent relationship.	Experiencing SSB-A can negatively impact and strain family relationships in child and adulthood, this can be exacerbated by how family members respond and react to the behaviour/abuse (Rowntree, 2007; Tener, 2021). SSB-A can also negatively impact intimate relationships in adulthood for example, SSB-A can cause challenges to sexual functioning and trust (Carlson et al., 2006), as well as impacting parent-to-parent relations (Westergren et al., 2023). In addition, research and practice evidence suggests that working to repair family relationships where SSB-A has occurred can have positive effects for CYP and adults (Keane et al., 2013). It is suggested that building positive relationships with the family can be a source of strength for recovery and moving forward from the harm (Simons et al., 2024; Archer et al., 2019). Because issues attached to SSB-A are often relational, a service/organisation may want to develop outcomes that relate to making a change/difference to relationship functioning, quality and dynamics.

Risk and safety **Note:** Ensuring risks are reduced and safety is prioritised for CYP, and their families will be a necessary requirement of any service and organisation providing assessments/support/ treatment/interventions for SSB-A. However, we felt it necessary to highlight that outcomes may also relate to circumstances surrounding risk and safety.	Research and practice evidence shows that alongside SSB-A individuals and families may be experiencing adversities that enhance risk and reduce safety. For example, there is evidence to suggest that in some families where SSB-A has occurred stressors can be present and there may be harmful or problematic features relating to family functioning, see KEA (2) for an overview of these. In addition, in later life adult victim-survivors may present with challenges that enhance risk to themselves such as substance use. Moreover, because of issues of safety and risk professionals working with CYP and families affected by SSB-A will likely need to make decisions about the living arrangements of the child who has been harmed and the child who is responsible for harm, and there may be circumstances whereby siblings need to be split up and live in different homes (Yates and Allardyce, 2023a). A service and organisation may therefore want to develop outcomes that are orientated around bringing about a change/difference to any risks and safety issues individuals and family members affected by SSB-A are experiencing.
Health and wellbeing	SSB-A is associated with many short and long-term impacts. In particular SSB-A can have negative effects on CYP's and adult victim-survivor's health and wellbeing. SSB-A is related to low-self-esteem, depression, sexual functioning, substance use, eating disorders and self-harm (Bertele and Talmon, 2023). There is also evidence to suggest that parents and carers may have adverse histories relating to their health and wellbeing such as mental health issues (Thomsen et al., 2023); thus, there may need to be a focus on trans-generational trauma with regards to SSB-A (Marmor, Weisrose and Kimelman, 2024; Caffaro, 2013). A service and organisation may therefore want to develop outcomes that are orientated around bringing about a change/difference to the health and wellbeing of individuals and family members affected by SSB-A and any issues attached to this.

Emotions and feelings	SSB-A can generate many feelings and emotions for individuals and family members affected such as blame, shame, anger, grief, sadness, confusion and denial (Tener et al., 2018; Monahan, 2010). Research shows that processing these feelings and emotions can be a difficult thing to do and exacerbate the adversities that individuals and families experience moving forward (King-Hill et al., 2023a). A service/organisation may therefore want to develop outcomes that are orientated around creating a change/difference to how individuals and family members affected by SSB-A understand their feelings/emotions and how they process these.
Knowledge	Research has identified that some CYP and adult victim-survivors do not report or seek help when they have experienced SSB-A because they lack/ed knowledge and understanding of what SSB-A is or that their experience/s were harmful or abusive (King-Hill et al., 2023a). There is also evidence to suggest that parental responses of minimisation and denial might reflect a lack of knowledge and understanding about SSB-A (Adams, 2024). A service/organisation may therefore want to develop outcomes that are orientated around creating a change/difference to the knowledge and understanding individuals and family members have about SSB-A and the issues/circumstances that engenders it.



Community and social factors	Considering a socio-ecological approach and understanding how broader circumstances/ environments can effect and influence behaviour and impact on trauma relating to SSB-A (McCartan and King-Hill, 2024; King-Hill and Gilsenan, 2023), a service/organisation may want to create changes/differences that are not only related to individual and familial circumstances, but develop outcomes that relate to community and social factors. For example: • CYP engagement and support at school • Housing (e.g., poor housing, safe housing) • Poverty and financial stress • Adults' engagement with employment and their local community • Peer networks (on and offline) • Social narratives relating to SSB-A (stigma, shame etc.) • Exposure to pornography.

Table (2) Examples of contextual circumstances and factors that services and organisations may want to make a change or difference to in relation.

Domain and context of the outcome (what)	Relationships	Risk and safety	Emotions and feelings
Once you have established 'who' the outcome is related to and seeking to benefit. Use this table to plan out the domain/context (i.e., the what) you want your outcome to address). For clarity this should be done for each individual outcome.	Is the outcome orientated around a relational change or difference? **Add information and detail about this below:** *Consider the relationship type (e.g., parent-child) and the context of the relationship change/difference (e.g. functioning, dynamics, quality etc.))*	Is the outcome orientated around a change or difference to risk and safety? **Add information and detail about this below:** *Consider using risk and safety plans to support this.*	Is the outcome orientated around a change or difference to emotions and feelings? **Add information and detail about this below:** *Consider the different ways this type of emotion/feeling can manifest and present. And what a change or difference to this emotion/ feeling 'would look like'.*
Knowledge	**Community and social factors**	**Health and wellbeing**	**Other domains**
Is this outcome orientated around a change or difference to knowledge? *Consider what the context of the knowledge is and what specific information, guidance and advice would be required to make a change/difference to this knowledge.*	Is this outcome orientated around a change or difference to a specific community and social factor? **Add information and detail about this below:**	Is this outcome orientated around a change or difference to health and wellbeing? **Add information and detail about this below:** *Consider the different ways this aspect of health and wellbeing can manifest and present. And what a change or difference to this aspect of health and wellbeing 'would look like'.*	Is the outcome related to a domain category not outlined, if so, add as much detail about the context of the 'what' here: **Add information and detail about this below:**

Table (3) Blank framework to support services/organisations think about and plan 'what' they may want to make a change or difference to in relation to SSB-A.

How: The how, relates to how the change, difference or any other effect to the what for who is occurring (Evaluation Support Scotland, 2022). For example, if the what is 'health and wellbeing' and the who is 'parents and carers' it would be necessary to know how and in what direction a change/difference to parents and carers' health and wellbeing will occur. Will it increase and improve (i.e., be more than), decrease and reduce (i.e., be less than) or remain the same or stable.

It may also be helpful to think about this using language/statements that imply difference and change such as 'Have better understanding of', 'Will be enhanced', 'Will be more able', 'Will feel less', 'Will no longer' (Evaluation Support Scotland, 2022). Outcomes will typically include 'change' orientated language/statements such as those described above.

Thinking specifically about SSB-A, services and organisations will likely want to bring about positive changes to the lives of individuals and families affected and build on their strengths, as such it is likely that changes and difference will be orientated around improvement or the reduction of negative circumstances.

Putting the Who, What and How together:

Using the information you have added to Table (1) and Table (3) you can now write out a focussed outcome that includes the who, what and how; use Table (4) to do this and see Figure (9) to re-reflect on what the who, what and how are.

To help your service/organisation visualise how to construct an outcome that includes the who, what and how see the example outcomes below we have created relating to SSB-A:

- 'Parents and carers are better able to identify and prevent risks related to SSB-A'. The **who** is: parents and carers, the **what** is: identify and prevent risks related to SSB-A, and the **how** (i.e., the direction the change is occurring) is 'better able'.

- 'CYP's engagement in inappropriate, problematic and abusive sexual behaviour is stopped/reduced'. The **who** is: CYP responsible for harm, the **what** is inappropriate, problematic and abusive sexual behaviours and the **how** (i.e., the direction the change is occurring) is reduced/stopped.

Add your outcome(s) here:

Who:	What:	How:
Insert a new row for each outcome		

Table (4) A blank table for services and organisations to develop an outcome(s) including the who, what and how.

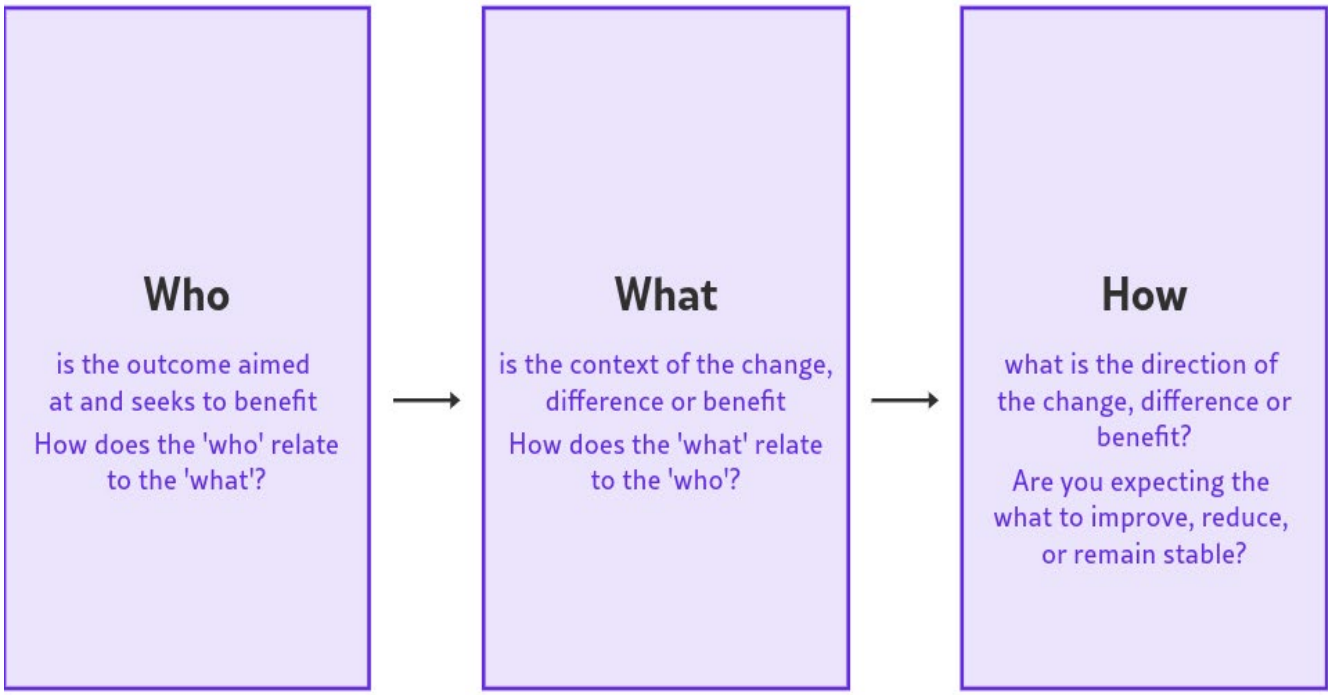


Figure (9) The who, what, and how of an outcome (created with guidance taken from Evaluation Support Scotland, 2022).

