

THE SSB-A PRACTICE OUTCOMES FRAMEWORK FOR SERVICES AND ORGANISATIONS SUPPORTING AND RESPONDING TO SIBLING SEXUAL BEHAVIOUR AND ABUSE.

By Amy Adams & Kieran McCartan
University of the West of England, Bristol

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1. Context:

- 1.1. Sibling sexual behaviour and abuse (SSB-A) is a common form of child sexual abuse (CSA), but there is no single clear definition of what constitutes SSB-A. Challenges persist around appropriate and correct language usage.
- 1.2. There is a lack of research focussed on the child responsible for the sexual harm and as such a lack of understanding of the socio-ecological determinates (the individual, interpersonal, community and societal) regarding preventing and treating SSB-A.
- 1.3. Research and practice show that 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, meaning that it is important to understand how SSB-A effects, and is affected by, all family types.
- 1.4. SSB-A can take place within families across the socio-economic spectrum and is not limited to one family type (e.g., single parent, married, stepfamilies etc.).
- 1.5. SSB-A has impact into adulthood and effects adults' psychosexuality, relationships and can lead to adults generating unhealthy coping methods such as substance use.
- 1.6. Professional responses to SSB-A can sometimes be contradictory and confusing, responses which are often reflective of deficits in service wide training, knowledge and guidance.
- 1.7. The nature of SSA-B makes professional responses more complex and challenging; this is because SSB-A not only affects the two children, or more, who have been involved in the sexual harm but often all family members are negatively affected. SSB-A should therefore be understood as a 'whole family issue'.
- 1.8. There is a need for professional recognition and understanding of the wider determinants underpinning SSB-A. 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.

- 1.9. While SSB/A occurs in childhood most disclosures of SSB-A are made in adulthood. It is therefore helpful to recognise that SSB/A can be considered differently depending on how, when and by whom it is disclosed or reported: either as a form of harmful sexual behavior (HSB) or child sexual abuse.

2. The need for greater research evidence on SSB/A:

- 2.1. Up until 2020 there was very little empirical research, in the UK, relating to SSB/A, although there was some evidence-based practice guidance.
- 2.2. In 2020 Dr. Sophie King-Hill and Prof Kieran McCartan was commissioned by SRSAS, as part of the Home Office-funded project, to help them understand and develop professional responses to SSA/B. Amy Adams was part of the team that completed this project, as well as partook in later ones. Subsequently, they with colleagues, have developed further research on SSB-A and the totality of this research is what this project and briefing paper are based on.
- 2.3. This briefing note reports on the research and data collection advice that services and organisations should consider in developing outcomes and evaluation measures, and how they can support the broader field in becoming more evidence informed.

3. Frameworks and Approaches to SSB-A

- 3.1. There is a need for education and engagement across all four levels of the socio-ecological model so that a holistic understanding of SSB-A can be developed for adults, CYP and their families, as well as the immediate broader community and widely at the societal level.
- 3.2. 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.
- 3.3. Involving all family members and understanding the family context surrounding the SSB-A would 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.

- 3.4.** 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.
- 3.5.** Adopting restorative approaches where indicated could help individuals and families reunify and recover from the SSB-A.

4. The nature and types of sibling sexual behaviour

- 4.1.** 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.
- 4.2.** 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.
- 4.3.** 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.
- 4.4.** 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.
- 4.5.** 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.
- 4.6.** When understanding the nature and type of sexualised behaviour: Think and assess: What happened? Who was involved? Where did it happen? 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.

5. Family dynamics and functioning:

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

- 5.5.** Parental physical and emotional absence can be present in circumstance of SSB-A.

6. Disclosure and Impact

- 6.1.** Disclosures of SSB-A are rarely made in childhood; most disclosures are made retrospectively by adult victim-survivors.
- 6.2.** Disclosure is associated with many barriers, and these can be exacerbated by the familial context surrounding SSB-A.
- 6.3.** SSB-A harms all family members and is often experienced as a life changing and devastating event for families.
- 6.4.** SSB-A is associated with detrimental outcomes in adulthood and can affect adult victim-survivors' relationships, health and wellbeing.
- 6.5.** Little is known about how SSB-A affects 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.
- 6.6.** Parents and carers' often feel that they are in an impossible situation and can experience many different feelings following disclosure/discovery of SSB-A.
- 6.7.** CYP may not show signs that they have been harmed by the SSB-A and impact may not manifest until much later in life.
- 6.8.** Parents and carers' often respond to SSB-A with strategies of minimisations (e.g., 'taking sides', denial, disbelief and downplaying the severity of the behaviour), which are often reflective of feelings of shame, confusion, anger, and fear.
- 6.9.** 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.

7. Professional responses

- 7.1.** It is important that professionals are trained and supported in working with individuals and families affected by SSB-A.
- 7.2.** 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.
- 7.3.** Professionals should reflect on and have an awareness of their own biases and perceptions of SSB-A when making decisions.
- 7.4.** Professional responses should be trauma-informed and holistic.