Child Abuse & Neglect xxx (xxxx) xxx

Contents lists available at ScienceDirect

Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

'We can be a family again, but different than before'. A single-case study on therapeutic interventions that initiated a recovery process in a family after the disclosure of sibling sexual behavior

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ARTICLE INFO

Keywords:
Sibling sexual abuse
Siblings sexual behavior
Relational trauma
Family therapy
Therapeutic interventions
Single case research design

ABSTRACT

Disclosures of sibling sexual behavior (SSB) usually affect all family members but there remains, however, a paucity in studies on therapeutical family interventions and how they can initiate changes in families. This study was designed to explore relational impacts of SSB disclosures, goals for therapy and interventions that helped a family initiate the recovery process after a SSB disclosure.

A single case study design was used to analyze a family's long-term therapy process. Data on this $N = 1$ study comprised 18 interviews with involved therapists, five interviews with involved family members, therapy files, and notes on family sessions. Data was analyzed using a thematic approach.

Relational traumas were experienced in broken relationships, relationships under pressure and damaged trust between family members. Therapy goals were to (1) recreate family's safety, (2) help the family process the SSB consequences and (3) restore trust and search for relationship healing. Appropriate interventions to target the goals included individual-centered psycho trauma treatment as well as interventions for the parents, the involved siblings, and the uninvolved siblings, followed by sessions between the involved siblings and with the whole family. Therapy outcomes were found in reduced individual trauma symptoms, a recreated sense of family safety, the start of relational trauma processing, and newfound forms of sibling/family relationships.

This study provides a unique and comprehensive insight into a family's healing process after SSB disclosures from the perspectives of both professionals and family members. The effective interventions identified in this study may provide tools for therapists working with these families. This study may also offer greater insights into both the abusive and mutual types of SSB.

1. Introduction

Sibling sexual abuse (SSA), although estimated to be the most common form of intrafamilial abuse, remains understudied, and there is no consensus on the definition of SSA in the field (Bertele & Talmon, 2023; McCartan et al., 2024; McCoy et al., 2022; Tener et al., 2020). Recent studies have explored SSA as types of behaviors (Yates & Allardyce, 2021), part of a continuum of manifestations

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https://doi.org/10.1016/j.chiabu.2024.106920
Received 24 November 2023; Received in revised form 3 June 2024; Accepted 20 June 2024

(Tener et al., 2020), or comprising several dimensions (Marmor & Tener, 2022). Yates and Allardyce (2021) divide sibling sexual behavior into three types: (1) normative sexual actions between siblings that are appropriate to their developmental age, (2) inappropriate or problematic sexual behavior between siblings that may cause harm, and (3) sibling sexual abuse that involves violence and causes harm. Tener et al. (2020) found two distinct relational dynamics of SSA: (1) a coercive or abusive type with clear perpetrator and victim roles; and (2) a routine relationship type, with more reciprocal sexual acts, in which the sexual relationship is not necessarily traumatic but is still perceived by society as deviant. Marmor and Tener (2022) have analyzed four sexual dynamics between siblings: (1) abusive and (2) mutual dynamics, which are comparable to the Tener et al.'s two types, and they also described the (3) sexual routine and (4) incidental types.

In this paper, the umbrella term *sibling sexual behavior* (SSB) will be used to describe both abusive and other inappropriate, problematic or mutual forms of sexual behavior between siblings. Siblings will be referred to as the 'committing' or 'victimized' child or sibling when referring to abusive SSB; or they will be referred to 'involved sibling' in other forms of SSB.

1.1. Sibling sexual behavior and disclosure

A recent review of empirical studies identified several characteristics of SSB, such as an early onset, (with the involved siblings aged approximately 8.4 years), and long duration: in over 75 % of SSB cases, the sexual relationship lasts for over a year (Bertele & Talmon, 2023). There is usually a younger victimized child and older committing sibling (Bertele & Talmon, 2023); most often, an older brother is the committing sibling (Griffee et al., 2016; Yates, 2018); most SSB cases comprise two involved siblings and occur at home (Caffaro, 2017; Katz & Hamama, 2017; McDonald & Martinez, 2017). SSB can involve nonphysical behaviors, like forcing a sibling to watch pornography, or physical behaviors, like fondling or penetration (Caffaro, 2017; Katz & Hamama, 2017; McCoy et al., 2022; Thompson, 2009).

Disclosure rates of SSB are extremely low (Griffee et al., 2016; Katz & Hamama, 2017) due to the following factors: a child's concern about the negative impacts of a disclosure on the family (Carretier et al., 2022; McCoy et al., 2022; Welfare, 2008) or on the committing sibling (Lewin et al., 2023); a child's lack of understanding of the sexual behaviors (Marmor et al., 2022; McCoy et al., 2022) or lack of suitable words to explain the SSB (Lewin et al., 2023); or because the SSB was mutual (McCoy et al., 2022). Disclosure can be considered a process rather than a one-time event in which a secret is suddenly revealed (Marmor, 2023; Tapara, 2012). Three contextual barriers were identified for non-disclosure in a study on SSA within Orthodox Jewish religious communities: (1) intrapersonal barriers like guilt and shame, (2) interpersonal barriers like responding to a taboo, and (3) cultural context barriers like a lack of sexual knowledge (Marmor, 2023). A disclosure often affects the whole family and causes significant emotional distress (Ballantine, 2012; Harper, 2012; Phillips-Green, 2002). For the victimized siblings, a disclosure can cause both positive and negative effects: a disclosure can bring feelings of relief when acknowledged or supported by parents (Tener et al., 2021; Welfare, 2008) or appropriate help can be obtained (Carretier et al., 2022). Siblings can, however, also be confronted with disbelief (Katz & Hamama, 2017) or the reluctance of family members to support and validate them (Caffaro & Conn-Caffaro, 2005; Harper, 2012). These siblings therefore need to find ways of recovering without parental support (Welfare, 2008).

1.2. Sibling sexual behavior consequences for all family members

SSB causes serious multi-layered effects on both the involved siblings and the whole family (Katz & Hamama, 2017; Kiselica & Morrill-Richards, 2007; Tapara, 2012; Taylor et al., 2021; Thompson, 2009).

1.2.1. Consequences for the involved siblings

SSB can have both short-term and long-term effects on victims (Ballantine, 2012; Marmor & Tener, 2022; McCoy et al., 2022; Yates & Allardyce, 2022). Physical effects for the victimized child can include pregnancy or physical injury (Carretier et al., 2022; Yates, 2018); mental effects may include feelings of sadness, low self-esteem, self-harming behaviors, nightmares, reoccurring thoughts of the abuse, or dissociation (Kiselica and Morrill-Richards, 2007; Morrill, 2014). Furthermore, SSB can cause lifelong effects like post-traumatic stress disorder (PTSD), depression, low self-esteem, eating disorders, or other (conduct) disorders and problems with intimate relationships (Ballantine, 2012; McCoy et al., 2022; Morrill, 2014; Welfare, 2008). SSB often also affects the committing sibling: he or she might suffer from feelings of guilt for bringing problems into their family (Van den Heuvel et al., 2015), endure long-lasting effects like trauma symptoms (Ballantine, 2012), or suffer from low self-esteem later in life (Morrill, 2014).

1.2.2. Consequences for the uninvolved siblings

Siblings not involved in the SSB can also be affected by it; they can experience PTSD symptoms and depression as a consequence of a disclosure, and many distance themselves from their family (Welfare, 2008). Furthermore, some uninvolved siblings are affected because the offending sibling is sent away from home; for example, to residential care. Consequently, they might experience mixed feelings of anger and concern towards the committing sibling (Westergren et al., 2023).

1.2.3. Consequences for the parents

A disclosure also often severely impacts the parents and may cause divided loyalties (Thornton et al., 2008); both the victim and the offender are the parents' children, yet parents often feel like they may have to choose which child to support (Phillips-Green, 2002). Ambivalence experienced by parents can lead to reduced emotional support for both the involved siblings (Harper, 2012).