Next section: The next section will discuss outputs and how outputs (i.e., the work and activities your service and organisation do and provides) will inform and support your outcomes.

Outputs (activities): What does our service/ organisation do?

An output is the work your service and organisation does, these are sometimes referred to activities. The activities or work a service/organisation does can be anything from staff meetings to providing bespoke interventions for CYP who are responsible for harm. Outputs are necessary to consider because outcomes can only be achieved if they are underpinned by appropriate outputs. Services and organisation will need to think carefully about the work they do in order to decide what outcomes can practically be achieved. The outputs a service/organisation chooses to support their outcomes should always have relevance to the change/difference that they want to make (Evaluation Support Scotland, 2022).

Choosing outputs that are evidence-based:

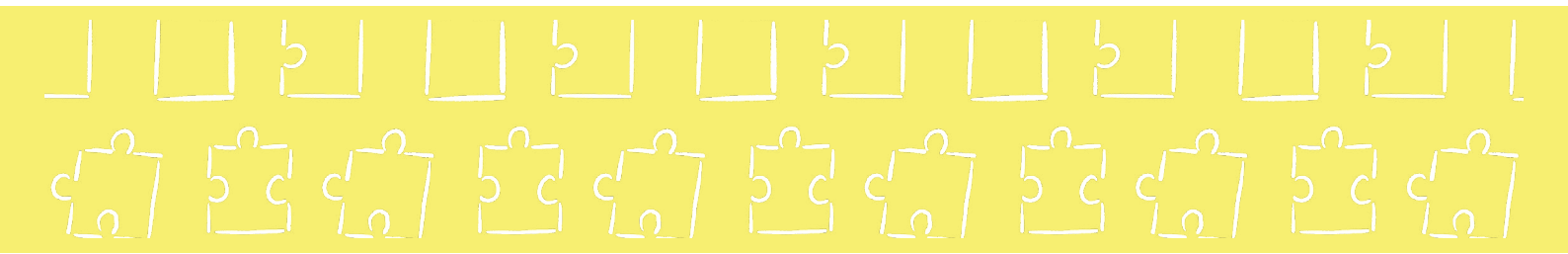
The outputs (activities) that a service/ organisation chooses to achieve their outcomes(s) should be grounded in research and practice evidence (Clark and Purdy, 2007; Parkinson and Sullivan, 2019). By this we mean that activities should be chosen purposefully, and it should not just be expected that a particular activity will lead to a particular outcome. Instead, there should be a clear evidence basis as to why the activity(s) will = the outcome(s).

Hypothetical example relating to SSB-A:

If a service/organisation decides to involve adult victim-survivors in a peer group support session with other victim-survivors to address the outcome 'Adult victim-survivors will feel less shame and self-judgement'. Then there would need to be evidence that shows and supports the concept that a peer group support session would result in adult victim-survivors' feeling less shame and self-judgement.

To decide whether an activity(s) is suitable/ should be used to achieve an outcome(s), your service or organisation would need to establish whether:

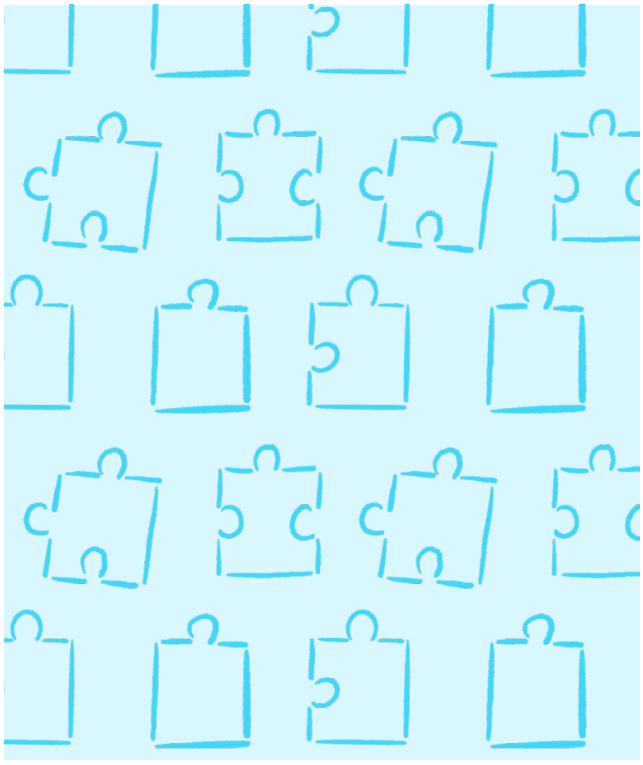
- The outcome has been achieved by this activity before at the service/ organisation or by other similar services/organisations.
- The activity(s) is recommended in practice guidance for the outcome suggested.
- There is theoretical and research evidence that this activity would support the outcome.

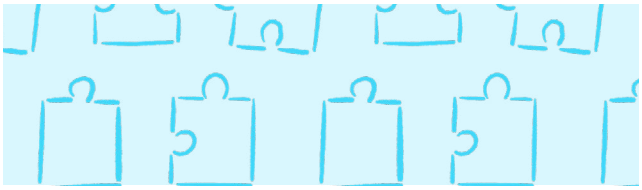


If your service/organisation can answer these questions and provide justification/evidence, then it can be assumed with confidence that the chosen activity(s) will support the outcome(s). If your service/organisation cannot answer these questions and provide sufficient justification, then the activity(s) chosen for the outcome(s) would need to be re-evaluated.

Choosing outputs/ outcomes that reflect the resources available:

It is not only important to establish whether activities are conceptually relevant for the outcome, but it is also necessary to establish whether your service/organisation has appropriate and sufficient resources available to support the activity(s) for the outcome. Resources are the assets, materials, supplies and means that a service or organisation has available to them and would be necessary for an activity to be engaged with, and the outcome achieved (Clark and Purdy, 2007). Resources can be many different things ranging from the equipment a service or organisation has to the type of professionals/staff they employ. It is essential that services and organisations understand what resources they have available before developing any outcomes, as implementing activities and achieving outcomes are ultimately dictated by what resources are available.





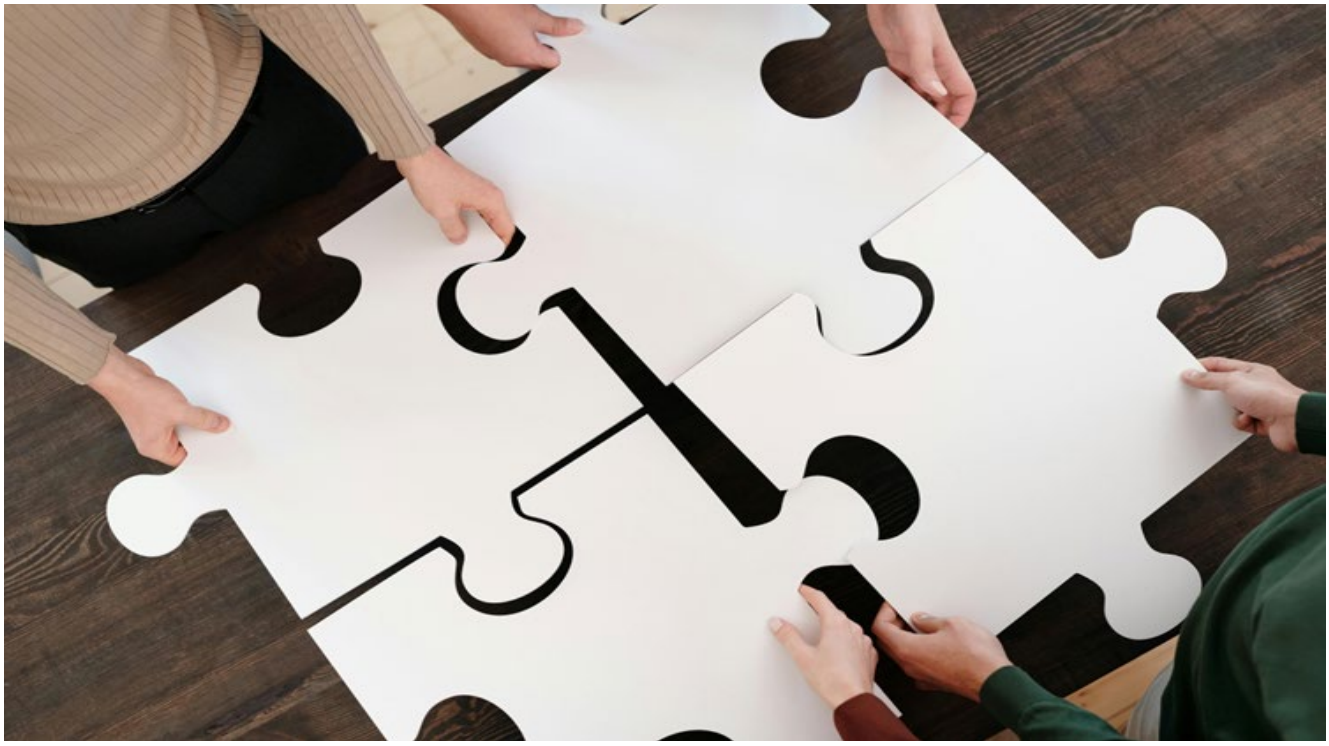
Hypothetical example relating to SSB-A:
A service/organisation decides to they want to achieve the outcome 'CYP will have stronger and more positive relationships with their parents and carers'. From conducting research and speaking with professionals in the field they decide that whole family therapeutic sessions with CYP and their parent/carers could support this outcome. However, to undertake this activity and address this outcome the service/organisation would need to have access to certain resources, in this case practitioners/professionals who have training and previous experience facilitating and conducting whole family therapeutic sessions. If they do not have access to this resource then the activity and outcome could not be achieved.

Are our resources sustainable and maintainable?

It is also important that the sustainability and maintainability of resources are established. This means that it is important to know whether your service/organisation has access to resources indefinitely or if resources are subject to particular parameters such as time or financial constraints. For example, if engaging in an activity is subject to a certain grant or source of funding, it would be necessary to establish the duration of the funding and whether the funding can be renewed, in order to know if the resource is sustainable and maintainable. If a resource is not sustainable or maintainable careful consideration about whether an activity can be conducted and if an outcome could be achieved would be required.

