Most people see sibling violence as an unavoidable, normal, and ultimately harmless aspect of child development, yet there is substantial evidence that it can cause social maladjustment and serious behavioral problems. Sibling Aggression is the first book to address a void in the mental health literature by providing an empirically based guide to the causes, assessment, and treatment of sibling aggression.

This volume addresses the full range of sibling aggression, from common bickering through the most serious manifestations of sibling violence. It presents an in-depth view of the current understanding of sibling aggression, offers a theoretical framework for development and practice, and provides a step-by-step assessment and treatment model for family dynamics that commonly exacerbate sibling aggression. This model, the Task-Centered Sibling Aggression (TCSA) approach, integrates task-centered, structural family therapy and behavioral methods. Illustrated through case examples, this approach aims not only to stop sibling aggression, but also to facilitate positive sibling relationships.

**Key Features:**
- Addresses the causes, assessment, and treatment of sibling violence
- Includes step-by-step assessment and treatment procedures illustrated with case examples
- Examines birth order, gender, and cross-cultural factors in sibling violence as well as abuse of disabled siblings
- Includes TCSA contracts and review forms
Sibling Aggression
Assessment and Treatment
Jonathan Caspi, PhD, LCSW, is Associate Professor and Graduate Program Coordinator in the Department of Family and Child Studies, Montclair State University, Montclair, New Jersey. His areas of scholarship include sibling process, sibling aggression, intervention development, and clinical supervision. Dr. Caspi teaches sibling relationships, child development, interpersonal relationships, and family counseling courses to graduate and undergraduate students. He maintains a small private practice that includes family counseling, clinical social work supervision, and parent consultation services.
Sibling Aggression
Assessment and Treatment

Jonathan Caspi, PhD, LCSW
For Barbara and Daniel, truly superb and loving parents
... but even better grandparents!

Dedicated to the memory of William J. Reid
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The first time I came across a research article that claimed sibling violence to be the most prevalent form of interpersonal aggression and child maltreatment, I did not believe it. How could that be possible? I had been reading about families for years before I was presented with this information. How is it that I could have gone through college, graduate school, doctoral study, professional workshops, and agency trainings and not encountered any discussion of sibling aggression along the way?

Sibling aggression is an invisible social phenomenon. It has received little attention in the practice, development, and research literatures, despite solid evidence that it is widespread and harmful. Strangely, it has not been invisible in other domains. Sibling aggression themes are prevalent in personal, historical, pop culture, and religious narratives. Children often complain about the treatment they receive from siblings, and parents frequently voice frustrations about their children being “at each other all the time.” However, these narratives have not been viewed as overly problematic. The only exception is the abundance of self-help books on sibling rivalry available to parents, but even these tend to focus more on the annoyance of parents and not on the protection of children.

Indeed, sibling aggression is typically considered to be developmentally expected and normal. As a consequence, such behavior is viewed as mundane, typical, and not damaging or problematic. Yet, a growing body of research has demonstrated that sibling aggression is destructive, with considerable negative consequences. Moreover, it often rises to the level of abuse—a dangerous, widespread, and underdiagnosed form of maltreatment. The dominant view of sibling aggression as harmless promotes practice that avoids engaging in systematic sibling evaluation, and risks missed victimization and client safety. Even bickering, considered to be a fairly mild form of conflict, is disruptive to family life and negatively affects sibling relationships. Sibling aggression is not just a problem of childhood. It occurs throughout the life course and has been linked to an array of other social problems. In short, sibling aggression constitutes a serious social concern.

At the same time, siblings represent a valuable personal resource. This relationship is simultaneously if not paradoxically characterized by intense closeness and support (e.g., “We are more than best friends, we are like sisters”), and hostility. It is important that sibling aggression be stopped. It is equally important to preserve and develop positive sibling relationships, which are associated with many substantial benefits, including serving as a
protective factor against unfavorable environmental conditions. Sibling relationships are a valuable source of strength and resilience, and need to be bolstered. Practitioners receive little, if any, training about sibling aggression—as my own experience demonstrates. It is rarely included in university classes, practice curricula, or textbooks. Few interventions have been developed for this area of practice. Surprisingly, no current volumes offer clear practice guidelines for the full range of aggression. The time is ripe for such a book.

This book attempts to address current voids in the academic and professional literatures by offering a comprehensive volume that (a) provides an in-depth overview of current understandings of sibling aggression, (b) offers a new emerging “sibling theory” for development and practice, and (c) puts forth a coherent, empirically derived model that provides well-explicated series of steps and task strategies for the systematic treatment of sibling aggression, the Task-Centered Sibling Aggression (TCSA) treatment approach. TCSA integrates task-centered, structural family therapy and behavioral methods. It is a two-pronged approach that aims to stop aggression and facilitate positive sibling relationships.

This book should be of interest to a wide audience from a range of different backgrounds. First and foremost, it should be of great interest to clinical practitioners from the human service professions, including family therapy, social work, psychology, counseling, nursing, and family and child studies. Second, it should appeal to both graduate and undergraduate students and educators in these disciplines. Third, the book should be of interest to researchers who study siblings, family process, and intervention.

It is hoped that this book will be a valuable resource for practitioners, educators, and researchers. Focusing on siblings in practice offers a unique and revealing lens for teaching individual development and behavior, family process, and intervention work. I hope that this book advances the sibling aggression conversation, prompts future research, theory, and intervention development, and contributes to fostering a new cultural narrative in which sibling aggression is seen as abnormal, hurtful, and needing immediate attention. Finally, I hope that practitioners, researchers, educators and their students, and society at large engage in “thinking siblings.”
First and foremost, I would like to specially thank my amazing wife, Jennifer, and our wonderful children for generously giving up their time, and time with me, so that I could complete this book. I certainly could not have completed it without their support. I would also like to give special credit to Jennifer Perillo, senior acquisitions editor at Springer Publishing Company, for her expert feedback, creative insights, and very patient support. Also, a big thank you to Dr. Ada Beth Cutler, dean of the College of Education and Human Services, and Dr. Katia Goldfarb, chair of the Family and Child Studies Department, for their encouragement to pursue a sabbatical in order to give this work my central attention. Gratitude also goes out to Jane Eigenrauch and the fine staff at the Red Bank Public Library for providing a welcoming and ideal setting to work on this endeavor. I would also like to show appreciation toward my students who have shared their personal stories and challenged me with thoughtful questions that forced me to think about sibling relationships in new ways. Finally, I want to thank and recognize two incredibly important pioneers in family treatment, Dr. William J. Reid and Dr. Salvador Minuchin. Their contributions have had great influence on me professionally and personally, and provided the foundation for the model presented in this volume.
Sibling Aggression

Assessment and Treatment
Few will be surprised to read that siblings engage in a good deal of aggression. Sibling conflict is prevalent (Dunn & Munn, 1986), particularly troublesome to parents (Pakula, 1992), and is frequently dangerous (Caffaro, 2011). Sibling conflict themes are currently popular, religious, media, and cultural narratives. Despite the common view that aggression between siblings is normal, parents are troubled by sibling bickering as evidenced by the abundance of self-help books for the general public. What may be a surprise to many is that there is strikingly little available to psychotherapists and family practitioners (e.g., social workers, psychologists, family therapists) for understanding and treating sibling aggression. While some attention has been given to the most severe form of sibling aggression—that is, sibling abuse (Caffaro & Conn-Caffaro, 1998; Wiehe, 1997)—there has been little with regard to working with lesser forms of sibling aggression such as constant bickering and insults. This book hopes to address this void and offer practitioners treatment considerations and a clearly defined and empirically based approach for the full range of sibling aggression severity. The exception is sibling sexual abuse treatment that involves unique dynamics and treatment considerations from nonsexual forms of aggression. Although sexual abuse is included and discussed, treatment strategies offered in this book are not intended for this type of hostility.

