

# Placement Decisions, Safety Planning, and Sibling Reunification in Cases of Children and Young People who have engaged in Problematic/Harmful Sexual Behaviour

**Stephen Barry,**  
**Lead Clinician/Clinical Team Manager**  
Avon and Wiltshire Mental Health Partnership  
NHS Trust  
Be Safe Service  
Bristol, England

**Dr Anna Fussell,**  
**Clinical Psychologist**  
Avon and Wiltshire Mental Health Partnership  
NHS Trust  
Be Safe Service and Thinking Allowed  
Bristol, England

**Bristol Safeguarding Children Board Conference 2019 :**

**Child Sexual Abuse Within Families:  
Improving Our Response and Working Towards Prevention**

**A HUGE THANK YOU to Jimmy Widdifield who lead on this presentation to the 2018 NOTA Conference, Glasgow, with Stephen Barry, and agreed for this to be the basis of this presentation to the 2019 BSCB Conference. We have made further adaptations to the UK context.**

### Acknowledgments

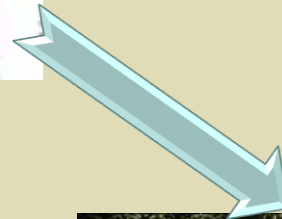
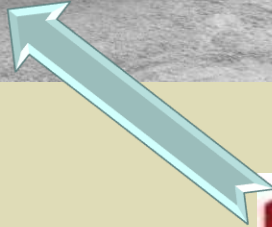
M. Elizabeth Bard, PhD	Mark Chaffin, PhD.	Lisa Swisher, PhD
Lucy Berliner, MSW	William Friedrich, PhD	Eugene Walker, PhD
Barbara Bonner, PhD	Jane F. Silovsky, PhD.	Jimmy Widdifield, Jr., MA

Thanks to the many staff, students, and colleagues who are and have participated and contributed to the PSB Programmes at the Center on Child Abuse and Neglect, USA, and to past and present colleagues and partners to the Be Safe Service, Bristol.

Thanks to Kristin Kamenova for her work on the literary review.



**IMPACT**



## Learning Outcomes: Participants Will Learn...

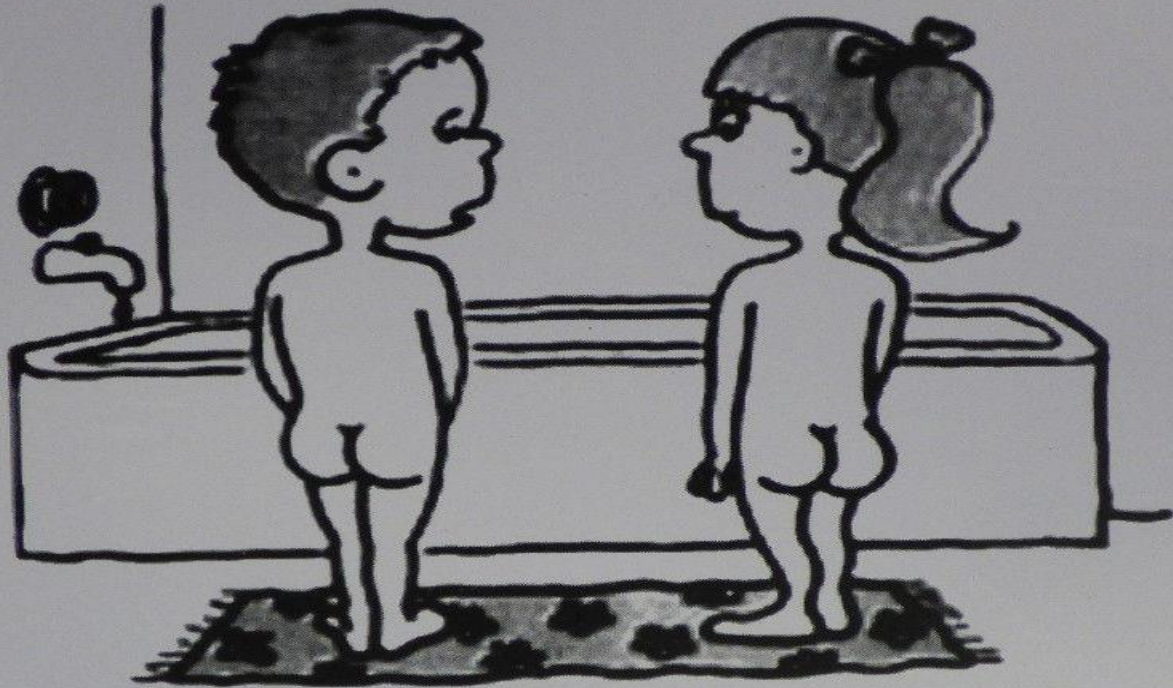
- Identify the factors that impact placement decisions for children and young people who have engaged in problematic/harmful sexual behaviour including in and out of home placements.
- Develop an understanding of safety planning for this group of children and young people and how to address this with families, foster carers and system supporting them.
- Consider strategies and a framework to enhance successful reunification for children and young people who have harmed sexually with their siblings including those they have harmed where appropriate.

*“I don't believe an accident of birth makes people sisters or brothers. It makes them siblings, gives them mutuality of parentage. Sisterhood and brotherhood is a condition people have to work at.”*

Maya Angelou



**SIBLING SEXUAL EXPERIENCES AND  
PROBLEMATIC AND HARMFUL SEXUAL BEHAVIOR**



N-44 MADE IN P.R.C.