1.2.4. Consequences for the whole family

SSB can have catastrophic effects on the family as a whole (Harper, 2012; Taylor et al., 2021) and can cause a crisis that affects the whole family system (Lafleur, 2009). It can lead to relational damage, as family relationships are strained (Ballantine; McDonald & Martinez, 2017) and relationships between sibling victims in the same family may be fractured (Caffaro & Conn-Caffaro, 2005; Harper, 2012; McDonald & Martinez, 2017; Thornton et al., 2008). The relational damage following a disclosure of intrafamilial sexual abuse is described by some as 'a relational trauma': serious damage to the mutual trust between family members and a disruption in the sense of trustworthiness in the family relationships (Grootaers, 2013; Sheinberg & Fraenkel, 2001; Van den Heuvel et al., 2015).

1.3. Therapy goals and interventions

Siblings involved in SSB and their families can be helped by treatment on both the individual and family levels (Ballantine, 2012; Caffaro & Conn-Caffaro, 2005; Kiselica & Morrill-Richards, 2007; Lafleur, 2009; Phillips-Green, 2002; Tener et al., 2018). Some essential family therapy interventions and goals have been described in earlier studies; the three main treatment goals of family therapy are (1) to create a safe environment within the family, (2) to provide healing from the SSB trauma, and (3) to rebuild relationships (Harper, 2012; Keane et al., 2013; Simons et al., 2022; Taylor et al., 2021). Key interventions to achieve these therapy goals will be briefly described below; however, there is no one-size-fits-all approach to SSB cases, and being attuned to the specific needs of each family is thus essential (Caffaro & Conn-Caffaro, 2005).

1.3.1. Interventions to create a safe family environment

First, to create a safe environment within the family, an initial important step in therapy is to ensure that the abuse is stopped and that safety measures are taken for both siblings involved (Bass et al., 2006; Tapara, 2012; Taylor et al., 2021; Tener & Silberstein, 2019). Professionals must support and monitor parents in (re)creating clear boundaries within the family (Keane et al., 2013; McNevin, 2010; Schladale, 2002). Besides (re)creating a physically safe environment, therapeutic work with parents must prioritize giving parental warmth and support to their children (Keane et al., 2013; Morrill, 2014; Taylor et al., 2021; Tener & Silberstein, 2019). Parents need support to be able to offer appropriate care to all children in the family (Yates & Allardyce, 2021), and therapeutic interventions with parents after SSB can help parents regain confidence in their parenting abilities (Erooga & Masson, 2006). It is important to identify a family's strengths and resilience to empower the family as a whole, as this approach will bolster better therapy outcomes (King-Hill et al., 2023).

1.3.2. Interventions to provide healing from the sibling sexual behavior trauma

Second, to provide healing from the SSB trauma, individual therapeutic sessions with family members are needed to handle the impacts of the SSB disclosure on themselves and others (Ballantine, 2012; McNevin, 2010; Morrill, 2014). Narratives of the SSB must be reconstructed (Tener & Silberstein, 2019), and the siblings' unique stories must be acknowledged (Tener et al., 2021). Interventions with the committing sibling must prioritize learning to take responsibility for the SSB and recognizing the depth of the impact on the victimized sibling and other family members (Ballantine, 2012; Erooga & Masson, 2006; Morrill, 2014). Welfare (2008) has described how accountability functions 'as a pathway to recovery' for both involved siblings.

1.3.3. Interventions to rebuild relationships

Finally, to rebuild relationships, therapeutic sessions can be initiated between the siblings involved and with the whole family (Caffaro & Conn-Caffaro, 2005; King-Hill et al., 2023; Van den Heuvel et al., 2015); however, sessions being conducted between the siblings depends on the committing sibling's readiness to take responsibility for the SSB (Ballantine, 2012).

1.4. The current study

The current study aims to investigate the relational traumas experienced by a family after the disclosure of SSB. The impacts of SSB disclosures on a family, from both the perspectives of professionals and family members themselves, have not yet been studied (Bass et al., 2006; Harper, 2012; Marmor et al., 2022; Tener et al., 2018).There is a need to further understand how families experience and make sense of SSB (Harper, 2012; Tener et al., 2021) especially from the involved children's own perspectives soon after the SSB disclosure (Tener, 2021).

In addition, there is a crucial need to evaluate interventions that can help families (Caffaro, 2017; Erooga & Masson, 2006; Harper, 2012; Tener & Silberstein, 2019). This study was designed to fill both gaps in knowledge by longitudinally exploring the impacts of SSB on a family and evaluating the applied therapeutic interventions from both professionals' and family members' own perspectives. This paper aims to answer the following research questions:

RQ 1: *Which relational traumas are experienced by a family after the disclosure of SSB?*
RQ 2: *Which therapeutic goals are established to process the relational traumas?*
RQ 3: *Which interventions are observed to be effective in achieving the therapeutic goals?*

2. Methods

2.1. Research design

In this study, the phenomenon of SSB was investigated through a single case study on the De Vries family. The case study research design offers the opportunity to investigate and understand a particular phenomenon 'in depth' (Swanborn, 2010; Yin, 2014). Following Yin (2014), the single case study is an appropriate design when several rationales are met: the De Vries family met the criteria of (a) representing a critical test of existing theory and (b) an unusual circumstance, and the case also served a (c) revelatory and (d) longitudinal purpose. First, The De Vries family was (a) a critical case, selected on the basis of criteria identified in the literature review: SSB was disclosed, leading to relational consequences for all family members, and therapy was initiated. The De Vries family was the first family to agree to participate in research after a six-month search in collaboration with a specialized youth care organization; therefore, secondly, the De Vries family served as (b) an unusual case, which revealed interesting insights into the processes of a phenomenon that had previously been largely inaccessible to social science inquiry. Third, the De Vries family became a (c) revelatory case by demonstrating the trust to be observed during a vulnerable period in their life; the value of studying the De Vries family can potentially have implications for a large number of families suffering from SSB. Fourth, the study on the De Vries family was a (d) longitudinal case study of 4.5 years, offering the opportunity to reveal process changes over time (Yin, 2014, pp. 52–56).

2.2. Sample description

The description below presents an introduction to the De Vries family, SSB, and disclosures, based on information from all therapy files and conducted interviews (see Fig. 2). Next, the Dutch youth care organization where the De Vries family attended therapy and the family therapists involved are presented.

2.2.1. The De Vries family, sibling sexual behavior, and disclosures

The De Vries family comprises a father (Hans), mother (Ineke), and their six children: Ties (oldest son), Nout (second-oldest son), Janine (oldest daughter), Pieter (third-oldest son), Dana (youngest daughter), and Tim (youngest son). The family name and the family members' first names are all pseudonyms to guarantee the family's anonymity. Both Hans and Ineke have no contact with their own parents, but there is some contact with relatives on the mother's side.

The De Vries family lives in a Dutch village in the so-called 'Bible Belt': a geographical belt across the Netherlands with a large minority group of orthodox Protestants. The De Vries family belongs to this subgroup, who share traditional values and norms based on perceiving the Bible as the infallible Word of God and the truth that guides believers in life. Traditional values become evident (also in the De Vries family) in religious practices, as children attend church twice on Sunday from a young age and also attend catechism class and orthodox Protestant schools. Furthermore, there are strict rules on clothing and conservative views on sexuality, family planning, family size, and gender roles (De Bruin-Wassinkmaat et al., 2021; Museum Catharijneconvent, 2019). The father (Hans) has a paid job and is the family's breadwinner, while the mother (Ineke) does not have paid employment outside. Furthermore, the father distances himself from parenting the children, while the mother takes almost all responsibility in this realm. The De Vries family is described as a family in which '*there is little talking to each other; this brings the family into mutual problems that escalated with boundary problems and aggression*'. The father and oldest brothers (Ties and Nout) have an identified low level of intelligence and have been diagnosed with an autism spectrum disorder; other family members have not been diagnosed. The oldest son (Ties) also became addicted to watching pornography.

