



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 (Wiener & 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 (Rigby, 2003; Card & Hodges, 2008). Peer victimization is best understood from a social-interactive 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 bullying others.
- To investigate social factors, including peer relations problems and perceived social support, that are associated with the experience of victimization by peers and participation in bullying others among adolescents with ADHD.

Method

Sample

- Sixty-four 13- to 18-year olds ($M=14.84$, $SD=1.61$)
- 40 (27 male, 13 female) with ADHD and 24 (13 male, 11 female) served as a typically functioning comparison group.
- All participants with ADHD received a diagnosis of ADHD based on DSM-IV criteria and this was verified using the *Conners' Rating Scale-3rd Edition*.

Measures

The *Safe Schools Questionnaire* (Pepler et al., 1993) was used to assess parents' perceptions and adolescents' self-reports of victimization and bullying. Parents and adolescents were asked to indicate how often the adolescents had been victimized by peers and bullied others in a two-month and five-day period.

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 behaviours 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.

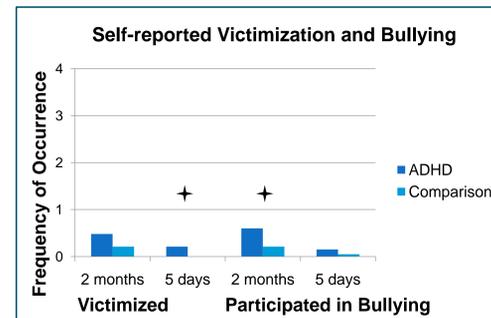
Social Risk Factors for Peer Victimization in Adolescents with Attention-Deficit/Hyperactivity Disorder

Victoria Timmermanis, MA, Judith Wiener, PhD
Human Development and Applied Psychology

Results

Adolescent self-reported victimization and bullying

ANOVAs 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.



† Denotes a significant difference between groups

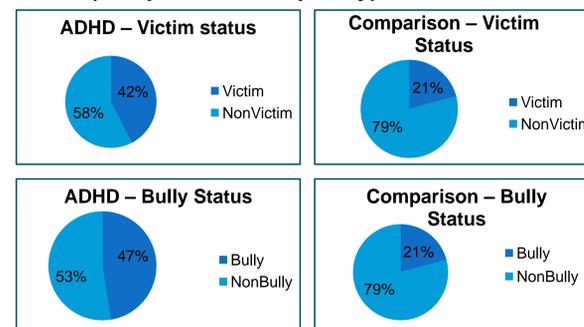
Adolescents with ADHD reported significantly higher levels of victimization in the last 5 days compared to adolescents without ADHD, $F(1,53)=4.19$, $p=.04$, $\eta_p^2=.07$.

Adolescents with ADHD reported significantly higher levels of participation in bullying in the last 2 months compared to adolescents without ADHD, $F(1,62)=4.25$, $p=.04$, $\eta_p^2=.06$.

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).

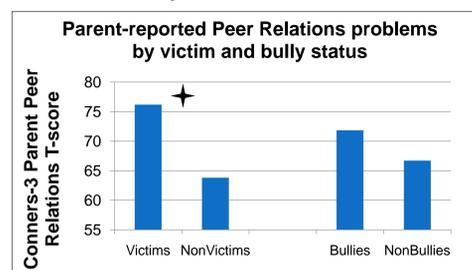


There was a marginally significant trend for adolescents with ADHD to be categorized as victims more often than adolescents without ADHD, $\chi^2(1, N=64)=3.12$, $p=.08$.

Adolescents with ADHD were significantly more likely to be categorized as bullies than adolescents without ADHD, $\chi^2(1, N=64) = 4.55$, $p=.03$.

Parent-reported peer relations problems based on 'victim' and 'bully' status

ANOVAs 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.



