PARENTS' AWARENESS AND RESPONSES TO SIBLINGS' VICTIMIZATION OF CHILDREN WITH DISABILITIES

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Abstract

This study investigates parents' awareness and responses to sibling victimization of children with disabilities. Despite being a recurring issue in Nigerian households, there is limited data on this subject. Research indicates that children with disabilities are over three times more likely to be abused or neglected than their non-disabled peers and face a greater risk of serious harm. The study utilized a descriptive survey design, guided by four research questions. The population consisted of 121 parents of children with disabilities from four Special Schools in Ibadan North Local Government Area, Oyo State. Data were collected using the Bystander Intervention on Bullying and Sexual Victimization Scale developed by Nickerson et al. (2014) and analyzed with SPSS (Statistical Package for Social Science). Descriptive analysis included frequency and percentage. The findings revealed a significant incidence of sibling victimization among children with disabilities, with 90% of parents demonstrating a high level of awareness regarding the issue. 84.3% of respondents reported that their child with a disability experienced victimization by a sibling. The study recommended targeted intervention strategies and educational programs aimed at enhancing parental awareness and capacity to identify and effectively respond to sibling victimization. Such initiatives are essential for the safety and overall well-being of children with disabilities.

Keywords*: Children, Disabilities, Awareness, Siblings, Victimization*

Introduction

Children are exceptional in their own ways. Some children are born with a disabling health condition or impairment, while others may develop disability as a result of illness, injury or poor nutrition. Disability affects a large percentage of people throughout the world. According to the World Health Organization (WHO,2013), around 15% of the world population, which is more than one billion individuals, are living with one form of disability or impairment. It is estimated that 5% of this population are children. The definition of disability varies due to its uniqueness. There are no universally accepted definitions of disabilities. The World Health Organization (WHO, 2010) describes disability as an interaction between the individual's physical body and the qualities of the society in which the individual lives. This definition sees disabilities as an umbrella term, covering impairments, activity limitations and participation restrictions. Disability also includes physical impairment such as mobility, hearing, visual, language difficulties and developmental delays and intellectual impairments such as cerebral palsy, spina bifida, muscular dystrophy, traumatic spinal cord injury, and down syndrome, which affects a person's behaviour, emotional expression and learning ability. The environment in which children are nurtured is very important for their overall development. Having a healthy and secure environment is crucial for the growth of any child, and even more so for children with disabilities. Children with disabilities are best cared for and nurtured within their family environment, and they should never be mistreated solely due to their disability. In other words, they need care and affection to grow up happy and should also be provided with access to a range of services and supports specifically designed to help them achieve their full potential. Children are profoundly affected by their experiences, and the structure of the family, whether traditional or non-traditional, in which they grow up can determine whether they are victimized or not.

Victimization of children was first coined by Dan Olweus in 1993. He defined victimization as an act of harassment, which can be verbal, psychological or physical, of the victim to cause harm to the victim (Olweus, 2010). Tippett & Wolke (2015) define victimization as an episode of the following: verbal (name-calling), property (destroying or taking property), psychological (feeling afraid), or physical (hitting, biting, kicking, with or without injury). The World Health Organization (2010) defines victimization against children as all forms of physical and emotional ill-treatment, sexual abuse, neglect and exploitation that results in actual or potential harm to the child's health, development or dignity. Maguire et al. (2019) opined that victimization can be physical: practicing aggressive actions such as kicking, hitting, pushing, touching or sexual assaults. It can also be verbal: threatening verbally as calling names, abusing symbolically, taunting, among others. Children are exposed to victimization in so many forms, which includes exploitation, neglect, physical violence, sexual, psychological and many more. The children with disabilities are not exempted from these types of victimization. Children with disabilities are at least three times more likely to be abused or neglected than their peers without disabilities.

