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Peer Victimization and Social-Psychological Adjustment in Hispanic and African-American Children

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We examined the relation of overt and relational victimization to depressive symptoms, fear of negative evaluation (FNE), social avoidance, and loneliness in a sample of Hispanic and African-American children. The Social Experience Questionnaire, Children's Depression Inventory, Social Anxiety Scale for Children—Revised, and Asher Loneliness Scale were administered to 190 children in the fifth and sixth grades of an urban elementary school. Consistent with prior work, overt victimization was positively associated with depressive symptoms, FNE, social avoidance, and loneliness for both boys and girls. Relational victimization was found to be uniquely associated with depressive symptoms, FNE, and social avoidance of general situations for girls only. Prosocial behaviors from peers moderated the effects of relational victimization on loneliness, but no other social-psychological adjustment variables. Implications of our findings for the role of peer victimization and prosocial behaviors in the peer relationships of Hispanic and African-American children are discussed.

KEY WORDS: peer victimization; social-psychological adjustment; ethnicity; peer relations; children.

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Peer victimization in elementary schools has been recently recognized as a frequent occurrence that negatively affects the social-psychological adjustment of children (Hawker & Boulton, 2000). Recent changes in the definition of peer victimization have found that victimization of both boys and girls may take diverse forms including overt (e.g., hitting, kicking, yelling) and relational aggression (e.g., spreading rumors, excluding a peer from social interactions; Crick & Bigbee, 1998; Crick & Grotpeter, 1996). Importantly, relational victimization, a form of aggression that harms peers by damaging interpersonal relationships, has yet to be examined in Hispanic and African-American children. Thus, despite increased attention from researchers and clinicians on the nature and consequences of peer victimization, the generality of the extant literature remains limited, as most existing studies have relied on largely Caucasian, middle-class samples.

Several recent studies have examined the relationships between both overt and relational victimization and internalizing difficulties in child samples (Bond, Carlin, Thomas, Rubin, & Patton, 2001; Crick & Bigbee, 1998; Crick & Grotpeter, 1996; Nansel et al., 2001). A number of consistent findings have emerged from such reports. First, positive relationships have been found between both overt and relational victimization, and internalizing symptoms including: depression, social evaluative anxiety (e.g., fear of negative evaluation), social avoidance, and loneliness (Bond et al., 2001; Crick & Bigbee, 1998; Crick & Grotpeter, 1996; Nansel et al., 2001). In addition, the Crick and Bigbee (1998) and Crick and Grotpeter (1996) studies found relational victimization, a relatively new construct, to make a unique contribution in predicting each adjustment variable even after controlling for overt victimization. It is possible that repeated and prolonged exposure to peer aggression results in negative self-appraisals and selective avoidance of social interactions. Such peer maltreatment and social isolation may limit victimized childrens' exposure to positive peer relationships and interfere with the development of interpersonal skills and self-esteem. As a result, victimized youth may experience elevated levels of loneliness and depression, a finding supported by previous research (Crick & Bigbee, 1998; Crick & Grotpeter, 1996; Nansel et al., 2001; Storch & Masia, 2001). Second, although data has yet to be reported in child samples, adolescents who are both overtly and relationally victimized reported more adjustment difficulties than those who are victims of only one form of aggression (Prinstein et al., 2001; Storch & Masia, 2001).

Third, numerous studies have examined gender differences in peer victimization. Results have suggested that boys are subjected to higher rates of overt victimization as compared to girls (Boulton & Underwood, 1992; Crick & Bigbee, 1998; Crick, Casas, & Ku, 1999; Crick & Grotpeter, 1996; Paquette & Underwood, 1999; Prinstein, Boergers, & Vernberg, 2001). Examinations of relational victimization, in contrast, have produced either no gender differences or a trend for girls to be more relationally victimized than boys (Crick & Bigbee, 1998; Crick et al., 1999; Crick & Grotpeter, 1996; Paquette & Underwood, 1999; Prinstein et al., 2001).

