Peer Victimization

AMONG BRITISH COLUMBIA YOUTH

Peer victimization has recently received considerable attention, both in mainstream culture and within the scientific community. Peer victimization is defined as "the experience among children of being a target of aggressive behaviour of other children, who are not siblings and not necessarily age-mates" (Hawker & Boulton, 2000, p. 441). Peer victimization has been associated with both immediate and long-term maladjustment; in particular, peer victimization has been associated with a multitude of negative physical, social, and mental health outcomes.

The Adolescent Health Survey II included questions asking youth about their experiences as the victims of bullying. These questions assessed verbal, physical threat, and physical forms of peer victimization. Of the 25,837 students who completed the Adolescent Health Survey II, 25,001 responded to all of the peer victimization questions and it is these students' responses which are discussed in this fact sheet. The majority of youth who participated, 57%, reported that they had been verbally victimized by peers at least once in the previous year. In contrast, a minority of youth, 31%, reported that they had been physically threatened by peers within the previous year and 12% percent of youth reported that they had been physically victimized by peers in the previous year. Thus, verbal forms of peer victimization are more likely than physical threats, which in turn are more likely than physical victimization (see figure 1). In each case however, fewer youth reported victimization by peers more than once in the previous year (see figure 2).

Consistent with other research, these three forms of peer victimization were associated with one another such that if a youth was victimized by their peers in one form they were more likely to also be victimized by their peers in other forms as well. Such a finding has implications for interventions targeted at victims of peer victimization as it shows that a youth who is observed to be a victim of their peers in one form is also likely being victimized by their peers in other forms as well.

FIGURE 1: Youth who experienced peer victimization during a one year period

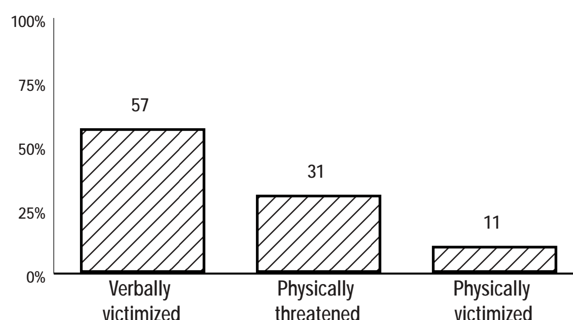
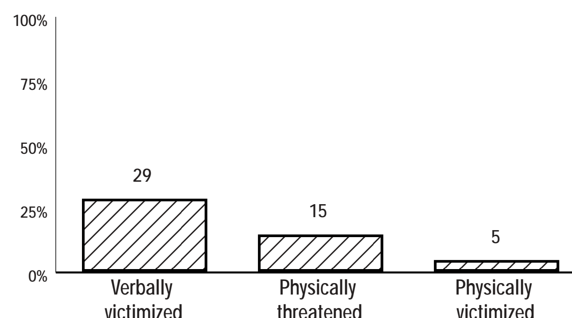
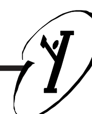


FIGURE 2: Youth who experienced peer victimization more than once during a one year period



Data used in this Fact Sheet were collected in 1998 through the Adolescent Health Survey II (AHS II), a 127-item questionnaire administered to 25,838 students in Grades 7-12 in schools throughout BC. In 1992, 15,549 students participated in AHS I.

AHS I and II were conducted by the McCreary Centre Society, a non-profit organization committed to improving the health of BC youth through research, information and community-based participation projects.



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Adolescent Health Survey reports and Fact Sheets can be viewed through The McCreary Centre Society web site.

Risk Factors Associated with Peer Victimization

Gender:

Consistent with past research, data from the Adolescent Health Survey II shows that males tend to be victimized more than their female counterparts, regardless of grade. Of note however, the items considered in the Adolescent Health Survey II are limited to verbal and physical forms of peer victimization. Recent research on gender and aggression has shown that males tend to demonstrate more aggression than females in verbal and physical forms, whereas females are more aggressive when relational forms of aggression are considered (Crick & Grotpeter, 1995). Relational victimization is "behaviour which causes or threatens to cause damage to peer relationships, and particularly to friendship and acceptance" (Hawker & Boulton, 2000, p. 444).