According to Lo, Ho, Wong, Tung et al (2019), every year, approximately one billion children around the world experience victimization. Victimization is encountered in two modes: directly and indirectly. Direct victimization refers to relatively open attacks on a victim, while indirect victimization refers to social isolation or intentional exclusion from a group (Olweus, 2010). Not all forms of disabilities carry the same level of risk, and not all children diagnosed with the same type of disability experience victimization equally. For example, children with disabilities that affect conduct, such as attention deficit/hyperactivity disorder, may be vulnerable to physical victimization by parents, siblings or caregivers who may become frustrated by their behaviour. Children who rely on adults for their care, as well as children who are nonverbal or hearing impaired, may be more likely than others to experience neglect or sexual victimization (Centers for Disease Control and Prevention, 2017). Consistent with definitions in studies of sibling and peer victimization (Brendgen

et al., 2016; Espelage, Low, & De La Rue, 2012; Tippett & Wolke, 2015), victimization as an episode of the following: verbal (e.g., name-calling), property (e.g., destroying or taking property), psychological (e.g., feeling afraid), or physical (hitting, biting, kicking, with or without injury).

Sibling Victimization has been defined repeatedly as aggressive behaviour between siblings that is intended to inflict harm either physical, psychological, socially, or property based and involves perceived or real power imbalance (Wolke et al., 2015). It covers assaults perpetrated by a juvenile sibling living in the same household. Physical victimization (e.g. hitting, biting, slapping, shoving, tickling) occurs when a sibling intentionally hurts or kills the other sibling, including also behaviours such as pushing, pulling hair, scratching and pinching, kicking, beating with objects (Tompsett, et al. 2016) or weapons handling (Banks, Kelly, Kyegombe, Kuper and Devries 2017). Psychological victimization (e.g. teasing, ridiculing, insulting) is a nonphysical behaviour that intends to psychologically or emotionally harm (e.g. lower self-esteem, raise anxiety), such as name-calling, teasing, and threatening injury to the person, pets, or property (Caspi, 2012). However, because of the absence of physical evidence, psychological abuse is difficult to detect unlike sexual victimization or incest (e.g. attempted penetration, intercourse, rape). There is no generally accepted definition of sibling incest (Carlson, 2011); however, sibling incest has received scant attention in the research and, as such, little is understood about the complexities of sexual interaction among siblings (Caspi, 2012). Sibling incest has been described as including inappropriate behaviours such as fondling or sexual contact; indecent exposure; masturbation; oral sex; anal sex; exposure to pornography (Morrill, 2014; Carvalho, 2013).

Conflict, even when it involves aggression, between siblings is often seen as a normal and harmless component of sibling relationships (Caspi, 2012). As a consequence, sibling victimization is one of the least studied forms of within-family violence (Kiselica & Morrill-Richards, 2007), even though it occurs more often than maltreatment by a parent. While sibling aggression has been reported as the most frequent form of interpersonal violence (Finkelhor, Turner, Shattuck, & Hamby, 2015),

aggression between siblings is still largely normalized and overlooked by parents and health professionals (Krienert & Walsh, 2011; Khan & Rogers, 2015; Pickering & Sanders, 2015). The investigation of sibling aggression remains hindered by the inconsistent use of terminology and the absence of a universally accepted definition among scholars (Wolke et al., 2015a). Terms such as conflict, victimization, rivalry, aggression, violence, abuse, and bullying have often been used interchangeably in the literature (Finkelhor, Turner, & Ormrod, 2006; Tippett & Wolke, 2015a; Morrill et al., 2017; Toseeb, McChesney, & Wolke, 2018), leading to conceptual ambiguity and methodological challenges. This lack of clarity complicates efforts to delineate "normal" sibling conflict from more serious forms of sibling victimization. Nevertheless, a growing body of empirical evidence supports the notion that sibling conflict and sibling victimization are distinct phenomena, each with different trajectories and implications for child development and well-being (Kiselica & Morrill-Richards, 2007). Given these conceptual inconsistencies, the need to distinguish between normative sibling interactions and harmful victimization becomes especially urgent in the context of children with disabilities, who are more vulnerable to intra-family aggression and less likely to be protected by standard disciplinary norms. Despite growing recognition of the unique risks faced by children with disabilities, limited research has explored how parents perceive and respond to sibling-perpetrated victimization within this population. Therefore, this study investigates parents' awareness and responses to sibling victimization of children with disabilities.

