**“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 impact the Covid-19 crisis had on inappropriate and abusive sexual behavior among siblings, and how perceptions of this phenomenon affect construction of the post-crisis reality. This is the most frequent type of sexual assault against children. It does not occur in a vacuum, but 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 among families in which it previously occurred.

The first part of the article, based on research data and reports, reviews the objective reality that emerged in Israel and around the world 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, so that the whole is greater than the sum of its parts, 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: conditions for its development, identification, prevention or preventing escalation, and providing professional support, all of which impact 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 around the world, including transition to a state of emergency and social distancing policies implemented to slow 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 rejuvenation 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 early days of the pandemic 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, lowered income, and damaged the economic situation for many households. Formal and informal community institutions, treatment centers, and welfare services were closed or had their activities reduced, so professionals were unable to meet regularly with children and parents (Arazi & Sabag, 2020; Knesset, 2020), even while 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;
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, including sexual abuse among siblings, are not direct consequences of the Covid-19 virus. Rather, they occurred as a result of disruptions to daily physical, emotional, and interpersonal responses to the crisis (Arazi & Reznikowski-Kuras, 2001). Support resources and services became unavailable, limiting people’s ability to seek and receive assistance and treatment. Isolation and social distancing exacerbated the 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, presented in a study conducted in Israel in 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 from around the world and Israel found that domestic violence began to increase in the first months of the Covid-19 pandemic. 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).

In particular, the risk of child abuse in minority and migrant families increased, because the Covid-19 crisis exacerbated stressors that generally characterize these populations: large families in crowded living conditions, poverty and under-employment, 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 that already suffer from social marginalization and limited access to resources and services (Rao, 2020).

Calls to emergency centers for child violence increased around the world; in some places by as much as 30-50% (Jacoby et al., 2020; McKay, 2020). A report submitted in July 2021 to the Knesset’s Special Committee for the Rights of the Child indicated that the emergency period following the outbreak of Covid-19 had a severe impact on children in general and at-risk children in particular. During 2019/2020, the number of children identified as facing new risk situations in all the examined life areas increased by 1.5 times, as compared to previous years. Among adolescents, the average increase for new risk situations doubled. 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 nonprofit organization Elem reported that youth who had not previously been considered at risk became increasingly socially marginalized, and that domestic violence and sexual violence increased by 3.3 times.

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 of this abuse occurred within the family. Given that this only refers 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%) of offenders were family members; this represents an increase of 33%;
* Some victims were abused by more than one offender;
* 15% of the cases of sexual abuse were incest: 5% by siblings and 10% by another relative; of these, 53.3% of incidents occurred 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 that set the stage for abuse and victimization of children and youth was the 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 the risk of homelessness, and emotional, academic, and behavioral problems (Arazi & Sabag, 2020; Katz, 2020). The policy of social distancing left these youth without suitable frameworks. Many became overwhelmed by loneliness and isolation, which led to a deterioration of their mental-emotional states (Elem, 2022; Katz, 2020). A break in their routine could significantly set them back in terms of development and accomplishments achieved over the course of years. This, in turn, could leading to problematic coping behaviors - especially with other siblings at home, but no supportive parent present (Sabag & Saban, 2020).

The Covid-19 crisis also led to social marginalization among normative children and youth, not previously considered to be 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). Use of alcohol and drugs 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, these data from Israel indicate that twice as many young people faced new situations that placed them at risk. The abuse rate rose slightly, compared to reports from 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, a quarter the referrals to social workers that pertain to the Youth Law had to do with violence against children with disabilities. Similarly, a report from the National Program for Children and Youth at Risk stated 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 on behalf of 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 the time that people were stuck at home lengthened, distress rose among normative families, and even more so among those previously at risk. In 2020, according to the Israel Central Bureau of Statistics, 25.8% of census participants reported that their children’s mental state deteriorated as a result of the pandemic. Their own existential anxiety was compounded by secondary anxiety reflecting their parents’ mental state (Breiner, 2020). The Psychological and Counseling Services Division of Israel’s Ministry of Education received over 50,000 inquiries regarding children’s emotional distress (Abu Rabia-Quider, 2021). They estimated that over a quarter of Israeli students were experiencing 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. Further, they didn’t have 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. This had become common even before the Covid-19 era. 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 legitimacy of the phenomenon 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 UK shows a distortion of boundaries on these “mainstream” platforms. One in eight titles on the home page describes acts of sexual violence, with descriptions of practices that meet 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 wave of the Covid-19 pandemic (June 2020), documented a significant increase of Internet use among young children, alongside a parallel increase in online sexual exploitation. Awareness of potential dangers, however, remained low. Offenders exploited the 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 becomes more prevalent. This was found to be especially common among families from low socioeconomic backgrounds, the Arab population, and parents without an academic education (Navon et al., 2021). Another Israeli study during this period found that 63.8% of children reported using social networks for most of the day (Ben-Arieh et al., 2020). In April-May 2020, 77% of young children increased their use of technological devices (54% of them used these devices “much more”). Children’s freedom to independently choose the content ranged from 11% in the ultra-Orthodox Jewish sector and 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). Further:

* The number of incidents reported to this hotline rose by 63% between March-October 2020. About 30% of incident occurred on Instagram, and about 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 of 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 regarding incidents that occurred during online classes (Monnickendam-Givon, 2021).

