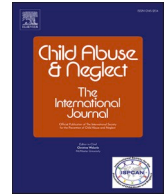




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The parental experience and emotional response to sibling sexual abuse: When a parent's most valuable gift becomes a source of trauma

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ABSTRACT

Background: Sibling sexual abuse, believed to be the most common form of sexual abuse, is a marginalized area of study. Even so, available literature largely focuses on the survivors and a gap remains in understanding the experience of the parents in these circumstances.

Objective: The study aims to examine the experience of parents who learn that sexual abuse has been perpetrated on their child(ren) by a sibling(s).

Participants and setting: The sample includes 58 participants who identify as a parent of a child who was sexually abused by a sibling, a child who sexually harmed a sibling, or both. The sample was recruited by 5WAVES, a grassroots charity that supports families experiencing sibling sexual trauma.

Methods: Participants completed a voluntary and anonymous online questionnaire which inquired on how they learned of the abuse in their family as well as how they reacted and continue to cope. The current qualitative analysis follows a reflexive thematic method and is a portion of a larger mixed-methods study.

Results: Four overarching themes were identified: (1) Parental trauma experience upon learning of sibling sexual trauma, (2) Initial and continual parental emotional responses to the trauma, (3) Breakdown of the ideal family and (4) Parental attempts at coping.

Conclusions: These results recognize the unique trauma experienced by parents where sibling sexual abuse occurred in their family. It acknowledges the crucial need for clinicians, professionals, family and friends to support parents during this time in order that they can best support their children and family.

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1. Introduction

Sibling sexual abuse (SSA) is known to adversely affect survivors long after the abuse itself has ended. Available bodies of research have largely focused on the lived experiences of the children who were harmed³ (CWWH; for a review see [Bertele & Talmon, 2021](#)), evaluations on effective interventions for young people who have displayed harmful sexual behavior ([Kjellgren, 2019](#); [McPherson et al., 2023](#); [Przybylski, 2015](#)), and the perceptions of professionals responding to SSA ([Yates, 2018, 2020](#)). More recently, emerging literature on SSA has acknowledged the familial impact of SSA and the need to support all family members, especially parents who essentially carry the weight of being responsible for the children who were harmed as well as the children who caused the harm ([Archer et al., 2020](#); [Lafleur, 2009](#); [Lewin et al., 2023](#)). Even so, scant attention has been paid to the needs of parents; very few studies presently exist that precisely capture the traumatic experiences that parents or primary caregivers endure when SSA occurs between their children.

An assessment of this is important as parental support has actually been found to play a critical role in the long-term healing of children who were harmed ([Lafleur, 2009](#); [Van Toledo & Seymour, 2013](#); [Welfare, 2013](#)) and children who struggle with harmful sexual behaviors ([Archer et al., 2020](#); [Silovsky et al., 2018](#)). However, parents face intense dilemmas and challenges in regard to the children involved in the SSA-children who they have raised and/or are currently responsible for. Illustratively, [Welfare \(2013\)](#) highlights the simultaneous challenges of parents: guilt, shock, depression and traumatization while [Tener et al. \(2018\)](#) describe four main categories of parental reactions following the initial shock of disclosure: denial, minimization, rupture in narrative of the ideal family, or the revelation of another tragic chapter in family saga. [Westergren et al. \(2023\)](#) additionally report recurring themes of parental struggles such as loss of confidence in parenting ability or dealing with challenges such as managing children's safety and many therapeutic appointments, grieving loss of the family unit as they knew it, difficulties arising in adult relationships and fighting to keep their marriages intact, and the challenges of adapting and finding a new way forward. It is therefore understandable that the parents feel torn in many directions. Alongside this, negative parental responses to disclosure of SSA have been widely recognized as a cause of additional trauma to the CWWH ([Katz & Hamama, 2015](#); [Tener et al., 2020](#)), sometimes described as causing more harm than the trauma caused by the sibling's abusive behavior ([Doyle, 1996](#); [Lewin et al., 2023](#); [Rowntree, 2007](#)).

Despite parents' crucial role in recovery from SSA, little research has focused on parents' needs and experiences. Only a handful of parents' lived experiences with SST have been described in the academic literature ([Lafleur, 2009](#); [Ward, 2023](#); [Welfare, 2013](#); [Westergren et al., 2023](#)). A barrier to studying parents has been the difficulty in connecting researchers with parents willing to share their experiences ([Lafleur, 2009](#); [Welfare, 2013](#)). Generally, researchers have relied on therapeutic practitioners as gatekeepers to recommend parents to interview for research ([Archer et al., 2020](#); [Westergren et al., 2023](#)). In a positive step forward, recent strides have been made in public awareness around SSA through grassroots efforts as well as a resurgent interest in the field. As a result, individuals with lived experience have been seeking out avenues in which to share their experiences and contribute to the emerging knowledge.

