

Sibling Aggression and Abuse Research and Advocacy Initiative (SAARA)

SIBLING AGGRESSION AND ABUSE ARE ACES

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Adverse childhood experiences (ACEs) screenings for children, parents, and adults should be broadened to include sibling aggression and abuse (SAA) experiences. Research consistently demonstrates the potential trauma-inducing effects of SAA on well-being and relationships across the lifespan. The impact of SAA on population-level public health may be similar to that of intimate partner violence and parent-to-child maltreatment. Positive screenings for SAA necessitate training for practitioners and professionals on SAA and the continued development of evidence-based interventions aimed at preventing and healing from SAA.

SIBLING AGGRESSION AND ABUSE AS TRAUMA-INDUCING HARMS

According to the U.S. Centers for Disease Control (CDC), [ACEs](#) are potentially traumatic events that occur in childhood, like violence, maltreatment, and events that undermine children's feelings of safety. These experiences impact functioning across the lifespan, often through the body's stress response system. Children's responses to such events may include fear, worry, or anger. Over time, the physical effects and emotional responses that limit healthy coping take a toll on children's mental and physical health, which can culminate in adulthood with such impacts as heart disease and suicide.

National studies show that significant numbers of children experience SAA each year and in their lifetimes. Estimates from U.S. nationally representative data reveal that over a third of children aged 0 to 17 years old have experienced sibling physical, property, and/or psychological aggression or abuse in their lifetimes.¹ Estimates of the frequency that children are sexually abused by a sibling are between 2-5%.

SAA are trauma-inducing harms linked to negative mental and physical health and interpersonal relationships across the lifespan. Children who are harmed by

their siblings do not feel safe, possibly ever. Like other abuse victims, harmed children likely live with the sibling that harms them. Some children live in fear of their sibling(s) and are repetitively mistreated by them. Adult survivors report continued impacts on their mental health, including struggling with depression, eating disorders, and relationship difficulties.

Notably, SAA uniquely predict, and in some cases, have similar or larger associations with well-being than some traditional ACEs, including single parenting, child maltreatment, and family violence.² Beliefs that SAA are normal and equivalent to rivalry, roughhousing, or a scuffle, or in the case of sibling sexual abuse, that it is just curiosity have kept SAA hidden for too long.

MODIFY EXISTING ACE INVENTORIES

ACEs screenings with children, parents, and adults should be broadened to explicitly include SAA. Most widely used ACE inventories, based on the original [ACE Study](#), restrict physical and psychological abuse to acts committed by "a parent or other adult in the household," and sexual abuse is limited to "an adult or person at least 5 years older." More recently developed ACE inventories have removed some of these age restrictions on abuse perpetrators, which is a step in the right direction. However, due to the pervasiveness and invisibility of SAA, many people may not consider siblings when responding to abuse questions unless explicitly prompted.

Modification of existing ACE inventories will support recognition of SAA and their impacts. Any modification, however, should be accompanied by training for practitioners and professionals. Currently, training in SAA is not widespread; making changes to undergraduate and graduate curricula and continuing education requirements is critical.

Positive screenings will highlight the need to advocate for training for parents and professionals in child protective services, law enforcement, school counseling, mental health, pediatrics, nursing, and other disciplines. These groups could be provided with the knowledge that sibling rivalry does not include an intent to harm or control and the importance of believing the child that has been harmed. These audiences also could be educated that sibling abuse, including physical, psychological, and sexual, are forms of family violence. Like other forms of family violence that require specialized knowledge, SAA deserve expert recognition and response too.

A goal of ACE screenings is prevention and intervention. For parents and children, a variety of established evidence-based parent education programs, such as [The Incredible Years](#) and [Triple P Positive Parenting Program](#), can help reduce children's aggressive behaviors and enhance parenting skills. Programs aimed at promoting a positive sibling relationship, like [More Fun with Sisters and Brothers](#), can be helpful too. When a sibling dynamic is abusive, family resource centers, child advocacy centers, and pediatricians can help with referrals and finding treatment with therapeutic techniques that are used to treat child maltreatment, such as trauma-informed and abuse-focused cognitive behavioral therapy.

For adults seeking help for well-being and relationship challenges, expanded ACE screenings that are inclusive of SAA in clinical settings could provide needed insight and indicate the need for trauma-informed therapeutic techniques aimed at healing the trauma caused by SAA. Trauma-informed therapeutic techniques are unlikely to be used with survivors of SAA unless increased awareness, training, and recognition of SAA occur.

Not all sibling behaviors are harmless, and some can have lasting, devastating effects. Just like other forms of family violence and abuse, SAA should be designated as an ACE, screened for, and addressed by parents, practitioners, and professionals. Any positive screening for an ACE necessitates evidence-based responses to help ensure that children feel safe at home and mitigate the life-long negative impacts of SAA on individuals, families, and society.

NOTES

¹Author calculation based on weighted merged prevalence data from the 2008, 2011, and 2014 National Survey of Children's Exposure to Violence (NatSCEV).

²Tucker, C. J., Finkelhor, D., Turner, H., & Shattuck, A. (2013). Association of sibling aggression with child and adolescent mental health. *Pediatrics*, 132(1), 79–84. <https://doi.org/10/f49rcx>

FOR FURTHER INFORMATION

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