“Sexual abuse is not child's play. We need to stop it, to know how to talk about it, and to learn to live after it " -- Meital - Israeli Center for Treatment of Child Victims of Sexual Abuse

**The Coronavirus Crisis as "Fertile Ground" for Abusive Sexual Behavior Between Siblings**

**Introduction**

This article presents the impacts and implications of the Coronavirus (Covid-19) crisis on the complicated phenomenon of sexual abuse among siblings; the most frequently occurring type of sexual abuse of children. The crisis led to a high risker of this type of abuse occurring in “normative” families or significantly escalating in families in which abuse had occurred before the pandemic. Around the world, the social distancing and closures imposed due to the Coronavirus pandemic forced family members to stay together for extended periods of time in a shared space, essentially prisoners in their homes. This situation continues, to some extent, until today.

Additionally, many authorities (ministries and agencies of education, welfare, wealth, etc.), limited or reduced the scope of their functioning, out of necessity due to the circumstances, and in accordance with their views regarding the prevention, detection, and treatment of this disease in the community. This situation affected multiple realms: environmental, social, familial, and personal. The impact of the crisis was manifest in strong emotions of uncertainty, confusion, stress, boredom, loneliness, and more, which lead to deterioration and even collapse in mental health, economic security, and family functioning. This situation provoked or escalated the factors that increase the risk of sexually assaultive behaviors between siblings, especially when the individual factors function in reciprocity, intensifying each other.

The first part of this article gives an overview of the global situation that emerged in the wake of the pandemic, including social distancing and isolation, closure or limiting of support and treatment systems, an increase in unemployment, etc. In the second part, the consequences of this situation are described, noting the “situational risk factors” for the direct and indirect abuse and victimization of children and adolescents in the family setting: violence, high risk for delinquency, victims who must stay in their homes for extended periods of time, increased exposure to sexual content, change in family functioning, reduced parental supervision, and inability to receive available formal and informal assistance and support. The third part of the article presents how these risk factors have a mutually reinforcing relationship; that is, they work together and affect each other, producing a whole that is larger than the sum of its parts. The risk factors create “fertile soil” for the occurrence, acceleration, and escalation of sexual abuse among siblings. The final section will discuss ways to identify, prevent and address this type of abuse.

**Characteristics of the Coronavirus Crisis**

Following the World Health Organization’s declaration in March 2020 of the Covid-19 virus as a global pandemic (WHO, 2020), numerous countries around the world declared a state of emergency and issued guidelines and restrictions according to the principles of social distancing, travel restrictions, closures and quarantines, which were intended to slow the spread of the disease (Arazi & Sabag, 2020; Maragakis, 2020). This created a situation in which individuals and families were forced to spend many days in confinement in their homes, sometimes in crowded and cramped housing conditions. There were reduced opportunities for participating in activities outside the home in frameworks such as the workplace, school, leisure activities, social activities, or extended family gatherings. Family members had almost no possibility for respite or relief. Additionally, the restrictions imposed and the shutdown of large sectors of the economy in the wake of the pandemic led to instability in employment and a steep increase in unemployment rates and declining incomes, which aggravated the economic situation of many households.

At the same time, in most countries, community organizations and formal institutions in the arenas of education, health, welfare, and law were closed or their activities were severely limited. The activities of community professionals who regularly meet with children and parents in their daily routine, such as educators, healthcare providers, care teams at clinics for maternal and infant care, and dentists were not available. The welfare system, treatment centers dedicated to the protection and support of children and families and the legal system were similarly limited or unavailable. Accessibility of informal community resources such as youth movement counselors, teachers of extra-curricular classes, neighbors and other significant figures in the lives of children and families was similarly curtailed. Families in which the grandparents regularly assist in caring for the children were often forced to give up this significant support system due to guidelines on social isolation of populations defined as being particularly susceptible to the disease. Rehabilitative, therapeutic, post-hospitalization, and other out-of-home frameworks and settings for at-risk children and adolescents and other populations with special needs were closed. This includes boarding schools, dormitories and special educational settings providing care for populations characterized by weak socio-demographic backgrounds; adolescents in a state of delinquency, social deviation, risk, and danger; children and adolescents defined as having special needs or suffering from disabilities and handicaps; and children who are members of disadvantaged minority groups and immigrant families (Arazi & Sabag, 2020).

**Consequences of the Crisis as "Situational Risk Factors" for Violence and Harm**

The consequences of these aspects of the Coronavirus crisis can be seen at the social, familial, and personal level. In this section, I focus on consequences that are related to domestic violence, such as at-risk children staying at home, changes in family functioning, and an increase in time spent on digital devices and screen. These consequences can be viewed as situational risk factors for violence and abuse in the family. Thus, although these factors are not necessarily direct results of the pandemic, they evolved, *inter alia*, as a result of disruptions and changes in the physical, emotional, mental, and interpersonal conditions, and due to the lack of balancing support and care resources available.

It is possible to understand situations leading to domestic violence between spouses and towards children through a review of the literature that addresses other crises in recent decades, such as natural disasters, epidemics, wars and economic crises, and their effects on the health and wellbeing of children and adolescents during the crisis and for many years afterwards (Scheeringa & Zeanah, 2008). A notable example of this is the increase in the frequency of corporal punishment of children following a major economic recession in the United States in 2008 (Brooks-Gunn et al., 2013). A model developed in another study found that infants born during this recession were at the highest risk level in terms of mental health, abuse, and neglect (Nguyen, 2013). Similarly, during the outbreak of the Coronavirus pandemic, countries around the world reported an increase in calls to emergency centers regarding domestic violence against children, as compared to the same period in the previous year. In the United States alone, there was a 10% to 30% increase in the number of complaints of domestic violence in 24 states. For example, the Florida Department of Children and Families reported more than 34,000 calls to a center for at-risk children - a 30% increase. In some other countries (Australia, the Netherlands, and India), there was a significant increase of up to 50% in distress calls and reports of violence (Jacoby et al., 2020; McKay, 2020).