Thus, the current study aims to qualitatively examine parental reactions and responses upon learning that SSA had occurred between their children. The study holds potential to raise awareness on the challenges faced by parents whose children experienced SSA, and the long-lasting impacts of the traumatic experiences. In turn, this will promote effective interventions, help inform preventative measures, and aid future research on this overlooked topic.

2. Materials and methods

2.1. Measures and tools

The Hebrew University of Jerusalem partnered with the founders of 5WAVES, Inc. to design a research study solely focused on parental experiences of SSA. 5WAVES, a US-based charity that focuses on confronting and healing SSA worldwide, was founded by five individuals who identify as either survivors of SSA or parents of children involved in SSA. The mission of 5WAVES is to promote global awareness, education and support for families who experience sexual abuse between siblings. 5WAVES hosts two websites specifically devoted to SST ([5WAVES.org](#) and [siblingsexualtrauma.com](#)), maintains a social media presence to raise awareness about SSA, connects survivors to online support groups and moderates support groups for people with lived experience on Facebook and Discord. Notably, a support group specifically for parents who are coping with SSA is currently active and has allowed for connections with a set of parents willing to share their lived experience. Thus, calls for participation were shared by 5WAVES on their social media platforms and online parent support groups and made available to anyone who identified as a parent of SSA.

2.2. Participants

The present sample consists of 58 participants who identify as a parent of at least one child who has sexually harmed a sibling, at least one child who was sexually harmed by a sibling, or both. For the purposes of this study, the terms 'child' or 'sibling' include biological, step, adopted or foster whether they are still minors or are already adults. Respondents were largely white and non-

³ Since most of the parents refer to the children involved as the child who was harmed (CWWH) and the child who harmed (CWH), the authors have decided to stay consistent with that. The CWWH is synonymous with 'victim' or 'survivor.' The CWH is synonymous with 'perpetrator', 'offender'.

Hispanic; most had a college education or above, and more than half reported an income at or above the median. All but two respondents were female. A complete overview of demographics is available in Table 1 which is included in the supplementary material.

2.3. Data collection

The questionnaire is a portion of a larger mixed-methods study aimed to understand the parental experience upon learning about SSA. It gathers self-reported demographics (i.e., age, gender, socioeconomic status) and inquires on parental perspectives, reactions, and responses to sexual behavior that occurred between their children. The online anonymous and voluntary questionnaire was available to be completed on Qualtrics, and includes open-ended prompts inviting parents to report on various aspects of their experiences. For instance, participants were provided the opportunity to describe the time that they found out about the SSA and anything directly following it through various prompts such as, “describe how you came to learn that your child had experienced and/or caused sexual harm with a sibling. Include anything you would like about that day and the days that followed, how you felt, etc.” or “can you quickly and easily recall the day you found out?” Other prompts inquired about changes to their family traditions and events, such as, “what have been the biggest changes in the family as a whole since the time the sibling sexual trauma was disclosed?” or “have you made any changes in how you display or share images or news about your children involved in sibling sexual trauma, in your home or online? Upon the conclusion of the study, participants were provided the opportunity to freely comment on any portion of the study to enhance potential future versions. A detailed list of the open-ended prompts included in the current study is available in Table 2 of the supplementary material.

2.4. Data analysis

To precisely capture parents’ perspectives, inductive thematic analysis was employed. The assumptions derived by inductive thematic analysis are data-driven (Riessman, 2008), and as a result, the themes found in the inquiry’s studies may have a solid relationship with the data. Therefore, there was no attempt made to fit the data into a pre-existing model or frame as the coding procedure was carried out. Hence, the authors implemented Braun and Clarke’s reflexive thematic method (2006, 2019, 2022). The authors first read the data to become acquainted with the data. They then determined the meaning units. Following this, according to its content, each segment was coded and categorized. The developed categories were discussed by the authors, who then grouped them into beginning themes. Finally, the themes were examined, identified, and defined. To make sure the interpretations accurately reflected the parents’ voices, the interpretations were paired with quotes from the parents.

According to Nowell et al. (2017), the methods provided here were used to meet the four standards for reliability and rigor in the theme analysis proposed by Lincoln and Guba (1985). In order to establish credibility, the questionnaire invited participants to share their stories in their own words. To maintain the viewpoints and experiences of the participants, peer review and debriefing were conducted. In order to come to an agreement on the findings and their interpretations, the authors first had group discussions after each author had individually analyzed the data. Then, in order to ensure transferability, detailed explanations of the study’s findings were included, along with quotes from the parents. Finally, dependability was achieved through audit trails and documenting of the study process and related decisions. Peer debriefing sessions were also held to discuss and resolve the impact of potential author biases on the analysis.

