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Understanding Child-on-Child Sexual Abuse: A Research Summary

Research shows that in over half of reported child sexual abuse cases, the victim is abused by another minor.[1] With increased awareness and prevention efforts, parents can 1) help reduce the risk of their child sexually harming another and 2) effectively respond if sexual harm has already occurred.

THIS RESEARCH BRIEF:

- Defines child-on-child sexual abuse, its impacts on the victim, and common barriers to disclosure.
- Explains the differences between typical and harmful sexual behaviors among youth.
- Identifies factors that place youth at a higher risk of sexually harming another minor.
- Discusses recidivism rates among youth who sexually harm, as well as effective interventions parents can employ.

General Facts

Child-on-child sexual abuse (COCSA) is defined as any situation where a minor forces or coerces another minor into sexual activity, physical or non-physical. **COCSA makes up over half of reported child sexual abuse (CSA) offences.** When looking at teenagers, this average goes up to **73 percent** of reported child sexual abuse cases.[1] Sadly, COCSA is as harmful as adult-perpetrated sexual abuse, resulting in traumatic impacts on the victim that can persist for years or even decades after the abuse has stopped.[2] These effects include long-term psychological and relational difficulties, including chronic mental health challenges, like suicidality, revictimization, and struggles in forming healthy attachments.[3] Childhood sexual abuse can also precipitate chronic physical health challenges like unexplained medical problems and issues related to childbirth, emotional challenges like anxiety and depression, and behavioral challenges. These can prompt higher rates of substance abuse, criminal offending, and risky and inappropriate sexual behaviors. Impacts of the abuse may even contribute to higher risks of unemployment, homelessness, and financial instability.[2]

> Over half of survivors of child sexual abuse are abused/sexually harmed by other minors.[1]

These harmful consequences can also result from sibling sexual abuse (SSA), a type of child-on-child abuse in which a minor sexually harms a sibling or stepsibling. Though understudied, researchers estimate that SSA is the most prevalent form of intrafamilial sexual abuse that children experience, occurring **three times more often than father-daughter incest**.[4] Survivors of SSA experience various short-term and long-term impacts including feelings of betrayal, PTSD and complex PTSD, hypersexualization, shame toward physiological responses to the abuse, and confusion about who was responsible. SSA can also have significant long-term impacts not only on the victim and sibling

who harmed, but on the entire family, particularly if the abuse is not addressed or is met with doubt, blame, or minimization by one or both parents.[5]

BARRIERS TO DISCLOSURE

Sadly, despite its prevalence and lasting effects on the survivor, sexual abuse carried out by youth is significantly less likely to be disclosed than sexual abuse committed by adults, with one study finding that **five out of six respondents had not disclosed anything about the youth-perpetrated abuse they had experienced prior to the survey**.[6] Research also suggests that parents are more likely to believe and report cases of child sexual abuse when it was perpetrated by an adult rather than another minor.[7]

Reasons for a child not disclosing abuse include feelings of embarrassment, shame, and humiliation; a fear of not being believed; the certainty that nothing will change; and the fear of further violence taking place—either by the perpetrator or toward the perpetrator.[8] In cases of sibling sexual abuse, there are even more barriers to a child disclosing, with one study finding that **only 9% of female SSA survivors disclosed within a year of the abuse and 33% did not disclose for 20 years or more**.[5] This may be due to barriers such as the nature of the caregiving environment, the child's sense of culpability, parents' being absent or unavailable, the stigma around incest, and/or the child's sensitivity toward causing more distress for their parents and disrupting the family dynamic.[5,9] Anxieties about potential custodial battles following SSA disclosure may also influence a child's decision to stay silent.[10]

Even if a child does disclose, sibling sexual abuse remains significantly underreported by parents, teachers, community leaders, and mental health professionals.[7] Parents may worry that taking action could break up their family. They might also fear the consequences of government agencies getting involved, damage to their marriage, and experiencing shame about such a difficult topic. The difficulty of acknowledging and believing that one of their children has sexually harmed another adds complexity to the choice to report misconduct. As a result, parents may minimize the impact of the abuse, which leads to worse outcomes for both the child who needs to be protected and the child who needs to face the consequences of their behaviors.[10]