A report reviewing the risks facing children and youth in Israel in light of the Coronavirus pandemic (Arazi & Sabag, 2020), showed a 41% increase in the number of sexual offenses within the family and a 16% increase in the number of new cases opened regarding domestic violence, as compared to the same time period in the previous year. (The comparison was made with reference to the period between March 2020, when the Coronavirus pandemic was declared and social distancing measures were imposed people were confined to their homes, and April 2020, when the report was published.)

The increase in indices of domestic violence is not necessarily directly caused by the crisis, but is primarily related to the emergence of risk-increasing factors at the time (Arazi & Reznikowski-Kuras, 2021). This perception reflects how the policies of isolation and social distancing during the pandemic were factors that have been found to increase stress, reduce victims’ ability to receive support and encouragement, and impair their ability to seek help (Rao, 2020). Emergency situations that limit or prevent contact with family and friends and cause social isolation can lead to escalation of aggressive behavior and men’s control over their wives (Weizmann & Bahrman, 2016).

Research has found that economic and occupational difficulties are another factor that increase the risk of violence against women (Haas et al., 2018; Izikowitz et al., 2001; Weizmann & Bahrman, 2016) as well as an increase in violent behavior towards children (Arazi & Sabag, 2020). This is due to negative feelings such as financial insecurity, lack of control, and stress, leading to a lack of emotional regulation (Schneider et al., 2016). In addition, when parents (women, in this specific study) are pushed out of the work force, they become economically dependent on their spouse and thus their ability to get out of a violent relationship is reduced (Weizman & Behrman, 2016). Further support for this correlation has been found in studies that showing that harm to livelihoods and low income are predictive factors for male violence against women (Capaldi et al., 2012), as well as neglect, violence, and abuse of children (Conrad-Hibner & Byram, 2020). A meta-analysis of 26 longitudinal studies found that economic insecurity, loss of income, housing difficulties, and cumulative material problems are the strongest predictors of child abuse.

Health problems, physical disabilities, sensory, cognitive, and functional problems are also risk factors which have been found to increase physical and sexual violence in the family towards women (Barnawi, 2017). Data supporting this was also found in a study which linked injured women’s reports of poor health to experiences of domestic violence (Ellsberg et al., 2008). Additionally, during the Coronavirus pandemic there was a reduction in referrals for medical treatment following injuries from domestic violence, due to the fear of infection (Rivkin et al., 2020). This impairs the work of healthcare providers including identification, initial supportive response, providing clinical care, follow-up, referral, and support to victims of domestic violence (García-Moreno, 2015; Usta et al., 2012).

Other consequences of the Coronavirus crisis relate to the emotional aspect, such as mental illness and post-traumatic stress. The pandemic led to existential anxiety regarding life and health, which, in some cases, raised people’s stress levels to the point of developing post-traumatic stress disorder (PTSD). This disorder has been found to increase rates of male violence against women (Capaldi, et al., 2012; Harville et al., 2011). Additionally, stress decreases the sense of mental wellbeing or wellness, which are linked to feelings such as health, optimism, personal satisfaction, hope and happiness (Csikszentmihalyi & Seligman, 2000). Support for this has been found in studies which indicate a close connection between the ability of the environment to provide for the physical and psychological needs of individuals and the promotion of their mental wellbeing (Erhard, 2001). Respondents to a survey conducted during the Coronavirus crisis reported negative feelings such as pessimism, passivity, worry, lack of control, anger, nervousness, lack of privacy, and dissatisfaction with life, as well as an increase in domestic violence in all areas (Arazi & Reznikowski-Kuras, 2021).

Children’s behavior and mental health are also affected when their parents’ mental states are characterized by existential anxiety and negative emotions such as stress, anxiety, depression, uncertainty, decreased mental wellbeing and post-trauma. Data from Israel’s Central Bureau of Statistics in 2020 indicate that 25.8% of respondents reported that their children's mental condition worsened during the pandemic, due to distress and anxiety from the existential threat to which they were exposed, and in response to secondary anxiety (Breiner, 2020). The Israel Ministry of Education's Educational Counseling Service reported more than 50,000 inquiries due to children's emotional distress (Abu-Rabia, 2021) and estimated that more than 25% of students were in emotional distress, experiencing loneliness, anxiety, suicidal thoughts, violent situations and risky behaviors (Arazi & Sabag, 2020). Additionally, use of alcohol, drugs and addictive substances was found to have increased among adults and adolescents during the Coronavirus crisis (Abramsky et al., 2011).

Another situational risk factor created by the crisis is the closure of frameworks for at-risk children and adolescents, such as those who suffer from physical and cognitive disabilities who routinely study in special education settings or stay in designated dormitories. The closures and social alienation could overwhelm them with strong feelings of loneliness and detachment, which can lead to regressive emotional states (Katz, 2020). For such youth, a break in routine can lead to a marked setback in the development and achievements they have accumulated over the years, and lead to manifestations of negative behaviors. This is especially true when there are other siblings in the home, and at a time when there is no support system for parents (Sabag & Saban, 2020). Children of divorced or separated parents may be in an ongoing state of risk from exposure to conflicts and friction between the parents, manifested in feelings of confusion and stress (Sorek et al., 2020).

