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Peer Victimization: A Review of Literature¹

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Abstract

A growing body of literature indicates that peer victimization contributes to poor school performance, low self-esteem, and delinquent activities. However, studies related to this topic in Thailand are limited. Against this backdrop, this paper will examine the literature on prevalence of peer victimization by looking at verbal, property, and physical victimization. The primary goal of this work is to increase awareness regarding the nature and extent of peer victimization and attention will be given to policies and practices that can be shared to protect the status and quality of life among Thai students and others.

Keywords: Peer Victimization, Thailand, United States, Children, Adolescents.

Introduction

Peer victimization is another social concern. Children and adolescents experience peer victimization when they become the target of peer aggression. It commonly occurs in school grounds where the level of supervision is low (Vaillancourt et al., 2010). Researchers use several terms to describe peer victimization such as *bullying*, *peer harassment*, *peer abuse*, and *bullying victimization* (Vitoroulis & Vaillancourt, 2015). Victimization by peers covers a wide range of actions such as hitting, name-calling, and social ostracism. The consequences of peer victimization have been well documented. Children who were victimized are at a higher risk in various maladjustment issues both physically and psychologically. Without the proper intervention and prevention, these negative impacts can be a long lasting phenomenon and disrupt with children development. This paper provides readers with a literature on peer victimization including

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prevalence, risk factors, impacts, and intervention and prevention methods.

1. Definition and Prevalence

There is still no consensus when it comes to a definition of peer victimization in research literature and state laws and policies (Hawker & Boulton, 2000; Limber & Small, 2003). Finkelhor, Turner, and Hamby, (2012) defined peer victimization as single or repeated episodes of peer-perpetrated aggression that results in real or perceived harm to others. Despite the non-uniformity, the most commonly used definition is a pattern of behaviors that can be identified as (1) aggressive or intended to harm, (2) performed repeatedly and over time, and (3) occurring in interpersonal relationships in which a power imbalance exists (Olweus, 1993).

There are many forms of peer victimization. Generally, peer victimization can be divided into two groups. First, it is physical victimization involving behavior like shoving, pushing, hitting, pinching, or kicking. This type of victimization also includes the use of verbal threats and breaking or stealing a person's belongings (Coie & Dodge, 1998). The second group is relational victimization or social victimization. It contains acts of isolation or exclusion and often manifests itself as ostracism, harmful gossip, and deliberate manipulation of social bonds in order to cause irreparable damage to personal relationships (Putallaz et al., 2007).

When looking at the prevalence of peer victimization, the rates of victimization vary widely depending on the method used to assess it. For example, it is reported that between 40% and 80% of school-aged youth have experienced peer victimization; 10%-15% of youth are victimized chronically (Juvonen & Graham, 2001). In an epidemiological study on violence among urban youth, 32.8% of boys and 27.3% of girls were involved in physical peer violence victimization (Swahn, Simon, Arias, & Bossarte, 2008). Moreover, rates of victimization at school, including victimization resulting from physical fights, bullying, and theft, are alarming (Astor, Varga, O'Neal-Pitner, & Meyer, 1999; Van Dorn, 2004). The prevalence of peer victimization is not only considered a serious and pervasive problem in the United States, but also internationally. A peer victimization study in Thailand shows that majority of students were verbally victimized. More than three fourths of students stated someone has called them a name, with 62.8% saying it has occurred more than once in the past year. Roughly 41.7 of students responded that they have been punched, with about one fourth of students identifying that they were punched more than once. Around 48% of students were kicked and about 30% were kicked more than once. More than three quarters of students reported that someone took their property without permission and about 70% indicated that someone stole something from them and nearly 40% reported that it happened more than once. About 40% of students reported that they were socially manipulated. From this study, it is interesting to find that girls were victimized at a higher rate than boys in verbal, property and social manipulation, whereas boys were physically victimized at a higher rate than girls (Chokprajakchat, Kuanliang, & Sumretphol, 2015).

