Case study of peer victimisation of Indian students in New Zealand: Causes and consequences

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The present study builds upon previous research that suggests that longitudinal relationships between victimisation and negative psychosocial outcomes, as well as between psychosocial maladjustment and the consequential experience of peer victimisation, may be moderated by social or interpersonal factors. Participants were assessed on measures of four negative personal factors (aggression/depression, withdrawal, aggression, and lack of physical strength); four interpersonal factors (peer acceptance, peer rejection, number of reciprocated best friends, and number of reciprocated enemies); victimisation and negative psychosocial outcomes, as well as between psychosocial maladjustment and the consequential experience of peer victimisation. As expected, interpersonal factors moderated many of the longitudinal associations between the personal factors and victimisation. Most notably, victimisation predicted increase in internalising behaviours (anxiety/depression and withdrawal) only under higher levels of peer rejection and number of reciprocated enemies, and lower levels of peer acceptance. Additionally, anxiety/depression predicted increase in victimisation over time, again only under high levels of the negative interpersonal factors. These results underscore the importance of recognising social contextual factors that promote the cyclical relationship between peer victimisation and psychosocial maladjustment.

Keywords: maladjustment, peer victimisation, psychosocial, students, victimisation

BACKGROUND

In his pioneering work, Olweus (1993) characterised the experience of peer victimisation as the repeated exposure to negative actions from at least one other person over time, such as unwanted physical contact, verbal abuse, derisive facial expressions or gestures, intentional defiance of the victim's wishes, social exclusion or some other form of intentional infliction of discomfort. Approximately 10% of elementary and middle school children are victimised in this manner by schoolmates on a regular basis (Olweus, 1978; Perry, Kusel, & Perry, 1988). Furthermore, several studies have demonstrated that victimisation is highly stable over time (e.g., Egan & Perry, 1998), suggesting that these children will be at long-term repeated risk for the negative outcomes associated with peer victimisation. Commonly found correlates of victimisation include anxiety, depression, loneliness, rejection by peers, lack of friends, physical weakness, and externalising problems such as disruptiveness, ineffectual aggression, and argumentativeness (e.g., Egan & Perry, 1998; Grills & Ollendick, 2002; Hodges, Malone, & Perry, 1997; Olweus, 1978; Perry et al., 1998).

The few extant longitudinal studies have provided support, although somewhat inconsistently, for the notion that indices such as depression and unpopularity may result from victimisation over time (e.g., Khatri, Kupersmidt, & Patterson, 2000; Olweus, 1993), and that some indices such as poor self-concept and aggression may predict increases in victimisation over time (e.g., Egan & Perry, 1998; Hanish & Guerra, 2000). Egan and Perry also found support for the notion that some of these relationships may be cyclical; adjustment difficulties may both give rise to and result from the experience of victimisation.

Hodges et al., (1997) established that some of the inconsistency that existed in the literature could be explained through a mode of rational model, finding that the relationships between personal risk factors (such as internalising behaviour and physical weakness) and victimisation were maximised when the children had fewer friends and were generally rejected by their peers. The few additional studies that have scrutinised the protective value of friendships have exhibited inconsistent results (Boulton, Trueman, Chau, Whitehand, & Amatya, 1999; Hodges, Boivin, Vitaro, & Bukowski, 1999; Rigby, 2000). Among other things, adolescents have to combat not just victimisation but also body satisfaction (Relojo, 2015).

In the present study the investigators sought to clarify these relationships and address some of the weaknesses of previous studies by employing a longitudinal model, using a minority sample, and examining cyclical relationship. Building on the work of Hodges and Perry (1999), four interpersonal factors (peer acceptance, peer rejection, number of reciprocated best friends, and number of reciprocated enemies) were evaluated as moderators of the longitudinal relationships between victimisation and four personal factors (anxiety/depression, withdrawal, aggression, and lack of physical strength), examining these relationship both with victimisation as the predictor and as the outcome. The hypotheses are as follows:

1. Victimisation was expected to interact with the interpersonal risk factors (peer rejection and number of enemies) such that as the levels of the moderator variables increased; the relationship between victimisation and each of the three personal factors (representing psychosocial maladjustment) over time would be strengthened (lack of physical strength was not included as an outcome measure).
2. Victimisation was expected to interact with the protective interpersonal factors (peer acceptance and number of best friends) such that as the levels of the moderator variables decreased, the relationship between victimisation and each of the three personal factors over time would be strengthened.
3. In the revers model, the personal risk factors were expected to interact with the increased with the interpersonal risk factors such that as the levels of the moderators (interpersonal variables)

increased, the relationship between each of the four personal factors (including lack of physical strength) and changes in victimisation would be strengthened.