The eldest daughter (Janine) was sexually abused by Ties, who forced her to engage in sexual acts in an aggressive way. The relationship between Janine and Nout, her next-oldest brother, evolved from playing together into Nout seeking sexual contact with Janine; later, this behavior developed into SSB, which was mutually initiated by both siblings. This sexual contact started when Nout entered puberty and Janine still was a child and lasted until Janine reached adolescence, when she disclosed the SSB to her social worker and, subsequently, to her mother. Both brothers were legally adults when the SSB disclosures were made, while Janine was still an adolescent. Janine did not dare to say that the sexual contacts between her and Nout were mutual. In the Netherlands, sexual abuse committed by a person of 12 years or older is a criminal act; there is, however, the legal privilege to not report the abuse to the police when it is committed by a family member. Nonetheless, in the De Vries family, the mother and daughter were advised to report the abuse disclosure to the police because it was committed by multiple brothers. A report was prepared by the police, and both brothers were arrested and detained for several days. The detention was followed by a temporary restraining order, under which both boys were not allowed to return home. The SSB stopped immediately after the legal interventions, and both brothers instantly confessed. A 'second disclosure' by Nout followed some weeks later, where he revealed the mutuality of the sexual contact with his sister; this disclosure was also confirmed by Janine. Besides the legal consequences, the disclosure affected all family members, leading to feelings of shock, confusion, and uncertainty following the sudden arrest of both oldest siblings. Janine suffered from immense feelings of guilt, concentration problems, re-experiences of the abuse, and low self-esteem and was diagnosed with PTSD. Nout particularly suffered from the sudden arrest and detention and also developed PTSD symptoms. The effects on the family and on its relations will be described in greater detail in the results section.

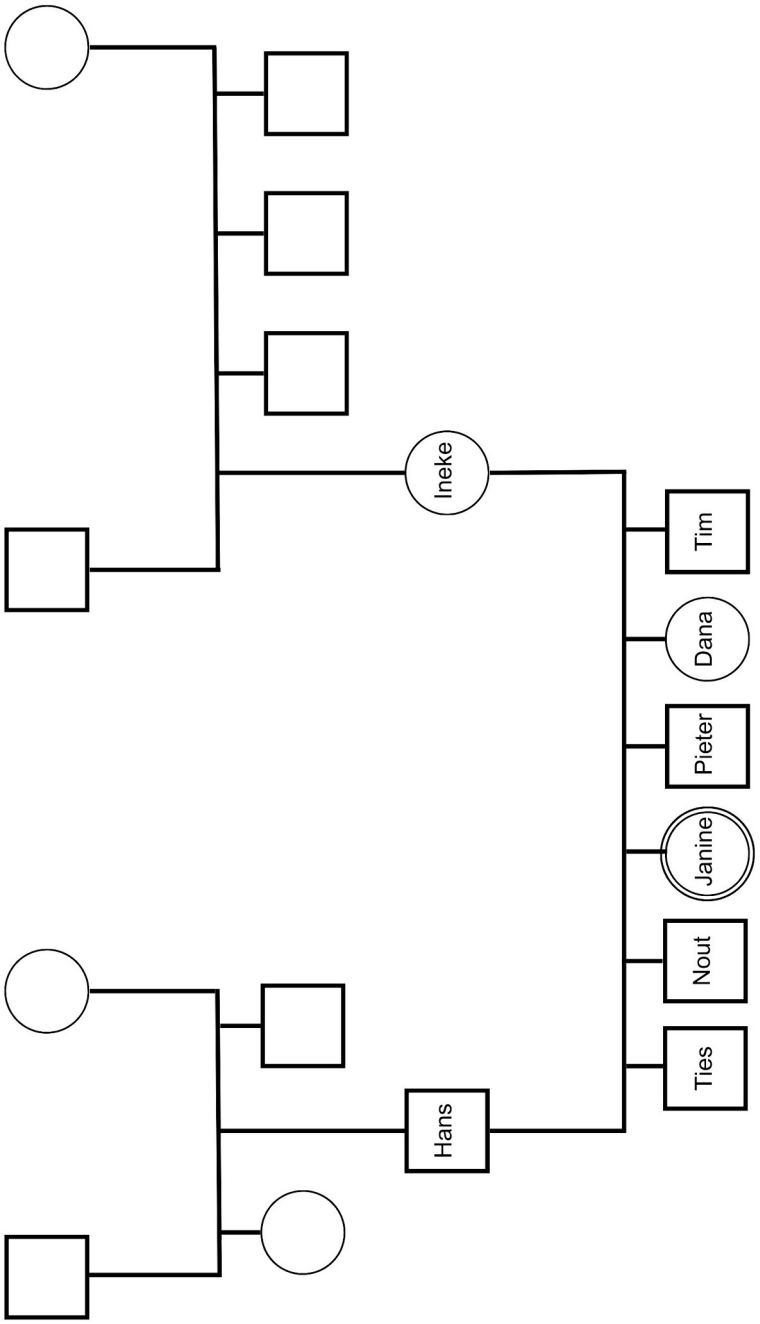

Fig. 1. Genogram De Vries family.

2.2.2. Treatment in a specialized youth care organization

Soon after the disclosure and legal interventions, the De Vries family was referred to a specialized youth care organization by Janine's social worker. Referral to this organization can be done by a primary care professional from a local social services team. Annually, an average of 75 families are treated following sexual abuse in this specialized youth care organization, with approximately one-third being SSB cases. A treatment program lasts an average of one and a half years; both individual trauma treatment and family therapy are offered, all attuned to the special needs of a family. Treatment can only start when it is assured that the abuse has stopped. The family treatment is based on the contextual therapy, as developed by Boszormenyi-Nagy (Boszormenyi-Nagy & Krasner, 1986). Following the underlying contextual theory, intrafamilial sexual abuse cause serious damage to mutual trust within the family because of the existential connection between family members (Boszormenyi-Nagy & Krasner, 1986; Grootaers, 2013). In contextual therapy, family members are stimulated to search for *residual trust* in the family relationship (Van Klaveren, 2014); and to use available relational resources to stimulate the processing of pain, to strengthen self-delineation and self-validation and to engage in dialogue (Van der Meiden et al., 2019).

Treatment is given by a multidisciplinary team with clinical social workers and remedial educationalist-generalists (educated in both individual trauma treatment and contextual therapy) and post-master educationalists (educated in diagnostics and EMDR). Supervisory guidance is given to the team by a senior behaviorist. The therapists usually work in pairs, with a male and female therapist. The De Vries family received therapy from a female therapist (Sophie) and a male therapist (Felix), who worked together as a therapist pair. Felix left the expert team in the summer of 2020 and was succeeded in this case by a male colleague (Ron). The involved therapists in the De Vries family therapy are all educated as clinical social worker and contextual therapist. All therapist names are pseudonyms.

Therapy started for the De Vries family in 2019 and finished in 2021. At the end of therapy, the family's safety was recreated and consequences of the SSB were processed, but mutual trust between Ties and Janine was not yet restored. Ties' therapy process focused on individual problems, and Janine did not yet want to search for relationship healing with Ties (further details and rationale are provided in the results section). Nonetheless, a year later, the mother (Ineke) again asked for help in rebuilding relationships. The trigger was that the De Vries family wanted to celebrate Hans and Ineke's wedding jubilee together as a family, but they were unsuccessful due to too many tensions existing between the involved siblings. Consequently, at the family's request, therapy restarted and the therapist Sophie was again involved in the De Vries family's care, although now accompanied by a third male colleague (David). After a total of four and a half years, therapy ended in 2023.