Age/Grade Level:

The only study which has considered the pattern of peer victimization across ages or grades found that the percentage of youth victimized by peers in grades 2 through 6 was twice that found in grades 7 through 9 (Olweus, 1991, as cited in Salmivalli, Lappalainen, & Lagerspetz, 1998). The Adolescent Health Survey II thus adds to the literature in that it considers the pattern of peer victimization in grades 7 through 12. Results of the Adolescent Health Survey II show that for grades 7 through 12 a peak in peer victimization occurs in grade 9 (and for 14 year olds), from which point a decrease is seen throughout the upper grades (and ages), regardless of gender. Although past research has suggested that youth who appear younger than their peers are more likely to be victimized (Hodges, Malone, & Perry, 1997), the results of the Adolescent Health Survey II do not support this conclusion.

Ethnicity:

The only study to date which has considered the relationship between ethnicity and peer victimization was conducted in the United States. Hanish and Guerra (2000) found that Hispanic children were less likely to be victimized than either Caucasian or African-American children. On further consideration of their findings Hanish and Guerra found that the amount of peer victimization experienced by Caucasian and African American youth depended on the degree of ethnic integration in the school the youth attended. Hanish and Guerra operationally defined the degree of school ethnic integration as the proportion of Caucasian youth in attendance – the smaller the proportion of Caucasians in attendance the greater the level of ethnic integration. They found that the more ethnically integrated the school the greater the victimization experienced by Caucasians and the lesser the victimization experienced by African American youth.

Although past research has shown ethnicity to be related to peer victimization the Adolescent Health Survey II does not support such a conclusion, regardless of gender or grade. The Adolescent Health Survey II did not find any differences in the level of peer victimization experienced by Aboriginal/First Nations, Asian, East Indian, Hispanic, Persian or Caucasian youth. In addition, the Adolescent Health Survey II did not demonstrate any differences in levels of peer victimization among the various ethnicities when school ethnic integration was considered. This was regardless of how ethnic integration was operationalized, whether operationalized as done by Hanish and Guerra as the proportion of Caucasians attending the youth's school, or as the proportion of the youth's own ethnicity attending the youth's school.

Two possible explanations for the difference in findings between the Adolescent Health Survey II and that of Hanish and Guerra relate to the fact that the samples in each study are quite different from one another. First, the two samples differ in grade level. The children in Hanish and Guerra's sample were in grades 1 through 6 whereas the Adolescent Health Survey II sampled grades 7 through 12. It is possible that ethnic differences in peer victimization are present in earlier grades, during childhood, but are simply reduced and no longer present in the higher grades, during preadolescence and adolescence. Second, the ethnic compositions of the samples differ. The Adolescent Health Survey II considers numerous ethnicities including Aboriginal/First Nations, Asian, East Indian, Hispanic, Persian and Caucasian. In contrast, Hanish and Guerra sampled only three ethnicities, Hispanic, African American, and Caucasian. The ethnic composition of each sample reflects the population from which it was drawn. The present sample was selected in British Columbia, Canada, whereas Hanish and Guerra conducted their study in a Midwestern city in the United States. African American's are the largest minority in the United States and make up a larger proportion of the country's population in the United States than they do in Canada. In contrast Asian's are the largest minority in British Columbia and make up a larger proportion of the country's population in Canada than they do in the United States. Not only do the samples differ in their ethnic composition but they also differ in their ethnic and racial histories. Thus, although both studies consider ethnicity as a factor, the particular ethnicities and their backgrounds differ.

Socioeconomic Status:

Previous literature has not considered the relationship between family socioeconomic status and peer victimization. Family socioeconomic status was assessed using a question which asked youth how well off their family is. In the Adolescent Health Survey II socioeconomic status was not associated with peer victimization, regardless of gender or grade. The average socioeconomic status for the youth's

school was also not associated with peer victimization, regardless of the youth's own family's socioeconomic status. Further, neither youth employment nor the youth's disposable income was associated with peer victimization.

Disability:

Previous literature has not considered the relationship between disability and peer victimization. Questions regarding disabilities included in the Adolescent Health Survey II asked youth about physical disability (deafness, cerebral palsy, wheelchair, etc.), long-term illness (diabetes, asthma, etc.), mental or emotional condition (depression, eating disorder, etc.) and being overweight or under-weight. A second question queried whether or not these health conditions or disabilities are noticeable to others. Findings of the Adolescent Health Survey II indicate that disabled youth are more likely to be victimized by their peers than those who were not disabled, regardless of gender, grade or whether or not the disability was visible to others.

