



# Association between peer victimization in adolescence and cannabis use: A systematic review



Roberto Maniglio

Department of History, Society and Human Studies, University of Salento, Via Stampacchia 45/47, 73100 Lecce, Italy

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## ABSTRACT

Cannabis use and bullying or other forms of adolescent peer aggression and victimization can cause severe consequences when they coexist in the same youth. Studies addressing both these conditions were reviewed. Fourteen databases were searched. Blind assessments of study eligibility and quality were conducted. Twenty-six studies including 1,181,684 participants and meeting minimum quality criteria that were enough to insure objectivity and to not invalidate results were analyzed. Across studies, there was conflicting evidence for a significant relationship between cannabis use and peer victimization in adolescence. Studies including larger samples and/or considering a broader definition of victim status were more likely to find a significant association. Evidence for mediating or moderating mechanisms was scant. Studies assessing the temporal ordering of the two events offered some evidence for bidirectional and causal paths suggesting the existence of an interactive process, in which prior victimization may predispose a youth to use marijuana as a coping strategy or self-medication mechanism; substance use, in turn, may place the youth at a greater likelihood of exposure to dangerous persons or situations. Both cannabis use and peer victimization need special attention because they are common in adolescent populations and can be related to each other through reciprocal influences.

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## 1. Introduction

Peer violence in adolescence is a major public health and social problem. In fact, bullying and other forms of adolescent peer aggression are highly prevalent in many countries (Currie et al., 2012) and can cause

adverse consequences among victims, such as various psychiatric and psychosomatic symptoms or disorders, suicidal behavior, high risk behaviors, and lower educational attainment (for reviews see: Gini & Pozzoli, 2013; Hawker & Boulton, 2000; Kim & Leventhal, 2008; Nakamoto & Schwartz, 2010; Reijntjes, Kamphuis, Prinzie, & Telch, 2010; Reijntjes et al., 2011; van Dam et al., 2012; van Geel, Vedder, & Tanilon, 2014).

E-mail address: robertomaniglio@virgilio.it.

Therefore, clarifying causes and consequences of peer aggression and victimization among adolescents should be a research priority in order to develop appropriate prevention and treatment strategies. An increasing amount of studies considered the potential association between bullying and other forms of adolescent peer violence victimization and drug use, especially cannabis use, since both these conditions are relatively common in adolescent populations and can impose severe health, social, and economic repercussions when both coexist in the same youth (Currie et al., 2012; United Nations Office on Drugs and Crime, 2013).

Some of these empirical studies have been summarized by a number of reviews (e.g. Collier, van Beusekom, Bos, & Sandfort, 2013, Danielson et al., 2006, Durand et al., 2013, Hong et al., 2014) which have proposed that bullying or other forms of peer victimization in adolescence may affect substance use.

Unfortunately, these reviews did not systematically assess all of the published articles and/or lacked a formal quality assessment of included studies. Furthermore, these reviews did not consider exclusively the potential association between peer victimization and cannabis use specifically, given that they addressed composite measures of substance use. Moreover, some of these reviews focusing on bullying victimization did not include those studies that did not use the term 'bullying' to define peer victimization although they assessed actual bullying behaviors (e.g., harassed or teased by peers at school). Importantly, these reviews implied a specific direction and causal relationship between victimization and substance use, although they addressed studies that did not disentangle the temporal ordering of the two events.

Therefore, these reviews have a number of limitations that could invalidate their results. In fact, based on a partial review of the literature, they failed to aggregate and analyze all of the pertinent studies having no important methodological limitations that could invalidate their results. Furthermore, these reviews did not distinguish cannabis from alcohol or other drugs, although these substances may have different causes and/or effects. Additionally, these reviews did not address overlapping forms of peer victimization. Moreover, they failed to consider the possibility that victimization might be a consequence, rather than a cause, of substance use. For example, although most studies were based on the stress-coping hypothesis which posits that victimization may promote substance use as a maladaptive attempt to cope with victimization-related stress (Wills & Filer, 1996), alternative theories based on opposite assumptions are relevant in the broader literature on victimization (Meier & Miethe, 1993). In particular, as described below, although some adolescents might use cannabis to avoid or alleviate painful feelings or cognitions related to the victimization experience (Khantzian, 1997; Maniglio, 2009; Wills & Filer, 1996), it is also possible that cannabis use might precede and contribute to the risk of victimization through exposure to dangerous persons or situations (Maniglio, 2011; Miethe & Meier, 1990).

