**“Secrets from the Children’s Room” -- Constructing Reality in Israel “The Day After”**

**The Covid-19 Crisis as a Germination Substrate for Inappropriate and Abusive Sexual Behavior among Siblings**

**Abstract**

This article discusses the Covid-19 crisis’s impact on inappropriate and abusive sexual behavior among siblings and how perceptions of this phenomenon affect construction of the post-crisis reality. Sibling sexual abuse, the most frequent type of sexual assault against children, does not occur in a vacuum; it is affected by the environment in which children live and develop. In Israel, the pandemic created situational risk factors and a “germination substrate” for risk of abuse in “normative” families and escalation in families in which it had previously occurred.

The first part of the article, based on research data and reports, reviews the objective reality that emerged in Israel and worldwide due to the pandemic. Part two describes situational risk factors for children’s abuse and victimization that resulted from this crisis: domestic violence (direct and indirect), at-risk children staying at home, increased exposure to online sexual content, parental dysfunction, and lack of formal and informal support sources. These risk factors are mutually reinforcing, their cumulative effect greater than the sum of its parts, thus exacerbating the risk of sexual assault among siblings. Part three describes the etiology characterizing the complex phenomenon of sexual assault among siblings. Part four discusses the significance of the risk factors at various stages and conditions for its development, identification, prevention or preventing escalation, and providing professional support, all of which affect the post-crisis reality. Part five offers recommendations for prevention, detection, and intervention that help deal with the reality “the day after.”

**Characteristics of the Covid-19 Crisis**

The declaration of Covid-19 as a global pandemic in March, 2020 (WHO, 2020) created a new reality worldwide, including moving to a state of emergency and social distancing policies implemented to slow the spread of the disease (Arazi & Sabag, 2020; Maragakis, 2020). Individuals and families were confined to their homes for long periods, sometimes in crowded conditions, movement was restricted, activities outside the home were cancelled, and there were virtually no opportunities for relief or “recharging” through frameworks such as employment, school, leisure activities, or social gatherings. As the crisis continued, concerns about its psychological consequences, especially for at-risk populations, began to be raised (Medina L’Mofet, 2021, citing Gruber et al., 2021).

Studies from Israel and other countries conducted in the pandemic’s early days found it was already causing a deterioration in the mental/emotional state among a significant percentage of the population and exacerbating previously-existing signs of mental distress such as depression, stress, anxiety, and use or abuse of prescription drugs, alcohol and other addictive substances (Abramsky et al., 2011; Arazi & Reznikowski-Kuras, 2021; Bonny-Noah et al., 2021; Elem 2020, 2022; Keeter, 2020; Medina L’Mofet, 2021; Pfeffer & Williams, 2020; Rao, 2021). Economic restrictions and shutdowns led to employment insecurity and unemployment, and reduced income, damaging many households’ economic situation. With formal and informal community institutions, treatment centers, and welfare services closed or reducing their activities, professionals could not meet regularly with children and parents (Arazi & Sabag, 2020; Knesset, 2020), even as requests for assistance from welfare services increased (Israel National Council for the Child, 2021; Israel State Comptroller, 2021).

**Situational Risk Factors for Violence Against Children and Youth**

The Covid-19 crisis had multiple consequences at the social, family, and personal levels. In this section, I focus on five of these: (1) Physical violence in the home: direct, indirect, and sexual; (2) Children at high risk for victimization or delinquency returning and staying home; (3) Increased screen time (electronic devices); (4) Parental dysfunction; and (5) Lack of support for parents and children in dealing with emotional, social, and behavioral challenges.

These situational risk factors for abuse and victimization of children and youth, such as sexual abuse among siblings, are not direct consequences of Covid-19 but of disruptions in daily physical, emotional, and interpersonal responses (Arazi & Reznikowski-Kuras, 2001). With resources and services now unavailable, access to assistance and treatment was limited. Isolation and social distancing exacerbated an already-stressful situation (Rao, 2020).

Delinquency is often assumed to be a symptom of victimization, a behavioral pattern adopted to protect oneself and cope with anxiety and feelings of inferiority. Children who were abused in the past are at a higher risk for revictimization or for becoming offenders. Data from the Israeli Police from the early days of the Covid-19 crisis (May, 2020) showed a 41% increase in the number of cases of sexual offenses within families and a 17% increase over the same period in the previous year (Arazi & Sabag, 2020).

**Physical Domestic Violence: Direct, Indirect, and Sexual**

Studies throughout the world, including Israel, have found that domestic violence began increasing in the first months of Covid-19. This was attributed to the social and psychological consequences of the restrictions, uncertainty, health-related fears (Capital, 2021), overcrowding in homes, feeling overwhelmed, and economic difficulties (Knesset, 2020).

Notably, the risk of child abuse in minority and migrant families increased, the crisis exacerbating stressors that generally characterize these populations: large families in crowded living conditions, poverty and underemployment, loneliness and social isolation, language and cultural gaps, lack of community infrastructure, and distrust of official systems and authorities (Haas et al., 2018; Lahad et al., 2012). It became even more difficult for professionals to identify cases of domestic violence among groups already suffering suffer from social marginalization and limited access to resources and services (Rao, 2020).