Finally, prosocial behavior from peers, conceptualized as emotional and tangible support (e.g., saying kind words, cheering up a peer when sad, sharing) that is not necessarily within the context of a friendship, has emerged as a variable that may statistically moderate the relation between peer victimization and maladjustment (Prinstein et al., 2001; Storch & Masia, 2001). For example, Storch and Masia (2001) found that prosocial behavior moderated the relationships between overt and relational victimization and loneliness in adolescents such that the associations between victimization and loneliness were significantly lower for adolescents with high levels of peer support. Similarly, Prinstein et al. (2001) found prosocial support to moderate the association between relational victimization and externalizing behaviors. It has been suggested by these and other authors (Hodges, Boivin, Vitaro, & Bukowski, 1999) that peer support may serve a physically protective function, improve self-esteem and social skills, and provide emotional and cognitive support.

Despite efforts by researchers in peer relations to promote the use of ethnically diverse samples in research (e.g., Hanish & Guerra, 2000a; Hawker & Boulton, 2000), most studies on peer victimization have been conducted in largely Caucasian, middle-class samples. Examining overt and relational victimization in a sample of Hispanic and African-American children is particularly significant for several reasons. First, Hispanic and African-American youth have been found to be exposed to more violent events as compared to Caucasian children, regardless of income level (Crouch, Hanson, Saunders, Kilpatrick, & Resnick, 2000). It may be that beliefs about aggressive behavior stabilize, resulting in higher levels of peer maltreatment and aggression (Huesmann & Guerra, 1997). Second, despite the surge of research on peer victimization over the past decade, most studies have not included samples with sizable representations of Hispanic and African-American children, limiting the generality of the extant literature. Recently, Hanish and Guerra (2002) examined social-psychological adjustment prospectively in a primarily Hispanic (predominantly Mexican-American) and African-American sample of children. Although this study did not assess depressive symptoms or loneliness, a significant positive relationship was found between victimization and general anxiety both concurrently ($r = .14$) and at two years follow-up ($r = .14$). The few studies that have examined differences in the rate of overt victimization as a function of ethnicity have yielded inconsistent results. Some have found rates of victimization in African-American and Asian children to be similar to that of Caucasian children (Moran, Smith, Thompson, & Whitney, 1993; Siann, Callaghan, Glissov, Lockhart, & Rawson, 1994) whereas others have found relatively lower rates of victimization in Hispanic as compared to African-American and Caucasian children (Hanish & Guerra, 2000b). Overall, the above research is limited in that rates of relational victimization were not assessed and depression and loneliness, two indices that have been related to peer victimization in past studies, were not assessed.

Our study was designed to address these limitations and to examine the relationship of overt and relational victimization to social-psychological adjustment (e.g., depression, social anxiety, loneliness) in a sample composed primarily of Hispanic children attending an urban elementary school. First, given the lack of data on peer victimization among ethnically diverse children, our first goal was to provide information about the overall level of different forms of peer victimization in a sample of predominantly Hispanic children, as well as data on rates of victimization by gender and ethnicity within this group. Our second goal was to examine the relationship between peer victimization and social-psychological adjustment. Based on previous research findings, we predicted that overt and relational victimization would be associated with social-psychological maladjustment. Our third goal was to evaluate whether relational victimization would account for unique variance after controlling for overt victimization and also whether there was an interaction between overt and relational aggression such that children who were both overtly and relationally victimized would report greater social-psychological maladjustment. Our fourth and final goal was to examine whether prosocial behaviors from peers would moderate the relation between victimization and maladjustment.

METHOD

Participants

Participants were 205 (110 females) children enrolled in the fifth ($n = 88$) and sixth ($n = 117$) grades of an urban elementary school. Notably, the children in our study lived in a neighborhood with relatively high exposure to violence and crime. Children ranged in age from 10 to 13 years ($M = 10.83$, $SD = 0.70$) and identified their ethnicity as: 77.6% Hispanic American, 15.1% African American, 4.4% Asian, and 2.9% Caucasian. Upon enrollment in the school district, all children from households where a language other than English was the primary language spoken were tested for English proficiency. Any child not meeting proficiency criteria as determined by local norms was placed in a bilingual setting (New York City Department of Education, 2001). Only students in English speaking classes were included in the present research to ensure adequate language proficiency. Thus, no problems were anticipated with the language proficiency of the students. The percentage of children in the school receiving subsidized lunches was approximately 95%. The consent rate was 66% (205/313). Four children were excluded from analyses due to substantial missing data. In addition, given that the purpose of the present research was to examine peer victimization in a Hispanic and African American sample, 15 Caucasian and Asian children were excluded from analyses resulting in a final sample of 186 children. It is notable that given the parameters of planned analyses ($\alpha = .05$, two-sided tests, expected effect size of $r = .30$), this

sample provided adequate statistical power to test the primary study hypotheses (power = .99).

