



## Background

Adolescents with Attention-Deficit/Hyperactivity Disorder (ADHD), like children, experience many of the social problems and anxiety that have been implicated as risk factors for peer victimization (Bagwell et al., 2001; Tannock, 2000).

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, so our understanding of victimization and bullying in adolescents with ADHD is limited.

## Research Questions

- 1) Do adolescents with ADHD report higher levels of victimization and bullying compared to adolescents without ADHD?
- 2) Will parents of adolescents with ADHD report higher levels of victimization and bullying than parents of adolescents without ADHD?
- 3) When adolescent and parent data are pooled, will adolescents with ADHD be more likely to be categorized as *victims* and *bullies* than adolescents without ADHD?
- 4) Among adolescents with ADHD, what individual factors are associated with experiencing victimization and participating in bullying?

## Method

### Sample

- 13- to 18 year olds ( $M=14.84$ ,  $SD=1.61$ )
- 64 adolescents; 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 bullied 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 oppositionality. Parents rated the adolescents on behaviors using a 4-point scale.

The *Child Behavior Checklist* (CBCL; Achenbach, 2001) is a standardized parent-report questionnaire used to assess internalizing problems. The Anxious/Depressed Syndrome scale was used in the present study.

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.

### 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.



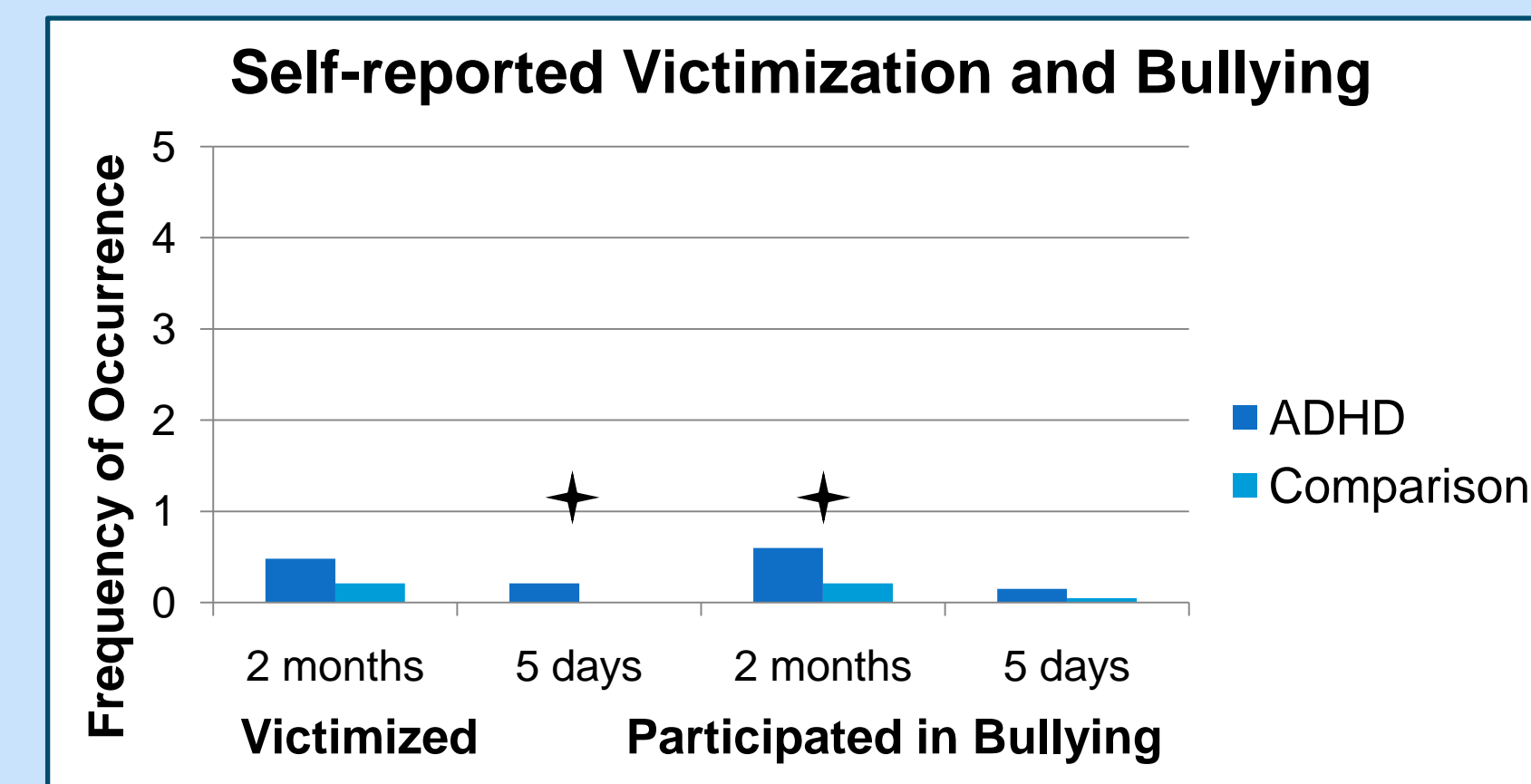
# Peer Victimization in Adolescents with Attention Deficit/Hyperactivity Disorder

