



Sibling bullying is associated with anxiety, depression and self-harm

Louise Arseneault

King's College London, Institute of Psychiatry, Psychology and Neuroscience, SGDP Centre, London, UK; louise.arseneault@kcl.ac.uk

ABSTRACT FROM: Bowes L, Wolke D, Joinson C, *et al.* Sibling bullying and risk of depression, anxiety, and self-harm: a prospective cohort study. *Pediatrics* 2014;134:e1032–9.

WHAT IS ALREADY KNOWN ON THIS TOPIC

In the early 1970s, Dan Olweus studied violent behaviour between pupils with an imbalance of power whereby it was difficult for the victims to defend themselves. He reported that children who experienced bullying from their peers at school had an increased risk for developing symptoms of mental health problems.¹ Unfortunately, bullying is still considered by many as an inevitable part of growing up. Today bullying goes beyond schools walls and has infiltrated what should be a safe haven for all children: the home. Children do not find respite from bullying after the school hours as this form of victimisation now reaches them everywhere via social media, their mobile phones and the internet.² Bullying can also take place at home between siblings.³ The question of whether the impact of bullying is harmful when perpetrated by a sibling is an important one. Should we expect children to simply 'get over it'—as they often are expected to do in relation to school bullying—without experiencing symptoms of psychological distress?

METHODS OF THE STUDY

This study included close to 7000 participants from a community-based cohort from the UK (Avon Longitudinal Study of Parents and Children). All participants were born in the early 90's. Data on sibling bullying were prospectively collected during private interviews using self-reports when participants were 12 years old. Questions on bullying were adapted from the Olweus Bullying Questionnaire and referred to bullying incidents that occurred in the past 6 months. Outcome measures were assessed 6 years later, when the participants were 18 years old and included anxiety, depression and self-harm. This information was collected as part of a clinical assessment with the participants using a computerised version of the Clinical Interview Schedule–Revised (CIS-R).

WHAT DOES THIS PAPER ADD

- ▶ This study indicates that children who were bullied several times by their siblings by the age of 12 were twice as likely to show symptoms of depression (OR 2.15) and self-harm (OR 2.56) when they entered adulthood, compared with children who were not bullied by their siblings.
- ▶ The observed associations with psychiatric difficulties remained after controlling for individual and family characteristics that may also lead to psychological distress including internalising and externalising problems, peer victimisation, low parental social class and domestic violence. The association with self-harm also remained significant when concurrent depression was controlled for (OR 2.26).

LIMITATIONS

- ▶ It is not clear how considerable loss of study participants may have impacted the results from this study (from 11 132 children who

were sent a questionnaire when they were 12 years to 2002 children whose data were included in the analyses).

- ▶ Study participants provided information on both sibling bullying and psychiatric difficulties. This may have spuriously inflated the associations observed because the same person provided data on both the exposure and the outcome measures.
- ▶ The possibility that genetic factors explain both the experience of being bullied and psychopathology could not be tested in this sample. The risk for psychopathology observed among youth who were bullied by their sibling could be still accounted for by genes, rather than the experience of being bullied per se.

WHAT NEXT IN RESEARCH

This study emphasises three key points. First, bullying is not limited to the school context. Families are meaningful and relevant as they carry protective and risk factors for being bullied and experiencing mental health symptoms.⁴ Families ought to be involved in antibullying intervention programmes, even if set at schools. Second, blended families that bring the extra challenge of living with half siblings may be a useful setting to study sibling bullying and better understand the context in which bullying behaviours occur. Third, bullying is a specific form of abusive behaviour. It is best studied in the context of relationships that highlight a power imbalance where it is difficult for the victims to defend themselves. The extent to which bullying in the family is distinct from sibling rivalry or simply play-fighting will be important to further ascertain the impact of sibling bullying.

DO THESE RESULTS CHANGE YOUR PRACTICES AND WHY?

It is time to move away from the perception that bullying is part of normal growing up and that it is acceptable. Stopping bullying may not be sufficient anymore. Efforts should also concentrate on young victims of bullying who may need support to overcome this adverse experience so that psychological distress does not last a lifetime. One of the challenges for intervening with victims of sibling bullying will be to identify protective factors outside home.

Competing interests None declared.

doi:10.1136/eb-2014-102017

Received 26 January 2015; Revised 30 March 2015; Accepted 6 May 2015

REFERENCES

1. **Olweus D.** *Aggression in the schools: bullies and whipping boys.* Oxford, UK: Hemisphere, 1978.
2. **Smith PK,** Mahdavi J, Carvalho M, *et al.* Cyberbullying: its nature and impact in secondary school pupils. *J Child Psychol Psychiatry* 2008;**49**:376–85.
3. **Wolke D,** Skew AJ. Bullying among siblings. *Int J Adolesc Med Health* 2012;**23**:17–25.
4. **Bowes L,** Maughan B, Caspi A, *et al.* Families promote emotional and behavioural resilience to bullying: evidence of an environmental effect. *J Child Psychol Psychiatry* 2010;**51**:809–17.