2.5. Ethical considerations

The research team invested great effort to uphold high ethical standards to safeguard privacy and confidentiality of the parents and their personal accounts of experiences through the online platform. As a result, the authors implemented security methods and technology to ensure that only the inquiry research team had access to the narratives. Additionally, any information relating to IP address or approximal location was further deactivated from the platform. Each participant gave their informed consent by signing a consent form. The survey instructions informed them that direct quotes may be published. The survey instructions and release form also made it clear to the participants that their participation was completely voluntary and that there were no mandatory questions. As an additional step for participant safeguarding, information regarding free services from non-governmental organizations (NGOs) was provided and the contact information of the inquiry team was made available to the participants in the event that they had any requests, including but not limited to supplemental referrals. Prior to the analysis, the authors eliminated all identifying information from the data and inserted a fictitious name for each participant. The study received ethical approval from the [masked for review] ethics committee.

3. Results

Four overarching themes have been identified within the qualitative data:

- (1) The parental trauma experience upon learning of sibling sexual trauma, with the subthemes of “An unprecedented trauma”, “Parents became aware of sibling sexual abuse in direct and indirect ways”, “Parents became aware of sibling sexual abuse in direct and indirect ways”, and “Confirmation of their worst fear”.
- (2) The initial and continual parental emotional responses to the trauma, with the subthemes of “Initial emotional responses: Denial, anger, numbness”, and “Continual emotional responses: Blame, guilt, shame and failure”.

- (3) The breakdown of the ideal family, with the subthemes of “A Lasting Sadness”, and “Painful Reminders: Birthdays, holidays, family events”.
- (4) Parental attempts at coping with the current reality, with the subtheme of “From self-harm to self-care”.

3.1. Parental trauma experience upon learning of sibling sexual abuse

3.1.1. An unprecedented trauma

When compared to other traumas they had experienced in their lives, to the point of learning about infidelity, experiencing severe domestic violence or the death of loved ones, parents found the reality of SSA in their home as completely different than anything else they had experienced and a reality unprecedented. Specifically, the understanding that it had occurred between their children was the most shocking as Katie writes, “I was so shocked it was my two children- ‘never in my family’.” Isabella also writes, “This [the SSA] is totally different. It has impacted every part of me and my family. There is no comparison. It makes everything else seem insignificant.”

Many parents even found this trauma to be worse than anything they had ever experienced. As John shared, “This event has been the single most traumatic event in my life. Nothing I have experienced could prepare me for this.” Further, Hazel writes:

Nothing had ever been so absolutely gutting on every level imaginable, plus some. An almost primal feeling of emptiness and grief that cannot be replicated by mere death or physical abuse. A mortal wound to the soul.

Even those parents that did not self-identify as having experienced any other trauma couldn’t imagine anything being worse. As Gianna reported, “I haven’t had any other truly tragic experiences, but I can’t imagine much of anything that would be worse than this.”

3.1.2. Parental recall and reflection of the date that they learned of sibling sexual abuse

The results indicate that the day and circumstances surrounding learning of the SSA were “seared in my memory,” as one participant, Isabella, put it. A great number of parents indicated that they can easily identify the exact date that they learned about the SSA. As Nora simply responded, “Who wouldn’t?”. The overarching explanation for the exact recall was due to the trauma, shock and sheer horror they experienced in that moment.

Kaylee referred to the date being when “our world fell apart” and Abby termed it as “a deeply scarring experience.” Alexa described it as “a shocking revelation that made me sick to my stomach” and John also considered the moment that the abuse became known as “the day our family was completely shattered and undone.” All in all, the date of recall can best be described by Ayesha who reported that “it felt like a bomb imploded on my life, my kids and me.”

The intensity of the moment was further complicated by the various coinciding factors of the setting and time. Several participants, such as Charlotte and Valentina, describe their immediate family members’ birthday coinciding the same day while Lydia and Sapphire recall that it occurred right before a holiday and a family vacation, respectively. Conversely, some like Rachel recall the day being hectic for negative reasons such as a simultaneous family emergency. For parents who first learned of the trauma through witnessing it (e.g., walking in on the children) there was a kind of double trauma, once when they witnessed it and then once again when they heard about it in more detail later.

3.1.3. Parents became aware of sibling sexual abuse in direct and indirect ways

Parents learned about the sexual trauma that had occurred between their children in various ways. One way in which parents discovered the SST was by first-handedly witnessing it by walking in on it. For example, Allira recalls:

“I walked in the room and caught the CWH with her hands in her sister’s vagina. CWWH then told everything this had been happening for a long time....”