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## Results

### 1) Adolescent self-reported victimization and bullying



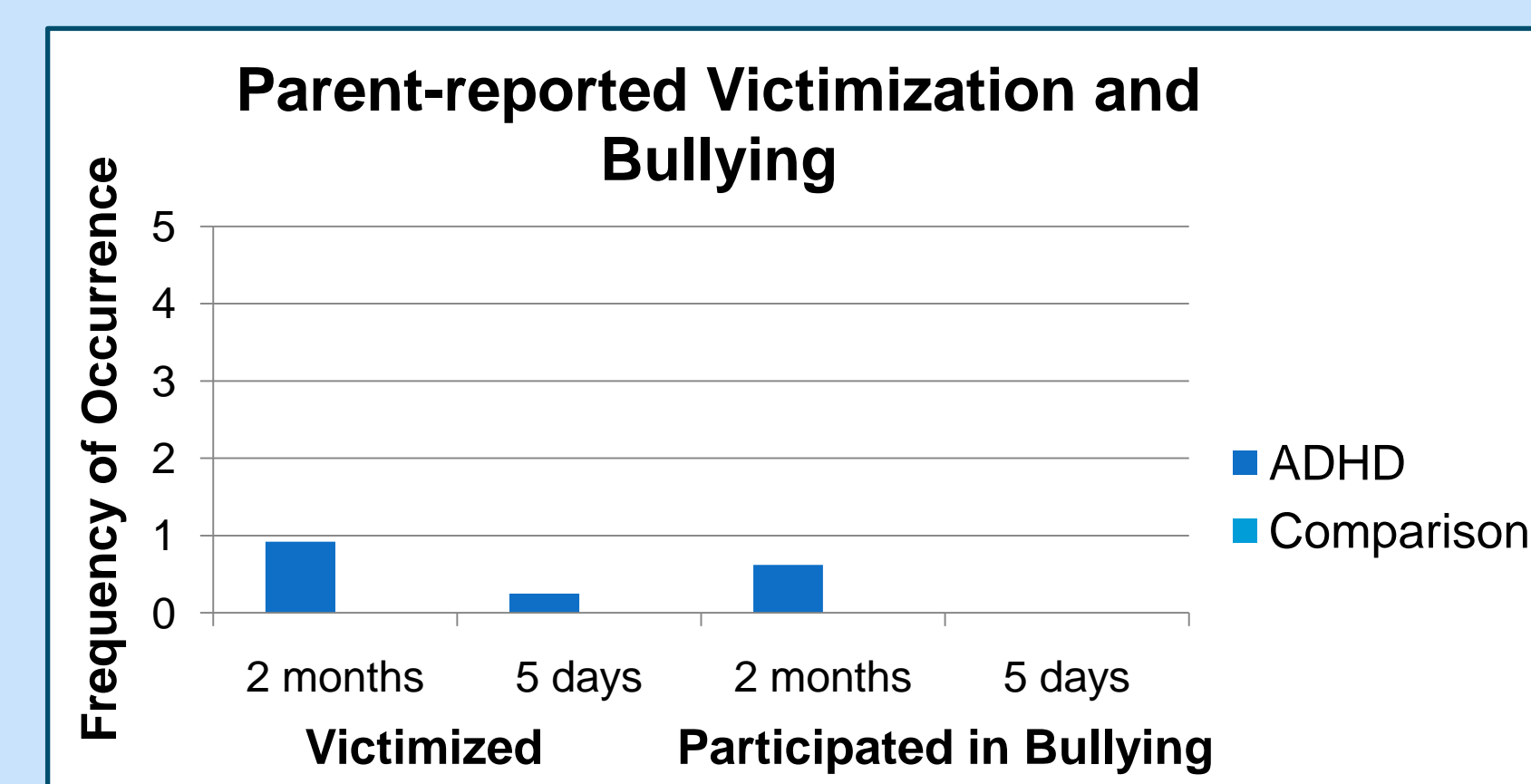
+ Denotes a significant difference between groups