Calls to emergency centers for child violence increased globally, in some places by as much as 30–50% (Jacoby et al., 2020; McKay, 2020). A July 2021 report to the Knesset’s Special Committee for the Rights of the Child indicated that the emergency period following the Covid-19 outbreak severely affected children in general and at-risk children in particular. During 2019 –2020, the number of children identified as facing new risk situations in all examined life areas increased by 150% compared to previous years, with the average increase doubling among adolescents. Inquiries into suspected violence against children also rose significantly (Israel National Council for the Child, 2021; Monnickendam-Givon, 2021). In 2020 and 2021, the Israeli non-profit organization Elem reported that youth who had previously not been considered at risk became increasingly socially marginalized and that domestic violence and sexual violence increased more than three-fold. The Israel Ministry of Welfare and Social Security reported an increase of over 24% in sexual violence against children between 2109 and 2020, almost half occurring within the family. Given that this refers only to reported incidents, it is likely that the actual extent of abuse was even higher (Ariel et al., 2021; Association of Rape Crisis Centers in Israel [ARCCI], 2021; Becker, 2020; Gil-Ad, 2021; Knesset, 2020).

Data segmentation indicated a high rate of sexual abuse against and by minors (Arazi & Sabag, 2020; ARCCI, 2020, 2021; Gil-Ad, 2021; Knesset, 2020; National Council for the Child, 2021). For example, 57% of victims were minors (not including those calling the helpline designated for religious males). By November 2020, it was reported that 52–62% of the offenders were minors and 44% were adults; almost half (46%) were family members, representing a 33% increase. Some victims were abused by more than one offender and 15% of the cases of sexual abuse were incest, 5% by siblings and 10% by other relatives, 53.3% of these occurring in the home of the abuser, the victim, or their shared residence.

**Children at High Risk for Victimization or Delinquency Returning Home**

Another significant factor enabling abuse and victimization of children and youth was reduced accessibility to therapeutic settings for at-risk populations, including those with special needs (mental or physical) or belonging to minority and immigrant groups. Many formal and informal community, therapeutic, and post-hospitalization frameworks, such as boarding schools and youth sponsorship programs, were shut down or limited (Arazi & Sabag, 2020). In general, children placed in out-of-home settings come from families that have difficulty caring for them and communities that lack appropriate responses to their needs. They face ongoing dangers, including homelessness, and emotional, academic, and behavioral problems (Arazi & Sabag, 2020; Katz, 2020). Social distancing left these youth without suitable frameworks. Many became overwhelmed by loneliness and isolation, causing a deterioration of their mental-emotional states (Elem, 2022; Katz, 2020). Breaks in routines could significantly impair development and accomplishments achieved over the years, leading to problematic coping behaviors, especially with other siblings but no supportive parent at home (Sabag & Saban, 2020).

The Covid-19 crisis led to social marginalization among normative children and youth, not previously considered at risk. They faced dangerous situations that increased in number and – even more disturbingly – in severity and intensity (Elem, 2020, 2021). Israeli youth who turned to the Elem organization for help reported severe loneliness and distress at home; 43% reported depression, anxiety, and mental distress; 13% suffered from hunger and poverty; 7% reported verbal and physical violence at home, and 4% were victims of sexual violence. In the third quarter of 2020, Elem reported a 2.9-fold increase in cases of violence experienced at home and a 4.8-fold increase in violence experienced outside the home (in the 2021 report these figures were 2.5 and 3.6, respectively). There was a 3.3-fold increase in reports of sexual violence (within and outside the home). Alcohol and drug abuse increased 2.6-fold and 2.7-fold, respectively compared to 2019 (increases of 1.3-fold and 1.5-fold were noted in the 2021 report). Overall, data indicate that twice as many young people faced new situations placing them at risk. The abuse rate rose slightly compared to 2019–2020; (Elem, 2022; Medina L’Mofet, 2021).

Children with special needs experience victimization, assault, and abuse at higher rates and over longer periods of time (Haran, 2004; Horowitz & Ben Yehuda, 2007). According to a 2019 report from the Israel Ministry of Welfare and Social Affairs, 25% of the referrals to social workers pertaining to the Youth Law related to violence against children with disabilities. Similarly, the National Program for Children and Youth at Risk reported that in Israel, 25% of the children and youth considered to be at high risk of abuse and neglect have physical or cognitive disabilities (Barlev & Keren-Avraham, 2017). A study conducted for the Commission for Equal Rights of Persons with Disabilities during the Covid-19 period found that people with disabilities suffered the most severe deterioration in emotional state (over 60%, compared to 30% in the general population), along with parents of offspring with disabilities (69%). Similarly, their social connections deteriorated by over 65% (Barlev & Bracher, 2020).

**Lack of Emotional Support and Therapeutic Settings**

As home closures continued, distress rose among normative families, even more so among those previously at risk. According to the Israel Central Bureau of Statistics, in 2020, 25.8% of census participants reported that their children’s mental state deteriorated due to the pandemic, their existential anxiety compounded by secondary anxiety reflecting their parents’ mental state (Breiner, 2020). Israel’s Ministry of Education’s Psychological and Counseling Services Division received over 50,000 inquiries about children’s emotional distress (Abu Rabia-Quider, 2021). They assessed that over 35% of Israeli students suffered distress, loneliness, anxiety, suicidal thoughts, violent situations, and risky behaviors (Arazi & Sabag, 2020).

Despite the rising need, healthcare providers’ work regarding domestic violence was limited in terms of identification, first responses, clinical care, follow-up, referrals, and support for victims (García-Moreno, 2015; Usta et al., 2012). Professional interventions and referrals for medical treatment following injury were limited and often addressed only online or by telephone, due to fear of infection (Rivkin et al., 2020). Predictably, soon after the imposition of lockdowns and limits on institutional activities, families had to deal with unprecedented emotional, educational and behavioral challenges of their children who were restricted to a shared space –including children at risk of delinquency or victimization who returned from out-of-home settings. They also lacked their usual circles of support and protection to help with the uncertainty, pressure, and anxiety of this ongoing situation (Knesset, 2020). The sudden appearance of reports of child abuse validated this prediction.

