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Kid's stuff: The nature and impact of peer and sibling violence on younger and older children[☆]

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Abstract

Objective: It is widely presumed that when children are hit by peers or siblings, it is not as serious as similar acts between adults or older youth, which would be termed, “assaults” and “violent crimes”. The goal of this study was to compare the violent peer and sibling episodes of younger children to those of older youth in terms of their seriousness and association with symptoms that might indicate traumatic effects.

Method: The study collected reports of past year's violent victimizations and childhood symptoms in a national probability telephone sample of 2030 children and youth ages 2–17. The experiences of 10–17-year olds were obtained via self-reports and those of the 2–9-year olds from caregivers.

Results: The younger children's peer and sibling victimizations were not less serious than the older youth on the dimensions of injury, being hit with an object that could cause injury or being victimized on multiple occasions. Younger children and older youth also had similar trauma symptom levels associated with both peer and sibling victimization.

Conclusion: There was no basis in this study for presuming peer and sibling victimizations to be more benign when they involve younger children. The findings provide justification for being concerned about such peer and sibling violence in schools and families and for counting such victimizations in victimization inventories and clinical assessments.

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Introduction

Joyce, busy at her desk, didn't see it coming. The assailant ran through the door, clobbered her on the head, and ran off. Joyce fell to the floor screaming.

a. (Joyce is 25) Her co-worker reached for the phone and dialed 911

b. (Joyce is 5) The kindergarten teacher, Mrs. Coyle, looked up and asked, "What's going on here?"

Children experience a high frequency of violence from other children. Surveys suggest more than half of all children experience violence from a sibling in the course of a year (Goodwin & Roscoe, 1990; Roscoe, Goodwin, & Kennedy, 1987; Straus & Gelles, 1990; Straus, Gelles, & Steinmetz, 1980) and a quarter to a third from a non-sibling peer (Bennett & Fineran, 1998; Coker et al., 2000; Duncan, 1999; Finkelhor & Dziuba-Leatherman, 1994; Kilpatrick, Saunders, & Smith, 2002; Marcus, 2005; Singer et al., 1999).

However, this violence between children, especially young children, is regarded differently from violence in general. The same violent act—a punch to the head or a whack with an object—that against an adult would readily be labeled an assault and treated as a crime, would rarely be so labeled when committed by one young child against another. Child-on-child violence is more often described with other terms like scuffles, fights, or altercations.

However, there have been few studies of exactly how child-on-child violence is different. Research has rarely considered such basic questions as whether it is fundamentally less overwhelming, less injurious, less psychologically harmful, differently motivated or characterized by different sequences of interaction. Rather, there are difficult to avoid, widely shared stereotypes about this violence that are taken for granted and color even scholarly thinking about the topic.

Example of scholarship discounting peer violence among children

Examples of the difficulty of escaping the stereotypes can be found in a paper by Garofalo, Siegel, and Laub (1987), one of the studies that is most frequently cited as demonstrating the lesser seriousness of juvenile peer victimization. The paper analyzed narratives of school-related victimizations from the National Crime Survey, the predecessor to the National Crime Victimization Survey (NCVS), the federal government's large, annual epidemiological survey on crime. The paper concluded, "Generally, victimizations of juveniles tend to be less serious than victimizations of adults . . ." (p. 336).

In support of the conclusion, the article cited episodes provided by teenage interviewees in response to questions intended to elicit crime victimization that the authors asserted did not seem very serious. "The emerging picture is not one of the offender stalking an innocent prey, but of teasing, bullying and horseplay that gets out of hand. The following excerpts are not unusual: 'While walking down stairs in school, two boys threatened to throw respondent down stairs unless she walked faster . . .' 'Boy had been bullying respondent for several months. One day respondent knocked him down when he called respondent names. The next day offender knocked respondent down, causing injury to the jaw.' (p. 331)"

From another section: "72% of the narratives contained additional information about injury and most served to confirm its minor nature. For example, 'while on school grounds respondent accidentally

spilled milk on another student who turned on the respondent with great anger and hit her on the head with clenched fist. Offender's ring caused pain and a lump to form' (p. 332)."

These are good examples of how easy it is to impute "minor nature" to episodes involving children, when a range of seriousness could be inferred from the available descriptions. Being thrown down stairs could be life threatening in some stairwell constructions, and the true seriousness of the threat is unclear from the narrative. An adult knocked down, injured in the jaw and verbally abused by a co-worker might well be described as terrorized, and could end up with a large damage award. If a man hit his wife in the head with a clenched fist "with great anger," causing a lump to form, police and prosecutors would have no difficulty construing this as an arrestable and prosecutable spousal assault, with a presumption of serious emotional harm to the victim. When the authors contrast their cited juvenile episodes to the crime-thriller stereotype of "offenders stalking innocent prey," they are ignoring the fact that this stereotype does not characterize most adult crime or most NCVS episodes, which also frequently grow out of arguments, disagreements and bullying (Katz, 1988).

In fact, more quantitative analyses of NCVS data do not confirm a lower level of seriousness for violence occurring against juveniles. Overall, the rate of "serious violent crime," that is, rape, robbery and aggravated assault has been twice as high for 12–17-year olds as for those 18 or older during the period between 1993 and 2003 (Baum, 2005). In addition, the percentage of all NCVS assaults that involved injury is around 28% for both 12–17-year olds and adults (Ormrod, 2002). This is despite the fact that the vast majority of the assailants against juveniles are other juveniles, while most of the adults' assailants were other adults (Baum, 2005). So the NCVS does not actually support claims that the peer victimization of juveniles is less serious than the violent crime that adults experience.

Presumptions about child-on-child violence

The main reason child-on-child violence is regarded as different in nature is not from empirical evidence but from moral and philosophical presumptions about young offenders. Children, according to a long tradition in law, religion and psychology, are deemed to be more impulsive, less aware of norms, standards and consequences, and less capable of forming so-called criminal intent or *mens rea* (Clement, 1997). Some of the aversion to using crime-oriented labels like assault is the belief that children should not be judged by adult moral or legal standards and be spared the stigma inherent in such labels. This is the principle that forms part of the basis for having a separate and less punitive system to handle juvenile offenses.

But along with presumptions about offenders, perceptions of child-on-child violence appear also to contain parallel presumptions about child victims. These presumptions tend to consider the victims of peer violence less violated, less injured, and less affected than similarly victimized adults might be (Cervantes, 2003; Houlihan, 2005; West, 2001).

