**SIBLING SEXUAL ABUSE: WHY DON’T WE TALK ABOUT IT?**

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**ABSTRACT**

**Aims and objectives**

To explore two hypotheses for explaining why there is little written about sibling sexual abuse and to raise awareness of the subject in order better to protect children and to facilitate sensitive patient care.

**Background**

While there is no universal agreement over its definition, sibling sexual abuse is acknowledged internationally as a prevalent form of child sexual abuse but tends not to be recognised by health professionals. It is also under-represented within the literature in comparison to other forms of intrafamilial sexual abuse. Understanding why this is may help to illuminate the potential barriers to effective professional responses. Two explanations which emerge strongly are the existence of a sibling incest taboo and a prevailing belief that sibling sexual behaviour is largely harmless.

**Design**

Discursive position paper.

**Method**

The paper examines the two hypotheses through exploration of the extant literature on sibling incest and sibling sexual abuse.

**Conclusions**

Sibling sexual abuse accounts for a significant minority of child sexual abuse and has the potential to be as harmful as sexual abuse by a parent. An abhorrence at the thought of sibling sexual activity and a prevailing view of its harmlessness may hinder nurses’ detection of and appropriate responses to sibling sexual abuse, but do not provide convincing explanations for the dearth of literature. Instead, a deeply-held perspective of sibling relationships as non-abusive offers a more profound explanation.

**Relevance to clinical practice**

A knowledge of sibling sexual abuse and its consequences are important both for the effective protection of children and the sensitive and appropriate treatment of patients who present with a variety of physical and mental health concerns. A perspective that sibling relationships are non-abusive provides a deeper level of understanding of the powerful obstacles to raising awareness of and responding appropriately to this form of abuse.

**Key words Patient Care, Nurses, Child abuse, Child sexual abuse, Sexual abuse, Incest, Siblings, Sibling relations, Sibling sexual abuse, Child protection**

**What does this paper contribute to the wider global clinical community?**

* Sibling sexual abuse accounts for a significant minority of all childhood sexual abuse and may be as harmful as abuse by a parent, therefore presenting an international public health concern.
* The existence of a sibling incest taboo and an enduring belief that sibling sexual behaviour is generally harmless do not adequately account for the lack of literature on this subject.
* This paper contributes to the global clinical community by arguing instead that a deeply-held cultural mindset that sibling relationships are non-abusive not only provides an explanation for the dearth of literature, but a more profound inhibitor to nurses’ awareness of the subject and therefore their ability effectively to protect children and to provide sensitive and appropriate patient care.

**AIMS AND OBJECTIVES**

In the call for papers for this special issue of the Journal of Clinical Nursing, the request was made for papers “addressing nursing issues for those people affected by abuse and violence in their families”. Various forms of abuse and violence were suggested: intimate partner violence, child abuse and neglect, child to mother violence, and elder abuse. A notable omission from this list was sibling abuse, despite in its various forms being arguably the most common form of family violence (Meyers 2014, Tucker *et al.* 2014).

Sibling sexual abuse specifically is rarely discussed within the nursing literature despite occurring at least as frequently as other forms of incest (Bass *et al.* 2006) and being likely to account for a sizeable minority of all childhood sexual abuse. No articles on the subject have been written in the history of the Journal of Clinical Nursing since its inception in 1992, and a search of the CINAHL Plus database using the terms ‘sibling sexual abuse’ OR ‘sibling incest’ AND ‘nurs\*’ returned just two results from over twenty years ago (Gilbert 1989, Gilbert 1992). Other authors have reported the dearth of literature on the subject of sibling sexual abuse, particularly in comparison to other forms of intrafamilial sexual abuse such as father-daughter incest (e.g. Bass *et al.* 2006, Gilbert 1993, Tidefors *et al.* 2010). Most of the writing on the subject is contained within journals specifically concerned with child abuse or sexual behaviour (such as Child Abuse and Neglect, Sexual Addiction and Compulsivity, Journal of Sexual Aggression, and Archives of Sexual Behaviour) or journals concerned with families and family therapy (such as Journal of Family Violence, and Journal of Marital and Family Therapy). The subject rarely finds its way into the more general nursing or indeed social work literature.

This may not in itself be important except that there is evidence that health and other professionals tend not to recognise sibling sexual behaviour as having the potential to be abusive or to respond appropriately when it is disclosed (McVeigh 2003, Phillips-Green 2002, Rowntree 2007). In an exploratory study of the accounts of 19 women survivors of sibling sexual abuse by brothers (Rowntree 2007), professionals were said to make a number of unhelpful responses, including that the behaviour involved merely experimentation by the boy, was mutually initiated, was the victim’s fault, or could not be abuse as it involved a brother. By contrast it was experienced as extremely helpful by survivors when professionals believed the disclosure and acknowledged the behaviour as abusive. McVeigh (2003) similarly reported from twenty years of clinical experience that professionals often minimised, blamed or disbelieved the victims of sibling sexual abuse. These responses reflect more systemic minimising of the seriousness of sibling sexual abuse. From a comparative study of 170 adolescent boys involved in sexual offending, O'Brien (1991) found that despite committing more and more serious sexual crimes over a longer period, only about a third of boys who abused siblings were prosecuted in comparison to three quarters of boys who abused a child outside the family. The size and dated nature of these studies reflects the state of the literature on the subject of sibling sexual abuse.

Bringing the subject of sibling sexual abuse into the mainstream nursing literature, and moreover exploring why it has so far received such little attention, may help to promote, and understand the potential barriers to providing, more appropriate and sensitive patient care. These are the aims of this discussion paper, which will consider two specific hypotheses that emerge most strongly from the literature on sibling sexual abuse.

Firstly, it is suggested that the dearth of literature results from the prevailing view that sibling sexual behaviour is a normal part of childhood sexual exploration, is harmless, and therefore does not warrant attention (e.g. O'Brien 1991). During the 1970s and 1980s this was the widely-held opinion on the subject (Adler & Schutz 1995, Finkelhor 1980). Finkelhor (1980) surveyed 796 college undergraduate students in New England, and while he found evidence of exploitative and harmful sibling sexual behaviour in a quarter of the experiences reported by the students, for the majority it was regarded as a positive experience. This influential study has been said to have contributed to a widely-held view that sibling sexual behaviour is usually harmless (Sanders 2004). Professionals may therefore not consider the possibility of patients’ symptoms having roots in sibling sexual abuse, and discount the potential seriousness of the issue if it is raised.

Alternatively, Tidefors *et al.* (2010) propose that the reason for the dearth of literature on sibling sexual abuse may be the sibling incest taboo, which militates against researchers taking an interest in this subject. Ballantine (2012) similarly comments that health and social work professionals may overlook the possibility of sibling sexual abuse underlying the presenting problems of clients and patients due to their own feelings of abhorrence at the subject of sexual activity between siblings.

**BACKGROUND**

Before taking the discussion of sibling sexual abuse further, it is important to consider critically what is understood by the term. While it is generally unproblematic to establish the principle that sexual contact between an adult and a child is abusive, sexual contact between children may be more ambiguous, and between sibling children even more so. This in itself complicates the identification of sibling sexual abuse and an appropriate professional response.