The researchers and the aforementioned team of contextual therapists collaborated in a long-term research project on children involved in SSB. This single case study forms part of this long-term research project, which aims to contribute to the knowledge of SSB families and evidence-based treatment.

2.3. Ethical issues

After the De Vries family's assessment, the involved family therapists talked with the mother about voluntary participation in a case study research project. A conversation between mother Ineke and the first author occurred about being involved in the research project. Mother then discussed with all family members on participation in the research. The De Vries family decided not to give permission for observing their therapy sessions through participant observation or audio or video recording; however, the family permitted the first author to follow their family therapy process through regular interviews with the family therapists involved and by reading treatment reports. In 2021, the family returned to therapy, all family members were asked to be interviewed, some family members wanted to cooperate, others did not. The researcher always followed the pace and process of the De Vries family in order to deal carefully with the trust given by the family. When the therapy finally concluded in 2023, the first author was invited to observe the last family sessions with the family therapist.

Agreements about research participation were recorded in an informed consent form, which was signed by all siblings over 12 years old, both parents, and the first author. The first author agreed to guarantee the family members' anonymity and privacy. In order to ensure the privacy of the De Vries family and to focus on the aforementioned research question, some family facts have been changed and few specific family characteristics are described (such as ages). Ethical approval was obtained by the Research Ethics Committee of the CHE, University of Applied Sciences Ede, in the Netherlands.

2.4. Data collection

During the four and a half years of therapy, the family therapists were interviewed on a regular basis to gain insights into the families' therapy process. Eighteen qualitative, in-depth interviews with the therapists were conducted, based on the literature. For each interview, an interview format was made based on the recurring themes: family members' developments in their trauma process and in daily life, interventions and techniques used by the therapists, and treatment struggles and results. The first five interviews were conducted live, followed by online interviews in 2020 and 2021 because of the COVID-19 lockdowns. Each interview was recorded by a voice recorder and converted into transcripts for analysis. In addition, all available therapy files and therapist notes on the De Vries family were collected for the analysis. Furthermore, two interviews were conducted with the mother, one with Janine, one with the father, and one with the second-oldest son. Finally, the first author made observation notes on the final family sessions. Fig. 2 gives an overview of all the data collected in this single-case study.

DATA COLLECTION	NUMBERS	IN RESULTS REFERRED TO AS
Therapy files the De Vies family	7	TF
Interviews with therapists: Involved in the De Vries family case: Sophie, Felix, Ron, David Member checks interviews in team	 18 3	TI-number Citation: TI-number-name
Notes of therapists on the De Vries family therapy	12	TN
Interview with family members: Mother Ineke, father Hans, son Nout, daughter Janine	5	FI-name
Observation notes on final family session	1	ON

Fig. 2. Overview of data collection from 2019 to 2023 in $N = 1$ study on the De Vries family.

2.5. Data analysis

A thematic analysis (TA) approach was used in this study, which is a method for identifying, analyzing, and reporting patterns in qualitative data (Braun & Clarke, 2006). The first step of the process involved coding all data on the basis of the research question; this process started in 2020 and was continued and refined in the following years. Atlas.ti is a qualitative analysis software that was used for data coding and analysis. In 2020 and 2021, a code tree was created on the main subjects with specific codes arising from the interviews: SSA and characteristics, family and characteristics, disclosure and effects, therapy goals, therapy interventions, therapy outcomes, and therapy experiences. The first author was assisted by a student of the master program in forensic orthopedagogy. The first 14 transcripts have been independently coded by both the first author and her assistant; after each transcript, codes were compared and discussed to prevent misinterpretations and increase the trustworthiness of the thematic analysis. The developed code tree was then discussed with the second and third authors. Furthermore, member check interviews (Koelsch, 2013) with the therapists' colleagues were conducted three times (see Fig. 2); these interviews were conducted to ensure that this study focused on the main interventions usually applied by the team in helping SSB families in therapy. The transcripts were re-read several times to ensure precision in their findings and answers to the research question. In the results, therapy files are referred to as *TF*, therapist notes on therapeutic sessions as *TN*, and therapist interviews as *TI*, specified with the number of interview; for example, TI-4 refers to the fourth interview with the therapists. When a therapist is cited, their name is given; for example, *TI-4 Sophie* refers to a citation from therapist Sophie during interview 4. Family members' interviews are referred to as *FI*, specified with the name, like *FI-Janine*. A final family session was observed by the first author; observation notes are referred to as *ON*.

3. Results

This section will outline the results regarding (1) the relational traumas in the De Vries family, (2) the main therapy goals established, and (3) interventions applied in therapy and the associated therapy outcomes. The results are structured by first analyzing the professional reports, supplemented by the family members' accounts.

3.1. Relational traumas in the De Vries family

The first set of analyses examined which relational traumas are experienced by the De Vries family after the disclosure of SSB (research question 1). Relational traumas experienced were manifested in broken relationships, relationships under pressure, and a loss of trust in one another. After Janine's disclosure, family relations were temporarily broken and living together as a family had changed permanently. Both involved brothers could not return home after the detention, because a no-contact order was given to

guarantee Janine's safety at home. From that point onwards, both brothers lived elsewhere, with a host family or other relatives. There was temporarily no contact between the oldest brothers and the other family members. Between Ties and Janine, the break in contact lasted for several years, representing the longest estrangement of all. Some months after the disclosures, Janine left home to live with a foster family, followed by assisted living. Both parents and the three younger siblings then 'restarted' as a smaller family; consequently, the family never lived together again after the arrest as a result of the disclosure (TF; TI 1,2; FI Janine). Therapist Sophie described how the sudden removal of the brothers impacted the youngest siblings: '*Suddenly he [Nout] was gone, because he hurt their sister. That was awful and painful*' (TI-1; Sophie). Mother Ineke described the impact of the oldest boys' sudden removal from home: '*That really did have a lot of impact on the boys, but that also really did have an impact on Pieter, Dana, and Tim. And now? Will there ever be contact again?*' (FI-mother). The father recounted, '*It created a wound in the family*' (FI-father). Nout described both feelings of loneliness and relief: '*At once, you just had to do a lot by yourself…. But in the end, I'm kind of glad that it—that she did it, because it did stop … I think we both always did know it had to stop, but you knew yourself—at least, I never knew a solution to do it myself*' (FI-Nout). Regarding the sudden family break, Nout remembered, '*The family actually broke up all at once. While before, you were always all together always*' (FI-Nout). Janine recounted the sudden breakdown in contact: '*I tried to do everything very well for my mother and for my younger siblings, because of course it was very hard for them too. And it felt like I was to blame for that*' (FI-Janine). It is noteworthy that both the therapist and family members reflected on the negative impacts on the family, while Nout also mentioned how the disclosure stopped the SSB and Janine linked the break in contact to her feelings of guilt.

In addition to the aforementioned broken relations, other family relationships were placed under pressure or suffered from disrupted trustworthiness. The most significantly affected were the relationships between (1) Janine and her mother and (2) Janine and Nout. Tensions in the mother-daughter relationship were reported in 11 of the first 14 interviews. Before Janine's disclosure, the mother-daughter relationship was already difficult (TI-2). Although she supported Janine after the first disclosure, after the second disclosure, the mother's attitude changed both towards her daughter and Nout. Mother Ineke suffered from feelings of guilt towards her sons because she had chosen to take her daughter's side and had removed the boys from her home. Her feelings of distrust against Janine increased; these feelings had a profoundly negative impact on the mother-daughter relationship and even caused Janine to leave home (TI-1).

Second, the relationship between Janine and her brother Nout severely suffered from the disclosure. This relationship had always been experienced by both as positive and warm, though it developed into a sexual relationship (TI-2). Therapist Sophie stated, *'They found a lot of warmth with each other; they were very important for each other; they found something in each other*' (TI-2; Sophie). Janine's subsequent disclosure that she had been abused by both brothers completely shocked Nout (TI-2). Therapist Felix explained, '*The disclosure brought difficulty in their relationship, because this was their first moment of not acting together*' (TI-2; Felix). Later, Nout disclosed the mutual nature of the SSB, which deepened Janine's feelings of guilt towards him (TI, 2, 6; FI Janine).

