



# Resilience in the face of peer victimisation and discrimination: The who, when and why in five patterns of adjustment



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## ABSTRACT

Victimisation has a negative effect on psychosocial functioning. Based on the resilience theory, and with a sample of 2975 Portuguese students, the present study aims to: i) identify patterns of adjustment in the face of peer victimisation and perceptions of discrimination; ii) explore the association between the patterns of adjustment and the characteristics of participants (the who) and of the victimisation (the when and why). Cluster analysis revealed five patterns of adjustment: Unchallenged; Externally Maladjusted; Internally Maladjusted; Resilient, and At-Risk. The results suggest that there is no complete resilience in the face of social victimisation. Group differences were found regarding: i) gender, type of course, sexual orientation, ethnicity, nationality, parental educational level and religious beliefs; ii) the age at which peer victimisation was more frequent, and; iii) the motives underlying discrimination. Globally considered, peer victimisation is representative of the wider cultural environment and interventions should also target social prejudices.

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Peer victimisation and discrimination have been systematically associated with worse psychological functioning, such as higher levels of depression or lower self-esteem (McDougall & Vaillancourt, 2015; Schmitt, Branscombe, Postmes, & Garcia, 2014). Therefore, recent studies have focused on the manifestation of positive adjustments made by victims of this social phenomena as well as on the processes that foster resilience (Ttofi, Bowes, Farrington, & Lösel, 2014). The present study uses a person-centred approach to resilience (Masten, 2001) to uncover the psychosocial patterns of adjustment in the face of both peer victimisation and perceived discrimination. Additionally, an exploration shall be made into the associations between patterns of adjustment to social victimisation and the socio-demographic characteristics of the victims, the age at which peer victimisation was more frequent, and the perceived motives for discrimination.

## 1. Peer victimisation, discrimination and psychosocial correlations

Peer victimisation has been defined as a form of abuse in which a child or adolescent is frequently the target of aggression by his or her peers (Kochenderfer & Ladd, 1996). Peer victimisation is associated with loneliness, low self-esteem,

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internalising (e.g., depression and anxiety) and externalising disorders (e.g., aggression, misconduct and attention problems), suicidal thoughts, poor academic functioning and physical health – including alterations in the response to stress (lower reactive cortisol and telomere erosion) (Fullchange & Furlong, 2016; Hawker & Boulton, 2000; McDougall & Vaillancourt, 2015; Reijntjes, Kamphuis, Prinzie, & Telch, 2010; Reijntjes et al., 2011; Troop-Gordon & Ladd, 2005). Additionally, peer victimisation – regardless of the aggressive acts frequency – is associated with decreased levels of persistence, self-efficacy, perception of support, gratitude, and optimism; all features that enable a better adaptation to life challenges (Fullchange & Furlong, 2016). Some evidence suggests that the association between peer victimisation and internalising outcomes is moderated by age; findings from transversal studies point to stronger associations in adolescents than in children (Cook, Williams, Guerra, Kim, & Sadek, 2010). However, longitudinal studies indicate that long-lasting effects are stronger during childhood and weaker in late adolescence (Ttofi, Farrington, Lösel, & Loeber, 2011). Thus, suffering from peer victimisation in childhood has a greater long-term influence, while victimisation during adolescence has a greater relation to current well-being. Regarding externalising behaviour, there is a tendency for any association with peer victimisation to be stronger during adolescence when compared to childhood (Cook et al., 2010).

Discrimination – the other form of victimisation that will be approached in the present study – can be defined as a distinct and negative treatment of people based on their membership in a specific social group (Dovidio, Major, & Crocker, 2000). Thus, the perception of discrimination is to consider a negative action as unfair and whose explanation lies in the incorporation of one socially devalued feature (e.g., ethnicity, sexual orientation, gender or body size) (Krieger, 1999; Major & Sawyer, 2009; Puhl, Andreyeva, & Brownell, 2008). Studies on discrimination (mostly using adult samples) have revealed associations with low self-esteem, physical and mental health, satisfaction with life and substance abuse (e.g., McLaughlin, Hatzenbuehler, & Keyes, 2010; Paradies et al., 2013; Schmitt et al., 2014). Discrimination has been found to have a long-term impact on self-esteem and psychological distress (Schmitt et al., 2014) and is more strongly associated with distress when the victims are children, as opposed to adults (Schmitt et al., 2014). The feature that instigates discrimination, or the group target of prejudice, also moderates the effect of discrimination. Heterosexism, and prejudice regarding weight, mental illness and physical illness or disability have stronger links with psychological distress and self-esteem when compared to racism or sexism (Schmitt et al., 2014).