A longitudinal study reviewed the trajectory and frequency of peer victimization that

children experience peer victimization declines starting in middle childhood, and this decline continues throughout adolescence (Lam, Law, Chan, Wong, & Zhang, 2014; Nylund, Bellmore, Nishina, & Graham, 2007; Pellegrini & Long, 2002; Sumter, Baumgatner, Valkenburg, & Peter, 2012; Troop-Gordon & Ladd, 2005; Troop-Gordon, 2017). One of the explanations of these declines is that overtime youths learn how to avoid their aggressors (Hawley, 2003). Other factors that contribute to these declines include advanced cognitive skills, greater equity in peer structures, and a more sophisticated sense of identity which are improved over the course of adolescence age. Despite these declines, a study found that approximately 10-15% of youth continues to be victimized by peers throughout adolescence (Troop-Gordon, 2017). Haltigan and Vaillancourt (2014) reported that between 5th and 8th grade a majority of youth followed a trajectory of low and declining victimization, and a small percentage, 14.5%, showed moderate and declining victimization over time.

2. Risk Factors

There are several factors that contribute to peer victimization. When look at youth characteristics, age plays a contributing role on peer victimization. A number of studies found that during meddle-school years children have higher frequency of peer victimization than during high-school years (Hong & Espelage, 2012). Therefore, younger students are at the higher risk of victimization by peers then older students. Gender can be considered a risk factor as well. However, boys and girls present risks in different type of victimization. Research found that boys are more than likely to be physically victimized and girls tend to be victims of relational victimization (Chokprajakchat et al., 2015). Peer victimization is more frequently among lesbian, gay, bisexual, transgender, and question (LGBTQ) youths than youth who identify as heterosexual. A survey of American LGBTQ youth shows that nearly 40% of them indicated experiencing physical harassment because of their sexual orientation and 64.3% report feeling unsafe at their school (Kosciw, 2004). A study also reported that approximately 82% of LGBT youth in the U.K. experienced name-calling and 60% reported being assaulted (Rivers, 2001). Physical appearance is another risk factor. Overweight and obese youths tend to be victimized by peers (Janssen, Craig, Boyce, & Pickett, 2004). Children with disabilities also reported to have a high incidence of victimization by peers. A study reports that approximately 20%-33% of children with disabilities have peer victimization experience (Son, Parish, & Peterson, 2012). These disabilities include both leaning and developmental disabilities. Researchers also found association of intelligence and peer victimization. A study in the U.K. reported that academically high achieving students are at an elevated risk of relational peer victimization, but this association is not found to be significant in physical peer victimization (Woods & Wolke, 2004). A similar study in the U.S. also found that about 67% of children who are intellectually gifted, experience name calling. This study also reviewed that approximately 28% of gifted youth also act as aggressors (Peterson & Ray, 2006). Poverty status is also

identified as a risk factor. Researchers suggested that impoverished youth were significantly more likely to be exposed to peer violence in school (Carlson, 2006). However, the findings of the association between poverty and peer victimization were still inconsistently in the international level (Chaux, Molano, & Podlesky, 2009).

Family factors are consistently found to contribute to peer victimization. Early experiences within the family lead to the concept of how children learn to interact in the social environment. Children who grow up in a hostile family and/or detached environment are more than likely to behave aggressively and be victimized by peers during middle childhood (Schwartz, Dodge, Pettit, & bates, 1997). Studies also found that parenting styles that are characterized as inconsistent, hostile, lacking in warmth, overcontrolling, and overly involved have been associated with an increased risk for peer victimization (Boel-Studt & Renner, 2014; Gladstone, Parker, & Malhi, 2006; Nansel et al., 2001; Pontzer, 2010).