This chapter will provide an overview of sibling aggression. It will begin by answering the question, “What is sibling aggression?” and offering definitions of its various types. This will be followed by a review of its prevalence, and its multiple problematic short- and long-term consequences. Processes that normalize sibling aggression will be considered next because not only is it both exceptionally widespread and deleterious, but seems to go relatively unnoticed. The chapter will continue with a discussion of risk factors, or factors that support sibling aggression, including family and parenting processes. Sibling aggression will then be considered in a sociocultural context as sibling relationships have different meanings, influence, and structure across environments. Finally, the chapter will briefly present research and prior offerings related to sibling violence treatment.

Please note that “practitioners” is used throughout this book to refer to degreed and licensed professionals who provide therapy, counseling, or other direct human services to families and individuals, such as family therapists, social workers, psychologists, counselors, psychiatrists, mental health nurses, and nonclinical licensed professionals such as parent educators and social service administrators.
WHAT IS SIBLING AGGRESSION?

Sibling aggression is used here as an all-encompassing term to refer to all types of aggressive behavior ranging from competition to abuse. The term has not been used consistently in the literature, and no universal definition exists. Researchers have employed a variety of terms to capture aggressive sibling interactions, including violence (Reid & Donovan, 1990), conflict (Graham-Bermann, Cutler, Litzenberger, & Schwartz, 1994), maltreatment (Whipple & Finton, 1995), abuse (Caffaro & Conn-Caffaro, 1998), hostility (Stocker, Ahmed, & Stall, 1997), rivalry (Prochaska & Prochaska, 1985), and victimization (Finlkelhor & Jones, 2006). Many of these terms have been used interchangeably in the literature. The term “rivalry” is particularly present in the self-help literature but is not a helpful construct as it does not distinguish between mild and extreme aggression, and may confuse conflict over shared living space with competition for parental investment. Childhood aggression in general is complex with diverse conditions, etiologies, and consequences, which in part may explain the numerous constructs used to describe it (Connor, 2002).

As indicated earlier, sibling aggression is conceptualized here as an umbrella construct that refers to behaviors that range from nonviolent to abusive behaviors. It is viewed here on a severity continuum reflecting four categories ranging from mild-to-extreme aggression: competition, conflict, violence, and abuse (see Figure 1.1). A discussion of each follows.

Competition

Sibling competition generally involves nonviolent behaviors aimed at winning in a particular area or activity, without the intent to physically or psychologically harm the other. Competition is often beneficial as it can motivate and challenge children to develop increased skill and achievement (Sulloway, 1996). The famous sister tennis players, Venus and Serena Williams, are an example of how competing with a sibling has such benefits. It could be argued that neither would be as proficient without the benefit of sibling competition. However, competition can also be hurtful when the end game is to systematically outdo a sibling, particularly with the aim of highlighting the other’s inadequacies. Generally, siblings can be bested without injury to sense of self. In most cases, a child’s self-esteem is not damaged by having a sibling who is more skilled in an activity like basketball, dance, or mathematics. Indeed, such discoveries may be educational in that they promote honest self-appraisals and help individuals make well-informed decisions about pursuits. Some evidence,

![FIGURE 1.1 Severity continuum of sibling aggression.](image-url)
however, suggests that competition to be the “good” versus “bad” child in families may be problematic for both the sibling relationship and individual development (Schachter & Stone, 1985). Finally, overly competitive siblings are often an ongoing aggravation with a resultant negative and unpleasant family environment, which frequently leads to resentment and lack of support between members.

**Conflict**

Sibling conflict is a frequent aspect of family life (Dunn & Munn, 1986) and a major source of parent aggravation (Pakula, 1992; Ralph et al., 2003). Conflict is an expected part of all relationships and, like competition, can be both destructive and constructive (Howe, Rinaldi, Jennings, & Petrakos, 2002). Ross, Ross, Stein, and Trabasso (2006) make the distinction by defining destructive conflict as antagonistic, unresolved behavior that damages relationships, whereas “constructive conflict includes reasoning, resolutions of differing goals, and enhanced interpersonal understanding” (Ross et al., 2006, p. 1730).

Constructive sibling conflict is important for development as it increases social and emotional competence (Bedford, Volling, & Avioli, 2000), and the act of resolution may bring relationships closer. Accordingly, practitioners should avoid objectives aimed at simply halting sibling conflict that may result in apathetic and disengaged relationships (Kramer, 2004). Instead, practitioners should focus on the development and enhancement of prosocial skills such as emotional regulation and problem solving to promote supportive relationships (Kramer, 2011). Additionally, constructive conflict management skills learned with siblings have potential positive long-term benefits for future peer, romantic, and other relationships. By comparison, destructive conflict is problematic. For example, it has been related to sibling negativity (Rinaldi & Howe, 1998) and conduct problems (Garcia, Shaw, Winslow, & Yaggi, 2000).

Whether conflict is productive or debilitating may depend upon the siblings’ relational context. Stormshak, Bellanti, and Bierman (1996) found that conflict in warm and supportive sibling relationships was associated with increased social competence and behavioral control, while conflict in relationships that lacked warmth and support was associated with behavioral problems. Similarly, Ross et al. (2006) and Recchia and Howe (2009a) reported that relationship quality was linked to the nature of conflict. Children in positive sibling relationships were more likely to utilize constructive conflict strategies, whereas those in poor-quality relationships employed negative behaviors. The causal direction is unclear as to whether positive relationships generate prosocial conflict strategies (e.g., compromise) or whether it is the use of prosocial strategies that results in enhanced relational quality. The process is likely reciprocal. Nevertheless, the two seem to be linked and practitioners may be able to help families change negative sibling relationships into positive ones by teaching constructive strategies for managing disagreements. Positive sibling relationships are linked
to an array of beneficial results (e.g., Stormshak et al., 1996; Updegraff, McHale, & Crouter, 2002), whereas poor ones are associated with problematic outcomes (e.g., Bank & Burraston, 2001).

It seems that while sibling disagreements are more often about shared living (e.g., possessions) and invasion of personal space than about favor and fairness (Campione-Barr & Smetana, 2010; McGuire, Manke, Eftekhar, & Dunn, 2000), parents do play a role in their children’s conflicts (Perlman & Ross, 1997; Piotrowski, 1999; Smith & Ross, 2007). Parental favoritism and differential treatment have been found to be influential in sibling conflict (e.g., Brody, Copeland, Sutton, Richardson, & Guyer, 1998; Updegraff, Thayer, Whiteman, Denning, & McHale, 2005b; Volling & Elins, 1998). It presumably raises parental stress (Patton, 1986), and how parents manage both their own stress and their children’s disagreements influences the sibling relationship. For example, Updegraff et al. (2005b) reported that lower levels of parental acceptance, the less time fathers spent with their children, and the use of authoritarian parental interventions increased sibling relational aggression. In another example, Felson and Russo (1988) found that parents typically intervene in sibling conflicts by protecting the younger child, a pattern that may increase sibling conflict.

While conflict may be more often about shared living (e.g., borrowing sibling’s items without permission, mimicking, having alone time with friends, chores, bathroom time), my professional experiences suggest that more serious forms of sibling conflict such as violence and abuse are often tied to perceptions of parental favoritism. That said, conflict should not be taken less seriously than violence, as it can be frequent and intense, and is often a precursor to violence.

The nature of sibling conflicts change’s with age. At younger ages, children are more self-focused and lack perspective (Recchia & Howe, 2009b), whereas older children may rely more on verbal self-justification tactics (e.g., retaliation for perceived personal violations). The frequency of sibling conflict seems to peak during early adolescence (Buhrmester & Furman, 1990; Campione-Barr & Smetana, 2010; McGuire et al., 2000). Conflicts at this age are commonly related to shared living but often include violent behaviors such as teasing, maliciousness, and property damage (Campione-Barr & Smetana, 2010).