MEASURES

Social Experience Questionnaire

Participants' experience of peer victimization was assessed using the Social Experience Questionnaire (SEQ; Crick & Grotpeter, 1996). The SEQ is a self-report measure of victimization and positive peer treatment in which children indicate the frequency of 15 different peer interactions on a five-point scale. Factor analysis by Crick and Grotpeter (1996) identified three subscales containing five items each: overt victimization (e.g., frequency with which peers attempt to physically harm the children), relational victimization (e.g., frequency with which peers attempt to harm children's relationships with others), and receipt of prosocial acts (e.g., frequency with which peers direct caring behaviors toward the children). Modest correlations with peer-reports of victimization have been found (Crick & Bigbee, 1998) and victimization scores were negatively associated with adjustment variables (e.g., loneliness, depression, social anxiety, social avoidance), supporting the concurrent validity of this measure (Crick & Grotpeter, 1996). An advantage to using self-report methodology over peer report when assessing peer victimization is that victimization experiences that peers may not be aware of may be measured (e.g., rumors that are spread to specific classmates; Crick & Bigbee, 1998). The three subscales used in the current study demonstrated adequate internal consistency reliability (Cronbach's $\alpha = .74$, .82, and .75).

Children's Depression Inventory

The presence and severity of depressive symptoms were assessed using the Children's Depression Inventory (CDI; Kovacs, 1992). The CDI is a self-report measure consisting of 27 items for which the child endorses one of three statements that best describes his or her cognitive, affective, or behavioral symptoms of depression during the previous two weeks. One item assessing suicidal ideation was excluded from the survey due to sensitive content. Studies conducted with ethnically diverse samples have demonstrated adequate internal consistency (Cronbach's $\alpha = .71$ to .89), test-retest reliability ($r = .74$ to .83), and convergent and divergent validity (Kovacs, 1992). Cronbach's α in this sample was .88.

Social Anxiety Scale for Children—Revised

Participants' subjective experience of social anxiety was assessed using the Social Anxiety Scale for Children - Revised (SASC-R; La Greca & Stone, 1993).

The SASC-R is a self-report measure consisting of 18 anxiety-related items and four filler items endorsed on a five-point scale indicating how true each item is for the participant. The SASC-R is composed of three factorially-derived subscales representing: Fear of Negative Evaluation (FNE), Social Avoidance and Distress Specific to New Situations (SAD-New), and Generalized Social Avoidance and Distress (SAD-General) (La Greca & Stone, 1993). Previous research has found adequate internal consistency for each subscale (Cronbach's $\alpha = .86$, .78, and .69) and good convergent and divergent validity of these subscales via their relations with self-esteem, sociometric status, and other self-report measures of social anxiety (La Greca & Stone, 1993; Epkins, 2002). The Cronbach's α in the present study for the FNE, SAD-New, and SAD-General subscales was .84, .73, and .75.

Asher Loneliness Scale

Participants' experience of loneliness was assessed using the Asher Loneliness Scale (ALS; Asher, Hymel, & Renshaw, 1984). The ALS is a self-report measure consisting of 24 items endorsed on a five-point scale indicating how true each item is for the participant. The 16 items that focus on feelings of loneliness, social adequacy, and subjective estimations of peer status were included in this study, whereas eight filler items that inquire about the participants' hobbies were excluded in order to minimize the time needed to complete the assessment battery. Factor analysis of the measure revealed one primary factor for the 16 items (Asher & Wheeler, 1985). In addition, the ALS was positively correlated with negative peer nominations and negatively associated with positive peer nominations and play ratings, supporting the convergent and divergent validity of this measure (Asher & Wheeler, 1985). The 16-item version used in the present study yielded high internal consistency (Cronbach's $\alpha = .92$).