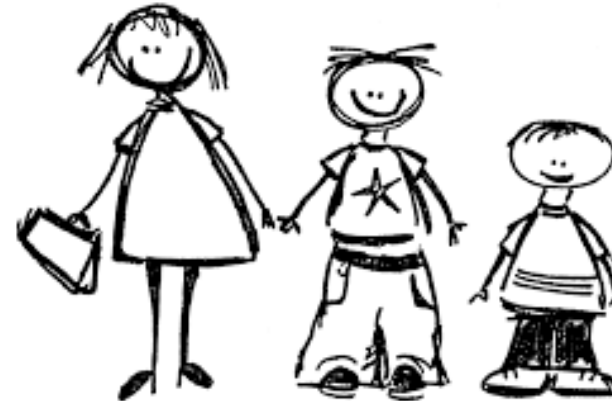
**"No you can't touch it.  
You already broke yours off!!!"**

N-44

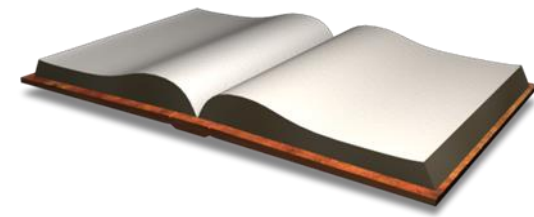
BIG "D"

# Sexual Experiences Between Siblings

- Sibling system is thought to be most important and enduring relationship in the family
- Most common form of intra-familial sexual experience
- Least reported, least investigated
- Limited research available
- Lack of guidance
- Important to understand impact







## Harmful sexual behaviour

*“When children and young people (under 18) engage in sexual discussions or activities that are inappropriate for their age or stage of development, often with other individuals who they have power by virtue of age, emotional maturity, gender, physical strength, or intellect and where the victim in this relationship has suffered a betrayal of trust. These activities can range from using sexually explicit words and phrases to full penetrative sex with other children or adults.”*

(Adaptation of definition used by the NSPCC and NICE from Barnardos, 2016, “*Now I know it was wrong*”)

## Sibling sexual abuse

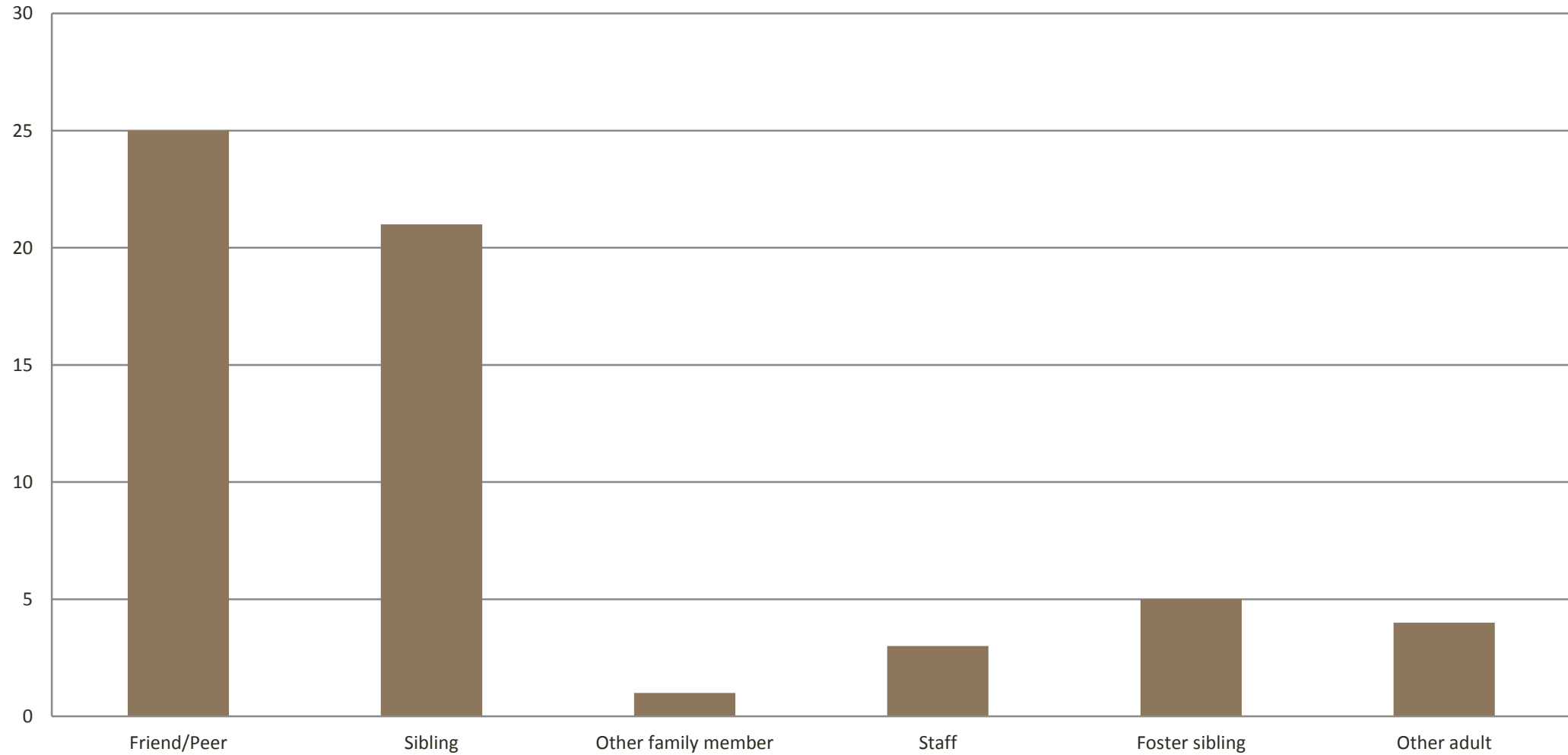
*“Sibling abuse is arguably the most prevalent form of family violence, with sibling sexual abuse more common than parental sexual abuse. . . . . with almost no attention paid to situations where a child in the family presents a risk.”*

(Yates, 2018)