4. Finally, the personal risk variables were expected to interact with the protective interpersonal factors such that as the levels of the moderators variables decreased, the association between the personal factors and victimisation over time would be strengthened.

METHOD

Participants

The study involved 10 Indian schoolchildren in New Zealand. Participants were adolescents (M = 12.23) and on their seventh grades from two middle schools. All students obtained parental consent; signed assent forms, and completed several measures over the course of two days at two different time points, six months apart.

Measures

The instruments administered were a Peer Nomination Inventory (PNI), and a sociometric measure. On the PNI, participants were asked to identify their same-sex, same-grade peers that displayed particular behaviours. The PNI yielded five scales that were used in the present study: aggression, physical strength (reverse coded to indicate lack of physical strength), withdrawal, anxiety/depression, and victimisation. A score ranging from 0 to 100 was determined for each child on each construct by calculating the percentage of peer who nominated the child for each item, and averaging over the items on that scale.

On the sociometric measure, the children were asked to nominate three same-sex, same-grade children with whom they most liked to play, as well as three with whom they least liked to play. Additional, they were asked to list, in order of preference, their three best friends. The peer acceptance score was derived from the percentage of peers who nominated each child as least liked. Number of friends was determined by reciprocation and ranged from 0 to 3. Number of enemies was determined by reciprocation of least-liked nominations and also ranged from 0 to 3.

RESULTS

Model 1: Victimisation predicting increases in psychosocial maladjustment over time

Three hierarchical multiple regression analyses were performed to evaluate the main effects of victimisation on changes in anxiety/depression, withdrawal, and aggression. In each regression, the Time-1 level of the criterion was controlled at Step 1 (thus allowing examination of changes over time), an victimisation at Time 1 was then entered at Step 2. Victimisation at Time 1 predicted highly significant increases in anxiety/depression ($\beta = -.103$, $p = .07$).

Next, the four interpersonal factors were evaluated as moderators of the relationships between victimisation and each of the three outcome variables. For each analysis, an interpersonal factor variable was added at Step 2 (to account for the main effects of each variable on the criterion), and the product term of victimisation and the interpersonal variable was entered at Step 3. Because of the inherent difficulty in detecting continuous interactions, an alpha level less than .10 was set for determining significance. The results of these 12 analyses were summarised in Table 1.

Table 1

Results of Regression Equations Evaluating the Interactions between Victimisation and Interpersonal Factors to Predict Changes in the Personal Factors over Time

Interaction	β	p	β	p	ΔR
Predicting changes in anxiety/depression over time					
Victimisation vs Peer acceptance	.240	$p < .001$	−.181	$p <.01$	0.22
Victimisation vs Peer rejection	.222	$p < .001$	.216	$p <.01$	0.31
Victimisation vs Number of friends	.247	$p < .01$			
Victimisation vs Number of enemies	.254	$p < .001$	.182	$p <.01$	0.20
Predicting changes in withdrawal over time					
Victimisation vs Peer acceptance	.294	$p < .001$	.177	$p <.01$	.021
Victimisation vs Peer rejection	.282	$p < .001$	−.106	$p <.10$	.007
Victimisation vs Number of friends	.315	$p < .001$			
Victimisation vs Number of enemies	.322	$p < .001$			
Predicting changes in aggression over time					
Victimisation vs Peer acceptance					
Victimisation vs Peer rejection	.207	$p < .01$	−.113	$p <.10$	.008
Victimisation vs Number of friends	−.135	$p < .05$			
Victimisation vs Number of enemies	.167	$p < .01$	−.129	$p <.10$	.010

The results indicated that both peer acceptance and peer rejection do indeed moderate the relationships between victimisation are both anxiety/depression and withdrawal over time. Number of friends had no moderating effects, but number of reciprocated did, moderating the relationships between victimisation and both anxiety/depression and aggression. Peer rejection also moderated the relationship between victimisation and aggression.