Weight:

Previous literature has not considered the relationship between body weight and peer victimization. Interestingly, findings of the Adolescent Health Survey II indicate that both youth who consider themselves underweight and youth who consider themselves overweight were more likely to be victimized by their peers than those who considered their weight to be within the normal range, regardless of gender or grade.

Sexual Orientation:

Previous literature has not considered the relationship between sexual orientation and peer victimization. Findings of the Adolescent Health Survey II indicate that sexual orientation was not associated with peer victimization, regardless of gender or grade.

Family Connectedness:

Findings of the Adolescent Health Survey II indicate that the quality of the relationship that a youth has with their family, their family connectedness, is associated with peer victimization. Poor family relationships were associated with increased victimization by peers, regardless of the gender or grade of the youth. This relationship between family connectedness and peer victimization remained the same regardless of whether maternal, paternal, general family or overall family connectedness was considered. Thus, youths' perception of the quality of their relationship with their parents, including both mothers and fathers, is related to peer victimization. This is consistent with past research which has found that children who experience violence at home or who have parents who use harsh parenting styles are more likely to be victimized (Schwarts, Dodge, Pettit, & Bates, 1997, 2000).

Peer Relationships:

Research regarding the influence of peer relationships has shown that simply having a friend is associated with a decreased likelihood of later victimization (Schwarts, Dodge, Pettit, & Bates, 1997, 2000). Consistent with this research the Adolescent Health Survey II found the quality of relationships that a youth has with peers to be associated with peer victimization. Poor peer relationships were associated with increased victimization by peers, regardless of the gender or grade of the youth.

Teacher Relationships:

As teachers provide another opportunity in which youth may develop positive relationships that may function in much the same way as relationships with peers and parents, the association between the quality of teacher relationships and peer victimization was considered. Previous research has not considered the relationship between teacher relationships and peer victimization. Results of the Adolescent Health Survey II indicated that better teacher relationships were associated with less peer victimization. These findings demonstrate that the student-teacher relationship plays a role in a youth's relationship with his or her peers. A possible explanation may be that the student-teacher relationship provides youth with an additional context to learn social skills that can be transferred to peer relationships resulting in less peer victimization. Alternatively, youth with adequate social skills may be able to develop both better peer and student-teacher relationships.

Peer Victimization and Well-Being

Psychological Health:

Consistent with past research (Hawker & Boulton, 2000; Rigby & Slee, 1994) the Adolescent Health Survey II found that youth who were victimized by their peers were more likely to indicate depressed feelings, feelings of hopelessness and suicidal ideation. The Adolescent Health Survey II also found that victimized youth were more likely to attempt suicide, and these attempts were more likely to result in injury, than youth who were not victimized by their peers. Consistent with past research findings (Hawker & Boulton, 2000; Rigby & Slee, 1994; Slee, 1994), youth who are victimized by their peers also indicate higher levels of anxiety and stress than their peers. The relationship between peer victimization and depressed feelings, considering suicide, suicide attempts and anxiety/stress, occurred regardless of the youth's gender, grade, family connectedness, teacher relationships, peer relationships, school connectedness, or academic achievement. Next to school connectedness, depression and anxiety were the outcomes most highly associated with peer victimization.

Physical Health:

Consistent with past research (Rigby, 1999; Rigby & Slee, 1994) results of the Adolescent Health Survey II show that youth who are victimized by their peers have poorer general physical health and are more likely to report having been bothered by illness recently, regardless of the youth's gender, grade, family connectedness, teacher relationships, peer relationships, school connectedness or academic achievement. Youth who were victimized by peers were also more likely to report having headaches, stomach-aches, backaches, skin problems and dizzy spells.

Drug Use:

Previous research has not considered the relationship between peer victimization and drug use. However, evidence can be found within the literature to support two contrary hypotheses. First, in support of the hypothesis that victimized youth will be more likely to use drugs, peer victimization has been associated with internalizing problems, and internalizing problems have been associated with drug use (Steinberg, 1999). Alternatively, it is also possible that youth who are victimized by peers will be less likely to use drugs. Youth who are not accepted by their peers are not likely to have the opportunities to engage in antisocial behaviours such as drug use (Moffit, 1993). Thus, research on drug use actually provides support for both hypotheses.