This analysis of the De Vries family after the SSB disclosures, considered from both the professionals' and the family's viewpoints, has identified relational traumas in the sudden breakup of family relationships and the disintegration of the nuclear family. The therapists further expressed how the SSB had led to interpersonal tensions and disrupted trustworthiness within the family.

3.2. Therapy goals and interventions

The second set of analyses examined the therapy goals that were established for the De Vries family (research question 2), followed by the interventions and evaluation of the therapy (research question 3). Therapy with the De Vries family started with an assessment in which all areas of the family's life were examined to gain insight into the family's strengths and requests for help. Three main therapeutic goals were established: first, recreate the family's safety; second, help the family process the consequences of the SSB; and third, restore mutual trust and begin relationship healing within the family.

To achieve these goals, both individual and family therapy interventions were applied (TF; TI1–18). Fig. 3 shows an overview of the main interventions that contributed to positive treatment outcomes with the De Vries family. The interventions are linked to the therapy goals and are described in a logical order, although some therapy interventions were applied at the same time; for example, when therapy sessions with both parents were initiated on recreating a safe environment, parallel individual sessions were conducted with the involved siblings to process the traumas following the SSB. These interventions are usually applied to SSB families, as confirmed in member check interviews (see Fig. 1), but are always tailored to a family's specific requests for help and individual characteristics.

3.3. Interventions with parents to recreate family's safety

A significant amount of confusion about boundaries, rules, and responsibilities in the family existed at the start of therapy. Individual and family boundaries were not established, and open communication was not used in the De Vries family (TI 1). To work towards safety within the family, the therapist pair initiated regular sessions with the parents. Therapist Felix explained why there was so much therapeutic work to do with the parents in the first months: '*Parenting is an incredibly important starting point. From there, you can draw a line to a lot of other topics. Because that is actually at the heart of the problem*' (TI 4-Felix). Three minor therapeutic interventions with the parents to recreate the family's safety arose from the interviews, which are described in greater detail in the following sections.

3.3.1. Supporting parents in managing boundaries in the family

The therapists discussed with both parents the measures that should be taken in the family to assure that no future abuse could

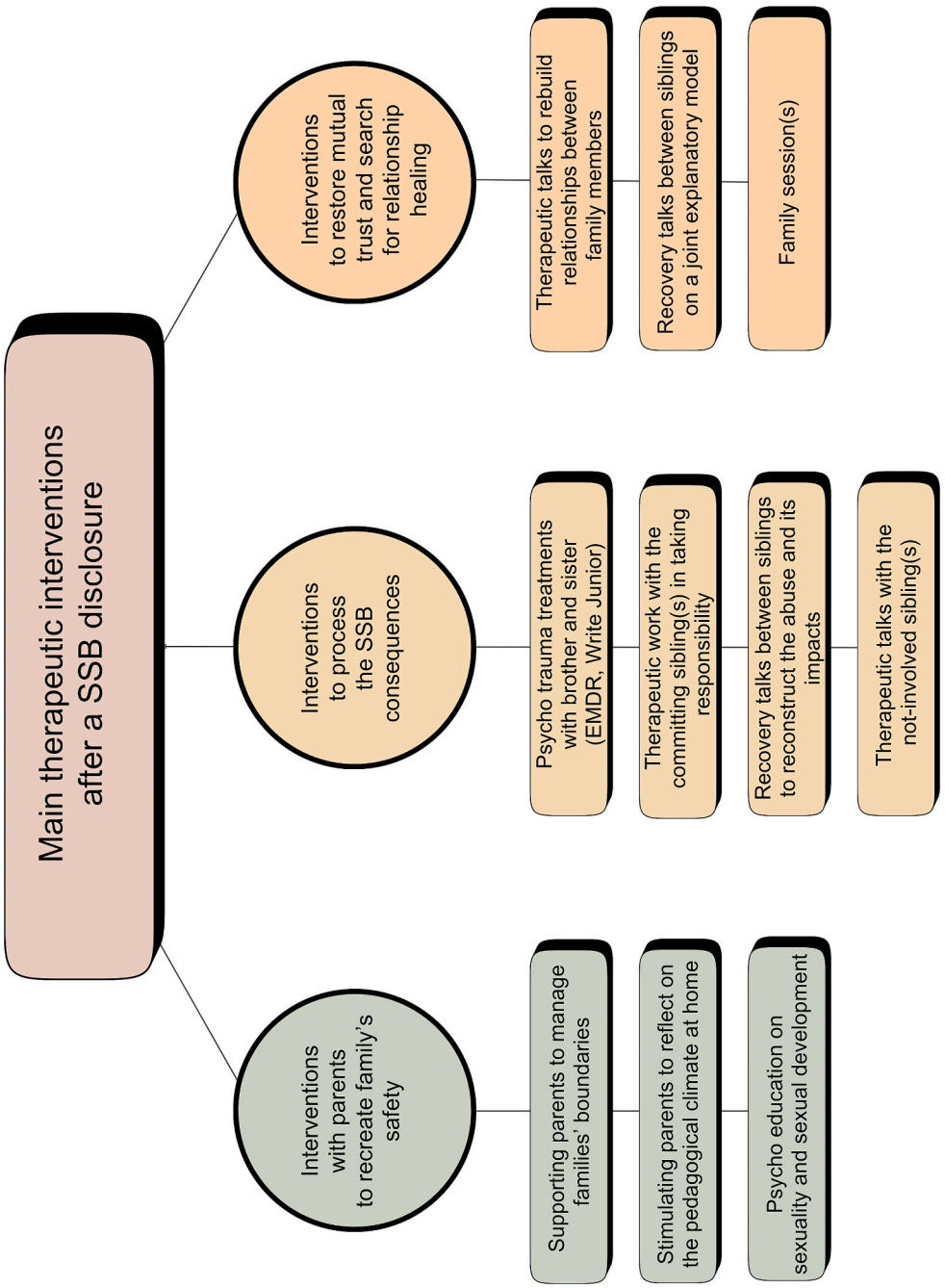

Fig. 3. Overview of main interventions applied in therapy after SSB disclosure in a single-case study.

occur (TI 1–4). The parents learned to take several safety measures, with the first measure to make a 'new start' in living together as a smaller family with only the youngest three children, while the oldest three siblings found a suitable living environment where they could learn to live independently (TF). Other safety measures were established for occasions when all children visited home; for example, an arrangement was made about knocking on someone's door before entering the room (TI 4).

The mother reflected on her learning process in managing boundaries: '*Yes, absolutely, it helped us. Yes. Still needs, we still need to talk about that … And like, well, don't walk upstairs in your underwear, but put on pajama pants for a while.*' (FI mother 2)

3.3.2. Stimulating the pedagogical climate at home

In the first months of family therapy, there was a lot of discussion with the parents about their parenting style and pedagogical family climate (TI 1–11). The interviews revealed that, in the past, mother Ineke took a lot of responsibility for parenting, and father Hans was absent. Discussions were held with the parents about what they needed from each other in parenting; thereby, the therapists tried to raise the father's awareness of his parenting role through coaching and encouragement. They worked with the father in a way that suited '*this man of limited intelligence*' (TI 1-Felix). Significant use was made of visualizations, including the use of Duplo dolls and coaching the father '*at instructional level*' (TI 4-Felix). In the therapeutic sessions about parenting, examples from the De Vries family's daily life were discussed. The therapists explained how they empowered the parents with the aspects of parenting that they see them as performing well (TI 4); they coached the mother on giving her daughter appreciation for the positive qualities that she sees in her instead of focusing on negative aspects of everyday life. During therapy, the conversation about parenting continued, including how the parents can enact these behaviors, both in their newly composed family with only the three youngest children and towards the oldest children who no longer live at home: '*At home, it is where it has to happen, where they can break through something*' (TI 5-Sophie). The therapist pair reported a development in '*more cooperation*' between the parents over time (TI 2-Sophie). Regarding father Hans, it was reported later in the therapy process that '*he is getting his position back*' (TI 12-Ron). Hans expressed in his own words how he had changed from an absent man to a more present father: '*I slowly woke up a little bit; I became a father*' (FI father). Therapist Sophie concluded about developments in the pedagogical climate: '*I like how they are developing from an almost authoritarian upbringing to actually starting a dialogue. In that they can still refine; how do you do that?*' (TI 13-Sophie).