Families belonging to minority groups subject to crowded housing conditions, high poverty rates, high birthrates, social isolation, lack of community infrastructure, and distrust in official systems, may face an increase of the intensity of stress during a crisis, which will then increase the risk factors for violence against children (Hass et al., 2018; Lahad et al., 2012). This includes immigrant families who experience stressors as a result of relocation, language difficulties, cultural gaps, employment difficulties, loneliness, and social isolation.

Additional consequences of Coronavirus crisis relate to impairment of family functions as a risk factor. It seems that the leading reasons for this include: lack of parents’ mental/emotional presence, impaired sense of wellbeing, domestic violence, distress, stress, depression, anxiety, substance abuse, objective and subjective overcrowding in the home space, exhaustion, and the burden created by the prolonged time at home of children (including children with special needs and challenges) who were left without an educational framework and had to learn from home. In addition, there were situations in which one parent was physically absent such as those who were ill or in quarantine, single parents raising children alone, those working at home but behind a closed door, or parents who had to continue to go to their workplace. A review of the research literature by Arazi and Sabag (2020) found that these situations undermine the feeling of being in control, increase stress, and violate emotional regulation in the family, and therefore constitute risk factors of reduced supervision, neglect, lack of response to needs, leading to violence and child abuse. These implications are amplified in the face of the reduction in the activities of institutions that act as a moderating factor towards behavior of violence and child abuse, sources of social support, ventilation and rejuvenation, social learning, social supervision, and reducing parental stress levels (Prinz, 2016; Wright & Folger, 2017). For minority groups suffering from social exclusion, and for whom access to various resources and services is limited in the first place, professionals are less able to detect cases of domestic violence (Rao, 2020).

The amount of time spent in front of screens also increased during the Coronavirus crisis, due to boredom, closed educational frameworks, and limited parental supervision. In the absence of the possibility of social gatherings in the educational framework or informal settings such as youth movements, extra-curricular classes, and free activities outside the home, the social life of children and adolescents moved to cyberspace and social networks, use of which has become virtually unlimited. It is well known that the phenomenon of increased use of social media was already widespread even before the pandemic. For example, a comparative study shows that in the 1970s, the average American child began watching television at four years old, while today interaction with digital media begins at four months (Hornor, 2020). A study conducted during the pandemic crisis on time spent in electronic social spaces found that 63.8% of children reported using social networks most of the day, while only 44.5% indicated that they spend a comparable amount time communicating with people in others ways (Ben-Arieh et al., 2020). These data indicate that the use of cyberspace is not exclusively intended for contact with friends, but also in activities that increase their risk of harm and sexual exploitation and may enable criminal activities, such as distributing sexually graphic images or videos (Einat, 2014). Extended time in cyberspace may expose children, inadvertently or intentionally, to erotic and pornographic content that is widely available on the network (Hornor, 2020).

A review of studies conducted in Israel (Rabinowitz, 2017) found varying rates of exposure to pornography among children and teenagers, from 9% intentionally viewing pornography to 50% - 60% being exposed to pornography unintentionally. One study found that the rate of deliberate exposure to pornography among teenaged boys reaches more than 90%. Moreover, online exposure to pornography can occur at very young ages and in very high doses. Viewing these images in non-private spaces transforms the behavior into something that seems normative. This can be seen as an “insidious trauma” (Ziv, 2012), which refers to a negative or violent social phenomenon that undergoes processes of normalization. People are desensitized to its day-to-day impacts, and become unable to recognize boundaries between negative and destructive effects and the legitimacy of the phenomenon. Moreover, uncontrolled viewing of developmentally inappropriate content starts a process of early sexualization that causes confusion, feelings of being overwhelmed, distortion of perceptions, damage to body image and self-image, formation of misconceptions regarding sexuality, and conditioning between sexual pleasure and aggression and violence (Einat, 2014).

Moreover, conditions that promote addiction to pornography are created when viewing it becomes a mechanism for emotional regulation to deal with adversities such as loneliness, emptiness, and various social difficulties (Einat & Agani Ben Dov, 2015). In June 2020, the European Police Office (Europol, 2020) published a report relating to online sexual abuse involving children while in quarantine (during first wave of the Coronavirus outbreak). The publication addressed, among other issues, the efforts of the perpetrators, as well as the scope of the victims reached. The data indicated a significant increase in the number of young children surfing the Internet during these months of the Coronavirus pandemic. However, the level of awareness of the potential danger remained low. The report indicates a significant increase in cases of online sexual abuse and exploitation. A special focus in the report was on how the period of closures was exploited by criminals to expand the sphere of child abuse through a variety of platforms, primarily peer-to-peer networking and online social groups. Sexual assault of children on social networks continues to be widespread and apparently ineradicable. Recurring waves of sharing and re-sharing content that sexually exploits children led to a record number complaints of victimization in Europe during the Coronavirus closures, reaching a global increase of 106% (Europol, 2020).

Given all of the above, the consequences of the Coronavirus crisis can be analyzed in a similar way to a model that allows for a mutually reinforcing relationship. That is, when a number of risk factors come together, they reinforce each other so that the whole impact is larger than the sum of its parts. As the time that families were spending in a shared space under the closures and lockdowns lengthened, a state of distress was created and intensified, in normative families and even more so in those who were already, prior to the crisis, at high risk of violence due to overcrowding, economic difficulties, and more. Families were exposed to an ongoing state of uncertainty, stress, and anxiety and found themselves without their formal and informal sources of support. Suddenly they had to address, in their shared living space, all of the emotional, educational, and behavioral challenges of their children, including those at risk of delinquency or victims of abuse who were returning from out-of-home settings. This heavy load on parents led to loosened supervision, a lack of parents’ physical and mental presence, changed habits, and more flexible boundaries and schedules for children's educational activities.