Amelia also describes:

I walked into my daughter’s room and my son was on top of her and trying to put his penis near her vagina. It was unclear if he was trying to enter her. I was shocked...still am... I said something that alarmed them, don’t remember...something like ‘what are you doing?!!’

Lydia recalls, “My husband walked in on our 12yr old son molesting our 8yr old son. We were very overwhelmed by the situation and went into fight or flight.”

In some cases, while the parent did not directly witness the abuse, they sensed that something was unusual and they either confronted one of the children, noticed the emotional or physical health of a child changed or even suspected that the harmed child was pregnant. Illustratively, Emily describes the disclosure that occurred when the CWWH “started having flashbacks around age 13 and suddenly could not be in the same building as him [child who caused harm].” Further, Faith recalls, “My son had an open wound in a private place on his body for over a year. I finally asked him if this was a manifestation of another issue deep inside. He then poured out the truth of his own abuse.” Valentina also relates that it was through a physical change that disclosure began in her family. She says, “when I went to get my daughter out of her crib and change her diaper in the morning, she told me she hurt ‘down there’...”

For others, the CWWH disclosed to the parents themselves. Jewel writes, “My daughter told me. She has never lied to me, so I took what she said as the truth. I remember walking home with her after the disclosure thinking the rest of my life will never be the same.” Isabella also reported on the disclosure from the child who was harmed as she says:

I came home from work and CWWH was on the couch watching TV. She was upset because CWH had been mean about ordering pizza for dinner. As we sat she started to cry and it all came out. She was very detailed in the description. I felt like someone had punched me in the gut. I didn't eat or sleep for several days.

Similarly, Jessica shares:

She was playing college softball. I had gone down the night before the fall game...She told me the night before her games. It was horrific. It was about 9:00 p.m. at night when she disclosed...I couldn't sleep. I was angry, hurt. I didn't know what to do for her, I didn't know what to say or what not to say. I was completely in shock.

Finally, Lauren relates:

She disclosed in an outburst due to her behavior being called out. I was in disbelief... We were on vacation, packed up, went home... Lived in disbelief and scared... Assumed I was the only mom this happened to.

Parents also became aware of the abuse from the CWH themselves. As Elizabeth shares, “Child who harmed disclosed to protect himself before child who was harmed disclosed.” Another parent, Katie, further recalls, “My daughter who did the touching came and told me what she had done to her brother as she felt she'd upset him.” Many parents in this situation noted that once questions were asked of the child who harmed, they more often than not right away corroborated the information.

Another way in which parents learned of the abuse was from another adult, namely a family member such as an aunt of the children or a parent of a friend. As Jody describes:

The victim told a group of friends and one of them told their mother who called me to tell me. I asked the victim and she confirmed. I needed a bit to process it. The next morning I told my husband and we confronted the CWH, and he confirmed. I was sick to my stomach for months. Tears and tears and tears, from all of us. We all felt helpless. It was unimaginable.

Similarly, Abby shared:

The parent of my daughter's best friend told me. My daughter had confided in her. I was devastated. My daughter felt she couldn't tell me as she feared I'd doubt her. Unbelievably stressful time...It's been horrendous and the only way to deal with it is to bury it.

Yet other settings which opened the opportunity for parents to learn about the sexual trauma occurred when the child was in contact with a guidance counselor or therapist. Alexa recalls, “CWWH told me after attending therapy for 3 months.” Similarly, Tess relates, “The child [CWWH] was having anxiety attacks. I “forced” (she did not want to go) her to go see a counselor - I knew she needed help, I just didn't know why. She disclosed the abuse to me in a counseling session.”

In a parallel manner Ava describes:

He [CWH] was assigned a social worker. The social worker asked to interview CWWH not because she knew anything but just because she wanted to understand the home environment. I was allowed to sit the interview and when CWWH said to her ‘I need to tell you something my parents don't know’ I knew our lives were about to change... Three days later I went in to see my boss and resigned. For about a week I did not eat or sleep or get out of bed. I was so overwhelmed with grief. After two visits to the doctor and needing to add an antidepressant, I am just starting to be functional.

3.1.4. Confirmation of their worst fear

Alongside the overwhelming evidence of shock upon finding out about the SSA, participants also acknowledged that when they found out about it, it was confirmation of a feeling or a fear that they had been holding for a while. As Richard writes, “Suddenly after clues and behaviors of the victim it made sense and had context.” Similarly, Arya recalls:

I had noticed many different behaviors in my kids, that I just couldn't explain... when I had brought my concerns up to multiple different people, therapists, doctors and teachers, my concerns were dismissed as trivial or non-concerning. I was assured that their behavior was normal... I knew this was incorrect. When I figured out what was happening, everything came crashing down on me. All the questions I had about why they were doing certain things, responding in certain ways and why my previous attempts to curb those had been unsuccessful...It [the discovery that SSA had occurred] was a moment when all of the question marks I'd had about different aspects of our lives, became answered in an instant. It all made sense. It was an ugly truth, but the truth all the same.

