



# Sibling sexual abuse: What do we know about professional responses? Stage 2 analysis of a 2-stage scoping review

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## ABSTRACT

**Background:** When responding to concerns of sibling sexual abuse, collaborative, whole-family, trauma-informed, and multi-disciplinary approaches are essential. Yet professional responses and offers of support remain varied and inconsistent.

**Objective:** This scoping review asked the question: Of the 104 empirical papers identified in Stage 1 analysis of a 2-stage scoping review (P. Yates et al., 2024) what is known about professional responses and interventions available to professionals when working with sibling sexual abuse cases.

**Method:** Using the guidelines of Arksey and O'Malley (2005) and 11 academic databases, 3 grey literature databases, journal hand search and Google, identified 91 empirical papers for review. An updated search identified a further 13 papers thus, a sub-sample of 32 papers were identified for this review.

**Results:** Using the PAGER framework (Bradbury-Jones et al., 2022), we identify fragmented professional responses to sibling sexual abuse, shaped by inconsistent training, taboo beliefs, limited resources, and conflicting attitudes. These factors hinder appropriate language use and decision-making. Holistic, family-oriented approaches are recommended but are difficult to implement amid cultural differences and family complexities. Rigid victim-perpetrator models overlook children with dual experiences and non-abused siblings, leading to inconsistent and inadequate support.

**Conclusion:** Despite growing recognition of the complexity of sibling sexual abuse, professional responses remain inconsistent and under-supported. To improve outcomes for all those affected, there is an urgent need for coherent guidance, cross-sector training, and the adoption of consistent, trauma-informed, whole-family approaches that reflect the nuanced realities of these cases.

## 1. Introduction

Globally, 1 in 5 girls and 1 in 7 boys, are subjected to sexual abuse in childhood (United Nations Children's Fund, 2024). The consequences for victims of child sexual abuse are numerous and people are affected in different ways. People who are sexually abused in childhood can experience physical and/or mental health conditions (both in childhood and into adulthood), in addition, child development trajectories can be impacted, often causing adverse psychological and social problems. These can interfere with the development and maintenance of intimate relationships and future parenting (Vera-Grey, 2023).

Most child sexual abuse occurs within the family environment and is carried out by adult males (fathers/stepfathers) (Kewley & Karsna, 2025). However, children are also known to engage in harmful sexual behaviour within the family environment (Vulnerability Knowledge and Practice Programme, 2025) and the prevalence of Sibling Sexual Abuse (SSA) is reported to range between 1.3 % and 7 % (P. Yates et al., 2024). SSA is the sexual abuse of children by their brothers and sisters (P. Yates et al., 2024). Sexual behaviours between siblings exist on a continuum, from developmentally appropriate and normative to inappropriate and harmful (Hackett,

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**Table 1**  
Eligibility criteria.

	Inclusion	Exclusion
Type of paper	Original published empirical research (quantitative, qualitative or mixed methods), including peer-reviewed papers, doctoral theses and grey literature	Practice literature (e.g. practice guidance or reflections upon practice), case descriptions, literature reviews, commentaries, opinion pieces or other types of papers that do not constitute an original study
Subject	Children under 18 (including a small number of studies with some adult participants)	Studies primarily looking at adults
Definition of sibling	Biological, adoptive, step or foster, and children who had grown up as part of the same family or household and defined by the authors as siblings	'Social siblings': not related biologically or legally but raised in close proximity (Yates & Allardye, 2021)
Definition of sibling sexual abuse	Sexual behaviour defined as abusive or coercive by authors 'Sibling incest' (as often used synonymously with SSA)	Sexual behaviour defined as non-abusive (e.g., sexual play)
Language	English	Languages other than English
Timeframe	14/12/23–31/12/24	
Major theme: Professional perspectives and interventions	Studies that focus on the examination of professionals' responses, attitudes, and practice when working with SSA and/or exploration of a particular intervention or programme. Studies examining interventions targeting SSA including stakeholder perspectives of the intervention.	Professionals or a SSA interventions are not central to the study There was no learning to be made in relation to professional practice or SSA interventions.

**Table 2**  
Search Strategy Syntax for PsycINFO.

Search 1	DE (Brothers OR Sisters OR Siblings OR Sibling Relations)
Search 2	TI (Brother* OR Sister* OR Sibling* OR Sibling Relation*)
Search 3	AB (Brother* OR Sister* OR Sibling* OR Sibling Relation*)
Search 4	S1 OR S2 OR S3
Search 5	DE (Incest OR Sexual Abuse OR Victimization OR Perpetrators OR Sex Offenses OR Child Abuse OR Rape)
Search 6	TI (Incest* OR "Sexual Abuse" OR Victimization OR Perpetrat* OR Sex* Offen* OR "Child Abuse" OR Rape OR "Child sexual abuse" OR "Harmful Sexual Behaviour" OR "Harmful sexual behaviours" OR "Harmful sexual behaviour" OR "Harmful sexual behaviours" OR "sibling abuse" OR "sexual assault")
Search 7	AB (Incest* OR "Sexual Abuse" OR Victimization OR Perpetrat* OR Sex Offenses OR "Child Abuse" OR Rape OR "Child sexual abuse" OR "Harmful Sexual Behaviour" OR "Harmful sexual behaviours" OR "Harmful sexual behaviour" OR "Harmful sexual behaviours" OR "sibling abuse" OR "sexual assault")
Search 8	S5 OR S6 OR S7
Search 9	S4 AND S8
Search 10	Limit date of publication: 19790101-present
Search 11	Limit to English only

