



## Peer victimization linked to negative affect in children with and without ADHD



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### ABSTRACT

**Objective:** Children with ADHD are more likely to experience peer victimization relative to unaffected peers. Affect appears to be an important factor in determining which children are likely to experience peer victimization, as peers typically prefer children who demonstrate less negative and more positive affect. In this study, we explored the association between child affect and peer victimization in children with and without ADHD.

**Method:** One hundred and four 8–12 year old children (59 ADHD, 45 non-ADHD) and their parents completed measures of peer victimization. Parents completed an Ecological Momentary Assessment protocol whereby they rated the child's affect three times daily for 28 days.

**Results:** Hierarchical linear regression analyses significantly supported the relation of negative affect to peer victimization in both child- and parent-report, with parent-report of peer victimization moderated by child ADHD diagnostic status.

**Conclusion:** Overall, this study suggested that negative affect plays an important role in peer victimization in children with and without ADHD.

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## 1. Introduction

### 1.1. Peer victimization

Peer victimization is the experience of being a target of aggressive behavior from one's peers (Hawker & Boulton, 2000). Although many children will experience peer victimization at times, for some children peer victimization is a chronic and stable phenomenon. Associated with detrimental outcomes in child development, chronic peer victimization affects 10–30% of children (Hunter, Boyle, & Warden, 2007; Nansel et al., 2001; Solberg & Olweus, 2003), becomes increasingly stable over time (Scholte, Engels, Overbeek, De Kemp, & Haselager, 2007), and negatively affects children's social and psychological well-being (Glew, Fan, Katon, Rivara, & Kernic, 2005; Hawker & Boulton, 2000; Reijntjes, Kamphuis, Prinzie, & Telch, 2010). Most literature suggests peer victimization includes overt (e.g., physical and verbal attacks) and relational (e.g., gossip and ostracism) forms of victimization (Crick & Grotpeter, 1995, 1996). If not addressed, overt and relational forms of victimization may result in psychosocial adjustment difficulties (Crick & Grotpeter, 1996; Prinstein, Boergers, & Vernberg, 2001) and

may contribute to long-term outcomes of psychopathology observed in children who experience chronic or severe peer victimization (Gladstone, Parker, & Malhi, 2006; Schreier et al., 2009).

There are numerous social and behavioral factors that increase the risk of children experiencing chronic peer victimization. Two well established factors are poor social skills and poor peer relations (Hawker & Boulton, 2000; Salmon & West, 2000). Boivin and Hymel (1997) suggest that children who are rejected by their peers and demonstrate deficits in social functioning are more likely to experience peer victimization. Similarly, studies suggest that chronically victimized children tend to have fewer friends (Perry, Hodges, & Egan, 2001), report poorer friendship quality than their peers (Bollmer, Milich, Harris, & Maras, 2005), and have more negative interactions with their peer group due to their social status (Coie, 1990). Given research indicating that high-quality friendships protect children from peer victimization experiences (Hodges, Boivin, Vitaro, & Bukowski, 1999), children who fail to demonstrate social competence may be at an increased risk for victimization.

Emotion regulation and coping strategies are important for social competence and social adjustment (Hubbard & Dearing, 2004; Rose-Krasnor, 1997). Rosen, Milich, and Harris (2012), have identified emotional reactivity and emotion regulation difficulties as potent risk factors for increased peer victimization in children. Coping with peer conflict requires that children regulate their negative emotional reactivity in order to minimize potentially rewarding expressions of emotional distress and effectively engage in prosocial and assertive conflict

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resolution behaviors, which have been shown to improve peer relations (Chung & Asher, 1996). Effective emotion regulation skills in the presence of peer threat thus requires that children monitor and control their own emotions and behavior, appraise peer signals, and execute an effective coping strategy (Mahady Wilton, Craig, & Pepler, 2000).

### 1.2. Peer victimization and emotion regulation

Emotion regulation is the fundamental process by which individuals control and modify the valence and intensity of their emotional states to adapt to internal and external demands (Cole, Martin, & Dennis, 2004). Emotion regulation is a multifaceted and multidimensional process (Rosen & Epstein, 2010) used to describe processes involved in coping with heightened levels of positive and negative emotions (Kopp, 1989), and has emerged as a risk factor in the development of chronic peer victimization in children (Hanish, Kochenderfer-Ladd, Fabes, Martin, & Denning, 2004; Rosen et al., 2012). Godleski, Kamper, Ostrov, Hart, and Blakely-McClure (2015) suggest that children who are victimized by their peers may have difficulty expressing developmentally appropriate emotions. This inability to effectively express developmentally appropriate emotions may provoke victimization from peers (Shields, Ryan, & Cicchetti, 2001) and interfere with use of learned prosocial conflict resolution skills, putting children at greater risk of experiencing victimization in peer conflict. Oftentimes, victims who are unable to control emotion arousal to allow for use of assertive and effective conflict management instead resort to fear or anger responses.