Procedure

Children were given consent forms at school to bring home to their parents. Parents were asked to return the consent form indicating their willingness for their child to participate in a school-wide screening assessing rates of bullying. In addition, written assent was obtained from all participating children. Research assistants administered the measures to participants during one classroom session lasting approximately 45 minutes. A research assistant was present at each administration to provide instructions and collect forms from children. Children who did not participate engaged in other activities (e.g., school paperwork, reading).

RESULTS

Descriptive Analyses

The first goal of this study was to provide descriptive information on the overall level of victimization, prosocial behavior, and social-psychological maladjustment as measured by depression, social anxiety, and loneliness and to examine gender and ethnic differences in these variables. Means and standard deviations of each variable for the total sample are shown in Table I. A multivariate analysis of variance (MANOVA) was conducted to examine gender differences in overt and relational victimization and social-psychological adjustment. A significant multivariate effect was found for gender, $F(8, 171) = 4.09$, $p < .001$, Wilks' Lambda = .839. Univariate tests showed that boys ($M = 10.24$, $SD = 4.35$) reported higher rates of overt victimization than girls ($M = 8.69$, $SD = 3.27$), $F(1, 185) = 7.42$, $p < .005$. Conversely, girls ($M = 19.77$, $SD = 3.65$) reported higher levels of prosocial behavior than boys ($M = 17.94$, $SD = 3.67$), $F(1, 185) = 11.14$, $p < .001$; and girls ($M = 8.16$, $SD = 3.21$) also had higher scores than boys ($M = 7.15$, $SD = 3.04$) on SAD-General, $F(1, 185) = 4.52$, $p < .05$. There were no significant gender differences in rates of relational victimization or other adjustment variables.

A second MANOVA was conducted to examine ethnic differences in overt and relational victimization, and prosocial behaviors. No significant multivariate effect was found, $F(3, 184) = 1.79$, $p > .05$, Wilks' Lambda = .972.

Social-Psychological Adjustment of Overtly and Relationally Victimized Children

The relations between overt and relational victimization and social-psychological functioning were evaluated using correlational analyses. Overt and relational victimization were significantly related ($r = .65$); however, this correlation indicates that only 42% of the variance between these constructs is shared, suggesting that they are related, but not redundant constructs. Similarly, the social-psychological variables were significantly intercorrelated, with correlations among them indicating shared variance between 2% and 46%. This again suggests that although these constructs are related, there is a considerable amount of unshared variance among them. Thus, all of these variables were retained for subsequent analyses.

The second goal of this study was to evaluate the bivariate relations between overt and relational victimization and various indicators of social-psychological adjustment. Overt victimization was significantly related to each indicator of social-psychological adjustment, with medium to large effect sizes ($rs = .27$ to .49). Similarly, relational victimization was significantly related to each indicator

Table I. Means, Standard Deviations, and Correlations Among Study Variables

	Total sample ($n = 186$)										
Dependent variable	Range	Mean	SD	1.	2.	3.	4.	5.	6.	7.	8.
1. Overt Victimization	5–25	9.38	3.86	—	.65**	−.27**	.49**	.47**	.28**	.38**	.44**
2. Relational Victimization	5–25	11.10	3.95			−.20**	.49**	.51**	.28**	.38**	.34**
3. Prosocial Behavior	5–25	18.94	3.76			—	−.39**	−.18*	−.17*	−.17*	−.41**
4. Depression	0–52	8.85	7.03				—	.56**	.43**	.58**	.68**
5. Fear of Negative Evaluation	8–40	19.01	7.38					—	.63**	.64**	.47**
6. Social Avoidance—New	6–30	15.16	5.52						—	.60**	.38**
7. Social Avoidance—General	4–20	7.71	3.21							—	.45**
8. Loneliness	16–80	33.29	12.54								—

*$p < .05$; **$p < .005$; ***$p < .001$.

of social-psychological adjustment, with a small effect size for its relation with prosocial behavior ($r = .20$), and medium to large effect sizes (rs $= .28$ to $.51$) for all other relations.