There are three broad types of sibling sexual behaviour that can be discerned from the literature. Johnson (1991, 2003) and Araji (2004) differentiate harmless sex play between young children, from mutually initiated sexual behaviour between children that falls outwith developmental norms and is therefore harmful, and from sexual behaviour that is harmful and abusive. It is widely accepted that it may be normal for young sibling children to engage in exploratory sexual play with each other. From her own extensive clinical experience, Johnson (2010) describes this kind of exploratory sexual behaviour as an information gathering process between children of similar age, size, and developmental status, where the behaviour is entered into voluntarily by the children involved, with a light-hearted and playful quality which diminishes if instructed to stop by an adult. It would be balanced by a curiosity to explore all sorts of other things in the child’s world. The extent to which behaviour does not accord with this description would raise corresponding concerns.

Mutually initiated sexual behaviour that falls outwith developmental norms would be considered harmful to the siblings involved, and Johnson (2003) highlights particular concerns about the behaviour becoming a way of coping that distracts the siblings from other important developmental tasks. However, our ability to categorise sexual behaviour as falling outwith developmental norms is somewhat compromised by a lack of definitive understanding of what is normal. Studies of what constitutes normal childhood sexual behaviour tend to rely on retrospective reports by adults (e.g. Johnson & Mitra 2007, Larsson & Svedin 2002) or reports by parents and adults of what they observe (e.g. Friedrich *et al.* 1998). Both of these types of study might have a tendency to understate the extent of children’s sibling sexual activity. Despite a lack of evidence about normal sibling sexual behaviour, it is a commonly held view that older siblings should not engage in sexual behaviour with each other. Johnson *et al.* (2009) surveyed 500 mental health and child welfare professionals about their views on the acceptability of a range of sibling family practices, finding, for example, that the respondents would not consider it acceptable for opposite-sex siblings to bathe together beyond the age of four, or to share a bed together beyond the age of five, albeit that there was some variation across the sample of respondents. However, whereas 37% of the respondents thought that it would never be acceptable for siblings to kiss each other on the mouth, 23% of the respondents thought that this would be acceptable at any age. Whilst it would be entirely expected for older, unrelated children to engage in many forms of mutual sexual activity with each other, it is not generally considered developmentally normal for older siblings to do so, but quite what the boundaries are around the age of acceptability and what constitutes sexual activity remain somewhat unclear.

Similarly, there remains no universally accepted criteria for differentiating between mutually initiated sibling sexual behaviour and behaviour that constitutes abuse (Caffaro 2014). The typical indicators that sexual behaviour between unrelated children may be abusive include large age gaps between the children, use of threats or force, other forms of coercion such as bribes, trickery and manipulation, or significant power imbalances such as due to size, strength, intellectual ability, or a position of authority (e.g. Araji 2004, Caffaro 2014, Calder 1999, Johnson 2010). These criteria have also been applied to siblings, with a five-year age gap and use of force commonly used to define sibling sexual behaviour as abusive (e.g.Carter & Dalen 1998, De Jong 1989, Finkelhor 1980). There is growing evidence, however, that siblings being close in age or an absence of overt coercion should not be taken to indicate that the behaviour was mutually initiated. For example, in a study of 43 adolescents charged with sexual offences regarded as incestuous (most, but not all of which involved siblings) Pierce and Pierce (1990) found that in 22% of the cases the offender was younger than the victim. Cyr *et al.* (2002), in a comparative study of 72 girls who had experienced substantiated sexual abuse (otherwise not defined) by brothers, fathers and step-fathers, found that force was used in only 30% of cases of abuse perpetrated by a brother, and over half the brothers were less than five years older than their sister. More recently, Krienert and Walsh (2011) examined 13,013 incidents of sibling sexual offences involving the use of force recorded by the National Incident-based Reporting System in the United States between 2000-2007. Given the number of incidents between siblings with only small age gaps they concluded that age gaps should no longer be included as part of any definitions of sibling sexual abuse. Russell (1986) argues that sibling relationships are characterised by dependency and power imbalances, where even a one-year age difference has enormous power implications. Echoing Alpert (1991), Caffaro and Conn-Caffaro (2005: 609) conclude therefore, that “sometimes incest that appears consensual is actually based on fear”, and that sibling sexual behaviour construed as exploratory may often be better described as abusive. From their analysis of this literature, Allardyce and Yates (2013) advise that in the absence of large age gaps or obvious use of coercion, the dynamics of the sibling relationship may need to be explored in order to inform an assessment of the nature of the sibling sexual behaviour.

It may be concluded that there are some forms of sibling sexual behaviour which are developmentally normal and are unlikely to cause any harm to the children involved. It is not quite clear what the parameters of normal sibling sexual behaviour are, and caution must be exercised so as not to pathologise sexual behaviour between siblings unduly. Nonetheless some sibling sexual behaviour is abusive, albeit that there is variation within the literature over how sibling sexual abuse should be defined. Definitions of sibling sexual abuse are gradually widening, and there is often a conflation of the terms ‘sibling incest’ and ‘sibling sexual abuse’, reflecting the growing evidence that sibling sexual behaviour may often be harmful, taking place within the context of power imbalances and a lack of consent.

Given some of the inconsistencies across the literature over how to define sibling sexual abuse, it is unsurprising that there is some variation over estimates of its prevalence. It is extremely difficult to establish with any reliability the prevalence of child sexual abuse generally, given its hidden nature, the stigma it carries, and the lack of disclosure due to the silencing of victims (Hackett 2004). Similar issues bedevil attempts to establish the prevalence of sibling sexual abuse, and there is a wealth of evidence that sibling sexual abuse in particular is rarely disclosed, and less reported than sexual abuse by an adult (Carlson *et al.* 2006). Victims may not disclose due to fears of punishment, blame or not being believed (Hardy 2001, Laviola 1992, Meiselman 1981), or because they are afraid of the sibling, do not understand that what is happening is abuse, do not want their sibling to get into trouble, do not want to upset their parents, or just do not want anyone to know about it (Katy 2009). In Finkelhor’s (1980) study only 12% of those who reported sibling sexual experiences to the researcher had ever told anyone else, and despite 61% of the participants being in counselling in Carlson *et al.*’s (2006) study of 41 adult survivors, most said that taking part in the research was the first time that they had disclosed the abuse. Any statistics relating to the prevalence of sibling sexual abuse are therefore likely to be an underestimate.

Estimates of the prevalence of sibling sexual behaviour within the general population range from 2% (Russell 1986) to 4.7% (Griffee et al. 2014), 6.5% (Atwood 2007), 7.4% (Hardy 2001) and 13% (Finkelhor 1980). Estimates vary according to how narrowly ‘siblings’ and ‘sibling sexual behaviour’ are defined as well as the sampling strategy and methods of data collection, the lower figures being produced by studies which specify a “victim” or some level of coercion, and the higher figures by studies, which allow for what may be more experimental and consensual behaviour. Looking instead at the incidence of child sexual abuse, Hackett (2004) estimates from criminal statistics (Home Office 2002) and social work child protection data (Glasgow *et al.* 1994) that between 1/5 and 1/3 of all cases of sexual abuse in the UK involve children or young people as perpetrators. A general population survey by Radford *et al.* (2011) found that nearly 66% of the contact sexual abuse reported by children in the UK involved perpetrators under the age of 18. A range of other studies suggest that siblings account for 1/3 to 1/2 of the victims of children with harmful sexual behaviour (Allardyce & Yates 2009, Beckett 2006, Hackett *et al.* 1998, Ryan 2010, Shaw *et al.* 2000). While the estimates are imprecise and the definitions of the terms are contested, sibling sexual abuse is likely to account for a significant minority of all child sexual abuse, and therefore affect a substantial number of children.

