

Sibling Aggression and Abuse Research and Advocacy Initiative (SAARA)

ADDRESSING SIBLING AGGRESSION IS KEY TO REDUCING PEER BULLYING

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KEY POINTS

- Victimization by a sibling, like peer victimization, has negative impacts on mental and physical health.
- Sibling aggression can lead to peer bullying, and 15% of children experience both.
- Adapting anti-bullying programs to include information about sibling aggression will promote children's and adolescents' well-being and increase safety at school and home.

Peer bullying has become a high priority for schools and parents. And with good reason: peer bullying in childhood and adolescence happens frequently, peaking in middle adolescence, when 22% of children report being victimized. Peer bullying is associated with negative mental health impacts, including depression, low self-esteem, and suicidal ideation.

Harmful behaviors between peers not only happen at school, but they can happen at home, too, with a sibling. National surveys show that sibling victimization is even more common than peer victimization. Sibling victimization peaks during early and middle childhood, reaching rates as high as 46% for six- to nine-year-olds, and then decreases in adolescence.¹ Some victimized children may also harm one or more of their siblings.

Parents and the public often dismiss siblings' aggressive behaviors as short-lived and harmless rivalry; however, these behaviors should not be ignored or minimized. Siblings play a central role in children's lives, and the nature and emotional quality of sibling relationships are important for well-being, cognitive development, and social skills.

BELIEFS ABOUT SIBLING VERSUS PEER AGGRESSION AND THEIR IMPACTS

Educators and counselors increasingly take peer victimization seriously, based on the accumulation of evidence. But this same recognition and response are not true for sibling aggression, even though siblings engage in the *same exact behaviors*—like physical assault, property destruction or theft, and persistent threats or intimidation—and with similar harm and greater frequency in comparison to peers.

Research finds that victimization by a sibling, like peer victimization, is linked with negative impacts on mental and physical health (e.g., depression, stomach aches, trouble sleeping) in childhood that can persist into adulthood. Children who harm their siblings also suffer negative health impacts. The research is clear: sibling aggression happens often, and it is not harmless.

Research also shows that sibling aggression can lay the foundation for peer bullying. Chronic victimization by a sibling more than doubles the risk of being victimized by a peer in childhood and adolescence.² Fifteen percent of children report being victimized both at school by peers and at home by siblings.³ Children and adolescents victimized by both are in greater mental health distress than victims of peer bullying alone.



THE ESSENTIAL ROLE OF EDUCATORS

Teachers and school personnel are often the first to recognize peer bullying or parental maltreatment. Sibling aggression is less likely to be identified by school personnel, given the lack of awareness of its occurrence and harmfulness.

But educators can make a difference. When sibling aggression is identified, school personnel can work directly with parents, providing parent education or suggesting enrollment in parent education classes focused on promoting positive sibling relationships and stopping child aggression. Because sibling aggression often overlaps with other types of violence in the home (e.g., intimate partner violence and parental child maltreatment), a full assessment of family dynamics is critical.

When peer bullying is identified in school, it is important that educators also inquire about sibling aggression occurring at home. With such recognition, steps can be taken to prevent and stop both forms of bullying and victimization, thus likely improving children's and adolescents' mental health.

Educators should be prepared that, in some cases, they may encounter resistance from parents. Parents may view what is happening between their children as un concerning or private. The situation may need to be monitored for the children's safety. Again, parent education may be helpful, but a referral may be needed to get the family help. In cases of severe aggression or sibling abuse (see [SAARA Bulletin #4](#), What is the Line?), affected children may need trauma-informed care and referral to child welfare and mental health professionals, a local family resource center, or a pediatrician.

The next step in bullying prevention is the wide dissemination of information on sibling aggression and its impacts. Reduction or elimination of peer bullying is unlikely to succeed unless perceptions of sibling aggression change as well. Sibling aggression is not harmless and should be taken as seriously as its peer equivalents. Adapting peer bullying education and programming efforts to include information about sibling aggression will promote children's and adolescents' well-being and increase safety at school and home.

NOTES

¹Tucker, C. J., Finkelhor, D., Shattuck, A. M., & Turner, H. (2013). Prevalence and correlates of sibling victimization types. *Child Abuse & Neglect*, 37(4), 213–223. <https://doi.org/10/f5bnkk>

²Tucker, C. J., Finkelhor, D., & Turner, H. (2019). Patterns of sibling victimization as predictors of peer victimization in childhood and adolescence. *Journal of Family Violence*, 34(8), 745–755. <https://doi.org/10/gr5pwn>

³Tucker, C. J., Finkelhor, D., Turner, H., & Shattuck, A. M. (2014). Sibling and peer victimization in childhood and adolescence. *Child Abuse & Neglect*, 38(10), 1599–1606. <https://doi.org/10/f6n3nc>

FOR FURTHER INFORMATION

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Foody, M., Samara, M., & Norman, J. O. (2020). Bullying by siblings and peers: Poly-setting victimization and the association with problem behaviours and depression. *British Journal of Educational Psychology*, 90(S1), 138–157. <https://doi.org/10/ggfdct>

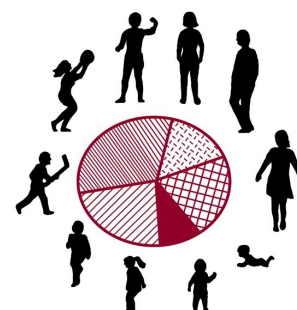
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