One of the explanations of the cause of peer victimization is based on the premise of cycle of violence. It explains that children who have been exposed to abuse and neglect have a higher risk of perpetrating violence compared to those who have had no exposure (Widom, 1989). In a similar way, children, who been abused and neglected, were shown to have an increased risk of victimization later in life, which is called the cycle of victimization (Widom, 2014). There are several factors explaining the cycle of victimization. Children who have been maltreated often develop emotional regulation difficulties that can lead to poor peer relationships (Kim & Cicchetti, 2010; Shields & Cicchetti, 2001; Trickett, Negriff, Ji, & Peckins, 2011). Moreover, these children may develop hostility traits making them assume that situations and individuals are threatening (Dodge, Bates, & pettit, 1990). This trait contributes to aggressive behavior and elicits aggressive responses (Schwartz, Dodge, Pettit, & Bates, 1997). On the other hand, The children who have been maltreated are likely to become submissive, socially withdrawn and isolated, which makes them more prone to be targets of bullying, intimidation, or relational aggression (Juvonen & Graham, 2014; Lereya, Samara, & Wolke, 2013; Widom, 2014). A study reviewed that children who were exposed to physical abuse and sexual abuse are at a higher risk for re-victimization in adolescence. The child's history of physical abuse increases chance of intimidation and physical assault by peers. At the same time, having a history of sexual abuse can increase the risk of physical assault (Benedini, Fagan, & Gibson, 2016). A study reviewed that about 60% of sexually abused children endorsed experiencing general victimization sometimes or often, while about half (51%) of them were victimized verbally, and a third (35%) were victimized physically by peers in the school context. Additionally, the study also found that children who reported negative peer experiences were more prone to endorse re-experiencing hyper-arousal and avoidance behaviors which are the clinical symptoms of PTSD (Hébert, Langevin, & Daigneault, 2016). Boel-Studt & Renner (2014) also found that depression and exposure to family violence were associated with an increased risk for victimization by peers (Boel-Studt & Renner, 2014).

Another characteristic that makes youth more vulnerable to peer victimization is depressive symptoms. This is simply due to the fact that depressive symptoms may generate negative peer reactions (Hammen, 2005). Youths with depressive symptoms exhibit social withdrawal or isolation and increased emotional sensitivity such as crying easily (Aalto-setälä, Marrunen, Tuulio-Henriksson, Poikolainen, & Lönnqvist, 2002). These characteristics signal emotional vulnerability that increases victimization by peers. At the same time, the aggressors tend to seek out submissive targets that they can successfully dominate (Juvonen & Galván, 2009; Juvonen & Graham, 2014). Youth with depressive symptoms often blame themselves on their negative experiences. Research indicated that self-blaming characteristics links between depressive symptoms and future peer victimization (Schacter & Juvonen, 2017). One study found that close relationships can moderate the effect of self-blaming. Youths were likely to endorse self-blame attributions for peer victimization when they had a negative relationship with a best friend or romantic partner. The authors further found that the moderated effect of negative best friendship quality was only significant for girls, whereas the moderated effect of negative romantic relationship quality was only significant for boys (Chen & Graham, 2016).

3. The Effects of Peer Victimization

Experience of peer victimization can create both short-term and long-term effects among youths. These effects can be presented physically and psychologically. A meta-analysis study showed that victimized youths are at higher risk of developing physical symptoms such as headaches, nausea, fatigue compared with their non-victimized peers (Gini & Pozzoli, 2013). Longitudinal research found that youths who experienced peer victimization associate with somatic complaints, particularly those who were victims of relational victimization by their peers such as ignoring, rejection or exclusion from social activities, attempts to damage the reputation of a peer by spreading rumors (Baldry, 2004; Nixon, Linkie, Coleman, & Fitch, 2011). Hager & Leadbeater (2016) examined the longitudinal effects of peer victimization on physical health from adolescence to young adulthood also found that peer victimization was associated with greater physical symptoms and poorer physical self-concept. Adolescents who had relational victimization experience are more than likely to have physical symptoms such as headaches, abdominal pain, backaches, dizziness, and sleeping difficulties across young adulthood (Hager & Leadbeater, 2016). As we clearly see from the findings that peer victimization puts youths at risk from immediate and long-term physical health difficulties.

When looking at psychological effects, studies have consistently found negative consequences of peer victimization. Children who were victimized by their peers often present several forms of maladjustment such as symptoms of posttraumatic stress (Storch & Esposito, 2003), loneliness and low self-worth and also long-term externalizing and internalizing problems including self-harm, suicidal ideation, borderline personality disorder or psychotic symptoms (Hawker & Boulton, 2000; Troop-Godon & Ladd, 2005; Herba et al., 2008; Arseneault et al, 2010; Sansone, & Wiederman, 2010). Particularly

those who were relationally victimized seem to have a stronger association with psychological maladjustment and cause internalizing problems such as depression, social anxiety, and suicidal ideation (Benjet, Borges, & Medina-Mora, 2010; Crick & Grotpeter, 1996, Crick & Nelson, 2002; Dempsey & Storch, 2008; van der Wal, de Wit, & Hirashing, 2004).