Therefore, it is important to consider alternative hypotheses and explanations of the specific role of peer victimization in the onset of cannabis use specifically, or, conversely, of the specific role of cannabis use in the occurrence of peer victimization specifically. Importantly, it is essential to systematically consider all of the pertinent studies and formally assess their methodological quality, because data coming from partial selection of literature and aggregation of findings from studies with important methodological limitations are vulnerable to several biases that may threaten the accuracy, reliability, and validity of the results obtained.

To summarize, although the number of reviews on the relationships of either peer victimization or cannabis use to various psychosocial problems, it is surprising that there are no systematic reviews focusing exclusively on the potential association between peer victimization in adolescence and cannabis use specifically. Given the frequency and severity of both cannabis use and victimization in adolescence as well as the current scientific and public interest in both these conditions, the relationship between these conditions requires careful examination in

order to implement research and health and social policy. In fact, knowing if and how peer victimization and cannabis use are related may result in interventions aimed at preventing or reducing both conditions at once.

Therefore, in order to elucidate the significance, nature, and direction of the association between adolescent peer victimization and cannabis use, this paper attempts to address, at least in part, current gaps in the literature by analyzing, for the first time, in an evidence-based, objective, and balanced fashion, all the pertinent studies having no important methodological limitations that could invalidate their results.

## 2. Methods

This systematic review is part of a broader research project aimed at reviewing the literature on adolescent victimization. According to guidelines for systematic reviews (Centre for Reviews and Dissemination, 2008; Egger, Davey Smith, & Altman, 2001; Higgins & Green, 2006; Lipsey & Wilson, 2000; Petticrew & Roberts, 2006), a protocol was prospectively developed, detailing the specific objectives and criteria for study selection and quality assessment.

### 2.1. Data sources

A systematic review of literature was performed in December 2014. To obtain relevant studies, 14 internet-based databases (i.e. African Journals OnLine, British Library, Cambridge Journals, CiteSeerX, Education Resources Information Center, Ingentaconnect, Journal Storage, Lippincott Williams & Wilkins, Popline, PsycINFO, PubMed, ScienceDirect, Taylor and Francis online, Wiley online Library) were searched in journal article abstracts or anywhere for terms *victim(s)/ization/isation/ized/ised*, *(cyber)bull(ying/ied)*, *harass(ment/ed)*, *teas(-ing/ed)*, combined with each of the following terms: *cannabis* and *marijuana*; along with each of the following terms: *student(s)*, *youth(s)*, *adolescen(ce/t/its)*, *teen(s/ager/agers)*. Further potentially relevant articles were identified by a manual search of reference lists from retrieved papers. No date limits were placed on the searches which were limited to journal articles. Gray literature (i.e. informally published written material, e.g., working papers or technical reports) was not searched.

### 2.2. Study selection

Studies were included if they: (i) were written in English; (ii) were published in full; (iii) were not literature reviews, dissertation papers, conference proceedings, editorials, letters, case-reports, case-series, or commentaries; (iv) appeared in peer-reviewed journals; (v) had sufficient data derived from longitudinal, cross-sectional, case-control, or cohort studies; (vi) sampled human participants; (vii) assessed any form of peer victimization (as defined below) occurred exclusively in adolescence; (viii) examined the relationship between such victimization and any type of cannabis use or misuse specifically. These criteria were applied to all titles, abstracts, and full manuscripts.

### 2.3. Data extraction and quality assessment

Data on participants, methods, and results were extracted from each study. For multiple publications of the same study or multiple studies with overlapping samples, those with the most complete or pertinent outcomes or data were used.

The Newcastle-Ottawa Scale (Wells et al., 2006) was used to assess study quality according to the following criteria: (i) adequacy of selection, assessment, and definition of cases and controls or exposed and non-exposed cohorts; (ii) comparability of the groups on the basis of the design or analysis; (iii) adequacy of ascertainment or assessment of exposure or outcomes, follow-up period, and non-response rates or participants losses. Studies fulfilling no quality criteria were rejected

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