# Key Messages from research :

- It is estimated that CSA in the family environment comprises up to two thirds of all CSA reported to the Police, with a quarter of all cases involving a perpetrator under the age of 18, with much remaining undisclosed.
- Police data for 2018-19 – out of 26 cases 3 were under 18. Out of 10 cases 3 were brothers.
- Sibling sexual abuse is 3 times more common than parent sexual abuse.
- Children with disabilities (e.g. ability to communicate) and some Black, Asian, and Minority Ethnic children face additional barriers (e.g. secrecy, shame, stigma).
- There is no evidence to suggest that any ethnic or cultural group has a greater propensity to display HSB, with statistics suggesting the profile of offenders generally conforms to the proportions of the wider demographics.
- A significant proportion of yp may have learning disabilities or be on the autistic spectrum, however there maybe a number of factors for this over representation.
- Children with disabilities are 3.4 times more likely to be maltreated than nondisabled peers.
- Important to consider the sibling relationship dynamic.

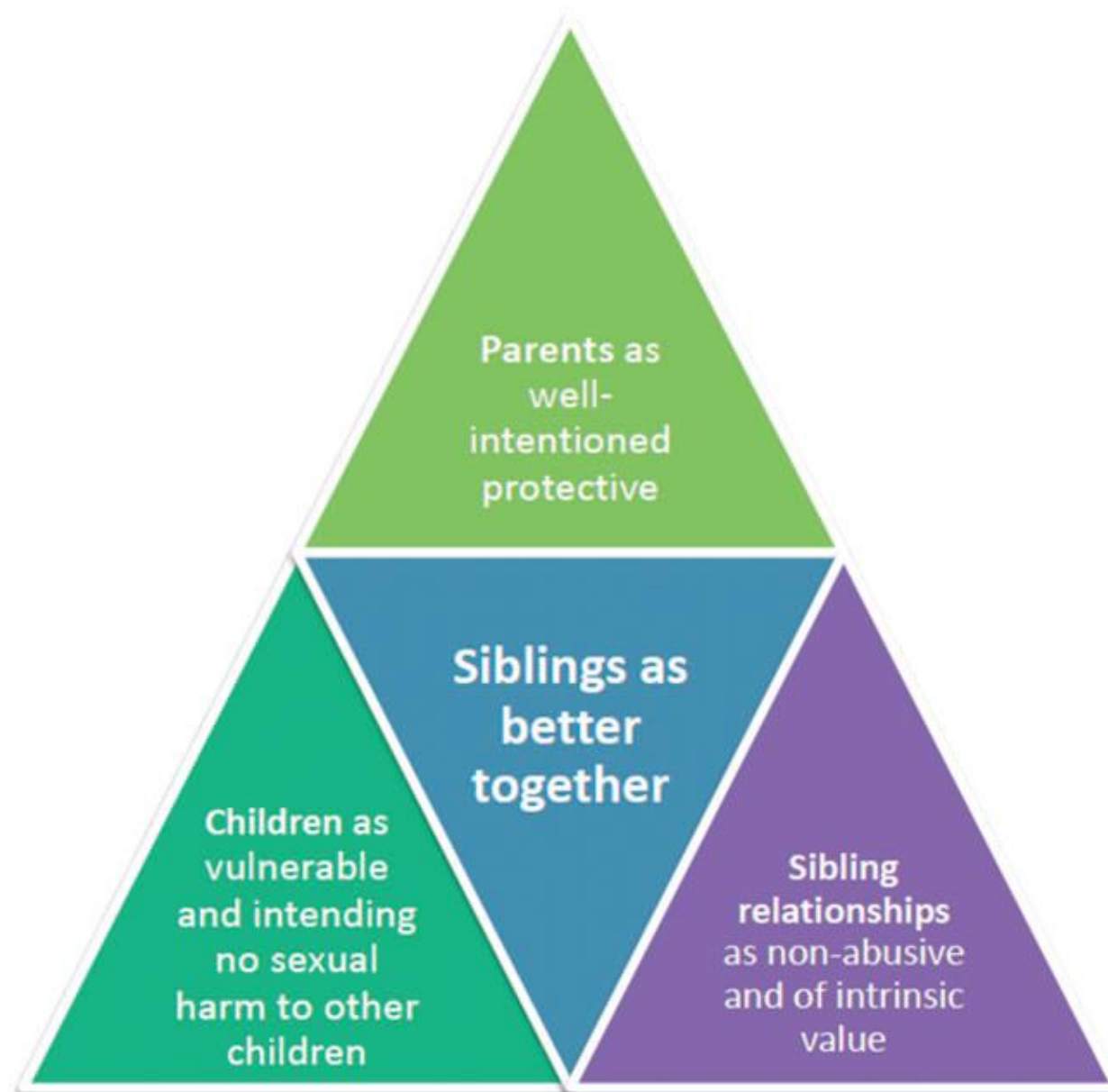
# Relationship with victim



## Useful Guidance

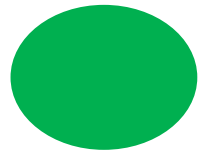
- ✓ NICE Guidance: <https://www.nice.org.uk/guidance/ng55>
- ✓ Bristol City Council Harmful Sexual behaviour Protocol: <https://bristolsafeguarding.org/media/19870/final-hsb-protocol.pdf>
- ✓ Bedford University: <https://contextualsafeguarding.org.uk/beyond-referrals-levers-for-addressing-harmful-sexual-behaviour-in-schools>

# The social workers' practice mind-set (Yates, 2018)

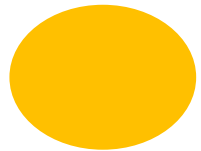


# BROOK TRAFFIC LIGHT

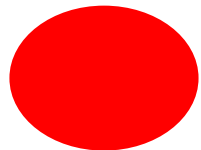
## SUPPORTING PROFESSIONALS TO



Make decisions about safeguarding children and young people



Assess and respond appropriately to sexual behaviour in children and young people