A longitudinal study reviews that peer victimization is one potentially modifiable risk factor for the development of anxiety disorders in early adulthood. Adolescents who were victimized were two to three times more likely to develop an anxiety disorder compared with those who were not victimized. This association remains even after control for personal and family factors. Moreover, adolescents who reported frequent victimization were at greater risk of diagnostic comorbidity (Stapinski et al., 2014).

Another effect of peer victimization is substance abuse. A longitudinal research found that children who were victimized by their peers in early adolescent are more than likely display depressive symptoms and engage in alcohol, marijuana, and tobacco use in mid-late adolescence. This can possibly be explained by the self-medication hypothesis of substance use, which suggests that individuals engage in substance use to cope with or relieve painful emotions (Earnshaw et al., 2017).

Another concern related to peer victimization is school performance. Research has consistently found that peer victimization experience leads to lower academic outcomes. The high level of peer victimization is associated with lower academic performance (Berthod & Hoover, 2000; Buhs & Ladd, 2001; Fite, Cooley, Williford, Frazer, & DiPierro, 2014). However, the magnitude of this association varies substantially across studies depending upon mitigating factors included in studies (Nakamoto & Schwartz, 2010). Fite et al. (2014) found that high levels of peer victimization, particularly relational victimization, were associated with lower levels of academic outcomes. They further found that the highest levels of academic performance were evident when parental involvement was high and levels of relational victimization were low and vice versa. This clearly demonstrates that parental involvement is one of mitigating factors that can increase students' academic performance.

As presented the negative effects of peer victimization, often time youths experience these impacts concurrently. A research study found that youths who were victimized demonstrated concurrent effects of maladjustment in anxiety, depression, self-esteem, poor school attitude, GPA, and attendance. However, boys and girls shown different levels of outcomes and copings of these events. Boys have shown strong recovery from anxiety, depressive symptoms, and self-esteem, whereas girls have presented residual effects from this, internalizing distress. Girls also show residual effect of victimization. When looking at school attendance, both boys and girls demonstrated residual effects of victimization by peers. The study also suggested the moderate degree of stability that many adolescents are at risk of sustained victimization and the associated difficulties in psychological and academic functioning over the course of their middle school years. However, appropriate prevention and interventions can affect instability of negative peer victimization outcomes

(Rueger, Malecki, & Demary, 2011).

4. Intervention and Prevention

As more and more policy makers realized the seriousness of peer victimization, hundreds of violent prevention programs have been created throughout the world. Based on a national sample of children aged 5-17 in the United States as was reported in 2011, approximately 65% of children had been exposed to a violence-prevention programs and about 71% of them rated the programs as very or somewhat helpful. About 45% of them reported that they used the program information to help themselves or a friend. A study reviewed that a higher quality program reduced rates of peer victimization and perpetration among children age 5-9 years old. However, this effect did not apply to older youths or those who exposed to lower quality programs. The higher quality program includes these following characteristics: sent home information to parents, asked parents to come to meetings, included role-play within the classroom in programming, and programming lasted for more than one day. Children who have been exposed to a higher quality program also had greater disclosure to parents and authorities (Finkelhor, Vanderminden, Turner, Shattuck, & Hamby, 2014).

Researchers suggest that the anti-peer victimization programs that have been created need to focus on both primary prevention, which tries to reduce the incidence of peer victimization, and secondary prevention, which addresses the coping ways that decrease the likelihood of subsequent events. For primary prevention, one has to fully understand the social ecological factors that contribute to an increased risk of peer victimization. Therefore, an effective program needs to simultaneously focus on individual variables such as individual characteristics and experiences, and the broader social contexts such as family, school, and community (Guerra & Leidy, 2008).

For secondary prevention, we need to teach children of techniques to cope and avoid future victimization. One coping technique is anger regulation, which can influence how youths respond to victimization and whether they become aggressive themselves. Researchers found that youth emotion-regulation could mitigate the relationship between victimization and aggressive behavior (Kaynak, Lepore, Kliewer, & Jaggi, 2015). Therefore, anger regulation can prevent the circle of violence and the circle of victimization.