Conflict in adulthood has received less attention but remains a feature of sibling relationships. Disagreements regarding parental care have been particularly noted in the literature (e.g., Lashewicz & Keating, 2009; Strawbridge & Wallhagen, 1991). Shifting culturally based family rules regarding responsibility for parents may contribute to sibling conflict in adulthood. For example, in a South Korean study, Sung, Lee, and Park (2008) reported that confusion over parent caretaking roles created tensions in the sibling relationship. Traditionally, the oldest brother had primary care responsibilities for aging parents, but recent legal and cultural value shifts have changed this expectation. In the study, older brothers tended to rely on modern equality social rules regarding parental care, whereas younger brothers emphasized traditional hierarchical norms, expecting their oldest brothers to do the caretaking work.
To make conflict distinct from other levels of aggression, it can be understood as typically occurring out of frustration rather than systematic domination and is usually contained to verbal assault, with occasional fleeting physical acts (e.g., grabbing the television remote, slapping). Conflict is particularly expected when children are very young and lack skills of cognitive reasoning, conflict resolution, or restraint (Newman, 1994). With only primitive strategies for managing frustration and obtaining objectives with siblings, young children may turn to violence (e.g., shoving, hitting) as a means of handling disagreement. If not addressed early, children will likely continue relying on aggressive tactics as they grow, often with increasing severity.

**Violence and Abuse**

Both sibling violence and abuse entail a range of physical and verbal acts perpetrated with the intent to do harm, and involve the same behaviors. The terms sibling *violence* and *abuse* are often used interchangeably in the literature, but are distinguished here according to the balance of power in relationships. Violence reflects mutual or bidirectional aggression, in which both siblings’ aim is to harm the other, in the context of a perceived egalitarian relationship. Abuse is unidirectional hostility where one sibling seeks to overpower the other via a reign of terror and intimidation and reflects an asymmetrical power arrangement. The intent of abusive behavior is control, intimidation, and the overpowering of another. Research indicates that siblings overwhelmingly perceive their violent interactions to be mutual (Kettrey & Emery, 2006). However, it is important to note that what may appear to be a mutually violent encounter may, upon closer inspection, reveal a clear perpetrator with a victim defending himself or herself.

Sibling violence and abuse are typically organized into three classifications that include physical (e.g., hitting, stabbing, tickling), sexual (e.g., leering, rape), and psychological (e.g., belittling, threatening) (Caffaro & Conn-Caffaro, 1998). A fourth recognized form of violence known as relational aggression has just begun receiving attention with regard to siblings (Ostrov, Crick, & Stauffacher, 2006; Updegraff et al., 2005b). Relational aggression (a.k.a. indirect and social aggression) are behaviors that intentionally hurt others through relationships (e.g., gossip, peer exclusion, distributing embarrassing pictures) (Goldstein & Tisak, 2004), and some evidence suggests that it occurs between siblings more than physical or verbal violence (Crick et al., 2001).

Brief discussions of the four types of sibling violence and abuse follow. These include physical, sexual, psychological, and relational. The nature of and considerations for each are described.

**Physical**

Physical violence has been defined as the use of willful force to cause physical injury or pain (e.g., Caffaro & Conn-Caffaro, 1998; Wiehe, 1997). It is likely the
most common form of child victimization. Estimates suggest that it occurs more frequently than parental abuse of children and domestic violence combined (Button & Gealt, 2010; Gelles, 1997; Gelles & Straus, 1988; Kolko, Kazdin, & Day, 1996). Its incidence also far outnumbers peer bullying (Felson, 1983, Finkelhor, Turner, & Ormrod, 2006). Although prevalence rates vary, research consistently demonstrates that it is pervasive throughout childhood and into adulthood, moderately declining with age. In their landmark study on family violence, Straus et al. (1980) found that violent sibling acts occurred in approximately 80% of families in the past year. Subsequent research has reported that between 85% and 96% of children (Kolko et al., 1996; Roscoe, Goodwin, & Kennedy, 1987) and 62–66% of older adolescents (Goodwin & Roscoe, 1990) have perpetrated and/or experienced sibling violence. In college samples, Hardy (2001) found that 48% recalled having been victimized by and 41% had perpetrated childhood sibling physical aggression, whereas Kettrey and Emery (2006) reported that 70.5% had either perpetrated or experienced “severe” sibling violence. While some studies have reported lower prevalence rates, ranging from 28% to 42% (Button & Gealt, 2010; Duncan, 1999; Finkelhor et al., 2006; Graham-Bermann et al., 1994), as Duncan suggests, “Whether 30% or 98% of children are victimized by siblings, it is evident that this is a prevalent source of violence in a child’s life” (Duncan, 1999, pp. 881–882). Similarly, because of its prevalence, Button and Gealt (2010) call for sibling hostility to be systematically included in family violence prevention initiatives.

Like other types of family violence, capturing prevalence rates for sibling physical hostility poses real challenges. Rates may be overestimated in research due to the difficulty in distinguishing between “rough and tumble play” (Tannock, 2008) and problematic aggression. Conversely, prevalence may be underestimated due to coerced secrecy, threats of further violence, or fear of family disruption. In cases when sibling violence is known, it is often not reported (Wiehe, 1997). Moreover, systematic mechanisms for tracking this type of data are essentially nonexistent and child protection workers’ definitions of sibling abuse vary widely (Kominkiewicz, 2004). Prevalence estimates have also been impeded by parents’ beliefs that sibling aggression is normal. Parents often disregard abusive sibling interactions and obstruct efforts at determining its incidence (Rosenthal & Doherty, 1984) by minimizing it, blaming the victim, reacting with disbelief when told (Wiehe, 1997), and even ardently defending the perpetrator (Randall, 1992).

Rough play and violence. A frequent challenge for practitioners, parents, and researchers has been distinguishing the line between violence and rough play, which often also includes the intent to do harm. While rough play between a parent and a child or in intimate partner relationships is seen as problematic (Sanders, 2004), such sibling behavior fails to raise concern. It may be that such behavior is viewed as acceptable via rationalizations such as “it is just play” and “that’s how siblings play.” This complicates the ability to
distinguish play from violence, as rough play often quickly changes from fun to anger and violent domination. The view presented here is that sibling physical violence should almost always be taken seriously as it is in all other interpersonal relationships, except perhaps when siblings are engaged in sports that require willful perpetration of pain (e.g., boxing). However, many believe that rough play between siblings holds important developmental functions such as learning one’s own strength and how to limit aggression, and that it may represent a socially acceptable way for boys to be affectionate via physical contact (e.g., Gnaulati, 2002). Accordingly, I do not recommend putting a stop to playful aggression (e.g., wrestling) but that it should be done in the context of rules for behavior. Sports offer such structures for rough play and competition. Families can take this approach and create rules for rough play. For example, wrestling must end immediately when one becomes angry, makes claims of pain, or lashes out physically. Another rule could be that when one member says the playing should stop, the other abides. Parents must work together with their children to establish parameters for rough play. I take the view that all intent to harm is problematic and should not be permitted so that children feel safe in their homes. As such, teaching children skills to employ when they want to perpetrate harm is important from as early as before a child’s first birthday (e.g., restraint). Wiehe (1997) offers criteria to distinguish abusive and non-abusive behaviors by evaluating the age-appropriateness, frequency, duration, degree of victimization, and purpose of the aggressive acts.

Compared with rough play, sibling physical violence and abuse are destructive and have no known developmental benefits for either the perpetrator or the victim. Parents sometimes believe sibling violence to be beneficial, thinking it makes children “tough” and readies them for peer aggression (Gelles, 1997), but there is no empirical evidence to support this. Even if sibling violence does result in peer toughness, it would likely come at the risk of poor sibling relationships (Updegraff et al., 2005b). Conversely, positive sibling relationships benefit individual development (Stormshak et al., 1996) and seem to serve as a protective buffer for children experiencing the negative effects of parental conflict (Caya & Liem, 1998; Jenkins, 1992), domestic violence (Lucas, 2002), stressful life events (Gass, Jenkins, & Dunn, 2007), and peer isolation (East & Rook, 1992). Positive sibling relationships seem more valuable than potential but improbable toughness.