3.3.3. Psychoeducation on sexuality and sexual development with parents

In their work with the parents, the therapists delivered psychoeducation on sexuality, sexual development, puberty, relationships, and communication (TI 2–4). The therapist pair supported the parents in giving sexual education and discussing sexual development with their youngest children (TI 2–4). The parents were accustomed to following specific rules from their church and religious community in this area; however, by discussing it in therapy, a development gradually emerged. Felix expressed his feelings on this transformation: '*I'm very impressed with how she is going to relate to it. How she is searching and learning*' (TI 4-Felix). Mother Ineke recalled that she had to get used to the sexual education at first, because it was completely new to her: '*And I would never have read it [books about sexuality] with the boys, with the big ones. But now I just discuss it, yes*' (FI mother 1). Ineke experienced openness from the therapists when talking about sexuality and the difference with her own '*Christian world, in that it is often so covered up … yes, that is all opened up now. I really found that very difficult. But I actually really appreciate that now*' (FI mother 1). Towards the end of therapy, a situation occurred in the De Vries family in which one of the youngest siblings was blackmailed online with a sexually oriented picture. While this led to confusion within the family, Sophie described how they were able to handle this situation: '*The way they have solved it together is actually going very well. I hope I can give mother some more confidence in that*' (TI 17-Sophie). In the last months of therapy, therapist David initiated some talks together with father Hans on sexuality and discussing it with the boys in his family (TI 17; 18).

In summary, the results surprisingly reveal that sexuality was a recurring subject during the whole therapy process. The therapists' approach was mostly gender-specific; both parents learned to offer more openness on sexuality towards their youngest children, with the mother developing first in this aspect, followed by the father.

The three main parental interventions, setting boundaries, stimulating the pedagogical climate at home, and psychoeducation on sexuality resulted in creating a safe family environment within the De Vries family (TF; TI 6, 11).

3.4. Interventions to process the sibling sexual behavior consequences

In addition to therapeutic work on recreating the family's safety, a set of interventions to process the consequences of SSB were analyzed: psycho-trauma interventions with individuals, therapeutic work with the committing siblings in taking responsibility, recovery talks between involved siblings and therapeutic talks with the uninvolved siblings (TI 1–18). The therapists confirmed the importance of this specific order in applying these interventions (TI 5).

3.4.1. Psycho-trauma interventions with individuals

Therapeutic work started with individual family members to reduce the individual psycho-traumatic symptoms. Nout received EMDR (Eye movement Desensitization and Reprocessing) treatment at the same institution where he received offender treatment. EMDR treatment was essential for Nout's everyday functioning and was imperative to starting recovery conversations with his sister Janine (TI 5). Nout described in his own words, '*Yes, because you really gave everything a place. Yes, then you have space to have this, those conversations*' (FI-Nout). Janine received psycho-trauma treatment interventions at the specialized youth care organization where the family therapy was initiated. EMDR treatment was applied by the team's ortho-pedagogue to process the sexual trauma and lead to a decline in Janine's tensions (TF). EMDR was followed by a cognitive-behavioral writing therapy called Write Junior (WJ), initiated by the family therapists (TF; TI 2). The WJ intervention helped Janine create a coherent narrative of the SSB and surrounding events; it

also helped with the cognitive restructuring necessary to empower Janine's self-esteem and process her feelings of guilt and shame. Consequently, the WJ intervention was essential in processing the SSB trauma. Three main outcomes on processing the SSB trauma emerged from the therapist interviews: (1) Janine learned to reflect on her thoughts and feelings, (2) Janine developed her self-image, and (3) Janine grew in expressing her boundaries (TI 4–12).

These trauma treatment outcomes initiated ways of searching for new contact with her family (TF): '*The growth we have seen in this girl, she is able to deal with the family she comes from*' (TI 12-Sophie). Janine reflected on her experiences with the individual trauma treatments: '*I really liked the fact that I had people who genuinely listened to me. That was also quite scary, came close… it was hard for me to share details*'. In addition, Janine stated about the therapy outcomes, '*And they did teach me to get in touch with my feelings*' (FI Janine). At the end of the interview, Janine described how the SSB is still present in her life: '*Those memories just come, it's a traumatic thing, but I've been able to process it so much by now that I can look back at it more. I'm not necessarily done, I'm still in a recovery period*'.

3.4.2. Therapeutic work with the committing siblings in taking responsibility

Ties and Nout both received offender treatment at a specialized forensic treatment facility with treatment dedicated to clients with limited cognitive intelligence (TF; TI 2). Through contact between Ties and Nout's forensic therapists and the family therapists of the De Vries family, a joint dialogue with Nout and Janine was initiated. Nout had written a letter to his sister during offender therapy, which he read aloud during the session (TI 2–4, 6, 8, and 11). In the letter, Nout took responsibility for the SSB, apologized, and acknowledged that it should never have happened (TF). In several of the interviews, the therapists noted that this brother-sister conversation was essential for Janine's trauma recovery. Mother Ineke emphasized that both boys '*came face to face with what they had done wrong, wanted to go into counseling for that, and wanted to bear punishment for that*' (FI mother-2); she described how it brought relief to the family: '*We can talk about it; we can be honest about it*' (FI mother-2).

3.4.3. Recovery talks between the involved siblings

In the first two and a half years of the De Vries family's therapy, sibling recovery talks to reconstruct the SSB and its impacts occurred only between Janine and Nout. Initial recovery talks between Janine and Ties occurred after therapy was restarted.

A first recovery talk between Nout and Janine was initiated after the first results of the psycho-trauma treatment became apparent, some months after the sudden break. In the first brother-sister talk, the narrative surrounding the disclosure and its consequences were reconstructed, and both siblings were able to express what this experience meant to them (TI 1, 2). Janine heard for the first time about the stress that Nout had experienced during the sudden arrest and detention; she was able to give him recognition, which helped Nout (TI 2). Subsequently, there were no conversations between Nout and Janine for a year and a half. The recovery talks between Nout and Janine were then restarted, focusing on the meaning of the brother-sister relationship in the family, aspects shared by both siblings, and what characterized the family climate. Nout and Janine cautiously searched for a new way to shape their relationship (TI 11,12). Therapist Sophie reported: '*This boy is also very much looking for that, how do I connect with her in a good way?*' (TI 11-Sophie). Therapist Ron linked their carefulness in reconnecting to trauma effects: '*Yes, but there, I do see the effects of that trauma. That has to come back together slowly and I think they are doing that in a very organic way right now*' (TI 11-Ron).

To conclude, therapists reported positively on the therapy outcomes: '*The trauma symptoms and feelings of guilt have been successfully treated in Janine; the relational family trauma is in process*' (TF; TI 15).