In addition, while most research on the subject emanates from North America, the United Kingdom, Australia, and New Zealand, interest has also been shown by researchers from other countries such as Sweden (Tidefors *et al.* 2010), Portugal (Falcão *et al.* 2014), Hong Kong (Tsun 1999) and Turkey (Celbis *et al.* 2006). There is no reason to think that sibling sexual abuse does not affect children globally, and is therefore a subject of relevance to a wide international readership.

In that context, the lack of nursing literature on sibling sexual abuse is surprising, and all the more so given the strong support in the literature for nurses and other health professionals to be aware of and sensitive to the issue of child sexual abuse. Nurses and other health professionals have a key role to play in providing sensitive and appropriate care to adult survivors, as well as in recognising and responding to child victims.

For example, from their survey of 30 women survivors of childhood sexual abuse, Roberts *et al.* (1999) found that as patients these women reported being distressed or re-traumatised by a lack of sensitive care from nurses and other health professionals, such as through practices involving touch or pain, lying on a bed where they do not feel in control, or being asked to undress. Roberts *et al.* (1999) go so far as to recommend that all patients be routinely screened for a child sexual abuse history in order to promote more considerate and sympathetic care, a view echoed by Kenny and Abreu (2015) in their discussion of the role of mental health professionals.

McGregor *et al.* (2013) counter the recommendation for routine screening, arguing that all health professionals should be aware of the possibility of patients having a history of childhood sexual abuse, and with this in mind should demonstrate sensitivity in their care to all patients, such as through proceeding slowly and asking permission at every stage of an examination. From that perspective, knowledge of a particular patient’s child sexual abuse history may not be necessary. However, creating a safe environment through such practices would be more likely to facilitate patients to disclose childhood sexual abuse; indeed, there is some evidence that patients are more likely to disclose to health professionals they perceive as being sensitive and as having an awareness of child sexual abuse and its consequences (Teram *et al.* 1999). All health professionals should therefore be trained to create the conditions for, and to respond to, such disclosures. An awareness in particular of sibling sexual abuse and its effects would be desirable in order to reduce the likelihood of responses such as encountered by the women in Rowntree’s (2007) study mentioned above.

While the need for routine screening remains in debate, a knowledge of particular patients’ child sexual abuse histories may be helpful for guiding the treatment of certain health conditions. Spiegel *et al.* (2016) argue that where patients present with unexplained chronic pain it is necessary to ask about their history of child sexual abuse because this would have implications for the most appropriate treatment. This is especially the case with presentations of unexplained chronic pelvic pain, irritable bowel syndrome, lower back pain and fibromyalgia, which are often associated with childhood trauma. Furthermore, it is estimated that 50% of women mental health clients are survivors of child sexual abuse (Geanellos 2003). Rather than seeking help in relation to the abuse, however, they are more likely to seek help in relation to anxiety, eating disorders, or substance misuse (Kinzl & Biebl 1991). A better understanding of the aetiology of these presenting conditions would inform more effective and holistic treatment, and a failure to identify the victims of child sexual abuse could hamper their recovery (Kenny & Abreu 2015). However, sibling sexual abuse is thought to be disclosed more rarely than sexual abuse by an adult (Carlson *et al.* 2006), and asking general questions about a patient’s child sexual abuse history may not be sufficient to facilitate such a disclosure. In a large national survey of children’s experiences of violence, Finkelhor *et al.* (2006) found that sibling violence was disclosed only rarely unless brothers and sisters were specifically mentioned in the question. Nurses may require awareness of sibling sexual abuse and to ask about sibling sexual abuse explicitly in order for this form of abuse to be detected.

While every nurse has a responsibility to consider the possibility that the presenting symptoms of children or adults may have their roots in some form of childhood maltreatment, Taylor and Bradbury-Jones (2015) argue in addition, whether involved in working directly with children or not, that all nurses have a responsibility to protect children from abuse. A recent study by Allnock and Miller (2013) found that of 60 children who had been mostly sexually abused, 80% of them had disclosed to an adult but no action had been taken. Nurses need to be able to recognise the signs and symptoms of possible abuse, and to take appropriate action to protect a child where they have any suspicions. In particular they need to be equipped to provide the conditions in which children may disclose abuse, including sibling sexual abuse, and to take seriously and respond appropriately when a disclosure is forthcoming.

With such importance attached to nurses’ awareness of and sensitivity to a patient’s possible child sexual abuse history and the relative prevalence of sexual abuse perpetrated by a sibling, it is puzzling that this issue has not found its way into the general nursing literature. The aim of this discussion paper is to explore why this is, with a view to raising awareness of sibling sexual abuse within a wider nursing audience.

**DESIGN**

A discursive position paper was selected for the design to address the aims and objectives previously outlined.

**METHOD**

A wide-ranging narrative literature review on the subject of sibling incest, sibling sexual abuse and social worker decision making was undertaken by the author as part of doctoral study completed in July 2015. Online searches were conducted through ASSIA, CINAHL Plus, PsycINFO and Social Services Abstracts, and additional sources were found by reviewing the reference lists of collected literature and using Google Scholar. Within this literature review 87 source references written in English including books, book chapters, research articles and practice literature were reviewed where sibling incest, sibling sexual behaviour, sibling sexual abuse or sibling sexual violence were a major concept. Through examination of this literature, two hypotheses emerged most strongly for explaining why sibling sexual abuse is under-represented within the literature:

1. The view prevails that sibling sexual behaviour is generally harmless and a normal part of childhood exploration.
2. The sibling incest taboo discourages interest in the subject of sibling sexual abuse from researchers.

These hypotheses will be explored through discussion of the extant literature on the subject of sibling incest and sibling sexual abuse, before drawing conclusions as to the reasons for the dearth of literature on the subject of sibling sexual abuse and the implications for clinical nursing practice.

**DISCUSSION**

**Sibling sexual behaviour continues to be regarded as harmless**

The prevailing opinion from the 1970s and 1980s that sibling sexual behaviour is generally harmless and that sibling sexual abuse is less harmful than abuse by a parent has been challenged by a growing body of evidence in the intervening years. A number of studies have been conducted that corroborate each other to develop a picture of sibling sexual abuse as being associated with significant harm, as outlined below.

