

## **Risk Factors Leading to Victimization**

### **Full Reference**

Goldbaum, S., Craig, W. M., Pepler, D. J., & Connolly, J. (2003). Developmental Trajectories of Victimization: Identifying Risk and Protective Factors. *Journal of Applied School Psychology*, 19, 139-156.

### **Key Words**

Risk, protective, victimization

### **Main Question**

We were interested in what factors contribute to victimization and which serve as protective mechanisms. Repeated victimization impedes a child's healthy social and emotional development and research suggests that childhood victimization strongly predicts adult disturbance and behavior adjustment issues. This study looked at the effects of long term victimization compared to relatively short term victimization as well as other individual and peer factors that may act as risk or protection for the outcomes associated with victimization.

### **Background**

Using statistical analysis, students were classified into four distinct groups: non-victims, late onset victims (children who initially were not victimized but later reported increasing levels of victimization), stable victims (those who reported consistently high levels of victimization) and desisters, (those whose victimization decreased over time).

### **Who Was Involved**

This study involved 1241 students (635 boys and 606 girls) enrolled in seven schools in a large urban Canadian city. At the beginning of the study, participants were in Grade 5, Grade 6 and Grade 7. There were three test periods: the Fall of Year 1, the Spring of Year 1 and the Fall of Year 2. The tests were administered over the course of one calendar year.

### **What We Found**

Of the children who did not belong to any peer network, almost half were victims. While previous research indicates that the number of friends children have, their popularity, as well as likeability correlate with victim status, (Hodges et al., 1997) it is possible that friendship quality also plays a role in victimization. Since victims do report having some friends, it may be that lower quality friendships account for a lack of protection from friends. In weaker friendships, where trust and affection may be lacking, victims may not effectively communicate distress or seek support and protection from their friends.



Therefore this study examined the quality of participants' friendships as well as their social competence. Participants in the different groups reported differences in friendship quality with highly victimized adolescents reporting lower quality relationships than those with low levels of victimization. Stable victimization also predicted higher levels of bullying behaviour (victims who become bully/victims) Stable victims reported the most bullying behaviour at Times 1 and 2, but by Time 3, late onset victims had comparably high levels of bullying. Meanwhile, desisters reported higher levels of bullying at Time 1 but by Time 3 reported lower levels of bullying than late onset or stable victims. Non-victims reported the lowest levels of aggression and bullying behavior across all three time periods.

### Implications

Examining the characteristics of desisters and non-victims helps identify factors that protect children from peer victimization. Desisters demonstrated decreasing levels of internalizing problems, bullying and aggressive behavior. And non-victims were the most socially competent and reported the lowest levels of internalizing problems and aggressive behavior. Therefore low levels of aggression and anxiety may be the most effective protective factors. Paralleling the results which identified low quality friendships as a risk factor, high quality friendships served a protective function. In these cases children may be more committed to a friend and therefore inclined to intervene or protect them.

Since internalizing problems precede victimization, children at risk for victimization can be identified with a screening tool that would assess levels of anxiety, withdrawal, and stress-induced illnesses. Because of the cumulative effects of victimization, assessment and screening should occur early (i.e., kindergarten) and at regular intervals. Once at-risk children are identified, school personnel and parents can intervene with individuals or peer groups to decrease the risk factors and increase the protective factors associated with victimization.

Victimized children also need to develop skills to communicate their distress in a manner that promotes a positive response from peers and teachers. Teaching children specific strategies that are statistically proven to be effective in stopping bullying, such as asking for help and positive conflict resolution, will reduce their risk for future victimization. Education regarding the ineffectiveness of strategies such as aggression is also important. Programs should also be directed at the peer group to encourage inclusion and foster supportive social networks. Effective programs such as "support circles" and mentoring programs have helped victimized children practice and develop their social skills and acquire the peer support and protection they lack.