The presumptions about child victimization by peers appear to apply to both the severity of its objective features (level of violence involved) as well as its impact or harmfulness. In combination, this presumption of "lesser seriousness" may have several implicit elements. One may be the idea that child-on-child violence is objectively less threatening and injurious in its physical and interpersonal dynamics. Child assailants, at least in the case of younger children, are thought of as not as strong, not as calculating, and not as callous. They would not create as much fear or physical damage as might typically occur in assaults by older offenders.

A second element to the presumption is that child-on-child violence is less harmful because the normative violation is not so severe. Presumably child-on-child violence is more common, expected, developmentally normal, less associated with malevolence, and criminal intent (Unknown, 1999). Children would be less impacted by such violence because they might appreciate its normality and perhaps do not feel so violated or stigmatized by it.

A third element to the presumption of lesser impact may be the idea that children are simply developmentally more resilient when child perpetrators are involved. There is so much novelty in the world of children; things are continually changing; children can be miserable at one moment and elated the next. The anguish and suffering of being the victim of violence is more short-lived.

There may be other components to the assumption of less impact as well. The terms like scuffles, fights, squabbles and altercations (Unknown, 1999), often used to describe child-on-child violence tend to imply that responsibility for the violence is mutually shared, that everyone may have been using violence in the episode, or that the self-described victim may have done something to provoke the assault. If a victim was culpable or even an aggressor, then they are likely less harmed by the violence in the episode.

Another assumption about child-on-child violence that may play a role in how it is stereotypically viewed is the idea that such experiences are character building (The Guardian, 1996). There is a tradition of thought among parents and even developmental authorities that it is important for children to learn to defend themselves from assaulters and bullies (Cervantes, 2003). Even if being the victim of violence causes pain and suffering, these are thought of as salutary and educational experiences, and this mitigates whatever harm someone might otherwise impute to such an experience.

Critique of presumptions

These presumptions, rooted as they may be in popular thinking, do not have a strong grounding in empirical evidence or developmental theory. In fact, in some cases there is a basis for formulating a quite opposing premise. For example, far from being less threatening and injurious, the impulsive, unrestrained nature of child aggressors, combined with large differences in size and physique, their youthful strength, and lack of socialization to the concept of chivalry may make young child assailants more threatening and injurious in general than older assailants. In addition, while the developmental immaturity of children may make it easy to move beyond a victimization episode, this same immaturity may also allow an episode to have a more pervasive and catastrophic effect on developmental trajectories. Notice, for example, how according to popular presumption and some of the research evidence (Kendall-Tackett, Williams, & Finkelhor, 1993), sex crimes are believed to be more injurious the earlier they are experienced exactly because of this developmental immaturity.

The apparent normality of peer violence in childhood could also be an exacerbating rather than a buffering factor. When violence is more common, children have more difficulty achieving a sense of security. The presence of frequent violence may be a traumatic reminder of their own victimization, which according to traumatic stress theory, could make it more difficult to recover from victimization (Shaw, Applegate, & Schorr, 1996). In general, children may have much more intensive and on-going contact with their assailants—classmates and siblings—than would most adult victims (with the exception of spousal victims). This may also make it more difficult for a child to recover from the trauma of a victimization episode. Obviously, the comparative seriousness of child-on-child violence needs to be settled by empirical comparisons and evidence, not by presumption and selective application of popular thinking about child development.

Although we have been discussing the seriousness of violent victimization with regard to children in general, clearly the presumption of lesser seriousness applies even more strongly to certain types of child-on-child victimization than others. A relatively more discounted type is the victimization of younger children. The perceived seriousness of victimization could be said to decrease with declining age, such that the peer-on-peer violence among 16-year olds is regarded as more serious and crime-like than peer-on-peer violence among 10-year olds, which in turn is more serious and crime-like than among 4-year olds (Astor, 1995).

Another relatively more discounted type is sibling victimization. Sibling victimization is almost certainly regarded as more benign than other peer victimizations, as can be seen from comments in advertisements and child rearing manuals (Straus et al., 1980). The basis for this might once again be the idea that it is among the most normal, frequent and expected forms of violence. However, one might also argue that the pervasive and inescapable contact with siblings makes it a form of violence with the greatest capacity to harm (Wiehe, 1997).

The current study

If the presumptions discussed here have not been subjected to more empirical evaluation, one of the reasons may be that much of the juvenile violence exposure research has been done on relatively narrow age groups, for example, teenagers or elementary school aged children, making age comparisons more difficult. Studies that used identical prompts and definitions to elicit violence exposure across the whole spectrum of childhood have been rare. In the current study, we had access to reports of both peer and sibling violence for an age span ranging from 2 to 17, gathered by identical questions. While the data do not allow a comparison of episodes between children and adults, they do allow comparison between younger children and older youth, youth whose assault victimizations would be more likely considered crimes by the justice system. The study also gathered information specifically about violence by siblings.

The study allowed us to examine the comparative seriousness of violence by peer and siblings when they occurred to children of different ages. We address three specific questions:

1. Are there features in the dynamics of peer and sibling violence to suggest it is less serious when it occurs to younger children?
2. Is peer and sibling violence less likely to be associated with symptoms of victimization trauma when such violence occurs to younger children?
3. Is sibling violence for either younger or older children less serious in its dynamics and less associated with symptoms than violence by other peers.

Methods

Participants

This analysis uses data from the Developmental Victimization Survey (DVS). The survey, conducted between December 2002, and February 2003, assessed the experiences of a nationally representative sample of children ages 2–17 living in the contiguous United States. Interviews with parents and youth were conducted by telephone by the employees of an experienced survey research firm. Telephone interviewing

is a cost-effective methodology (Weeks, Kulka, Lessler, & Whitmore, 1983) that has been demonstrated to be comparable in reliability and validity with in-person interviews, even for sensitive topics (Bajos, Spira, Ducot, & Messiah, 1992; Bermack, 1989; Czaja, 1987; Marin & Marin, 1989). The methodology is also used to interview youth in the US Department of Justice's National Crime Victimization Survey (Bureau of Justice Statistics, various years) and in a variety of other epidemiological studies of youth concerning violence exposure (Hausman, Spivak, Prothrow-Stith, & Roeber, 1992).

The sample selection procedures were based on a list-assisted random digit dial (RDD) telephone survey design. A short interview was conducted with an adult caregiver (usually a parent) to obtain family demographic information. One child was randomly selected from all eligible children living in a household by selecting the child with the most recent birthday. If the selected child was 10–17-years old, the main telephone interview was conducted with the child. If the selected child was 2–9-years old, the interview was conducted with the caregiver who "is most familiar with the child's daily routine and experiences." Caregivers were interviewed as proxies for this age group because the ability of children under the age of 10 to be recruited and participate in phone interviews of this nature has not been well-established, yet such children are still at an age when parents tend to be well informed about their experiences both at and away from home. In 68% of these caretaker interviews, the caretaker was the biological mother, in 24% the biological father, and in 8% some other relative or caretaker.