In some cases the short-term consequences of sibling sexual abuse have been said to include pregnancy, sexually transmitted infections and physical injury (Patton 1991), symptoms of post-traumatic stress disorder (Kiselica & Morrill-Richards 2007, Sheinberg & Fraenkel 2001), and emotional and behavioural problems (Shaw *et al.* 2000). In the longer-term victims of sibling sexual abuse have been reported to suffer from a whole range of difficulties, including depression or suicidal thoughts (Canavan *et al.* 1992, Carlson 2011, Daie *et al.* 1989, Rudd & Herzberger 1999, Wiehe 1990), dissociation, flashbacks, nightmares and intrusive thoughts (Cyr *et al.* 2002, Daie *et al.* 1989, Laviola 1992, Rudd & Herzberger 1999), low self-esteem (Canavan *et al.* 1992, Carlson 2011, Daie *et al.* 1989, Laviola 1992, Morrill 2014, Rudd & Herzberger 1999), alcohol and other substance misuse problems (Canavan *et al.* 1992, Cyr *et al.* 2002, Rudd & Herzberger 1999), eating disorders (Canavan *et al.* 1992, Daie *et al.* 1989, Rudd & Herzberger 1999), and ongoing feelings of guilt and shame (Daie *et al.* 1989, Kiselica & Morrill-Richards 2007). Relationship difficulties throughout life, such as in forming or maintaining meaningful partner relationships, experiencing physical violence within marriage, or having difficulty trusting other people are reported in many studies (e.g. Caffaro 2014, Carlson 2011, Carlson *et al.* 2006, Daie *et al.* 1989, Laviola 1992, Rudd & Herzberger 1999, Russell 1986, Wiehe 1990). Both Cyr *et al.* (2002) and Rudd and Herzberger (1999) have specifically compared the seriousness and effects of brother-sister with father-daughter sexual abuse, finding sibling sexual abuse to be at least as harmful.

However, sibling sexual abuse commonly takes place within the context of other familial difficulties and it is difficult to isolate the particular contribution of sibling sexual abuse to the victim’s trauma symptoms (Cyr *et al.* 2002). These family difficulties may include distant and emotionally inaccessible parents (Caffaro & Conn-Caffaro 2005, Daie *et al.* 1989, Griffee *et al.* 2014, Smith & Israel 1987), loose sexual boundaries and parental stimulation of the sexual climate within the home (Daie *et al.* 1989, Griffee *et al.* 2014, Smith & Israel 1987), marital conflict (Adler & Schutz 1995, Griffee *et al.* 2014, Salazar & Camp 2005), as well as a general lack of supervision of the children (Caffaro & Conn-Caffaro 2005). In their computer-assisted self-interview survey mainly involving University students, Griffee *et al.* (2014) found that the four main etiological factors associated with coerced sibling incest were siblings sharing a bed; parent-child incest; witnessing parental physical fighting; and family nudity. In addition, from a study of the previous year’s victimisation experiences of a nationally representative sample of 2,030 children aged 2-17, Finkelhor *et al.* (2007) found that poly-victimization was predictive of trauma symptoms, and when taken into account greatly reduced or eliminated the association between individual victimizations and effects. As sibling sexual abuse often takes place within the context of other forms of adversity it may be difficult to be confident of the harm caused specifically by sibling sexual abuse, other than through the victims’ own attributions of sibling sexual abuse as the cause of their presenting difficulties.

Additionally, most of the studies examining the impact of sibling sexual abuse rely on small, clinical samples, case studies, or the retrospective self-reports of self-selected adults, usually women, often already in therapy. For example, in Rudd and Herzberger’s (1999) study the sample was drawn from women attending a support group for incest survivors, and involved 14 women abused by brothers. By the nature of their sample, these kinds of studies would tend to emphasise the harmful effects of sibling sexual abuse. It is not possible to conclude that all sibling sexual abuse within the wider population is equally as damaging.

By contrast, many of the other studies involve surveys of University students (e.g. Beard *et al.* 2013, Finkelhor 1980), who by virtue of their academic achievements have demonstrated some degree of resilience in the face of any adversities they may have experienced, and may therefore understate the impact of sibling sexual abuse. The above-mentioned American study using anonymised computer-assisted self-interviews recorded 137 participants as reporting sibling sexual experiences (Beard *et al.* 2013, Griffee *et al.* 2014, O'Keefe *et al.* 2014, Stroebel *et al.* 2013a, Stroebel *et al.* 2013b). The study found that ‘victims’ of brother-sister incest had outcomes significantly less problematic than victims of father-daughter incest on some measures (Beard *et al.* 2013, Stroebel *et al.* 2013a). However, there was no distinction made between behaviour reported as voluntary and behaviour reported as coerced in their findings relating to the impact of the incest. While the authors conclude that brother-sister incest should not be considered equivalent to father-daughter incest in terms of its long-term impact, it does not follow that sibling sexual abuse is necessarily less harmful than sexual abuse by a parent. The study did find, however, that both the ‘perpetrators’ and ‘victims’ of sibling incest suffered adverse effects such as depression and hyper-eroticisation when compared with controls who did not report sibling sexual experiences (Beard *et al.* 2013, O'Keefe *et al.* 2014, Stroebel *et al.* 2013a, Stroebel *et al.* 2013b).

To conclude, while sibling sexual behaviour may often be a playful, exploratory, and harmless aspect of normal child development, and while it cannot be assumed that all sibling sexual abuse is equally harmful, there is nonetheless considerable and growing evidence that sibling sexual abuse has the potential to be extremely harmful and at least as damaging as sexual abuse by a parent. Harm may be caused to the perpetrator as well as to the victim of the abuse. If disclosed, sibling sexual abuse needs to be taken seriously by health professionals, and it should also be noted that the harm caused by sibling sexual abuse is likely to be accompanied by other forms of harm which set the context for sibling sexual abuse to occur. Given the range of health concerns associated with sibling sexual abuse outlined above, one would expect that many of the people who have experienced such abuse would be well acquainted with health services. Nurses and other health professionals therefore need to be equipped with the knowledge and skills to be able to respond sensitively and appropriately to such patients.

The precise harm caused by sibling sexual abuse continues to be debated, and it is possible that for some people the perception of sibling sexual abuse as relatively harmless could prevail despite the growing body of evidence to the contrary. However, given the prevalence of sibling sexual abuse and the length of time that evidence of its potential consequences has existed, it would be surprising that such a perception could endure to the extent that the subject has barely entered the general nursing literature. Some other explanation is needed to account for the lack of assimilation of the research evidence on this subject. Tidefors *et al.* (2010) propose that there is an inhibitor to its absorption at a deeper psychological and cultural level, and that the relative lack of literature on the subject of sibling sexual abuse may be due to the sibling incest taboo.

**The sibling incest taboo**

Tidefors *et al.*’s (2010) proposition is founded on the basis of the sibling incest taboo being both powerful and widely-shared, and on the basis that this taboo would inhibit literature on the subject. I argue that neither of these foundations are solid.

The familial incest taboo has been described as “a set of prohibitions which outlaw heterosexual relationships between various categories of kinsmen” (Aberle *et al.* 1963, p. 253). Webster (1942) cites a number of examples from so-called “primitive” cultures of incest taking place but being disapproved of, finding that death was the usual penalty for the transgression. The degrees of prohibited relationships varied but parent-child, brother-sister prohibitions were nearly universal, and overall Webster (1942, p. 148) found that “the abhorrence incest excites is profound”.

If we begin by accepting the universality or near universality of the prohibition of brother-sister incest, as many authors do (e.g. Aoki 2005, Lieberman *et al.* 2003, Shor & Simchai 2009, Tidefors *et al.* 2010), the question arises as to the origins of this incest taboo. A number of theories have been proposed (Aberle *et al.* 1963), among them the idea that an innate avoidance mechanism exists in humans to prevent in-breeding, which would otherwise lead towards the lowering of fitness of the species (Aoki 2005). Probably the most debated of these is Westermarck’s (1891, p. 320) hypothesis that “there is an innate aversion to sexual intercourse between persons living very closely together from early childhood”, on the basis that people brought up together are more likely to be siblings.