Distress, anxiety, stress, frustration in coping with distance learning, and ongoing boredom developed among children, as a result of their social isolation. Spending many hours of leisure time with their siblings, or alternatively in front of the computer, enabled them to be exposed to sexual content that is not appropriate for their developmental stage. Further, online content instilled in them sexual curiosity, interest, and even arousal. The respective risk factors emerging from all of the arenas presented above interact to create “fertile soil” for sexual assault between siblings within the family.

**Sexual Abuse of Children in the Family**

Child exploitation, abuse, and sexual abuse are components of a long-standing phenomenon, although its extent has only become apparent in recent decades, following epidemiological surveys conducted in the 1980s, which exposed cases occurring at the time as well as reports by adults of sexual abuse they suffered in childhood. These reports significantly influenced public and professional awareness of the issue (Cohen, 2008). The World Health Organization’s 1999 *Consultation on Child Abuse Prevention* defines sexual assault as follows:

Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. (WHO, 2003, p. 75).

A wide range of behaviors are classified as sexual violence, including sexual assault and rape, sexual abuse of children, sexual exploitation, and sexual harassment of various types: extortion of a sexual nature; indecent acts; repetitive verbal references and suggestions of a sexual nature; contemptuous references directed at a person's sexuality, sex, or sexual orientation; and distributing photographs, films or recordings of a person that focuses on his or her sexuality and has the ability to humiliate or demean him or her. Most sexual assaults occur before the age of 18, that is, during childhood. Until the age of 12, girls and boys are sexually assaulted at similar rates (Association of Centers for Assistance to Victims of Sexual Assault, 2020).

Cohen (2008) addresses key characteristics of child sexual abuse. First, there are no unique socio-economic traits of families in which abuse occurs. The phenomenon crosses all strata and ethnic and religious groups across the population. However, there is a higher rate of cases that are known to the authorities among families in distress than among other groups. It is assumed that these children are exposed more to the authorities. Second, in most cases, the victim knows the abuser before the assault begins, through a family, social, or other connection. Third, most sexual abuse of children is ongoing. The behavior usually begins with minor acts and progresses to more serious ones. The abuser takes advantage of the children's weakness, and exploiting their desire to please or to “act like the adults”. Fourth, in most cases, children are given an overt or covert message that they must keep the incidents secret. This creates feelings of guilt and shame, as well as multiple difficulties in adjustment and mental energies that impair their normal development in emotional, conative, and social areas. Fifth, children's resistance to sexual assault begins from the moment the children feel uncomfortable with the sexual act or realize that it is a forbidden act. Their resistance may be passive, and varies given their age, strengths, level of understanding, abilities, and the circumstances in which the assault occurs. The smaller the age difference between the abuser and the victim and the less invasive and aggressive the behavior, the more difficult it becomes to define sexual assault. According to Ryan and Lane (1997), cases involving two minors require an assessment of their relationship in terms of equality, consent, and coercion.

Empirical findings suggest that sexual abuse of children may have negative consequences and effects in childhood as well as into adulthood (Herman, 1992). Researchers have found that the psychological harm to children who have been sexually abused is related to various factors: age of onset of abuse, duration of abuse, degree of violence or threats of violence, age difference between abuser and victim, family closeness, lack of protective parental figures, and degree of confidentiality (Finkelhor, 1987; Zomer, 2001).

According to the research literature, there is no single pattern that characterizes the psychological consequences of sexual abuse. However, common symptoms have been identified such as: depression, anxiety, aggression, hostility, fear, difficulty concentrating, hyperactivity, difficulty sleeping, bedwetting, negative moods, and sexual behavior that is inappropriate for their age (Kendler-Tackett et al., 1993). Also, the combination of secrecy and addiction leave the victim alone with the secret of the abuse and an ongoing sense of helplessness and mistrust. This impairs self-esteem, leads to dissociative behavior, delay of spontaneous thinking, traumatic fixation, development of control mechanisms and fantasies for future harm (Haran, 2007). It can lead to PTSD, which includes intrusive thoughts, over-arousal of the nervous system, and avoidance (Herman, 1992). In severe cases, a psychopathology develops that may cause a dissociative personality disorder (Zomer & Zomer, 1997).

Among the types of sexual abuse of children that occurs within the family, one category is sexual abuse between siblings. This is classified as a sub-category of sexual offenses among minors, and is commonly seen as a sub-category of incest. It refers to siblings with full or partial genetic kinship (i.e., "each one of multiple offspring who have a common parent or cohabiting parents") as well as those who do not have blood kinship (step-siblings), but who share the same home most of the time (Naylor et al., 2011). This type of abuse is defined as a sequence of sexual behaviors between siblings that are not part of “age-appropriate sexual curiosity” or normative sexual behavior (Thompson, 2009). The types of assault range from non-contact assault, such as voyeurism and exposure to pornography, through sexual caresses, to rape and penetration (Haskins, 2003).