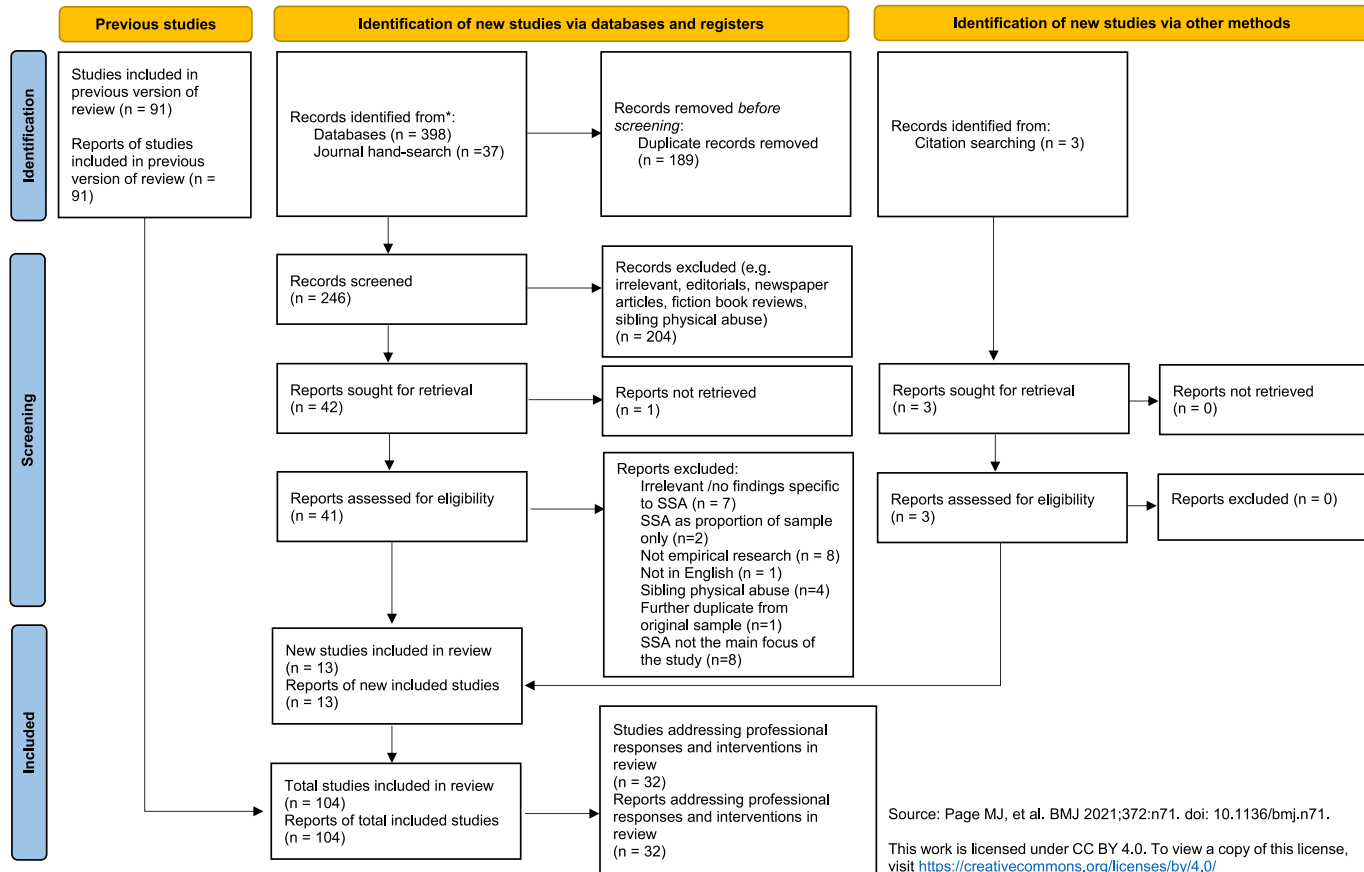
2010) with harmful sexual behaviours often influenced by family dynamics, cultural factors, and environments that normalise exploitation or neglect (McDonald & Martinez, 2017). Factors such as exposure to harmful online sexual content, family conflict, emotional neglect, and older siblings acting as caregivers can all contribute to SSA (Pusch et al., 2021). Equally, children causing harm are often themselves frequently subject to adversity, with families affected facing crisis (Wade, 2020); thus, both children and families in which SSA occurs, require urgent support.

In our comprehensive (stage one) scoping review (P. Yates et al., 2024) we found SSA to be poorly and inconsistently defined; we found children of any age and sex engage in the full range of harmful sexual behaviours, taking place in families across the socio-economic spectrum. Like all forms of child sexual abuse, disclosure is uncommon during childhood (London et al., 2007). Meaning official records are likely to under-report the frequency and duration of abuse, thus, professionals working with children and families must be adequately resourced, trained and supported to better identify and effectively respond to the signs and indicators of SSA.

One of the patterns identified in our scoping review highlighted professionals' responses and interventions available when working with SSA cases (P. Yates et al., 2024). We found professional responses varied and inconsistent. We reported on how essential a collaborative, whole-family, and multi-disciplinary approach is and that while restorative trauma-informed models support longer term healing, evidence from longitudinal evaluations was lacking. Our review recommended professionals use shared language when communicating with others about SSA and that training and guidance is required to assist the decision-making and service provision process for professionals working with people and families in which SSA occurs. This current paper reports on Stage Two of our scoping review and forms part of a collection of three in-depth reviews. Our research question asks, what is known about professional responses and interventions available to professionals when working with SSA cases.

## 2. Methods

This review updates the literature search from Stage One of the Scoping Review, which searched for empirical literature published



**Fig. 1.** PRISMA 2020 flow diagram for updated systematic reviews which included searches of databases and other sources.

since 1979, as reported in (P. Yates et al., 2024) and adopts a similar approach. It follows the guidelines of Arksey and O'Malley (2005), further developed by Levac et al. (2010), and is reported according to the PRISMA Extension for Scoping Reviews (PRISMA-ScR) (Tricco et al., 2018). We followed five key stages: 1) identifying the research question; 2) identifying relevant studies; 3) selecting studies for analysis; 4) charting the data; and 5) collating, summarising and reporting the findings.

### 2.1. Eligibility criteria

The eligibility criteria are outlined in Table 1.

### 2.2. Procedure

We searched the following databases: *PsycINFO*, *PsycArticles*, *CINAHL*, *MEDLINE*, *ASSIA*, *Social Sciences Premium*, *Sociological Abstracts*, *Web of Science core collection*, *PTSDpubs* and *Ethos*, using titles, abstracts and MeSH headings, or their equivalent. We searched initially for terms related to 'sibling' in subject headings, titles and abstracts. We then repeated the process for terms related to 'sexual abuse'. We brought these searches together to identify articles that included terms related to both 'sibling' and 'sexual abuse'. Table 2 provides an example of the search strategy syntax for *PsycINFO*.