**Increased Screen Time**

Another risk factor during this period was the increased frequency and duration of screen time among children, due to boredom, closed schools, and limited parental supervision. Live social encounters were transferred into cyberspace and social networks, a common phenomenon even before Covid-19. As early as 2012, an international study found that Israeli adolescents had the highest levels of internet addiction in the world (Medina L’Mofet, 2021).

Children may be exposed to online pornography even in normal times, and this increased during the period of social distancing, closures, and isolation, because it can alleviate loneliness, boredom, or anxiety. Exposure to pornography can begin at a very young age, before children have any sexual experience or the cognitive ability to interpret content that is inappropriate for their chronological age. A high level of sexual stimulation to which the child is not developmentally adapted is a risk factor for abuse (Katzvitz-Presler, 2015). Early and frequent exposure to pornography, often viewed in non-private spaces, normalizes this behavior, so that it becomes an “insidious trauma” (Ziv, 2012) – a negative or violent social phenomenon that undergoes normalization processes, numbing people to its daily impacts, and without distinguishing between the phenomenon legitimacy and its negative and destructive effects.

An analysis of the titles of videos on the “landing pages” of the three most popular pornography sites in the United Kingdom shows a distortion of boundaries on these “mainstream” platforms. One in eight titles there describes acts of sexual violence, with descriptions of practices meeting criminal standards of sexual violence, including rape and incest among siblings (Vera-Gray et al., 2021).

A report issued by the European Police during the first Covid-19 wave (June 2020), documented a significant increase of internet use among young children, along with an0 increase in online sexual exploitation. Awareness of potential dangers, however, remained low. Offenders exploited social isolation to expand the scope of child abuse on various online platforms, primarily by sharing inappropriate content among individuals and groups. Abuse via social networks continues to be widespread and difficult to eradicate, due to repeated re-sharing of such content. Worldwide, this type of abuse increased by 106%, and in Europe, a record number of complaints were made (Europol, 2020).

A study conducted in Israel during the first closure found that when parents are under pressure, screen time among young children increases, particularly in low socioeconomic households, the Arab population, and parents without an academic education (Navon et al., 2021). A contemporaneous Israeli study found that 63.8% of children reported using social networks most of the day (Ben-Arieh et al., 2020). In April–May 2020, 77% of young children increased their technological device use (54% of them using them “much more”). Children’s freedom to independently choose content ranged from 11% in the ultra-Orthodox Jewish sector to 35% in the Arab sector (Ben-David, 2020).

Children’s time online is not only spent in interpersonal contact. They are exposed to harmful and even criminal online activity, such as the distribution of intimate images and videos, which increases their risk of sexual exploitation (Dali & Sofer, 2021; Einat, 2014). In cyberspace children can be exposed, accidentally or intentionally, to erotic and pornographic content (Hornor, 2020). An Israeli hotline for a Child Online Protection Bureau reported that the largest category of calls pertains to “sexual offenses,” accounting for 25% of all reported incidents; this rose from 26% of all reports in March 2020 to 36% in April 2020 (Avitan et al., 2020). Furthermore, the number of incidents reported to this hotline rose by 63% between March–October 2020; about 30% occurred on Instagram and 24% on WhatsApp (Israel National Council for the Child, 2021). Reports pertained to very serious incidents of abuse, especially in the last quarter of 2020. During the first lockdown, over half the incidents reported to the hotline (52–55%) were sexual in nature: online sexual offenses (39%), online distribution of sexual images and videos (8%), solicitation and harassment of minors online (4%), and online distribution of embarrassing images and videos (1%). Most reports (69%) were received from educational staff on incidents occurring during online classes (Monnickendam-Givon, 2021).

**Parental Dysfunction**

Other situational risk factors are created by general family dysfunction , especially parents with poor mental functioning. This can lead to diminished wellbeing characterized by anxiety, stress, depression, parents’ abuse of addictive substances, and domestic violence. An Israeli study (Bonny-Noach et al., 2021) found a correlation between the number and length of lockdowns and increased use of addictive substances such as alcohol and cannabis. The situation was exacerbated by objective and perceived crowding at home, and parental exhaustion and overload as their children (including “challenging” children) were at home for prolonged periods of time while schools and other educational and social settings were closed. Because parents were often physically or emotionally unavailable, children were loosely supervised, routines changed, and learning schedules became irregular. In a November, 2020 study by the Berl Katznelson Foundation, 44% of surveyed parents admitted to loosening their children’s usual boundaries because they needed to work (Dali & Sofer, 2021). During this period, children became frustrated with distance learning, anxious, distressed, socially alienated, and bored, spending long hours only in the company of their siblings or in front of a computer screen where many were exposed to sexual content inappropriate for their developmental stages, which instilled sexual curiosity, interest, and even arousal.

With parental control undermined, increasing stress and disrupting the emotional regulation in the family, and creating a risk of neglect, inability to respond to children’s needs, domestic violence, and child abuse (Arazi & Sabag, 2020). Such situations were exacerbated by the limited activities of institutions that usually helped reduce parents’ stress levels and mitigate domestic violence and child abuse by offering social support, opportunities for refreshment and revitalization, socialization, learning, and supervision (Prinz, 2016; Wright & Folger, 2017).