Up to 13 callbacks were made to select and contact a respondent and up to 25 callbacks were made to complete the interview. Consent was obtained prior to the interview. In the case of a child interview, consent was obtained from both the parent and the child. Respondents were promised complete confidentiality, and were paid \$10 for their participation. Children or parents who disclosed a situation of serious threat or ongoing victimization were re-contacted by a clinical member of the research team, trained in telephone crisis counseling, whose responsibility was to stay in contact with the respondent until the situation was resolved or brought to the attention of appropriate authorities with the cooperation of the respondent. All procedures were authorized by the Institutional Review Board of the University of New Hampshire. The final sample consisted of 2030 respondents: 1000 children (ages 10–17) and 1030 caregivers of children ages 2–9. Interviews were completed with 79.5% of the eligible persons contacted.

Data were collected using a CATI (Computer Assisted Telephone Interview) system. The use of CATI minimizes recording errors and provides substantial quality control benefits. For this survey, only interviewers who had extensive experience interviewing children and in addressing sensitive topics were chosen. Interviewers then went through extensive training on the questionnaire and interview protocol.

The final sample represented 2030 children ages 2–17 living in the contiguous United States. Half (50%) of the sample is male; 51% are 2–9-year olds, while 49% are ages 10–17. Almost 10% of the sample reported a household income of under \$20,000 while about 34% had annual incomes between \$20,000 and \$50,000. The survey sample is 76% White (non-Hispanic), 11% Black (non-Hispanic), 9% Hispanic (any race), and 3.5% from other races including American Indian and Asian. The sample somewhat under-represents the national proportion of Blacks and Hispanics, and as a result, post-stratification weights were applied using 2002 Census estimates (US Bureau of the Census, 2000) to adjust for race proportion differences between the DVS sample and national statistics. It should be noted that, since interviews were conducted in English only, this weighting procedure can only increase representation among English speaking Hispanics. Weights were also applied to adjust for within household probability of selection due to variation in the number of eligible children across households and the fact that the experiences of only one child per household were included in the study.

Measurement

Victimization. Victimization exposure was obtained using the Juvenile Victimization Questionnaire (JVQ) (Hamby, Finkelhor, Ormrod, & Turner, 2004a). The JVQ was designed to be a more comprehensive instrument than has typically been used in past research, screening for 34 specified victimizations that cover five general areas of concern: Conventional Crime, Child Maltreatment, Peer and Sibling Victimization, Sexual Victimization, and Witnessing and Indirect Victimization (Hamby, Finkelhor, Ormrod, & Turner, 2004b). Follow-up questions for each screener item gathered additional information needed to describe events in greater detail, including perpetrator characteristics, the presence of a weapon, whether injury resulted, and whether the event occurred jointly with another screener event.

Information on the victimizations of the 2–9-year olds came from caregivers; and although there is some concern about whether caregivers have adequate knowledge about child victimizations, comparison of caregiver and youth reports for similarly aged youth suggested no systematic underreporting by caregivers for younger children (Finkelhor, Hamby, Ormrod, & Turner, 2005). The JVQ performed well in other psychometric assessments including tests of respondent comprehension, construct validity and test-retest reliability (Finkelhor, Hamby et al., 2005).

A multiple victimization measure was developed that summed the number of different forms of victimization across the 34 specific types. Multiple victimization was defined as the *number of victimizations* of a different type (a different screener) occurring as part of a separate incident (separate time and place of occurrence) during the data collection time frame. It has been shown to be a stronger predictor of trauma symptoms than individual victimization items (Finkelhor, Ormrod, & Turner, in press).

For the purpose of this research, episodes of peer or sibling violence were distinguished from each other and those committed by other types of perpetrators. Violent episodes were signified by a “yes” response to one or more of five screeners (see Table 1): assault with an object, assault without an object, attempted assault, generalized peer or sibling assault and nonsexual genital assault. (Other screeners from the survey did yield some additional reports of peer and sibling victimizations, but were deemed unsuitable for inclusion in this analysis for a variety of reasons, such as only being asked of a restricted age range or because they involved sexual violence, which brings different issues to bear. The vast majority of violent victimizations came from the five included screeners.) Sibling episodes were those committed by siblings only, defined as any sibling, step-sibling or co-resident child. Peer episodes were those committed by non-sibling peers only. To avoid ambiguity, episodes that included both sibling and peer perpetrators (5% of all sibling and/or peer incidents) were not used. A child needed only one violent episode of that type to be considered to have suffered *sibling violence* or *peer violence*.

A word on terminology is warranted. The episodes considered in this study were elicited mainly through the use in the questionnaires of the words “hitting” and “attack.” The word “hitting” may be somewhat too narrow to apply exactly to this collection of episodes. “Violence,” on the other hand, may be considered too broad and serious a term to apply, since it generally includes other acts (like sexual assaults and robberies) not counted in this study. Some have objected to using the term “assault” to apply to the hitting and violence of younger children and siblings, since this term contains implications of a serious crime. Because the question of this study is, indeed, to address the controversy over whether these episodes are simply what should be considered under the more benign term “hitting” or deserve to be

Table 1
Screeners identifying episodes of peer or sibling violence by age

Screener item	Peer violence ^a (%)		Sibling violence ^a (%)	
	2–9-Year olds (n = 275)	10–17-Year olds (n = 399)	2–9-Year olds (n = 463)	10–17-Year olds (n = 333)
C4: Sometimes people are attacked with sticks, rocks, guns, knives, or other things that would hurt. In the last year, did anyone hit or attack [your child/you] on purpose with an object or weapon? Somewhere like: at home, at school, at a store, in a car, on the street or anywhere else?	13	10	3	1
C5: In the last year, did anyone hit or attack [your child/you] WITHOUT using an object or weapon?	33	33	11	4
C6: In the last year, did someone start to attack [your child/you], but for some reason, it didn't happen? For example, someone helped [your child/you] or [your child/you] got away?	15	22	2	1
S2: In the last year, did any kid, even a brother or sister, hit [your child/you]? Somewhere like: at home, at school, out playing, in a store, or anywhere else?	35	20	82	93
S3: In the last year, did any kids try to hurt [your child's/your] private parts on purpose by hitting or kicking [your child/you] there?	4	15	2	1
Identifying screeners	100	100	100	100

^a Episodes include peer perpetrators only or sibling perpetrators only, but not both.

categorized with the more serious terms “violence” or “assault,” we will use all these terms, but with the understanding that they refer in this study only to hitting and attacking, the two terms used in the question to elicit episodes.