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

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

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

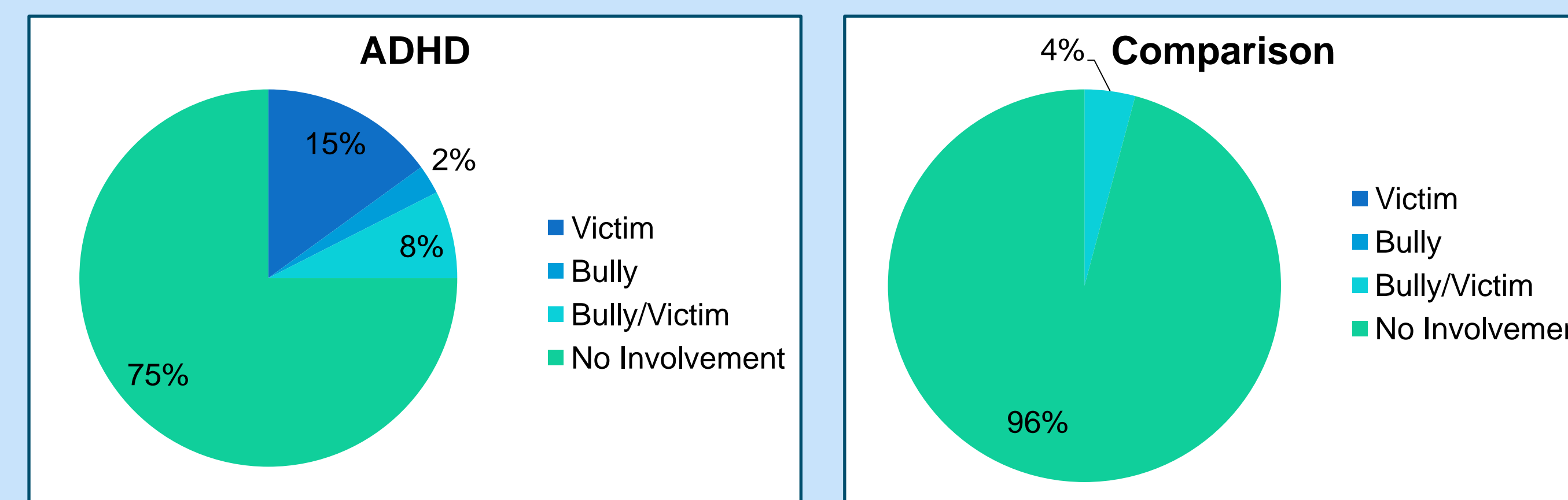
### Parent-reported victimization and bullying