Outlining our activities and resources:

Services and organisations that respond to and provide support to individuals and families affected by SSB-A will engage in and provide many activities. It is strongly recommended that services and organisations take the time to write down and reflect on their activities and the resources they have before developing any outcomes. To help services/organisations think about the activities and resources they have available to them, Table (5) includes a list of activities and resources that services and organisations who respond to and work with individuals and families affected by SSB-A are likely to engage in and have access to. Table (6) provides prompts and space for services and organisations to write down and reflect on what activities they do and what resources they have.



While this may feel like an easy exercise taking the time to reflect on what your service and organisation does and the resources it has available is a necessary step in achieving outcomes. Developing appropriate outcomes is an iterative process of understanding what your service and organisation does and what can feasibly and suitably be achieved from these. It may be the case that after building a clear awareness of what your service/organisation does that the outcomes it has developed need to be re-evaluated. For example, it may be that outcomes can be more complex because your service/organisation engages in outputs and has the resources to support this or that your service/organisation needs to reduce expectations of what can feasibly be achieved from the activities/work it does and create outcomes that are simpler. To establish exactly what activities and the work your service/organisation does, in agreement with other guidance, it is recommended that your service/organisation engages with key stakeholders including staff, key professionals, experts by experience including present and current service users, and reviews policy and practice documentation and research literature in the field to consider examples of good practice.

Examples of outputs (activities)	Examples of resources
One-to-one therapy and counselling sessions	Staff and professionals (paid and volunteer)
Staff/Professional meetings/planning sessions	Funding and finances
Whole family therapeutic sessions and interventions	Connections and contacts with other agencies, services, organisations
Staff/Professional supervision	Facilities (e.g., rooms to provide family therapy sessions)
Educational programmes	Equipment and materials (e.g., craft materials for play therapy sessions with CYP)
Peer and group support sessions	
Bespoke/specialist interventions/therapeutic approaches (e.g., to support CYP with learning disabilities, psycho-sexual interventions, CBT, EDMR)	
Awareness raising and campaigning	
Restorative interventions and therapeutic sessions	
Physical health and medical support/ treatment	
Risk and safety planning/assessments	
Advocacy and advice	
Standardised and non-standardised assessments	

Table (5) Non-exhaustive examples of outputs and resources (applicable to SBB-A services/organisations).

Activities	Resources	Sustainability/ Maintainability
Prompts What activities do we engage in that are specific to our service users? (e.g., interventions, therapy etc.) What activities do we engage in that are specific to our professionals/staff (e.g., staff meetings, training, progress/ knowledge reviews). What data and information do our service/organisation collect? Gathering information and data is a type of activity that many services and organisations will engage in and should not be overlooked when thinking about your outcome(s). Does our service/organisation have a certain specialism or approach? It would be important to consider how the specialism or approach your service/organisation adopts may reflect the activities it engages in. Thinking specifically about SSB-A this could be activities such as whole family interventions/ therapies, psycho-social/ sexual/educational interventions, and restorative approaches.	*Prompts* What types of and how many professionals/practitioners/staff work at our service/organisation? What facilities does our service/ organisation have access to? What contact/connections does our service/organisation have with other relevant services/ organisations? What equipment does our service/ organisation have? What funds are available? What resources are available to use within the local community?	*Prompts* Does our service/organisation have lengthy waiting lists (i.e., how long are service users currently waiting to be referred to the service/organisation)? What is the length of our sessions/interventions/ treatments? Are the activities and resources our service/organisations have access to subject to certain funding or grants? Is the implementation of an intervention, type of support and treatment subject to having access to certain professionals/practitioners with specific skillsets?
Activity: Add an activity here: *To add more activities and resources, duplicate the row.*	**Resource:** What resource(s) do we need/have for this activity: **Add information and detail about this below:**	**Sustainability/ maintainability:** Are the resource(s) sustainable and maintainable. **Add information and detail about this below:**

Table (6) Blank table with prompts for services and organisations to use when establishing and reflecting on what activities they do and the resources they have.

In summary it is essential that outcomes a service/organisation develops are relevant to their purpose and needs and that they are based on accurate evidence. Any outcomes developed should also reflect and be suitable to the outputs a service/organisation engages in and reflect the resources that are currently available and will continue to be available to them, see Figure (10).

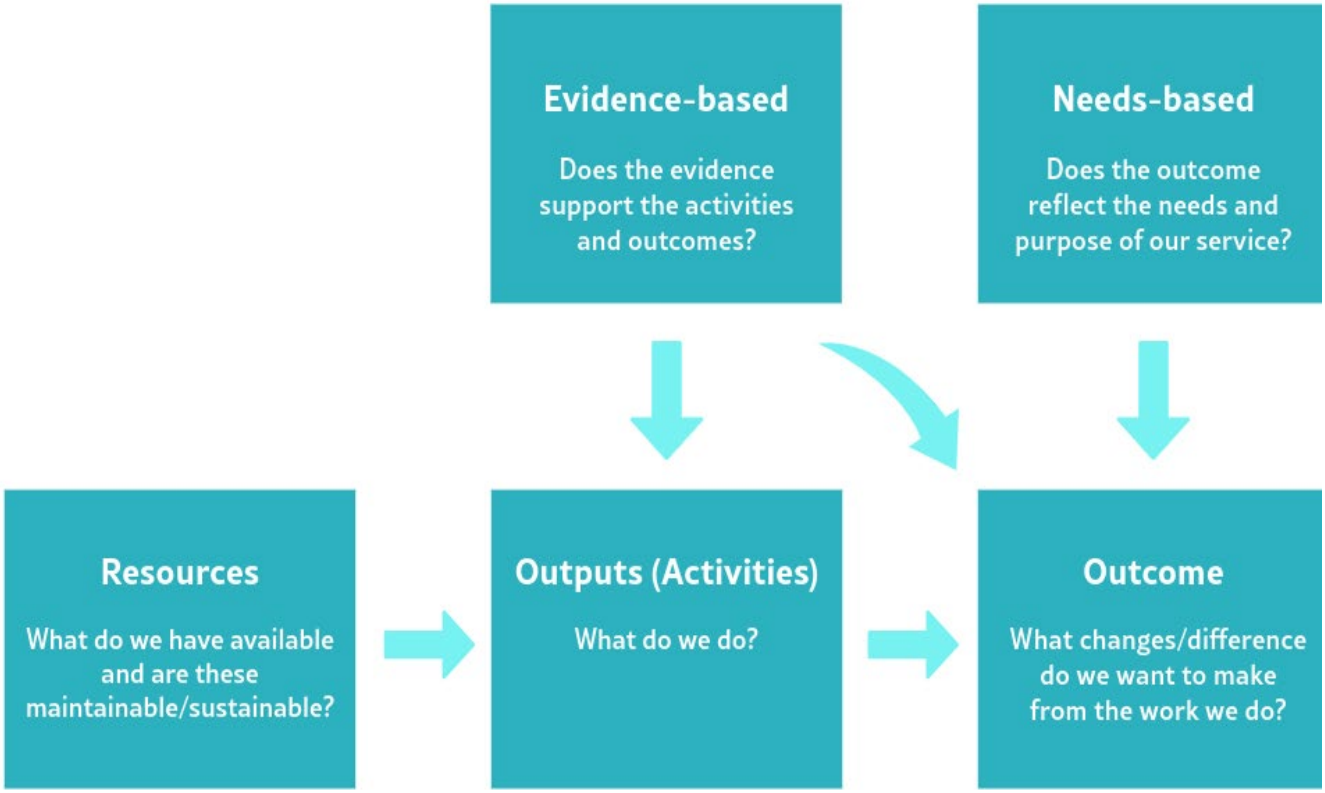
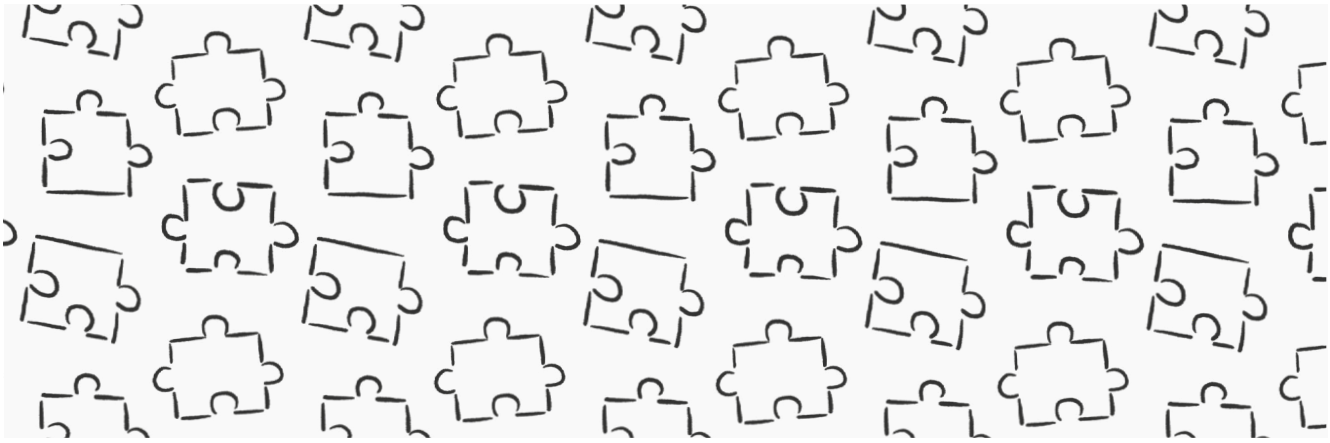


Figure (10) Developing an outcome (created with guidance taken from Evaluation Support Scotland, 2022).



Evaluation

This section outlines what an evaluation is and how your service could measure its outcomes for effectiveness and success. This resource does not cover or provide an in-depth overview of the practicalities and challenges attached to conducting an evaluation. Rather this section of the resource is aimed at helping services and organisations think broadly about how they may go about measuring the effectiveness of any outcomes they create. Evaluations should not be tokenistic, which means they should only be conducted if your service/organisation plan to address the evidence and recommendations that are produced. If your service/organisation intends to carry out an in-depth evaluation (whether internally or externally) of the outcomes it has implemented and wants to know more about and understand the complexities of this, we recommend reading and engaging with the CSA centre resource: Measuring your effectiveness: A practical guide for services working with children and young people affected by sexual abuse guidance and Evaluation Support Scotland support guides on developing outcomes and evaluation measures.

What is an evaluation?