3.4.4. Therapeutic talks with the uninvolved siblings

Therapeutic talks with the uninvolved youngest siblings were initiated to offer them opportunities to share their thoughts and feelings on the SSB and the resulting relational traumas (TF; TI 1, 5, 11, 17). At the start of therapy, a few therapeutic talks were initiated, later followed by talks on a more regular basis. Attention was paid to the SSB and sudden breakdown of the family unit (TI 17), dilemmas around sharing about the SSB with others outside the family (TF, TI 13, 14), and sound sexuality and sexual development (TI 16–18). Besides attention to dilemmas resulting from the SSB, therapeutic attention was paid to its impacts on normal daily life, like grief about being unable to celebrate birthdays with the whole family: '*They can share their sadness about not being able to celebrate the birthday together*' (TI 12-Ron). Therapeutic attention, in combination with observed developments in relationships between other family members, helped the uninvolved siblings develop in a positive way (TF) and process their relational traumas (TI 17).

3.5. Interventions to restore mutual trust and search for relationship healing

In addition to the interventions to process the impacts of the SSB, a set of interventions were identified to initiate a growth process in the De Vries family: therapeutic talks to rebuild the mother-daughter relationship, recovery talks between the siblings on a joint explanatory model, and a family session.

3.5.1. Therapeutic talks to rebuild mother-daughter relationship

Monthly therapeutic talks between mother Ineke and Janine were initiated to work on the mother-child relationship, which severely suffered from the SSB and disclosures. Recurring themes in these therapeutic sessions were boundaries in the relationship, the parents' expectations towards their daughter, and Janine's searching to find her own way in her beliefs. The therapists explained why they placed so much focus on rebuilding this relationship: '*They really need each other and we want to prevent a rupture*' (TI 7). It took time to rebuild this relationship, but gradually, both succeeded in listening more to each other's perspective (TI 8). These sessions contributed to a '*very nice contact*' (TI 13-Sophie) between Janine and her mother, in which they met monthly and maintained online

contact (TI 13).

3.5.2. Recovery talks on a joint explanatory model

While recovery talks between Nout and Janine first focused on a reconstruction of the SSB and its impacts, recovery talks to work on a joint explanatory model were initiated towards the end of therapy. A dialogue was started with Nout and Janine on the question: '*How could the sexual contact have happened*?' (TI 12–18). Therapists found explanations for the SSB in unsafety, quarrels, and emotional poverty in a large family with an almost absent father; these combined factors brought the siblings together in a relationship that developed into SSB (TI 1–5, 8, 12). In dialogue with the siblings, their own answers were formulated. Nout's answers were, '*Our parents were busy with their own family problems; there were often tensions at home. Janine and I got along well; I entered puberty and became curious about sexual things. That's how the sexual acts between us occurred*' (TN). Janine explained the SSB:

> *At school, I was bullied; I was looking for recognition, attention; I wanted to be seen. There was a lot of stress and tension at home, then Nout and I were looking for a kind of relaxation with each other. That was how the sexual acts evolved.*
>
> (TN)

Interestingly, the therapists formulated explanations for the SSB on a family level, while the involved siblings both formulated explanations on an individual level as well.

Besides working on a joint explanatory model, the therapists discussed with both siblings the question of '*how can we prevent sexual contact in the future?*' In the recovery talks, confidence was expressed to each other that no future sexual contact should occur. This joint confidence was based on more open communication in the family; feelings are no longer bottled up, and there is no need to seek relaxation together (TN). The therapists reported that the relationship between Nout and Janine is restored and that the recovery talks focused on the future of '*what is a sound brother-sister relationship?*' (TI 17 and 18). Mother Ineke described the relationship and noted how the siblings are making plans to go shopping together: '*I like this; I think this is so important for them to do such a thing together*' (FI mother-2).

Recovery talks between Ties and Janine were initiated after the De Vries family had restarted therapy. After three years without contact, both siblings developed the desire to search for '*a normal contact in which we can see each other on family moments like birthdays*' (TN). Explanations for the SSB were found by the therapist in the absence of clear family boundaries and sexual education, loneliness, and Ties' autism and low intelligence, combined with his aggression (TI 1–5, 16–18). Both siblings worked on a joint explanatory model on the abusive SSB. Ties stated:

> *I always abused my aggression to hide my fear inside. I didn't find connection with peers; Janine always was smarter, verbally strong, but I knew she was afraid of me; I abused her fear and she was an easy target. I do feel very guilty; Janine felt very inferior because of me.*
>
> (TN)

Janine explained, '*I was always afraid of Ties and tried to get attention for being smarter than the others at home. But no one was seen by our parents.*'

It is notable that in all explanations for the abusive SSB, Ties' aggression is expressed, for which he takes full responsibility. In the final family session, it was discussed that Ties and Janine also worked on their relationship and that they are able '*to smoke a cigarette together*'. Ties told his family that '*a dream came true*' (ON).

3.5.3. Family sessions

A first family meeting with all eight family members was initiated after therapy restarted, in which the family's strengths, wishes, and requests for therapy were discussed. The family expressed their experiences of togetherness, openness, and respect for each other; their wishes for help focused on how to invest in relationships and to look back together on the past to be able to look forward (TI 16). Janine wanted to continue in conversations alone with her brothers, and the family agreed to have a joint feedback session at the conclusion of therapy (TI 15, 16). The final family session prioritized what the therapy process had taught individual family members and the family as a whole (ON). In this session, the therapists shared their feelings of confidence in the De Vries family for the future (ON). Father Hans reflected earlier on the family's healing process and his own responsibility:

> *It takes quite a while for that to heal a little bit. Yes, considering how well we are in the situation. But yes, you have to be very careful about it say. I am very definitely not going to fall back into my old pattern myself.*
>
> (FI-father)

Nout recounted the family's healing: '*You can see that everyone has benefited in many ways from that counseling. That you talk easier, that you don't clash as easily as before*' (FI-Nout). In the family session, therapist Sophie asked the youngest child about his thoughts on the family therapy outcome; he answered, '*It is just very nice that we are almost a normal family again*'. Finally, farewells were exchanged, and the therapists received a postcard that said, '*The eight of us can be a family again, but different than before, we talk*' (ON).

Consequently, after first working with parents to recreate safety and helping the family process the consequences of SSB, the De Vries family ended therapy by working to restore trust and to rebuild relationships. Recovery talks were conducted between the involved siblings on a joint explanatory model; this explanatory model helped create a shared family narrative of the SSB, its impacts, and explanations. A final family session helped close this long therapeutic process in togetherness, with eyes on a future for the De Vries to be a family again 'but different than before'.

4. Discussion

The current study aimed to (1) investigate the relational traumas experienced by a family after a disclosure of SSB, (2) investigate therapeutic goals, and (3) evaluate applied therapeutic interventions. An in-depth, single-case study on the De Vries family revealed the perspectives of both professionals and the family itself.

4.1. Relational traumas

Due to the SSB and disclosures, relational traumas were identified in this case study in the form of broken relationships, relationships under pressure, and a loss of trust between all family members (especially between mother and daughter and between the involved siblings). Perhaps the most important finding was the varying degrees of relational traumas found between the involved sibling relationships, which were related to the different types of SSB present in this family. First, regarding the abusive type of SSB, mutual trust was already lacking between the involved siblings before the start of the SSB; the abuse further deepened this damaged trust and also caused severe PTSD in the victimized sibling. These severe impacts might be explained by considering the abusive SSB as a form of attachment trauma, which occurs in the context of an attachment relationship and causes a trauma in the attachment system itself (Allen, 2001, p. 22). According to Allen, the most traumatic effects can arise from the combination of the frightening experience of abuse and the absence of restorative comforting (Allen, 2001, p. 42). Second, the sibling relationship in the mutual type of SSB in this family has always been experienced by both siblings as loving and important, even though it developed into inappropriate SSB. This important relationship was broken at the moment of disclosure and was felt as a relational loss for both siblings. In addition, both siblings suffered from feelings of confusion, shame, and guilt as a result of the SSB. When the SSB was disclosed, the reciprocal aspect was not yet revealed, caused by both intra- and interpersonal barriers of shame and taboo (Marmor, 2023). The partial disclosure led to legal consequences for the brother, which intensified the sister's feelings of guilt. Altogether, the disclosure process and its consequences led to disrupted trust and relational trauma between the siblings involved in the mutual type of SSB. In summary, varying degrees of relational traumas related to the different types of SSB were found in this study and would be an important issue for future research.