Statement of the Problem

All children are vulnerable; children with disabilities are in a heightened state of vulnerability and need to be protected. Researchers have long awareness the seemingly increased rates of abuse and maltreatment in individuals with disability, but it is clear that there exists a paucity of research concerning sibling victimization of children with disabilities. Although only a few studies have been conducted on the connection between victimization and developmental disabilities, all of these

studies were majorly in other countries. Due to very few researches conducted in Nigeria regarding this issue, this paper investigated the current level of knowledge and understanding among parents on the issue of sibling victimization of children with disabilities, as well as their responses to the victimization.

Purpose of the Study

The objective of this study is to assess the level of awareness and response of parents to sibling victimization of children with disability in Ibadan North Local Government, Oyo State.

To actualize the objectives above, the study is designed to:

1. Examine the types of victimization that exist between children with disabilities and their siblings.
2. Determine the causes of victimization between children with disabilities and their siblings.
3. Explore the level of awareness of parents on sibling victimization of children with disabilities.
4. Find out the responses of parents to siblings' victimization of children with disabilities.

Research Questions

1. What are the types of victimization that exist between children with disabilities and their siblings?
2. What are the causes of victimization between children with disabilities and their siblings?
3. What is the parents' level of awareness of sibling victimization of children with disabilities?
4. What are the responses of Parents to sibling victimization of children with disabilities?

Method

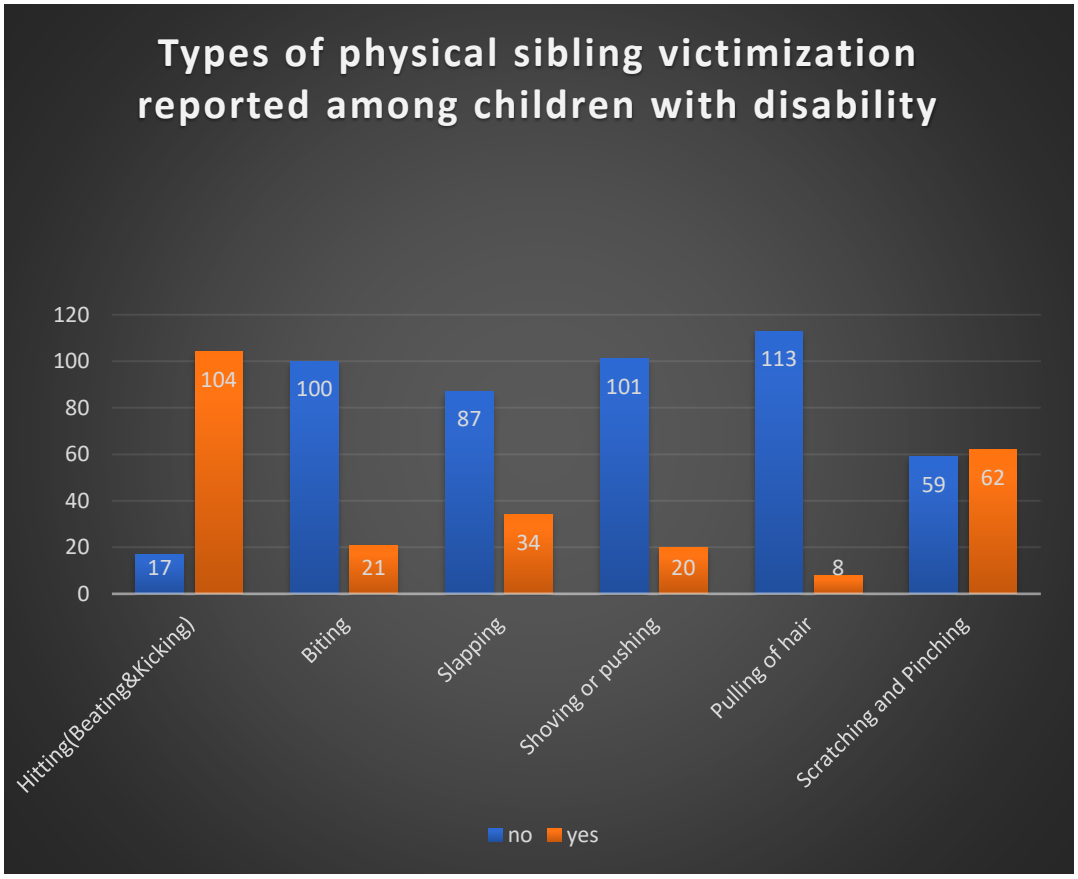
