



Social Support as a Moderator of Peer Victimization and Anxiety Symptoms in School-Aged Children



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Introduction

- 1 in 3 children experience peer victimization (PV), which is correlated with internalizing symptoms, including social anxiety and depression (Leraya et al., 2015).
- Youth with high PV also report lower social support (SS), and studies suggest that high SS may protect bullied teenagers from depression (Holt & Espelage, 2007; Tanigawa, et al., 2011). Yet, other studies have failed to confirm this link (e.g., Rigby, 2000).
- To our knowledge, however, no studies have examined whether SS moderates the relationship between PV and internalizing symptoms over time, in school-age children, or with SA as an outcome.

Aim

To determine if SS moderates the relationship between PV and social anxiety and depression symptoms in school-age children over time.

Methods

Participants: Children (ages 8-11; 53% males; 77% European American) from five suburban elementary schools in upstate New York completed questionnaires in school at baseline (T1; N=184) and one year later (T2; N=138)

Measures:

Schwartz Peer Victimization Scale (SPVS)

- 5 items assessing PV over past two weeks
- 4-point Likert scale from *never* to *almost every day*
- Items assess overt and relational victimization

Social Support Questionnaire (SSQ-Revised)

- 6 items assessing SS in children
- Asks children to rate their satisfaction with different aspects of social support on a 6-point Likert scale from *very unhappy* to *very happy*

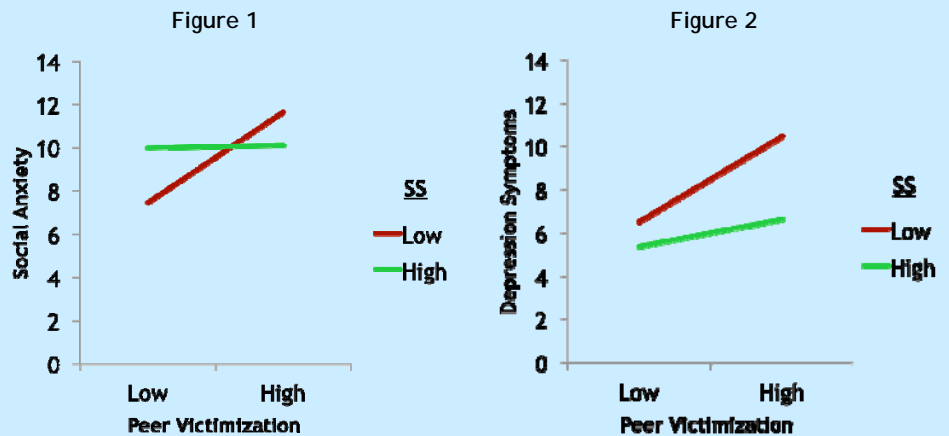
Revised Child Anxiety and Depression Scale (RCADS)

- 47-item questionnaire, including 9-item social anxiety (SA) and 10-item depression (DEP) scales
- 4-point Likert scale, ranging from *never* to *always*

Results

- Four regression analyses were conducted using the PROCESS macro in SPSS (Field, 2013; Hayes, 2013). PV at T1 was included in all analyses. SS at T1 and T2 were included in predicting T1 and T2 outcomes, respectively.
- T1 Analyses:** Main effects of PV ($b = 18.24, p < .001$) and SS ($b = .1442, p < .05$) were observed in predicting SA ($R^2 = .23, F = 16.03, p < .001$) and of PV ($b = 16.05, p < .001$) but not SS in predicting DEP ($R^2 = .22, F = 15.79, p < .001$). Interactions between PV and SS were not significant at T1.
- T2 Analyses:** In predicting SA ($R^2 = .12, F = 5.22, p < .01$), PV ($b = 7.52, p < .01$) but not SS were significant, while an interaction between PV and SS was observed ($b = -1.71, p < .01$), such that PV was associated with SA in the context of high PV and low SS (see Figure 1). In predicting DEP ($R^2 = .14, F = 6.48, p < .001$), PV ($b = 9.06, p < .01$) and SS ($b = -.30, p < .01$) were significant, and a marginally significant interaction was observed ($b = -1.12, p < .10$), such that PV was associated with DEP in the context of high PV and low SS (see Figure 2).

Interactive Effects of Peer Victimization at T1 and Social Support (SS) at T2 in Predicting Social Anxiety and Depression Symptoms at T2



Discussion

- Findings suggest that SS may buffer the effects of PV on SP and DEP in children after one year. Limitations include the ethnically homogeneous sample and reliance on self-report measures.
- Additional study is needed, but it is possible that helping to expand children's social networks and friendships may assist them in coping more successfully with their bullying experiences.

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