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Sibling Abuse and Bullying

Sibling aggression is the most common but least studied form of family violence. National U.S. surveys show that more children are victimized by a sibling than by a caregiver (Finkelhor et al. 2015), and, ironically, even though a significant amount of public attention is given to peer aggression, sibling aggression is a more common experience. Unfortunately, due to prevailing social norms about the normalcy of sibling aggression, it is often overlooked by society and researchers.

Recently, interest in studying sibling aggression has developed, with studies showing its connections to mental and physical health. However, establishing a comprehensive body of work has been hindered by the variety of terms used to refer to incidents of sibling aggression, including abuse, violence, assault, conflict, bullying, and victimization. Researchers' use of multiple terms to describe sibling aggression demonstrates a number of behaviors. The term "sibling victimization" includes a broad range of victimization experiences including incidents of physical, property, and psychological aggression by a sibling. For some children, sibling victimization is chronic, but for others it is a fluctuating experience. About 20% of children and adolescents report being the victim of chronic sibling

aggression across two years (Tucker et al. 2018). Chronic sibling victimization has been characterized by some as bullying because the aggressive behavior is repeated over time (Wolke et al. 2015). Sibling victimization, however, is a broader term that includes experiences that occur only one time. Just a single incidence of sibling victimization compared to none in the past year is linked with lower mental health in childhood and adolescence (Tucker et al. 2013). Severe sibling victimization and perpetration have been described as forms of abuse and maltreatment. Severity of sibling aggression, though rarely examined, is an important demarcation to differentiate common or mild from severe, which includes incidents involving a weapon or object that may cause injury. Such experiences have been linked with greater exposure to problematic family conditions such as family violence and low parental warmth and supervision.

Many children report being a victim and perpetrator of sibling aggression. Currently, more is known about experiencing sibling victimization than perpetrating it. National U.S. data show that about one-third of children aged 0–17 experienced sibling victimization in the past year (Tucker et al. 2013), and its incidence is associated with exposure to hostile parenting, family violence and adversity, and maltreatment. Also, children's interpersonal-style and/or personality characteristics—such as low confidence or an aggressive nature—may put them at risk for victimization by a sibling. The prevalence rates for perpetration of aggression toward a sibling range from 10% to 74%. Aggressive behavior toward a sibling may come about from observation of such behavior in the family, being victimized by parents or another sibling, and learning that aggression is a powerful means to achieve personal goals.

Children are more likely to perpetrate and be the victim of sibling aggression than at other points in the life span. In addition, children with a physical disability and perceived by parents as being of nonnormative weight are at an increased risk of sibling victimization. Coinciding with increased time in extrafamilial pursuits, sibling aggression decreases in adolescence as compared to childhood. However, there is an increase in severity of sibling aggression, with victims reporting higher rates of object or weapon use and injuries. Over half of adolescents have perpetrated some form of aggression against their sibling, and such perpetration is linked to worse physical health, less sibling warmth, and greater sibling rivalry. In adulthood, siblings may spend less time together as they pursue personal and professional goals, but, overall, they remain an important presence in each other's lives. Studies of sibling aggression in adulthood are rare, and there is an almost exclusive focus on emerging adulthood. As has been found in earlier developmental periods, victimization by a sibling in emerging adulthood is related to worse mental health and negative family conditions (e.g., parent hostility). In addition, emerging adults' perpetration of sibling aggression is associated with less sibling warmth, support, and involvement four years later. Importantly, some evidence suggests that the effects of sibling aggression in childhood may be long-lasting and are linked with worse mental health in adulthood (Dantchev et al. 2019).

Siblings' gender is an important moderating characteristic of sibling aggression experiences. Brothers are more often perpetrators and victims of sibling

aggression than are sisters, and brother–brother dyads have the highest rates of sibling aggression. However, girls are more likely to be a victim in adverse and unstable family conditions. Examination of ethnic and education variations in sibling aggression shows that it is more common in White and higher-educated families. It is unclear if these demographic differences are due to frequency or differences in norms regarding the acceptability of aggression during siblings' interactions.

The predominant view in society is that aggression between siblings is normal and of little concern. However, sibling aggression—experienced as a perpetrator or victim—has unique links to worse mental and physical health across the life span. For some individuals, the extent of sibling aggression experienced is traumatic (Caffaro 2014). Parents play an important role in sibling dynamics, and work has shown that children of parents who sanction sibling aggression report worse physical health (Tucker and Kazura 2013). Beyond the potential impact of sibling aggression experiences on the individual functioning, it is a risk factor for problematic extrafamilial relationships. Sibling aggression is linked with being the victim and perpetrator of peer aggression, and those children and adolescents who experience both sibling and peer aggression have the poorest mental health (e.g., depression, anxiety). A handful of studies have shown that sibling aggression is related to dating violence perpetration and victimization.

The body of literature showing the importance of educating society, parents, and practitioners about the seriousness of sibling aggression experiences for individuals' mental and physical health and family, peer, and romantic relationships is growing. Increased societal awareness of sibling aggression can lead to a reduction in its normalization and creation of effective programmatic methods. Given the connections between sibling aggression and family atmosphere characteristics, interventions should target each sibling and the larger family system. Few intervention programs, however, specifically target the reduction of sibling aggression, but those programs that seek to improve constructive conflict resolution skills and increase prosocial behavior among young siblings are promising in their potential to reduce sibling and peer aggression (Tucker and Finkelhor 2017).

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Further Reading

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