Child mental health. An important goal of this study was to assess the effects of peer and sibling violence on children's mental health. Mental health status was measured through the use of the anger, depression and anxiety scales of two closely related measures: the Trauma Symptoms Checklist for Children (TSCC) (Briere, 1996), which was used with the 10–17-year old self-report interviews, and the Trauma Symptom Checklist for Young Children (TSCYC) (Briere et al., 2001), used in the caregiver interviews for the 2–9-year olds. All item responses for the three scales together were summed to create an aggregate trauma symptom score. Up to three missing responses were replaced with the case's mean for that set. Because the specific items used for each age group differed, a *child trauma symptom score* was created for the 2–9-year olds and a *youth trauma symptom score* for the 10–17-year olds. (Child trauma symptom score: mean = 35.10, *SD* = 7.06, min = 27, max = 78; Youth trauma symptom score: mean = 34.75, *SD* = 9.72, min = 25, max = 91.)

All components of the TSCC have shown very good reliability and validity in both population-based and clinical samples (Briere, 1996). Although more recently developed, the TSCYC caregiver report has also shown good psychometric properties (Briere et al., 2001). In the present study, TSCC alpha coefficient is .92 for youth trauma symptom items, while the TSCYC alpha coefficient is .86 for child trauma symptom items.

Victimization seriousness. In addition to distinguishing sibling and peer violence, a number of variables, based on follow-up questions to the screeners, were constructed that captured further important details of the episodes. These included whether an *injury* or *object/weapon* was part of any reported sibling or peer episode; whether a child had been attacked by *multiple perpetrators* of that type; and whether any episode could be characterized as a *chronic victimization* (repeated attacks of the same type). The presence of any injury was elicited by the question, “Was your child [Were you] physically hurt when this happened?”, with several examples of “hurt” offered (pain the next day, bruise, cut that bled, broken bone). The presence of an object or weapon was identified by asking the respondent whether “a stick, rock, gun, knife, or other thing that could hurt” was used by a perpetrator. Although more dangerous weapons were not distinguished from less dangerous, presumably any item identified could “hurt.” To be considered chronic, a screener victimization had to have occurred at least five times within the 1-year data collection period (4 was the median number of repeat episodes for the most often repeated—peer or sibling assault).

These variables indicated the relative seriousness and severity of the episodes of interest. Children were classified as to whether they suffered *any* peer or sibling episode marked by injury, weapon, multiple perpetrators or chronic victimization.

Non-victimization adversity. Non-victimization adversity—another possible influence on child mental health—was assessed by a comprehensive measure that included 14 non-violent traumatic events and chronic stressors. Items included: serious illnesses, accidents, parent imprisonment, natural disasters, substance abuse by family members, and parental arguing. If a specific stressor had been experienced or was present at least once in the respondent’s lifetime, it was given a code of one. A *lifetime adversity score* was constructed by summing the total of trauma events and stressors endorsed. Higher scores indicate greater exposure to different forms of adversity.

Socio-demographic factors. All demographic information was obtained in the initial parent interview for both younger children and older youth, and included the child’s gender, age (in years), and race/ethnicity (coded into four groups: White non-Hispanic, Black non-Hispanic, other race non-Hispanic, and Hispanic any race). Socio-economic status (SES) is a composite based on the sum of the standardized household income and standardized parental education (for the parent with the highest education) scores, which was then re-standardized. In cases where the data for one of the SES indicators (most often income) were missing, the SES score was based on the standard score of the remaining indicator.

Type of place discriminated among children living in (1) a large city (population over 300,000), (2) a small city (population about 100,000 to 300,000), or (3) a suburb, small town or rural area.

Family structure was defined by the reported composition of the household. Specifically, three household types were identified, those with: (1) two biological or adoptive parents, (2) one biological parent plus partner (spouse or non-spouse), and (3) single biological parent or other caregiver.

Data analysis

Initial analysis used the full DVS sample to determine what proportion of all children had suffered peer and sibling violence. Subsequent comparisons focused on the nature and experiences of these victims alone. Victimized children were categorized by whether they had experienced any peer violence or sibling violence during the past year. To answer questions about comparative seriousness and impact for younger versus older children, victimized children were also distinguished by age group: younger children (2–9 years) and older youth (10–17 years). This break-down paralleled differences in both the survey instrument (caregiver report vs. self-report) and the trauma symptom measures (TSCC vs. TSCYC). For some comparisons, the sample was divided into further age groups: 2–5 years, 6–9 years, 10–13 years and 14–17 years.

We compared patterns of peer and sibling violence by age, as well as in contrast to one another. Over-all rates of peer and sibling violence, as well as their rates of injury, weapon, multi-perpetrator and chronic violence, were calculated by child age group. In addition, disclosure patterns by younger and older children in response to specific screener items were examined to assess the effectiveness of different screeners in eliciting episodes of peer or sibling violence.

Multiple regression analyses were performed on the full DVS sample to examine the association between peer and sibling violence and mental health, while controlling for the effects of socio-demographic characteristics, lifetime adversity, and other (i.e., non-peer and non-sibling) victimizations. This was to try to make sure that we were excluding spurious associations to peer and sibling violence produced by other adversities or victimizations. Other victimizations included child maltreatment, sexual victimization, property crime, and witnessing family or community violence. These were controlled by summing the number of such other victimizations a child had experienced.

Given differences in data sources (caregivers vs. self-report; the use of the TSCC vs. TSCYC), separate regressions were undertaken for the younger children (2–9 years) and older youth (10–17 years). Peer and sibling violence measures were entered together in the models to control for the possibly confounding effect of one type on the other. Thirteen percent of peer and sibling victims suffered both peer and sibling violence. Thus, the model outcome for peer victimization represents its effect *in addition* to that of sibling violence, and vice versa.

Because only children with siblings or residing in households with other children could suffer sibling violence (see earlier definition), while every child could potentially suffer peer violence, we were concerned that the results of the peer and sibling violence models might be biased, confounding comparisons between them. However, comparison of trauma symptoms (by age group) for children in households with siblings and in households without siblings showed no statistical differences between the two groups (younger children, $t = 36$, $p = .72$; older youth, $t = .36$, $p = .65$).