Database searches were conducted on the 6th and 7th January 2025, searching for all articles published since Stage One of the scoping review, i.e. between 14th December 2023 and 31st December 2024.

The database search retrieved a further 398 citations. We hand-searched the journals identified through our initial search of Web of Science (Child Abuse and Neglect, Journal of Interpersonal Violence, Plos One, Children and Youth Service Review, Child Maltreatment, Psychological Medicine and Pediatrics) using the term 'sibling sexual abuse', retrieving a further 37 citations, and therefore a total of 435 citations. Citations were uploaded to reference management software (Endnote) to remove duplicates ( $n = 189$ ), leaving 246 papers for initial screening.

All references retrieved through databases and journals were uploaded to an online collaboration website for literature reviewers (Rayyan at <https://www.rayyan.ai/>) to facilitate the screening process by the second and third authors. A trial blind-screening of title and abstract was conducted of the first 50 citations, reaching 100 % agreement.

We screened the remaining citations independently, and excluded 204 citations, for reasons such as papers being irrelevant, editorials, newspaper articles, fiction book reviews, or related to sibling physical abuse. An interim total of 42 papers remained for full-text screening, but we were unable to retrieve one report (Kambouridis, 2023). We searched grey literature using search terms 'sibling sexual abuse' and 'child abuse siblings' through OpenAIRE, OpenGrey, National Institute for Health and Clinical Excellence (NICE) Evidence Search: Health and Social Care and Social Care Online and Google but identified no additional citations.

After title and abstract screening, the second and third authors screened the 41 remaining full texts. We excluded 31 papers for reasons such as the papers not having any findings specific to SSA or not being empirical research. Consistent with the initial scoping review we included papers where SSA was the specific focus of the study and excluded papers in which SSA was discussed only in the context of a broader study. We conducted forwards and backwards citation tracking of full text included papers using Google Scholar, identifying a further three citations. This resulted in 13 additional papers to add to the 91 papers identified from the initial scoping review. The second author extracted data using the data extraction table that had been used in the initial scoping review: author, year, title, country of origin, sample demographics (age, gender, ethnicity), definitions of sibling and SSA, study aim, design, method, sample description, sample size, findings, MMAT quality score (Hong et al., 2018) (Hong et al., 2018), limitations, major themes, discussion points. The major themes had previously been established through the Stage 1 scoping review: Themes for each paper included in the initial review had been identified by the authors involved in data extraction and then discussed as a research team to agree an initial list of themes, which, through discussion, were combined and distilled to produce the list of major themes, or 'patterns' (see below). While the MMAT quality appraisal tool (Hong et al., 2018) informed our evaluation of studies and the weight given to them, we did not exclude studies on the basis of quality.

This current review examines what is known about professional responses and interventions available when working with SSA cases. Therefore, of the 104 reports included in Stage 1 of the scoping review, author one selected reports listed in the data extraction table that included content about professional perspectives (including their attitudes towards SSA, children who harmed or where harmed and other family members) as well as studies examining interventions targeting sibling sexual abuse (this included stakeholder perspectives of the intervention). A total of 32 papers were identified, these are marked with an \* in the reference list.

A summary of the search and screening process (initial and updated search combined) is represented in the Prisma diagram (see Fig. 1).

Analysis then followed the PAGER framework (Patterns, Advances in knowledge, Gaps in knowledge, Evidence for practice and Research recommendations) (Bradbury-Jones et al., 2022). Major themes were first analysed to produce a list of patterns, and each pattern was then analysed to identify advances, gaps, evidence for practice and research recommendations.

## 3. Results

This paper reports on Stage Two of our scoping review, the second in a series of three in-depth reviews. We ask: what is known about professional responses and the interventions available to practitioners working with cases of SSA? This second stage of the scoping review focussed on studies in which the perspectives of professionals (including their attitudes towards SSA, children who harmed or were harmed and other family members) as well as studies examining interventions targeting SSA (this included stakeholder

perspectives of the intervention) were analysed. We describe here the patterns identified along with a summary of the advances, gaps, evidence for practice and research recommendations identified across these sources.

### 3.1. Patterns

#### 3.1.1. Fragmented and inconsistent professional knowledge

Fragmentation and inconsistency in professional knowledge, confidence, skills and responses were reported on. There was agreement across studies that professionals understand SSA as a complex, multi-faceted phenomenon and one that requires a collaborative, multi-disciplinary, whole family response (Harper, 2012; Ibrahim, 2023; King-Hill et al., 2023). However, many challenges and tensions are experienced by professionals, making the practice of engaging in multi-agency and whole family responses, difficult. In particular, this type of abuse remains taboo (King-Hill & Gilsenan, 2024) and even within child protection agencies, core training or professional development opportunities are scarce (Noble, 2024) leaving professionals confidence and skill levels low (King-Hill et al., 2023; Noble, 2024; Yates, 2015). Varying attitudes were found across professionals working in this space, often underpinned by a deep-rooted perspective that sibling relationships are non-abusive and of intrinsic value, attitudes reflecting the public discourse around SSA and include, beliefs that siblings are better together (Yates, 2015); sexual activity between siblings (although taboo) is natural, normal and not harmful (Itzick et al., 2025; King-Hill et al., 2023), children who are harmed are often blamed and not believed (Rowntree, 2007) or deemed so vulnerable they are without agency (Yates, 2015). Judgments about mothers of children in SSA cases equally endorse unhelpful gender stereotype views about the role of women as mothers and the social construction of motherhood (Boyers, 2021).

Professionals holding problematic beliefs result in inconsistent responses where secondary harm and re-victimization of children and families are subsequently experienced (Boyers, 2021); they compromise the disclosure, discovery, and recovery process (Rowntree, 2007) and where attitudes minimise behaviours (for example not challenge family functioning), problems within the family are unsupported (McCartan et al., 2022) hope is lost (Kambouridis, 2023)<sup>1</sup> and trust broken (Boyers, 2021).