TYPICAL VS. HARMFUL SEXUAL BEHAVIORS

Another barrier to disclosure and reporting by an adult is a lack of understanding around what constitutes harmful sexual behavior. Given that curiosity about bodies and sex is a natural, developmentally appropriate part of childhood, differentiating between typical and harmful sexual behaviors among youth may feel challenging. Typical sexual behaviors can entail activities between children of similar age that are exploratory, spontaneous, and sporadic in nature. Generally, these normative behaviors involve levels of joy, embarrassment, laughter, mutual curiosity, and consent.[11] Behaviors among children related to sex range widely. They can include young children showing genitals to peers ("playing doctor"), talking about bodily functions, trying to see others' genitals, and/or reenacting sexual acts they've heard about or seen.[12] Such behavior may require follow-up conversations from the parent about socially appropriate norms around safety, boundaries, and privacy, but these types of behaviors are not considered problematic in most circumstances.

In contrast, harmful sexual behaviors are characterized by coercion, victimization, threats, force, and exploiting power differentials.[13,14] In one study, researchers found that **over 85 precent of children engaging in harmful sexual behavior displayed victimizing intent, which involved premeditation, opportunism, and/or grooming**.[3]

Harmful sexual behaviors can occur within or outside dating or peer relationships. They can also occur between minors with or without an age differential. Research further suggests that boys make up **88% of youth who sexually harm adolescent girls**.[1] When taking SSA into account, boys are also predominantly responsible for sexually harming a sibling, with **60–80% of SSA victims being female**.[5,7]

Harmful sexual behaviors may:

- Cause physical, emotional, or psychological harm to any child.
- Involve aggression and/or a need for control.
- Occur frequently and preoccupy the youth's thoughts and actions.
- Occur between children who have a gap in age or abilities.
- Be associated with feelings of distress (anger, anxiety, etc.).
- Persist even after parents have intervened and applied disciplinary action.
- Coerce peers to engage in tech-facilitated sexual behaviors (sending explicit messages, videos, or photos).

For more examples of typical vs. harmful sexual behaviors among children and youth, see **Appendix B** and/or check out this resource provided by the National Center on the Sexual Behavior of Youth.

Risk Factors

While child-on-child sexual abuse requires the same urgency and response as other forms of child abuse, it's imperative that the child who harmed is not viewed as a burgeoning adult offender or a "mini pedophile." Labeling children who engage in harmful sexual behavior as "ruined," "damaged," or "monsters" can be detrimental to the well-being of both the victim and the child who harmed, and can hinder effective treatment.[10] Rather, a minor who perpetrates sexually harmful acts should be treated as an at-risk youth—one who requires intervention and support to change their offending behaviors and address what may have contributed to such behaviors.

Research shows that multiple environmental, social, and cultural factors can place a youth at risk of sexually harming another minor.

In terms of **environmental factors**, many youths who engage in sexually harmful behaviors have experienced significant childhood trauma.[3] These experiences may include histories of physical, emotional, and sexual abuse; domestic violence in the home; and/or having a parent with a mental health issue, substance addiction, or a history of incarceration. Studies have found that when compared against minors who commit nonsexual offenses, **youth who sexually harm are far more likely to have been emotionally or physically abused**.[15,16] In tandem with these adverse childhood experiences (ACEs), youth who sexually harm may also experience a lack of support from caregivers, which can exacerbate the trauma. This may include inappropriate caregiver responses to abuse, and having a parent with an avoidant attachment style.[16]

Social factors can also contribute to a youth's sexually harmful behaviors. For example, a youth who sexually harms may struggle with antisocial attitudes, social skills deficits, behavioral impulsivity, and the inability to emotionally regulate. Negative social interactions with peers, such as bullying and ostracization, may also contribute to a youth's harmful behaviors and/or inappropriate interactions with younger children. Impaired cognitive and emotional functioning can also impact a youth's ability to regulate emotions and manage sexual impulses.[12]

Lastly, **cultural factors** such as exposure to violent pornography, inadequate sexual boundaries, and modeled hypermasculinity may all contribute to a youth's problematic perceptions of gendered norms, consensual contexts, and the sexual objectivity of women.[16] This may be especially pertinent to adolescent males' engagement in online sexual harassment, coerced sexting, and image-based sexual abuse (forwarding a sexually explicit photo or video of someone without their consent). Teenage boys, in particular, have reported that the reason they participated in image-based sexual abuse was to impress their friends, prove their masculinity, and demonstrate sexual prowess.[17]