Understand healthy sexual development and distinguish it from harmful behaviour

# A continuum of children and young people's sexual behaviours

(Hackett, 2010)

## Normal

- Developmentally expected
- Socially acceptable
- Consensual, mutual, reciprocal
- Shared decision making

## Inappropriate

- Single instances of inappropriate sexual behaviour
- Socially acceptable behaviour within peer group
- Context for behaviour may be inappropriate
- Generally consensual and reciprocal

## Problematic

- Problematic and concerning behaviours
- Developmentally unusual and socially unexpected
- No overt elements of victimisation
- Consent issues may be unclear
- May lack reciprocity or equal power
- May include levels of compulsivity

## Abusive

- Victimising intent or outcome
- Includes misuse of power
- Coercion and force to ensure victim compliance
- Intrusive
- Informed consent lacking, or not able to be freely given by victim
- May include elements of expressive violence

## Violent

- Physically violent sexual abuse
- Highly intrusive
- Instrumental violence which is physiologically and/or sexually arousing to the perpetrator
- Sadism



# Guidelines for Determining if Sexual Behaviours are a Problem

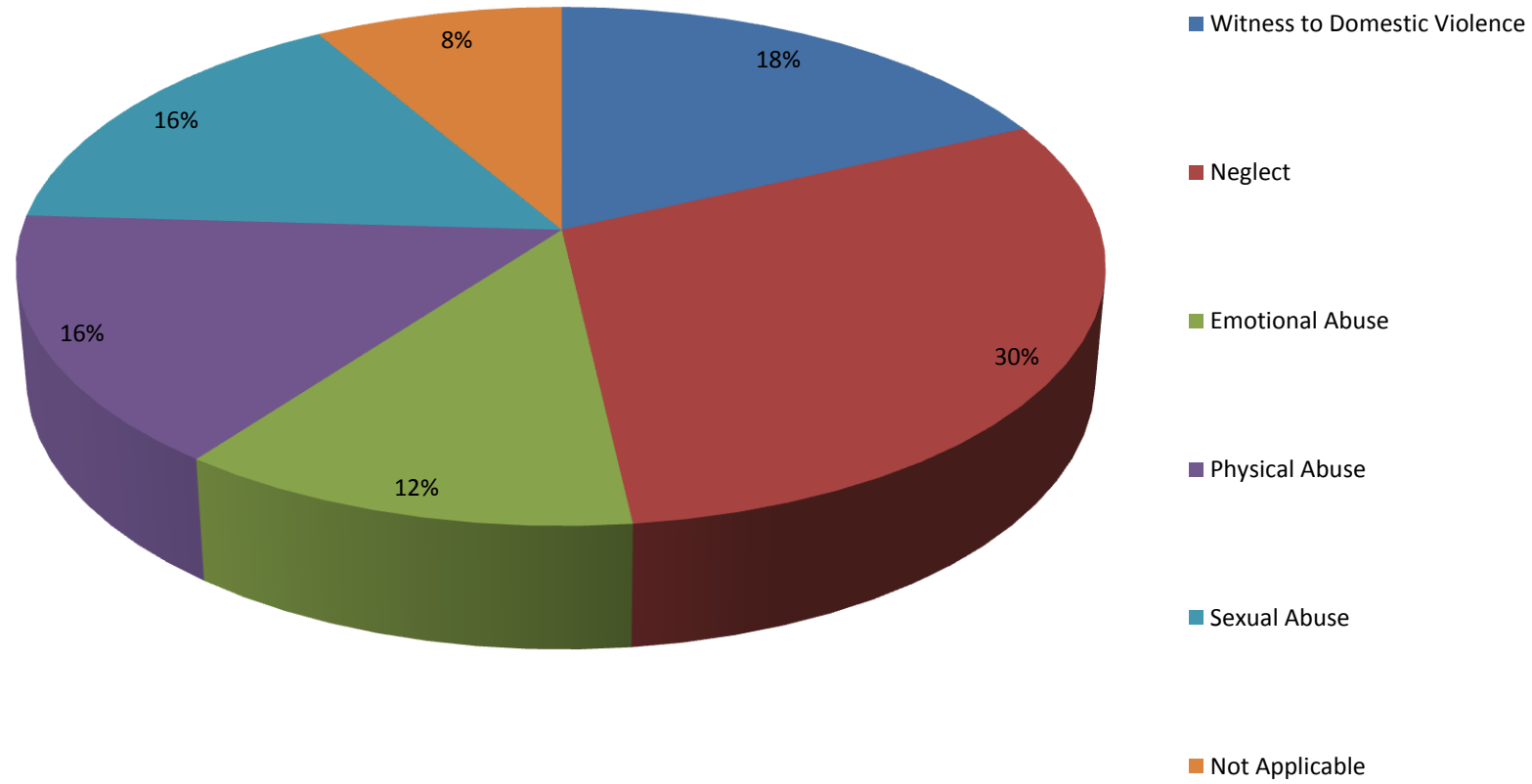
Frequency	Developmental Considerations	Harm
High Frequency	Among CYP of Significantly Different Ages/ Developmental Abilities	Intrusive Behaviors
Excludes Normal Childhood Activities	Longer in Duration than Developmentally Expected	Use of Force, Intimidation, and/or Coercion
Unresponsive (i.e., does not decrease) to Typical Parenting Strategies	Interferes with Social Development	Elicits Fear or Anxiety in Other Children

# The impact of Developmental Trauma on sibling relationships

*“Considering the years of study into child abuse, the paucity of information on the impact of trauma by parents and other caregivers on the sibling relationship is quite concerning.”*