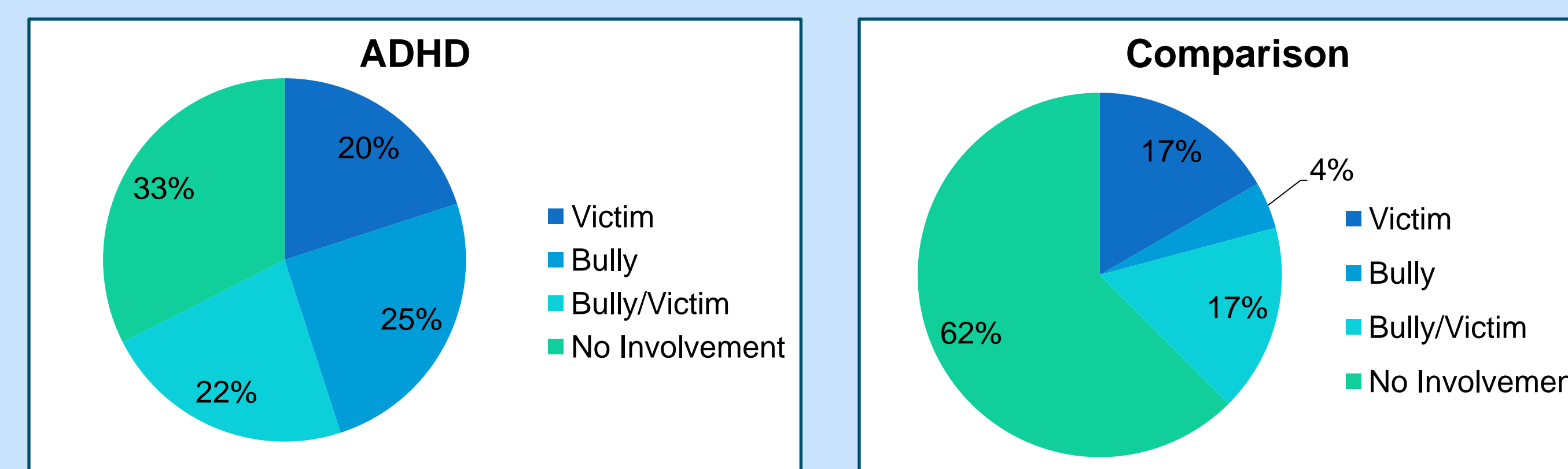
Parents of adolescents with and without ADHD did not differ in their reports of the extent to which their children had been victimized or participated in bullying others. However, there was a marginally significant trend for parents of adolescents with ADHD to report their children experienced increased levels of victimization in the last 2 months,  $F(1,16)=4.16$ ,  $p=.058$ ,  $n^2_p=.20$ .

### 2) Categorizations of victim, bully and bully/victim by frequency of occurrence

In the first categorization, participants were classified as victims, bullies or bully/victims if either they or their parents reported “frequent” bullying/victimization (defined as once a week or more; Nansel et al., 2001).