All significant interactions were evaluated according to the procedure recommended by Aiken & West (1991). In this procedure, the relationship between the predictor and the criterion variable is estimated at three levels of the moderator variable: 1 SD below the mean, the mean, and 1 SD above the mean, representing low, medium, and high levels of the moderator, respectively. These analyses indicated that as peer acceptance moved from high to low levels, the strength of the relationship between victimisation and changes in anxiety/depression and withdrawal went from non-significant to highly significant, confirming the notion that peer acceptance can buffer children from some of the harmful longitudinal effects of being victimised. As peer rejection rose from love to high levels, these relationships also went from non-significance to strong significance, confirming the notion that peer rejection works as an exacerbating context for the victimisation-internalising problems causal link. Number of enemies similarly worked as an exacerbating factor for victimisation predicting anxiety/depression (but not withdrawal). The results for the aggression outcomes were curious, demonstrating stronger inverse relations between victimisation and aggression at high levels of peer rejection and number of enemies, suggesting that in highly negative social contexts, victimised children demonstrate less aggressive behaviour over time.

Table 2

Aiken & West (1991) Follow-ups: Relationship between Victimisation and Changes in the Personal Factors over Time at Different Levels of the Interpersonal Moderators

Predictor vs Moderator	Criterion	Level of Moderator	β	p
Victimisation vs Peer acceptance	Anxiety/Depression	High acceptance	−.064	
		Medium acceptance	.138	
		Low acceptance	.340	$p < .001$
Victimisation vs Peer acceptance	Withdrawal	High acceptance	−.012	
		Medium acceptance	.185	
		Low acceptance	.382	$p < .001$
Victimisation vs Peer rejection	Anxiety Disorder	High acceptance	.253	$p < .001$
		Medium acceptance	.120	
		Low acceptance	−.013	
Victimisation vs Peer rejection	Withdrawal	High acceptance	.298	$p < .001$
		Medium acceptance	.232	$p < .01$
		Low acceptance	.167	
Victimisation vs Peer rejection	Aggression	High acceptance	.238	$p < .001$
		Medium acceptance	−.169	
		Low acceptance	−.099	
Victimisation vs Number of enemies	Anxiety/Depression	High acceptance	.299	$p < .001$
		Medium acceptance	.124	
		Low acceptance	−.051	
Victimisation vs Number of enemies	Anxiety/Depression	High acceptance	−.182	$p < .01$
		Medium acceptance	−.057	
		Low acceptance	−.067	

Model 2: Personal risk factors predicting increases victimisation over time

First, the main effects of each of the four personal risk factors (anxiety/depression, withdrawal, aggression, and lack of physical strength) on changes in victimisation over time were determined. The hierarchical multiple regression approach described above was used again with victimisation at Time 2 as the criterion, controlling for victimisation at Time 1. Surprisingly, none of the four main effects were significant. Although this was contrary to expectations, finding of significance with respect to the interactions could still shed light on what levels of certain moderators might be necessary in order to find the expected effects. The four personal factors were again evaluated as moderators of these longitudinal relationships by testing interactions between each of the four personal factors and each of the four interpersonal factors in a hierarchical multiple regression equation, controlling for initial levels of victimisation, and using victimisation at Time 2 as the criterion. In this model, none of the eight interactions involving the two protective interpersonal factors (peer acceptance and number of best friends) were significant. The results of the remaining analyses are summarised in Table 3.

