

Research Paper

# Peer victimization as a mediator of the relationship between disability status and psychosocial distress

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## Abstract

**Background:** Youth with disabilities experience greater levels of peer victimization and psychosocial distress than non-disabled youth. However, the extent to which exposure to peer victimization mediates the relationship between disability status and psychosocial distress is unknown.

**Objective:** To determine whether the relationship between disability status and psychological distress was mediated by exposure to peer victimization, and if so, whether the mediation effects of peer victimization on psychosocial distress was moderated by sex.

**Methods:** This cross-sectional study involved a series of regressions to test for mediation and moderated mediation using complex survey data from 6664 Oregon 11th graders.

**Results:** Peer victimization partially mediated the relationship between disability status and psychosocial distress. Sex, however, did not significantly moderate the mediating effects of peer victimization on psychosocial distress.

**Conclusion:** Exposure to peer victimization mediated the relationship between disability status and psychosocial distress; there was little support for sex as a moderator. © 2015 Elsevier Inc. All rights reserved.

**Keywords:** Disability; Peer victimization; MHI; Mediation; Psychosocial distress

Psychosocial distress is reported to be higher among youth with disabilities (YwD) compared to their non-disabled peers. An impressive meta-analysis conducted by Lavigne and Faier-Routman,<sup>1</sup> that included studies involving youth aged 3–19 years with physical or health impairments, such as cancer, asthma, and arthritis as well as orthopedic impairments, found a significant association between physical disability and overall psychosocial adjustment, with mean effect sizes ranging from 0.47 to 0.78 ( $p < 0.01$ ). Results of Lavigne and Faier-Routman's<sup>1</sup> meta-analysis are in line with other studies examining psychosocial distress among youth living with impairments,<sup>2–5</sup> including studies focused upon youth with vision loss<sup>6,7</sup> and mobility disabilities.<sup>8,9</sup> There also are sex<sup>1</sup> differences, with males with disabilities reporting better emotional health than females with disabilities.<sup>6,10–12</sup>

In addition, children and youth with disabilities, compared to their non-disabled peers, are more likely to

experience violence.<sup>13</sup> Studies using survey data generally report higher rates of peer victimization among children and teens with diverse disabilities.<sup>14–18</sup> The magnitude of exposure to peer victimization also varies by disability type as shown in a recent study by Blake and colleagues; prevalence rates by primary disability status among high school students ranged from 17.9% (vision impairment) to 39% (emotional disturbance).<sup>19</sup> The combination of a student's social location, social vulnerability, and the power differential between the people involved in the peer victimization, is theorized to heighten exposure to peer victimization<sup>20–22</sup>; this may account for the consistently higher rates of peer victimization reported by youth with disabilities.

Relatively little research has been conducted examining the relationship between exposure to peer victimization and psychosocial distress among YwD. For example, while some researchers have explored the prevalence and effects of victimization generally among youth, they did not investigate the associations between peer victimization and psychosocial health among YwD.<sup>23–25</sup> Few studies reported the association of peer victimization and psychosocial distress among children and teens with disabilities.<sup>26,27</sup> Fewer still examined the impact of peer victimization on the psychological health of YwD; although one study

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<sup>1</sup> I use the term “sex” instead of “gender” here to denote biological sex as opposed to gender identity.

examined the association for adults with intellectual disabilities<sup>28</sup> and another focused on adults with speech difficulties.<sup>29</sup> More recently, Sentenac and colleagues<sup>18</sup> examined the association between subjective health outcomes and exposure to peer victimization in 11 countries with over 55,000 students ages 11–15. Students reporting peer victimization were more likely to report negative subjective health outcomes; however, students with disabilities who reported peer victimization were not more likely to report negative health outcomes than non-disabled students who also reported being victimized.

