Sibling Maltreatment

Description/Etiology

Sibling maltreatment is the least researched form of family violence with limited national data to truly reflect its prevalence. The challenge lies in distinguishing normal developmental behavior between siblings from abusive interactions. Some parents may believe that aggression between siblings is to be expected and that it teaches children how to manage conflict. Family dynamics and cultural norms may promote aggressive interactions between family members. To further complicate matters, there are no specific laws that address sibling maltreatment beyond the laws that prohibit assaultive behaviors generally. Sibling maltreatment typically starts in childhood and may continue into adulthood; most research and treatment modalities are focused on sibling maltreatment in the age 18-and-under population, however.

Sibling maltreatment is not the same as sibling rivalry, which is characterized by isolated incidents that are age-appropriate. Rivalry is reciprocal, and obvious to others; the goal is recognition from parents and a feeling of significance, not harm and domination. When determining if an interaction is abusive it is important to consider the severity and intent of the act as well as the emotional impact of the act on the aggressor and his or her victim. For the purpose of assessment and treatment, sibling maltreatment is defined as one sibling habitually taking the role of aggressor in relation to another sibling. The siblings may be biological siblings (i.e., sharing biological parents), half siblings (i.e., sharing one parent), stepsiblings (i.e., related through marriage), adoptive siblings or foster siblings (i.e., related through a shared home), or fictive siblings (i.e., not biologically related but considered a sibling). Similar to other forms of maltreatment, sibling maltreatment may be physical, psychological, or sexual in nature.

Physical maltreatment of a sibling is the deliberate intent of one sibling to cause physical harm and/or injury to another. Physical maltreatment may take the form of hitting, slapping, kicking, biting, pinching, pushing, choking, or hair pulling. Severe cases of maltreatment may involve the use of implements or weapons to inflict injury, such as sticks, belts, rubber hoses, broom handles, scissors, razors, broken glass, or guns. Sibling sexual maltreatment is “any sexual act with a sibling younger than the age of 13 years with the perpetrator at least five years older; the use of any kind of deceit, force, or threat to obtain sexual gratification and that is not motivated by developmentally appropriate curiosity” (Chambliss & McLeer, 2009). Sexual maltreatment can include intercourse, masturbation, oral sex, fondling, forcing a sibling to view pornography, and making unwanted sexual advances. Psychological or emotional maltreatment is the persistent and intense use of words or actions to incite fear or emotional distress in a sibling in order to assert control and power over him or her.Sibling emotional maltreatment may be in the form of intimidation, belittling, provocation, threats, destruction of possessions, and/or torture.

The motivation for abusive behavior varies based on the aggressor’s age. Children younger than 8 years typically use physical violence to resolve conflicts over possessions, whereas children between the ages of 9 and 13 typically use physical violence to establish spatial boundaries. Teens 14 years and older typically use physical violence as a way to deal with conflict over responsibilities and social obligations. There is a likelihood that violent behavior in siblings can manifest in adulthood as physical and emotional disorders, dating and domestic violence, and substance abuse. Treatment of sibling maltreatment is based on a multidimensional approach that focuses on counseling the entire family in order to address
systemic family issues (e.g., lack of supervision, intimate partner violence, and combative interactions) and replace harmful behaviors with new adaptive forms of communication and conflict resolution.

**Facts and Figures**

Children who experience maltreatment and neglect by a parent/caregiver are 4 times more likely to experience emotionally abusive and physically violent sibling interactions than children from a non-abusive home. Victims of sibling maltreatment are subject to a higher frequency of abusive incidents than children who are victimized by peers. Sibling maltreatment occurs most frequently in children 6–9 years of age; cases involving injuries and weapons most often occur in teens 14–17 years of age. Data retrieved from the 2000–2005 database of the National Incident-Based Reporting System found that males were perpetrators of sibling violence more often than females and were more likely to victimize a female sibling. Male perpetrators are more likely to use guns to commit violence whereas females are more likely to use knives. Males are 4 times more likely to sexually abuse a sibling. Approximately 40% of cases of sibling sexual abuse involve the use of force. The prognosis for perpetrators of sibling maltreatment is poor, especially in families in which combative interactions and coercive exchanges are the norm. Victims of sibling sexual abuse are at an increased risk of experiencing adjustment problems, low self-esteem, sexual dysfunction, eating disorders, and self-injurious behaviors.

**Risk Factors**

Sibling maltreatment is strongly influenced by family relationships. Children are at a significant risk of maltreatment if their parents/caregivers engage in intimate partner violence and/or child maltreatment. Children are also at a greater risk for sibling maltreatment if their parents are unwilling or unable to help them resolve sibling-to-sibling conflict or if they promote sibling rivalry by playing favorites. A parent may condone ongoing sibling maltreatment by minimizing or ignoring the maltreatment, blaming the victim, or responding inappropriately by abusing the perpetrator. The risk of maltreatment increases with a decrease in parental supervision and availability. Family stressors such as parental separation, divorce, or incarceration of a parent increase the risk of sibling maltreatment. Children who are abusive toward their sibling(s) are at risk of developing conduct disorders and antisocial behaviors. Children may be predisposed to engage in sibling violence if they have been diagnosed with a conduct disorder, mood disorder, or attention deficit hyperactivity disorder. Offenders also have a higher rate of alcohol and substance maltreatment in comparison to non-offending counterparts. Victims of sibling maltreatment are at a greater risk of being involved in other abusive relationships during their lifetime than those who are not maltreated by a sibling.