Additional analysis was undertaken to isolate any effects of chronic victimization on trauma symptoms. The relative effects of both chronic and non-chronic peer and sibling violence were examined using analysis of covariance to compare adjusted symptom scores for children with (1) no victimization of the type of interest, (2) a victimization, but no chronic pattern, or (3) a victimization, and at least one type with a chronic pattern (5 or more repeated victimizations in the study period). Separate models were run for peer and sibling violence, and for younger and older children, and the same control variables included in the regression models were used in the analysis of variance models.

Results

One-fifth (20%) of the full DVS sample were hit or attacked by a peer in the last year and one-third (35%) by a sibling. The sibling victimizations were most common for the 6–9-year olds (Figure 1). The peer victimizations were somewhat more common for the older youth. (Other frequencies and developmental patterns for specific types of victimization are available in prior publications from the study (Finkelhor, Hamby et al., 2005; Finkelhor, Ormrod, Turner, & Hamby, 2005b).)

Table 1 shows the percentage of the peer and sibling episodes that were elicited by different screening questions in the survey. The sibling episodes did tend to get identified in response to somewhat different screeners than the peer episodes, an indication that they could be different in nature or at least thought about differently by respondents. The peer episodes of both younger and older children were reported in response to all of the five screeners: the ones asking about being hit or attacked with objects, without objects, in attempted attacks, or in attempts to hurt their private parts. By contrast, the vast majority of the sibling episodes were disclosed in response to a single specific question (S2) that included the phrase “did any kid, even a brother or sister . . .” This is an indication of the degree to which, unless it is specifically asked about, sibling violence may not be elicited in victimization surveys that ask only generic screeners about being hit or attacked.

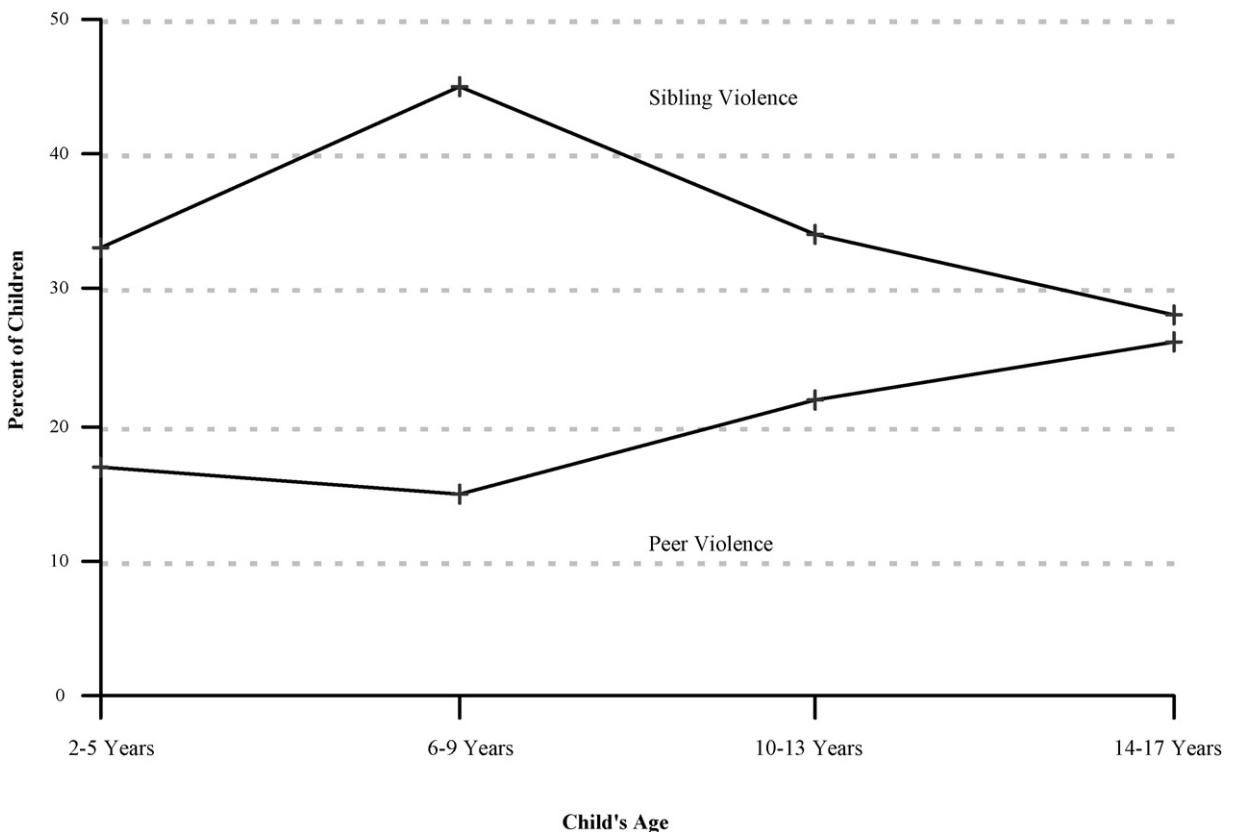


Figure 1. Rate of peer and sibling violence by child age.

Table 2

Percent of victims of sibling and peer violence with injury, object/weapon, multiple perpetrators and chronic victimization

	<i>n</i>	Object/weapon			Chronic ^a
		Injury	Used	Multiple perpetrator	
Peer only					
All victims	422	33%	21%	25%	15%
2–5 years	103	44%	34%	16%	16%
6–9 years	89	30%	19%	18%	9%
10–13 years	103	22%	26%	33%	17%
14–17 years	127	36%	11%	29%	16%
Sib only					
All victims	586	13%	6%	8%	40%
2–5 years	139	12%	7%	11%	48%
6–9 years	184	10%	4%	9%	49%
10–13 years	138	11%	4%	8%	25%
14–17 years	125	20%	11%	5%	30%

^a More than 4 repeat victimizations in same year.

Turning to the question of whether younger children's experiences were more or less serious (research question 1), there were developmental trends, but they were not all in the same direction (Table 2). For peer assaults, children aged 2–5 experienced the most injuries (44% of 2–5 year old peer assault victims vs. 33% of all peer assault victims, $p < .01$) and object/weapon use (34% vs. 21% of all victims, $p < .01$). Object/weapon use was least common among oldest youth 14–17 (11% vs. 21% of all victims, $p < .01$). By contrast, 10–17 year olds experienced more multiple perpetrator peer assaults than younger children (33% of 10–13 and 29% of 14–17 vs. 25% of all victims, $p < .01$). Chronic peer assaults (more than 4 in 1 year) were not significantly different for any of the age groups. In short, younger children could not be systematically characterized as less seriously victimized in peer episodes in light of this pattern of results.