Establishing contextually relevant and purposeful outcomes and engaging in relevant activities to achieve these is the first step. Next it is important to know if the output(s) your service/organisation has engaged in have **actually** achieved the outcome(s), to know this has happened an evaluation is required (Evaluation Support Scotland, 2018). An evaluation is the process of gathering evidence, information and data to measure whether the activities and work that has been done has resulted in the outcome(s).

Conducting an evaluation is helpful for many reasons without evaluating the work your service and organisation does its unlikely that your service will have a robust understanding of whether the work and activities they provide have created meaningful and positive change for individuals and families affected by SSB-A and whether particular ways of working should be continued. An evaluation will also allow a service and organisation to:

- Understand what activities worked and why
- Understand if their outcomes are attainable and sustainable
- Establish what could be done differently in the future
- Establish what activities they should continue providing and are working effectively and which are less effective
- Show funders and future investors that their service/organisation is fit for purpose
- Demonstrate to potential service users that they can provide meaningful and effective support.

Developing indicators

To know if an outcome(s) has been successful or meaningful your service or organisation will need to identify and develop indicators. An indicator is a measure(s) that tells us or gives us a sign that an outcome has been successful and effective. It is unlikely that demonstrating the success of an outcome will be achieved by just one indicator, typically it is recommended that the success of an outcome is measured using 2-3 indicators (Evaluation Support Scotland, 2018). Having more than one indicator will provide validity and cement certainty that the outcomes have been achieved with meaningful effect. In Table (7) we have provided some examples of how services and organisations for SSB-A could go about measuring whether their activities have resulted in their intended outcomes and a description of these with examples relating to SSB-A.

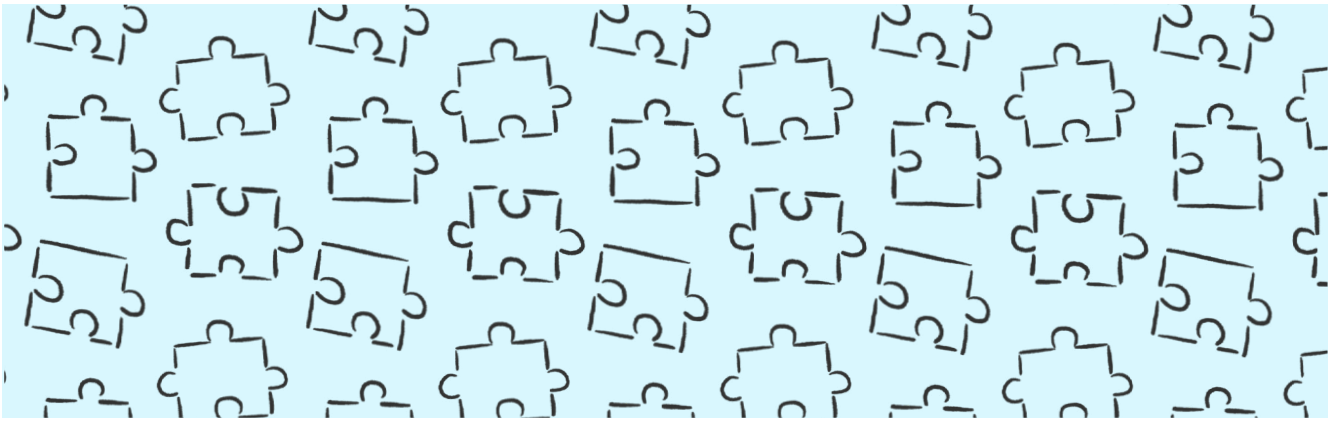
How services and organisations could measure the effectiveness of their outcomes.	Description
How an individual describes a process or 'tells us'	It could be indicated that the outcome has been achieved because the individual tells you that a change, difference or benefit has been made to/for them, and they offer descriptions and examples about this change/ difference. **Outcome example:** 'CYP who have been harmed are better able to process their feelings about the SSB-A'. To know that this outcome has happened, and has been successful, it could be useful to ask and let the CYP describe how they 'are better able to process their feelings about the SSB-A'. Because this is a soft outcome this will likely look different for each CYP but there may be similarities in how this manifests or 'looks' for this group. For example, for some CYP a sign that this outcome has been met could be that they can talk about and describe the abuse/behaviour they were subjected to, but this may not be the case for all CYP.
How a third party describes a process or 'tells us'	Understanding whether a change, difference or benefit has been attained could be indicated by a third-party source telling you or describing that a change/ difference has happened and how. **Outcome example:** 'CYP who are responsible for harm have improved confidence and coping skills' To know that this outcome has happened it could be useful to ask the professional(s) who has worked with/ supported the CYP to describe and provide examples of how there has been a change or difference in the CYP's confidence and ability to cope. Because this is a soft outcome and is therefore subjective it is likely that the professional will describe changes in confidence and give different examples of coping skills for each CYP. Variability will likely depend on the individual CYP, the situation and the context/background.

Changes to ratings, scales, feedback from a pre and post assessment	Understanding whether an outcome has been achieved could be indicated by a change or difference to a rating, scale or feedback gained from a pre and post assessments. **Outcome example:** 'Adults who are responsible for harm feel less self-shame about their behaviours in childhood'. To know that this has happened it could be useful to ask the adult who was responsible for harm to rate their feelings of self-shame before and after an activity(s) and then assess the results to see if there has been a positive/improved/meaningful change or difference. If there has then this could indicate that the outcome has been successful.
Change in circumstance or context	Recognising whether a change, difference or effect has occurred can also be indicated from an observable change to an individual's/ group's circumstances/ context. **Outcome example:** 'CYP who have been harmed have a suitable and safe living environment'. This outcome could be indicated by a physical change to the CYP's living arrangements/environment. For example, the sibling responsible for the harm is relocated to live with another family member and because of this the CYP who has been harmed is no longer being abused and as such their living arrangements/environments is more suitable and safer.
Change in behaviour or health/wellbeing	Recognising whether a change, difference or effect has occurred could also be indicated by an observable change to an individual's /group's behaviour, the way they act, or their health and wellbeing (e.g., physical health, mental health, sexual health). **Outcome example:** 'CYP who have been harmed have increased feelings of happiness'. This outcome could be indicated by parent/carer observing/ seeing a change in how their child is behaving or acting. For example, the parent/carer reports that their CYP is sleeping and eating better and participating in activities they ordinarily enjoy.

A numerical target is achieved	Some changes, differences or effects are associated with a numerical target and achieving the outcome is predicated on the number of something or percentage being met. **Outcome example:** 'Adult victim-survivors will have improved personal relationships'. A service and organisation decide that in order for this outcome to be successful that at least 50% of adult victim-survivors who access and receive support from their service in that year 'will have improved personal relationships'. (For a numerical target such as this it would also need to be established what specifically 'improved relationships' would look like/mean).
Attendance and retention: Record that an activity has been in engaged with and/or is completed within a specific timescale	Records that an activity has been completed or engaged in sufficiently is another possible indicator/ sign that an outcome has been achieved or effective. **Outcome example:** 'Parents and carers are better aware of victim-blaming responses and have greater knowledge about how to respond to disclosures/signs of SSB-A'. To achieve this outcome parents and carers are asked to attend an educational programme about how to support their children and respond to abuse. An indicator that the outcome has been successful could be the record/documentation that they attended and engaged in this activity and that there has been a change to their awareness/knowledge.

Table (7) How services and organisations can measure the effectiveness and success of their outcomes.

As demonstrated in Table (7) measuring if an outcome has been attained or effective can be done in different ways. To help demonstrate how indicators can be applied, Figure (11) provides example indicators for the outcome outlined in the previous section of this resource 'Parents and carers are better able to identify and prevent risks related to SSB-A'.



Indicators

Parents and carers tell us that they have a better understanding of risks and how to prevent them and describe and provide examples how.

Parents and carers are involved in co-developing a risk and safety plan, and this is completed.

There is physical evidence that parents and carers understand risks and prevent them (e.g., children are monitored when spending time together).

Professionals and staff report that parents and carers show an awareness of risks and how to prevent them and give examples and descriptions of this.

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Outcome

'Parents and Carers are better able to identify and prevent risks related to SSB-A'.

Figure (11) Example indicators for the outcome
'Parents and carers are better able to identify and prevent risks related to SSB-A'.

Gathering evidence

Once your service/organisation has an understanding of what indicators would be needed to show the success/effectiveness of its outcomes it will need to establish what evidence, information and data would be required to support the indicators and demonstrate that the outcome has been achieved.

Things to consider before gathering evidence:

Gathering evidence and collecting data to evaluate your outcomes will need to be planned carefully and with thoughtful consideration. Collecting data and information is not an easy task, it will be necessary to consider the practical and ethical implications of evidence gathering and how the data your service and organisation collects will be analysed and assessed. Here we will provide only a brief overview of these considerations for a greater and more in-depth understanding of the practical and ethical implications of gathering evidence and data collection we suggest engaging with methodological and research guidance (see Robson and McCartan, 2016).

Practicality of gathering evidence:

Before gathering evidence to support your outcomes there are several practical implications that services and organisations would need to consider, importantly they would need to assess whether they have the resources and infrastructure to accommodate gathering evidence for an evaluation, these include:

Having appropriate materials/facilitates to gather evidence. For example, conducting a focus group with parents and carers would require having a suitable physical or online space whereby the focus group could take place.

Having trained and suitable professionals to facilitate and conduct evidence gathering. For example, conducting a one-to-one interview with CYP who has experienced harm would require having access to a trained professional who has experience communicating with CYP in this format. If professionals at your service/organisation are not trained in certain research methods such as one-to-one interviewing this could lead to bias and inadequate results. If your service and organisation intend to use a certain data collection method, it should always be assessed whether staff/professionals have the skillset to do this.

Having the funds and financial resources to gather evidence. Collecting data will have financial implications such as employing staff to gather and analyse data.