**Signs and Symptoms/Clinical Presentation**

- **Psychological:** Client may experience fear, anger, shame, humiliation, and guilt; both victims and perpetrators may experience low self-esteem and suffer from depression and anxiety; victims of sexual abuse may experience grief, anger, and feelings of helplessness
- **Behavioral:** Client may express fear in the form of anxiety, nightmares, or phobias; client may avoid offending sibling; children may develop eating difficulties, display aggressive behavior (in the case of the victim), act out sexually, or engage in alcohol/substance abuse, self-injurious behaviors, or delinquent activities
- **Developmental:** Both victims and perpetrators of sibling maltreatment may experience developmental delays in cognitive functioning, language development, and motor coordination
- **Social:** Client may refuse to attend school or may experience academic difficulties; may isolate himself or herself; adolescents may run away from home, engage in delinquent behavior, or withdraw from family and peers
- **Physical:** Client may have physical signs of maltreatment including bruises, welts, cuts, scratches, bite marks, burns, stab wounds, and missing patches of hair or may have internal injuries (e.g., head trauma, internal bleeding, broken bones). Client may have physical signs of sexual abuse including bruises on the thighs or arms; bleeding, swelling, pain, or itching of the vagina, anus, mouth, and/or throat; odorous vaginal discharge; cuts and bruises; urinary tract infection; and difficulty walking or sitting. Client may have somatic complaints such as stomach pains, headaches, elimination problems, eating difficulties, and sleep disturbances

**Social Service Assessment**

- **Client History**
  - Determine if client is safe with parents/caregivers; assess what safety measures parents/caregivers have taken to protect the victim
  - In the case of sibling sexual abuse, it is important to assess if the offending sibling has been a victim of sexual abuse
• Interview client (privately) and client’s family members to obtain details of maltreatment; obtain a biopsychosocial history to include any history of alcohol/substance abuse, child maltreatment, intimate partner violence, mental health disorders
• Determine the severity and chronicity of maltreatment; notify authorities and report any criminal acts; take into consideration the age difference between offender and victim, as this may determine whether or not a crime has been committed
• Assess for problems in the relationship between caregivers and their influence on family unit; assess for level of supervision in the home
• With young children, information can be obtained through observation, play, or reenactment of incident
• Refer parent/caregiver, victim, and/or perpetrator for psychiatric evaluation if appropriate

› Relevant Diagnostic Assessments and Screening Tools
• The Sibling Maltreatment Interview (SAI) is a comprehensive administered interview used to evaluate individual children, sibling relationships, and parents, caregivers, and the family unit
• The Conflict Tactics Scales–Revised (CTS-R) is a clinician-administered 62-item tool used to assess the type and frequency of violent interactions between siblings

› Laboratory and Diagnostic Tests of Interest to the Social Services Professional
• There are no laboratory tests that diagnose sibling violence and maltreatment

Social Work Treatment Summary
Because treatment of sibling maltreatment involves working with members of the family unit, it is crucial to establish a rapport with the family immediately. Some families may be afraid to discuss the problem, and some parents may be defensive because they have been forced by the court or a school to address the maltreatment. Resistance can be minimized by creating a safe environment that does not threaten the family and that allows each member to have a voice. The psychoeducational approach involves teaching the family to recognize that violent/aggressive behavior is a learned response and provides the family members with tools to change their patterns of interaction (Horne & Sayger, 1990). Identifying a family’s strengths rather than blaming and judging will help to put the family members at ease and foster faith in their ability to resolve future conflicts. A treatment plan should incorporate family, individual, and couples counseling in order to address maladaptive behaviors that are occurring within the family.

Social workers should be aware of their own cultural values, beliefs, and biases and develop specialized knowledge about the histories, traditions, and values of their clients. Social workers should adopt treatment methodologies that reflect their knowledge of the cultural diversity of societies in which they practice.

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<tr>
<th>Problem</th>
<th>Goal</th>
<th>Intervention</th>
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<td>Sibling maltreatment is suspected</td>
<td>Identify presence of maltreatment</td>
<td>Interview victim in safe, private setting; ensure victim’s safety by developing a safety plan; build rapport with family members; utilize SAI or CTS-R assessment tool</td>
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<td>Client has signs or symptoms of maltreatment</td>
<td>Minimize risk and resolve high-risk safety issues</td>
<td>Utilize psychoeducational approach to identify inappropriate behavior and teach/practice adaptive behaviors and conflict-resolution strategies</td>
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Sibling maltreatment recurs. Develop prevention plan and address maladaptive parental behaviors. Facilitate counseling sessions between victim and perpetrator to work on rebuilding trust and use of appropriate conflict-resolution skills; conduct couples counseling or sessions with parents/caregivers to address protective responsibilities, effective communication, and positive role-modeling.

Applicable Laws and Regulations
If the age difference between a victim of sibling sexual abuse and the perpetrator meets state or federal regulations for mandated reporting, then the sexual abuse needs to be reported to the agency responsible for investigating suspected maltreatment (e.g., local law enforcement, child protective services [CPS]).

Each country has its own standards for cultural competency and diversity in social work practice. Social workers must be aware of the standards of practice set forth by their governing body (National Association of Social Workers, British Association of Social Workers, etc.) and practice accordingly.

Available Services and Resources
› Stop Maltreatment for Everyone (SAFE), http://www.stopmaltreatmentforeveryone.org/
› Sibling Maltreatment Survivors’ Information and Advocacy Network (SASIAN), www.sasian.org

Food for Thought
› Sibling abuse has been identified as being the most common form of family violence
› Children are more likely to fight with the sibling closest to them in age
› Marital stress and/or discord has been shown to affect how children cope with conflict

Red Flags
› Abuse or maltreatment between siblings is reportable to law enforcement and CPS and is required of all mandated reporters

Note
› Recent review of the literature has found no updated research evidence on this topic since previous publication on March 23, 2015

References