Some parents additionally referred to specific behaviors that they had noticed in the past between the siblings; Madison referred to “an odd sort of grooming-like behavior with placating each other.” In the same vein, Annabelle writes, “I had noticed behavior changes in my daughter. She called her half-brother a creep. I probed gently for weeks as I had a suspicion, but she denied anything. Got her into therapy and she disclosed fully.”

Looking back, Valentina also recalls,

I didn't suspect anything although looking back I do remember there were times when my son wanted my daughter to come to him and she didn't want to. I wondered for a second why she didn't, but it didn't occur to me that anything was wrong. Other than that, he was kind with her and played with her.

3.2. Initial and continual parental emotional responses to the trauma

3.2.1. Initial emotional responses: denial, anger, numbness

As reported above, upon learning that sexual abuse had been perpetrated on to their child by another one of their children, whether biological or not, proved deeply traumatic and emotionally scarring for parents. Shock, sadness, and a delicate emotional state were evident. Additional emotions of anger, denial and numbness were also reported. Illustratively, Genevieve describes the days following disclosure. She says:

At first you are in denial. You don't want to believe it... That day was rage, denial, sadness, sorrow. I describe the emotions as being like a terrible car accident, bodies everywhere, your car is on fire but you are trying to fix the brakes. Confusing, alarming, bewildering, it's like being pulled under a wave and you are being tossed and turned and you don't know which way is up or down until you surface, and by then you wish you would have just drowned.

Valentina also recalls:

At this point, I felt like I had been shot in the heart... I started to panic... I honestly felt like I could kill him [child who harmed] (obviously I wouldn't but the desire was there). I couldn't believe he had hurt our daughter in diapers. At that point, I didn't care if I ever saw him again. As soon as he left, I lost it. I dropped into a ball on the floor and cried. It was the worst day of my entire life and I've had some pretty significant trauma.

Finally, in the same vein Correna details, *"If I had to describe how I felt it was numb. Like living in a haze, where I just made a list of what had to be done and checked each thing off. It was about a week when I just crumbled."*

Like Corenna, many parents found this time especially difficult to cope and isolating. As Gianna additionally recalls,

When it was happening, I envied a fellow parent whose daughter had cancer. Not the cancer part, but the fact that she could post what was happening [on a supportive platform]... portray her child as a hero and say how proud she was of her, and get lots of public support (although I'm sure it wasn't as deep as what she needed). There isn't really a way to get that kind of support when you face your child being convicted of a sexual offense against your other child."

3.2.2. Continual emotional responses: blame, guilt, shame and failure

The results indicate that intrusive thoughts and continuous re-experiencing of the trauma in various ways continues to follow the parents until the present time, no matter how much time has passed, as Kaylee writes, *"I'm emotional all the time & it's exhausting trying to be my former positive happy self"* and Jessica says, *"I could hardly function for a year after I found out. It still affects me."*

Parents reflect on the lingering blame. John writes, *"How fresh and raw the emotions really are surrounding the abuse, even after 5 years. I still feel partially to blame and still work to overcome guilt and shame."* Tess adds:

I have difficulty with "mom guilt"... I feel guilty that it happened in my home. I feel guilty that I couldn't protect my daughter from trauma that she will deal with forever. I tried so hard to be diligent and aware, and it still happened. That haunts me.

Particularly, parents are still guilty and sad that they missed catching it earlier, as Amelia writes, *"How could I have missed it????... I will never forgive myself for not seeing what was happening."* Lauren further describes difficulty *"living with the fact that I raised a child that hurt and abused."*

Feelings of failure and regret can be debilitating, to the point that it interferes with their confidence to properly parent anymore. Jody writes, *"I feel less confident in my abilities as a mother, as an adult. I feel inadequate in many ways. I was always so confident before. Now I feel like I lack some purpose."* Rachel also says, *"I thought I was a good mom and that I had made our home safe. I don't feel those things are true anymore."* Similarly, Gianna mentioned, *"I'm much less confident, especially less confident in my own judgment and perceptions of the world, other people, and myself."* Alexa plainly states, *"I think I failed as a parent."* In the same manner, Rachel writes, *"The thought that I was unable to keep all my children safe in our own home makes keeping them safe in the world seem impossible."*