Results with regard to the research question about whether sibling violence was less serious were mixed. Sibling episodes in general were different from peer episodes: less injury (13% of sibling vs. 33% of peer, $p < .01$), fewer objects (6% of sibling vs. 21% of peer, $p < .01$) and fewer multi-perpetrator assailants (8% of sibling vs. 25% of peer, $p < .01$). On the other hand, sibling victimization involved considerably more chronic situations than peer victimization (40% of sibling vs. 15% of peer, $p < .01$).

Furthermore, developmental patterns for sibling victimization were also mixed. Injury and object/weapon use in sibling episodes was most common for the 14–17-year old victims (injury: 20% of 14–17 vs. 13% of all sibling victims, $p < .01$, and object/weapon use: 11% of 14–17 vs. 6% for all sibling victims, $p < .01$, respectively). However, chronic sibling victimization was more common for the younger children, 2–9, than the youth 10–17 (aggregated percentages not shown in Table 2: 49% of 2–9 year old sib victims vs. 28% of 10–17-year old sib victims, $p > .01$). Once again, there was no unambiguous evidence of less seriousness for younger victims in terms of the objective characteristics of the episodes.

To assess the possible impact of peer and sibling assaults, we examined their association with trauma symptoms as reported in the last month of the year during which the victimizations had occurred using the full DVS sample (Table 3). We controlled for other adversities, family factors, SES, ethnicity, city

Table 3
Predicting trauma symptom scores with any peer or sibling violence

Variable	2–9-Year olds Standardized coefficient β	10–17-Year olds Standardized coefficient β
Child's age	−0.17**	−0.02
Male child	0.01	−0.04
SES score	0.01	−0.09**
Large city ^a	0.01	0.02
Small city ^a	0.01	0.02
Single parent family ^b	0.04	−0.02
Step-parent or partner family ^b	0.03	0.03
Black, non-Hispanic child ^c	−0.08**	−0.04
Other race, non-Hispanic child ^c	0.04	−0.03
Hispanic child, any race ^c	−0.06*	0.04
Life time adversity	0.32**	0.15**
Other victimizations (#)	0.22**	0.34**
Any peer violence	0.14**	0.14**
Any sibling violence	0.11**	0.07*

For 2–9-year old: $R^2 = .29$; model $p < .001$; unweighted $n = 1001$. For 10–17-year: $R^2 = .31$; model $p < .001$; Unweighted $n = 978$.

^a Reference category is suburb/small town/rural.

^b Reference category is two parent family.

^c Reference category is White, non-Hispanic child.

* Significant at $p = .05$.

** Significant at $p = .01$.

size, age and gender, as well as for a wide variety of other victimizations including child maltreatment, bullying, sexual assaults and witnessing family and community violence. It is a common mistake in victimization impact research to look at the impact of a single type of victimization without controlling for other victimizations that may confound the relationship (Finkelhor et al., in press).

Peer and sibling victimizations both made independent contributions to the prediction of trauma symptoms (Table 3), even taking into account a wide variety of other victimizations. Moreover, the coefficients for peer and sibling victimization were not weaker for younger children. The lowest of the coefficients was actually for sibling victimization of the older youth.

Because chronic victimization was so common, particularly in regard to sibling assaults, we also decided that it would be important to distinguish between impacts potentially associated with chronic victimization during the course of a year as opposed to just a small number of assaults (Figure 2). As noted, analysis of covariance was used to make these comparisons. For peer violence, the pattern was similar for younger children and older youth. In both cases, even a few episodes of peer violence in the course of the year (non-chronic victimization) was associated with increased symptoms, and chronic victimization was associated with more symptoms still. For sibling violence, however, the patterns diverged more for the different age groups. The experience associated with the most symptoms was chronic sibling violence against the younger children. The younger children with a few episodes of sibling violence (non-chronic) did not have elevated symptoms compared to children with no sibling violence. Among the older youth, the association between sibling victimization and symptoms in general was weak. Non-chronic victimization was associated with increased symptoms, but chronic victimization was not. Overall, there was no support for the idea that younger children might be less affected.