In addition to problematic attitudes and beliefs, professionals report feeling overworked and lacking access to resources and support for children and families of SSA (Tener et al., 2020). When working with these cases, professionals report increased levels of anxiety, a lack of confidence (King-Hill et al., 2023), and inexperience and inconsistent or poor levels of specialist training (Noble, 2024). This contributes to professional ambiguity and uncertainty between professionals (Itzick et al., 2025) resulting in the use of different language, labels, definitions and inconsistent messages and poor communication with each other and families (Boyers, 2021). Studies found professionals were unclear what constitutes SSA. Some feared using high impact terms like “rape” and instead used avoidance terminology like “troubled family” rather than SSA (Noble, 2024). More senior professionals appeared to have a clear sense of the differences between “victims” and “perpetrators” and while professionals recognised the blurred nature of SSA they would catastrophise and minimise behaviours (King-Hill et al., 2023). This resulted in inadequate responses and development of safety plans as professionals either overestimated or underestimated risk. Inaccurate risk assessment results in an under response to risk, leaving families lacking safety and children at risk of ongoing abuse; or a professional over-response requiring the family to cope with overly restrictive measures that disrupt family relationships, impede development, and increase risk in the long term as well as leading to poor welfare outcomes.

#### 3.1.2. Professional decision-making process

Safety remains of central importance to professionals (Harper, 2012) including the physical, psychological and sexual safety of all family members (Streich & Spreadbury, 2017; Tener & Silberstein, 2019; Welfare, 2010). However, what ‘safe’ looks like, varies, from one that operates in collaboration with the family, to those that call for the removal of the child who has harmed. Some of this variance is driven by inconsistency in professional knowledge of SSA as well as being under pressure, from other agencies such as the courts, to either stop or push reunification (Harper, 2012) with responses to protect dominated by features of physical safety (Tener & Silberstein, 2019; Yates, 2015); without sufficient attention being given to the less tangible but equally important, emotional safety of the children. Professional responses, risk assessments, and safety planning ought to be context-oriented and sensitive to sibling and familial dynamics. This is because unlike in cases of HSB by unrelated children, SSA differs by context, and one of the consequences of ill-defined ‘better together’ orientated decision making often results in the main caregiver (usually the mother) being left overburdened with responsibility to keep children safe (Boyers, 2021) and children who are harmed, placed at risk.

The decision-making process remains imprecise (Yates, 2015) and with a fragmented, under resourced welfare system the work-force needs significant education/training (Harper, 2012; Noble, 2024) skill development, tools and resources (King-Hill et al., 2023) to better understand SSA and support children and families. In the absence of quality training and adequate resources, attitudes that support a “siblings as better together” mindset (Yates, 2015) can impair risk assessment. Especially when professionals are reluctant to recognise sibling dynamics as abusive. When combined with limited SSA-specific guidance, such biases lead to unsafe decisions (e.g., inappropriate reunification). Indeed, such beliefs can, on the one hand, minimise the abuse and harm and overemphasise family preservation, usually to the detriment of the child’s safety. On the other hand, catastrophising responses (King-Hill et al., 2023) can lead to the unnecessary removal of children, disruption of family relationships, and poor long-term welfare outcomes of the children concerned. Thus, decision-making would benefit from integrated, multi-factorial approaches (Tarshish & Tener, 2020) in which

<sup>1</sup> We were unable to access the full manuscript but used detailed provided in the conference abstract published online

professionals consider the developmental stages of the child(ren), emotional readiness, family engagement, and relational context (Collin-Vézina et al., 2014), this should be underpinned by specialist training and structured evidence-based frameworks (King-Hill & Gilsenan, 2024). Of note, responses to adult survivors require the same consideration around what ‘safe’ looks like, however, responses will inevitably look different.

### 3.1.3. Holistic and family orientated approaches

Studies in this sample endorsed a range of therapeutic interventions, with most calling for a blend of strategies that emphasise holistic relational healing, developmental and family orientated approaches. Studies included discussion around restorative models (Daly & Wade, 2015; Ibrahim, 2023; Streich & Spreadbury, 2017; Tarshish & Tener, 2020) that include the whole family (Grant et al., 2009; Harper, 2012; Marmor et al., 2025) or therapeutic approaches that included the support of peers (Grant et al., 2009; Halse et al., 2012) as well as individual treatments for victims and those who harm (Grant et al., 2009; Streich & Spreadbury, 2017). Treatment programmes for children who harm tend to be based on those developed for adults, with cognitive behavioral therapy being the most common treatment model for adults (Grant et al., 2009) with an essential component being trauma informed (Harper, 2012). Multisystemic Therapy was reported as a promising treatment as it encourages parents to act as key agents of change (Grant et al., 2009). All studies highlighted the importance of multi-agency involvement, with some highlighting challenges working with multiple agencies, such as poor information sharing or competing organisational aims particularly between correctional agencies and therapeutic contexts (Taylor et al., 2021).

Family approaches are also not without their challenges, beyond multi-agency obstacles, engagement with all members of the family and indeed other professionals (Rowntree, 2007) can be ‘messy’ (Kambouridis, 2023). Complex family/power dynamics (Harper, 2012) as well as conflict with parental loyalty between the child who harmed and child who was harmed (Marmor et al., 2025) can impede the treatment process. These challenges can permeate into adulthood; thus, professionals supporting adult survivors and their family members require guidance to navigate these often deep-rooted dynamics. Likewise intergenerational abuse means parents often have their own trauma to manage (Boyers, 2021; Laviola, 1992) in addition to the stress of having to support others, including siblings uninvolved in the harmful sexual behaviour (Itzick et al., 2025; Welfare, 2010). Caregiver support (usually maternal) is pivotal in the healing process and so without supporting parents, outcomes for children are compromised (Harper, 2012; Simons et al., 2025; Streich & Spreadbury, 2017; Welfare, 2010).

The decision-making process is complex and informed by professionals’ own personal bias (including unhelpful beliefs around SSA generally). It is also dependent on the nature of the relationship developed with the children and family they are working with (Yates, 2015). Other factors interfere with the decision making process including, the level of confidence professionals have in parents’ ability to recognise and respond to SSA (Noble, 2024); that professionals may struggle to confidently interpret or act on a child’s detailed account of abuse; misunderstand the dynamics between siblings (Tener & Katz, 2018); gender bias and beliefs around sexual behaviours between younger children to be normative and harmless (Noble, 2024); along with various characteristics of the family.