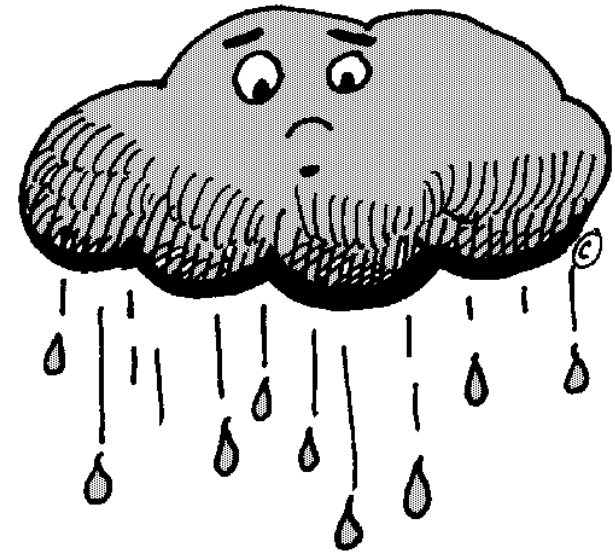
(MacNeamara, 2016)

# Forms of Abuse



# The Impact of PSB/HSB on the Other Child and Family

- Co-occurring behaviour and emotional problems
- Increased risk of victimization
- Increased risk of placement disruptions (Nzi & Silovsky, 2017)
- Social problems/ poor peer relationships
- Decrease in school performance
- Increased parent/carer stress



# Parent's perspectives (Archer et.al., 2019)

- Higher prevalence of abuse within families of cyp who have engaged in hsb.
- 6 cases – 4 included intra-familial sexual abuse.
- Meaningful parental involvement in therapeutic processes is essential.
- Responses:
  - Feelings of overwhelm, shock, distress, anger, disgust, memories re-triggered, guilt, shame
  - Wanting distance
  - What does it mean, labelling, parent blame
  - Splitting – link to child's identity
  - Sense of threat and need for self-protection
  - Sense of warmth towards yp who has harmed and wanting to move forwards

**PROBLEMATIC AND HARMFUL SEXUAL BEHAVIOUR PROTOCOL  
FOR PLACEMENT DECISIONS, SUPERVISION, & TREATMENT**

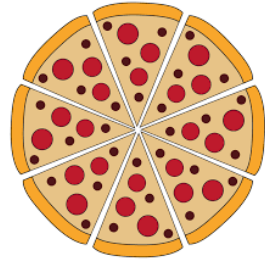
**ADAPTED FROM WORK BY  
BARBARA BONNER, PH.D., AND MARK CHAFFIN, PH.D.**

# Placement Considerations (Farmer & Pollock, 1998)

- In only 30% of cases were efforts made to consider the fit between the new child & current children in placement, reducing to 20% when specialised placements weren't included.
- Consideration needs to be given to the kind of placement and suitable matching of children and any potential risks.
- It is important to consider the impact and potential risk to the foster carer's children, other looked after children and other children the foster carers' come in contact with.
- Full consideration needs to be given to the age and vulnerability of other children in a placement in order to ensure caregivers can offer sufficiently tight supervision to ensure their safety.

# Nature of the sibling relationship

- 4 key dimensions; **Warmth, Conflict, Rivalry, Domination** (Lord & Borthwick, 2008)
- Do they see each other as competition for parental love and affection?



Well

- **Warning signs;**
  - Intense rivalry
  - Exploitation based on gender or other characteristic
  - Chronic scapegoating of one child
  - Survival strategy alliances continuing



# Placement decisions

PROBLEMATIC	HARMFUL
<p><b><u>Step 1:</u></b></p> <ul style="list-style-type: none"><li>• Determine need for removal</li><li>• Rarely needed due to sexual behaviour alone, but happens more than rarely</li><li>• Consider reaction of sibling(s) / other affected children</li><li>• Ability of caregiver(s) to supervise and safely manage children in the home</li><li>• Child's responsiveness to caregiver intervention</li><li>• Consideration of other risk factors present</li></ul>	<p><b><u>Step 1:</u></b></p> <ul style="list-style-type: none"><li>• Determine need for removal</li><li>• More likely to require separation</li><li>• Preferable to remove child with problematic/harmful sexual behaviour</li><li>• Consider least restrictive environment that meets safety and treatment needs</li><li>• Quickly begin plan for reunification or long-term placement</li></ul>

# Placement Decisions and Supervision

PROBLEMATIC	HARMFUL
<p><b><u>Step 2:</u></b></p> <ul style="list-style-type: none"><li>• Establish a supervision plan for child with PSB</li></ul>	<p><b><u>Step 2:</u></b></p> <ul style="list-style-type: none"><li>• Providing treatment for family</li><li>• Treatment of other concerns</li><li>• Need for inpatient or residential placement</li><li>• Parent/carer involvement in treatment</li><li>• Which parent/carer?</li><li>• Impact of placement decision</li><li>• Possible treatment for non-offending sibling(s)</li><li>• Determined by reactions</li><li>• Child who was recipient of PSB</li><li>• Other siblings/children in the home or family</li></ul>

# Considerations for Removal and Placement

- Does child recognise behaviour was problematic/harmful?
- Responsiveness to parent/carer intervention
- Child's level of impulse control
- Reaction of the siblings
- Capacity of parent/carer(s) to supervise all children
- Degree of safety in the home
- Risk to community
- Effects of removal
- Placement options

# Treatment & Next Steps

## PROBLEMATIC

### Step 3:

- Treatment planning and implementation
- Child who initiated PSB: Duration and focus of treatment
- Consider severity and frequency of PSB
- Other issues that might impact treatment include trauma symptoms, behaviour problems, etc.
- Caregivers
- Sibling(s): Determined by reaction
- Coordination among all professionals involved with family

## HARMFUL

### Step 3:

- Therapeutic Intervention topics for parents/carers
- Similar to children with inappropriate sexual behaviour with additional focus on
- Continuum of sexual behaviours in children
- Warning behaviours or signs