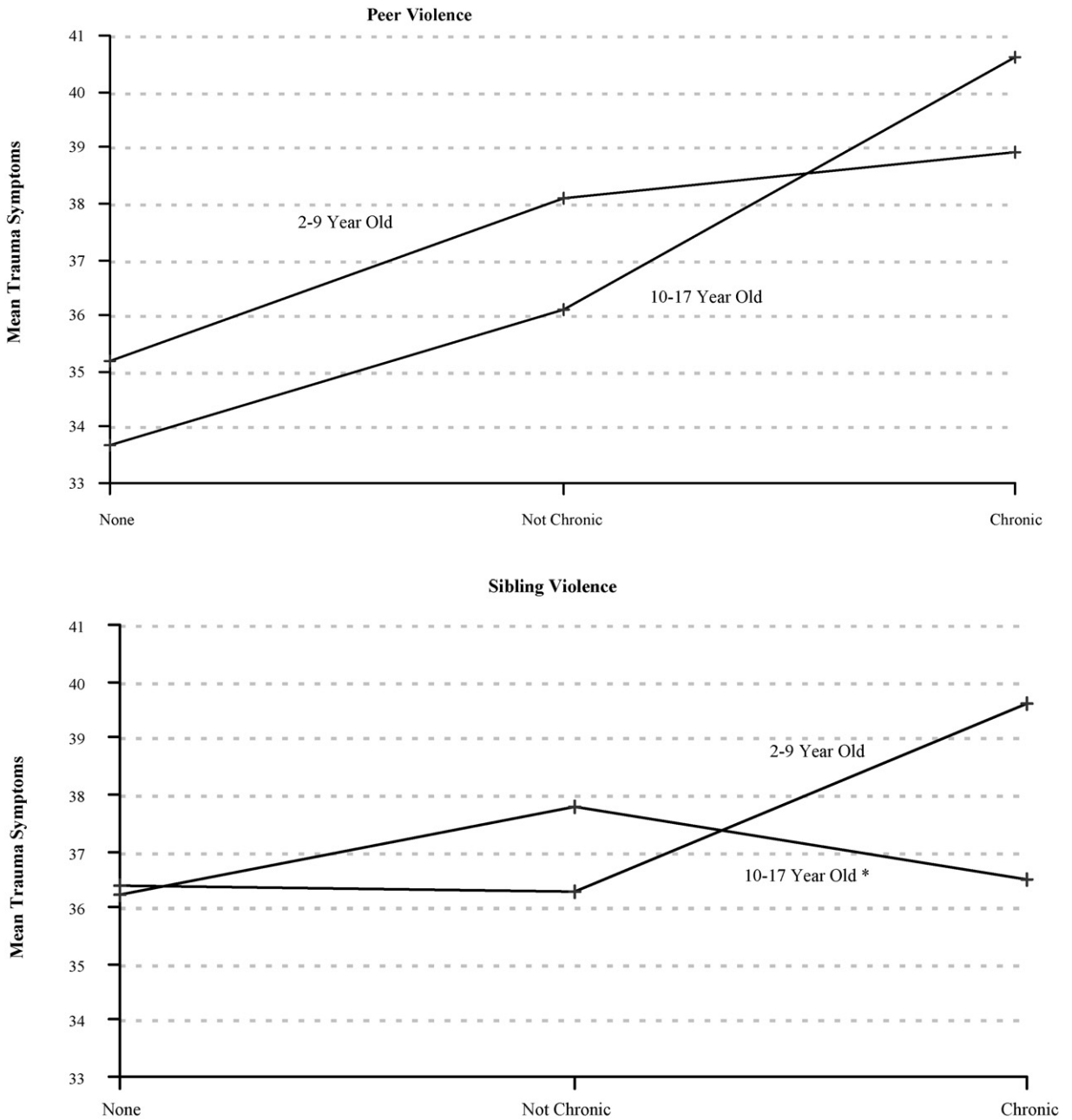


Figure 2. Trauma symptoms for peer and sibling violence, chronic and non-chronic. *Note:* differences in predicted trauma symptom scores among groups are based on analysis of covariance models using the same control variables included in the regression models reported in Table 3. * not significant in model.

Discussion

There was little evidence to support the conventional supposition that peer violence is less serious or less consequential for younger victims (research question 1). Compared to peer assaults on older youth, very young child victims were actually more likely to be injured and more likely to be hit with an object that could cause injury. Younger victims were somewhat less likely to be victimized by multiple-perpetrators. But in terms of impact, even low frequency peer violence against younger children was significantly associated with trauma symptoms. For young children, the association between peer violence and trauma symptoms was just as strong as the association for older children (research question 2). There was little suggestion that young children are more resilient to or less affected by peer violence.

Sibling violence, by contrast, did appear on some dimensions to fulfill its stereotype as a less serious form of aggression (research question 3). Compared to peer violence, it entailed fewer injuries, the use of fewer objects that could cause injuries and fewer multiple assailants. But sibling violence was much more likely than peer violence to occur as a chronic condition. Nearly half of the children under 10 hit by a sibling in the previous year experienced 5 or more such episodes during that year. Younger children were even more likely than older children to experience this chronic sibling violence. This risk of chronicity may offset sibling victimization's lower level of physical injuriousness. Indeed, being a victim of sibling violence was independently associated with more symptoms for both younger children and older youth.

One potentially important difference was apparent in sibling victimization compared to peer violence. For younger children, increased trauma symptoms only appeared for victims of chronic sibling violence (5 or more episodes in a year), not for children suffering infrequent episodes only. These young chronic victims were the juveniles most affected by sibling violence. The older youth showed some weakly increased symptoms at low levels of sibling victimization and none at chronic levels. These findings suggest that younger children in particular may be more resilient to a modest amount of sibling aggression. But bear in mind that a fifth (19%) of the sample of younger children (half of all children with a sibling episode) experienced chronic sibling victimization, the level at which symptoms increased. This does not paint a picture of sibling hitting as a benign condition or young children as a broadly impact-free group.

The findings about symptoms also suggest that older youth show fewer effects from sibling victimization especially at higher levels of intensity. It may be that the sibling violence against older youth may be more frequently at the hands of their younger siblings, who have a harder time exercising behavioral control. Aggression by younger siblings against older siblings may be associated with fewer consequences because the older siblings may feel less threatened. Unfortunately, the study does not have information on age differentials between perpetrators and victims in peer and sibling victimization episodes.

Overall, the findings of this study can be interpreted as evidence against popular inclinations to discount the seriousness and potential impact of peer and sibling hitting and other violence against younger children. Its implications are bolstered by being based on a nationally representative sample, including a broad spectrum of children and youth and a broad spectrum of victimization episodes. Other strengths are its use of a sensitive measure of victimization trauma and its controlling for the possible effects of a wide range of other victimizations.

Nonetheless, a variety of features suggest caution about the study's conclusions concerning the relative impact of peer and sibling violence for different aged children. First, the study lacked detailed information on many important elements of the violent episodes, the conflicts during which they arose, the size, age and status differences between the participants, the nature of the force employed, the types of objects/weapons used, the exact seriousness of injuries and the immediate reactions of the victim. The study may have

thus lumped together episodes that are really very different and deserve to be differentiated. It may be that many of the less serious peer and sibling episodes that form the basis of popular stereotypes about children's resilience were underreported because they are not memorable, and such underreporting may be more frequent for the younger children, thus making victimization of the younger children appear more equivalent to older children than it really is. We also know that the measurement of frequency may be very imprecise for episodes of peer and sibling violence, when gathered retrospectively over the course of a year. So conclusions must be taken very cautiously about what constitutes more serious and "chronic" victimization based on this study.

There may also have been a variety of unmeasured confounding variables—features of a child's family environment or personality that could explain associations or create artificial equivalencies. For example, poor parenting, inadequate supervision or irritable temperaments may have created spurious associations between victimization and trauma symptoms, and these associations could have been stronger for young children, masking a weaker impact for victimization in that age group. The study's associations are correlational, cannot be used to infer causality, and need to be replicated in a longitudinal design.

Another problem is that the study data on younger and older children came from different sources, caregivers, on the one hand, and youth themselves, on the other. Caregivers, for example, may have biased perceptions about sibling victimizations for various reasons. Caregivers may have inflated associations between victimization and symptoms, being more inclined to disclose peer and sibling victimizations only among symptomatic children they were worried about. On the other hand, additional analyses conducted within the caregiver sample (ages 2–9) alone did not provide support for the idea of less impact or less seriousness among the younger (ages 2–5) versus older (ages 6–9) children. Nonetheless, future studies need to be devoted more specifically to this issue, with information from multiple sources, including direct observation, and more details on the children, families, and exact nature of the episodes.