**Sexual**

Sibling sexual abuse represents a particularly harmful and fairly widespread form of aggression. It has unique features and considerations from nonsexual abuse and suggests different treatment concerns.

Similar to physical assault, no clear and consistent criteria have been utilized to define sibling sexual abuse (Carlson, Maciol, & Schneider, 2006) or for distinguishing it from “natural curiosity” (Caffaro, 2011). Moreover, sibling
sexual abuse has received scant attention in the research and as such, little is understood about the complexities of sexual interaction between siblings. Individuals sexually abused by a sibling may not recognize the experience as abusive and may even see themselves as willing participants, complicating the ability to distinguish abuse from experimentation using a “coercion or consent” criteria. Similar to the earlier discussion of physical abuse, behaviors that appear to be mutual may truly be unidirectional and abusive. Because an act is physically stimulating (e.g., “feels good”) does not constitute consent. Young children likely do not understand the implications of sexual interactions and may participate for a variety of reasons that look like consent. For example, a child who looks up to her older brother may go along with his actions to win or keep his approval, or because it is physically pleasurable. It may be only later that she recognizes the behavior as problematic and is confused by her role in the encounters, believing she consented. In order for consent to be authentic, one has to understand what they are agreeing to.

Abuse can be distinguished from experimentation (e.g., “playing doctor”) by features that include coerced secrecy and power differential (Canavan, Meyer, & Higgs, 1992). As with all interpersonal abuse, sibling sexual abuse is an abuse of power and an act of domination. The interest of the perpetrator, although it appears to be sexual gratification, is primarily about overpowering and controlling another through coercive measures, although some have suggested that it may be tied to seeking emotional nurturance in violent and emotionally barren families (Brennan, 2006; Haskins, 2003). Perpetrators often threaten victims with physical harm (even death), or injury to others, pets, or prized belongings as a way to keep the behavior private. Because of the unidirectional nature of this type of aggression, I prefer the term sibling sexual abuse, which implies exploitation and makes clear what the behavior is (i.e., abusive), over the term sibling incest, which suggests mutuality in an egalitarian relationship and serves to confound and hide the experience of maltreatment.

A challenge for practice and research is that child victims of sibling sexual abuse are less likely to disclose than victims of other types of sexual abuse (Carlson et al., 2006). This may be due to victims’ confusion over sibling encounters. For example, Carlson et al. (2006) reported that only about one in five victims disclosed at the time of the abuse. Similarly, Hardy (2001) noted that the number of respondents in her study who perceived their sibling sexual encounters to be abusive changed from 6.6% at the time they originally occurred to 33.3% at the time they completed the study as undergraduate college students. As children grow, their understandings of sexual behavior become more sophisticated, and again, encounters thought to be normal during childhood may later be understood as abusive.

Fear of disclosure, changing perceptions of the meanings of sexual encounters, and inconsistent and unclear notions of what constitutes sibling sexual abuse all complicate understandings of prevalence. Evidence suggests, however, that it is the most widespread of the intrafamilial sexual abuses (Flanagan, 2003; Welfare,
2008), with an estimated one fourth perpetrated by a sibling (Rudd &
Herzberger, 1999). Between 5% and 17% of women and approximately 10% of
men report having been sexual abused by a sibling (Finkelhor, 1980; Hardy,
2001). Brother–sister dyads seem to be the most common form with older
brothers initiating the abuse (Caffaro & Conn-Caffaro, 1998).

Sibling sexual abuse also seems to be the most severe with higher rates of
sexual penetration than other intrafamilial sexual abuses (O’Brien, 1991). But it
is not limited to intercourse and includes nonpenetration touching (e.g.,
groping) as well as nontouching behaviors such as leering, forcing a sibling to
view pornographic material, and sexual proposals. All have potentially
harmful psychological effects on the victim. Although father–daughter sexual
abuse has received more attention, there is some evidence that sibling sexual
abuse is as harmful with regard to psychological distress (Cyr, Wright,
McDuff, & Perron, 2002).

A fairly wide range of effects for sexual abuse victimization in general exists
that include guilt, shame, lower self-concept, promiscuity, age-inappropriate
knowledge of sexual behavior, substance abuse, eating disorders, revictimiza-
tion, and posttraumatic stress reactions. Few empirical explorations of sibling
sexual victimization consequences exist. Recently, a study by Carlson (2011)
compared the psychological adjustment of adult women sexually abused by
siblings in childhood with a matched comparison group. Those who experienced
sibling sexual abuse reported lower self-esteem and higher anxiety, depression,
hostility, and adult victimization. Anxiety seemed to be a unique feature of those
victimized by sibling sexual abuse compared to other forms of abuse. Other
long-term consequences of sibling sexual abuse in this study included a distrust
of men, fear of getting close to others, and the perception that a normal life is not
possible. Others have suggested that posttraumatic stress disorder, eating
disorders, and problems with intimate relationships in adulthood represent
additional consequences (Wiehe, 1997). Male victims of sexual abuse are
usually less willing to disclose it, often because of concerns they have for what
it means about their own sexual orientation and masculinity (Lisak, 1994).
Such concerns are also likely consequences of sibling sexual victimization
of males.

Psychological

Psychological (a.k.a. verbal, emotional) abuse is nonphysical behaviors that
intend to psychologically or emotionally harm (e.g., lower self-esteem, raise
anxiety), such as name calling, belittling, teasing, and threatening injury to
person, pets, or property. Sibling psychological maltreatment has been found
to be the most prevalent behavior in sibling conflict (Stormshak et al., 1996),
although few researchers have investigated this area of sibling life (Martin,
Anderson, Burant, & Weber, 1997). It is likely that almost all siblings engage in
verbal hostility, but it is unclear as to how often and when verbal assaults are
intended to be about domination and emotional injury, or about simple expressions of frustration. Repetitive hurtful themes (e.g., “you’re ugly,” “you’re stupid”) reflect dominance intentions, and sibling teasing seems to be particularly problematic. It has been associated with less trust and relationship satisfaction (Martin et al., 1997), and girls teased by siblings were found to have higher body dissatisfaction, bulimic behaviors, depression, and lower levels of self-esteem (Keery, Boutelle, van den Berg, & Thompson, 2005). In another study (Mackey, Fromuth, & Kelly, 2010), the experience of later anxiety correlated with individuals who identify themselves as emotionally abused.

Psychological maltreatment also involves threats to and destruction of personal property, behaviors that have negative consequences (Norris & Kaniasty, 1994). In their national study of child victimization, Finkelhor et al. reported that siblings engaged in a “considerable quantity” of property vandalism and robberies (Finkelhor et al., 2005, p. 14). Because name calling, insults, and threats are hurtful, I recommend that practitioners and parents institute “no name calling, insults, or threats” rule to create safety for children, and to create and model a nonviolent environment.

Relational Hostility

Relational hostility, sometimes called social or indirect aggression, entails nonphysical behaviors intended to psychologically and emotionally hurt its victims by socially injuring and isolating them. These behaviors are typically not exhibited face-to-face and the actions are sometimes even unknown to the victim. It is a more ambiguous type of violence than physical, which is overt and involves direct confrontation. As such, relational aggression perpetrators can more easily deny involvement. Examples of this behavior include persuading a circle of friends to exclude a member from a social event, ignoring a peer, starting rumors, and posting embarrassing material on an Internet website.

As investigation into sibling relational hostility has only just begun, evidence suggests that it is common, although prevalence is unknown. Studies have found that preschoolers used more relational aggression with siblings than peers (Stauffacher & DeHart, 2005), that school-aged children utilized it more frequently with their siblings than physical or verbal tactics (O’Brien & Crick, 2003), and that siblings may teach relational aggressive behavior by modeling it (Stauffacher & DeHart, 2006). Such tactics have been associated with poor sibling relationships (McHale, 2005; Updegraff et al., 2005b), and more generally, are distressing and psychologically hurtful to their victims.