Unique Association of Relational Victimization to Children's Social-Psychological Adjustment and the Interaction Between Overt and Relational Victimization

Another goal of this study was to investigate the unique contribution of relational victimization, a relatively new and not well-examined construct, in predicting childrens' social-psychological maladjustment. Hierarchical linear regressions were computed to assess the unique contribution of relational victimization in predicting adjustment after accounting for the variance explained by overt victimization (see Table II). In each analysis, overt victimization was entered in step one, relational victimization in step two, and the interaction of overt and relational victimization in step three. Given gender differences in several of the adjustment variables, analyses were computed separately for boys and girls.

For boys, overt victimization was a significant predictor of depressive symptoms, $F(1, 85) = 38.68$, $p < .001$; FNE, $F(1, 85) = 29.98$, $p < .001$; SAD-General, $F(1, 85) = 19.50$, $p < .001$; and loneliness, $F(1, 85) = 28.91$, $p < .001$. Contrary to our hypotheses, step two showed that relational victimization did not account for a significant amount of variance after controlling for overt victimization in all

Table II. Regression Analysis Summary for Dependent Variables ($N = 186$)

Dependent variables	Step 1: R^2 for Overt	Step 2: ΔR^2 for Relational	Step 3: ΔR^2 for Interaction	R^2 Total
Boys				
Depression	.313*** (.56)	.031 (.23)	.000 (−.05)	.344***
Fear of Negative Evaluation	.265*** (.52)	.024 (.21)	.008 (−.45)	.297***
Social Avoidance—New	.040 (.20)	.002 (.05)	.016 (−.65)	.058
Social Avoidance—General	.190*** (.44)	.002 (.06)	.005 (−.38)	.197***
Loneliness	.261*** (.51)	.000 (.01)	.014 (−.62)	.275***
Girls				
Depression	.220*** (.47)	.054** (.31)	.037* (.94)	.311***
Fear of Negative Evaluation	.239*** (.49)	.087*** (.40)	.005 (−.85)	.331***
Social Avoidance—New	.193*** (.44)	.008 (.12)	.007 (−.40)	.208***
Social Avoidance—General	.166*** (.41)	.042* (.28)	.001 (−.19)	.209***
Loneliness	.156*** (.39)	.009 (.13)	.009 (.47)	.174***

Note. OV = Overt Victimization; RV = Relational Victimization; "Interaction" = Interaction between Overt and Relational Victimization. Standardized beta coefficients are presented in parentheses. Standardized beta coefficients reflect a change in the dependent variable associated with a standard deviation change in the predictor variable (e.g., 1 SD above the mean in overt victimization for girls is associated with a 47% increased likelihood of current depressive symptoms).
* $p < .05$; ** $p < .005$; *** $p < .001$.

analyses. Similarly, the interaction of overt and relational victimization did not predict a significant amount of variance in all analyses. For girls, overt victimization was a significant predictor of depressive symptoms, $F(1, 99) = 27.67$, $p < .001$; FNE, $F(1, 99) = 31.05$, $p < .001$; SAD-New, $F(1, 99) = 230.64$, $p < .001$; SAD-General, $F(1, 99) = 19.73$, $p < .001$; and loneliness, $F(1, 99) = 18.43$, $p < .001$. Results from step two revealed that controlling for overt victimization, relational victimization was uniquely associated with depressive symptoms, $\Delta F(1, 98) = 7.21$, $p < .005$; FNE, $\Delta F(1, 98) = 12.66$, $p < .001$; and SAD-General, $\Delta F(1, 98) = 5.15$, $p < .03$. In step three, the interaction of overt and relational victimization accounted for a significant amount of variance in predicting depressive symptoms, $\Delta F(1, 97) = 5.19$, $p < .03$. No other significant interaction effects were found.

Does Prosocial Support from Peers Moderate the Relation Between Peer Victimization and Adjustment?