According to the literature, sexual assault between siblings is the most common type of sexual assault within the family (Tyler, 2011). It is estimated that in half of the cases of sexual assault among minors, the victim is a brother or sister (Latzman et al., 2011; Shaw, 2009). Studies have found that this type of assault is widespread: 7% - 15% of the general population in the United States reported sexual acts with one of their siblings during their childhood (Hardy, 2001). In one study conducted among students (Griffee et al., 2014,) the rate was almost 5%. Other studies found reports of this type of abuse among 15% of female students and 10% of male students; 43% of the assaults occurred when the victim was eight years old or younger (Finkelhor, 1980; Tyler, 2011). In the United Kingdom, researchers found that rate of this type of abuse was twice that of assault by a parent against a child (Brooker et al., 2001). Among a sample of female prison inmates, it was found that among all the types of sexual assault that occur in the family, sibling abuse was the most common as well as the most severe (Tarshish et al., 2018). This is verified by findings presented in the report by Tener et al. (2019), which describes the severe psychological consequences for victims of sexual assault between siblings such as: guilt, shame, anxiety, depression, anger, hostility, low self-efficacy, drug use, detrimental and age-inappropriate sexual behaviors through which they are physically or emotionally re-victimized.

**“Fertile Ground” for Sexual Assault between Siblings**

In this section I refer to the “fertile soil” that developed during the Coronavirus crisis and which enabled the behavior of harming and victimizing siblings in the family, or escalated it in cases where the abuse was already occurring (Curtis et al., 2000). I present knowledge regarding: prevention of the phenomenon, the occurrence of assault, difficulties in its identification and detection, as well as the intervention required when it occurs. Because this type of assault is complex, special sensitivity is required in order to identify, report, and treat it, particularly regarding characteristics of family dynamics, family structure, and various factors relevant to the victim, perpetrator and the family such as: current life circumstances, stressors, and availability of resources for support (Ballantine, 2012).

**Occurrence of Assault**

In the professional literature, there is agreement on the relationship between family dysfunction and breaking the taboo of incest, because the family is a primary agent of socialization and a framework for satisfying significant emotional needs for child development and maturation (Ayalon & Zimmerin, 1990; Mayer, 1985; Rimmerman, 1985; Rogers & Thomas 1983). That is, intragenerational and intergenerational incest is perceived, first and foremost, as a family problem that can be best understood against in the context of dysfunctions in the family, its structure, and the interpersonal relationships that take place in it (Rimmerman, 1985). Further support for this perspective emerges from studies on sexual abuse between siblings that found this type of abuse usually occurs in large families with patriarchal values that are characterized by dysfunctional traits of chaos, emotional instability, emotional and physical violence, and high prevalence of marital violence (Ballantine, 2012). O’Brien (1985) found that the families of young sex offenders are characterized by poor relationships, lacking warmth, closeness and concern, and sometimes with no contact between the children and their fathers. The sexual assault is explained by adolescents’ desire to find contact, appreciation, and intimacy (Gur-Bustanai & Lazar, 2004).

Data from another study indicate a link among adolescents between being a sexual offender and having witnessed many parental conflicts, including violent conflicts, that were not openly discussed. This exposure has been found to reduce adolescents’ sensitivity to violence against the victim, and the development of hostility and negative attitudes towards females (Wenet, 1982). Ballantine (2012) adds that exposure in the family to the modelling of violent relationships will influence the adoption of aggressive and coercive behaviors by the abusive sibling out of a desire to be in a position of power.

Another risk factor in the family is lack of parental supervision and guidance in all aspects related to the caring for and supervising of children (Ballantine, 2012). This situation exacerbates situations of boredom and lack of a framework for the children, which may promote inappropriate and even pathological sexual behavior between siblings. This is in accordance with three familiar styles in the research literature. The first is “intentionally cultivated incest”, which refers to an emotional relationship that develops into a consensual sexual relationship that both parties interpret as a game and is consensual (McDonald & Martinez, 2017). These pathological relationships can result from ongoing emotional deprivation, and a desire for compensating support and closeness by adopting behaviors that are inappropriate. The relationship can begin with reciprocity, loyalty, support and mutual enjoyment and later become a coercion or habit with dependency characteristics that makes it difficult to end (Bank & Kahn, 1982; Bleich-Kimmelman et al., 2019; Cicirelli, 1995). Moreover, young siblings may not distinguish between play and exploitation, especially when the relationship with the abuser is built under the guise of attention and caring, and is accompanied by love for the abuser and enjoyment of the sexual relationship. Their confusion and innocence lead them to think that this is an innocent game that has gone too far. At a later stage, the victim begins to feel uncomfortable but may have difficulty ending the sexual relationship due to the relationship of attachment, shame, self-blame, and fear of the reaction to their part in the relationship (Ballantine, 2012). This type of assault may be more likely to occur during a crisis, because boredom, inaction, disconnection from the social circle, exposure to inappropriate sexual content on media devices that stimulates curiosity and arousal, and prolonged physical closeness between siblings, may each individually - and all together – lay the foundation for this type of assault.

The second type is “recognized abuse” in which there is dichotomy between the offending sibling and the injured sibling. Such situations occur when the older siblings gain increased status, responsibility, status, and power following the lack of parental presence. These siblings may resort to seduction and manipulation and exploit the victim’s lack of understanding about the nature of consent or alternatively, through use of force, threats and extortion (Ballantine, 2012). Such abuse will most often occur in a family structure characterized by, among other things, role confusion, particularly when the offender is an older sibling (Caffaro & Conn-Caffaro, 2005). An example of where this may occur is immigrant families who, as a result of the intercultural transition, often experience a role reversal between parents and children caused by more rapid integration of children, as well as the parents’ difficulties in supervision, involvement, parental authority and guidance (Yakhnich, 2014). In these cases, older siblings may use their status to exploit and control the other siblings (Ballantine, 2012). Similarly, a structure of “pseudo parent-sibling abuse” may exist in families where the parent is mentally or physically absent. In the situation reality created by this crisis, one sibling will accept the parental role overtly or covertly.