Once thought to be employed more by girls than boys, research indicates that there does not seem to be significant gender differences in its use with siblings (Card, Stucky, Sawalani, & Little, 2008), although the role of sibling gender positions may be linked to its use with peers. As examples, Ostrov et al. (2006) reported that older sisters used more relational aggression with peers than do
older brothers, who rely more on physical behaviors, and Goldstein and Tisak (2004) found that girls thought more about using it and found it more hurtful than boys did.

Interest in family dynamics that support sibling relational aggression has begun to emerge. Yu and Gamble (2008) reported that family environment is linked to sibling relational aggression, with positive families having less. They also reported that perceived maternal psychological control (i.e., using behaviors such as shaming and conditional approval to manage children’s behavior) has been linked to sibling relational aggression.

General findings, primarily derived from research focused on peer aggression, provide considerations for possible sibling behavior. For example, peer relational aggression has been associated with higher prosocial behavior (Card et al., 2008), particularly for those who experience more jealousy (Culotta & Goldstein, 2008). Jealousy is a major theme in sibling life, usually cast as sibling “rivalry.” It is possible that children who make greater use of prosocial skills in their sibling relationships rely on more relational aggression. That is, positive relationships may have more relational aggression, whereas poor ones use more confrontational (e.g., physical, verbal) behaviors. Alternatively, it may be that children view physical assault as prohibited or view it unfavorably, and become creative by using indirect tactics when being aggressive.

NORMALIZATION OF SIBLING AGGRESSION

A likely explanation for the comparatively limited attention given to sibling aggression is that it is largely considered to be normal behavior (Finkelhor, Ormrod, Turner, & Hamby, 2005), and therefore not a pressing concern. Sibling aggression is often dismissed as playful and “what siblings do.” In research, respondents have reported that hitting a sibling is considered to be acceptable and not violent or abusive behavior (Hardy, 2001), even when it may be (Kettrey & Emery, 2006). Although a growing body of research demonstrates its deleterious effects, the mistaken belief that sibling violence is not harmful further normalizes it. Statements such as “My brother beat on me and I am fine” and “Boys will be boys” minimize honest appraisals of possible effects and validate its continued use. The very acts deemed abusive in parent–child, partner, and stranger interactions (e.g., punching, kicking, throwing objects) are often considered ordinary sibling behavior.

Practitioners were raised and reside within a social context that considers sibling aggression as normal and frequently underestimate its prevalence (Begun, 1995). This internalized social construction obstructs consideration of sibling violence in practice, education, and research. For example, mental health and human service practitioners rarely receive training on managing, assessing, or treating sibling aggression. An obvious danger is the practitioner inadvertently supporting ongoing victimization because he or she does not see sibling aggression as potentially dangerous. It has been noted that
professionals and persons in authority positions fall prey to minimizing serious injury and known acts of violence as normal sibling rivalry (Phillips, Phillips, Grupp, & Trigg, 2009). Families also may not recognize hostile sibling interactions as problematic and are unlikely to raise them as an issue of concern, even when violent and abusive. It is possible that many of the problems practitioners encounter are directly related to hostile sibling relationships (e.g., school-related problems, peer problems, bullying, marital conflict, date rape, anxiety disorders), but not identified as such. Practitioners who do not view sibling aggression as problematic will overlook these connections. For example, a child may be struggling academically because of anxieties related to maltreatment by an older sibling (e.g., threats of after-school harm made in the morning). Practitioners who fail to assess for sibling aggression may be tempted to attribute the academic difficulties to individual characteristics (e.g., learning disability) or marital problems, both of which may exist but neither of which fully explains the child’s struggle.

As in the case of other forms of interpersonal violence (e.g., wife battering, peer bullying, child abuse), which were once overlooked and thought to be rarely occurring, private matters, or normative development, a cognitive shift with a new understanding of the dangers and prevalence of sibling aggression is necessary. Both Kettrey and Emery (2006) and Phillips et al. (2009) have highlighted the role of dominant cultural discourses in “silencing” attention for sibling violence. Challenging social norms is a necessary part of practice and can be done via formal practitioner training, parent education, public awareness campaigns, and social reflection efforts.

CONSEQUENCES

The consequences of sibling aggression have not been adequately studied (Hoffman & Edwards, 2004), but research has linked it to a variety of psychosocial problems across age groups. Although there has been a presumption that exposure to violence is less harmful to younger children than to older ones, recent evidence suggests that early and later childhood victimizations are equally problematic (Finkelhor et al., 2006). Practitioners should address aggression at young ages with the same seriousness as when working with older children or adults.

A brief overview of consequences linked to problematic sibling aggression (i.e., destructive conflict, violence, abuse) is provided here. It is important to note the use of the research literature here. The following overview was culled from the extant research on sibling relationships in order to develop empirically derived ways to inform treatment practices. There is a great variation in both the rigor and the terminology used in the research discussed, and few used clinical samples. Again, my intent is to provide practitioners with a general look at what researchers are discovering to inform the direction of enquiry during practice. It should also be noted that much of the research does not offer a causal direction
for links to sibling aggression. The mechanisms and processes that underlie the following associations are not always well understood. That said, I have attempted to organize the research by likely consequences, representing outcomes or reciprocal processes, and factors that support sibling aggression, or causes. Both the causal direction and division of research is theoretical and in large part artificial. For example, arrests in adolescence are linked to sibling aggression. I handled this as a consequence, believing that it is unlikely that arrests cause sibling aggression, but rather that sibling aggression may lead to problematic behaviors that result in arrest.

It is clear that sibling aggression is linked to a variety of adverse conditions. Considered as consequences, practitioners can use them as indicators to guide assessment. For example, if working with an adolescent who has been arrested, and struggles with depression and substance abuse—all linked to problematic sibling aggression—enquiry into sibling victimization is indicated.

In childhood, sibling violence has been associated with school misconduct (Garcia et al., 2000), academic difficulties (Kingston & Prior, 1995), peer bullying (Duncan, 1999; Ensor, Marks, Jacobs, & Hughes, 2010), physical aggression with peers (Berndt & Bulleit, 1985; MacKinnon-Lewis, Starnes, Volling, & Johnson, 1997), behavior and emotional problems (Deater-Deckard, Dunn, & Lussier, 2002), poor peer relations (Dunn & McGuire, 1992; Ensor et al., 2010; Stormshak et al., 1996), unhappiness, helplessness, more medical illness, and destructive thoughts about family members (Rosenthal & Doherty, 1984), and anxiety and depression (Duncan, 1999). Cuevas et al. (2009) found that having a psychiatric diagnosis was associated with sibling victimization. Similarly, Kessler and Magee (1994) reported that children victimized by a sibling or multiple other family members were six times more likely to experience a major depressive disorder in adulthood than nonvictims. They add that exposure to sibling violence in childhood likely affects individuals throughout the life course in additional ways such as being more violent, emotionally reactive, and stressed, as well as more likely to be revictimized and to develop maladaptive conflict resolution skills.

In adolescence and early adulthood, experiencing sibling aggression has been linked to arrests (Bank, Patterson, & Reid, 1996), interpersonal aggression (Williams, Conger, & Blozis, 2007), depression, insecurity, and feelings of incompetence (Hoffman & Edwards, 2004), date violence (Noland, Liller, McDermott, Coulter, & Seraphine, 2004), greater consideration for using violent behaviors with others (Gully, Dengerine, Pepping, & Bergstrom, 1981), and anxiety and possible enduring anger, resentment, and challenges with expressing emotion (Graham-Bermann & Cutler, 1994). Recently, Button and Gealt (2010) reported a link between sibling violence and substance use, delinquency, and aggression in a sample of 8,122 eighth and 11th grade students, but noted that the causal direction is not known. Sibling negativity and lack of intimacy have also been associated with sibling aggression (Updegraff et al., 2005b) although it not clear as to whether these are causes or consequences and probably reflect
reciprocal interactional processes. Long-term consequences include lowered self-concept (Garey, 1999), depression, insecurity, feelings of incompetence (Hoffman & Edwards, 2004), relationship problems, and possible posttraumatic stress disorder (Wiehe, 1997) in adulthood. Recently, Morrill-Richards (2010) found that college students emotionally and physically abused by a sibling during childhood reported lower self-esteem and social competence as young adults.