Our final goal was to examine whether prosocial support from peers moderates the relation between victimization by peers and social-psychological adjustment in this population. Hierarchical linear regressions were computed to assess the extent to which prosocial behavior from peers moderated the relations between peer victimization and social-psychological adjustment. Following the statistical strategy described by Judd and McClelland (1989) and Prinstein et al. (2001), the prosocial behavior variable was transformed into a dichotomous variable using scores ≤ 1 *SD* below the mean (0) and ≥ 1 *SD* above the mean (1) as cutoffs. This variable classifies children who received either high or low levels of prosocial support from peers. Predictor variables were entered in the following order of entry for each analysis to test the moderating effect of prosocial behavior: prosocial behavior, overt and relational victimization (step 1); and the interaction terms Overt Victimization $\times$ Prosocial Behavior and Relational Victimization $\times$ Prosocial Behavior (step 2). The interaction terms added significantly to the model predicting loneliness ($\Delta R^2 = .05$, $p < .005$), showing a significant interaction between relational victimization and prosocial support from peers ($\beta = -.17$, $p < .005$). Correlation coefficients were computed to explore the nature of the interaction. Results show that for children who received low levels of prosocial behavior, relational victimization was significantly associated with loneliness ($r = .66$, $p < .001$). In contrast, for children classified as receiving high levels of prosocial behavior, there was no significant relationship between relational victimization and loneliness ($r = .04$, *ns*). There was no moderating effect for prosocial behavior on the relationship between victimization and depression or social anxiety.

DISCUSSION

We examined the relationship between peer victimization and social-psychological adjustment in a sample of predominantly Hispanic children.

Although research examining peer victimization has increased in recent years, the number of studies focused on ethnically diverse samples of children have been limited. Our study provides previously unavailable information about social-psychological correlates of overt and relational victimization in this population.

There were several key findings in this study. First, the overall rates of overt and relational victimization in this sample of predominantly Hispanic children were relatively higher than those reported in previous studies using primarily Caucasian samples (Crick & Bigbee, 1998; Crick & Grotpeter, 1996). On balance, it should be noted that the current sample was from an inner city environment characterized by low socioeconomic status, and these factors prohibit any definitive statements about the unique influence of ethnicity on these results. Nevertheless, our results highlight the importance of examining overt and relational victimization in children of different ethnicities, geographic locales, and socioeconomic groups. The patterns of gender differences in rates of peer victimization were consistent with previous work, as boys reported experiencing significantly more overt victimization than girls and no gender differences existed in relational victimization. These findings suggest that peer victimization may be a more frequent, and perhaps more salient aspect of the lives of Hispanic and African-American children attending urban elementary schools. The children in our study lived in an urban, inner-city neighborhood where exposure to violence and crime are higher than average (Menacker, Weldon, & Hurwitz, 1990; Stueve, O'Donnell, & Link, 2001). Such experiences may be associated with increased victimization by peers.

Second, both overt and relational victimization were positively associated with social-psychological adjustment indices. More specifically, the experience of overt victimization was associated with all measures of distress examined in this study and these relations were generally characterized by medium to large effect sizes ($rs = .27$ to .49). It is notable that although there was a significant relation between overt and relational victimization, the magnitude of this relation is consistent with previous research suggesting that these are related, but distinct, constructs (e.g., Crick & Grotpeter, 1996). The overlap between these constructs must be kept in mind when interpreting the bivariate relations between these constructs and the social-psychological adjustment indices examined in this study. However, subsequent analyses in this study supported unique relations between relational victimization and measures of social-psychological adjustment for girls. For instance, after controlling for overt victimization, relational victimization was uniquely associated with depression, FNE, and social avoidance of general situations for girls. Such findings suggest that negative peer experiences may be internalized resulting in more depression and rumination about others' evaluations. In addition, in attempts to cope with aggressors, victims may avoid social interactions that are conducive to be victimized (e.g., after school clubs, school activities). As a result, exposure to potential positive relationships and opportunities to develop social skills may be limited. In general, these results replicate the relationships found

in Caucasian samples and provide further support for the relationship between peer victimization and child social-psychological maladjustment.

Notably, however, relational victimization only contributed in predicting depressive symptoms, FNE, and social avoidance of general situations for girls. Previous reports in child samples (Crick & Bigbee, 1998; Crick & Grotpeter, 1996) have found relational victimization to be a significant predictor of loneliness and social avoidance in both boys and girls. It is possible that relational victimization may be differentially associated with social-psychological adjustment in Hispanic and African-American as compared to Caucasian boys. Analyses examining the relationship between the interaction of overt and relational victimization and social-psychological maladjustment found, with one exception, no significant associations. This finding is inconsistent with previous studies in adolescents (Prinstein et al., 2001; Storch & Masia, 2001) and suggests that co-occurring forms of victimization may not be related to worse social-psychological adjustment as compared to children who are either overtly or relationally victimized. However, these results do suggest that the dual experience of overt and relational victimization is related to higher levels of depressive symptoms in girls.