**Parental Dysfunction**

Other situational risk factors are created by general dysfunction in the family, 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 study by the Berl Katznelson Foundation conducted in November 2020, 44% of surveyed parents admitted to loosening the boundaries they usually set for their children, because they needed to work (Dali & Sofer, 2021). During this same time period, children became frustrated with distance learning, anxious, distressed, socially alienated, and bored. They spent long hours only in the company of their siblings, or in front of a computer screen. Many were exposed to sexual content inappropriate for their developmental stages, which instilled sexual curiosity, interest, and even arousal.

Parental control was undermined, which increased stress and disrupted the emotional regulation in the family, 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 could help 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 in which the whole is 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 boys and girls in Israel 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. Of these, 44% took place within the family, and 26% 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%):

* 66% 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; 72% of these cases of abuse were committed in the home.
* 27% involved among adolescents (13 to 18), of which: 5% of abusers were siblings, 9% were parents, and 13% were another relative; 44% of these incidents apparently were committed in the home.
* 17% involved adults (18 and over), of which: 4% of abusers were siblings, 3% were parents, and the remaining 11% were, 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 such as sexual touching, through 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 types of sexual assault within the family (Izikowitz & Lev-Wiesel, 2014; Tarshish et al., 2018; Tyler, 2011) and often involves the more serious types of sexual assault (Ballantine, 2012).

* Studies conducted in the US found that between 5% to 15% of the population reported having sexual acts with one of their siblings during childhood (Griffee et al., 2014; Hardy, 2001). Another study found that 15% of female students and 10% of male students reported experiencing this type of abuse. In 43% of the cases, abuse occurred when the victim was 8 years old or younger (Finkelhor, 1988; Tyler, 2011).
* Researchers in the UK 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 (who they knew), 42% reported being assaulted by an older brother and 28% by an older sister. Among those who reported being assaulted by a sibling who was also a minor (similar age group) 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% were victimized 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. Since they hide the 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, which includes intrusive thoughts, hyper-arousal, and avoidance (Herman, 1992). In severe cases, psychopathology such as dissociative personality disorders may occur (Zomer & Zomer, 1997).

The severity of the psychological damage resulting from this type of assault is affected by various factors: 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**

In this section, I discuss the implications of the previously-mentioned 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 prevention of 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 characterized by weak relationships, lacking warmth, closeness, and care, and sometimes without any relationship between the children and their father (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 towards the victim and towards women in general (Wenet, 1982). Children who were abused are more likely to harm themselves, become abusers, or engaging 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 components 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 position to control their siblings (Ballantine, 2012). “Pseudo-parent siblings” may also be found when a parent is physical or mentally-emotionally absent. During the Covid-19 crisis, children often took on a parental role, 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 developed during the Covid-19 crisis, because parents were 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 do not have 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 itself, 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 who are 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/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). Victims also might not know who to confide in about the abuse.

In practice, the education system has the greatest potential of any entity to detect and expose abuse, and to help protect children, due to their frequent contact with the students (Haruv Institute, 2021). The greatest number of 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 give them baths. 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 the full range of people 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 regarding sexual abuse among sub-populations in Israel, such as Arabs, ultra-Orthodox Jews, and immigrants, for whom investigation and mediation are inhibited 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 is rare for it to occur on a one-time basis. 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 about it (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, it is essential to detect sexual contact among siblings early, and to take steps 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. On the contrary, 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 that emerge following 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 to be adult sexual behaviors. Further, it is difficult for parents to acknowledge this type of abuse, because it raises 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 builds up, which is not always expressed outwardly or directly. Unreported abuse may be construed as granting the perpetrator legitimacy to continue the abuse, and negating the victim’s opportunity to reveal or report it later (Frennis, 1995). This sets 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, and some became abusers themselves (Ballantine, 2012).

In contrast, timely exposure of sexual assault can potentially both 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 during which 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 under their care, 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 into everyone’s lives uncertainty, instability, fears regarding the future, a sense of being unable to recognize or cope with threats. 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, which enables perpetuation and escalation of the abuse. Detection, identification, and immediate professional intervention become even more difficult during this crisis 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. The government ministries of education, health, welfare and the interior, along with professionals in relevant fields, should cooperate to work towards 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 available 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, which allows 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 ‘eye-level’ dialogue with their children from an early age. This will allow the 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 children’s age or frequency of occurrence, 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 to develop 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 that will 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.