Implications for practitioners

This study failed to confirm what many people would take for granted: that peer and sibling violence among younger children is less serious than among older youth. One implication is that such violence needs to be taken more seriously by schools and parents, and not dismissed with a view that it is just normal, minor and inconsequential. Schools and parents may need to set clearer standards against such violence and intervene earlier to prevent recurrence and protect victims. There are signs that such a re-evaluation has been taking place, for example, in the increased efforts to prevent bullying among school-aged children (Axelrod & Markow, 2001; Eisenberg & Aalsma, 2005; Frey et al., 2005; Rosenbluth, Whitaker, Sanchez, & Valle, 2004; Ross, 2003; Smith & Brain, 2000). The re-evaluation may need to be extended to families, where parents should be encouraged to establish no hitting policies among children, and where more parent education should be made available with techniques to help prevent sibling violence from starting or continuing.

A particularly recent and relevant re-evaluation of so-called "normative violence" is the case of spousal hitting, which was once also seen as "squabbles or altercations," normal in occurrence, different from real crime and of minor impact, much as peer hitting among young children may be currently viewed. Views of spousal hitting, however, then underwent a re-evaluation in the light of both the testimony of victims, a new ideology emanating from the women's movement and considerable empirical

research (Salazar, Baker, Price, & Carlin, 2003; Straus, 1995; Straus, Kaufman Kantor, & Moore, 1997). One of the main differences in the case of children in comparison to spouses is that testimony from victims is not nearly as publicly available or credible, which makes the role of research even more important.

However, spousal assault may not be an adequate guide for the development of interventions and responses to peer and sibling violence. Even if a peer hitting a young child were to prove more harmful and offensive than an adult hitting an adult, it would not make sense to treat them in the same way. Few would propose police, courts, or even juvenile criminal proceedings in regard to the violence of young children. The main rationale for differential treatment, however, lies in issues related to the young offender, and the young offenders' likely different motives, capacities, cognitive abilities, etc. Most would favor much more emphasis on therapeutic, social learning, and family and parent-oriented interventions than might be the case with adult violence. Insofar as victims are concerned, it may make more sense to think about applying interventions with children who have been hit that would be comparable to what one would contemplate for older youth and adults. This might include testing for post-traumatic symptoms, and applying the cognitive behavioral techniques that have proven effective in alleviating them (Cohen, Deblinger, Mannarino, & Steer, 2004).

Implications for research

The implications of this study are somewhat more straightforward with regard to the issue of victimization assessment and instrumentation. Some have questioned whether it made sense to include peer and sibling hitting in inventories of victimization or potentially traumatic events, and whether they should be counted when calculating cumulative event scores such as with the JVQ (Finkelhor, Ormrod, Turner, & Hamby, 2005a). Analyses here suggest such experiences should be considered victimizations, and should be included. They appear to make independent incremental contributions. It may be that for younger children only chronic sibling violence should be counted.

A related question concerns the advisability of using the same screening questions to inquire about victimization across the developmental spectrum. The study showed that peer victimizations of younger children were assessed by somewhat different screeners from those of older youth. It remains to be seen whether these differences relate to true differences in the dynamics of the episodes reported or rather to differences in how they are categorized by participants and observers. Our experience is that the similarities are more salient than the differences, both in terms of the victimization characteristics and their ability to predict trauma. While we urge more investigation of this issue, we think that the advantages of studying and assessing youth of different ages with the same kinds of questions merits trying to keep assessment instruments as comparable as possible. Among the main advantages is the ability to try to plot developmental trajectories and make developmental comparisons.

Another question concerns how systematically victimization researchers should inquire about and include in their analyses sibling violence. Sibling violence is among the most common kind of violence children experience. Counting it in inventories will certainly inflate victimization rates, and for this reason sibling victimization ought for the most part to be segregated out for analytical purposes. Sibling violence also seems to have characteristics that differentiate it from peer violence. On the other hand, this study provides clear evidence that sibling victimization, and especially chronic sibling victimization, contributes to trauma symptoms. It strikes us as a mistake not to assess it. It may turn out to be an important precursor

to other kinds of victimization and possibly confounded with the effect of other victimizations (Finkelhor et al., 2005a). Something that is clear from the study, however, is that sibling victimization will not be disclosed by respondents unless it is mentioned specifically as a category of events of interest to the research.

We believe the findings of this study also have implications for the future of crime victimization epidemiology. We cannot find in the results from this analysis and the study in general a clear justification for limiting crime victimization surveys to teenagers and excluding the experiences of younger children. The rates of victimization are not substantially higher for teens (Finkelhor et al., 2005b). We did not find caretakers to be an obviously inferior source of information when it comes to the victimizations of children under 10 (Finkelhor, Hamby et al., 2005). Moreover, many episodes occurring to younger children look as serious as those occurring to older ones.

The question is particularly complicated for the National Crime Victimization Survey, which currently excludes the experiences of children under 12 from one of the nation's most important and widely cited sources of crime information. On the one hand, peer assaults against younger children are not regarded as crimes, even if they may qualify according to statute, and the current study is unlikely to change that view, nor should it. Policy makers might reasonably object if the NCVS started counting peer assaults against young children in aggregates of "Crime in the US." On the other hand, the current policy of excluding all persons under 12 from the crime survey excludes many episodes of what everyone would agree is serious crime, of great public policy interest, including child molestations and serious physical abuse. It also contributes to a mistaken belief that crime does not occur very frequently to younger children. In reality, this study confirms what other studies have shown (Richters & Martinez, 1993; Singer et al., 1999), that children face elevated frequencies of violence, higher levels than most adults encounter, although this reality is not widely recognized. There may be good reasons for not calling or counting much of this as criminal violence. But the current study undercuts at least one of the earlier rationalizations for ignoring or discounting violence against younger children, the idea that such violence tends to not be that serious or consequential.

A solution for a major national crime survey like the NCVS might be to include the experience of younger children in the data gathering, but to report the experience of all juveniles, both younger and older, together in separate reports about juvenile victimization. At the same time, the NCVS could count only the victimizations older children in the official crime statistics or add in only some narrowly defined subgroup of victimizations (for example, sexual assaults) from the younger children.

Conclusion

Professional and public attitudes about violence in the lives of children have been undergoing a shift. Concern about parental child maltreatment represents an early indication of this shift (Myers, 2004). The shift has now advanced in recent years into concerns about even more normatively accepted forms of violence such as school bullying and corporal punishment (Eisenberg & Aalsma, 2005; Straus, 1994). The United Nations itself has placed the issue of violence in the lives of children on the agenda as an important human rights issue (Fottrell, 2000). As moral, legal, psychological, parental and public health views on these matters come under scrutiny and discussion, it will be very important to have dispassionate scientific evidence to inform the debate. Many questions remain to be answered, and the need is urgent.

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Résumé

French language abstract not available at time of publication.

Resumen

Spanish language abstract not available at time of publication.