

Childhood Peer Victimization as a Predictor of Adolescent Loneliness - A Critical Review of the Literature

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It is hypothesized that if one is peer-victimized in childhood, they are more likely to experience loneliness. This literature review examines adolescent loneliness with particular reference to its association with childhood peer victimization. It draws on the findings of three key studies, which are all relevant to the urgent need for focused, long-term solutions to childhood bullying. These three studies differ from each other, but support the main idea. Peer victimization is the experience of being bullied or teased about variables such as one's appearance, family, or gender, etc. Asher & Paquette (2003) define loneliness as a sad or aching experience of isolation, like being cut-off, alone or distanced from others, and is associated with the feeling of longing for closeness, contact and association with others (Asher & Paquette, 2003).

The experience of loneliness is a normal one, but when adolescents are chronically lonely in school, there is reason for concern (Asher et al., 2003). Several things are considered to be associated with loneliness in adolescence. Some examples include depression, suicide, hostility, juvenile criminal acts, alcoholism, poor self-concept and psychosomatic illnesses (Neto & Rokach, 2000). Research shows that loneliness can reliably be measured in adolescence (Asher et al., 2003), and the extent experienced, is influenced by how they were accepted or victimized by their peers. It is estimated that during a given school year, approximately 10% to 30% of children are subjected to peer victimization (Kochenderfer-Ladd & Wardrop, 2001). Findings from this critical area of research show how children's emotional well-being is influenced by their peer experiences. Despite being a global and pervasive problem in schools, there has been inadequate attention placed on specific intervention programs in the psychological literature.

The first study, conducted by researchers Storch, Krain, Kovacs, & Barlas (2002), hypothesized that negative communication beliefs and abilities, are connected to higher rates of blatant and relational forms of peer victimization in children. They also predicted that peer-victimized children who held negative communication beliefs about themselves, and who lacked good communication abilities, had higher levels of depression and loneliness than those without these two factors. The original sample consisted of 205 New York City public school children, ages ranging from 10 to 13 years old. However, due to substantially missing data, the sample group was reduced to 194 children. The results show a significant relationship between peer victimization and depression, but only among the children who reported negative communication beliefs. Likewise, the relationship between relational victimization and loneliness is only significant in this group of children.

These findings are the first to present a correlation between self-reported negative communication beliefs and abilities, and higher rates of peer victimization. The implications for treatment are important. Speech therapists need to be aware of the possibility that

their peers may marginalize children with negative speech beliefs and abilities. Such children can benefit from an intervention, sparing them further difficulties. As informative as this study is, it is limited. The researchers did not collect data on actual communication difficulties. Consequently, this did not allow for the rates of peer marginalization among children with speech problems to be directly assessed. Although some may consider it a limitation that the sample was of mostly Hispanic and African-American children attending an urban elementary school, the authors see it as a promotion of ethnically diverse samples in research.

The second study is a longitudinal study conducted by researchers Pedersen, Vitaro, Barker & Borge (2007). Longitudinal studies are the ideal way for understanding the impact of peer victimization over time, and for providing information on its risk factors. Their research was guided by two questions: 1) Are behavioral problems in the early school years connected with childhood peer rejection? 2) Will those that are socially rejected in childhood, as adolescents internalize but not externalize, problems? The purpose of these questions, and the focus of the study, is to examine the longitudinal associations between early childhood behavior, middle childhood peer rejection, and adolescent loneliness, depression and delinquency. A sample of 551 children, 301 boys and 250 girls ages 6 -13, were used. The results strongly indicated that childhood peer rejection was connected to loneliness in adolescence, providing a compelling argument for educators to intervene during the early years. Additionally, children who were socially rejected internalized their problems as manifested in depression and low self-esteem. The significance of these findings is that they help to deepen our understanding of the impact of childhood marginalization, and the problems that follow from it. One limitation is that the sample consisted exclusively of an ethnically homogenous group of French-Canadian children. These findings may not be applicable to a diverse group of children. Future studies should examine what these authors examined, but with a more culturally diverse sample of children.

The third study conducted by researchers Storch et al. 2003, were guided by two hypotheses. The first was that it is hypothesized that overt victimization (harm done by others through physical behaviors or threats of aggressive behavior), and relational victimization (purposeful manipulation and destruction such as exclusion of peer groups and spreading rumors), were positively associated with loneliness, fear of negative evaluation, social avoidance and physiological symptoms. The second hypothesis was that pro-social behaviors from peers moderated the effects of overt and relational victimization on loneliness.

The sample consisted of 383 adolescents: 238 female and 100 male, ages 13 -17 years of age. The results in this study supported the hypothesis that overt and relational peer victimization was positively associated with adolescent loneliness, fear of negative evaluation, and social avoidance. The research also supports the hypothesis that pro-social behaviors from peers moderated the effects of overt and

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relational victimization on loneliness. These findings, when taken together, have significance when investigating the relationship between peer marginalization, to loneliness in adolescence, for three reasons. The first is that social phobia usually starts during adolescence (Storch et al. 2003). Consideration of the extent that childhood peer victimization is connected to loneliness in adolescence substantially influences assessment and treatment. The need for it is definitive. The second is that peers are very important in childhood and victimization, both overt and relational, is more influential than admitted. Although pro-social behaviors moderated the relationship between peer victimization and loneliness, it was only to a partial extent. And third, these results can be influential for the development of school-based aggression prevention programs. One limitation of this study is that the sample consisted mostly of females. The suggestion for further research is to balance out the sample to include more adolescent boys.

CONCLUSION

Understanding the impact of peer victimization from a mental health perspective is especially significant for mental health practitioners, researchers, and those in the healthcare field. The relevant data can be employed to develop effective early prevention and intervention programs. In order to build alliances that encourage effective solutions to be improved upon and implemented, researchers will have to form strong relationships with clinicians, speech-language pathologists, healthcare professionals, and community organizations that deal specifically with this pervasive, troubling, and highly influential issue. Directing the necessary attention, ongoing research, and allocation of appropriate resources, will further aid in the psychological relief effort that every child, both the victim and their bully, so desperately requires.

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