### 3.1.4. Language

Language remains a critical discussion point across the sample. When interviewed, professionals frequently recognised the harm caused by adult-oriented or stigmatising language used (Boyers, 2021) but the lack of consensus among professionals on the most appropriate or effective terminology to use in SSA cases remains problematic. There was often discomfort using terms like ‘rape’ or ‘sexual abuse’ when children are involved, even when the behaviours described by the child made it clear a sexual assault had happened (Noble, 2024). Likewise, terms such as ‘perpetrator’ or binary ‘goodie-baddie’ frameworks were seen as unhelpful and overly simplistic. Indeed, when mothers were attempting to support both children, such terms compounded distress in families. However, the language choices used by professionals’ impacts families’ perceptions of services, and how they engage; for example, professionals avoiding use of the term ‘abuse’ to foster therapeutic alliance or reduce the defensiveness in parents, risk minimising the experience or seriousness of the harmful sexual behaviour (Itzick et al., 2025).

Where survivors do not identify as victims (or are too young, unaware, or dissociated from the abuse) professionals face significant ethical and therapeutic challenges. ‘Forcing’ someone to adopt a ‘victim narrative’ can be counterproductive and even harmful. Thus, professionals should use inclusive, non-judgmental language that engages all family members and avoids taking sides, particularly in high-conflict situations (Kambouridis, 2023). At the same time, while it is important to respect the survivor’s perspective, professionals must also address the abusive nature of the behaviour (Tener & Silberstein, 2019). This balancing act often falls into a grey area. For example, immediate safety may not be a concern for adult survivor-victims; they may primarily seek therapeutic support to process the impact of the abuse, rather than focus on the abusive behaviour itself. In contrast, for children (or in cases where adults remain at risk) therapists must carefully and gradually develop treatment plans that help the survivor understand that the behaviour was harmful, regardless of how they initially present. Each case is unique. Therefore, individualised plans are essential in determining how best to support those in therapy (McCartan et al., 2022).

### 3.1.5. Complexity of therapeutic interventions

SSA interventions require multifaceted and multi-modal approaches. This is because of the complex nature of SSA which is often rooted within intergenerational, and broader familial and contextual dynamics, professionals are required to recognise and respond to the many intersecting elements that contribute to SSA. Issues in families such as domestic violence and mental health, increase this complexity, requiring professionals to interpret challenges for each member of the family, often mothers navigating overlapping challenges (Boyers, 2021). Thus, families require interventions that are packaged in response to individual family members’ needs as well as the needs of the family as a whole. In addition to professionals contending with the challenges of accessing and maintaining



family-centered interventions; often cultural differences or conflicting needs of individual family members can directly impact professional responses (Taylor et al., 2021) and decision-making (Kambouridis, 2023). Working in partnership with colleagues can assist professionals in this space.

### 3.1.6. *Dual experience and the forgotten siblings - the tension between legal and therapeutic models*

Current legal frameworks are designed with abusive parents in mind, and as such fail to accommodate the unique nature of SSA and often the 'dual experience' of some children; that is, children who have engaged in harmful sexual behaviour and are themselves victims of child sexual abuse (McCartan et al., 2022). This results in inconsistencies in how abuse is addressed with professionals who report the use of binary classification as disruptive - on the one hand a criminal justice response provides justice to some victims (Tener & Katz, 2018) but on the other it pathologizes the child who sexually harmed, leaves the wider family unsupported, and not all children want this type of justice. The current system enforces a rigid dichotomy of either 'perpetrator' and 'victim' but, never both, so responses to children with these experiences are often met with ambiguity and their needs frequently ignored or inadequately addressed (McCartan et al., 2022). When professionals' struggle with the notion that a child can be both a 'perpetrator' and a 'victim' of SSA, inappropriate responses can be instigated (legal vs welfare) (Itzick et al., 2025; Tener & Silberstein, 2019) and in therapy, therapists must navigate cases by acknowledging both the trauma and the behavioral issues, especially when the child who harmed has also been a victim of abuse themselves (Laviola, 1992).

Children in families who are neither the child who caused harm or was harmed (non-involved siblings) are often forgotten in practice yet SSA causes harm disruption across the whole family system (Harper, 2012) and as such non-abused siblings should be considered for assessment and treatment. Professionals must be mindful of the impact sexual abuse can have on all children in the family, even if they were not the primary victim as they can still experience trauma as a result of the abuse being discovered (Simons et al., 2025; Welfare, 2010). It is unsurprising professionals struggle with responses to non-abused siblings and those with dual experience, as policy positions are often unclear, reflecting the tension between viewing children as both vulnerable and capable of harm persists (P. M. Yates, 2015).

## 3.2. *Advances*

Several key SSA interventions and/or professional practice advances were noted across the 32 studies. Of significance is the expansion or at least improvement of professionals' understanding of SSA. Studies highlight the unique dynamics of SSA compared to other forms of intrafamilial child sexual abuse, emphasising the emotional complexity (Ibrahim, 2023), normalisation by families and non-specialist services (Tener & Silberstein, 2019) as well as the long-term psychological harm and damage (Simons et al., 2025) to the family unit. A selection of studies examine the experiences of survivors, in relation to their perspective of professionals' responses (Katz & Hamama, 2017; Simons et al., 2025; van Berkel et al., 2025; Welfare, 2010). These perspectives are invaluable across the field as they challenge practice norms that focus primarily on risk and containment over healing and empowerment (Tener & Katz, 2018).

A shift from punitive to relational and restorative approaches, was found. Several studies challenged the dominant legal paradigms by exploring restorative and therapeutic alternatives, particularly when criminalisation is unsuitable or harmful (Daly & Wade, 2015; Streich & Spreadbury, 2017; Tarshish & Tener, 2020). Likewise, models of family therapy, reunification and restoration highlight how, although complex, healing is possible (Harper, 2012; James, 2013; Marmor et al., 2025; Simons et al., 2022; Simons et al., 2025; Streich & Spreadbury, 2017; Tarshish & Tener, 2020; Welfare, 2010) and by working effectively with parents, professionals can not only help address children's behaviour, but support parents' own trauma too (Taylor et al., 2021).

Advances in our knowledge in relation to systemic and improved professional responses were found across this sample. Support for improved assessments (Ibrahim, 2023) mapping tools (King-Hill & Gilsenan, 2024) and wider family-based responses (Boyers, 2021) was found in this sample as professionals across child protection, social work, and legal systems struggle with confidence, consistency, and coordination SSA cases (Itzick et al., 2025; Tener & Katz, 2018). Thus, some progress in the decision-making process (Tarshish & Tener, 2020; Yates, 2015) to reduce personal biases, risk narratives, and systemic constraints were noted.