In summary, multiple situational risk factors emerged or escalated in Israel following the Covid-19 crisis: domestic violence, at-risk children without an appropriate educational or therapeutic framework, increased screen use, parental dysfunction, and unavailability of support and treatment resources. The mutually reinforcing relationship among these factors reinforced and strengthened one another, creating a reality where the whole was greater than the sum of its parts and a “germination substrate” for sexual abuse among siblings.

**Sexual Abuse among Siblings**

Between 2019 and 2020, reports of sexual abuse against Israeli children declined from 15% (1,043 incidents) to 19% (854 incidents). This may be attributed to the imposed closures, which made it difficult for official systems to identify children at risk of abuse in their homes. Among the complaints reported, 57% pertained to minors, 44% of which took place within the family and 26% of which involved incest (ARCCI, 2021). As noted above, ARCCI’s report from November, 2020 found that there had been a significant increase (33%) in sexual abuse and incest within the family, and that most offenders (62%) were minors (ARCCI, 2021; Knesset, 2020). The report detailed the types of sexual abuse within the category of incest that were perpetrated by siblings or another relative (5% and 10%, respectively, out of 15%): Sixty-six percent of reported incidents involved children below the age of 12, of which 12% of the abusers were siblings, 26% were parents, and 28% were another relative, with 72% of these cases of abuse committed in the home. Twenty-seven percent involved adolescents (13 to 18), of which 5% of abusers were siblings, 9% parents, and 13% other relatives, with 44% of these incidents apparently committed in the home. Seventeen percent involved adults (18 and over), of which 4% of abusers were siblings, 3% parents, and 11%, by implication, another relative.

Sexual assault among siblings is commonly categorized separately within the larger categories of sexual assault and incest of minors. This particular type of assault refers to siblings with full or partial genetic kinship (at least one parent in common) as well as those who are not genetically related (step-siblings), but who share the same home most of the time (Naylor et al., 2011). It is defined as repeated sexual behaviors among siblings that are not age-appropriate curiosity regarding sexuality or normative sexual behavior (Thompson, 2009). In the professional literature, this type of assault is described as a spectrum of behaviors ranging from non-contact offenses, such as viewing pornography, to behaviors ranging from sexual touching to rape with full penetration (Caffaro & Conn-Caffaro, 2005; Carlson et al., 2006; Haskins, 2003; Hatch & Hayman-White, 2001; Tarshish et al., 2018).

It is estimated that half of the cases of sexual assault among minors takes place among siblings (Latzman et al., 2011; Shaw, 1999), making it the most common and persistent type of sexual assault within the family (Izikowitz & Lev-Wiesel, 2014; Tarshish et al., 2018; Tyler, 2011) and often involving the more serious types of sexual assault (Ballantine, 2012).

* Studies conducted in the United States found that between 5% to 15% of the population reported having sexual acts with a sibling during childhood (Griffee et al., 2014; Hardy, 2001). Another study found that 15% and 10% of female and male students, respectively, reported experiencing such abuse. In 43% of cases, abuse occurred when the victim was aged 8 or younger (Finkelhor, 1988; Tyler, 2011).
* Researchers in the United Kingdom found that sexual assault by siblings is twice as common as sexual assault by parents against children (Brooker et al., 2001).
* A major national epidemiological survey conducted in Israel between 2011–2014 in collaboration with the Ministry of Education found that 18.7% of respondents had experienced sexual assault. Of those who reported being assaulted by an adult sibling, 42% reported being assaulted by an older brother and 28% by an older sister. Among those who reported being assaulted by a minor (similar age group) sibling 11.6% were assaulted by a brother and 9.5% by a sister. Among those who experienced coerced physical sexual behavior, 8.6% were assaulted by a brother and 5.3% by a sister. Among those whose victimization did not involve physical contact (for example, forced exposure of their private parts), 5.7% of incidents were by a brother and 4.2% by a sister (Lev-Wiesel & Izikowitz, 2016).

There is agreement in the professional literature and empirical research that sexual assault within the family has negative effects in childhood and into adulthood, and that incest among siblings has severe and devastating psychological consequences (Ballantine, 2012; Herman, 1992; Tener et al., 2021). Victims of sibling incest often feel betrayed, both by the offender and by their parents, who failed to protect them. However, there is not a single pattern characterizing the psychological effects, but rather a wide range of potential psychological responses, including: post-traumatic stress disorder, depression, suicidal thoughts, compulsion disorders, flashbacks, fear and anxiety, dissociation, eating disorders, drug use and addiction, aggression and hostility, attention deficit, hyperactivity, sleeping disorders, incontinence, age-inappropriate sexual behavior, sexual promiscuity, difficulties with interpersonal connections, distrust of others, poor self-image, low self-efficacy, problems in making judgments, delay in spontaneous thinking, and physical or emotional revictimization (Ballantine, 2012; Finkelhor, 1988; Frennis, 1995; Haran, 2007; Kendall-Tackett et al., 1993). Children who were sexually assaulted often suffer from a syndrome of secrecy and dependency that leaves them feeling isolated, helpless, and distrustful. Hiding their secret of the abuse, they become fixated on the trauma, develop unhealthy mechanisms to attain a sense of control, and may fantasize about future abuse (Haran, 2007). Many develop PTSD, involving intrusive thoughts, hyperarousal, and avoidance (Herman, 1992). In severe cases, psychopathology, such as dissociative personality disorders, may occur (Zomer & Zomer, 1997).

Various factors affect the severity of the psychological damage this type of assault causesby: age of onset, duration, coercive means used, violence or threats of violence, age difference between abuser and victim, degree of closeness in the family, lack of protective parental figures, secrecy associated with the abuse, the victim’s perception of having consented to the abuse, and the degree of support from the family and social environment when the victim exposes or attempts to expose the abuse (Finkelhor, 1988; Frennis, 1995; Zomer, 2001).

