



# Appendices

## APPENDIX 1

This table from the Australian Institute of Family Studies (Stathopoulos, 2012) sets out developmentally inappropriate sexual behaviours in the age bracket of 0 to 18.

Age Group	Developmentally INAPPROPRIATE sexual behaviours
0-5 years of age	Curiosity about sexual behaviour becomes an obsessive preoccupation Exploration becomes re-enactment of specific adult activity Behaviour involves injury to self Childrens' behaviour involves coercion, threats, secrecy, violence or aggression
6-10 years of age	Sexual penetration Genital kissing Oral copulation Simulated intercourse
11-12 years of age	Any sexual play which involves children younger than themselves
13-18 years of age	Compulsive masturbation Attempt to touch or expose other's genitals, especially without permission Sexual contact with animals or younger children Using sexual themes to degrade others or themselves Chronic preoccupation with sex and pornography

## APPENDIX 2

### Details of the different forms of sibling sexual behaviours

#### Normative sexual interactions between siblings

As with children generally, young siblings may engage in exploratory sexual interactions and sexual play with each other. This is relatively common and harmless and serves a developmental function: it helps children to learn about their own bodies and the bodies of those around them. Curiosity about other people's bodies is expected among young children, and may often involve looking at each other's genitals through games such as 'you show me yours, I'll show you mine' and playing 'doctors and nurses' (Allardyce and Yates, 2018).

Johnson (2015) describes this kind of behaviour as an information-gathering process between children of a similar age, size and developmental status, provided it meets all these criteria:

- It is voluntary, light-hearted and playful.  
It diminishes if the children are told to stop by an adult.
- It is balanced by a curiosity to explore all sorts of other things in the child's world.

The more the behaviour varies from this description, the more that concerns should be raised and professional advice sought by the family.

Examples of normative sexual interactions between siblings include the following:

- A mother comes across her five-year-old son and his four-year-old sister laughing and showing their genitals to each other. She tells them off and has not seen them doing it again. There are no other reasons to be concerned.
- A seven-year-old girl tells her father that she plans to marry her five-year-old brother when they grow up and that they will have babies together.

### **Inappropriate or problematic sexual behaviour involving siblings**

Inappropriate or problematic sexual behaviour involving similar-age siblings of any age is behaviour that falls outside developmental norms and can be developmentally or emotionally harmful to either or both of the siblings involved. Inappropriate behaviours are generally those where context is misjudged and are typically single instances. Problematic behaviours tend to emerge when the behaviour becomes more repeated and patterned, or where issues concerning consent and reciprocity are unclear (Hackett, 2010).

Even when mutually initiated, sexual behaviour outside developmental norms between similar-age siblings can be developmentally harmful to them. Partly for this reason, it is widely accepted that older siblings should not engage in sexual behaviour with each other. Evidence from a large survey suggests that non-abusive sibling sexual behaviour that falls outside developmental norms may be associated with depression and hyper-eroticisation of those involved (Stroebel et al., 2013).

## Sibling sexual abuse

Although there are no universally accepted criteria for defining sibling sexual abuse, it is a type of child sexual abuse, which is defined by the UK Government as behaviour that:

‘... involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children (Department for Education, 2018).

All of these typical indicators of child sexual abuse can apply to interactions between siblings. Where any of the following factors are present, the sibling sexual behaviour can be regarded as abusive:

- There are large age gaps between the children. While an age gap of five years is commonly accepted as large, some authors suggest that three or even two years between the children should raise concerns (Carlson et al., 2006).
- The behaviour involves the use of threats or force, or other forms of coercion such as bribes, trickery and manipulation—for example, the giving or withholding of affection.

- There are significant power imbalances—due, for example, to size, strength, intellectual ability or position of authority.

Sexually abusive behaviour can be initiated by children of any age. Sexual behaviour between siblings close in age, or with no coercion evident, may still be abusive. Both large and small studies have identified incidents of sibling sexual abuse that have not involved the use of force or other overt coercion. Likewise, large and small studies have identified abuse where age gaps between the siblings were small, or even where the abuse was carried out by the younger sibling (e.g. Cyr et al., 2002; Krienert and Walsh, 2011; Pierce and Pierce, 1990; Russell, 1986).

The factor that primarily characterises sibling sexual behaviour as abusive is the exploitation of power for sexual objectives. In the absence of large age gaps or obvious use of coercion, the dynamics of the sibling relationship within the context of the family culture need to be explored in order to inform an assessment of the sexual behaviour (Allardyce and Yates, 2013).

The exercise of power and control is often a feature of sibling relationships, and such relationships may be characterised by significant dependency and power imbalances, even where age differences are small. Understanding the dynamics of power will require exploration of factors such as birth order, age, sex, cognitive ability and gendered power relations within the immediate family and the wider culture in which the sibling relationship exists. Brother-brother, sister-brother, sister-sister and multiple sibling sexual abuse (including involving extended family members such as cousins) can and do occur, but the most commonly known pairing is a brother abusing a sister.

Shared with permission: Extract from ‘Sibling Sexual Abuse: A Knowledge and Practice Overview’, S. Allardyce & P. Yates, Centre of Expertise on Child Sexual Abuse (January 2021).