The intervention and prevention programs need to also focus more on increasing prosocial behaviors. Children who have higher pro-social behavior are more likely to display lower levels of peer victimization (Coleman & Byrd, 2003; Griesse, Buhs, & Lester, 2016). Pro-social behavior is behavior that is intended to benefit others (Eisenberg, Fabes, & Spinrad, 2006). These behaviors often take the form of helping, sharing, or other acts of kindness (Carlo, Crockett, Randall, & Roesch, 2007). Youths who are well-accepted by their peers are more likely to display pro-social behaviors more frequently and tend to benefit from attendant, positive peer interactions, thus increasing the number of opportunities they have to practice pro-social behaviors. For students who are not well-accepted by their peers, they are less likely to benefit from the positive socialization cycle

(Wentzel & Mc Namara, 1999; Griesse et al., 2016). Children with pro-social behaviors are less likely to indicate stress with their peer relationships, and in turn, less likely to experience peer victimization (Coleman & Byrd, 2003; Griesse et al., 2016). Cultivation of positive peer relationship is an essential key to reducing rates of peer victimization.

To have an effective prevention and intervention of peer victimization program, several parties such as school, students, teachers, parents, and communities, need to take a part in the effort. The example of this type of prevention and intervention is called WITS which stands for *Walk away* (and seek help), *Ignore it* (and seek help), *Talk it out* (and seek help), and *Seek help*. The WITS acronym gives children simple, developmentally appropriate conflict resolution strategies for handling peer conflicts. The program is a community-based, school-wide intervention that targets children's socially competent behaviors and risks for peer victimization in Grades 1-3. The program provides developmentally appropriate curricula for elementary school children that teachers and schools can easily adopt; offers online training for teachers and schools to build capacity and sustain the program; and starts early when children's vulnerabilities to are established and may be most amenable to change (Hoglund, Hosan, & Leadbeater, 2012). The theory of change is a principle theory of WITS. The theory of change proposes to reduce children's risks for peer victimization through its program messages and activities that enhance adults' responsiveness and indirectly through its focus on enhancing all children's conflict resolution skills and social competencies (Hoglund et al., 2012; Leadbeater & Hoglund, 2009; Troop-Gordon & Ladd, 2005). A six-year follow-up evaluation of WITS program has shown that the program was modestly effective in reducing the risk of peer victimization during the elementary years. WITS significantly reduced levels of physical and relational victimization across elementary school. However, the program did not show significant effects for help-seeking and internalizing. Researchers suggested that the implementation of peer victimization program in early elementary school may need to be sustained to maintain the promising early intervention gains through the transition into middle school (Hoglund et al., 2012).

Conclusion

Despite the focus of peer victimization among scholars and policy makers in recent years, the number of children who were victimized by peer is still astonishing. The dangers of peer victimization have been extensively studied. Researchers unswervingly found the negatives effects of victimization by peers. These negative impacts contribute to various maladaptive issues in children that include internalizing, externalizing, and somatic problems. To respond to this epidemic, researchers and scholars have created programs to intervene and prevent peer victimization. The evidence-based programs of peer victimization have been implemented around the world. These programs need to target several strategies simultaneously for example, the individual level strategies that focus on strengthening children's abilities to effectively solve difficulties and promote pro-social activities; the relationship level strategies where address the important of positive

relationships between students, and their pro-social peers, teachers, parents, and community; the community level strategies that emphasis on the social environment of schools such as effective classroom management practices, promoting cooperative learning techniques, well-trained educators on peer victimization issues, and provide necessary support for diverse populations in schools; societal level strategies that promote positive social and cultural climate surround schools (CDC, 2016).

To eliminate peer victimization, researchers need not only to understand victims' characteristics and negative consequences of victimization by peer but also need to understand the nature of aggressors. The programs that focus on conversing aggressors so that they behave in acceptable manners are also needed. Children also need to be closely monitored so that the risk signs can be identified and can be prevented from becoming victims or intervene aggressors' actions.

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