## 3.3. *Gaps*

The persistent use of insensitive non-child-centred language is of concern. Research highlights the harmful effects of stigmatising and/or adult-oriented language, yet many professionals continue to use terms such as 'perpetrator' or 'offender' for children, which only reinforces criminal justice framings and are inappropriate for developmental contexts (Boyers, 2021; Noble, 2024; Simons et al., 2025). There are examples where language has evolved for example 'child sexual exploitation' previously, and quite recently, labelled children as 'child prostitutes' but now, thanks to advocacy from children's charities (e.g. NSPCC, Children's Society and Barnardo's) is accepted as an inappropriate and inaccurate label, given children's legal capacity, vulnerability and powerlessness to consent (Children's Society, 2024). However, more work is needed to understand effective mechanisms that will support professionals to better integrate sensitive language and developmentally appropriate terminology for professionals across all disciplines. Linked to this is the lack of consensus on definition and terminology; although much has been written about these issues, they endure (Itzick et al., 2025; McCartan et al., 2022). Without consistent, research-informed terminology to describe SSA; confusion, inconsistent responses, and potentially harmful minimisation or escalation of behaviours will continue.

There remain gaps in professionals' understanding as how to proceed when for example children are either very young or are unable to perceive harm, in such cases, professionals' understanding of consent, harm, and victimhood and can lead to ethical uncertainty in practice (Tener & Silberstein, 2019). Practice guidance is needed in several areas including the decision-making process (P.

M. Yates, 2015); when managing complex cases, pathways to SSA (Boyers, 2021; Itzick et al., 2025; Marmor et al., 2025; McCartan et al., 2022); criteria for assessment and intervention referral (Grant et al., 2009; Ibrahim, 2023; King-Hill & Gilsenan, 2024; Latzman et al., 2011; Marmor et al., 2025); and noncriminal justice solutions such as harm reduction, restorative justice or holistic community approaches (Grant et al., 2009).

Professional specialist training and capacity building across services for all professionals working with SSA is needed. Training should look to address professionals' bias, challenge assumptions (Collin-Vézina et al., 2014); clarify issues around binary and stigmatising language, as well as the dual experiences of children (McCartan et al., 2022); improve awareness of trauma informed and family systems (Kambouridis, 2023; Marmor et al., 2025); increase knowledge of the signs and indicators of SSA (Collin-Vézina et al., 2014); and improve cultural competence and sensitivity in practice (Tener & Silberstein, 2019; Vandegriend, 2004).

Far greater research is needed to empirically test the effectiveness of whole-family responses to SSA, what they may look like for the children and families, and for adult survivors and their families. Given the complex dynamics within families, and issues such as intergenerational abuse, intra-family loyalty conflicts, and family dysfunction (McCartan et al., 2022) professionals need greater support to help improve knowledge and confidence when delivering whole family responses (King-Hill et al., 2023). Indeed, there is a need for better trained and qualified professionals across all health and welfare disciplines.

Despite growing recognition of the impact gender, age, culture and religion has on how families understand and respond to SSA, research-informed practice remains limited and underdeveloped in these areas. There is a pressing need for expanded, cross-cultural research on SSA that includes diverse ethnic, religious, and socio-economic groups, alongside practical frameworks for culturally competent and spiritually sensitive interventions (Simons et al., 2025; Tener & Silberstein, 2019). Features such as power/authority, shame, consent, and boundary negotiation are all culturally mediated, yet there is a lack of diversity in the populations studied. This has left professionals unsupported and unable to navigate cultural narratives or address the unique therapeutic needs of SSA families from minority or ethnically diverse backgrounds.

In line with the PAGER framework, the gaps identified in this review were drawn from recurring issues highlighted across the included studies, particularly within their discussion and conclusion sections, and were selected based on their frequency, relevance to professional practice, and implications for intervention delivery.

### 3.4. Evidence for practice

SSA interventions are likely to require multi-dimensional, trauma-informed, family-centered approaches that balances safety, responsibility and narrative healing. There is a need for improved training, multi-agency collaboration, and flexible service models that support both families and professionals through this complex work. The evidence tells us that professionals must ensure multi-modal interventions address the broader family system, not only focusing on individual children or family members; but, combining individual, group, and family therapy as these show promise. These should be trauma-informed and consider all developmental stages (Grant et al., 2009; Ibrahim, 2023; Marmor et al., 2025; Welfare, 2010); approaches must be flexible and responsive so that non-abused siblings and children with dual experiences are equally supported.

Engaging the whole family in the treatment and recovery of SSA is important, as long-term reconnection and healing are more likely with full family involvement (Grant et al., 2009). Professionals working with the whole family, however, should be mindful of a) complex family dynamics, including parental loyalties, secrecy, and intergenerational patterns, as these strongly impact outcomes (Harper, 2012; Marmor et al., 2025); b) that victim survivors (and parents of adult children) should have the agency to choose to have other family members involved in the process or not; and c) circumstances where whole family work is not safe or could be problematic (e.g., when there are concerns child sexual abuse remains present in the family home). Ensuring immediate safety is a foundational step in the treatment and recovery process; multi-agency co-working can help families create a safe environment both physically and emotionally (Ibrahim, 2023; Simons et al., 2025; Tener & Silberstein, 2019). Current service delivery and provision falls short of whole-family responses as for example HSB services often do not always provide support for victims too and victim services are unlikely to provide services for the child who caused harm or adults who as children were responsible for harm.

Professionals working with individuals or families should aim to both understand and help the reframing of individual and family experiences (Simons et al., 2025) because creating a coherent abuse narrative with the family helps process trauma (Rowntree, 2007). This can be a painful process, so language and narratives that help children move beyond, shame, self-blame and foster healing, should be mediated by professionals (Tener & Silberstein, 2019). Early responses to trauma can facilitate trauma processing and symptom reduction and attention to mental health symptoms is integral to holistic treatment (Ibrahim, 2023).