Third, prosocial peer support statistically moderated the association between relational victimization and loneliness for children with high levels of peer support. For children with low levels of peer support, relational victimization was positively correlated with loneliness. In contrast, for children reporting high levels of peer support, there was no significant association between relational victimization and loneliness. In addition, no other moderating effects were found for any other adjustment variable. Overall, these results suggest that prosocial support from peers may have limited utility as a moderator of depression or social anxiety that is linked with peer victimization. However, that peer support moderated the association between relational victimization and loneliness has implications for future studies and possible interventions in this area. For example, inclusion of peers in interventions may assist in the development of social skills (Morris, Messer, & Gross, 1995), physically protect victims from aggressors (Hodges et al., 1999), and provide a source of emotional support (Storch & Masia, 2001). It will be important to investigate the mechanisms through which peer support mitigates relational victimization (e.g., physical protection, emotional support).

Several limitations of the present study should be noted. First, the correlational nature of this study prevents the directionality of the relationships from being established. It may be that negative adjustment makes children vulnerable to peer victimization or vice versa. Second, the self-report nature of the instruments is vulnerable to the potential confounds of response bias and shared method variance. Third, the consent rate was only 66%, which may have resulted in a sample that was unrepresentative of the school. Fourth, some Spanish speaking parents may not have understood the consent form, which was written in English, thus influencing permission rates. Finally, we acknowledge that ethnic group labels of Hispanic

and African-American are imprecise and minimize the cultural heterogeneity of individual children (Storch, 2002).

Despite these limitations, these findings extend past work on peer victimization and have several implications for future work in this area. Given that the peer victimization constructs were shown to exist and operate relatively similarly in this primarily Hispanic urban sample of children, future work on peer victimization should include more ethnically and geographically diverse samples. In addition, as mentioned above, we included only a limited range of constructs and assessment methods; thus, future studies would advance our current understanding with expansions in these areas such as the use of peer reports of victimization. Finally, extant empirical studies on peer victimization and the development of child maladjustment have used cross-sectional research designs, limiting the inferences about the direction of the observed relations. Well designed, prospective studies including a wide range of influences and developmental outcomes are sorely needed in order to improve our understanding of the development and impact of peer victimization on our youth.

REFERENCES

American Psychological Association (1994). *Publication manual of the American Psychological Association* (4th ed.). Washington DC: American Psychological Association.

Asher, S. R., & Wheeler, V. A. (1985). Children's loneliness: A comparison of rejected and neglected peer status. *Journal of Consulting and Clinical Psychology, 53,* 500–505.

Asher, S. R., Hymel, S., & Renshaw, P. D. (1984). Loneliness in children. *Child Development, 55,* 1457–1464.

Bond, L., Carlin, J. B., Thomas, L., Rubin, K. and Patton G. (2001). Does bullying cause emotional problems? A prospective study of young teenagers. *British Medical Journal, 323,* 480–484.

Boulton, M. J., & Underwood, K. (1992). Bully/victim problems in middle-school children. *British Journal of Educational Psychology, 62,* 73–87.

Crick, N. R., & Bigbee, M. A. (1998). Relational and overt forms of peer victimization: A multiinformant approach. *Journal of Consulting and Clinical Psychology, 66,* 337–347.

Crick, N. R., Casas, J. F., & Ku, H. C. (1999). Relational and physical forms of peer victimization in preschool. *Developmental Psychology, 35,* 376–385.

Crick, N. R., & Grotpeter, J. K. (1996). Children's treatment by peers: Victims of relational and overt aggression. *Development and Psychopathology, 8,* 367–380.

Crouch, J. L., Hanson, R. F., Saunders, B. E., Kilpatrick, D. G., & Resnick, H. S. (2000). Income, race/ethnicity, and exposure to violence in youth: Results from the National Survey of Adolescents. *Journal of Community Psychology, 28,* 625–641.