The third is a “sexual routine”, which Tenner et al. (2017) identified as a style of sibling sexual assault characterized by a family culture in which siblings form a sexual relationship in a way that the abuse becomes part of their daily routine. This often takes place as part of the exercise of authority by older siblings over their younger siblings. Sometimes, the abuse will expand and include more than two siblings. Such sexual assault may occur in families characterized by a family structure with loose or blurred boundaries (Ballantine, 2012). A family structure with similar characteristics may also develop during and as a result of a crisis. The intense burden on parents, the need to supervise the children exclusively within the home space, and feelings of empathy towards their children’s emotional state, can cause boundaries to be relaxed and habits changed in the family, to the point where the basic nurturing structure is damaged. Examples are unsupervised sleeping hours that allow children to stay up late at night unattended, shared bathing, and more.

Another manifestation occurring as a result of risk factors is a family structure and environment characterized by an intensified atmosphere of sexual arousal expressed in overt sexuality and exposure to pornography, or alternatively in families with excessively strict sexual boundaries (Ballantine, 2012). Presumably, during the period of social distancing, closures and isolation, children's exposure to pornography, which occurs frequently even on normal days, intensifies - as it allows for a response to feelings such as loneliness, boredom or anxiety. Such exposure, particularly when inappropriate for the child’s chronological age, constitutes an active risk factor for assault because it causes a high level of sexual stimulation that is not adapted to their developmental stage. This encourages behaviors lacking empathy, invasive sexual games, seductive behavior, internalizing of sexist messages, exposure, and self-objectification. It is also a trigger, as a type of traumatic exposure and as a source of ideas and fantasies that reduce inhibitions and blur the ability to regulate and control (Einat & Agani Ben Dov, 2015). In pornography, male sexuality is often portrayed as a relationship of domination, submission, humiliation and sexual exploitation, while the woman appears a sex object that is always available and derives pleasure from sexual humiliation and contempt (Moore, 2012). Studies examining the link between exposure to online pornography and sexual aggression found that boys who were exposed to explicit sexual content in early adolescence were more likely to engage in sexual harassment at a later stage of adolescence. In addition, it was found that adolescents who intentionally exposed themselves to violent sexual content were six times more likely to be sexually aggressive. Together, these factors accelerate inappropriate sexual contact or sexual assault between siblings (Katzwitz-Presler, 2015; Owens et al., 2012).

Another factor significant to the creation of fertile ground for sexual assault relates to high-risk children who usually live in therapeutic, rehabilitative, and educational institutions, but are forced to return to their homes for an extended period of time. These children may have been removed from their homes due to parental dysfunction, neglect, injury, and abuse, or due to their maladaptation or behavioral problems. They come from families who have difficulty caring for them and from communities that lack appropriate responses for them, and therefore remain exposed to risk and danger, and to emotional, educational, and behavioral deterioration (Arazi & Sabag, 2020).

The research literature refers to the connection between violence against children being abusers themselves or victimized again. Other findings suggest that adolescents who have experienced some form of abuse in childhood will be more likely to become offenders in adulthood (Yaakov, 2007). It is assumed that delinquency is a behavioral symptom expressed by victims that constitutes a pattern of protective coping against anxiety and a sense of inferiority. Children who have been previously assaulted may be at high risk for involvement as victims or as perpetrators of incidents of sibling sexual assault. Ballantine (2012) adds that sexually abusive siblings have been sexually abused themselves many times before.

Another group at risk of sibling sexual abuse includes children living in families suffering from poverty and poor housing conditions (Haas et al., 2018), such as those from immigrant minority populations whose social and familial isolation and increases the level of crowdedness, friction, and violence between siblings (Arazi & Szabo-Lael, 2009; Relve et al., 2013). Children with special needs are also at greater risk experiencing harm and abuse and for a longer period of time, as compared to other children (Haran, 2004; Horowitz & Ben Yehuda, 2007). This is verified by a report by the Israel Ministry of Labor, Welfare and Social Services (from 2019), which notes that a quarter of the referrals to social workers citing the Youth Care and Supervision Law pertain to violence against children with disabilities. Similarly, a report of the National Program for Children at Risk stated that 25% of all children and youth in Israel who are at risk of abuse and neglect are those with physical and cognitive (learning) disabilities (Bar Lev & Keren-Avraham, 2017).

**Challenges in Preventing and Identifying Abuse**

Like other types of abuse that occur within a family, sexual assault between siblings is underreported due to various barriers. Sometimes the assault is violent and the victim is afraid to tell due to extortion or threats to harm the victim or others close to him or her. It sometimes occurs while exploiting the victim’s dependence, innocence, weakness, or longing for offender’s love and affection. In other cases, the victim is bribed with money, gifts and or other material compensation (Cohen, 2008). Further, victims fear a negative reaction or lack of support from the family, the chances decrease that they will take the risk involved in exposing the abuse (Ballantine, 2012).

Additionally, the victim may not know to whom to reveal the secret. In practice, people in the education system have the greatest potential to detect and expose abuse due to their accessibility to children. However, because schools were closed or opened only intermittently for distance learning, children did not have access to this crucial entity that promotes the chance of early detection of abuse. In early childhood, caregivers perform activities such as changing children’s diapers and clothes, bathing them, and more, which enable them to see signs of physical injury to parts of the child’s body otherwise hidden by clothing. Even among older children, there is a chance of detecting abuse due to the daily physical connection and acquaintance with the children, and due to the bond of trust created between students and the educational staff members, who may notice behavioral change and unexplained absences from the educational setting. In addition, in the education system, learning about the subject of protection and harm takes place in age-appropriate educational programs, designed to transfer knowledge, develop awareness, and promote discourse on this subject. Significantly, the education system is the entity from which most reports to law enforcement authorities of suspected abuse are received. The structure of the education system also enables it to provide an educational response to all those involved in dealing with the abusive incident: victims, abusers, and people in the family or other social circles who are indirectly involved in the abusive incidents, and by providing emotional processing and training for teachers (Horowitz & Ben Yehuda, 2007).