The study adopted a descriptive survey design. A multi-stage sampling method was used in this study. Purposive sample was used to select Ibadan North Local Government from the 11 Local Government Areas in Ibadan. This is because Ibadan North has the highest concentration of Special Schools in Ibadan. The headquarters of the LGA is Bodija. Ibadan North LGA is an urban center. Notable landmarks in Ibadan North LGA include the University of Ibadan and the University College Hospital. The target population for this study consisted of parents of children with disabilities in schools of disabilities in Ibadan North, with a total number of 874 (Ministry of Education & Schools for children with disabilities, Ibadan North, 2025). Simple random sampling was used to select 4 schools for children with disabilities in Ibadan North LG through balloting. Simple random sampling was used to select 121 Parents of children with disabilities who served as respondents. The study adapted the Bystander Intervention on Bullying and Sexual Victimization Scale, an instrument developed by Nickerson, Aloe, Livingston and Feeley (2014). This study instrument was titled Parents' Awareness and Responses to Siblings Victimization of Children with Disabilities. The instrument was validated by three experts, two from the Department of Home Science and Management and one from the Department of Statistics in the Federal University of Agriculture, Abeokuta. The advice of the experts helped the researchers to modify and select the final instrument items used for the study. The reliability of the instruments was determined using Cronbach's Alpha. Based on Standardized items, the overall coefficient result was 0.73, showing that the questionnaire is reliable. A pilot study was carried out in Oni Memorial Hospital, Ring-road, Ibadan, which is not part of the study area but similar to it, using 20 parents. The researchers administered the questionnaires with the help of 2 research assistants who were adequately briefed on how to administer the instruments. The researchers adopted an on-the-spot delivery method during the administration. This exercise lasted for three weeks and 121 copies of the questionnaire