It is likely that sibling violence shares many if not most outcomes associated with other types of childhood victimization, but this needs further study. Of note is that sibling violence may be more detrimental than parental abuse because victims simultaneously experience two types of abuse, the sibling hostility and parental neglect (i.e., neglecting to protect the child from harm) (Green, 1984).

As noted, sibling aggression is linked to aggression in other relationships. It is important to note that it may be a precursor to other forms of violence (Caffaro & Conn-Caffaro, 1998; Ensor et al., 2010; Garcia et al., 2000). The sibling relationship is the first and most likely fertile training ground for learning social skills with individuals close in terms of age, and for how to manage frustrations and achieve objectives. Violent sibling behavior may “set the stage for violent interactions with peers, and later with spouses and children” (Caffaro & Conn-Caffaro, 1998, p. 82). Serious violence typically starts with more mild forms and becomes increasingly severe. Abusive behavior rarely spontaneously emerges and most often starts with verbal aggression such as name calling and belittling, and escalates to physical violence such as shoving, hitting, and beatings. As such, acceptance of seemingly mild aggression between siblings may give tacit permission to become increasingly more aggressive until it reaches the level of severe violence and abuse. From a practice perspective, it is much easier to halt mild than severe aggression, and as such it is recommended that practitioners help families institute “no violence” rules that include prohibitions of verbal as well as physical aggression.

**FACTORS THAT SUPPORT SIBLING VIOLENCE**

A review of the literature offers an array of factors that seem to support sibling antagonism. These factors differ from consequences in that they likely reflect causes or reciprocal associations that exacerbate problematic aggression. For example, spousal abuse is understood as a consequence, not a cause. By comparison, academic problems (discussed earlier under “Consequences”) are seen as a result or reciprocal process and not a direct cause of sibling aggression. Similar to the discussion on consequences, the following overview of associations represents a wide array of research rigor and terminology, and few used clinical samples. The aim is to provide an introductory overview of what has emerged in the literature for the purpose of informing practice.

Building upon organizing frameworks offered by Caspi (2008) and Hoffman and Edwards (2004), the following review attempts to arrange linked factors into
conceptual categories that include family system, parenting, individual, and additional considerations. Additionally, conditions that theoretically support sibling aggression but are yet to be investigated are offered. The list of factors that follows was compiled from sibling and family literatures, primarily relying on empirical findings. The factors that support sibling aggression can be considered to be risk factors that can inform assessment and prevention, and have been organized as such in Appendix A.

**Family System**

Most of the factors that support sibling aggression are linked to family dynamics such as negative and conflictual parent–child relationships (Hoffman, Kiecolt, & Edwards, 2005), parent hostility toward a child (Williams et al., 2007), spousal abuse (Haj-Yahia & Dawud-Noursi, 1998; Hotaling, Straus, & Lincoln, 1990), partner conflict (Hoffman et al., 2005), marital conflict (Stocker & Youngblade, 1999), mother’s marital dissatisfaction and negative emotional expressiveness (Stocker et al., 1997), maternal self-criticism (Garcia et al., 2000; MacKinnon-Lewis et al., 1997; Volling & Belsky, 1992), financial stress (Hardy, 2001; Williams et al., 2007), low family cohesion (Brody, Stoneman, & McCoy, 1994), family disorganization and husband’s loss of temper (Eriksen & Jensen, 2006), low maternal education (Ensor et al., 2010), and household chaos (Kretschmer & Pike, 2009). Sibling aggression is likely linked to family triangulation (Haskins, 2003; Kerig, 1995; Kiselica & Morrill-Richards, 2007) and its related parent–child coalitions (Vuchinich, Wood, & Vuchinich, 1994). Such coalitions are typically tied to split-parent identification (Schachter, 1985), in which parents disagree on disciplinary practices and do not operate as a unified team.

With regard to family structure, outcomes seemed to be inconsistent. For example, Finkelhor, Ormrod, and Turner (2007) found that polyvictimization which may include harm perpetrated by siblings, occurs more in step- and single-parent families than traditional two-parent and single-parent families. Others, however, have reported that full siblings were more aggressive than half- or step-siblings (Deater-Deckard et al., 2002), perhaps because step-siblings are more likely to be disengaged (Hetherington & Stanley-Hagan, 1999). Deater-Deckard et al. (2002) also found support for higher sibling hostility in single-mother families.

**Parenting**

The ways in which parents behave with their children influence sibling aggression. Behaviors related to sibling hostility include parental differential treatment of children (Dunn, 1991), by fathers (Brody & Stoneman, 1994), and particularly by fathers favoring later-born sisters (Updegraff et al., 2005b). Differential treatment is a form of family triangulation, and is likely exacerbated by stress (Crouter, McHale, & Tucker, 1999). Also linked to sibling aggression are active
and direct judgmental comparison (Feinberg & Hetherington, 2001), particularly in the form of polarized or complementary labeling of children into categories of bad/good and easy/difficult (Schachter, 1985; Schachter & Stone, 1985), low parental involvement, particularly by fathers (Updegraff et al., 2005b), ineffective parenting (Bank, Burraston, & Snyder, 2004), inconsistent discipline (Bank et al., 1996), coercive parenting (Means-Burleson, 2002), maternal coercive, rejecting, and overcontrolling behaviors (Eriksen & Jensen, 2006; Yu, 2008), parental abuse of children (Button & Gealt, 2010; Wiehe, 1997), parents’ use of violence to resolve parent–child conflict (Graham-Bermann et al., 1994), parental neglect and approval of aggression (Rosenthal & Doherty, 1984), and possibly corporal punishment (Eriksen & Jensen, 2006).

A number of behaviors that parents do not undertake have also been tied to sibling violence, including providing supervision (Whipple & Finton, 1995), intervening in sibling conflict (Bennett, 1990), acknowledging child-voiced claims of maltreatment (Wiehe, 1997), and reinforcement of prosocial behaviors (Bryant & Crockenberg, 1980).

Finally, Sulloway (1996) explained sibling conflict using Darwin’s principle of divergence, which posits that the more siblings diversify their interests, the more they can access parental favor and resources (e.g., time, attention), while minimizing direct competition. Accordingly, children who employ similar strategies for garnering parental investment will engage in more conflict. Although yet to be empirically tested, it puts forth a compelling reason for sibling aggression. For example, parents who encourage sameness (e.g., enmeshed families) and disapprove of difference may be more likely to experience sibling violence than those who promote uniqueness.

**Individual**

Investigations of individual factors linked to sibling aggression have focused more on the perpetrator than victim characteristics. Perpetrators often lack empathy for their victims (Silverman, 1999), possess aggressive temperament (Munn & Dunn, 1988), and have either lower (Hanson et al., 1992) or higher (Graham-Bermann et al., 1994) self-esteem than peers. While yet to be researched, sibling violence has also been viewed as a way to satisfy unmet personal needs for physical contact in emotion-deprived environments (Bank & Kahn, 1997; Haskins, 2003). Additionally, it is not uncommon for offenders to also be victims of abuse, including by siblings (Caffaro & Conn-Caffaro, 2005).

The consequences for victims were reviewed earlier in this chapter. However, whether or not there are individual characteristics that promote initial victimization by siblings is yet to be investigated. It does seem that characteristics related to the consequence of violence victimization raise the risk of subsequent victimization. For example, Cuevas, Finkelhor, Clifford, Ormrod, and Turner (2010) recently reported that the psychological distress (e.g., anger, depression, anxiety) from violence victimization by siblings and others sources
may serve as a precipitant for revictimization. Indeed, sibling victims are more likely to experience victimization from multiple sources (i.e., “poly-victimization”) than siblings who do not experience violence (Turner, Finkelhor, & Ormrod, 2010).

