

Mediating Pathways between Peer Victimization and Internalizing and Externalizing Distress in School-Aged Children 👰 Megan L. Novak¹, B.S., Jenna Taffuri¹, B.A., Jeremy K. Fox¹, Ph.D., Julie L. Ryan², Ph.D., Leslie F. Halpern³, Ph.D. Montclair State University¹, William James College², University at Albany, SUNY³



Introduction

- · Peer victimization (PV) is a common childhood experience and highly associated with a range of emotional and behavioral problems, including depression and social anxiety (Reijntjes, Kamphuis, Prinzie, & Telch, 2010).
- Research also shows that bullied youth experience a multitude of problematic emotional and social experiences subsequent to PV. including emotion dysregulation and negative perceptions of self-worth, social competence, and social support (Grills & Ollendick, 2002: McLaughlin et al., 2009).
- Furthermore, PV is associated with fear of negative evaluation and social avoidance (Storch et al., 2003). Yet, it remains unclear whether PV contributes to various mental health outcomes by way of its effect on children's discomfort in social situations.

Aims

- 1. To examine whether social anxiety mediates the relationship between PV and depressive and externalizing symptoms in youth at baseline and one year later.
- 2. To examine the contribution of worry dysregulation to these pathways.

Methods

Participants: Children (53% males) from five suburban elementary schools completed questionnaires in school at baseline (T1; N=189) and one year later (T2; N=138)

Measures (all self-report questionnaires completed at school):

Schwartz Peer Victimization Scale (SPVS)

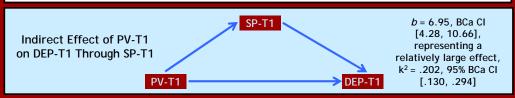
- a) 4-point Likert scale from never to almost every day
- b) 5-items assessing PV in children over past two weeks
- c) Items assess overt and relational victimization
- Problem Behaviors Frequency Scale (PBFS)
- a) 18-item scale assessing frequency of overt/verbal aggression (AGR)
- b) Students report frequency of each behavior over past
- 30 days on scale ranging from 0 to 9+ times

Revised Child Anxiety and Depression Scale (RCADS)

- a) 47-item self-report questionnaire, including 9-item subscale assessing Social Phobia (SP)
- b) 4-point Likert scale from never to always
- Children's Worry Management Scale (CWMS)
- a) 12 items assessing worry management in children
- b) Ratings between hardly ever to often
- c) Worry dysregulation (WD) score obtained by combining two scales (inhibition and dysregulated expression)

Results

- First, utilizing the PROCESS macro in SPSS (Field, 2013; Hayes, 2013), SP was examined at T1 as a possible mediator between PV at T1 and DEP and AGR at T1. There was an indirect effect of PV at T1 on DEP at T1 through SP at T1 (see Figure). No indirect effect was observed between PV at T1 and AGR at T1 through SP at T1.
- Second, SP was examined at T1 as a possible mediator between PV at T1 and DEP, AGR, and SP at T2. There was an indirect effect of PV at T1 on SP at T2 through SP at T1, b = 6.60, BCa CI [2.87, 11.43], representing a medium effect, k² = .175, 95% BCa CI [.081, .285]. No indirect effect was observed between PV at T1 and DEP and AGR at T2 through SP at T1.
- Third, both worry dysregulation (WD) and SP was examined at T1 as possible mediators between PV and DEP at T1. There was a significant indirect effect of PV at T1 on DEP at T1 through WD and subsequently through SP at T1, b = 1.11, BCa CI [.428, 2.39].



Discussion

- These findings suggest that PV may contribute to depressive symptoms indirectly through worry dysregulation and social anxiety. though results were not maintained after one year.
- While further research is needed, findings may inform the development of interventions for bullied children that target emotion management and social anxiety to prevent depressive symptoms and emotional distress.

References

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