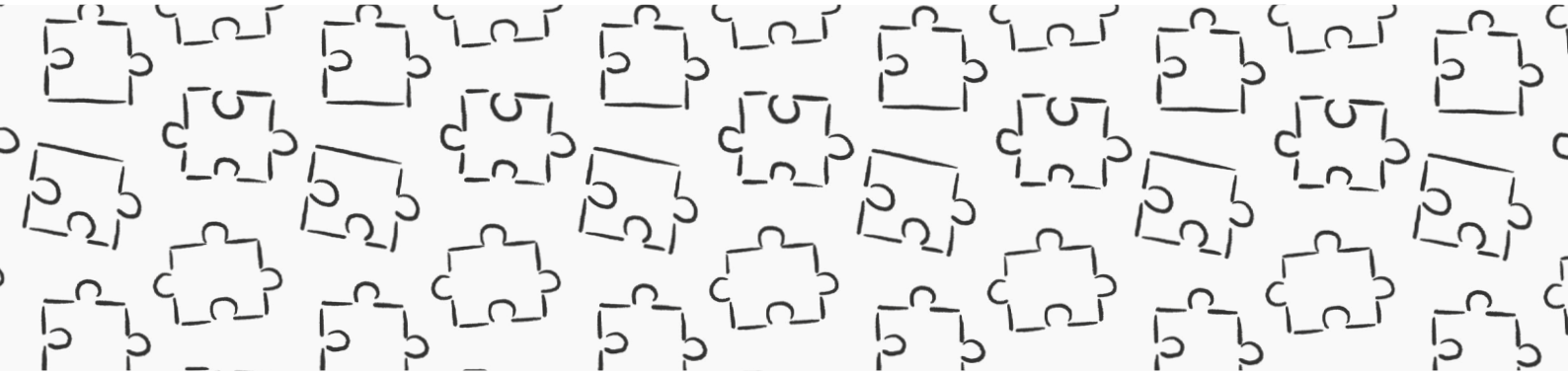
Having the time to collect evidence. Some forms of data collection can be very time consuming for example conducting a one-to-one interview can take anywhere between 1-2 hours per interview and to transcribe verbal interview data into a written format takes approximately 4 hours per 1 hour of audio.

Timing when to gather evidence. Knowing when is the right time to collect evidence will also need to be considered. It can take time for a change, difference or benefit to happen, it is important not collect information for your evaluation before any meaningful effects can be observed. In most circumstances your evidence will be gathered after the activities are completed (e.g., conducting a one-to-one interview at the end of support), unless your service/organisation are using pre/post or interval assessments, in this case evidence gathering would be required at each phase. Some evidence may be collected continuously because it is a procedural aspect of practice such as case notes and attendance records.

What and how much evidence to use: Services and organisations often collect large quantities of information, data and evidence. Services will need to be realistic about how much evidence they can use, the purpose for this, and ensure they have the resources to collate, analyse and use their data effectively.

Ethics of gathering evidence:

It is important to make sure that an organisation has good advice, guidance and approvals before collecting data. Organisations should always obtain ethical approval before conducting any data collection or research. This ethical approval can be from internal or external ethics committees as well as from governing bodies, accreditation organisations or professional practice organisations. It is essential to have independent ethical advice and approval, as it is not only good research practice, but it mitigates reputation damage to the organisation through poor research practice. It is also important to state that ethical approval is necessary regardless of the type of data collected or research conducted. Before collecting any evidence or information all ethical matters would need to be clarified and a plan to address these would need to be drawn up. The sensitive and highly emotive nature of SSB-A means that there will be several ethical parameters that must be considered before any evidence can be gathered (McCartan, 2022b). Ethical considerations that must be thought about include:



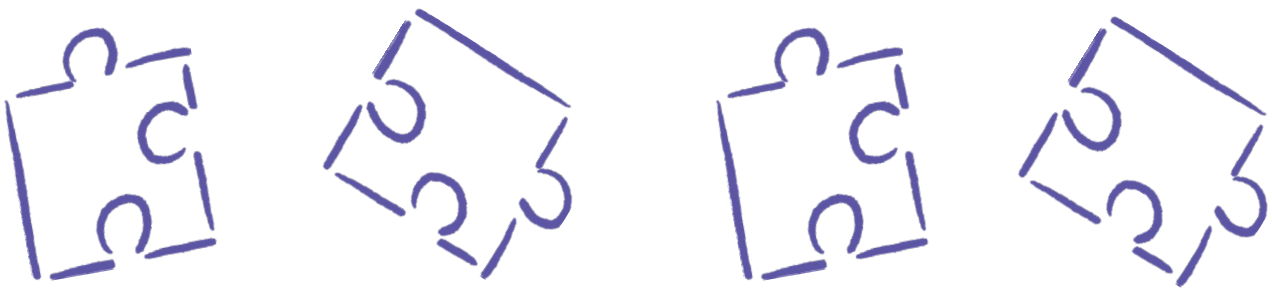
Informed consent. Gathering and using any data that has been directly collected from a service user or from secondary data sources about the service user (e.g., multi-agency records, case notes) for an evaluation will require having informed consent from the service user. Consent must be informed and transparent which means the service user must know why their data will be used and for what purposes and agree to this verbally or in a written format before any evidence gathering takes place for your evaluation. Consent must be given freely and can be revoked at any time during the evidence gathering process.

Storing data. All data that has been gathered must be stored appropriately, safely and ethically. Data should be stored in accordance with GDPR standards. We recommend conducting a data management plan before collecting and gathering any evidence.

Emotional distress. Gathering evidence and asking service users to provide feedback, insights and information about their experiences for an evaluation could cause further emotional upset or distress to them. Services and organisations should only ask questions that are essential for their evaluation and consideration to the wording and delivery of these questions, as not to cause any undue emotional harm, would need to be addressed. Consideration to how emotional distress or upset would be mitigated if it was to arise is also required. For example, having provisions in place to offer service users a debriefing session after a one-to-one interview would be a form of mitigation.

Anonymity. Any data and evidence gathered from service users must be anonymised in any written reports, documentation, research articles, blogs etc. about your evaluation. This means removing any identifiable data about the service user.

Collecting data from CYP. To conduct an evaluation some services/organisations may want/need to gather information from CYP directly, there a specific ethical challenges that would need to be considered before this takes place. If the service user is a CYP consent to gather information from them will need to be gained from the CYP in an age-appropriate manner (if they have the capacity to give consent) as well as from their parent, carer or guardian. The types of methods used to gather evidence from CYP would also need to be considered, for example lengthy in-depth questionnaires about their experiences might be suitable for older CYP but this may be overwhelming and confusing for younger children; data collection methods must therefore be considerate to CYP's developmental and educational capacity. In addition, the ethical implications of involving CYP who have been abused/harmed or are experiencing other forms of adversity and trauma within an evaluation must to be carefully considered, the safety and wellbeing of the CYP should always come before any evaluation (this applies to adults too).



Types of evidence:

Information and evidence can come in many different forms. To know what types of information or evidence to collect for your evaluation it will be helpful to first establish whether qualitative data or quantitative data is required, as this will determine the methods that are used to gather evidence (Robson and McCartan, 2016).

Qualitative data is evidence or information that is written or verbal (spoken) this type of data typical provides rich descriptions of experiences, meanings, feelings and understandings (Robson and McCartan, 2016; Braun and Clarke, 2013). Qualitative data will for the most part be related to and used to evaluate outcomes that are 'soft'.

Quantitative data is evidence or information that is numerical and seeks to identify descriptive/inferential statistics, patterns, relationships, targets, etc. (Robson and McCartan, 2016). Quantitative data will for the most part be related to and used to evaluate outcomes that are 'hard'.

Aswell as establishing the type of data that would be required to measure the success of your outcome(s), it is also necessary to consider who or where the sources of information will come from, evidence is most likely to be gathered from:

- Service users (e.g., individuals and family members affected by SSB-A)
- Employees and staff members (e.g., professionals providing support and treatment)
- Data records (e.g., case notes, referral records, attendance records, policy documentation etc.)
- Other agencies, services and organisations (e.g., information/assessments provided by external agencies).

To help services and organisations have a clearer understanding of the different ways they can gather information, data and evidence to measure their outcomes in Table (8) we have provide examples and descriptions of different data collection methods (Robson and McCartan, 2016). These are by no means exhaustive rather they reflect good practice data collection methods. Services/organisations may want to engage in different methods of gathering information and evidence.

Examples of ways to collect evidence and data:	Description	Data type
Surveys/Questionnaires	A survey or questionnaire is when you ask an individual to answer a series of predesigned written questions. Surveys/Questionnaires can include open-ended questions and ask respondents to provide written in-depth feedback. They can include closed questions which would ask respondents to provide a dichotomous response such as Yes/No. They can also include questions that requires a numerical response such as a rating or scale.	Can produce both qualitative and quantitative data
Record/document reviews	Recorded and documented information may be used to evidence/indicate that an outcome has been achieved or is effective. Many services and organisations will keep records and have documentation about their service users. For example, they may gather information about a service users' history and circumstances or may keep records of case notes written by professionals providing support. Services and organisations may also keep attendance records regarding how many times and the types of activities service users have engaged in. Evidence can also include policy and practice procedural records/ documentation. These types of information/evidence can provide useful insights into whether outcomes have been attained.	Can produce both qualitative and quantitative data

Written feedback	Service users or professionals who have provided support could be asked to provide written feedback or a statement about service users' experiences and the changes/difference that have been made.	Produces qualitative data
Focus groups	Focus groups are when you bring a group of individuals together to discuss their experiences or insights on a particular topic. Normally individuals in a focus group have something in common such as their status or experience.	Produces qualitative data
Interviews (one-to-one)	One to one interviews are when you ask one individual a series of questions about their experiences, insights or thoughts. You may wish to ask an individual a set of predesigned questions and not deviate from these, this is known as a structured interview. You may wish to ask a mixture of structured and open questions, this is known as a semi-structured interview. Or you may wish to engage in an interview which is more like a conversation and questions are not predesigned, this is known as an unstructured interview.	Produces qualitative data

Pre and Post assessments	To gather evidence some services and organisations may conduct pre and post assessments as a means of sourcing evidence. This typically would involve asking services users to provide feedback or answer questions (via an assessment/ questionnaire/survey) before engaging in an activity(s) and after engaging in an activity(s) or at many different intervals. Some service and organisations may use pre and post standardised assessments that have been measured for their validity and reliability. An example of this could be using recognised and standardised clinical assessments and measures to assess an outcome. For a greater understanding of how clinical measures/assessments may be used in this way, see Barry and Harris (2019) where an overview and analysis of using clinical measures (Trauma Symptom Checklist for Children, Child Sexual Behaviour Inventory, Strengths and Difficulties Questionnaire and the Parental Stress and Social Support Scale) within a service for HSB and SSB-A (Be Safe) is provided. Using standardised assessments will require professional expertise to conduct and analyse the results. The ability to use standardised assessments should be verified by the service/organisation. It may also be the case that a service/ organisation will conduct non-standardised pre and post-assessments. These are normally designed by the service/organisation themselves. For example, it may be useful to ask service users to complete a pre and post activity assessment/survey/ questionnaire to gain their insights, ratings, feedback on certain issues, topics, factors that your service/ organisation is interested in and use the results of these as indicators/ measures of success.	Can produce both qualitative and quantitative data

Table (8) Methods for gathering evidence.