**Additional Factors**

Birth order and age spacing, gender, sociocultural background, and other issues have also been associated with sibling violence. They are briefly discussed here.

**Birth order and age spacing**

Firstborn children are more likely to be aggressors (Martin & Ross, 1995), and caretaking, a task often given to firstborns, has been linked to sibling hostility (Baum, 1998). Younger children are influenced by their older sibling’s aggressive behavior, and often imitate it (Patterson, 1986). Wiehe (1997) reported a cascading dynamic for sibling abuse in which the firstborn attacks the second, which goes after the third and so on. By comparison, first- and thirdborns (i.e., “jump pairs”) have been found to be more alike than middleborns (Schachter, Gilutz, Shore, & Adler, 1978), and may join against their middleborn siblings. That is, when a secondborn picks on the thirdborn, the firstborn may aggressively protect the third, giving the third permission to initiate conflict with the old secondborn. Finally, close age spacing seems to increase frequency of conflict (Aguilar, O’Brien, August, Aoun, & Hektner, 2001) and violence (Noland et al., 2004); however, wider age spacing may be more common with abuse.

**Gender**

Gender is likely a factor in sibling aggression although findings have been generally inconsistent. Some have suggested the presence of a male increases the likelihood of violence (Ensor et al., 2010; Hoffman et al., 2005; Lockwood, 2002; Randall, 1992), particularly with preschool-age children, perhaps because parents seem to be more tolerant of male than female aggression (Martin & Ross, 2005). While some have reported that older brother–younger sister pairs represent the most common combination for sibling violence (Aguilar et al., 2001; Button & Gealt, 2010; Buhrmester, 1992; Caffaro & Conn-Caffaro, 2005; Graham-Bermann et al., 1994), earlier studies have found no relationship between sex pairings (Dunn & Kendrik, 1981). Nevertheless, females may experience greater harm related to mechanisms of gender bias (Atwood, 2001), and seem to perceive physical aggression as more violent than men (Rapoza, Cook, Zaveri, & Malley-Morrison, 2010). Finally, Edwards and Weller (2011) suggest that sibling aggression can be understood as a gendered process in which conflict may represent negotiations and contestations about gender identity and development.
Social context considerations such as culture practices (e.g., primogeniture, patriarchy) (Hoffman & Edwards, 2004; Sulloway, 1996), issues related to disability (Hanson et al., 1992; Linares, 2006), and family economic pressure are potential factors for sibling hostility (Williams et al., 2007). Cross-cultural research on siblings, although fairly scarce, has demonstrated important group distinctions (Caspi, 2011a; Cicirelli, 1995; Goetting, 1986; Steinmetz, 1981; Updegraff, McHale, Killoren & Rodriguez, 2011; Zukow, 1989), but how these distinctions support or minimize sibling aggression has received scant attention. Sibling violence is likely perceived, enacted, and addressed uniquely across cultures (Caffaro & Conn-Caffaro, 1998; Steinmetz, 1981), as it is with other forms of family violence (Malley-Morrison & Hines, 2004). For example, Rapoza et al. (2010) asked their respondents from a variety of different ethnic groups for examples of different levels of sibling violence, ranging from mild to severe. All the groups in their study perceived physical violence to be more severe than psychological violence, with the exception of Asian Pacific Americans who held an opposite view. The authors also reported that South Asian Americans focused more on beating and hitting than the other groups, and that European American participants gave the most instances of sexual abuse.

It is necessary for family practitioners to understand both the core similarities and unique dynamics of different groups. For example, poorer families rely on their older children to act as primary caregivers for their siblings more often than do middle- and upper-class families. Excessive sibling caregiving has been linked to sibling aggression (Green, 1984). Another example, discussed earlier in this chapter, is that parents from violent neighborhoods may be more likely to view sibling aggression as beneficial because it teaches their children to be “tough,” and that it prepares them for what they are likely to encounter on the “streets.” Children with homosexual siblings may experience unique dynamics that include aggression related to homophobia. Cultural groups that emphasize masculine power (e.g., machismo) may engage in overt favoritism that promotes sibling aggression. For example, in at least one study Hispanics along with Whites reported higher rates of assaults by siblings than other groups (Finkelhor et al., 2005).

Immigrant families often experience hierarchical disruptions due to learning a new language. Young children, who often learn the new language more quickly, frequently become the family’s spokesperson when engaged with individuals who do not speak their native language, giving them a unique position of power. In the United States, for example, younger siblings who grow up with English may have more power in public endeavors than older siblings who are learning it as a second language. In another example, in families with a child with a disability, typically developing children may resent both their siblings and parents for the increased attention given to the child with the disability (Goeke & Ritchey, 2011).
It is critical that clinicians recognize and attend to sociocultural differences in their sibling work, but there has been little to help them in this regard. A recent volume on sibling development, however, offers important implications for practice across groups and issues (Caspi, 2011a). Practitioners are encouraged to incorporate “difference” in their work with aggressive siblings, and to recognize how socializing and social power structures influence such relationships.

Additional factors

Additional factors derived from both the literature and the author’s practice experiences are added here. Many of these factors have already been linked to other forms of child victimization. These factors include parental alcoholism, parental support of child aggression (e.g., wanting their children to be tough), and social glorification of violence in the media (e.g., television, video games). Boredom is also a likely predictor (Prochaska & Prochaska, 1985)—for example, consider two siblings sharing the back seat on a long car trip.

Sibling Aggression and Practice

Considering the widespread nature of sibling aggression and its known problematic consequences, relatively few practice interventions exist. Indeed, practice information for working with siblings in general is scant (Sanders, 2011). As noted earlier, the primary focus of sibling aggression treatment has been on its most severe forms: physical and sexual abuse (e.g., Caffaro & Conn-Caffaro, 1998; Haskins, 2003). While no comprehensive models for less severe forms of sibling aggression treatment have been offered, a handful of discrete interventions have been put forth, such as using “time outs” (e.g., Adams & Kelley, 1992; Jones, Sloane, & Roberts, 1992; Olson & Roberts, 1987). Additionally, a wide array of advice has been offered for parents, but little is empirically supported (Kramer, 2004).

Only a few empirically supported sibling aggression offerings have been put forth. The aim of most is to stop hostilities, usually by training parents (usually mothers) in behavioral management strategies. These have shown promising results but have been limited by small sample sizes, lack of controls or comparison groups, and no follow-up (for a review, see Kramer, 2004). Similarly, teaching conflict resolution skills has received scant attention but has had promising results, when targeting both parents (Siddiqui & Ross, 2004; Smith & Ross, 2007) and children (Gentry & Benenson, 1993).

Only three empirically tested intervention offerings have targeted a change in family dynamics, such as cross-generational coalitions (Caspi, 2008; Kelly & Main, 1979; Reid & Donovan, 1990). All three showed fairly dramatic reductions in sibling antagonism but used small samples using single-case designs.

Fewer empirically considered approaches have been put forth, which focused on promoting sibling positivity. A growing awareness of the importance of
supporting prosocial skill development as a way to address sibling negativity in practice has been emerging (Brotman et al., 2005; Kennedy & Kramer, 2008; Kramer, 2011; Kramer & Radey, 1997; Olson & Roberts, 1987; Tiedemann & Johnston, 1992). As noted, although aggression-halting strategies seem to be effective, they may inadvertently generate disengaged sibling relationships—a problematic practice outcome. Prosocial skills interventions have been quite effective in improving sibling positivity but its utility as a treatment approach for sibling violence is yet to be clearly established. An approach that integrates both violence-stopping and positivity-building strategies is needed. The sibling aggression treatment model put forth in this book offers such an approach: a new two-tier intervention model that integrates empirically tested aggression-halting and prosocial-development strategies.