Support for this hypothesis has tended to rest with three case studies: Wolf’s (1966) ethnographic study of arranged marriages in Northern Taiwan; McCabe’s (1983) study of patrilateral parallel cousin marriages in the Lebanon; and Shepher’s (1971) study of the Israeli kibbutzim. The first two studies report lowered fertility rates for couples who have been brought up together ‘as siblings’ and the latter study reports that only 14 out of 2,769 married couples from the kibbutz system were from the same peer group, and of these 14 no couple had socialised together during the first six years of life. Further support for the Westermarck hypothesis has since been offered by Lieberman *et al.* (2003) in their study of 186 University undergraduates. They found that it was the duration of being brought up with someone which predicted the strength of objection to the idea of incest, rather than relatedness as such.

Support for the Westermarck hypothesis is by no means universal, however. Shor and Simchai (2009) criticise the conclusions drawn from the three studies which have offered most support to the hypothesis. They argue that it is highly questionable that fertility, marriage and divorce rates are a valid proxy for sexual attraction. In particular they revisit Shepher’s (1971) study of the kibbutz and challenge Shepher’s assertion that there was a culture of sexual permissiveness, which would make all the more striking the low marriage rates amongst peers. Rather than relying on marriage rates which may say little about sexual attraction and more about cultural norms, Shor and Simchai (2009) interviewed former kibbutz members and found that there were strict cultural taboos against relationships with peers. Nonetheless, contrary to Westermarck’s theory of a sexual aversion, some members reported having strong sexual attractions to their peers, but most did not act on these sexual attractions due to a fear of the consequences in terms of the embarrassment of being rejected and upsetting the social order. Many members reported a sexual indifference to their peers. Some reported that it simply did not cross their minds to be sexually attracted to them, but the idea of it was not abhorrent to them. Shor and Simchai (2009) therefore reject Westermarck’s hypothesis of sexual aversion, and instead argue that people brought up in small involuntary groups with high levels of social cohesion are less likely to be sexually attracted to each other, and less likely to act on attractions, in order to maintain the social order.

A number of examples from various cultures support this latter point of view. Webster (1942) describes life on The Trobriands (an island off New Guinea), inhabited by Papuo-Melanesians, which consisted of exogamous clans. All of the women within the clans were regarded as “sisters” and it was taboo for a man to have sex with a “sister”, but it could be tolerated or treated leniently if it did not cause a scandal. Similarly, Storrie (2003) studied a small group of isolated Amerindian hunter-horticulturalists living in central Venezuelan Guiana called the Hoti. He found that the Hoti were almost entirely endogamous and did not have a language for biological relationships. Hoti relationships are highly egalitarian and based on their experiences with each other rather than any sense of genealogy. The notion of incest therefore has no meaning for them and marriages between “siblings” are not uncommon. It has been widely reported that brother-sister marriages during the Roman occupation of Egypt were well-known (Aoki 2005), and were promoted to demonstrate the purity of the Egyptian people and to preserve land rights (Tidefors *et al.* 2010). While Aoki (2005) argues that this shows that Westermarck’s avoidance mechanism could be overridden, it could also be argued that, given the circumstances, incestuous marriages preserved rather than upset the social order and could therefore be tolerated or encouraged.

Aberle *et al.* (1963) take the latter position, and argue that the incest taboo does not derive from an innate mechanism, rather is a cultural phenomenon which helps to avoid both inter-generational competition and the deleterious effects of in-breeding. Indeed, social and cultural system theory proposes that humans would prefer to mate within their own family, but larger kinship groups and their facility for collective support brought about by exogamous marriages are more successful. The incest taboo helps to ensure this level of wider cooperation, and through selection social groups with this culture have become the most common. The incest taboo is therefore chiefly concerned with the prohibition of marriages within certain degrees of family relationships, underpinned by a culturally-determined sense of moral outrage at the idea of incestuous sexual attraction and relationships. De Mause (1991) goes even further by arguing that incestuous sexual behaviour is in fact rife and is more common the further back in history one looks. He argues that it has been incorrectly inferred from marriage regulations that the sexual behaviour itself was prohibited, and there is evidence that incestuous sexual behaviour is widespread.

It is therefore somewhat unclear the extent to which a sense of abhorrence at the idea of sibling sexual behaviour may be shared. It is possible, as some authors suggest, that sibling sexual attraction and sibling sexual behaviour are more common than often believed, and that aversion to sibling sexual intercourse is culturally imposed and maintained rather than innate and universal. Tidefors *et al.’s* (2010) proposition that the sibling incest taboo may account for the relative lack of research on the subject of sibling sexual abuse starts to appear unconvincing. Furthermore, even if we were to accept a widespread aversion to familial incest, it would be logical that literature around the sexual abuse of a child by a parent would be similarly scarce, and it clearly is not. Any existence of the sibling incest taboo has not stopped extensive investigation of its origins by anthropologists.

An abhorrence at the idea of sibling incest may provide an explanation for some health practitioners responding insensitively to sibling sexual abuse disclosure or overlooking the possibility of sibling sexual abuse as the cause of a patient’s presenting symptoms. A reflexive awareness of such feelings would be important to promote sensitive patient care. However, it does not seem to provide a convincing explanation for the lack of literature on the subject.

I would therefore like to propose an alternative explanation, which I think might account more plausibly for the lack of literature on the subject of sibling sexual abuse. I suggest that it is not within our deeply-held perspective of sibling relationships to consider their having the potential to be abusive. Siblings may play, fight, argue, nurture, and may even engage in exploratory sexual behaviour, but they do not abuse. Hacking (1991) argues that our wider awareness of the potential for abuse taking place within the context of parent-child relationships was raised following Kempe *et al.*’s (1962) publication of “The battered-child syndrome”. Health and Social Care professionals still prefer to think of parents as “honest, competent and caring” (Dingwall *et al.* 1995, p. 39) unless there is considerable evidence to the contrary, as evidenced by a repeated finding of the operation of a ‘rule of optimism’ in serious case reviews (e.g. Brandon *et al.* 2012, Sinclair & Bullock 2002). I contend that awareness of the potential for abuse to take place within sibling relationships is far less developed.

In Yates’ (2015) doctoral research exploring social workers’ retrospective accounts of their decision making in cases involving sexual behaviour between siblings, analysis of these accounts found that social workers framed sibling relationships as non-abusive and of intrinsic value. It was not within the social workers’ underlying perspective of sibling relationships to consider their providing a possible context in which abuse could take place. When confronted by sibling sexual behaviour, which might reasonably be regarded as abusive (entailing, for example, large age gaps or use of force), the social workers engaged in a number of mechanisms in order to maintain their perspective of sibling relationships as non-abusive, such as doubting the sexual behaviour happened, overlooking the potential emotional impact of the behaviour, and resisting labelling the behaviour as abuse. I suggest that this perspective of sibling relationships as non-abusive is more widely shared.