At their core, peer victimisation and discrimination are two different phenomena that threaten a victim's sense of belonging and can impair psychological functioning (Richman & Leary, 2009). Moreover, from the aggressor's perspective, some associations between peer victimisation and discrimination also exist. Positive attitudes towards peer victimisation have been associated with sexism, xenophobia and homophobia (Carrera-Fernández, Lameiras-Fernández, Rodríguez-Castro, & Vallejo-Medina, 2013) and aggressors have been found to use “clichés and stereotypes to commit acts of bullying to their peers for cultural reasons” (Elamé, 2013, p. 7). Furthermore, some studies suggest that both phenomena can co-occur (Elamé, 2013; Lorenzo-Blanco, Unger, Oshri, Baezconde-Garbanati, & Soto, 2016; Russell, Sinclair, Poteat, & Koenig, 2012; Smith, Talamelli, Cowie, Naylor, & Chauhan, 2004). For example, 38% of adolescents in the United States reported being subjected to victimisation based on their sexual orientation, race, religion, gender or physical disabilities (Russell et al., 2012). Recent research also suggests that adolescents of stigmatised groups may be victims of multiple-motive peer harassment, since it was observed that sexual minorities were more likely to be victims not only due to motives of sexual orientation but also because of their weight, race or disability status (Bucchianeri, Gower, McMorris, & Eisenberg, 2016). These are disturbing findings since discriminatory victimisation in adolescence is linked to other severe outcomes such as school truancy, poor psychological health and substance abuse (Hunter, Durkin, Heim, Howe, & Bergin, 2010; Russell et al., 2012). There is also a cumulative effect that increases the odds of worsening physical and mental health during each harassment experience (Bucchianeri, Eisenberg, Wall, Piran, & Neumark-Sztainer, 2014).

Studies show that peer victimisation has its peak during middle-school and decreases with adolescence (Hymel & Swearer, 2015; Menesini & Salmivalli, 2017), yet resilience results from a process that is often only manifested after a period of recovery (Masten & Reed, 2002). The present study focuses on resilience in the face of retrospective and current social victimisation during late adolescents, namely high school students. Additionally, as not all peer victimisation is associated with prejudice, thus the present study shall assess peer victimisation and discrimination separately.

### 1.1. Resilience and the study of patterns of adjustment to adversity

Given the pervasive associations that have been found between victimisation and both mental and physical health, recent studies have focused on protection mechanisms that facilitate a better adjustment of persons of discriminated groups and those who suffer peer victimisation (Schmitt et al., 2014; Szalacha et al., 2003; Ttofi et al., 2014). These studies mostly use a variable-focused model of resilience (Fergus & Zimmerman, 2005; Masten & Reed, 2002) in which the dimension that buffers the negative impact of victimisation, and/or promotes a better adaptation of the victims, is acknowledged as a protective mechanism. Traditional studies on resilience have favoured the use of person-focused approaches (Masten et al., 1999; Werner, 1993). The procedures involve grouping participants according to the interaction between levels of experienced risk and the manifested adjustment, thus aiming to report the configurations of the phenomenon of resilience (Masten, 2001). Per this approach, four adjustment patterns can be expected: i) not challenged/normative [low risk – high adjustment]; ii) vulnerable/inadequate risk assessment [low risk – low adjustment]; iv) resilient [high risk – high adjustment], and; iv) at-risk [high risk – low adjustment] (Fergus & Zimmerman, 2005; Masten & Reed, 2002). When placed in the resilient pattern of adjustment, individuals have experienced significant risk yet are still succeeding with developmental tasks socially valued for

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