Table 3

Results of Regression Equations Evaluating the Interactions between Personal Risk Factors and Negative Interpersonal Factors to Predict Changes in Victimisation over Time

Interaction		β	p	β	p	ΔR
Peer rejection						
Anxiety/depression	Anxiety/depression	.133	$p < .05$	.148	$p < .05$	.020
	Peer rejection	.242	$p < .001$			
Withdrawal	Withdrawal					
	Peer rejection	.230	$p < .001$			
Aggression	Aggression			−.127	$p < .05$	−.014
	Peer rejection	.255	$p < .001$			
Lack of physical strength	Lack of P.S.					
	Peer rejection	.236	$p < .001$			
Number of reciprocated enemies						
Anxiety/depression	Anxiety/depression	.106	$p < .05$	.144	$p < .05$	.014
	# Enemies	.129	$p < .01$			
Withdrawal	Withdrawal					
	# Enemies	.121	$p < .05$			
Aggression	Aggression					
	# Enemies	.115	$p < .05$			
Lack of physical strength	Lack of P.S.					
	# Enemies	.123	$p < .05$			

Both of the negative interpersonal factors significantly interacted with anxiety/depression (but not withdrawal) to predict changes in victimisation. Number of reciprocated enemies interacted significantly with aggression. Lack of physical strength did not interact with any moderators.

The natures of the three significant interactions were again examined using the Aiken & West (1991) follow-up procedure and summarised in Table 4.

Table 4

Aiken & West (1991) Follow-ups: Relationship between Personal Risk Factors and Changes in Victimisation over Time at Different Levels of the Interpersonal Moderators

Predictor vs Moderator	Criterion	Level of Moderator	β	p
Anxiety/depression vs Peer acceptance	Victimisation	High acceptance	.257	$p < .001$
		Medium acceptance	.121	$p < .05$
		Low acceptance	−.014	
Aggression vs Peer rejection	Victimisation	High acceptance	−.192	$p < .05$
		Medium acceptance	−.034	
		Low acceptance	.092	
Anxiety/depression vs Number of enemies	Victimisation	High acceptance	.212	$p < .01$
		Medium acceptance	.036	
		Low acceptance	−.139	

Peer rejection and number of reciprocated enemies again demonstrated exacerbating effects – as both of these variables moved from low to high levels, the relation between anxiety/depression and changes in victimisation grew and moved from non-significant to highly significant. Additionally, at higher levels of peer rejection, aggression predicted decreases in victimisation.

DISCUSSION

As many as 75% of children and adolescents report experiencing some sort of peer victimisation, researchers estimate, with 10 to 15% experiencing more severe and prolonged victimisation. Two new studies explore victimization by peers to shed light on who is victimised and the repercussions of such actions. The studies are particularly pertinent with increased attention on bullying; this includes mandates to report instances of bullying as well as efforts to develop prevention programmes and interventions that are effective and developmentally appropriate. Both studies suggest that earlier interventions are more likely to be successful in helping address peer victimisation and its outcomes.

Specifically, one meta-analytic (Casper & Card, 2017) review includes 135 studies, representing 17 countries, of child and adolescent (ages 4–17) samples of overt and relational peer victimization and examines the magnitude of overlap between forms of victimization and associations with five social–psychological adjustment indices. Results indicate a strong intercorrelation between forms of victimization ($\bar{r}$ = .72). No gender difference with regard to relational victimisation was found, but boys were slightly higher in overt victimization. Overt victimization is more strongly associated with overt aggression; relational victimisation is more strongly related to internalising problems, lower levels of received prosocial behaviour from peers, and relational aggression. Both forms are related to externalizing problems. Age and method of assessment were explored as potential sources of variability in effect sizes.

One intriguing aspect of victimisation is that it hinges on psychoanalysis (Mosavat & Vannier, 2017). Psychoanalytic literature on extreme traumatisation usually distinguishes between natural catastrophes and man-made catastrophes. While the first ones are usually sensed as nature's ferocity, fate, or God's will, the second ones are experienced as a voluntary and violent attack aimed at disrupting other human beings.

When traumatisation is due to irresponsible actions perpetrated by the owners of the major economic resource of a community, it deeply affects the identity of the group, entailing the loss of basic trust and lively parts of the Self. In such a situation, where the whole community is severely traumatised, psychoanalytic group therapy seems to be the most suitable setting: it allows placing the historisation of the event and the creation of multiple narratives of somato-psychic suffering. Trust and faith are two crucial factors in the encounter with patients lacking a sense of vitality. The working through of each one through the group field is an essential forerunner to the construction of a recovered sense of faith and reliability that precedes the onset of a true new-beginning (Guglielmucci, Franzoi, Barbasio, Borgogno, & Granieri, 2014).