**Difficulties in Ending the Abuse**

 Welfare (2010) found in his research that, on average, assault between siblings lasts 4.76 years, and that it is rare for this type of assault to occur on a one-time basis. The reasons for this are physical availability and family closeness between those involved, sexual contact with dynamics of addiction, and secrecy over time (Tarshish et al., 2018). Support for this issue of secrecy was found in studies indicating that less than 30% of adults who experienced sexual abuse between siblings during their childhood told their parents about it (Griffe et al., 2014).

In most cases, the severity of the abuse increases over time, even when there is no generational gap between the victim and the perpetrator, or when it grows out of normative experiences of curiosity and mutual learning (Tarshish et al., 2018). Frennis (1995) described this as “loss of childhood innocence” - a concept that illustrates the confusion experienced by those involved in the sexual activity, and their inability to distinguish between abusive behavior and love. In such cases, the victim-abuser relationship usually develops along two paths. First, the relationship changes as the siblings move between developmental stages, especially when there is a gap between each child’s developmental stage at the time when the sexual assault begins. Second, in prolonged relationships, as the sexual behaviors develop, the tactics used to ensure confidentiality also change and evolve (Ballantine, 2012). Therefore, there is great importance in early detection of sexual contact between siblings and immediate cessation of it. However, during the Coronavirus crisis, siblings had to stay together for extended time in shared spaces and the interaction between them was unusually high. Therefore, the rate of abusive events was accelerated, especially when the parental presence was missing or limited. In such a situation, the parents will have a hard time stopping the abuse that takes place inside the home among the socially isolated siblings. This means that “fertile ground” prepared by this situation enables abuse to recur and even escalate, in terms of frequency of incidents or in combination with additional types of assault (Lev-Wiesel et al., 2017).

**Difficulty Contacting Caregivers, Health, Welfare, and Law Enforcement after the Incident is Discovered**

Incest is an extremely traumatic experience that breaks taboos boundaries and takes a heavy toll on the child and creates psychological wounds (Haran, 2007). Defining sexual acts between siblings as a non-harmful, normative, and reciprocal act is not supported by empirical research or clinical literature. In contrast, studies show the destructive nature of sexual abuse between siblings and that it can cause severe psychological and physiological symptoms, which continue to have negative impacts on the child’s life (Rudd & Herzberger, 1999; Tyler, 2011; Tarshish et al., 2018). Therefore, treatment responses to sibling sexual abuse should be aimed at protecting victims from further harm, and identifying and treating post-traumatic symptoms. Intervention at the family level should be aimed at strengthening family functioning and building strategies for avoiding further harm (Ballantine, 2012).

Despite the importance of professional intervention, according to McNevin (2010), there the rates of reporting this type of abuse to authorities are low. This is due to the lack of knowledge, (implicitly, to the point of ignorance) of professionals and parents, and the tendency to misinterpret sexual contact among siblings as behavior that stems from normative sexual curiosity and natural play (Horowitz & Ben Yehuda, 2007).

In addition, there is difficulty in dealing with the complex attitudes regarding adult sexuality among children, as well as the attitudes regarding the abuse held by those involved in it. It is difficult for parents to acknowledge that one of their children is an abuser and the other a victim. Parents often feel shame and self-blame upon learning that this abuse occurred in their home under their watch.

Another reason for not reporting the abuse to the legal or other authorities is due to the fact that sexual offenses among family members are considered a criminal offense and are therefore subject to punishment (section 351 of the Penal Code in Israel). Therefore, they refrain from reporting in an attempt to prevent further damage to family integrity and the fear of further loss of control. The former is experienced in the face of the incident itself and the latter is experienced in the face of decisions by welfare and law enforcement professionals. These external entities are sometimes perceived as “adversarial” and families fear they will be bound by recommendations for treatment, removal of the victim and/or offender from the home, and even detention of the offender, in extreme cases and when the offender is above the age of legal responsibility (Tarshish et al., 2018). Nevertheless, despite its shortcomings, the legal process is the main path to achieving a certain degree of justice for the victim as it allows for recognition and validation of the sexual assault and its consequences (Association of Centers for Assistance to Victims of Sexual Assault, 2020).

On the other hand, when treatment is sought only at a later age, victims’ damaged sense of self and feelings of shame can take root and become established as part of their personality and affect aspects of life beyond the specific abuse. These feelings impair their ability to achieve and enjoy their accomplishments, which are expected to build their self-image. When the abuse remains a family secret, even if the abuse ends, the victim cannot feel emotionally safe, and anger accumulates that is not always expressed externally or directly (Frennis, 1995).

In addition, unreported harm may be construed as giving legitimacy to the perpetrator to continue the abuse. It may reduce or eliminate the victim’s opportunity to share or report it later. This situation creates a platform for the abuse to escalate and increases its consequences by reducing the possibility of the victim receiving treatment. This, in turn, increases the risk of exacerbating symptoms of distress and intergenerational transmission of the trauma (Lev-Wiesel et al., 2017). Research shows that many of the parents of sexually abusive children are victims of sexual assault themselves (Ballantine, 2012). In contrast, timely exposure of the abuse has the positive potential of both stopping the abuse and beginning the process of the victim’s treatment and recovery (Izikowicz & Lev Wiesel, 2014).