### Step 4:

- Determine appropriateness of contact and reunification
- Conduct while child is still in therapeutic intervention
- Respect safety and welfare of sibling(s)
- Collaborative with family, therapists, and other professionals

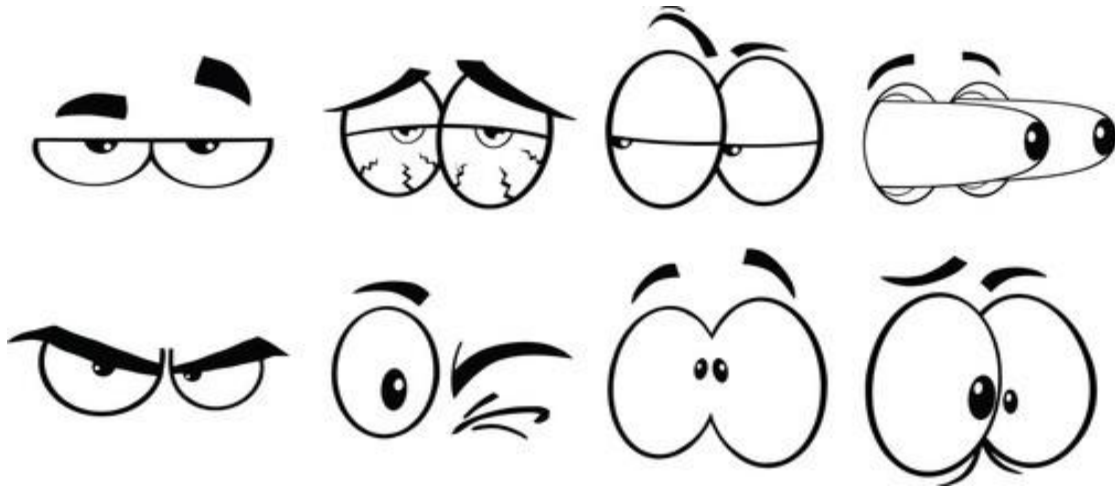
# Prevention of and Response to PSB/HSB in Children/Young People

- Teach and maintain rules about respect for others, privacy, modesty
  - Incorporate into family rules
- Encourage safe, appropriate physical affection
- Monitoring the environment around the child
- Redirection and distraction
  - Activities that use up energy
  - Activities that take attention away
  - Activities to avoid
- Develop and use cues and reminders
- Reinforce following rules



# Supervision of Children/Young People with PSB/HSB

- Identify appropriate supervisors
- Increase social supports system
- Visual vs. non-visual supervision
- Identify challenges to supervision
  - Sleep/nighttime
  - Bathing
  - Multiple children, solo caregiver
  - Out-of-home situations/activities
  - Developmental vs chronological age



- Brainstorm solutions to supervision challenges

# Characteristics of Evidence-Based Treatments

PROBLEMATIC	HARMFUL
<ul style="list-style-type: none"><li>• Outpatient, relatively short-term</li><li>• Directly involves and engages caregivers</li><li>• Behaviour parent training<ul style="list-style-type: none"><li>• Rules about sexual behaviour and boundaries</li><li>• Sexual education</li><li>• Abuse prevention skills</li></ul></li></ul> <p>~St. Amand, Bard, &amp; Silovsky (2008)</p> <ul style="list-style-type: none"><li>• PSB-CBT and TF-CBT effective</li><li>• Be Safe: PSB Programme in Bristol, England (Barry &amp; Harris, 2019)</li><li>• Elements from adult sex offender treatment were either not helpful or made behaviours worse</li></ul>	<ul style="list-style-type: none"><li>• Plan for safety and preventing future problematic and harmful sexual behaviour</li><li>• Positive peer interactions and friendships</li><li>• Very small sub-group with deviant sexual arousal need specialized responses</li></ul>

# Possible Reasons for Residential or Inpatient Treatment

- Aggressive or intrusive HSB that continues to re-occur despite adequate treatment and close supervision
- Parent/carer capacity to implement treatment recommendations as well as ability to supervise and monitor
- Severe behavioural and emotional problems that render child unable to function in the community, even in a specialized school setting
- Severe symptoms which have not responded to adequate medication, outpatient treatment, or intensive in-home approaches
- Children requiring this level of care may have more severe trauma history and more severe co-morbid emotional and behavioural problems



# Considerations of Residential or Inpatient Treatment

## Advantages

- Controlled environment, high levels of supervision
- Daily treatment contacts
- High levels of community protection
- Safety of child/young person

## Concerns

- No or low parent/carer engagement
- Exposure to children with PSB/HSB
- Disruption of social attachments and normal activities
- Labeling and stigma, potential for victimization
- Issues with funding

# Family Work and Sustainability for PSB & HSB

- **Step 4:** Family Sessions
  - Establish with parent/carer the plan and expectations
  - Develop safety plan
    - Promote clear boundaries and rules
    - Focus on healthy aspects of sibling relationship
- **Step 5:** Increase child's involvement outside family
  - Social skills
  - Peer activities
- **Step 6:** Follow-up and monitoring

**HARMFUL SEXUAL BEHAVIOUR PROTOCOL FOR  
CONTACT AND REUNIFICATION**

**ADAPTED FROM WORK BY  
BARBARA BONNER, PH.D., AND MARK CHAFFIN, PH.D.**

# Contact and Reunification Decisions

- Children with PSB/HSB often removed initially for assessment of safety risk, but then contact and reunification delayed for variety of reasons
- Following information is based more on PSB/HSB in children
- If family is involved in child welfare or juvenile justice, then must include those professionals in process
- Compatibility of siblings' parenting needs;

*“ ..... The majority of victims are known to the abuser; either in an inter-family or step family relationship as sister, brother, cousin or close friends ..... One powerful driver for a potential restorative approach is a past and therefore a potential future relationship between the young abuser and the victim. .... ”*

Henniker, Julie and Mercer, Vince, “Restorative Justice: Can it Work with Young people Who Sexually Abuse?” in Working with children and young people who sexually abuse: Taking the Field Forward, Martin C Calder (ed.), Russell House Publishing, pp. 230-244, 2007.