In summary, in order to assess whether the outcome(s) that have been implemented are meaningful and have been successful, your service and organisation will need to gather relevant evidence to show this. The types of evidence your service and organisation gather should be suitable to the type of outcome that has been implemented (i.e., soft or hard outcome) and should be sensitive and considerate of ethical and practical parameters.

Analysing your evidence:

Once you have collected all of your data your service/organisation will need to make sense of what the evidence is telling you. This will require analysing the data to draw conclusions. Analysing qualitative and quantitative data and evidence requires specific skills and knowledge, having access to these will be necessary if evidence is to be used appropriately and effectively within an evaluation. In order for an evaluation to be meaningful and accurate, it is important that your data is analysed with rigour, transparency and without bias (Robson and McCartan, 2016).

Analysing qualitative evidence. Qualitative data is typically analysed through exploring themes and patterns in written and verbal data. This could be achieved by using analytical methods such as 'thematic analysis'.

Analysing quantitative evidence. Quantitative data is typically analysed by examining percentages, proportions, ranges, averages etc. You can analyse quantitative data using more complex statistical analytical methods, however these are unlikely to be relevant for a service/organisation evaluation.

Reporting what you have found:

Once you have gathered and analysed/made sense of all the evidence it would be helpful to summarise this into a written/verbal format to demonstrate the successes of your work and/or areas that require development/improvement, you may choose to share your findings internally and use it as reference point for continued practice development, or externally to show other organisations and services, stakeholders and service users the results of your work. This could be achieved by producing a report, blog, newsletter, research article, roundtable discussion, conference presentation/workshop, etc. Once you have reported and summarised what you have found, it is recommended that your service and organisation take time to reflect on what this means and how this would inform future aims and outcomes.

The process of constructing 'fit for purpose' outcomes and evaluating these for effectiveness is a staged and has several steps. Figure (12) provides a summary and overview of the stages of developing outcomes and evaluating these which have been discussed in this resource.

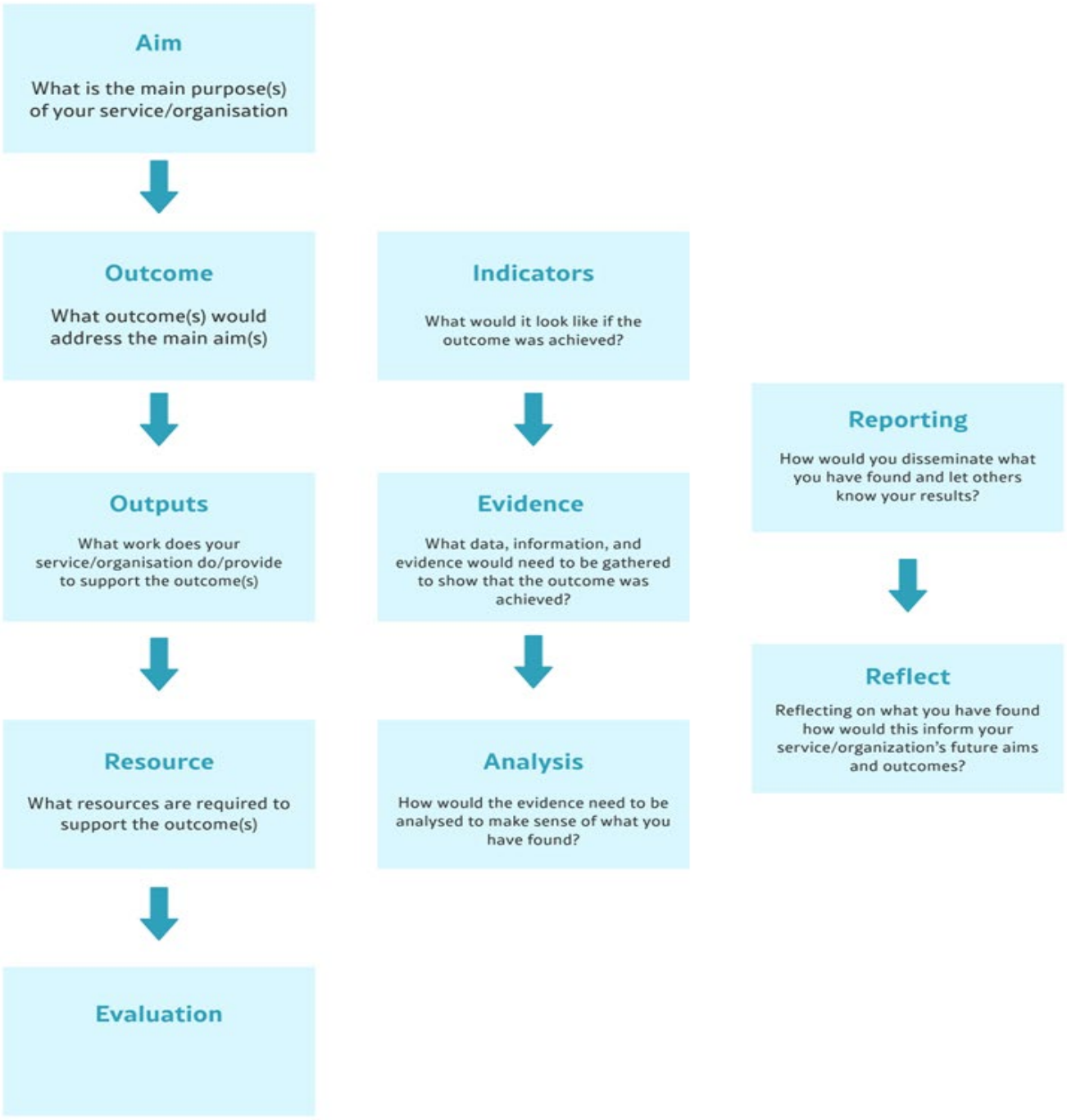


Figure (12) Stages of the outcome and evaluation process.

Section three: Hypothetical example framework of outcomes and evaluation measures for SSB-A

Overview of this section:

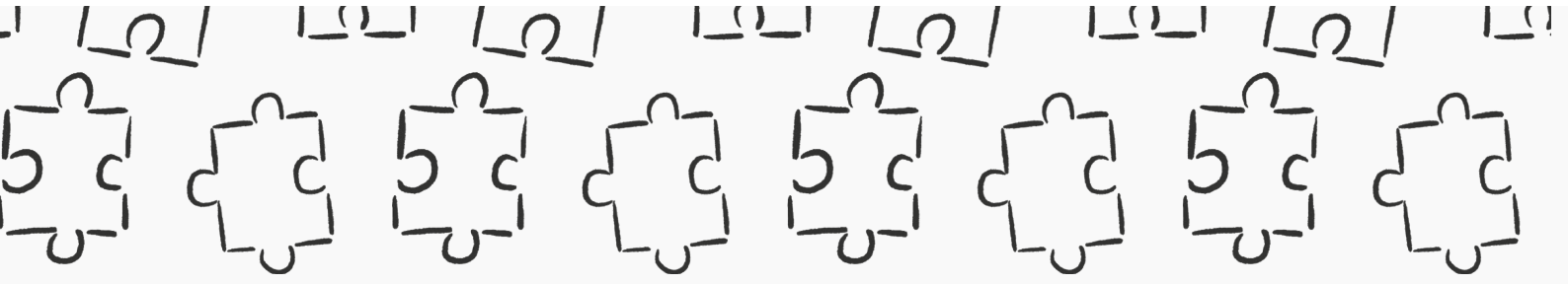
In this section we bring all the guidance and evidence outlined in section one and section two of this resource together and provide services and organisations with a framework of hypothetical example outcomes and evaluation measures that are specific to individuals and family members affected by SSB-A, see Table (9). Recognising that services and organisations may not work with or support all individuals and family members affected by SSB-A, we have designed a separate example for everyone who is likely to be affected by SSB-A. The hypothetical outcome and evaluation examples represent challenges and issues that children who have been harmed, children responsible for harm, parents/carers, adult victim-survivors and adults who as children were responsible for harm are likely to face because they have experienced or displayed SSB-A and have been created to provide services and organisations with realistic illustrations. Note: The outputs we suggest are not exhaustive or the activities services and organisations should be using for the circumstances/contexts we discuss, rather reflect common and recommended approaches to addressing SSB-A, HSB and CSA.

To support services and organisations in developing and thinking about outcomes and evaluation measures suitable for them we have also provided a blank framework with prompts that services/organisations can use and fill out when planning their outcomes, outputs, resources, indicators and evidence relating to SSB-A, see Table (10).

Who	Context	Outcome	Output(s)
Adult victim-survivors	A rape crisis service/ organisation that specialises in SSB-A recognises that many adult victim-survivors' referred to their service/organisation are experiencing emotional difficulties because they feel to blame and responsible for the abuse/harm they have experienced. The service/ organisation decides that they want to make a change and difference to this as they feel it will help achieve their overarching aim: 'Victim-survivors move forward from the harm and abuse they have suffered and lead meaningful lives'.	The service/ organisation develop the following outcome: 'Adult victim-survivors' who have experienced SSB-A sense of self blame will be reduced'. **Who:** Adult victim-survivors **What:** Sense of self-blame **How:** Reduced	One-to-one talk therapy sessions. Peer group support sessions where victim-survivors can connect with other victim-survivors.

Who (continued)	Resource(s)	Indicator(s)	Evidence
Adult victim-survivors	Trained professional to provide one-to-one talk therapy sessions. Trained professional to coordinate and facilitate the peer group support session. Access to and connections with victim-survivors to run and coordinate the peer group support session. Physical space (e.g., a room, or access to online video conferencing) to provide the one-to-one therapy sessions and peer group support. Professional/staff member to gather/analyse evidence for the evaluation.	Adult victim-survivors' describe the changes/ difference to their sense of self-blame and tells you how it has improved. The professional(s) who have supported the adult victim-survivors describes the changes that have been made to the adult victim-survivors' sense of self blame and how this has improved.	Adult victim-survivors are asked to fill out a questionnaire at the end of their support and provide feedback on its benefits. At the end of support, the professional(s) who has worked with adult victim-survivors are asked to provide written feedback about their progress and recovery journey that they have observed.

