Background
Children with Attention-Deficit/Hyperactivity Disorder (ADHD) have been shown to be at an increased risk for victimization by peers and participation in bullying others (Wienek & Mak, 2009; Tymann et al., 2010). While some research investigating the association between ADHD and peer victimization has included both children and adolescents, the samples consisted primarily of children under the age of 13; consequently our understanding of victimization and bullying in adolescents with ADHD is limited.

It is important to gain an understanding of victimization and bullying in adolescents with ADHD because of the long-term social, academic and emotional consequences associated with being a victim or perpetrator of bullying (Riggio, 2004; Riggio & Sheehy, 2008). Peer victimization is best understood from a social-interactional perspective (Craig & Pepler, 1997); bullying and victimization are seen as the product of an ongoing interaction between individual characteristics and social circumstances. Peer relations difficulties, such as decreased perceptions of social support, fewer dyadic friendships and lower social status, have been established as risk factors for victimization and bullying (Card & Hodges, 2008; Demaray & Malecki, 2003).

Research Objectives
• To determine whether adolescents with and without ADHD differ in the extent to which they are victimized by peers and participate in bullying others among adolescents with ADHD.

Method
Sample
Sixty-four 13- to 18-year olds (M=14.84, SD=1.61) were recruited from community schools. Participants were asked to indicate how often the adolescents had been victimized by peers and participated in bullying others among adolescents with ADHD.

The Conners' Rating Scale-Third Edition (Conners, 2008) is a standardized questionnaire used to assess DSM-IV inattentive and hyperactive symptoms and peer relations difficulties. Parents rated the adolescents on behaviors using a 4-point scale.

The Social Support Behaviors Scale (SSBS; Vaux, 1987) assessed adolescents’ perceptions of the social support. Respondents indicated how likely members of their family and their friends would be to help in each of 45 identified situations. Modes of social support assessed included: emotional, practical, financial, advice and social. Procedure
Data was collected as part of a larger program of research conducted by Dr. Judith Wiener at the Ontario Institute for Studies in Education of the University of Toronto. Questionnaires were administered to adolescents in individual sessions with a graduate student.

Results
Adolescent self-reported victimization and bullying
ANOVA were conducted to investigate whether adolescents with and without ADHD differed in the extent to which they were victimized by peers and participated in bullying others according to their own reports.

Adolescents with ADHD reported significantly higher levels of victimization in the last 5 days compared to adolescents without ADHD, F(1,53)=5.14, p=.03, R²=.07. Adolescents with ADHD reported significantly higher levels of participation in bullying in the last 2 months compared to adolescents without ADHD, F(1,62)=4.42, p=.04, R²=.06.

There were no significant differences between groups with regard to victimization in the last 2 months or bullying in the last 5 days.

Categorizations of victims and bullies
Adolescents were categorized as “victims” or “nonvictims” and “bullies” or “nonbullies” based on whether they or their parent reported that the adolescent had experienced any victimization by peers or participated in any bullying of others (irrespective of frequency).

There was a marginally significant trend for adolescents with ADHD to be categorized as victims more often than adolescents without ADHD, X²(1, N=64)=3.12, p=.08.

Adolescents with ADHD were significantly more likely to be categorized as bullies than adolescents without ADHD, X²(1, N=64)=4.55, p=.03.

Parent-reported peer relations problems based on ‘victim’ and ‘bully’ status
ANOVA were conducted to investigate group differences between “victims” vs. “nonvictims” and “bullies” vs. “nonbullies” on parent-reported peer relations problems. Only adolescents with ADHD were involved in these analyses.

There were no differences between “bullies” and “nonbullies” in parent-reported peer relations problems, F(1,37)=1.13, p=.29, R²=.03.

Discussion
Social environmental factors were strongly associated with the experience of victimization among adolescents with ADHD. Adolescents with ADHD reported increased levels of bullying and victimization, however, only victimization was associated with a problematic social context. Participation in bullying was not associated with social risk factors. Previous research conducted on the same sample found that individual factors, such as internalizing problems, showed nonsignificant trends toward being associated with victimization by peers (Tymann, 2010). Given the increased importance of peer group interactions during adolescents, it is possible that social factors have a stronger relationship with victimization that individual factors for adolescents with ADHD. The findings from this study extend previous research on the social problems of adolescents with ADHD (Bagwell et al., 2001) and highlights the importance of investigating experiences of victimization and bullying when working with this population. The present study also demonstrates the importance of working to enhance the social context, friendships and social support of adolescents with ADHD.

References