Edwards *et al.* (2006) observe that the subject of siblings has received very little attention from sociology, with most of the literature on siblings coming from psychology in relation to child development, or anthropology in relation to kinship networks. A sociology of siblinghood is underdeveloped. Little research was conducted on sibling relationships until the 1980s (Caffaro 2014, Settlemire 2011), and while some research has found associations between negative sibling relationships and problems such as increased loneliness, depression and lower self-esteem (e.g. Branje *et al.* 2004, Gamble *et al.* 2011, Stocker 1994, Yu & Gamble 2008), most research, including from these same authors, points to sibling relationships potentially being of lifelong value (Settlemire 2011). Sanders (2004) suggests that constructions of sibling relationships tend to be polarised and simplified around four main archetypes: siblings as allies (e.g. Hansel and Gretel); siblings as rivals (e.g. Cain and Abel); siblings as different (e.g. Cinderella); and siblings as all-sisters or all-brothers (e.g. Pride and Prejudice). However nurturing, warm and loving on the one hand, or rivalrous, competitive and even murderous on the other, there is no archetypal template of sibling relationships as abusive. Even within the sibling sexual abuse literature most of the concern is with the background and family characteristics of the perpetrator rather than an exploration of the sibling relationship itself.

Rather than a view prevailing that sibling sexual abuse is relatively harmless and less harmful than abuse by a parent, I suggest that it is not within our deeply-held perspective of sibling relationships to consider that they may have the potential to be abusive. If true, this would account for the relative lack of literature on the subject of sibling sexual abuse generally and its near absence from the nursing literature specifically.

**CONCLUSIONS AND RELEVANCE FOR CLINICAL NURSING PRACTICE**

It is quite possible that the majority of sexual behaviour taking place between siblings is normal and harmless. The parameters of normal sibling sexual behaviour are poorly understood and care must be taken not to pathologise this behaviour unduly. Nonetheless there is broad agreement that where the behaviour involves coercion or siblings with a large age disparity, the behaviour is likely to be abusive. The behaviour may be abusive even in the absence of large gaps and use of force, in which case the dynamics of the sibling relationship need carefully to be assessed.

Sibling sexual abuse affects a substantial minority of children internationally and is a subject of relevance to a wide international readership. While its consequences may not be equally damaging for all victims, for many it is as devastating as sexual abuse by a parent. Sibling sexual abuse may therefore be regarded as a significant public health concern, of which nurses and other health professionals should be well aware. Nurses need to be aware of sibling sexual abuse and its consequences in order to be able to fulfil their responsibility to protect children from abuse, and to guide the appropriate treatment of both adults’ and children’s presenting health concerns.

Developing awareness of sibling sexual abuse and its consequences may support nurses to offer sensitive care to all patients and therefore to facilitate and respond appropriately to disclosure. The evidence of its damaging effects would suggest that both victims and perpetrators of sibling sexual abuse are likely to be well-known to health services. All nurses, whether working directly with children or not, have a responsibility to protect children from this form of abuse. Given the context in which most sibling sexual abuse takes place, disclosure of sibling sexual abuse should also alert health professionals to the possibility of other familial abuse affecting the children.

It is important for nurses to be aware that the presenting psychological and physical health concerns presented by children and adults may have their roots in sibling sexual abuse, the knowledge of which may inform appropriate treatment. There is a wealth of evidence that sibling sexual abuse in particular is rarely disclosed, requiring health professionals to consider it as a possible source of the patients’ presenting concerns without relying on being informed. This is not necessarily to argue for the universal screening of all patients for childhood sexual abuse, within which questions about sibling sexual abuse could be asked. However, where there is reason to believe that a patient’s presenting concerns may have roots in sexual abuse, a specific question relating to brothers and sisters may be necessary to elicit disclosure of sexual abuse perpetrated by a sibling. Otherwise there is a higher chance that the patient’s history of child sexual abuse would remain unrecognised. Cultural sensitivity as well as sensitivity to abuse would of course be necessary for any such discussions.

The barriers to nurses’ awareness of sibling sexual abuse and its harmful consequences may include a prevailing view that sibling sexual behaviour is largely harmless and an abhorrence at the thought of sibling sexual activity. Both of these factors may inhibit patient disclosure, the protection of children, and the appropriate treatment of health conditions which may have their roots in childhood sexual abuse. Raising nurses’ awareness of the evidence regarding sibling sexual abuse and their reflexive awareness of their own feelings in response to this issue may help to promote more effective protection and treatment of patients. However, it is difficult to envisage such awareness being raised in the absence of this subject being addressed within the general nursing literature, and neither a prevailing view of harmlessness nor the existence of a sibling incest taboo provide a satisfactory explanation for this absence. Instead, a deeply-held perspective that sibling relationships are not abusive is more convincing. Indeed, this perspective may provide a more profound understanding of the barriers to nurses’ awareness of sibling sexual abuse than a myth of harmlessness or a sibling incest taboo. Raising reflexive awareness of the possibility for abuse to take place within the context of sibling relationships may be a necessary first step to raising awareness of the specific issue of sibling sexual abuse.

**REFERENCES**

Aberle DF, Bronfenbrenner U, Hess EH, Miller DR, Schneider DM & Spuhler JN (1963): The Incest Taboo and the Mating Patterns of Animals. *American anthropologist* **65**, 253-265.

Adler N & Schutz J (1995): Sibling incest offenders. *Child abuse and neglect* **19**, 811-819.

Allardyce S & Yates P (2009): The risks of young people abusing sexually at home, in the community or both: A comparative study of 34 boys in Edinburgh with harmful sexual behaviour. *Towards Effective Practice 8. Edinburgh. Criminal Justice Social Work Development Centre*.

Allardyce S & Yates P (2013): Assessing risk of victim crossover in children and young people who display harmful sexual behaviours. *Child Abuse Review* **22**, 255-267.

Allnock D & Miller P (2013) No one noticed, no one heard: A study of disclosures of childhood abuse, London.

Alpert JL (1991) Sibling, cousin, and peer child sexual abuse: Clinical implications. In *Domestice violence: Current interventions and research* (Geffner R, Sorenson SB & Lundberg-Love PK eds.). Haworth Press, New York.

Aoki K (2005): Avoidance and prohibition of brother-sister sex in humans. *Population Ecology* **47**, 13-19.

Araji SK (2004) Preadolescents and adolescents: Evaluating normative and non-normative sexual behaviours and development. In *The handbook of clinical intervention with younge people who sexually abuse* (O'Reilly G, Marshall WL, Carr A & Beckett RC eds.). Brunner-Routledge, Hove, pp. 3-35.

Atwood JD (2007): When love hurts: Preadolescent girls' reports of incest. *The American Journal of Family Therapy* **4**, 287-313.

Ballantine MW (2012): Sibling sexual abuse - Uncovering the secret. *Social Work Today* **12**, 18.

Bass LB, Taylor B, A., Knudson-Martin C & Huenergardt D (2006): Making sense of abuse: Case studies in sibling incest. *Contemporary family therapy* **28**, 87-109.

Beard KW, O’Keefe SL, Swindell S, Stroebel SS, Griffee K, Young DH & Linz TD (2013): Brother-brother incest: Data from an anonymous computerized survey. *Sexual Addiction and Compulsivity* **20**, 217-253.

Beckett R (2006) Risk prediction, decision making and evaluation of adolescent sexual abusers. In *Children and young people who sexually abuse others*, 2nd edn (Erooga M & Masson H eds.). Routledge, Abingdon, pp. 215-233.

Brandon M, Sidebotham P, Bailey S, Belderson P, Hawley C, Ellis C & Megson M (2012) *New learning from serious case reviews: A two year report*. Department for Education, London.

Branje SJT, van Lieshout CFM, van Aken MAG & Haselager GJT (2004): Perceived support in sibling relationships and adolescent adjustment. *Journal of Child Psychology and Psychiatry* **45**, 1385-1396.