**Discussion**

**Germination Substrate for Sibling Incest and Implications for the Post-Crisis Reality**

This section discusses the implications of the reviewed situational risk factors that developed during the Covid-19 crisis: dysfunction in the family, children at risk of being victims or abusers staying in the home, inappropriate online exposure to sexual content, and a limited support system. I examine how the mutually reinforcing relationship among these factors combine to create a germination substrate for the emergence of sexual abuse among siblings, or its escalation in families where it previously occurred (Curtis et al., 2000).

The complexity of this type of abuse necessitates special sensitivity to the characteristics and dynamics affecting the victim, abuser, and family, especially current life circumstances, stressors, and available supportive resources (Ballantine, 2012). I discuss their implications as they pertain to preventing the abuse, its occurrence, challenges to identifying and detecting it, and legal and therapeutic interventions required.

**Intensification of Occurring Abuse**

Sexual abuse of children does not occur in a vacuum. It is necessarily affected by the immediate and broader environment in which the child lives and develops (Haruv Institute, 2021). There is a widely-recognized link between family dysfunction and breaking the incest taboo. Family dysfunction endangers children’s socialization, development, and the ability to meet their emotional needs (Ayalon & Zimmerin, 1990; Mayer, 1985; Rimmerman, 1985; Rogers, 1983). Incest within and between generations occurs in the context of a family’s dysfunction, structure, and interpersonal relationships (Rimmerman, 1985).

Sibling incest occurs most often in large families characterized by patriarchal values, dysfunctionality, high levels of chaos, emotional instability, and emotional and physical abuse in the family and between the parents (Ballantine, 2012). Young sex offenders often come from families with weak relationships, lacking warmth, closeness, and care, and sometimes lacking a relationship between children and fathers (O’Brien, 1985). Sexual assault may be interpreted as the adolescents’ desire for contact, value, and intimacy (Gur-Bustanai & Lazar, 2004).

Many adolescent sex offenders witnessed repeated and violent conflicts between their parents, which were not openly discussed at home. This desensitizes adolescents to violence and breeds hostility and negative attitudes toward the victim and towards women in general (Wenet, 1982). Children who were abused are more likely to harm themselves, become abusers, or engage in other types of criminal behavior as adults (Yaakov, 2007).

Exposure to violent relationships in the family may lead children to adopt forceful and coercive behaviors towards their siblings, stemming from a desire to be in a position of power (Ballantine, 2012). Other elements enabling sexual abuse among siblings are lack of parental supervision, (Ballantine, 2012), children who are bored and lack educational frameworks, and the return home of at-risk siblings who had been removed from their home due to emotional difficulties. Tener et al. (2021) provided insights into the highly-charged and problematic dynamics that exist when the victim and abuser are “trapped” in a shared living space. In such cases, the home may become an arena for ongoing abuse (Lev-Wiesel & Izikovich, 2016). Researchers have identified three styles of sexual assault among siblings:

**Cultivated Incest.** This type of abuse begins with an emotional connection then develops into a sexual relationship. It may be perceived as game that both siblings agree to play (McDonald & Martinez, 2017). These relationships can result from a pathological desire to compensate for persistent emotional deprivation through inappropriate closeness and contact. Although the relationship may begin with reciprocity, loyalty, support, and mutual enjoyment, it often develops into a coercive dependency that is difficult to end (Bank & Kahn, 1982; Bleich-Kimmelman et al., 2019; Cicirelli, 1995). Moreover, young children may not be able to distinguish between play and exploitation, especially when the relationship with the abuser is built under the guise of attention and caring, and when the younger sibling loves the abuser. Confusion and naiveté may cause them to think that this is an innocent game and will stay within certain limits. As victims begin to feel uncomfortable, they may be unable to end the sexual relationship due to the attachment to the abuser, along with shame, self-blame, and fear of how others will react and perceive their role in the relationship (Ballantine, 2012). This type of abuse intensified during the Covid-19 crisis because children were bored, inactive, isolated from their normal social circles, exposed to inappropriate sexual content online that led to curiosity and arousal, and forced to stay at home for extended times and in close contact with their siblings. Separately and together, these created a germination substrate for abuse.

**Recognized Abuse.** This refers to abuse within a dichotomous relationship between victimizing and victimized siblings, such as when the older siblings have more status, responsibility, and power due to lack of parental presence. They may seduce their siblings by manipulating and exploiting their misunderstanding of the nature of consent. Alternatively, they may use force, threats, and extortion (Ballantine, 2012). Most commonly, the abuser is an older brother (Caffaro & Conn-Caffaro, 2005).

Such abuse often occurs in families in which roles are confused or blurred. For example, in immigrant families, parents’ and children’s roles are reversed, as children integrate faster, making it difficult for parents to provide supervision, guidance, authority, and involvement in their children’s lives (Yakhnich, 2014). Abusers may take advantage of this to control their siblings (Ballantine, 2012). “Pseudo-parent siblings” may also appear when a parent is physical or mentally-emotionally absent. During the Covid-19 crisis, children often took on parental roles, whether openly or covertly.

**Sexual Routine.** Sexual assault among siblings can become part of the daily routine in a family culture and structure with open or blurred boundaries (Ballantine, 2012), or in which older siblings have authority over younger ones (Tener et al., 2017). Sometimes the assault involves more than two siblings. This situation grew during the Covid-19 crisis, with parents too overwhelmed to supervise children who were constantly at home or because they felt sympathy for their children’s difficult emotional state. Boundaries were relaxed and routines changed in unhealthy ways, such as allowing children to stay up late unattended, or to shower together. In some families, an environment of sexual arousal was created, either overtly, such as through exposure to pornography, or covertly, with strict sexual boundaries imposed (Ballantine, 2012).