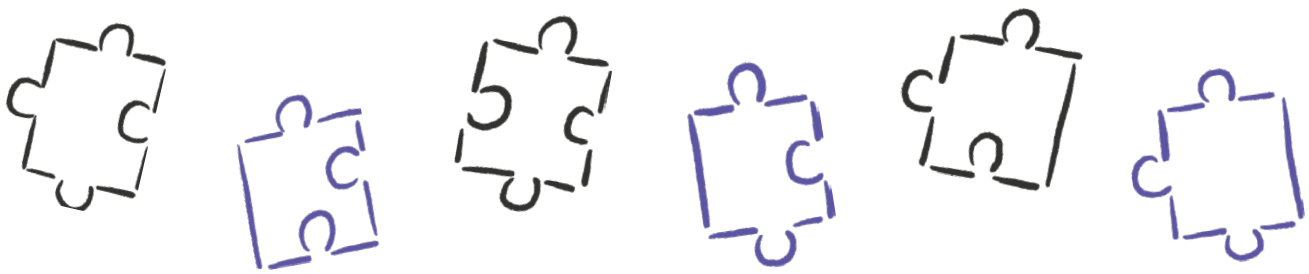
Who	Context	Outcome	Output(s)
Parent and carers	Research evidence shows that when SSB-A is disclosed/discovered parents and carers can respond in unhelpful and sometimes harmful ways such as denying the abuse/ harm has happened, blaming the child who has been harmed, anger and minimisation. While these responses might be understandable, they could cause further distress, harm and risk. With this in mind a third sector service/organisation that provides support for the whole family decides that they want to make a difference to how parents and carers respond to and support their children.	The service/organisation decides to implement the following outcome to address this: 'Parents and carers will have greater knowledge of how to respond to SSB-A and support their children'. **Who:** Parents and carers. **What:** Knowledge of how to respond to SSB-A and support their children. **How:** Have a greater.	One-to-one talk therapeutic sessions for parents and carers. Parents and carers are provided with guidance, advice and education about how to respond to SSB-A and support their children. A safety plan is co-developed with parents/ carers. (The Lucy Faithfull Foundation has produced a home safety plan template for SSB-A).



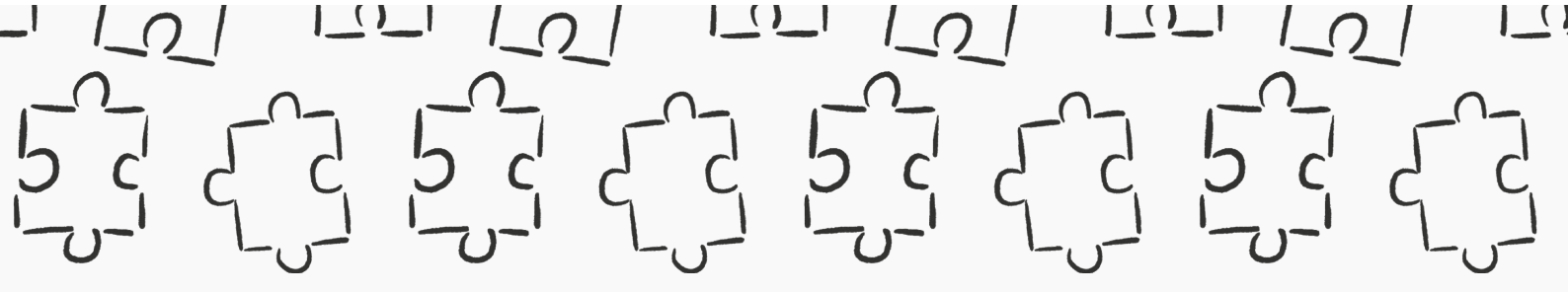
Who (continued)	Resource(s)	Indicator(s)	Evidence
Parent and carers	Trained professional to conduct one-to-one talk therapy sessions and develop a safety plan with parents/carers. Guidance and educational materials to give to parents about responding to and supporting their children (e.g., leaflets, online resources etc.) Physical space (e.g., a room, or access to online video conferencing) to provide the one-to-one talk therapy session and develop the safety plan. Professional/staff member to gather/analyse evidence for the evaluation.	Parents and carers describe and tell you about the changes to their knowledge and ability to support their children. Parents and carers are engaged and participate in developing a safety plan. The professional(s) who have supported the parents/carers describes the changes/differences to the parents and carers' knowledge and ability to support their children.	A one-to-one interview is held with parents/carers at the end of support. In the interview parents and carers are asked about their knowledge, understanding and feelings about how the therapeutic sessions and guidance/ educational materials have benefited/helped them. Record/documentation of safety plans being complete. At the end of support the professional(s) who have worked with the CYP and their parents/carers is asked to provide written feedback about parents and carers' progress, knowledge and ability to support their children that they have observed.

Who	Context	Outcome	Output(s)
Adults who as children were responsible for harm	A third sector charity that provides support for adults who as children were responsible for harm identifies that one of their service users is having relationships issues/difficulties with their intimate partner and they attribute this to the behaviour/abuse they displayed as children. The professional who is supporting this service user co-develops an outcome related to this with them.	The following individualised outcome is developed: 'I will have a more positive and trusting relationship with my partner'. **Who:** Adult responsible for harm as child. **What:** Positive and trusting relationship with partner. **How:** More	One-to-one talk therapy sessions. To assess changes to their relationship the service user is asked to complete a pre and post therapy (non-standardised) survey/ assessment about their relationship.

Who (continued)	Resource(s)	Indicator(s)	Evidence
Adults who as children were responsible for harm	Trained professional to provide one-to-one talk therapy sessions. Physical space (e.g., a room, or access to online video conferencing) to provide the one-to-one talk therapy session. Professional(s) to develop, deliver and analyse the pre and post assessment survey. Professional(s) to gather/ analyse evidence for the evaluation.	The service user tells you that their relationship is more positive and trusting in the post assessment. The professional(s) observes changes to how the service user describes their relationship and the circumstances/context of the relationship.	The data obtained from a pre and post therapy assessment/survey is analysed and the results are used as evidence. This is supplemented with a one-to-one interview with the service user, to provide more insight into their answers. The professional delivering support is asked to provide written feedback at the end of the support about changes to the services user's relationship that they have observed.

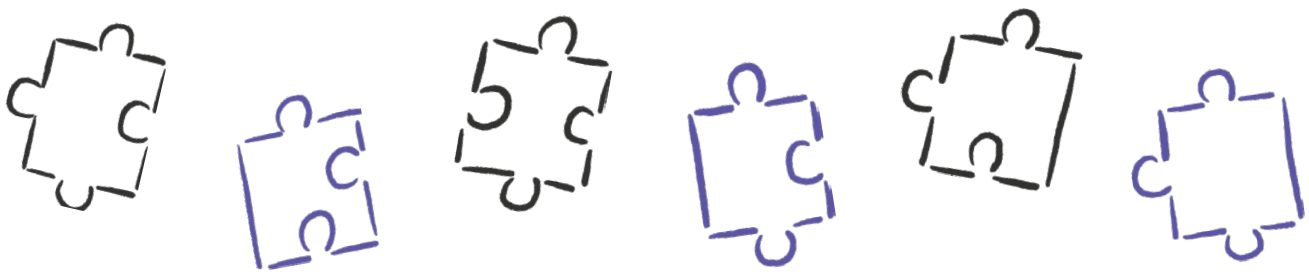


Who (continued)	Context	Outcome	Output(s)
CYP who has been harmed	A children's service offering support for CYP post experiencing abuse/ harm, work with several CYP who have experienced SSB-A. The professionals' who work with these CYP identify that some CYP display outward symptoms of trauma such as struggling to sleep and showing signs that they are withdrawn and fearful because of the abuse/ harm they have suffered by a sibling.	The service wants to ensure that all CYP feel safe and are able to move on from the abuse/harm they have experienced and to address this develop the following outcome. 'CYP display reduce trauma symptoms and are able to live functioning and happy lives' **Who:** CYP who have been harmed **What:** trauma symptoms and live functioning and happy lives **How:** reduced and are able.	One-to-one talk therapy sessions with the CYP. Physical health and medical support/care (if necessary and indicated).



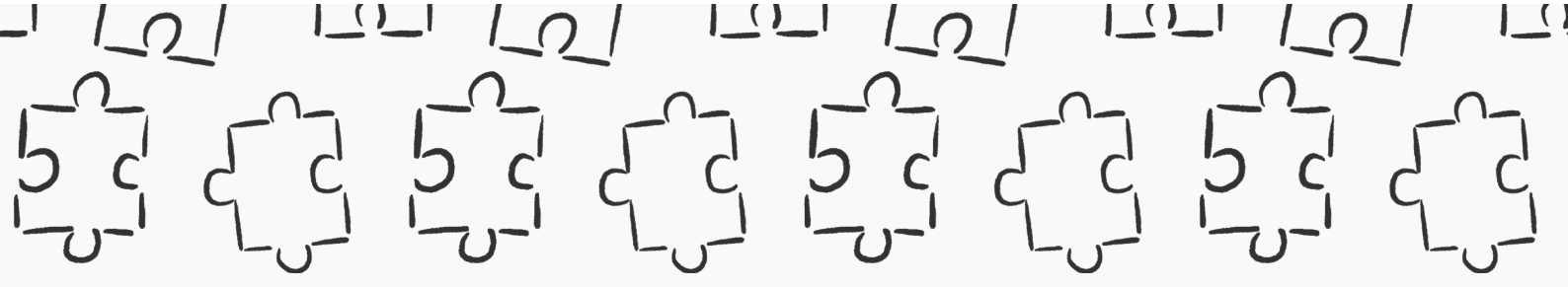
Who (continued)	Resource(s)	Indicator(s)	Evidence
CYP who has been harmed	Trained professional to provide one-to-one talk therapy. *Possible: materials to use in a therapeutic session (e.g., arts and crafts).* Trained professional to provide treatment, support for physical health and wellbeing issues. Or contacts and means to refer the CYP to receive this type of support elsewhere. Physical space (e.g., a room, or access to online video conferencing) to provide the therapy session. Professional/staff member to gather/analyse evidence for the evaluation.	Parents and carers tell you and describes improved changes to the CYP's behaviour, happiness and trauma symptoms. The professional(s) observes and describes improved changes to the CYP behaviour, happiness and trauma symptoms. CYP receives health and medical treatment, and their health/wellbeing is observably improved.	At the end of support a non-structured interview/ conversation is conducted with parents and carers where information is gathered about changes to the CYP's behaviour, happiness and trauma symptoms. The professional(s) delivering support are asked to provide written feedback at the end of the support about changes to CYP's behaviour, happiness and trauma symptoms that they have observed. Case records and notes about CYP's progress are assessed and used as evidence.