4.2. Therapy goals, interventions, and outcomes

This study identified three therapeutic goals: (1) recreate the family's safety, (2) process the consequences of the SSB, and (3) restore mutual trust and seek relationship healing. To achieve these therapy goals, interventions were initiated on the individual, parental, sibling, and family levels, as recommended by various studies (Ballantine, 2012; Harper, 2012; Lafleur, 2009). An overview of these therapeutic goals and interventions applied in this single case study can be found in Fig. 3.

Surprisingly, therapy outcomes on the individual and parental levels of the De Vries family seem to have worked as a catalyst for similar outcomes to arise on the sibling and family levels. Therapeutic work on the parental level led to the family's safety being recreated; more parental warmth was given and the father learned to take accountability for his parenting role, thus aligning with earlier studies on the importance of parenting (e.g., Morrill, 2014; Schladale, 2002; Tener & Silberstein, 2019). The parents also learned to communicate more openly about sexuality, which helped create a healthier sexual climate in the family. On the individual level, EMDR helped reduce trauma symptoms in both siblings involved in the mutual type of SSB, and cognitive-behavioral writing therapy further helped the victimized sibling process feelings of guilt and led to a growth in self-image and boundary-setting. In addition, offender therapy helped the committing siblings learn to reflect, empathize, and take responsibility for the SSB. These outcomes on the individual level created the preconditions to start working at the sibling level. The involved siblings worked together on a joint explanatory model to reconstruct the SSB and its impact and to explain how the SSB could have ever occurred. This therapeutic process helped restore mutual trust and rebuild relationships. On the family level, therapeutic attention helped the uninvolved siblings manage the impacts of the SSB on their personal and family lives. Therapy also helped improve the mother-daughter relationship; this outcome is particularly important, as earlier studies have identified that parental support can serve as a healing factor (Caffaro, 2017).

The study's most important findings were the different therapy outcomes surrounding the rebuilding of relationships in the two types of SSB. In the abusive type, therapy only started after a contact break of three years, and therapy outcomes were identified as being on an ‘everyday life level’ in which both siblings can meet and tolerate each other. In the mutual type, therapy started earlier, and therapy outcomes were observed in the development of a recreated and sound sibling relationship, which both siblings experience as meaningful. Future studies on the current topic are recommended to examine what causes the different forms of SSB, which child and family characteristics pose a risk, the relational consequences for the different types, and the significance of these findings for possible therapy outcomes.

The entire series of interventions, complemented by several family sessions, helped this family find a means of handling the impact of SSB. A shared narrative of the SSB was created within the family, which helped them ‘be a family again’ going forward. This finding is in accordance with the general goals for family therapy; in other words, that clients are safe to share their stories, are heard and acknowledged, and can reach a shared ‘this is our story’ (Rober, 2002). Finally, the therapy endured for four and a half years, which underscores the enormous efforts of the family and, specifically, the daughter. The commitment, motivation, and efforts of all family members to engage in the therapy process were of significant value.

4.3. Sibling sexual behavior

In this study, the umbrella term sibling sexual behavior was used to refer to various types of sibling sexual behaviors, including the abusive and mutual types of SSB, which were found in this case study. According to earlier studies, in the abusive type, there is a relevant age difference, the use of force or coercion (Yates & Allardyce, 2021; McCartan et al., 2024), and clear perpetrator and victim roles (Tener et al., 2020). The characteristics of the abusive type found in this study align with these earlier studies. In the mutual type, however, the acts are more reciprocal (Tener et al., 2020), and the power dynamics can be more complex; such relationships may lack a victimizing intent or outcome, although including inappropriate or problematic behaviors (McCartan et al., 2024). These more complex power differences between siblings were also found in this study: Nout entered puberty while Janine was a pre-adolescent when the SSB started, and the SSB developed gradually into mutual behaviors in which both siblings took initiative. These complex relational dynamics raise the question as to which terms are most appropriate for describing this behavior: words like offender, perpetrator, the one who causes harm, the one to whom harm is caused, or victim do not seem to accurately fit. The post-disclosure consequences of the mutual type demonstrate how language that fails to accurately reflect what actually happened can have far-reaching juridical and relational consequences. It is important to find precise language that does justice to the multi-layered perspective and dynamic nature that can characterize different forms of SSB. These results support the suggestion to describe SSB as 'inappropriate or problematic sexual behaviors between siblings' (Yates & Allardyce, 2021). It is important that precise language find its way to social workers, as they have a crucial role in responding to disclosures and decision-making (Yates, 2018).

4.4. Limitations and implications for research

Several limitations of this study must be considered. First, this single-case study was conducted in a family with various limitations and situated in a specific closed religious community. Although this study provides insights into helpful interventions that have also been confirmed by therapists as valuable for other SSB families, it is important that these interventions be researched to explore their transferability to other religious-cultural and socio-economic contexts. Further research is needed to confirm, validate, or specify whether the findings from this study are relevant in other contexts. Second, aspects such as the impacts of the aforementioned context variables on the SSB, the post-disclosure effects on the family, and the therapeutic relationships are only briefly addressed in this paper. Further studies on the specific variables of SSB in closed religious communities or in families with specific limitations should be undertaken to understand the relationship between SSB and different context variables. Third, the differences in therapy outcomes between the two types of SSB offer interesting results; however, as they derive from a single-case study, it is possible that these results are not representative of both types of SSB. Additional research is needed to better understand the different types of SSB, their effects on relational traumas in sibling relationships, and therapy outcomes. Furthermore, in this study, only some impressions of the experiences of the committing sibling in the abusive type and of the uninvolved siblings' perspectives were found in the researcher's and therapists' notes, and no in-depth interview was conducted to explore these important perspectives. It would be highly valuable to gain deeper insights into these siblings' perspectives to understand the relational traumas present in the different types of SSB from all family members' perspectives. Consequently, this topic represents an important area for further research; as experienced in this study, it requires researchers' prolonged engagement to spend an extended period of time in the field of SSB families and their specialized therapists, build trust with participants, and obtain the opportunity to follow the processes of healing from the complexities of SSB.

5. Conclusion

This study contributes to furthering the understanding of the phenomenon of sibling sexual abuse and sibling sexual behavior, which has been examined from the complementary perspectives of both professionals and family members. By longitudinally following a family and their therapists, it was found that therapy outcomes arose not in a linear process but with relapses, mounting tensions, and small successes. Pathways to recovery were difficult and demanding over a long period of time for everyone involved; a second treatment intervention was even needed after the first two and a half years were completed. Ultimately, the outcomes at different levels in the De Vries family offer hope for other families struggling with the effects of SSB. It is, however, realistic to expect that the De Vries family will face difficulties in the future; for example, when the youngest children become adults and new questions on the SSB may arise or when the children develop intimate relations. In the future, the family will have to show that they can continue to communicate openly, finding new paths as a family to navigate new challenges. Furthermore, this study's analysis of effective therapeutic interventions has led to the first proposed therapy intervention model, based on earlier studies and on the practice conducted in this research. This contribution may help practitioners in the field handle this high-demanding work with SSB families.

CRediT authorship contribution statement

Aletta Simons: Writing – review & editing, Writing – original draft, Visualization, Software, Resources, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Martine Noordegraaf:** Validation, Supervision, Formal analysis, Conceptualization. **Tine van Regenmortel:** Validation, Supervision, Data curation, Conceptualization.

Data availability

The data that has been used is confidential.

Acknowledgements

This publication is part of the project 'Onderzoek naar gezinstherapie voor relationeel trauma na seksueel broer zus misbruik' (with project number 810-513 of the research program Promotiebeurs voor leraren which is (partly) financed by the Dutch Research Council (NWO)).

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