Parents expressed deep shame and feelings of inadequacy in their capabilities to parent. Alexandra writes, *"[I am] ashamed, depressed. Just sad. Unsure of how to move forward. These things never described me before. I used to parent confidently."* And Amber writes, *"I think I feel like I am less of a good parent than I thought I was. I thought we had it all figured out."*

Some parents even perceived this event as a reinforcement of their incapability and failure as John says, *"This event reinforced my negative self-image and I often struggle to find value or worth in who I am as an individual. I acknowledge the progress I have made in self-awareness, but it is too late to be the parent I needed to be for my children growing up."* Valentina as well says, *"It just adds to the feelings of inadequacy and failure of being a parent/mother. It makes me unsure of how I continue to parent my children."* Luna painfully disclosed *"I hate myself and my life."*

Charlotte sums it up, *"I generally feel in control, but that control is tightly balanced. I feel like a superwoman some days and less than that other days. 4 years on daily... the devastation it has caused, has caused change in every facet of our lives."*

3.3. Breakdown of the ideal family

3.3.1. A lasting sadness

The results underscore immense sadness when parents think of what occurred in their family, what their family was and could have been and what it currently is, due to the loss. As Isabella relates, *"I am less on social media because it is painful to see families represented as*

perfect...and knowing that I thought my family was too. [I] Wish we could just be the family I always wanted and knowing that we never will be.” Amber also writes:

“I am many times sad when I see pictures. Sad grieving what my family used to be...Wondering what I could have or should have done differently...I have a hard time answering people when they ask how the kids are...We rarely go anywhere together as a family. We rarely have dinner together as a family. My daughter [CWWH] does not want to travel as a family.”

Kaylee, as well writes, *“I hardly share anything online now about any of my children ...I view myself as a bad parent... [the family] is broken beyond repair.”* Alexandra also says, *“Some past things were hard to do again...Some no longer felt right to do. We have found a new normal.”* Jewel also describes, *“The guilt and isolation and not having the hopes for my family I once had.”* Hazel sums it up, *“When we moved, I never put pictures back up. I thought it would be too triggering... It is triggering for me, but also reminds me that there WERE good times too. Conflicting feelings are common.”*

3.3.2. Painful reminders: birthdays, holidays, family events

The results indicate for many parents that big life events such as birthdays and holidays have gone through major transformation as a result of the SSA either because the children are not able to be around each other or because they choose not to. Kaylee relays, *“My eldest no longer attends family gatherings & my sons never see each other at all anymore.”* John also writes, *“The child who abused is like a ghost to the family. He cannot be in the same place as the abused. Our family is never together and we feel as though the family unit is completely shattered.”* Gianna also relates, *“It is hard to face the memories of good times in the past when holidays come around,”* while Genevieve writes *“Halloween was difficult because it was the last thing we did as a family.”* John states, *“None of the previous family events are the same. There is little joy in celebrating holidays with a torn apart family.”* Hazel adds, *“I would prefer not to celebrate [holidays] at all...Once they're adults I intend to vacation during holidays.”* Abby adds:

The divide. It's like a cold frontier we cannot pass. I have no idea how we can ever rebuild; how we can ever be in the same room as a family. I dread birthdays, Christmas. I find it utterly heartbreaking. All I ever wanted was a happy family and I have failed in achieving that...It's just a crap place to be and I have no idea how - if - we can ever move beyond it...my family unit is broken.

Celebrations also prove difficult because of the distance that has been created with extended family and friends. Saige says, *“Our family is no longer invited to extended family functions because of the sibling sexual abuse”* while Valentina writes, *“Mostly we don't attend things as much with friends or extended family.”*

3.4. Coping with the reality

3.4.1. From self-harm to self-care

Some respondents indicated negative habits for coping such as alcohol, drugs and overeating. For instance, Hazel describes “avoidance” while Genevieve says, *“I turned to alcohol to cope. I started smoking pot. Though these didn't help... because we all know what alcohol does...”* Charlotte adds, *“I put on a LOT of weight.”*

Results, however, indicate practices that parents reported as helpful in coping with the intense grief and stress. These include creative outlets and recreational activities such as getting outdoors and hiking and swimming and/or cooking and reading. In addition, practices of meditation and yoga or getting closer to spirituality and religion have been helpful. For many, medication and counseling and supportive relationships that have either stayed strong or strengthened were crucial. Many participants specifically referred to online support groups which have been beneficial for coping and support.

In this vein, the results also indicate that while the events do still follow them, some parents have made an effort to contextualize it in their larger life. Jody writes, *“when it comes to mind it's a bummer. But we've been through so much, we've all worked really hard. I can't change the past.”* Similarly, Faith, says,

After 6 months, I learned to put the event in a box and use awareness to open it with myself and others. The history has caused mini fractures with other children and so that required time and attention to heal. I am less emotional after 6 months compared to initially when I felt like I was hemorrhaging.