Unsupervised viewing of sexual content inappropriate for children’s developmental stage leads to early sexualization, causing confusion, distorted perceptions and misconceptions regarding sexuality, damage to body image and self-image, and a conditioned link between sexual pleasure and violence (Einat, 2014). Children and adolescents cannot learn about intimacy from viewing pornographic sexual acts devoid of any marital, intimate, or emotional connection (Reuveni Bar-David, 2017). Without an adult role model to help them process the problematic content, children who lacking the maturity to understand what they are viewing may try to imitate it in hopes of experiencing excitement and pleasure.

Exposure to pornography encourages imitative behaviors, invasive sexual games, seductive behavior, internalizing sexist messages, and self-objectification. It is “triggering” both as a traumatic type of exposure and as a source of images and fantasies that reduce inhibitions and self-control (Einat & Agani Ben Dov, 2015). Male sexuality is portrayed as controlling, with men demanding submission, humiliating, and exploiting the woman, who is shown as a constantly available sexual object who derives pleasure from sexual humiliation (Moore, 2012). Boys in early adolescents exposed to explicit sexual content are more likely to engage in sexual harassment later in adolescence. Adolescents exposed to violent sexual material were six times more likely to be sexually aggressive (Katzwitz-Presler, 2015; Owens et al., 2012). These factors also contribute to the germination substrate that feeds inappropriate sexual contact or sexual assault among siblings.

Children living in poverty and poor housing conditions, such as those from minority or immigrant groups, are also at increased risk of sexual assault among siblings (Haas et al., 2018). Social isolation, loneliness, and crowding increases friction and violence among siblings (Arazi & Szabo-Lael, 2009; Relve et al., 2013).

**Difficulties in Detecting and Preventing Abuse**

Like other types of domestic abuse, sibling sexual abuse is underreported due to various barriers: victims may be afraid to report it due to extortion or threats to harm the victim or others close to him or her. Sometimes the offender takes advantage of the victim’s innocence, weakness, dependence, or longing for love. In other cases, the victim is bribed with money or gifts (Cohen, 2008). Victims are unlikely to reveal the assault when they fear the family will not be supportive (Ballantine, 2012) or if they do not know in whom to confide .

In practice, the education system is the entity with the greatest potential for detecting and exposing abuse and for protecting children, due to the frequent contact with the students (Haruv Institute, 2021). The most reports of suspected abuse filed with law enforcement authorities come from people working in the education system. Caregivers of very young children may detect otherwise-hidden signs of physical injury when they change diapers and clothing or bathe them. Even among older children, educational staff who interact with students daily and develop a bond of trust with them may notice signs of abuse, including behavioral changes or unexplained absences. In addition, the education system offers age-appropriate programs to transmit knowledge, develop awareness, and promote discussion about abuse and how to protect oneself from it. Educational systems can offer responses, such as counseling and training, to all those directly involved in the abuse (victims, abusers, and family members), as well as teachers and others indirectly involved in the incident (Horowitz & Ben Yehuda, 2007).

When schools closed and distance learning was instituted, they could not play this essential role. The educational system’s impaired ability to detect and investigate suspected cases of abuse at home and to identify children and youth at risk of abuse (including in their homes) was one of the most significant challenges of this time (Windman & Gould, 2020). The Covid-19 crisis intensified already widespread difficulties of sexual abuse among Israeli sub-populations , including Arabs, ultra-Orthodox Jews, and immigrants, where investigation and mediation are limited by cultural differences, social codes, language, and attitudes towards sex (Mordi, 2020).

**Difficulties in Ending Abuse**

One study (Welfare, 2010) found that the average duration of sexual assault among siblings is 4.76 years and that it rarely occurs just one time. This is attributed to the physical proximity and close relationship between those involved, traits of addiction that characterized the sexual contact (Frennis, 1995; Haran, 2007) and long-term secrecy surrounding the abuse (Tarshish et al., 2018). Less than 30% of adults who were sexual assaulted by their siblings in childhood told their parents (Griffee et al., 2014). Often, the severity of the abuse intensifies over time, even when there is no significant age gap between the victim and the perpetrator, or when it begins with normative experiences of curiosity and mutual exploration (Tarshish et al., 2018). Frennis (1995) described the confusion felt by those involved in the sexual incident and their inability to distinguish between abusive behavior and love as a “loss of childhood innocence.” The victim-abuser relationship, sexual behaviors, and tactics used to ensure secrecy all change as the siblings mature, especially when there is a gap between their stages of sexual development. Therefore, sexual contact among siblings must be detected early, so steps can be taken to end it immediately (Ballantine, 2012).

During the Covid-19 crisis, siblings were together for extended periods of time in shared spaces, often without adequate parental supervision, making incidents of sexual contact more frequent. Parents found it difficult to stop assault taking place in the home or to separate the involved siblings. The crisis created conditions for the emergence, recurrence, and escalation in terms of frequency of additional types of abuse (Lev-Wiesel et al., 2017).