Another aspect significant for early detection of the abuse relates to the ability of professionals to offer emotional support to parents to help them cope with the situation that emerges in the family at the moment of exposure of the abuse. Because sibling abuse occurs between two or more juvenile family members, parents face a complex dilemma that relates to their parental role vis-à-vis each of the siblings involved in the incidents and their commitment to protecting all of their children. To deal with each of the children in the family, they need professional help and tools. Parental response to the discovery of sexual abuse between siblings and the family's ability to support the victim have a major impact on the victim's behavior and future ability to cope emotionally with the abusive events (Manion et al., 1996).

Support for this has been found in studies showing a direct link between parents’ response and behavior during the traumatic event, such as an attitude of distance, apathy and emotional neglect, and the child's emotional state. This relationship is stronger than the relationship between the severity of the event and the child's response to it (Cohen, 2008; Green et al., 1991). Thus, reactions such as mistrust, denial, minimization, and even blaming the victim create an extremely difficult situation in which the victim is punished and condemned - an experience that adds another layer of distress to the traumatic experience (Ballantine, 2012). This complexity is exacerbated by situations in which support centers and centers for mental health care for children and adolescents are working in a limited format and have difficulty producing follow-up with at-risk families under their care, or intervention and supportive responses to new inquiries.

**Summary and Conclusions**

The Coronavirus pandemic has brought, into all of our lives, elements of uncertainty, a sense of foreboding about the future, inability to see and control a threat, and a sense of loss of familiar anchoring routines. This reality is saturated with situational risk factors that affect each other and interact with each other, and create “fertile soil" for damaging sexual behavior among siblings in families who are restricted to their homes. This phenomenon will not end on its own after the pandemic. To the contrary! This is type of abuse already occurred more frequently than any other sexual assault, yet the number of reports of it are the lowest, in relation to its occurrence. It is emotionally charged and therapeutically complex. As a result, it will continue to occur in many families, producing direct and indirect victims and disrupting the balance among all family members. Thus, interventions are required at several levels, the purpose of which is to significantly reduce and hopefully prevent the next abusive incident.

**Professional Level**

 Professionals and service providers need to accumulate knowledge about the phenomenon of sexual abuse between siblings. This will allow them to identify abuse, attempt to prevent its recurrence, and produce optimal interventions and treatments appropriate to the unique issues for this type of abuse. They may identify populations at risk of sexual abuse between siblings and work to offer them training and activities that promote trust-building and prevention. The educational system must develop tailored and accessible professional intervention programs that will assist in transmitting empathic behaviors, respect, and maintaining personal boundaries, as well as ending ongoing abuse, and legitimizing sharing information, reporting abuse and seeking treatment.

The educational system holds responsibility due to its importance in prevention, detection, reporting and intervention. There is a need for staff members, teachers in schools and kindergartens, paramedical caregivers, assistants, day care nurses, staff working in absorption centers, counselors in youth movements and other social activities, and others, to know about the phenomenon, recognize its signs, ways to identify it, and means for addressing it. These professionals serve as a moderating factor against violent behaviors and child abuse, by being a source of social support, respite and rejuvenation, social learning, social supervision, and reducing parental stress levels.

At the systemic level, policymakers must set the issue as an educational goal and put it on the public agenda. Government ministries and professionals in the ministries of education, health, welfare, and the interior should cooperate to engage in prevention, identification, detection and treatment for optimal intervention in order to reduce the personal and family costs.

In addition, any academic or research framework for the training of regular and special educators, criminologists, social workers, psychologists, health professionals (physicians, nurses, etc.) and law and legal personnel, should include in its the curriculum material that addresses this phenomenon. In the context of factors occurring “in the field”, great care must be taken to detail the theoretical knowledge learned and integrate it into practice, simulations, responses to case studies, etc.

From a research perspective, it is necessary to engage in the expansion and deepening of knowledge in order to increase the understanding of the issues, the required responses, and ways of dealing with them. At the individual level, parents need to know and be aware of the possibility of sexual abuse between siblings. Moreover, they are required to take preventative actions. Therefore, parents are advised to pay careful attention to interactions such as siblings staying for long periods of time in a room with the door closed, shared showers, and sleeping arrangements. It is also necessary for parents to monitor and mediate the content to which children are exposed on screens and online networks, to examine social influences and language in which children are portrayed as sexual objects in their own eyes and in the eyes of others.

Whenever such abuse is detected, it is advisable to contact the welfare services, a therapeutic professional, or protection centers for assistance and guidance. Parents have a responsibility to have an ongoing, informal, age-appropriate and “eye-level” dialogue with their children from an early age. A mediating, inclusive and non-judgmental dialogue should encourages sharing what is happening their world, and that will allow them to reveal, without fear, the secret of any abuse and the extent that it has occurred, as well as a general discourse aimed at preserving one’s personal space. Some situations may be appropriate in terms of age and frequency, while in other cases they may be a platform that promotes abusive sexual behavior between siblings.

This article was written in the time when the world was still in the midst of dealing with the Coronavirus pandemic and its recurring waves, including all the social, educational and psychological phenomena emerging from it. Because of this, we must acquire knowledge, skills and abilities that will enable us to deal with this new reality and its consequences that will, without a doubt, have continue to affect us in the years to come. I hope that this article will allow for the expansion of knowledge and sharpen insights in favor of expanding and developing practices for dealing with sexual abuse of children in general and between siblings in particular.