Isabella additionally comments, *“Yes, I am dealing with the guilt and shame of not knowing and now trying to navigate this but I know that I am a good person and I did the best that I could.”* Corenna adds, *“I have chosen to hold two truths. I can love my son and be devastated at his actions...”* Arya precisely summarizes by saying:

“This experience was traumatic, sobering and at times daunting. I have learned and continue to learn how to turn “lemons into lemonade” which has supported my overall mental health. That said, I still have unanswered questions and ideas on how to improve these types of situations that I need to work on. If I stop being proactive, or stop educating myself, then I am likely to fall into a state of ineffective depression. I've noticed that the carefree optimism of my early parenting years have faded and been replaced by a wiser, more realistic version of myself. I have a renewed sense of responsibility to my children and the welfare of our family unit.”

4. Discussion

“I used to think we were a close family, that I was a good parent, that I had given my children the gift of a stable family, unconditional love, a happy childhood. I had nurtured their sibling relationships and thought that having siblings was a lifelong gift for all of them. Now

the thing that I thought would be the most valuable, lifelong gift has turned into a source of trauma that will reverberate through their lifetimes. I no longer feel emotionally close to any of them, instead I feel detached. This includes the child who was not directly involved in any of the abuse.”

(Gianna)

The results of the current study shed light on the experience of parents who have learned that SSA occurred between their children and its reverberating implications on their families as summarized by Gianna above. Parental vulnerability in these situations is underscored, deepening our understanding of the dynamics involved. Much of the limited research has focused on survivors (Bertele & Talmon, 2021), on family interventions in general, largely from professional perspectives (Caffaro & Conn-Caffaro, 2005; Tener et al., 2020; Thompson, 2009), and even on survivor emotions towards their parents. Our results illuminate a different area that requires real attention: the parents, from their direct viewpoint. Putting parents as the target group rather than just a conduit through which we can better understand survivors is important. It sheds light on the various dimensions by which abusive acts between siblings impact the entire family as a unit and its individuals. This emphasizes the importance of studying this phenomenon, its frequency, and ways to eliminate it. Aligned with previous research on secondary trauma, our results indicate that parents undeniably experience deep trauma and highly emotional reactions and responses to SSA that occurred in their family.

Parents learned about the trauma in multiple ways; either by witnessing it, or through disclosure by one of the children or through another adult be it a parent of a friend or a counselor or therapist. No matter which way parents were made aware of what occurred, it proved to be traumatic for them, which aligns with previous literature (e.g., Tener et al., 2018; Welfare, 2013); however, some distinction was apparent between them. For example, parents who witnessed the abuse, such as by incidentally walking in on it, reported intense horror and shock. Parents who learned of the abuse through another adult, however, recall the devastation and pain they felt because their child did not feel comfortable to disclose to them directly. It is important to note the disclosures that occurred when the parents noticed something had changed either in the physical or emotional health of at least one of the children involved and inquired further. Results also indicate that children who had caused the harm were likely to readily disclose as to what transpired when directly confronted.

An important finding indicates that discovery of SSA often confirmed a parent's fear or inkling that something was wrong with one or both children, or between the siblings. Other times, once SSA is known, previously puzzling behaviors, remarks, or emotional reactions now made sense. This follows the finding of Plummer (2006) that approximately half of parents of all sexually abused children suspect that something is wrong before it is confirmed that sexual abuse had occurred. This finding points to the promising potential of increased awareness and education to promote earlier detection and intervention in cases of SSA.

No matter which way the parent learned of the SSA, all respondents recall intense immediate emotional reactions such as denial, anger, numbness and sheer helplessness, which is in line with previous albeit limited research directly on parents (for a review see McCoy et al., 2022). The immediate understanding of the SSA having occurred between or among their own children in their own family seems to have strongly contributed to the emotional reactions. Additionally, it is interesting to note the highly visual and sensory vivid descriptions by the participants of what the initial feelings felt like, which were clearly articulated; for several, even some time after the initial disclosure. Such analogous descriptions are also echoed in the first-person narratives described by Westergren et al. (2023). While more study is needed, this may point to enduring posttraumatic stress.

The parental trauma experience and emotional reactions and responses to the SSA proved enduring in our sample and continues to follow parents. Specifically, self-blame, guilt, shame and feelings of failure in their capability as a parent and an individual was evident. Guilt seems to have stemmed from the persistent question of how they failed to properly detect and intervene between the children in a timely manner. This is in addition to facing the failure to protect their children from sexual harm, and the shame of having raised a child who acted in a sexually abusive way towards another child—their own sibling. This triple dose of self-blame—for failure to detect, protect, or adequately guide their child(ren)—causes parents to question their capability as a parent and even as a person. Thus, their capability as a person who is responsible and capable of parenting has been tested.