Untested Interventions

Examples of additional important offerings, which have yet to receive empirical examination, include three family systems approaches for sibling abuse and maltreatment (Caffaro & Conn-Caffaro, 1998; Kiselica & Morrell-Richards, 2007; Wiehe, 1997) and two that focus on sibling sexual abuse (DiGiorgio-Miller, 1998; Haskins, 2003). Theory-driven frameworks rely on conceptual frameworks to broadly inform practice, but do not provide step-by-step strategies for intervention work. Other theory-guided frameworks include a psychodynamic model for sexual abuse (Mitchell, 2004) and an approach that integrates feminist, conflict, and social learning theories (Hoffman et al., 2005). Theoretical frameworks are particularly useful for guiding practice in areas for which few technologies exist. Other examples of yet to be tested sibling intervention work include a release play therapy framework for sibling rivalry (Kaduson, 1997), and a systemic approach that makes use of a “prescribing ambivalence” strategy (Wagner, Hunter, & Boelter, 1988). Finally, Gnaulati (2002) puts forth “sibling therapy” as an underutilized but viable treatment modality and offers clinical considerations for treating sibling hostility.

Implications for Practice

Despite the limited sibling aggression treatment offerings for practitioners, developmental and intervention research findings can be used to inform practice. Strategies that have been tested and shown to be effective are preferable but, as noted, few such approaches exist. The next best approach is to look to empirically derived practice, where practitioners utilize developmental and intervention research findings to inform their practice (Caspi, 2011a). Empirically derived practice is preferable to idiosyncratic approaches. As presented earlier, the research literature offers an array of information about empirical links to sibling aggression with regard to promising treatment strategies. Assessment and intervention implications based on the literature are presented here.
Assessment

The consequences and links to social problems presented earlier in this chapter can be utilized as a list of risk factors to guide assessment of sibling aggression. For example, knowing that marital dissatisfaction is linked to sibling aggression suggests practitioner exploration of sibling relationship quality when marital conflict is observed. Attending to risk factors can help identify sibling hostility and screen for physical safety—the primary assessment concern with all forms of interpersonal violence. Additionally, when sibling aggression is the identified treatment problem, an understanding of risk factors assists enquiry into related issues (e.g., academic struggles, peer relationship problems, parents’ marital conflict).

The literature provides additional offerings in the form of tools that can be useful for sibling aggression assessment. These include Caffaro and Conn-Caffaro’s (1998, 2005) questions for sibling abuse assessment (i.e., Sibling Abuse Interview), and research inventories that measure sibling conflict (e.g., Scale of Negative Family Interactions; Simonelli, Mullis, & Rohde, 2005). Standardized inventories can assist both practice and research endeavors (see Chapter 4 for using research inventories in practice).

Specific assessment strategies are offered in subsequent chapters and include exploration of family dynamics, empirical understanding of problems, and a simple strategy I put forth to assist the identification of abuse (see Chapter 5). It is likely that many of the risk factors commonly associated with child maltreatment by parents (see, e.g., Miller-Perrin & Perrin, 2007) overlap with those in cases of sibling victimization and should be explored. Assessments that suggest immediate danger require safety plans (Kellogg & Menard, 2003). An in-depth discussion of safety plans is taken up in Chapter 6.

It is common for sibling hostility to be present, problematic, and even directly related to a family’s primary complaint, but not identified as such. For example, families may seek treatment for divorce or academic problems, but assessment reveals that sibling aggression is also a central concern. Practitioner identification of issues linked with sibling aggression indicates exploration into sibling discord, initially for the purpose of assessing child safety, and then as a potential treatment objective (often to address the primary complaint). More mild forms of sibling aggression (e.g., constant bickering) may not be considered problematic, but is often a serious source of family stress and can escalate to more serious hostility. Name calling, threats, and other forms of psychological maltreatment should not be dismissed as normal sibling behavior but rather as damaging (Keery et al., 2005) and as potential gateway behaviors to more severe and physical forms of aggression. Addressing mild aggression may serve as an important violence prevention strategy. In addition, family issues are often linked and sibling bickering may be serving a family function (e.g., stabilizing a conflictual marriage).
Intervention

The assessment considerations gleaned from the literature inform the intervention process. For example, an assessment of parental favoritism suggests an intervention that disrupts this dynamic. A father who intervenes in sibling conflict by regularly protecting the younger from the older may be directed to temporarily side with the older, or to help the children problem solve in a more neutral way. Such restructuring of family interactional patterns is a common family intervention (Minuchin, 1974). In another example, an assessment of high sibling negativity suggests interventions that promote prosocial relationships (e.g., Kramer, 2011).

Helping siblings negotiate and create clear rules for managing sibling conflict has been found to be empirically promising (Reid & Donovan, 1990), particularly when it involves future-oriented planning, and avoids review of past grievances (Ross et al., 2006). Parent training aimed at assisting their children with sibling conflict problem solving has also been shown to be effective (Siddiqui & Ross, 2004). Positive sibling conflict resolution skill likely mediates conflict in other relationships (Reese-Weber & Kahn, 2005), as teaching such skills may reduce aggression in relationships outside the family.

Unless a child’s safety is at risk, intervention should focus on developing and reinforcing prosocial and problem-solving behaviors with the goal of promoting supportive sibling relationships. Positive reinforcement of sibling prosocial behavior (e.g., sharing, compliments, listening) can reduce conflict and increase support (Kramer & Radey, 1997). Intervention can help parents’ change their focus on noting and inadvertently reinforcing sibling problems to supporting and praising positive encounters. Kramer (2011) offers prosocial competencies that can be implemented as intervention tasks.

Reid and Donovan (1990) suggest that practitioners should systematically quantify the severity and frequency of sibling conflict as an intervention strategy. Measuring aids the determination of intervention success and provides practitioners and families with insight into whether or not treatment strategies should be maintained, refined, or abandoned. Decreases in the severity or frequency of sibling assault suggest that interventions are working. No change or increases in conflict indicate that a different course of action should be pursued.

Sibling aggression is best understood as embedded within the multiple systems that support it. While family systems occupy most of the focus of this book, sibling hostility is supported across environmental systems, including schools, hospitals, communities, and by the culture at large. Interventions must frequently attend to multiple systems and systems levels. For example, a hospital emergency department practitioner may need to work with the intake staff to highlight the seriousness of injury caused intentionally by siblings. Raising awareness about problematic sibling aggression and voicing opposition to its use as comedy in the media should also be part of standard practice.
Finally, prevention of sibling violence has received scant attention but is a pressing social concern because it is both a widespread and deleterious form of child and adult maltreatment. Evidence is fairly strong that youth violence prevention interventions aimed solely at individuals, or framed as the problem being located within individuals, are ineffective (Mattaini & McGuire, 2006). Effective violence prevention efforts utilize strategies that attend to both individual risks and environmental factors, including individual prosocial skill development, parent training, and changing the social climate (U.S. Surgeon General, 2001). In a review of effective youth violence prevention programs, Mattaini and McGuire found that “basic behavioral strategies (e.g., skills training, substantial increases in positive reinforcement for prosocial behavior, moderation of aversives, and on-going, systematic evaluation) appear to be at the core of the effective interventions that have been identified, often explicitly” (Mattaini & McGuire, 2006, p. 213). Although their review did not speak specifically of sibling violence, it can be argued that these core elements bolster the effectiveness of sibling aggression treatment and prevention. These components run through the center of the model put forth in this book.

CONCLUSION

This chapter provided an overview of sibling aggression, its definitions, prevalence, consequences, and the factors that support it. Empirical links to sibling aggression were put forth as potential risk factors to guide assessment in practice. Available treatment approaches were reviewed, and I provided implications for practice. A review of the sibling aggression literature provides support for presentation and implementation of the treatment model put forth in subsequent chapters. It suggests a two-tier approach that involves stopping problematic hostility while also working to enhance the quality of sibling relationships. It also indicates that sibling relationships cannot be understood or addressed without considering the contexts in which it exists. The family is the most immediate and powerful environment and as such, a family treatment approach makes sense. Although research provides some general directions, a related guiding theoretical framework is needed to provide a cohesive approach to working with siblings. In the following chapters, I offer a developing theoretical framework for working with siblings.