Who	Context	Outcome	Output(s)
CYP responsible for harm	A service that specialises in HSB's identifies that some problematic and abusive behaviours that CYP display towards their sibling are related to these CYP having little knowledge or understanding about what healthy relationships should look like and how to maintain healthy and appropriate boundaries with their sibling.	Using their knowledge and practice expertise the service/organisation decides they want to implement the following outcome and address this issue: 'CYP responsible for harm will have an improved understanding of what healthy relationships and boundaries are' **Who:** CYP responsible for harm **What:** Understanding of healthy relationships and boundaries **How:** Improved	Whole family therapeutic session(s) to work with parents and carers and their CYP to discuss relationships and setting healthy boundaries. CYP receives a psychosocial-educational intervention. **Note:** *Your service or organisations may use recognised interventions/ measures/assessments relating to this. However, we have purposefully not specified a certain psychosocial-educational intervention as services/ organisations may use different interventions according to their needs. Still, we feel it is important to highlight that employing interventions that utilise a socio-ecological model of assessment to explore familial dynamics, sexual behaviours and pathways to desistance would be beneficial.*



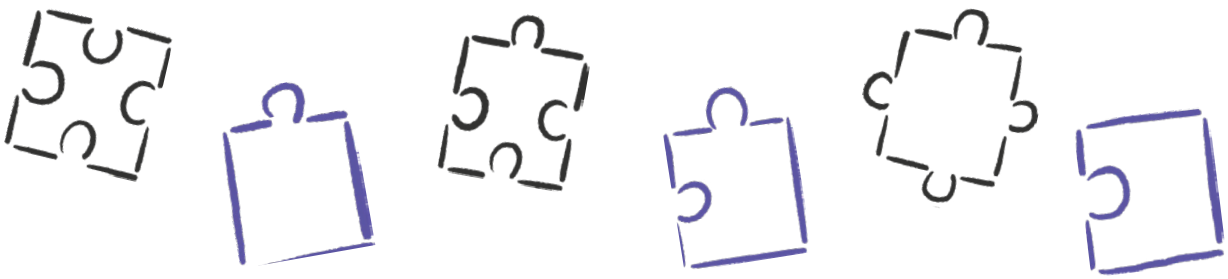
Who (continued)	Resource(s)	Indicator(s)	Evidence
CYP responsible for harm	Trained professional(s) to conduct the psychosocial-educational intervention. Or contacts and means to refer the CYP to receive this elsewhere. Physical space (e.g., a room, or access to online video conferencing) to provide the whole family therapeutic session and psychosocial-educational intervention. Professional/staff member to gather/analyse evidence for the evaluation.	CYP tells you and describes changes to their understanding of healthy relationships and boundaries and shows an observably improved awareness. The professional(s) observes and describe improved changes to the CYPs' understanding of healthy relationships and boundaries. CYP complete and engage in the psychosocial-education intervention. Parents and carers tell you and describe improved changes to the CYPs' understanding of healthy relationships and boundaries.	At the end of support a one-to-on interview is conducted with the CYP and with their parent/ carers where they are asked to provide feedback about their understanding of healthy relationships and boundaries. The professional(s) notes and written data/ observations from the psychosocial-educational intervention are used as evidence. Record of the CYPs' engagement in the psychosocial-educational intervention.

Table (9) Hypothetical examples of outcomes and evaluation measures for individuals and family members affected by SSB-A.



	Context	Outcome	Output(s)
Prompts	What is the reason(s) and context for the outcome(s) that your service/ organisation wants to achieve. Is it based on research evidence? Is based on the needs of your service users? Is it based on practice expertise and experiences? Is it based on the requirements of your stakeholders/funders?	What change, difference, benefit or any other effect does your service/ organisation want to achieve? How do these outcomes relate to your aim(s) and long-term purpose(s)? Think about the who, what and how of your outcome. Look to section two for guidance. Remember outcomes should be evidence-based and purposeful to the needs of your service/organisation, so look to your context.	What activities and work would your service/ organisation need to do or already do to achieve the outcome(s)? Remember outputs should make practical and theoretical sense to your outcome(s) and should be activities that your service/ organisation can actually provide.

	Resource(s)	Indicator(s)	Evidence
Prompts	What resources does your service/organisation have available or would need to access in order to conduct the activity(s) and achieve the outcome(s)? What resources are required for the evaluation? Remember without sufficient, sustainable and maintainable resources some activities/outcomes and types of evidence gathering will not be achievable.	What would it look like if the outcome(s) had been achieved or were successful? It is recommended that there are at least 2 indicators to demonstrate success and ideally these should come from different sources.	What evidence and from who would your service/ organisation need to gather to show the effectiveness of its outcomes. And when would this need to be collected. Remember to think about the practical and ethical implications before deciding from who, how and what type of evidence you will gather for your evaluation.



	Context	Outcome	Output(s)
1	Add the context and reason for the outcome here:	Add the outcome here: **Who:** **What:** **How:**	List the activities for this outcome here:

	Resource(s)	Indicator(s)	Evidence
1	List the resources needed for the activity and evaluation here:	List the indicators of this outcome here:	Provide information about where/who/when the evidence would be collected from here, and how this would be analysed:

2	Context	Outcome	Output(s)
	Add the context and reason for the outcome here:	Add the outcome here: **Who:** **What:** **How:**	List the activities for this outcome here:

2	Resource(s)	Indicator(s)	Evidence
	List the resources needed for the activity and evaluation here:	List the indicators of this outcome here:	Provide information about where/who/when the evidence would be collected from here, and how this would be analysed:

	Context	Outcome	Output(s)
3	Add the context and reason for the outcome here:	Add the outcome here: **Who:** **What:** **How:**	List the activities for this outcome here:

	Resource(s)	Indicator(s)	Evidence
3	List the resources needed for the activity and evaluation here:	List the indicators of this outcome here:	Provide information about where/who/when the evidence would be collected from here, and how this would be analysed:

	Context	Outcome	Output(s)
4	Add the context and reason for the outcome here:	Add the outcome here: **Who:** **What:** **How:**	List the activities for this outcome here:

	Resource(s)	Indicator(s)	Evidence
4	List the resources needed for the activity and evaluation here:	List the indicators of this outcome here:	Provide information about where/who/when the evidence would be collected from here, and how this would be analysed:

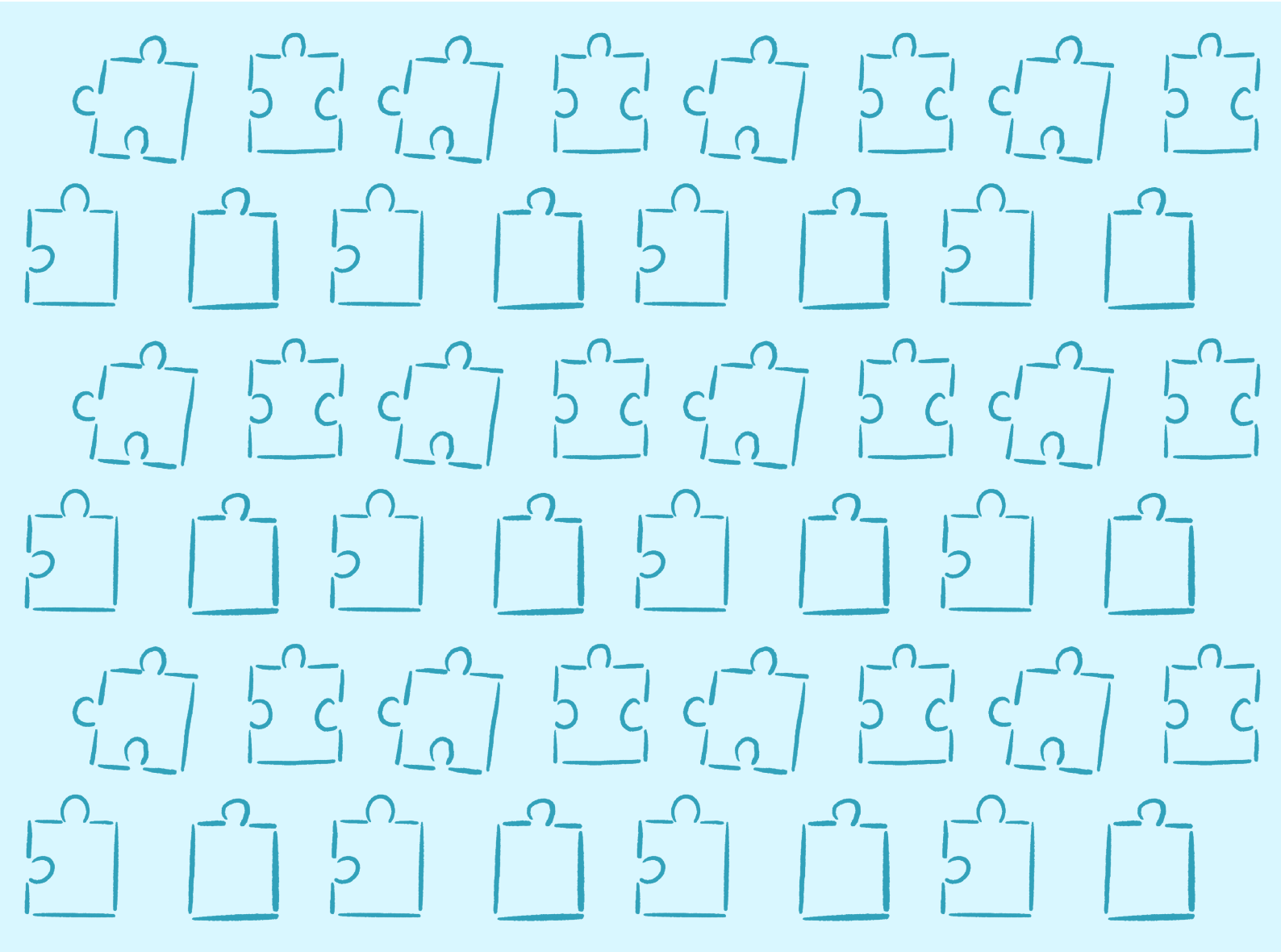
	Context	Outcome	Output(s)
5	Add the context and reason for the outcome here:	Add the outcome here: **Who:** **What:** **How:**	List the activities for this outcome here:

	Resource(s)	Indicator(s)	Evidence
5	List the resources needed for the activity and evaluation here:	List the indicators of this outcome here:	Provide information about where/who/when the evidence would be collected from here, and how this would be analysed:

Table (10) Blank framework for services and organisations to construct outcomes and evaluation measures.

Final thoughts

Our work on SSB-A in the last five years has demonstrated that individuals and families face many unique challenges because of their experiences of SSB-A and require support, assessments, treatments and interventions that are compassionate, holistic, family-orientated and trauma-informed. We hope that this resource will support services and organisations responding to SSB-A in developing outcomes and evaluation measures that are evidence-based, purposeful and will provide meaningful benefits to individuals and families affected by SSB-A.



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