were successfully retrieved. The data were analyzed using SPSS (Statistical Package for Social Science). Descriptive analysis comprises the frequency and percentage.

Results

Research question 1: What are the types of victimization that exist between children with disabilities and their siblings?

Table 1: Types of victimization



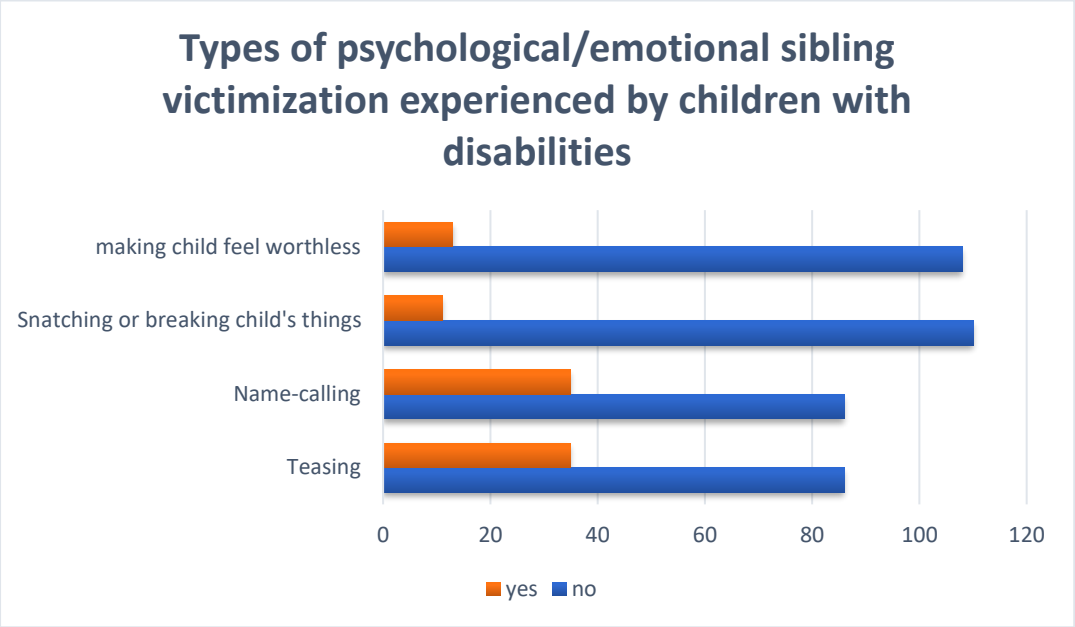


Figure 1: Emotional victimization among children with disabilities as reported by respondents

Table 1 revealed that physical forms of victimization experienced by children with disability are hitting/beating 104(85.9%), biting 21(17.4%), slapping 34(28.1%), shoving or pushing 20(16.5%), pulling of hair 8(6.6%) and scratching/pinching 62(16.5%). Figure 1 shows that respondents reported that the children also experienced emotional victimization such as teasing 35(28.9%), name-calling 35(28.9%), snatching or breaking things important to the child 11(9.1%), and making the child feel worthless 13(10.7%). The finding is supported by the study of Espelage, et al (2012) stated that large number of children are exposed to multiple forms of victimization. When asked about sexual victimization experienced by children with disabilities, almost all the respondents reported that this was not taking place, only one respondent reported the occurrence of indiscriminate touching of children with disability. It is also in line with the report of WHO (2013) on child maltreatment.

Research question 2: What are the causes of victimization between children with disabilities and their siblings?

Table 2: Causes of victimization

ITEMS	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
When parents favour or scapegoat one sibling compared to others	5(4.13%)	6(4.96%)	2(1.65%)	17(14.05%)	91(75.21%)
When parents show more love and pay more attention to child with disability.	9(7.44%)	15 (12.39%)	0	32(26.45%)	65(53.72%)
When parents are unable to secure stable employment	12(9.92%)	8(6.61%)	3(2.48%)	28(23.14%)	70(57.85%)
When parents are unable to meet basic needs due to un/underemployment.	20(16.53%)	40(33.06%)	2(1.65%)	25(20.66%)	34(28.10%)
When siblings fail to accept the child with disability as a member of the family	15(12.39%)	17(14.05%)	3(2.48%)	14(11.57%)	72(59.51%)
When siblings show a lack of empathy towards the child with disability	16(13.22%)	20(16.53%)	2(1.65%)	13(10.74%)	70(57.85%)
Previous exposure of siblings to victimization	17(14.05%)	60(49.59%)	20(16.53%)	13(10.74%)	11(9.09%)
When parents do not provide expectations for/ enforce healthy child behaviours	12(9.92%)	10(8.26%)	4(3.31%)	20(16.53%)	75(61.98%)
When one sibling is expected to parent others	5(4.13%)	13(10.74%)	3(2.48%)	20(16.53%)	80(66.12%)
When parents are physically/emotionally unavailable	4(3.31%)	5(4.13%)	0	16(13.22%)	96(79.34%)

Table 2 shows the opinion of respondents on the causes of sibling victimization of children with disabilities. it can be seen from table above 91(71.21%) respondents believed that parents favouring one sibling against others, and when parents show more love and pay more attention to a child with a disability, it could result in sibling victimization. This reveals that respondents believe that

differential treatment can result in sibling victimization of children with disability. The results also show that sibling victimization of children with disabilities can be caused by a lack of empathy by siblings 70(57.85%). The findings are supported by Morri-Richard and Stephen (2010), who in their study of the relationship between sibling maltreatment and college students' sense of well-being, reported that sibling abuse exists and it is connected to other issues in the family

Research question 3: What is the level of awareness of parents of sibling victimization of children with disabilities?