Emotional disconnection between parents and children needs exploration as insecure attachments may impact parents' ability to support the recovery process – professionals must, therefore, first explore and help strengthen the capacity and capability of parents before attempting reunification (Welfare, 2010). Emotional disconnection can increase disclosure difficulties and as in many instances disclosure is delayed, or never fully disclosed this can impact family dynamics; therefore, professionals must discuss this early in the process to help parents prepare for potential further disclosures (Welfare, 2010).

The work of professionals must be understood in the challenging context that many services and professionals practice in, with recognition of the tensions between legal and therapeutic contexts. Specialist support services are often under resourced and only sporadically available, the lack of training across sparse service provision results in professional anxiety (King-Hill et al., 2023), which all serves to compound effective responses. It is recommended professionals co-work cases or seek regular supervision (Simons et al., 2025) as there is no 'one size fits all' approach and working cases in isolation will be arduous.



### 3.5. Research recommendations

The following research recommendations were noted across the 32 studies:

- There is need for practice guidelines and training resources to be circulated and embedded into professional practice. Practice guides and training should include clear standardised definitions, terminology and language for professionals working in SSA contexts to better support the decision-making process (P. M. Yates, 2015). The development of practice guidelines and resources could help reduce misinterpretation and stigma and direct professionals to appropriate support responses across regions (King-Hill et al., 2023; McCartan et al., 2022; Simons et al., 2025).
- Data recording and collection systems must be improved to help better understand SSA and tailor interventions accordingly (McCartan et al., 2022; Noble, 2024).
- Greater examination of therapeutic interventions that promote whole family, holistic models that engage the family towards recovery and healing are needed. Evaluations of whole-family approaches and their underlying theory of change is needed. As is a greater understanding of the complex approaches needed to combat intergenerational trauma and its impact on parents' ability to protect (Grant et al., 2009; Marmor et al., 2025).
- Further inclusion of survivor voices and children who have harmed in research is needed to ensure lived experience informs the design of services (McCartan et al., 2022), likewise, the voice of siblings who have not been harmed should also be platformed (Harper, 2012).
- Exploration of technology-enhanced interventions and research participation, especially for remote or underserved populations (Kambouridis, 2023) is called for.
- Examination of the effectiveness of structured screening tools and referral pathways for detecting SSA at initial contact points (e.g., schools, healthcare, child protection) is needed (King-Hill & Gilsenan, 2024; McCartan et al., 2022).
- Longitudinal mixed-methods studies with children who have both experienced SSA and displayed harmful sexual behaviour, should be conducted to understand how these experiences interact over time. Understanding the different experiences and outcomes of children and families who go through legal and/or therapeutic models is also needed. Likewise, work to help identify protective factors and intervention timings for children with dual experiences is also needed (McCartan et al., 2022).
- Research with professionals across sectors to pinpoint systemic obstacles (e.g., data-sharing restrictions, role ambiguity) and enablers (e.g., shared language, joint training) to help design effective multi-agency responses should be undertaken (Collin-Vézina et al., 2014; Noble, 2024).
- Work that employs experimental or quasi-experimental designs to test messaging strategies (e.g., survivor narratives, myth-debunking materials) that might reduce public stigma towards SSA survivors and children who display harmful sexual behaviours should be considered (Rowntree, 2007).
- Researchers should undertake comparative studies across different regions, ethnic groups, and socio-economic settings to understand how cultural norms and community beliefs influence public perceptions of SSA (Tener & Silberstein, 2019) along with research that explores how professionals can integrate cultural and spiritual compassion (Simons et al., 2025; Vandegriend, 2004).
- Further work is needed to bridge the gap between legal and clinical practice so that child-sensitive frameworks do not retraumatise or label children (Marmor et al., 2025). Children and families often feel abandoned by the justice system; more evidence is needed to understand how justice can be delivered in child-affirming, trauma-informed ways that promote healing (Streich & Spreadbury, 2017). Therapeutic and restorative approaches appear more supported by professionals as they are deemed less invasive and harmful (Tarshish & Tener, 2020) although further exploration is required to evaluate the feasibility, safety, and outcomes of restorative justice and therapeutic jurisprudence approaches in intrafamilial abuse, particularly SSA (Tarshish & Tener, 2020).
- Research that helps to inform professionals' decision making in cases involving separation, contact and reunification.
- Due to delayed disclosure, it is likely to be the case that professionals will be supporting adults more than children affected by SSA; research is needed to examine and inform practice guidance for each group.

### 3.6. Limitations and strengths

While this scoping review offers valuable insights into professional responses to SSA, several limitations must be acknowledged. First, the review is limited by the scope and availability of empirical literature, with only 32 sources meeting the inclusion criteria, potentially omitting relevant but unpublished or inaccessible studies. The reliance on English-language sources may also have excluded culturally specific perspectives from non-English-speaking regions. We excluded the use of professional practice sources, while this was to maintain findings to grounded in empirical research, we likely omitted valuable practitioner insight. Finally, the use of the PAGER framework provided structure, but the complexity of SSA may have required deeper thematic analysis to fully capture intersecting issues such as intergenerational trauma, cultural dynamics, and systemic barriers.

This scoping review offers a significant contribution to the under-researched area of SSA by systematically mapping professional responses and interventions across multiple disciplines. A key strength lies in its rigorous methodology, following Arksey and O'Malley's (2005) framework and the PRISMA-ScR (2018) guidelines, ensuring transparency and replicability. The use of the PAGER (Bradbury-Jones et al., 2022) framework adds analytical depth, allowing for nuanced identification of patterns, gaps, and evidence for practice. The inclusion of both academic and grey literature, alongside hand-searching and citation tracking, demonstrates a comprehensive and inclusive search strategy. By focusing specifically on professional perspectives and interventions, the review fills a critical gap in the literature and provides actionable insights for practitioners, policymakers, and service providers. The work also