All of these risk factors—whether environmental, social, or cultural—are also prominent determinants of sibling sexual abuse. ACEs, in particular, appear to play a consequential role. When compared to other youth who sexually harm, youth who sexually harm siblings are significantly more likely to have experienced child maltreatment, neglect, and family dysfunction. In one study, **49.1% of youth who sexually harmed a sibling had experienced 8 or more ACEs when compared to 33.1% of those who harmed a non-sibling**. When broken down further, **50.8% of youth who harmed a sibling had experienced emotional abuse, 57.1% had experienced physical abuse, and 52.38% had experienced neglect**.[18] Such findings point to the likelihood of many of these youth living in hostile home environments characterized by intergenerational trauma and caregivers struggling to manage their own dysfunction.

Other environmental factors associated with SSA include parental absence, a lack of supervision, avoidant attachment styles, preferential treatment of siblings, and poorly defined sexual boundaries in the home (e.g., a parent watching pornography in shared spaces).[7,19] These, combined with the other factors listed, can culminate in a child or youth adopting unhealthy behaviors, boundaries, and coping responses that are so prominent among cases of child-on-child sexual abuse.

Thankfully, with the necessary responses, support, and interventions from adults, an at-risk youth can change the trajectory of their behaviors, no matter the factors that led to the initial harms.

Intervention

The most loving thing you can do for a child who is acting upon harmful sexual behaviors is to ensure they get the help they need to stop. It is important that the behavior is addressed immediately—both for the wellbeing of the child being abused and for the child who is offending.[20] Some parents believe that if they do not draw attention to the problem, it will go away on its own, but this is not the case. The sooner the behavior is addressed, the sooner it can stop.

There is a growing body of literature evaluating professional intervention practices for young people who engage in harmful sexual behaviors.[21,22] Because of the number of complex factors leading to child-on-child sexual abuse, it is important to respond to the offending child with developmentally appropriate and tailored intervention.[11,23,24] No two children or events are the same, and thus, they must be treated on a risk-need basis.[12,21,25] Therapeutic approaches that treat the whole child including trauma-informed principles, CBT, psycho-educational elements, family involvement, addressing the sexual behavior, emphasizing and building upon child strengths, and/or teaching general skills lead to a positive prognosis for children who sexually offend.[20,21] These interventions can also promote the youth's interpersonal skills, social intelligence, and empathy to help build healthy, age-appropriate relationships with their peers.[18]

In situations involving sibling sexual abuse, measures may need to be taken regarding the siblings' living arrangements, safety plans, and continued contact. Given the necessity to protect the victim, the sibling who harmed may need to be removed from the home for a time and/or face legal consequences. As painful as these decisions can be, they are the launching pad toward rebuilding trust, repairing damaged relationships, and strengthening long-term family dynamics.[26] With SSA, every member of the family has been impacted, not just the siblings who were involved. Therefore, therapeutic intervention models must be tailored to involve the entire family. Through a holistic, family-centered approach—one that balances safety with the preservation of the family unit—all members can heal.[9]

For more information on responding to or reporting sexual abuse, please visit: https://saprea.org/prevent/child-has-been-sexually-abused/.

Recidivism

In the context of child sexual abuse, recidivism refers to when an offender continues to engage in criminal activity (sexual or otherwise). Many parents worry that their child who has sexually abused another child will continue to engage in this type of behavior into adulthood; however, research shows this is unlikely, challenging the narrative that paints children who sexually offend as life-long offenders.[3,27,28] **With effective treatment, only 8–14% of youth who sexually offend will reoffend in adulthood**, with a greater likelihood being in intrafamilial situations such as sexual abuse perpetrated by older brothers and male cousins.[3,28]

While the likelihood of sexual recidivism in youth who sexually offend is low, it is important to note that this population is at a higher risk for general recidivism.[29] Approximately **44% of children who sexually offend return to the justice system for crimes other than sexual offense in their adulthood**.[28] This statistic highlights the need for parents to provide intervention for children who sexually offend. When these youth receive proper treatment, the probability of them returning to the legal system is decreased.