Epkins, C. C. (2002). A comparison of two self-report measures of children's social anxiety in clinic and community samples. *Journal of Clinical Child and Adolescent Psychology, 31,* 69–79.

Hanish, L. D., & Guerra, N. G. (2000a). Predictors of peer victimization among urban youth. *Social Development, 9,* 521–543.

Hanish, L. D., & Guerra, N. G. (2000b). The roles of ethnicity and school context in predicting children's victimization by peers. *American Journal of Community Psychology, 28,* 201–223.

Hanish, L. D., & Guerra, N. G., (2002). A longitudinal analysis of patterns of adjustment following peer victimization. *Development and Psychopathology, 14,* 69–89.

Hawker, D. S., & Boulton, M. J. (2000). Twenty years' research on peer victimization and psychosocial adjustment: A meta-analytic review of cross-sectional studies. *Journal of Child Psychology and Psychiatry, 41,* 441–455.

Hodges, E. V., Boivin, M. Vitaro, F., & Bukowski, W. M. (1999). The power of friendship: Protection against an escalating cycle of peer victimization. *Developmental Psychology, 35,* 94–101.

Huesmann, L. R., & Guerra, N. G. (1997). Children's normative beliefs about aggression and aggressive behavior. *Journal of Personality and Social Psychology, 72,* 408–419.

Judd, C. M., & McClelland, G. H. (1989). *Data analysis: A model-comparison approach*. New York: Harcourt Brace Jovanovich Publishers.

Kovacs, M. (1992). *The Children's Depression Inventory*. Manual. Toronto, Canada: Multi-Health Systems, Inc.

LaGreca, A. M., & Stone, W. L. (1993). Social Anxiety Scale for Children—Revised: Factor structure and concurrent validity. *Journal of Clinical Child Psychology, 22,* 17–27.

Menacker, J., Weldon, W., & Hurwitz, E. (1990). Community influences on school crime and violence. *Urban Education, 25,* 68–80.

Moran, S., Smith, P. K., Thompson, D., & Whitney, I. (1993). Ethnic differences in experiences of bullying: Asian and White children. *British Journal of Educational Psychology, 63,* 431–440.

Morris, T. L., Messer, S. C., & Gross, A. M. (1995). Enhancement of the social interaction and status of neglected children: A peer-pairing approach. *Journal of Clinical Child Psychology, 24,* 11–20.

Nansel, T. R., Overpeck, M., Pilla, R. S., Ruan, W. J., Simons-Morton, B., & Scheidt, P. (2001). Bullying behaviors among US youth: Prevalence and association with psychosocial adjustment. *Journal of the American Medical Association, 285,* 2094–2100.

New York City Department of Education (2001). *Facts and Figures 2001-2002: Answers to frequently asked questions about English language learners and bilingual programs.* New York: New York City Department of Education.

Paquette, J. A., & Underwood, M. K. (1999). Gender differences in young adolescents experience of peer victimization: Social and physical aggression. *Merrill-Palmer Quarterly, 45,* 242–266.

Prinstein, M. J., Boergers, J., & Vernberg, E. M. (2001) Overt and relational aggression in adolescents: Social-psychological adjustment of aggressors and victims. *Journal of Clinical Child Psychology, 30,* 479–491.

Siann, G., Callaghan, M., Glissov, P., Lockhart, R., & Rawson, L. (1994). Who gets bullied? The effect of school, gender, and ethnic group. *Educational Research, 36,* 123–134.

Storch, E. A. (2002). Prescriptions of medications to youths. *Psychiatric Services, 53,* 214–215.

Storch, E. A., & Masia, C. L. (November, 2001). *Peer victimization and social anxiety and distress in adolescence*. In M. Prinstein (Chair), Peer relationships, social anxiety, and developmental psychopathology. Symposium presented at the annual meeting of the Association for the Advancement of Behavioral Therapy, Philadelphia, PA.

Stueve, A., O'Donnell, L., & Link, B. (2001). Gender differences in risk factors for violent behavior among economically disadvantaged African-American and Hispanic young adolescents. *International Journal of Law and Psychiatry, 24,* 539–557.