## APPENDIX 3

### Help for parents of children who have been sexually abused by family members

If you find out or suspect that your child has been sexually abused by a family member, it can take a toll on you as a parent. It's important to find a way to manage your feelings, so you can focus on creating a safe environment for your child that is free from harm, judgment, and blame. It is imperative that when your child discloses to you, you continue to repeat the following messages through both your words and your actions:

- I love you
- What happened is not your fault
- I will do everything I can to keep you safe

### How am I supposed to react?

There is no 'right' reaction to hearing that your child has been abused. You may experience a wide range of reactions and feelings that may impact different aspects of your life. Some common reactions from parents include:

- **Anger:** You may feel angry at the abuser for hurting your child or even frustrated with your child for not telling you. It's also possible to feel angry at your child for disclosing the abuse. It's not easy news to hear, but it's important to remember it is not your child's fault.
- **Anxiety:** You might be anxious about responding in the 'right' way to your child or navigating the other relationships in your life, especially if you have a relationship with the abuser.
- **Fear:** Depending on your family circumstances, you may be afraid that the abuser will find a way to harm your child

again or be concerned about taking care of your family on your own.

- **Sadness:** You may feel sad for your child, for your family, or for yourself. When a child discloses sexual abuse, it will cause changes in your life. It's okay to be upset over the changes in your life that may result from this disclosure.
- **Shock:** If you had no idea that the harm was occurring, you may be very surprised to hear what has happened.

It is important to keep in mind that there is no one 'right' reaction, and that all reactions and responses are normal. Having both you and your child talk to a professional about these thoughts and feelings can help sort through these issues. Professional support can also result in healthier long- and short-term results for both you and your child.

### **How do I manage these feelings?**

Your child is counting on you for support. In order to put your child's safety first, it's important to take care of yourself. That means finding a way to work through your feelings and reactions to the abuse that doesn't interfere with your child's welfare. It may not be easy, but with the right support it is possible.

- Consider talking to a counsellor one-on-one. Individual counselling gives you the chance to focus entirely on you and your concerns, without needing to worry about how your child will react to those thoughts.
- Develop your support system. It might be family and friends you trust, or it might be a support group that you didn't have a connection with before.
- Set limits. Dealing with these emotions can be time-consuming and draining. Set aside time for activities that don't revolve around the abuse.
- Practice self-care to keep your mind and body in healthy shape.

## **What if the perpetrator is part of my family?**

Finding out that your child was hurt by someone you know and trust can present some additional challenges as a parent. You may be faced with a range of emotions specific to this situation that others can't relate to. No one has the right to invalidate the way you feel, but it's important to find a way to manage these emotions in order to prioritise the safety of your child. Some experiences of non-offending parents may include:

- Anger towards the child for disrupting your family, especially if the perpetrator is your partner
- Anger towards the perpetrator for hurting your child and betraying your trust
- Guilt that you didn't know the abuse was occurring or for still having feelings for the person who hurt your child
- If the person who harmed your child was another one of your children, you may feel conflicted about how to provide support to the child who was harmed while still trying to protect your other child
- Losing faith in your judgement or abilities as a parent
- Practical fears about finances and day-to-day life that may change when the family member who caused harm is removed from the family circle
- Sense of loss for the family member who hurt your child as you begin to cut ties.

## **What can I expect from my child?**

The effects of sexual assault and abuse vary from person to person. The process of healing from sexual abuse can take a long time, and it's understandable to feel frustrated as a parent. Survivors of child sexual abuse can react in a wide variety of ways. Some of these reactions could cause you discomfort or take you by surprise:



- Being angry at you for not protecting them
- Being angry at you for removing the perpetrator from the home
- Confiding in someone who isn't you
- Not talking about it at all
- Talking about the abuse all the time.

To speak with someone who is trained to help:

If you are in the USA, call the National Sexual Assault Hotline at: 800.656.HOPE (4673) or chat online at [hotline.rainn.org/](https://hotline.rainn.org/)

If you live in Australia, speak with one of the trained counsellors at: 1800RESPECT.

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## APPENDIX 4

### Common long-term physical and mental health consequences of child sexual abuse

Whilst the following statistics and facts are probably not eye-opening, they acknowledge what we might wish to close our eyes to, yet intuitively know to be true.

According to the well-referenced and researched ‘Darkness to Light’ report (2017), not only do survivors of childhood sexual abuse have more minor health conditions, but they are also at greater risk for more serious conditions as well:

- Adults with a history of childhood sexual abuse are 30% more likely than their non-abused peers to have a serious medical condition such as diabetes, cancer, heart problems, stroke or hypertension.
- Male sexual abuse survivors have twice the HIV-infection rate of non-abused males, with 41% of HIV-infected twelve to twenty-year-olds reporting a sexual abuse history.

Mental health problems are also a common long-term consequence of child sexual abuse:

- Adult women who were sexually abused as a child are more than twice as likely to suffer from depression as women who were not sexually abused.
- Adults with a history of child sexual abuse are more than twice as likely to report a suicide attempt.

- Females who are sexually abused are three times more likely to develop psychiatric disorders than females who are not sexually abused.
- Among male survivors, more than 70% seek psychological treatment for issues such as substance abuse, suicidal thoughts and attempted suicide.

Adult survivors of childhood sexual abuse are at greater risk of a wide range of conditions that are non-life threatening and potentially psychosomatic in nature, including:

- fibromyalgia
- severe premenstrual syndrome
- chronic headaches
- irritable bowel syndrome
- a wide range of reproductive and sexual health complaints, including excessive bleeding, amenorrhea, pain during intercourse and menstrual irregularity.

Substance abuse problems are also a common consequence for adult survivors of child sexual abuse:

- Female adult survivors of child sexual abuse are nearly three times more likely to report substance use problems (40.5% versus 14% in the general population).
- Male adult childhood sexual abuse survivors are 2.6 times more likely to report substance use problems (65% versus 25% in the general population).

Obesity and eating disorders are more common in women who have a history of child sexual abuse:

- 24-year-old women who were sexually abused as children were four times more likely than their non-abused peers to be diagnosed with an eating disorder.
- Middle-aged women who were sexually abused as children were twice as likely to be obese compared to their non-abused peers.

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