# The RestΔre PrΔject:



Avon and Wiltshire **NHS**  
Mental Health Partnership NHS Trust

**Be Safe Service**

<https://www.psychologytoday.com/blog/our-thriving-children>

# Preconditions: Affected Sibling

- Ready, interested in contact?
- Few, if any, discrepancies between siblings' reports of PSB/HSB, other problematic interactions/behaviours
- If in therapy, then status of progress
  - Reduced abuse-related (trauma) symptoms
  - Clear about responsibility
  - Able to discuss behaviour, thoughts, feelings with therapist, parent/carer

# Preconditions: Child with PSB/HSB

- Making consistent progress in treatment/therapeutic intervention
- Accepts and follows rules, limits
- Discusses PSB/HSB, willing to tell others as appropriate
- Understands impact (and harm) caused to recipient child, caregivers, family, self, etc.
- Clear on who the victim is and who else was impacted by PSB
- Accepts responsibility of PSB



# Preconditions: Parent/Carers

- Clear about responsibility of child who initiated PSB
- Know details about abuse, process, opportunities
- Supportive of both siblings
- Can discuss behaviour with therapist, children
- Knows supervision and sexual behaviour rules
- Capable of high levels of supervision
- Adequate behaviour management skills

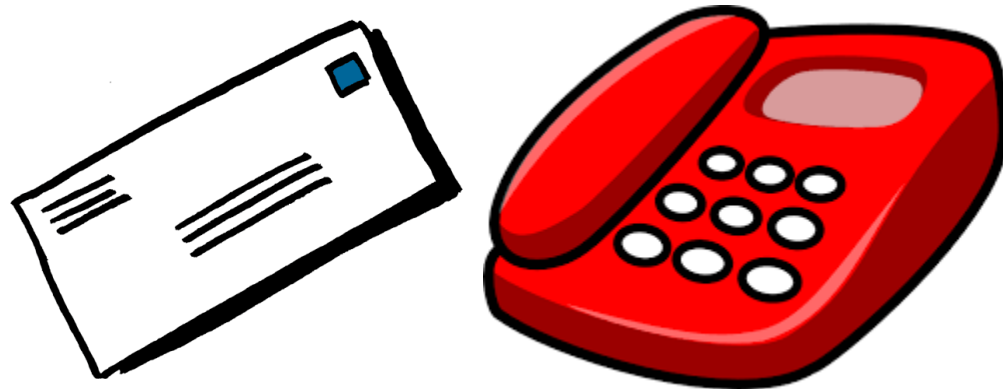
# Contradictions to Contact and Reunification

- Denial by child with PSB/HSB and/or parent/carers when abuse clearly occurred
- Significant negative responses by sibling(s)
- Sibling pressured to visit/reunify
- Cases of severe abuse
- Recent history of PSB/HSB and/or severe violence by child with PSB/HSB
- Significant unresolved issues in child with PSB/HSB and/or parent/carer
- No change in contributory family dynamics



# Process of Contact and Reunification

- Slow, steady/gradual, and responsive to evaluation at each step
- Begin with letter or phone contact with sibling victim (particularly for hsb)
  - Must monitor
  - Consideration of using technology for video calls



# Process of Visitation and Reunification

- Dyad/Family sessions
  - Safety plan development and review
  - Discuss PSB/HSB, if appropriate
  - Ongoing evaluation of visits
- Outings and home visits
  - Start with public, safe spaces
  - Increasing in duration and frequency
- Plan for returning home



# Contact Rules: Child with PSB/HSB will...

- Not be alone at any time with any child under 12
- Not be in charge of any child or children for an activity
- Not discipline or correct children
- Follow all rules
- Be respectful to all family members
- Others?



# Components of Safety Planning

- Not allowed in other children's rooms; must leave if child comes in to his/her room
- Never involved in bathing, hygiene of children
- Uses separate bathroom, if possible
- Fully clothed at all times
- No horseplay, wrestling, tickling
- No co-sleeping or co-bathing
- No sexual materials in the home\*
- Other adults told on a "need-to-know" basis

# Presenting the Safety Plan to the Children

- Review with family the purpose of sessions
- Child with PSB/HSB reads apology letter, if appropriate
- Sexual Behaviour Rules / Private Part Rules/ Big Rules of Sex
- Review safety plan; revise based on children's input
- Abuse prevention skills and monitoring the plan
- Structured activity for session
- Plan for first visit and subsequent family therapy sessions

**CASE STUDY**



# Jake & Jed

- Jake (17) was placed in a specialist residential placement 2 years ago following a serious sexual assault his now 10 year old brother Jed, who continues to live with their mum, Jan. There is a plan for him to return home.
- Jake anally penetrated Jed with his penis on one known occasion and inappropriately touched him.
- Jake and Jed have make good progress in their “treatment” over the last 18 months. Jan has engaged well with services.
- There has been limited contact in the last 3 months through skype calls which are monitored, and a one hour face to face catch up between the boys and mum.
- Jake is keen to return home. Jed is keen to see his brother but is not sure about having him home. Jan is unsure of what the best thing to do.

**Questions? First Steps? Plan? What may delay this?**

# Jill (12) & Jack (9)

- History
  - Parents are married, however, have differing views on their children.
  - Jill is the biological child of mother and step-child of father.
  - Jack is both parents' child.
- Jill touched Jack's private parts on multiple occasions.
- Currently, Jill and Jack alternate weekly living with their biological parents and maternal grandparents.
- Progress in treatment
  - Jill has one month until graduation.
  - Jill broke a SBR one month into treatment.
  - Jack is in therapy with the Green House Sexual Abuse Counselling Service.