Conclusion

Ultimately, parental awareness and response are key to addressing and redirecting behaviors that are harmful toward behaviors that nurture healthy connections, boundaries, and age-appropriate relationships. By being attuned to the characteristics and risk factors surrounding COCSA, parents can be equipped to reduce and address harmful sexual behaviors among youth through effective prevention and early intervention.

APPENDIX A – RECOMMENDED INTERVENTIONS AND MESSAGING TO PARENTS

1. Be aware of the differences between typical sexual behaviors and problematic sexual behaviors at every age level.
    a. If a child displays typical, age-appropriate sexual behaviors you would like to redirect due to social norms and/or family values, gently explain to them the reasons why a certain behavior needs to be avoided, minimized, or done in private.
    b. Use calming, compassionate language during conversations about appropriate vs. inappropriate behaviors to help reduce the child's feelings of shame.
    c. If a child displays problematic sexual behaviors, intervene immediately to stop the behavior and explain why it was harmful.

2. Foster support and open communication.
    a. Initiate frequent, open conversations about age-appropriate topics around relationships, sex, boundaries, consent, and coercion.
    b. Explain why sexual coercing another minor is inappropriate and harmful.
    c. Clarify your child can come to you if they are curious about something that might be taboo or embarrassing.
    d. Discuss how to build healthy relationships with peers and eventual romantic partners.

3. Supervise.
    a. Identify and manage high-risk situations and increase supervision and safety.
    b. Establish and model family boundaries for touch, play, and how to treat others.
    c. Help them develop accountability for actions that may harm themselves or others.

4. Seek help.
    a. If you are concerned about your child's sexual behaviors, or that your child has been sexually abused, try to remain calm and refrain from shame, blame, and judgment. Emphasize your love for them, focus on the behavior itself, and get help. (See recommended resources in Appendix B).
    b. Early intervention can make a big difference in the trajectory of a child's life. Both you and your child will likely be able to learn the skills and tools needed to live a safe, healthy, and fulfilling life.
    c. Most effective interventions focus on ensuring safety for everyone involved.

APPENDIX B – KEY STATISTICS AND ADDITIONAL RESOURCES

KEY STATISTICS:

- Research shows that in over half of child sexual abuse cases, children are sexually harmed by another minor.[1]
- In 73% of child sexual abuse cases among adolescents (ages 14–17), the victim is sexually harmed by another minor.[1]
- Parents are more likely to believe and report cases of child sexual abuse when perpetrated by an adult rather than another minor.[7]
- In cases of sibling sexual abuse, there are often more barriers to a child disclosing, with one study finding that only 9% of female SSA survivors disclosed within a year of the abuse and 33% did not disclose for 20 years or more.[5]
- Boys make up 88% of youth who sexually harm adolescent girls.[1]
- Boys are predominantly responsible for sexually harming a sibling.[5,7]
- 60–80% of sibling sexual abuse victims are female.[5,7]
- With effective treatment, only 8-14% of youth who sexually offend will reoffend in adulthood, with a greater likelihood being in intrafamilial situations such as sexual abuse perpetrated by older brothers and male cousins.[3,28]
- Approximately 44% of children who sexually offend return to the justice system for crimes other than sexual offense in their adulthood.[28]

ADDITIONAL RESOURCES

- What to do if you suspect your child is harming another child: https://rainn.org/articles/if-your-child-may-be-harming-another-child
- For more information regarding child-on-child sexual abuse: https://safeguarding.network/content/safeguarding-resources/peer-peer-abuse
- For more information regarding defining, recognizing, addressing, and treating harmful sexual behaviors of youth:
    a. https://www.ncsby.org/sites/default/files/2024-02/YPSB-Effective-Treatment-Fact-Sheet-2019_web.pdf
    b. https://enoughabuse.org/get-the-facts/what-is-child-sexual-abuse/
    c. https://www.tandfonline.com/doi/full/10.1080/15564886.2023.2208579
- For more information regarding sibling sexual abuse:
    a. https://www.verywellmind.com/facts-about-sibling-sexual-abuse-2610456
    b. https://www.siblingsexualtrauma.com/
    c. https://www.ted.com/talks/jane_epstein_giving_voice_to_sibling_sexual_abuse?subtitle=en

APPENDIX C – REFERENCES

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