Caffaro JV (2014) *Sibling abuse trauma: Assessment and intervention strategies for children, families and adults. 2nd edition*. Routledge, London.

Caffaro JV & Conn-Caffaro A (2005): Treating sibling abuse families. *Aggression and Violent Behavior* **10**, 604-623.

Calder MC (1999) *Working with young people who sexually abuse*. Russell House Publishing, Lyme Regis.

Canavan M, Meyer W & Higgs D (1992): The female experience of sibling incest. *Journal of Marriage and Family Therapy* **18**, 129-142.

Carlson BE (2011): Sibling incest: Adjustment in adult women survivors. *Families in Society* **92**, 77-83.

Carlson BE, Maciol K & Schneider J (2006): Sibling incest: Reports from forty-one survivors. *Journal of child sexual abuse* **15**, 19-34.

Carter GS & Dalen AV (1998): Sibling incest: Time limited group as an assessment and treatment planning tool. *Journal of Child and Adolescent Group Therapy* **8**, 45-54.

Celbis O, Ozcan ME & Özdemir B (2006): Paternal and sibling incest: A case report. *Journal of Clinical Forensic Medicine* **13**, 37-40.

Cyr M, Wright J, McDuff P & Perron A (2002): Intrafamilial sexual abuse: Brother-sister incest does not differ from father-daughter and stepfather-stepdaughter incest. *Child abuse and neglect* **26**, 957-973.

Daie N, Witztum E & Eleff M (1989): Long-term effects of sibling incest. *Journal of clinical psychiatry* **50**, 428-431.

De Jong AR (1989): Sexual interactions among siblings and cousins: Experimentation or exploitation? *Child abuse and neglect* **13**, 271-279.

De Mause L (1991): The universality of incest. *The Journal of Psychohistory* **19**.

Dingwall R, Eekelaar J & Murray T (1995) *The protection of children: State intervention and family life. 2nd edition*, 2nd edn. Avebury, Aldershot.

Edwards R, Hadfield L, Lucey H & Hunter M (2006) *Sibling identity and relationships: Sisters and brothers*. Routledge, London.

Falcão V, Jardim P, Dinis-Oliveira RJ & Magalhães T (2014): Forensic evaluation in alleged sibling incest against children. *Journal of child sexual abuse* **23**, 755-767.

Finkelhor D (1980): Sex among siblings: A survey on prevalence, variety and effects. *Archives of sexual behaviour* **9**, 171-194.

Finkelhor D, Ormrod RK & Turner HA (2007): Poly-victimization: A neglected component in child victimization. *Child abuse and neglect* **31**, 7-26.

Finkelhor D, Turner H & Ormrod R (2006): Kid's stuff: The nature and impact of peer and sibling violence on younger and older children. *Child Abuse & Neglect* **30**, 1401-1421.

Friedrich W, Fisher J, Broughton D, Houston M & Shafran C (1998): Normative sexual behaviour in children: A contemporary sample. *Pediatrics* **101**, 693.

Gamble WC, Yu JJ & Kuehn ED (2011): Adolescent sibling relationship quality and adjustment: Sibling trustworthiness and modeling as factors directly and indirectly influencing these associations. *Social Development* **20**, 605-623.

Geanellos R (2003): Understanding the need for personal space boundary restoration in women-client survivors of intrafamilial childhood sexual abuse. *International Journal of Mental Health Nursing* **12**, 186-193.

Gilbert C (1989): Sibling incest. *Journal of Child and Adolescent Psychiatric Nursing* **2**, 70-73.

Gilbert CM (1992): Sibling incest: A descriptive study of family dynamics. *Journal of Child & Adolescent Psychiatric & Mental Health Nursing* **5**, 5-9 5p.

Gilbert CM (1993) Intrafamilial child sexual abuse. In *Family psychiatric nursing* (Fawcett CS ed.). Mosby, St. Louis, pp. 245-267.

Glasgow D, Horne L, Calam R & Cox A (1994): Evidence, incidence, gender and age in sexual abuse of children perpetrated by children: Towards a developmental analysis of child sexual abuse. *Child Abuse Review* **3**, 196-210.

Griffee K, Swindell S, O'Keefe SL, Stroebel SS, Beard KW, Kuo S-Y & Stroupe W (2014): Etiological risk factors for sibling incest: Data from an anonymous computer-assisted self-interview. *Sexual abuse: A journal of research and treatment*, 1-40.

Hackett S (2004) *What works for children and young people with harmful sexual behaviours?* Barnardo's, Illford.

Hackett S, Print B & Dey C (1998) Brother nature? Therapeutic intervention with young men who sexually abuse their siblings. In *From hearing to healing: Working with the aftermath of child sexual abuse*, 2nd edn (Bannister A ed.). Wiley.

Hacking I (1991): The making and molding of child abuse. *Critical Inquiry* **17**, 253-288.

Hardy MS (2001): Physical aggression and sexual behaviour among siblings: A retrospective study. *Journal of family violence* **16**, 255-268.

Home Office (2002) *Criminal statistics England and Wales 2001*. HMSO, London.

Johnson TC (1991): Understanding the sexual behaviours of young children. *SIECUS Report* **August/September 1991**, 8-15.

Johnson TC (2003) *Sibling incest*. Self-published pamphlet, South Pasadena.

Johnson TC (2010) *Understanding children's sexual behaviours: What's natural and healthy. Updated 2010*. Institute on Violence, Abuse and Trauma, San Diego, CA.

Johnson TC, Huang BE & Simpson PM (2009): Sibling family practices: Guidelines for healthy boundaries. *Journal of child sexual abuse* **18**, 339-354.

Johnson TC & Mitra R (2007) A retrospective study of children's (twelve and younger) sexual behaviours. Unpublished manuscript.

Katy (2009) Sibling sexual abuse and incest during childhood. Pandora's Project: Support and resources for survivors of rape and sexual abuse. Available at: <http://www.pandys.org/articles/siblingsexualabuse.html> (accessed 1st November 2014.

Kempe CH, Silverman FN, Steele BF, Droegemueller W & Silver HK (1962): The battered-child syndrome. *journal of the American medical association* **181**, 17-24.

Kenny MC & Abreu RL (2015): Training Mental Health Professionals in Child Sexual Abuse: Curricular Guidelines. *Journal of child sexual abuse* **24**, 572-591.

Kinzl J & Biebl W (1991): Sexual abuse of girls: aspects of the genesis of mental disorders and therapeutic implications. *Acta Psychiatrica Scandinavica* **83**, 427-431.

Kiselica MS & Morrill-Richards M (2007): Sibling Maltreatment: The Forgotten Abuse. *Journal of counseling and development* **85**, 148-161.

Krienert JL & Walsh JA (2011): Sibling sexual abuse: An empirical analysis of offender, victim, and event characteristics in national incident-based reporting system (NIBRS) data, 2000-2007. *Journal of child sexual abuse* **20**, 353-372.

Larsson I & Svedin CG (2002): Sexual experiences in childhood: Young adults' recollections. *Archives of sexual behaviour* **31**, 263-373.

Laviola M (1992): Effects of older brother-younger sister incest: A study of the dynamics of 17 cases. *Child abuse and neglect* **16**, 409-421.