Table 3: Parents' Knowledge of sibling victimization of children with disabilities

	Not at all Aware	Slightly Aware	Somewhat Aware	Moderately Aware	Extremely Aware
I am aware that sibling victimization of children with disability exist	2 (1.65%)	10 (8.26%)	0	13 (10.74%)	96 (79.34%)
I am aware that sibling victimization occurs between children with disability and their siblings	1 (0.83%)	3 (2.48%)	0	9 (7.43%)	108 (89.26%)
I have witnessed victimization between children with disability and their siblings	6 (4.95%)	8 (6.61%)	0	42 (34.74%)	65 (53.70%)
I believe that a child with disability experiencing sibling victimization needs help	5 (4.13%)	8 (6.61%)	0	12 (9.92%)	96 (79.34%)
I believe sibling victimization of children with disability is hurtful and damaging.	3 (2.48%)	8 (6.61%)	0	11 (9.09%)	99 (81.82%)

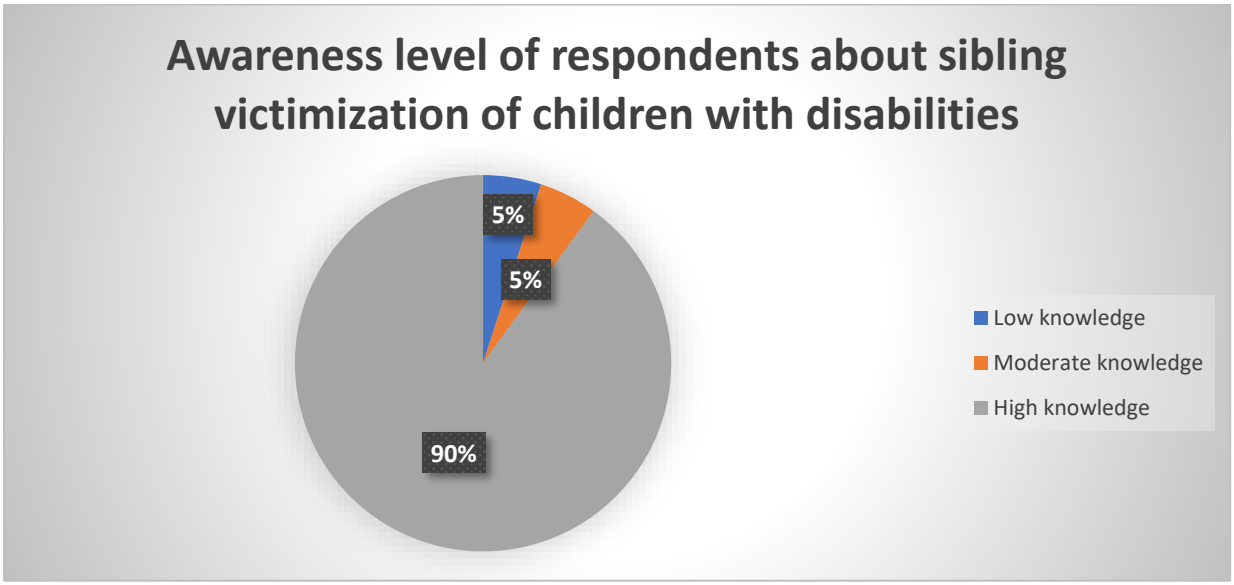


Figure 2: Pie chart showing the awareness level of respondents about sibling victimization of children with disabilities

The findings presented in Table 3 and illustrated by the pie chart indicate a notably high level of parental awareness regarding the occurrence of sibling victimization involving children with disabilities. Specifically, 79.34% of the surveyed parents acknowledged that such victimization exists, and 53.70% reported having personally observed or experienced it within their families. Furthermore, the pie chart suggests that up to 90% of respondents were aware that sibling victimization takes place among their own children, reflecting a significant recognition of this issue at the household level.

These results are consistent with earlier studies that underscore the prevalence of sibling aggression and the tendency for such behaviour to be underreported or normalized within families (Tippett & Wolke, 2015). The elevated awareness levels reported in this study may reflect growing sensitivity to disability-related concerns and the increasing advocacy for inclusive and protective family practices. Nevertheless, awareness alone does not necessarily translate into effective intervention. Toseeb, McChesney, and Wolke (2018) observed that children with disabilities are at heightened

risk of intra-family victimization due to factors such as communication difficulties, behavioural differences, and perceived differential treatment by caregivers.