**Questions? First Steps?  
Plan? What may delay this?**

# Questions and Discussion



## Be Safe Service Contact Details:

Telephone: **0117 340 8700**

Email: [stephen.barry3@nhs.net](mailto:stephen.barry3@nhs.net)  
[a.fussell@nhs.net](mailto:a.fussell@nhs.net)

**Be Safe Service, Barton Hill Settlement**

**43 Ducie Road, Barton Hill, Bristol, BS5 0AX**

<http://cchp.nhs.uk/cchp/explore-cchp/be-safe>



# References:

- Allardyce, S. & Yates, P. (2018) Working with Children and Young People who have Displayed Harmful Sexual Behaviour. Edinburgh, United Kingdom: Dunedin Academic Press
- Archer, E.; Nel, P.; Turpin, M.; Barry, S. (2019) unpublished manuscript, “ ‘I couldn’t bear to be around him’: Parent’s perspectives on the parent-child relationship following their child’s engagement in Harmful Sexual Behaviour”
- Barnardos (2016) Now I know it was wrong: Report of the parliamentary inquiry into support and sanctions for children who display harmful sexual behaviour.
- Brook Traffic Light System; <https://www.brook.org.uk/our-work/category/sexual-behaviours-traffic-light-tool>
- Barry, S. & Harris E. (2019) The children’s programme: a description of a group and family intervention for children engaging in problematic sexual behaviour and their parents/carers. *Journal of Sexual Aggression*. <https://doi.org/10.1080/13552600.2019.1589002>
- Chaffin, M. (2008). Our Minds Are Made Up—Don’t Confuse Us With the Facts: Commentary on Policies Concerning Children With Sexual Behavior Problems and Juvenile Sex Offenders. *Child Maltreatment*, 13(2), 110–121.
- Children’s Commissioner, (2015), Protecting children from harm: A critical assessment of child sexual abuse in the family network in England and priorities for action. Summary: November 2015.
- Farmer, E. & Pollock, S. (1998) Sexually abused and abusing children in substitute care. Wiley
- Finkelhor, D. (1980). Sex among siblings: A survey on prevalence, variety and effects. *Archives of Sexual Behaviour*, 9 (3), 171 -194.

# References:

- Hackett, S. (2010). Children and Young People with Harmful Sexual Behaviours. In C. Barter & D. Berridge (Eds.) *Children Behaving Badly? Peer violence between children and young people*. Wiley.
- Henniker, Julie and Mercer, Vince, “Restorative Justice: Can it Work with Young people Who Sexually Abuse?” in *Working with children and young people who sexually abuse: Taking the Field Forward*, Martin C Calder (ed.), Russell House Publishing, pp. 230-244, 2007.
- Lord, J., & Borthwick, S. (2008). Together or Apart: Assessing Siblings for Permanent Placement. BAAF.
- McNeish, D., & Scott, S. (2018). Key messages from research on intra-familial child sexual abuse. Centre of Expertise on child sexual abuse.
- Leavitt, K. S., Gardner, S. A., Gallagher, M. M., & Schamess, G. (1998). Severely traumatized siblings: A treatment strategy. *Clinical Social Work Journal*, 26(1), 55-71.
- MacNeamara, N. (2016) blog post by Noel MacNamara, National Manager, Research and Policy at the Australian Childhood Foundation.  
<https://professionals.childhood.org.au/prosody/2016/12/trauma-and-siblings/>
- N’zi. A., Hunter, M. & Silovsky, J.F. (2017) *Types and duration of out-of-placement for preschool age children with problematic sexual behaviour* (manuscript in preparation).
- Sheinberg. M., and Fraenkel. P. (2001), *The relational trauma of incest: A family-based approach to treatment*. Guilford Press.
- Silovsky, J.F., Hunter, M.D., & Taylor, E.K. (2019) Impact of early intervention for youth with problematic sexual behaviours and their caregivers. *Journal of Sexual Aggression*, Vol. 25, Issue 1, March 2019, pp.4-15.

# References:

- Skuse, T. & Matthews, J. (2015). The Trauma Recovery Model: Sequencing Youth Justice Interventions for Young people with Complex Needs. *Prison Service Journal*, 220, 16-25
- St. Amand, A., Bard, D. E., & Silovsky, J. F. (2008). Meta-analysis of treatment for child sexual behavior problems: Practice elements and outcomes. *Child Maltreatment*, 13(2), 145-166.
- Sullivan, P. & Knutson, J. (2000) Maltreatment and Disabilities: A Population-based Epidemiological Study. *Journal of Child Abuse and Neglect*, Vol.34, 10, pp. 1257-1273
- Widdifield, J. & Barry S. (2019), Placement Decisions, Visitation and Reunification of Siblings Impacted by Harmful Sexual Behaviour. *NOTA News*, No.87: April-May 2019, pp. 32-33.
- Yates, P., Allardyce, S., & MacQueen, S. (2012) Children who display harmful sexual behaviour: Assessing the risks of boys abusing at home, in the community or across both settings, *Journal of Sexual Aggression*, 18, 1, (23),
- Yates, P. (2016) Sibling Sexual Abuse: Why don't we talk about it? *Journal of Clinical Nursing*, August 2016, Vol. 26, Issue 15-16.
- Yates, P. (2018). 'Siblings as Better Together': Social Worker Decision Making in Cases Involving Sibling Sexual Behaviour. *British Journal of Social Work*, 48(1), 176-194.

**Save the date:**

**Be Safe Conference 22 November 2019  
at Somerdale Pavilion, Keynsham**

*Celebrating 12 years of Be Safe*

*“Collaboration – Interagency approaches to breaking cycles of sexual abuse – working with children and young people who have harmed sexually, their families and support network”*