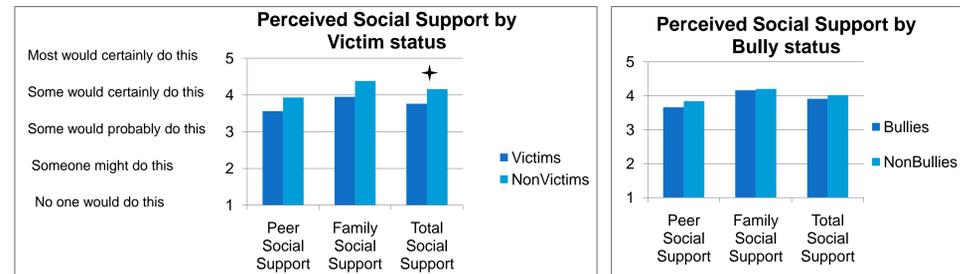
† Denotes a significant difference between groups

Adolescents with ADHD who were categorized as "victims" had significantly higher levels of parent-reported peer relation problems than those who were not classified as victims $F(1,37)=7.51$, $p<.01$, $\eta_p^2=.17$.

There were no differences between "bullies" and "nonbullies" in parent-reported peer relations problems, $F(1,37)=1.13$, $p=.29$, $\eta_p^2=.03$.

Results continued

Adolescents' perceptions of social support from family and peers
ANOVAs were conducted to investigate group differences between "victims" vs. "nonvictims" and "bullies" vs. "nonbullies" on adolescents' perceptions of social support. Only adolescents with ADHD were involved in these analyses.



† Denotes a significant difference between groups

Adolescents with ADHD who had experienced victimization by peers perceived significantly lower levels of total social support than those who had not been victimized, $F(1,34)=5.35$, $p=.02$, $\eta_p^2=.14$. There were marginally significant trends for victimized adolescents to perceive lower levels of support from peers, $F(1,34)=3.24$, $p=.08$, $\eta_p^2=.09$, and family, $F(1,34)=3.09$, $p=.09$, $\eta_p^2=.08$.

Participation in bullying others among adolescents with ADHD was not associated with any measure of perceived social support.

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 (Timmermanis, 2010). Given the increased importance of peer group interactions during adolescence, it is possible that social factors have a stronger relationship with victimization than 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

- Bagwell C.L., Molina, B.S.G., Pelham, W.E. & Hoza, B. (2001). Attention-deficit hyperactivity disorder and problems in peer relations: Predictions from childhood to adolescence. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40(11), 1285- 1291.
- Card, N.A. & Hodges, E.V. (2008). Peer victimization among schoolchildren: Correlations, causes, consequences, and considerations in assessment and intervention. *School Psychology Quarterly*, 4, 451-461. doi: 10.1037/a0012769.
- Conners, C.K. (2008). *Conners' Rating Scales-Third Edition*. Toronto: Multi Health Systems
- Craig, W. & Pepler, D. (1997). Observations of bullying and victimization in the school yard. *Canadian Journal of School Psychology*, 13, 41-60. doi: 10.1177/082957359801300205
- Demaray, M.K. & Malecki, K.M. (2003). Perceptions of the frequency and importance of social support by students classified as victims, bullies and bully/victims in an urban middle school. *School Psychology Review*, 32(3), 471- 489. Retrieved from <http://proquest.umi.com/pqdlink>
- Pepler, D., Craig, W., Charach, A. & Zeigler, S. (1993). A school-based antibullying intervention: Preliminary evaluation. In D. Tattum (Ed.), *Understanding and managing bullying* (pp. 76-91). Oxford: Heineman Books.
- Rigby, K. (2003). Consequences of bullying in schools. *Canadian Journal of Psychiatry*, 48, 583-590. Retrieved from: <http://publications.cpa-apc.org/browse/sections/0>
- Tymann, K.A., Saylor, C.F., Saia, D., Macias, M.M., Taylor, L.A. & Spratt, E. (2010). Bullying and ostracism experiences in children with special health care needs. *Journal of Developmental and Behavioral Pediatrics*, 31, 1-8. doi:10.1097/DBP.0b013e3181c828c8 .
- Vaux, A., Riedel, S., & Steward, D. (1987). Modes of social support: The social support behaviors (SSB) scale. *American Journal of Community Psychology*, 15(2), 209-237. doi: 10.1007/BF00919279.
- Wiener, J. & Mak, M. (2009). Peer Victimization in children with attention-deficit/hyperactivity disorder. *Psychology in the Schools*, 46(2), 116-131. doi: 10.1002/pits.20358