Research question 4: What are the responses of Parents to sibling victimization of children with disabilities?

Table 4: Responses of Parents to sibling victimization of children with disabilities

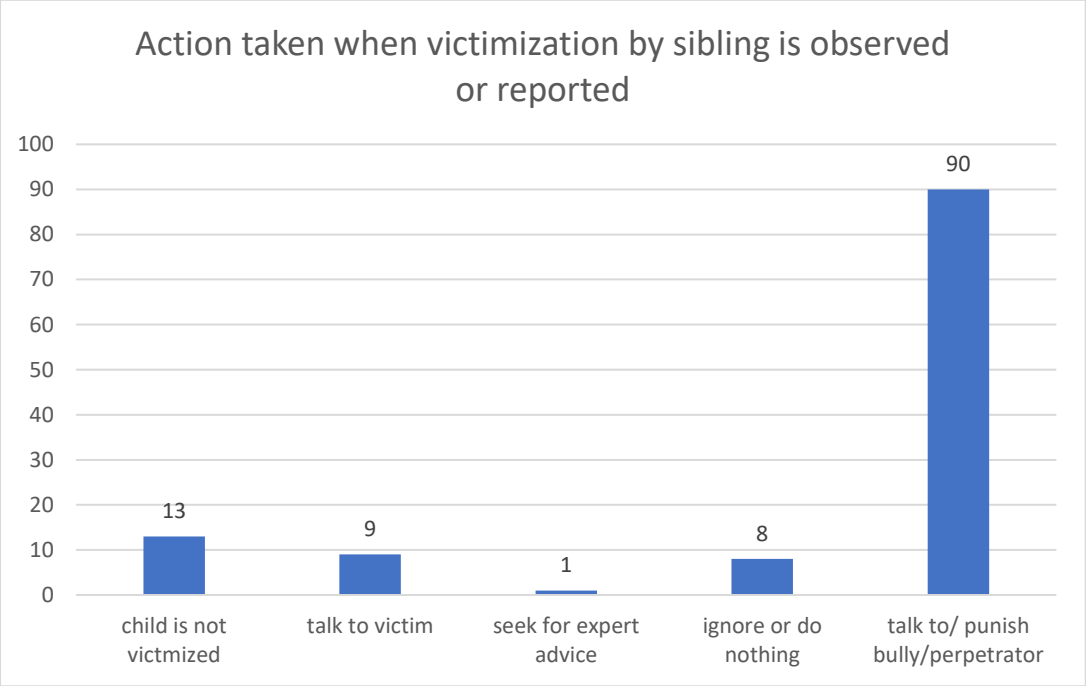


Figure 3: Respondents' response to the question about actions taken when a child with disability reports sibling victimization or it is observed by the parent.

Figure 3 shows that 90 (74.4%) respondents reported that they talked to or punished the bully/perpetrator, while 9 (7.4%) talked to the victim, 8 (6.6%) ignored or did nothing and only one person reported seeking expert advice when they observed victimization or it was reported. This finding is corroborated by the study of Wolke, Tippett, and Dantchev (2015) who in a study of sibling bullying, reported that victims of sibling abuse experience psychological effects especially children with disability.

Conclusion

This study concluded that the majority of children with disability experienced victimization from their siblings, such as hitting/beating 104(85.9%), biting 21(17.4%), and slapping 34(28.1%). The causes of victimization, according to the study, are parents favouring one child against others, parents showing love/attention to one child against another sibling, and parents' lack of job. That parents know about sibling victimization of children with disability. The majority of Parents respond to Sibling Victimization of children with disability by punishing or talking to the perpetrators, while some parents do not talk at all.

Recommendations

Following the findings of the study, some recommendations were made:

- Families of children with disabilities should be educated about disability and the importance of promoting positive relationships between siblings.
- Governments and Ministries of Education should develop intervention programs that can sensitize parents by providing them with education on various forms of sibling victimization, its consequences and effective intervention strategies so that they can create a safe environment for all their children.
- Early and urgent identification and intervention support for victimized children with disability to improve the overall well-being of the children.
- Developing specific programs and support groups to assist and aid victims of sibling victimization.

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