Indeed, it crucial that victimisation is looked into not just among immigrant students but as well as native students in New Zealand but in other countries. It also essential that victimisation be examined from different theoretical standpoints. It is also essential that parents are supported as they are already facing a range of problems of raising their children (Rilveria, 2017).

In one study (Woods, Done, & Kalsi, 2009). it has been observed that his indicates that the higher quality of friendship found in direct victims is associated with the reduced levels of loneliness found in this group. Given the cross-sectional nature of this study, it is not possible to ascertain whether this association truly reflects the role of friendship quality as a moderator, and hence protective factor

against adverse influences of victimisation. The different mechanisms underlying direct and relational victimisation are important for future research and intervention programmes.

The investigation found support for the hypothesis that the cyclical relationship between peer victimisation and psychosocial maladjustment is moderated by social contextual factors. Consistent with Hawker and Boulton's (2000) meta-analytic finding that depression is the maladjustment index most strongly related to victimisation, the results were particularly compelling for the internalising personal factors, anxiety/depression, and withdrawal. Moreover, victimised children who were also socially isolated (rejected and/or simply not accepted) were most likely to suffer the ill effects of victimisation over time, whereas victimised children who were accepted by the peer group or were not overtly rejected by others were no more likely to exhibit negative consequences than non-victimised children. In the reverse model, although the hypotheses were not as widely supported, findings similarly indicated that anxious and depressed children are increasingly targeted for victimisation over time but primarily when rejected by their peers and when they had more reciprocated enemies.

The results of the analyses involving aggression were somewhat counterintuitive. Whereas some prior studies have suggested that externalising problems have a positive association with victimisation (e.g. Hanish & Guerra, 2000; Perry et al., 1988), the present study found that under high levels of negative interpersonal factors, victimisation predicted decreases in victimisation over time. Perhaps, rejected-aggressive children may be victimised less over time because bullies find them to be more difficult to push around than would be a less aggressive and more docile victim.

No main effects of significant interactions were found involving the lack of physical strength variable, despite findings in the literature suggesting that physical weakness is a risk factor for victimisation (e.g. Hodges et al., 1997; Olweus, 1978). This failure to replicate previous findings may be due to the fact that we utilised a reversed coding of a scale designed to measure physical strength. Those scoring low likely included many children who were simply not known by their peers for having exceptional physical strength, but did not necessarily fit the mould of the physically weak target of victimisation that the literature generally refers to.

Finally, although peer rejection and peer acceptance were robustly demonstrated to moderate longitudinal relationship with victimisation in this study, number of friends did not moderate and relationship, further adding to the experience of victimisation. More appropriate moderators may be not just the presence of friends, but the characteristics of those friends. For example, a child may have three reciprocated best friends, all three of whom are timid, withdrawn, physically weak children who offer no defence for the child against potential bullies, nor do they offer quality social support to help ameliorate the negative effects of being victimised. However, a single strong, well-liked, socially adept best friend may help buffer these effects in both directions. The personal risk factors of a child's best friends, as well as their social contexts (interpersonal factors) should be examined as further potential moderators of the relations between victimisation and psychosocial maladjustment. To date, only two studies (Hodges, et al., 1997; Hodges et al., 1999) have examined such interactions at all, with consistent, yet promising results. Such investigation represents the most crucial future direction for this area of research. It is also worth examining how to find ways of supporting students with their learning experience (Relojo, 2017).

CONCLUSION

As mentioned in another study on victimisation (Bowes, Joinson, Wolke, & Lewis, 2016), when using observational data it is impossible to be certain that associations are causal. However, these results are consistent with the hypothesis that victimisation by peers in adolescence is associated with an increase in the risk of developing depression as an adult. It is therefore imperative that victimisation be looked into not just among immigrant students but as well as native students in New Zealand.

Findings from this study lead us to conclude that peer victimisation during adolescence may contribute significantly to the overall public health burden of clinical depression and that intervention to decrease peer victimisation in secondary schools should decrease the burden of depression.

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