The paucity of studies directly examining the association between exposure to peer victimization and psychosocial distress among students with disabilities is surprising since there is a robust literature linking psychosocial distress and peer victimization among non-disabled students. For example, Hawker and Boulton conducted a comprehensive meta-analysis of 23 studies on the relationship of victimization to psychosocial distress, spanning 20 years from 1978 to 1997, and concluded that sufficient research has been done to document the ill effects of victimization on the psychosocial health of youth. Hawker and Boulton<sup>30</sup> recommended future research examining more complex questions related to peer victimization, such as risk factors and causation. A number of researchers have heeded these recommendations. Not only have there been a number of studies establishing the relationship between exposure to peer victimization and psychosocial distress<sup>30</sup>; sex has been examined and shown to moderate the effect of peer victimization on psychosocial distress. For example, Nabuzoka, Rønning, and Handegård<sup>31</sup> found support for sex as a potential moderator of the relationship between peer victimization and psychosocial distress; females reporting victimization were more likely to have more emotional symptoms than their male counterparts.<sup>31</sup> In studies involving LGBT youth, several research studies suggest that sex moderates the relationship between exposure to peer victimization and psychosocial distress, with more male bisexual and gay youth reporting psychosocial distress and peer victimization compared to their female lesbian/bisexual counterparts.<sup>32,33</sup>

It is plausible that exposure to peer victimization mediates the relationship between disability status and psychosocial distress; it is also possible that sex moderates the influence of peer victimization among YwD exposed to peer victimization, as males with disabilities tended to report better emotional health than females with disabilities.<sup>6,10–12</sup> However, such studies are scarce in the peer reviewed literature. These gaps impede our understanding of the experience of YwD exposed to peer victimization. Just as researchers have examined the effects of racism on health,<sup>34,35</sup> there is a need to examine how disablism may explain variations in health outcomes, such as psychosocial distress, among people with disabilities. The primary purpose of this research was to test whether exposure to peer victimization is a mediator of the relationship between

disability status and psychosocial distress. A secondary purpose involved testing sex as a moderator of the mediating effects of peer victimization on the relationship between disability status and psychosocial distress.

## Methods

This study involved secondary analyses of complex survey data collected in the 2008 Oregon Healthy Teen (OHT) survey. A randomized weighted sample of eleventh graders was constructed consisting of 7091 students from 86 schools; these schools were randomly sampled from school districts sampled from within eight regions (R. Boyd, personal communication, April 11, 2011). Survey administrators used passive consent protocols in combination with an active notification process. The Human Subjects Review Committee at Portland State University approved this research study.

The dependent variable, psychosocial distress, was measured by five OHT survey items that make up a five item Mental Health Inventory (MHI-5), which is a validated screening tool for depression and anxiety among adults,<sup>36,37</sup> and students as young as 16 years.<sup>38,39</sup> MHI-5 Cronbach alphas across studies range from 0.83 to 0.91.<sup>40</sup>

For each MHI item on the OHT survey, students were asked how much of the time in the past 30 days they “been a very nervous person,” “felt downhearted and blue,” “felt so down in the dumps that nothing could cheer you up,” “felt calm and peaceful,” and “[had] been a happy person,” on a scale of 1 (“None of the time”) to 6 (“All of the time”). The positively worded statements (happy, calm) were reverse scored for the purposes of calculating the mean and the MHI-5 score. Cronbach’s alpha was calculated to be 0.85. A mean MHI-5 score was calculated for each student, adjusting for the number of items to which a student responded. The developers of the MHI instrument recommend using the “half-scale rule” for missing data imputation,<sup>41</sup> which in the current study meant excluding students who did not answer at least three of the five MHI items. The decision was made to follow this rule, albeit more conservatively, by excluding those who did not answer at least four of the five MHI items ( $n = 269$ , 3.5%). Most of these students did not provide a valid answer for all five MHI questions ( $n = 224$ , 2.8%). The final MHI-5 score was derived by linearly transforming the MHI-5 score for each participant to a 0–100 scale as recommended by Ware and colleagues.<sup>41</sup>

The mediating variable—exposure to peer victimization—was based upon a question that asked students if they had experienced harassment in the past 30 days. This question was preceded by this explanation: “Harassment can include threatening, bullying, name calling or obscenities, offensive notes or graffiti, unwanted touching, and physical attacks.”<sup>42</sup> Students reporting harassment were categorized as reporting peer victimization, resulting in a dichotomous

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