The most glaring enduring source of sadness for parents was having to face the reality that their family as they knew it and hoped for, their ideal family unit, had ruptured and dramatically changed. This is directly in line with the finding of Tener et al. (2018) as well as Westergren et al. (2023) who respectively report that directly following the time that parents learned of the SSA, their perception of an ideal family shattered and their knowledge of the family as they knew it thus far profoundly changed. Conflicting emotions towards their family, especially the CWH, was widely present and parents reported finding it difficult to support their family as they navigate these feelings. The feelings of loss of the family as they knew it are especially apparent during moments that are usually spent in the company of loved ones such as birthdays, holidays and family vacations. Additionally, social media and mementos like photos serve as painful reminders of what was and what currently is, and of the differences between their family's realities compared to others. It seems that specifically during these times, parents of children who have experienced SST crave support from extended family and friends, however, their needs are largely neglected.

Due to the toll of the lasting implications of SSA on parents' emotional health, on their family and a great lack of support, parents seek out methods for coping. Some participants reported negative habits of coping such as dependence on drugs, alcohol or food, while others mentioned avoidance or detachment. Conversely, though, many parents found solace in hobbies and self-care and other outlets that allowed for de-stressing, as well as support in therapy, support groups and strong relationships with family and friends. Their unwavering determination to adopt effective coping strategies stands as a testament to the crucial role of diverse support systems, underscoring their strength in navigating the intricate aftermath of SSA.

4.1. Strengths and limitations

In light of the robust results, some limitations must also be acknowledged. First, this study does not draw on a population-wide sample and it does not represent all experiences of SSA as it used a purposive sampling method. Specifically, participation was limited to parents with a current connection to 5WAVES, thus it can be deduced that they have, to some degree, recognized the existence and severity of SSA in their families and have been able to seek support to deal with it. Thus, the study provides limited insight into parents who do not perceive, believe, or take supportive action after disclosure. Importantly, however, the sample does include parents from families not represented in previous studies; including instances of very recent SSA as well as historical abuse where the behavior was never reported to authorities, situations where the abusive behavior was reported but the case was closed without being investigated or pursued, and those where the relationship between authorities or practitioners and the family has broken down. This is also reflected by the language that was used throughout this manuscript; more specifically, while SSA is the term used in the current study, most of the parents in our study referred to the experiences as sibling sexual trauma (SST), which is representative of the wider discussion on how to define, identify and label their experiences.

Additionally, limitations lie in the design of the study and analysis. This refers to the cross-sectional online quantitative and qualitative aspects which may have unintentionally contributed to a participant discomfort or lack of alignment with the structure. In addition, due to the fact that the current analysis focuses only on the parental experience, details on the larger family functioning, poly-victimization or other potential contributors to the SSA are not available. Additional details on the children involved in the SSA, their ages, the number of children involved etc., are not explored but are available in Table 2 included in the supplementary material.

Finally, though reflexive thematic analysis is a highly used and greatly validated tool for qualitative research, it is noteworthy to comment on the potential for researcher bias.

5. Conclusion and future directions

Parents who have learned that sibling sexual trauma has occurred between their children experience their own trauma that must be acknowledged and understood. Looking ahead, it would be interesting to examine resilience, to assess the effectiveness of various coping mechanisms and the availability of social support, or even to examine the way in which the parent perceives that responsibility was (or not) taken and healing has ensued. These may allow a deeper understanding of the scope of parental reactions, responses, and abilities which will undoubtedly aid in designing tools for effective parenting as well as effective support of parents following experiences of sibling sexual trauma. All in all, it is of crucial importance to design supportive educational material geared for parents in order that they are aware of SSA as a common risk, are well-equipped to look out for harmful sexual conduct between their children, are able to effectively and timely intervene and are supported to navigate their own emotions and the needs of their children. Future results and discussion from the larger mixed-method study aims to further our understanding of the parental experience which will help to increase general public awareness of SSA as well as decrease stigma and ultimately aid in detection, the prevention, intervention and support for all family members affected.

CRedit authorship contribution statement

Tova Lewin: Writing – review & editing, Writing – original draft, Supervision, Software, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Brandy Black:** Writing – review & editing, Methodology, Conceptualization. **Maria Socolof:** Writing – review & editing, Methodology, Conceptualization. **Anat Talmon:** Writing – review & editing, Supervision, Software, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization.

Declaration of competing interest

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Data availability

The data that has been used is confidential.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.chiabu.2024.107079>.

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