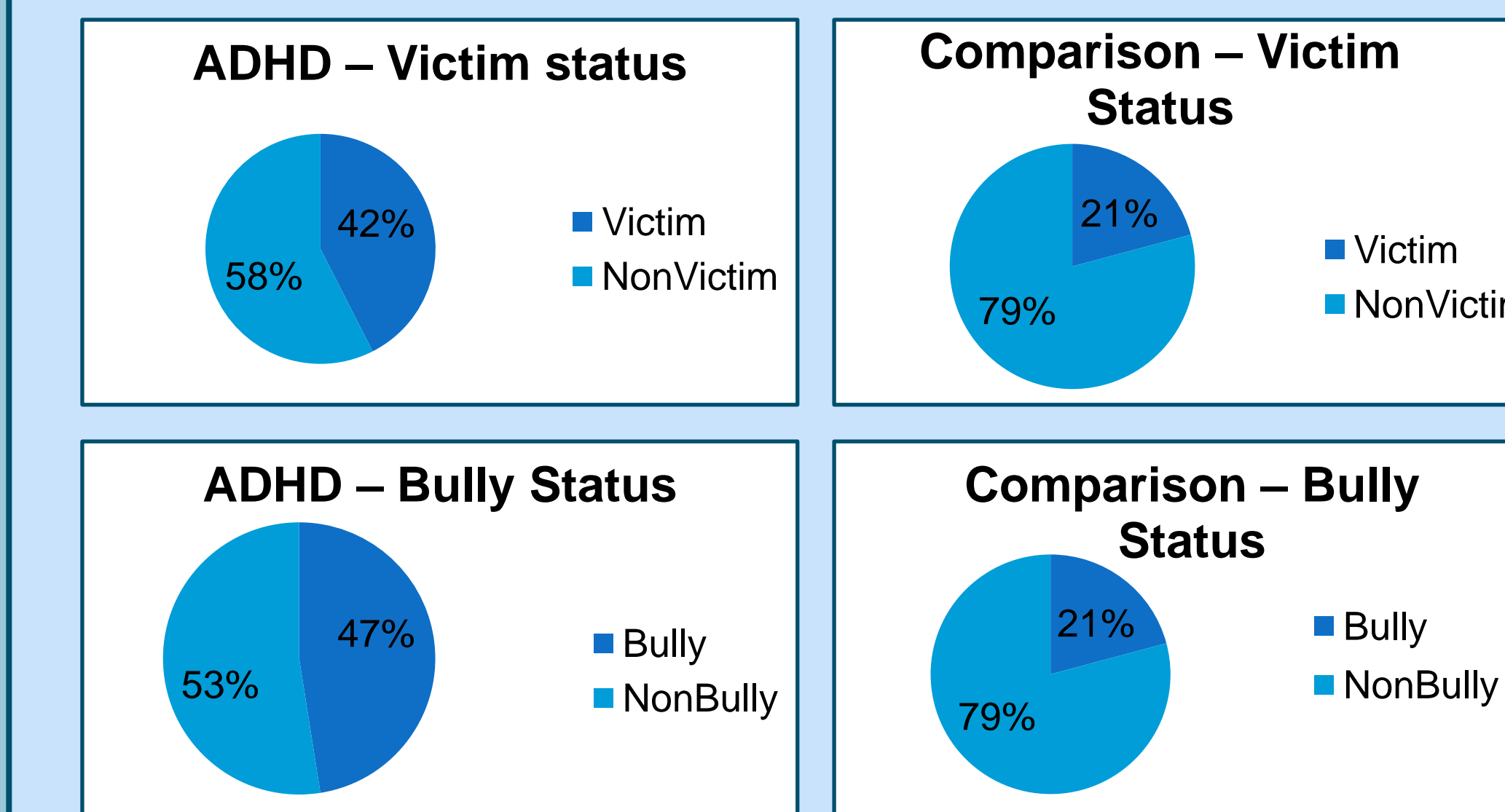


In the second categorization, participants were classified as victims, bullies or bully/victims if either they or their parents reported any involvement in bullying/victimization (irrespective of frequency).



In both categorizations, adolescents with ADHD tended to be more often classified as victims, bullies and bully/victims than adolescents without ADHD. However, the small group sizes prohibited statistical analyses.

Lastly, adolescents were categorized as “victims or nonvictims” and “bullies or nonbullies” based on whether the adolescent or their parent reported that the adolescent had experienced any victimization or participated in any bullying (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,  $\chi^2(1, N=64) = 4.55$ ,  $p=.03$ .

### 4) Individual factors associated with victimization and bullying (ADHD only)

Among adolescents with ADHD, one-way ANOVAs were conducted to determine if “victims and nonvictims” and “bullies and nonbullies” differed on parent-rated individual characteristics.

There was a marginally significant trend for victims to have higher levels of parent-rated internalizing problems than nonvictims,  $F(1,37)=3.76$ ,  $p=.06$ ,  $n^2_p=.09$ . Victims and nonvictims did not differ significantly on levels of parent-rated inattention, hyperactivity, or oppositionality, ( $F_{IN}(1,37)=.05$ ,  $p=.83$ ,  $n^2_p=.00$ ;  $F_{HY}(1,37)=.55$ ,  $p=.46$ ,  $n^2_p=.02$ ;  $F_{OPP}(1,37)=1.94$ ,  $p=.17$ ,  $n^2_p=.05$ ).

Bullies and nonbullies did not differ significantly on levels of parent-rated inattention, hyperactivity, oppositionality or internalizing problems ( $F_{IN}(1,37)=.00$ ,  $p=.98$ ,  $n^2_p=.00$ ;  $F_{HY}(1,37)=.16$ ,  $p=.69$ ,  $n^2_p=.00$ ;  $F_{OPP}(1,37)=.07$ ,  $p=.80$ ,  $n^2_p=.00$ ,  $F_{IP}(1,37)=.48$ ,  $p=.49$ ,  $n^2_p=.01$ ).

## Discussion

The results of the present study indicate that adolescents with ADHD report increased levels of victimization and participation in bullying. These findings have important implications for professionals working with this population. Given the negative consequences associated with victimization and bullying, an awareness of an adolescent's experience with victimization and bullying is an essential element of a comprehensive assessment.

The present study did not identify individual factors that were significantly associated with victimization and bullying among adolescents with ADHD. The previously established association between victimization and internalizing symptoms did not reach significance. This may be due to small sample size or the heterogeneity of victimization frequency in the victim category. Future research should further investigate risk factors for victimization and bullying among adolescents with ADHD. The impact of social context, social support and friendships should be explored.

### References

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