Findings of the Adolescent Health Survey II indicated that youth who were victimized by their peers were more likely to report having tried cigarettes, alcohol and marijuana and were more likely to have used them recently. This was true regardless of the youth's gender, grade, family connectedness, teacher relationships, peer relationships, school connectedness or academic achievement. The Adolescent Health Survey II also found greater peer victimization to be associated with having tried other drugs, such as cocaine, inhalants, amphetamines, heroin, steroids, prescription drugs without a doctor's consent, and drugs requiring injection. Youth who were victimized by their peers were also more likely to have used drugs with greater frequency, including cocaine, mushrooms, inhalants, amphetamines, heroin, steroids, prescription drugs, and drugs requiring injection.

Body Image and Eating Disorders:

Previous research has not considered the relationship between peer victimization and body image or eating disorders. Based on research finding peer victimization to be associated with low self-esteem (Hawker & Boulton, 2000), a poor view of the self, it was hypothesized that poor body image and eating disorders would also be correlated with peer victimization. Indeed, findings of the Adolescent Health Survey II indicate that youth who are victimized by their peers are more likely to have poor body satisfaction, weight management concerns and eating disordered behaviour. Such youth tend to be less satisfied with their bodies and trying to either gain or lose weight. They tend to report using various means to obtain weight management goals such as dieting, exercising and taking diet pills more than their peers. They also report more eating disordered behaviours which are associated with anorexia nervosa and bulimia nervosa such as binge eating, vomiting and taking laxatives. The relationship between peer victimization and each of body image and the presence of eating disorders occurred regardless of the youth's gender, grade, family connectedness, teacher relationships, peer relationships, school connectedness or academic achievement.

Academic Achievement:

Previous research has not considered the relationship between peer victimization and academic achievement or aspirations. Based on research demonstrating a relationship between peer victimization and a decreased desire to attend school, school avoidance, and poor school adjustment (Kochenderfer & Ladd, 1996; Ladd, Kochenderfer, & Coleman, 1997), it was hypothesized that higher levels of peer victimization would be associated with lower levels of academic achievement and aspirations. Indeed, youth who were victimized by their peers tended to have poorer academic performance than their peers but they did not differ in terms of their academic aspirations. These findings occurred regardless of the youth's gender, grade, family connectedness, teacher relationships, peer relationships, school connectedness or academic achievement.

Desire to Attend School and School Connectedness:

Consistent with past research demonstrating a relationship between peer victimization and a decreased desire to attend school and school avoidance (Kochenderfer & Ladd, 1996; Ladd, Kochenderfer, & Coleman, 1997), the Adolescent Health Survey II found that youth who are victimized by their peers are more likely to skip school. Further, the Adolescent Health Survey II found victimized youth to report lower levels of school connectedness, greater dislike of school and greater unhappiness at school than their peers.

An Interesting Finding

Consistent with past research, the Adolescent Health Survey II found that the quality of family relationships which a youth has is associated with peer victimization. Although the findings show that higher family connectedness is associated with less peer victimization, findings also show that once victimization has occurred the quality of family connectedness does not improve the outcomes of this victimization. Youth who are victimized by peers are still at an increased risk to be depressed, have suicidal ideations, attempt suicide, have eating disorders, use drugs, and so forth, regardless of

the level of connectedness that they have with their family. A possible explanation for family relationships not reducing the impact of peer victimization is that in adolescence peers become increasingly important to youth, providing relationship experiences which adults may not necessarily provide.

Cautions

Two cautions regarding the present findings must be made. First, the Adolescent Health Survey II found that some of the risk factors and outcomes of peer victimization discussed are only minimally associated with peer victimization. Although this does not minimize the practical significance of these relationships the present findings suggest that there is variability in the characteristics of the targets of peer victimization, as well as variability in the outcomes of peer victimization. Second, as the Adolescent Health Survey II is correlational in nature, directionality between variables cannot be determined. This is problematic within the peer victimization literature, as many variables that are considered outcomes of peer victimization may in fact contribute to peer victimization such that they are risk factors. Hodges and Perry (1999) provide such an example of this cyclical pattern in the findings of a longitudinal study they conducted. They found that initial peer rejection and internalizing problems led to increases in peer victimization over time and vice versa, that peer victimization led to increases in peer rejection and internalizing problems over time.

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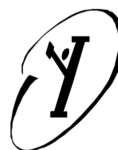
The McCreary-SFU Psychology Research Group is an active group of graduate students and faculty who work collaboratively with The McCreary Centre Society to use the Adolescent Health Survey data for M.A. or Ph.D. thesis work and other academic presentations and publications. Fact Sheets by the SFU Research Group are a synopsis of students' research projects. Visit the McCreary web site (www.mcs.bc.ca) for a list of publications, presentations, and theses from this group.



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