**Difficulties in Receiving Support from Healthcare, Welfare and Justice Systems**

The extremely traumatic experience of incest crosses intimate boundaries and can result in significant mental-emotional damage (Haran, 2007). Empirical and clinical research do not support the claim that sexual contact among siblings is harmless, normative and mutually reciprocated. Rather, research has shown the destructive nature of sibling incest and the severe negative psychological and physiological repercussions that can persist throughout life (Rudd & Herzberger, 1999; Tarshish et al., 2018; Tyler, 2011). Responses to sexual assault among siblings should strive to protect victims from further harm and to identify and treat symptoms emerging after the trauma. There is a need for therapeutic intervention at the family level to improve family functioning and develop strategies to prevent further abuse (Ballantine, 2012).

Despite the importance of professional intervention, reporting rates to authorities are lowest for this type of assault (McNevin, 2010). Parents and professionals tend to misinterpret sexual contact among siblings as behavior stemming from normative sexual curiosity and natural play, illustrating that they lack knowledge about it, sometimes to the point of ignorance (Horowitz & Ben Yehuda, 2007). It is difficult for them to address the complexities of children exhibiting what are considered adult sexual behaviors. Parents also find it difficult to acknowledge this type of abuse as they must make the painful realization that one of their children is abusing another. Parents often feel shame and blame themselves when they learn that this assault occurred in their home, under their watch.

Moreover, since sexual assaults against family members are criminal offenses subject to punishment (section 351 of the Penal Code in Israel), people often refrain from reporting them in order to maintain family integrity and avoid further loss of control. Loss of control is first experienced in the face of the incident itself and then in the face of decisions by welfare and law enforcement authorities. These external entities are sometimes perceived as being “against” them, especially since they may recommend removing the victim or perpetrator from the home. In extreme cases, the abuser may even be subject to imprisonment (when above the minimum age for criminal responsibility) (Tarshish et al., 2018). However, despite its shortcomings, the legal process is the main path to achieving a certain degree of justice for the victim because it recognizes and validates that a sexual assault took place and has consequences (ACCRI, 2020).

If treatment for victims is delayed, their trauma and shame can become embedded in their personality and extend to other life areas. When the abuse remains a family secret, the victim does not feel emotionally safe, even after the abuse ends. Anger, not always expressed outwardly or directly, builds up. Unreported abuse may be construed as granting the perpetrator legitimacy to continue the abuse and negating the victim’s ability to reveal or report it later (Frennis, 1995), setting the stage for the abuse to escalate.

When victims do not receive treatment, distress symptoms become more severe. There may be even be intergenerational transmission of the trauma (Lev-Wiesel et al., 2017). Studies have shown that many parents of children who commit sexual assault were victims of sexual assault, including sibling incest, some becoming abusers themselves (Ballantine, 2012).

In contrast, timely exposure of sexual assault can potentially end the abuse and allow the victim to begin a recovery process (Izikovich & Lev-Wiesel, 2014). Early detection of assault enables professionals to offer emotional support to parents and help them cope with the new reality in the family, which emerged when the assault was exposed. Parents face a complicated dilemma and conflict of interests regarding their commitment to protect each of their children involved in the sibling incest. They need professional help and tools to deal appropriately with all the children in their family. Following the revelation of sibling incest, the parents’ response and the family’s support for the victim have a major impact on the victim’s behavior and ability to emotionally cope (Manion et al., 1996).

Studies have shown a direct correlation between parents’ responses and behavior during the traumatic event, such as apathy, emotional distance, or neglect, and victim’s mental state. This is even stronger than the correlation between the severity of the abuse itself and the victim’s response to it (Cohen, 2008; Green et al., 1991). Disbelief, denial, minimalizing the abuse, or blaming the victim compound the traumatic experience (Ballantine, 2012). therapeutic responses to victims of this type of assault are less common than to victims of other types of assault, despite the severity of the consequences (Snyder, Burraston, & Bank, 2005).

The lengthy period when centers and agencies providing mental health care for children and youth operated on a limited basis made it difficult for them to monitor the at-risk families already cared for, or provide intervention and supportive responses to new inquiries.

As early as 2021, professionals in Israel expressed concern that the increased need for psychological assistance in the “post-pandemic reality” could not be met and would only worsen due to setbacks in the work of public systems, including educational psychologists (Hasson, et al., 2021). This was supported by data from 2020 indicating a significant jump in the number of incidents and risky situations faced by at-risk youth, as well as normative youth, not previously defined as being at risk, who became socially marginalized. In 2021, the situation became even more severe in terms of the number and intensity of incidents (Elam, 2021, 2022). It was predicted that gaps between those who could afford private psychological treatment and those dependent on the public system would widen (Hasson et al., 2021).

**Summary, Conclusions, and Recommendations**

The period of social distancing and closures due to Covid-19 imposed a new reality on the world (that continues, to some extent, even today). Family members were forced to stay in a common space for an extended time, essentially prisoners in their homes. Parallel to this, the authorities responsible for the prevention, detection, and treatment of problems in the community had their activities reduced. The consequences for society, communities, families, and individuals were manifest in uncertainty, chaos, stress, boredom, and loneliness. The emotional states of individuals and families deteriorated, or even collapsed.

Covid-19 brought uncertainty, instability, fears regarding the future, a sense of being unable to recognize or cope with threats for everyone. The mutually reinforcing situational risk factors created a germination substrate for harmful sexual behavior among siblings. Even in normal times, this type of abuse occurs more frequently than any other type of sexual assault. Such “secrets from the children’s room” are underreported, enabling abuses’ perpetuation and escalation. Detection, identification, and immediate professional intervention become even more difficult during this period.

As the pandemic ends and the fog dissipates, its multiple consequences are being recognized. However, sexual abuse among siblings will not end on its own. It has no expiration date, and there is no vaccination against it. Rather, it continues and intensifies, producing more direct and indirect victims. This type of abuse encompasses a number of circles, making it complex to address therapeutically. Therefore, interventions are required at multiple levels.