**Table 3**  
PAGER framework summarising professional perspectives and interventions.

Pattern	Advances	Gaps	Evidence for practice	Research Recommendations
<p>Fragmented and inconsistent professional knowledge: Responses to SSA are fragmented due to inconsistent training, taboo beliefs, resource limitations, and conflicting attitudes. These issues lead to poor communication, misjudged risks, and inadequate support, causing further harm to affected children and families. Professional decision-making process: Safety is central for professionals, yet pressures from courts, limited training, systemic under-resourcing, problematic attitudes, and minimising or catastrophising behaviours hinder sound decision-making. Without structured, trauma-informed frameworks, emotional and sexual safety is compromised, often burdening mothers and risking inappropriate reunifications. Holistic and family orientated approaches: Studies support holistic, trauma-informed, and family-based therapeutic approaches for SSA, often using CBT and multisystemic therapy. Challenges include family dynamics, intergenerational trauma, and multi-agency coordination. Decision-making is influenced by professional biases, family engagement, and child-specific contextual factors. Language: Professionals struggle with appropriate language in SSA cases, often avoiding terms like “rape” or “abuse” to reduce defensiveness but risking minimisation. Inclusive, non-judgmental language is essential to engage families, support therapy, and avoid retraumatizing or alienating survivors and caregivers. Complexity of therapeutic interventions: Professionals face challenges in balancing family-centered approaches amid cultural differences and conflicting family needs, complicating interpretation and decision-making.</p>	<ul style="list-style-type: none"> <li>Professionals’ understanding of SSA has improved, recognising its unique dynamics, emotional complexity, and long-term family impact.</li> <li>Survivor insights challenge risk-focused approaches, promoting healing and empowerment over containment.</li> <li>There is a shift from punitive legal responses to restorative, family-centered therapies emphasising parental trauma support.</li> <li>Online treatment during the pandemic showed limited safety and effectiveness for discussing abuse.</li> <li>Systemic challenges remain, including professional inconsistency, biases, and coordination issues.</li> <li>Increased provision of assessments, mapping tools, and broader family-based interventions to better support SSA cases are noted.</li> </ul>	<ul style="list-style-type: none"> <li>Persistent use of insensitive, non-child-centered language harms practice and reinforces criminal justice framing.</li> <li>Lack of consensus on SSA terminology causes confusion and inconsistent responses.</li> <li>Professionals face uncertainty with very young children or ambiguous cases; clearer guidance is needed.</li> <li>Specialist training should address bias, language, trauma-informed care, indicators of SSA, and cultural awareness and responsiveness.</li> <li>More work is needed on whole-family responses, considering the complex family dynamics, intergenerational abuse and cultural variation.</li> <li>There is limited culturally informed practice; expanded cross-cultural research and frameworks are crucial for diverse families.</li> <li>Greater knowledge to support professionals responding to adult victim-survivors is needed.</li> </ul>	<ul style="list-style-type: none"> <li>SSA interventions require a trauma-informed, family-centered, multi-dimensional approach balancing safety, responsibility, and healing.</li> <li>Improved training, multi-agency collaboration, and flexible service models are essential.</li> <li>Multi-modal interventions addressing the whole family, including non-abused siblings and children with dual experience, show promise.</li> <li>Complex family dynamics and emotional disconnection affect recovery; professionals must support parents before reunification.</li> <li>Creating coherent abuse narratives helps trauma processing; language should reduce shame and self-blame.</li> <li>Resource limitations and tensions between legal and therapeutic contexts challenge professionals, highlighting the need for supervision and collaborative work.</li> </ul>	<ul style="list-style-type: none"> <li>Develop national systemic responses with standardised definitions, terminology, and practice guidelines to improve professional decision-making and response.</li> <li>Improve data recording and collection systems to better understand SSA and tailor interventions.</li> <li>Research holistic, whole-family therapeutic approaches addressing intergenerational trauma and parental protective capacity.</li> <li>Include survivor voices and non-abused siblings in research to inform service design.</li> <li>Explore technology-enhanced interventions, especially for remote or underserved populations.</li> <li>Evaluate screening tools and referral pathways for early SSA detection.</li> <li>Conduct longitudinal studies on children with dual experiences of victimization and harmful behaviour, examining legal and therapeutic outcomes.</li> <li>Investigate systemic barriers and enablers across sectors to design effective multi-agency responses.</li> <li>Test messaging strategies aimed at reducing public stigma towards SSA survivors and children displaying harmful behaviours.</li> <li>Conduct comparative research on cultural, ethnic, and socio-economic influences on perceptions of SSA and develop culturally and spiritually sensitive professional approaches.</li> </ul>

(continued on next page)

Table 3 (continued)

Pattern	Advances	Gaps	Evidence for practice	Research Recommendations
	Dual experience and the forgotten siblings: Professional responses to SSA are hindered by rigid 'victim' vs. 'perpetrator' frameworks, neglecting children with dual experience or non-abused siblings. This systemic inconsistency overlooks trauma's, broader family impact, and leads to inappropriate legal or therapeutic interventions			
	Dual experience and the forgotten siblings - the tension between legal and therapeutic models: Current justice systems inadequately address the dual experiences of children in SSA, forcing binary labels that can harm and alienate families, they also ignore the needs of non-abused siblings.			

advances understanding of complex issues such as dual experiences, language use, and the tension between legal and therapeutic models, areas often overlooked in broader child sexual abuse research. Importantly, the review foregrounds the need for trauma-informed, whole-family approaches and highlights the systemic challenges professionals face, offering a foundation for future training, policy development, and empirical research.

#### 4. Conclusion

We have presented here the second stage of our SSA scoping review (P. Yates et al., 2024) focussing specifically on professionals working with children, families and adult survivors in which SSA has occurred. Using the PAGER framework, we outlined the advances and gaps in knowledge, evidence for practice and recommendations for future research are summarised in Table 3. We developed the following seven themes: *Fragmented and inconsistent professional knowledge*; *Professional decision-making process*; *Holistic and family orientated approaches*; *Language*; *Complexity of therapeutic interventions*; *Dual experience and the forgotten siblings*; and *Dual experience and the forgotten siblings - the tension between legal and therapeutic models* these are presented in Table 3.

Despite some progress in understanding how professionals respond to SSA, practice remains fragmented and under-supported. To improve outcomes for all those affected by SSA, guidance, cross-sector training, and a consistent, trauma-informed framework are urgently needed to support professionals in making informed and coordinated decisions for children, adult survivors of SSA and families in which SSA concerns are identified.

#### CRediT authorship contribution statement

**Stephanie Cain:** Writing – review & editing, Writing – original draft, Formal analysis. **Peter Yates:** Writing – review & editing, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation. **Eve Mullins:** Writing – review & editing, Project administration, Investigation, Formal analysis, Data curation. **Amy Adams:** Writing – review & editing, Formal analysis.

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## Data availability

No data was used for the research described in the article.

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