Victimization may also increase the likelihood that children approach social situations negatively in the future (Hanish et al., 2004). Specifically, children who have experienced victimization from peers are more likely to experience distress from perceived signs of threat. Potential threat is often unavoidable for children, and learning to modulate negative affect in the presence of threat is an important developmental milestone (Kopp, 1989). When children fail to modulate experiences of negative emotions, they demonstrate dysregulated reactivity that may lead them to experience numerous indicators of social dysfunction, including low social status (Maszk, Eisenberg, & Guthrie, 1999) and poor social skills (Eisenberg, Fabes, Guthrie, & Reiser, 2000). Given that children are seen as socially competent when they regulate their emotions (Hubbard & Coie, 1994), children who fail to effectively regulate their emotions (and specifically negative emotions) are often considered undesirable by their peers, as children tend to prefer peers who demonstrate fewer negative emotions (Hay, Payne, & Chadwick, 2004). When children fail to regulate negative emotions, they may be more likely to ineffectively respond to peer interactions. Thus, emotion regulation skills are necessary to prevent dysregulated reactivity, which may make it more difficult for children with strong negative emotions to positively interact with their peers.

Children who fail to effectively regulate strong negative emotions are often easily frustrated and more likely to demonstrate greater negative affect when distressed (Gross, 1998). This failure to respond appropriately may impair peer functioning and lead to a greater risk of being victimized. Research demonstrates that negative emotions exhibited in the context of peer interactions are positively correlated with victimization, whereas positive emotions were negatively correlated with victimization (Hanish et al., 2004). Furthermore, children unable to regulate negative emotions tend to experience social problems such as aggression, isolation and rejection (Eisenberg et al., 2001), which may negatively affect peer interactions. Certain disorders, such as Attention-Deficit/Hyperactivity Disorder (ADHD), have been known to co-occur with both emotion regulation difficulties (Shaw, Stringaris, Nigg, & Leibenluft, 2014) and peer difficulties (Hoza et al., 2005).

### 1.3. Peer victimization and ADHD

Numerous studies have indicated that children with ADHD experience considerable problems with social functioning (Biederman,

Faraone, & Chen, 1993; Cantwell, 1996), have poor peer relationships (Hoza et al., 2005), and are more likely to be victimized by their peers (Unnever & Cornell, 2003; Wiener & Mak, 2009). In a study investigating peer relations in children with ADHD from the Multimodal Treatment of ADHD Study (MTA Cooperative Group, 1999a, 1999b), Hoza and colleagues (2005) found that children with ADHD were less well-liked, had fewer reciprocated friendships, and were more likely to be rejected by their peers. Furthermore, Hoza et al. (2005) found that deficits in social functioning and impaired peer relations in children with ADHD were not solely explained by comorbid disorders such as oppositional defiant disorder, conduct disorder, or anxiety.

Emotional difficulties frequently co-occur with ADHD (Shaw et al., 2014; Rosen & Factor, 2015), and literature suggests emotion dysregulation be incorporated into conceptualizations of ADHD (Barkley, 2010; Martel, 2009; Rosen, Epstein, & Van Orden, 2013; Shaw et al., 2014). However, most discussions of the peer difficulties of children with ADHD focus on the excessive negative behavior and deficits in social skills (Wheeler & Carlson, 1994). Peers avoid children who demonstrate emotionally dysregulated behavior (Hubbard & Coie, 1994), and children with difficulty regulating emotion often suffer from high rates of peer impairment. Furthermore, research has consistently shown more problems with emotion dysregulation and emotional reactivity among children with ADHD than children without ADHD.

Negative affect in children with ADHD may be more dysregulated, unpredictable and less goal-oriented than negative affect in unaffected children. Children with ADHD demonstrate greater negative affective reactivity than children without ADHD (Shaw et al., 2014), and given that dysregulated negative affective reactivity is linked to greater peer victimization both concurrently (Hanish et al., 2004) and longitudinally (Rosen et al., 2012), this greater negative affective reactivity may put children with ADHD at risk for higher rates of peer victimization compared to their typically developing peers. Furthermore, negative affect may be particularly impairing among children with ADHD given the high levels of behavioral and attentional impulsivity inherent to the diagnosis of ADHD (American Psychiatric Association, 2013). Children with ADHD may be more prone to emotional and behavioral impulsivity than unaffected children which may make them more likely to demonstrate increased emotional reactivity with decreased ability to inhibit and modulate negative affect (Rosen, Waleries, Fogleman, & Factor, 2015). In instances of distress, negative affect may differentially impact children with and without ADHD in that children with ADHD may be less likely to inhibit and regulate negative emotions leading to emotionally driven negative affect expression that is aversive to peers. Given that negative affect may impact children with and without ADHD differentially, children with ADHD may report higher rates of victimization due to their inability to inhibit and modulate negative emotions. The current study examined the relation of negative and positive affect and peer victimization in children with and without ADHD.

### 1.4. Research questions

Given the evidence of the link between peer victimization and emotion dysregulation, and the link between emotion dysregulation and ADHD, we sought to examine the association between intensity of child positive and negative affect and peer victimization in children with and without ADHD. The following hypotheses were posited:

- 1a) There will be main effects of both negative affect and ADHD status on the estimation of parent- and child-report of peer victimization, such that ADHD and negative affect will each be uniquely associated with peer victimization.
- 1b) Although there is a paucity of literature examining how positive affect impacts peer victimization, it is possible that low levels of positive affect will also be associated with higher peer

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