**Recommendations**

Professionals and service providers need to acquire more knowledge about sexual abuse among siblings. This will enable them to better prevent and identify it, and offer optimal intervention and appropriate treatments regarding the issues that are unique to this type of assault. There is a need to identify groups at high risk of sexual abuse among siblings and to develop trusting relationships, provide guidance, and offer activities aimed at prevention.

A number of recommendations, operating at multiple levels, can be made:

1. **Systemic Level**. Policymakers must put this issue on the public agenda. Raising awareness of it should be an educational goal. Government ministries of education, health, welfare and the interior, along with professionals in relevant fields, should cooperate to advance prevention, identification, detection, treatment, and providing optimal interventions, in order to reduce suffering among families and individuals.
2. **Inter-system Contexts**. Programs and services that do not require physical, face-to-face interaction must be developed, for use during times when social distancing, closures, and quarantines limit physical encounters. There should be “remote” capabilities for detection, identification prevention, and treatment of abuse, guidance to parents, and for conducting research and investigations (ongoing and longitudinal).
3. **Systemic Level.** Professional interventions should be planned, system-wide, to raise awareness about this issue. Plans should include procedures for: identifying, detecting, and treating at-risk children in general and victims of sexual assault among siblings in particular; mapping and pooling resources; prioritizing needs and responses; and improving mechanisms for working with government ministries.
4. **Public awareness** must be increased, to provide primary responses to victims, and to reduce secondary victimization. “Protection centers” should be established to offer comprehensive and effective responses, provided by professionals from multiple fields, that are easily accessible and available under one roof. This includes primary physical and mental health care for the child victims, examination by a physician, discussions with child/youth protection investigators, assistance to family members, and referral to long-term care.
5. **Educational**. The educational system is a foundational pillar, essential for prevention, detection, reporting, and intervention. It must develop appropriate, accessible professional intervention programs to encourage empathy, respect, and consideration for personal space, while working to end abuse and legitimize reporting it. All staff members must become more knowledgeable about this issue. This includes teachers, teaching assistants, therapists, medical and paramedical professionals, youth counselors, psychological counselors, etc. who work in schools, kindergartens, absorption centers, afterschool centers, youth movements, and other educational settings. Educational staff can mitigate child abuse, offer social support, provide opportunities for refreshment and rejuvenation, teach social skills, provide supervision, and reduce parental stress. They need be aware of the issue, recognize signs for detecting it, and know about the various means to address it.
6. **Communication channels**. The significant changes in communication styles commonly used by youth need to be taken into account. Innovative and attractive programs should be offered online and through social media channels, to teach life skills and normative sexual behaviors to broad populations of children and adolescents. Collaborative programs on this subject should encouraged, integrating schools, youth movements, and other educational frameworks for children and youth. Parents and educational staff should also be involved.
7. **Nonprofit organizations** can offer online counseling and support for sexually abused children and youth. Many adolescents prefer to search for information on the internet, helping them to avoid revealing the abuse and sharing details about it with their parents or other adults in their lives. This is especially true for at-risk youth, who often have weak connections with their family and community. It is possible to receive anonymous help and first responses from such organizations (for example, in Israel, the nonprofit organizations Eran, Elem, and others).
8. **Academia and research settings**. This topic must be included in the curriculum at every academic and research setting related to training educators for mainstream and special needs students, criminologists, social workers, psychologists, healthcare professionals, and those working in the legal field. This theoretical knowledge must then be applied in the field, and integrated into practice exercises, simulations, responses to cases, etc. There is a need to expand research and deepen knowledge on this issue, how to address it, and best practices for treatment.
9. **Individual level**. Parents need to be aware that sexual abuse can occur among siblings, and moreover, that they can and should take steps to prevent it. They should watch for situations such as siblings staying for long periods of time in a room with the door closed, shared bathing or sleeping arrangements. They need to monitor and supervise what their children are viewing or exposed to through online social networks, and notice impacts of exposure to such content, such as using new language, or indications that children are viewing themselves as sexual objects, or being viewed that way by others. If any signs of abuse are noted, parents should contact the welfare services, a professional therapist, or protection centers, for assistance and guidance. Parents should strive to establish an ongoing, informal, inclusive, non-judgmental and direct dialogue with their children from an early age, enabling children to reveal abuse without fear or hesitation. Parents should talk with their children about boundaries and protecting their personal space. They should differentiate between situations that are appropriate in terms of the child’s age or frequency and those that may lead to abusive sexual behavior among siblings.
10. During possible future closures, it is recommended that:
11. High-risk children should be provided with ongoing, uninterrupted, and free emotional support from professionals;
12. Responses such as guidance and professional support should be available outside the home for at-risk youth in foster care, or those who have been identified as abusers and/or victims;
13. During closures, transportation should be provided, by local authorities or volunteer organizations, to bring youth, including those with special needs or disabilities, to settings where they receive emotional support, legal assistance, medical assistance, and treatment and more.

This article began being written in the midst of the Covid-19 pandemic. As the world returns to routine, we are beginning to see the effects and implications for the “day after.” More data and findings will emerge regarding this phenomenon. In retrospect, we see that lack of knowledge and experience in preparing for such a long-term crisis (closure of institutions, restriction of accessibility, availability, etc.) created situational risk factors. Its consequences will undoubtedly be felt for years to come. Therefore, we must acquire knowledge, skills, and abilities to enable us to deal with this new reality. It is essential to conduct longitudinal studies to understand this subject and develop appropriate professional responses to improve prevention and ways to address it.