Lieberman D, Tooby J & Cosmides L (2003): Does morality have a biological basis? An empirical test of the factors governing moral sentiments relating to incest. *Proceedings of the Royal Society Biological Sciences Series B* **270**, 819-826.

McCabe J (1983): FBD marriage: Further support for the Westermarck hypothesis of the incest taboo? *American anthropologist* **85**, 50-69.

McGregor K, Gautam J, Glover M & Julich S (2013): Health care and female survivors of childhood sexual abuse: Health professionals' perspectives. *Journal of child sexual abuse* **22**, 761-775.

McVeigh MJ (2003): ‘But she didn’t say no': an exploration of sibling sexual abuse. *Australian Social Work* **56**, 116-126.

Meiselman KC (1981) *Incest: a psychological study*. Jossey-Bass, San Francisco.

Meyers A (2014): A call to child welfare: Protect children from sibling abuse. *Qualitative Social Work* **13**, 654-670.

Morrill M (2014): Sibling sexual abuse: An exploratory study of long-term consequences for self-esteem and counseling considerations. *Journal of family violence* **29**, 205-213.

O'Brien MJ (1991) Taking sibling incest seriously. In *Family sexual abuse: Frontline research and evaluation* (Patton MQ ed.). Sage publications, Newsbury Park CA, pp. 75-92.

O'Keefe SL, Beard KW, Swindell S, Stroebel SS, Griffee K & Young DH (2014): Sister-brother incest: Data from anonymous computer assisted self interviews. *Sexual Addiction and Compulsivity: The Journal of Treatment and Prevention* **21**, 1-38.

Patton M (1991) *Understanding family sexual abuse*. Sage, Newbury Park, CA.

Phillips-Green MJ (2002): Sibling incest. *Family journal: Counseling and therapy for couples and families* **10**, 195-202.

Pierce LH & Pierce RL (1990) Adolescent / sibling incest perpetrators. In *The incest perpetrator: A family member no one wants to treat.* (Holborn AL, Johnson BL, Roundy LM & Williams D eds.). Sage, London, pp. 99-107.

Radford L, Corral S, Bradley C, Fisher H, Bassett C, Howat N & Collishaw S (2011) *Child abuse and neglect in the UK today*. NSPCC, London.

Roberts SJ, Reardon KM & Rosenfeld S (1999): childhood sexual abuse. *AWHONN Lifelines* **3**, 39-45.

Rowntree M (2007): Responses to sibling sexual abuse: Are they as harmful as the abuse? *Australian Social Work* **60**, 347-361.

Rudd JM & Herzberger SD (1999): Brother-sister incest - Father-daughter incest: A comparison of characteristics and consequences. *Child abuse and neglect* **23**, 915-928.

Russell DEH (1986) *The secret trauma: Incest in the lives of girls and women*. Basic Books, New York.

Ryan G (2010) Incidence and prevalence of sexual offences committed by juveniles. In *Juvenile sexual offending: Causes, consequences, and correction*, 3rd edn (Ryan G, Leversee T & Lane S eds.). John Wiley & Sons, Hoboken, New Jersey, pp. 9-12.

Salazar LF & Camp CM (2005) Sibling incest offenders. In *Adolescent behavioural problems* (Gullota TP & Adams GR eds.). Springer Science, New York, pp. 503-518.

Sanders R (2004) *Sibling relationships: Theory and issues for practice*. Palgrave Macmillan, Basingstoke.

Settlemire KL (2011): Post-adoption contact between siblings: Is 'avoidance of harm' the right standard for New Jersey siblings adopted from foster care parents? *Seton Hall Legislative Journal* **36**, 165-190.

Shaw JA, Lewis JE, Loeb A, Rosado J & Rodriguez R, A. (2000): Child on child sexual abuse: Psychological Perspectives. *Child abuse and neglect* **24**, 1591-1600.

Sheinberg M & Fraenkel P (2001) *Relational trauma of incest: A family-based approach to treatment*. The Guilford Press, New York.

Shepher J (1971): Mate selection among second generation kibbutz adolescents and adults: Incest avoidance and negative imprinting. *Archives of sexual behaviour* **1**, 293-307.

Shor E & Simchai D (2009): Incest Avoidance, the Incest Taboo, and Social Cohesion: Revisiting Westermarck and the Case of the Israeli Kibbutzim. *American Journal of Sociology* **114**, 1803-1842.

Sinclair R & Bullock R (2002) Learning from past experience: A review of serious case reviews (Department of Health ed.). Department of Health, London.

Smith H & Israel E (1987): Sibling incest: A study of the dynamics of 25 cases. *Child abuse and neglect* **11**, 101-108.

Spiegel DR, Shaukat AM, Mccroskey AL, Chatterjee A, Ahmadi T, Simmelink D, Oldfield EC, Pryor CR, Faschan M & Raulli O (2016): Conceptualizing a subtype of patients with chronic pain: The necessity of obtaining a history of sexual abuse. *The International Journal of Psychiatry in Medicine* **51**, 84-103.

Stocker C (1994): Children's perceptions of relationships with siblings, friends and mothers: Compensatory processes and links with adjustment. *Journal of Child Psychology and Psychiatry* **35**, 1447-1459.

Storrie R (2003): Equivalence, personhood and relationality: Processes of relatedness among the Hoti of Venezuelan Guiana. *The Journal of the Royal Anthropological Institute* **9**, 407-428.

Stroebel SS, O'Keefe SL, Beard KW, Kuo S-Y, Swindell S & Stroupe W (2013a): Brother–sister incest: Data from anonymous computer-assisted self interviews. *Journal of child sexual abuse* **22**, 255-276.

Stroebel SS, O'Keefe SL, Griffee K, Kuo S-Y, Beard KW & Kommor MJ (2013b): Sister–sister incest: Data from an anonymous computerized survey. *Journal of child sexual abuse* **22**, 695-719.

Taylor J & Bradbury-Jones C (2015): Child maltreatment: every nurse’s business. *Nursing Standard* **29**, 53-58 56p.

Teram E, Schachter CL & Stalker CA (1999): Opening the Doors to Disclosure: Childhood sexual abuse survivors reflect on telling physical therapists about their trauma. *Physiotherapy* **85**, 88-97.

Tidefors I, Arvidsson H, Ingevaldson S & Larsson M (2010): Sibling incest: A literature review and a clinical study. *Journal of Sexual Aggression* **16**, 347-360.

Tsun OKA (1999): Sibling incest: a Hong Kong experience. *Child Abuse & Neglect* **23**, 71-79.

Tucker CJ, Finkelhor D, Turner H & Shattuck AM (2014): Family dynamics and young children's sibling victimization. *Journal of Family Psychology* **28**, 625-633.

Webster H (1942) *Taboo: A sociological study*. Stanford University Press, California.

Westermarck E (1891) *The history of human marriage*. Macmillan, London.

Wiehe VR (1990) Sibling abuse: Hidden physical, emotional, and sexual trauma. Lexington Books, New York.

Wolf AP (1966): Childhood association, sexual attraction and the incest taboo: A Chinese case. *American anthropologist* **68**, 883-898.

Yates P (2015) 'Better Together': A grounded theory study of social worker decision making in cases involving sexual behaviour between siblings. In *Social Work*. University of Edinburgh, p. 370.

Yu JJ & Gamble WC (2008): Familial correlates of overt and relational aggression between young adolescent siblings. *Journal of Youth and Adolescence* **37**, 655-673.