



Peer victimization in survivors of premature birth and low birth weight: Review and recommendations



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ABSTRACT

Despite the fact that children born very preterm or earlier, or at a very low birth weight (VLBW; <1500 g) or smaller manifest elevated rates of a number of risk factors that put them at increased risk for peer victimization (e.g., poor motor abilities, lower IQ, and higher anxiety and depression), relatively little is known about the prevalence, predictors, and long-term outcomes of exposure to bullying in this population. Here we review the seven known studies published to date that have investigated peer victimization in those born very preterm or earlier or VLBW or smaller. The majority of these studies have found that these children are at an increased risk of being bullied by peers. Possible risk factors include poorer cognitive functioning, psychiatric disorders, motor difficulties, and functional limitations. However, this field is limited by the use of sub-optimal measures of peer victimization, small sample sizes, and a lack of longitudinal studies. Future research needs to examine the prevalence of bullying and the long-term risks associated with being bullied in those born VLBW and smaller. Regardless of the methodological limitations, parents and teachers should be aware that individuals born VLBW and smaller may be at a higher risk for being bullied.

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1. Introduction

Bullying is a universal problem, with up to a third of children worldwide being victimized by peers (Molcho et al., 2009). Bullying, also known as peer victimization, is a form of aggression that is intentional,

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occurs on multiple occasions, and includes an abuse of power (Olweus, 1999). Bullying can take several different forms, including physical (e.g., hitting, kicking), verbal (e.g., calling a peer derogatory names), relational (e.g., disrupting social relations by ignoring someone who is trying to start a conversation or join a game, repeating embarrassing gossip to others), and/or cyber bullying that occurs electronically (Berger, 2007). Youths who have experienced peer victimization have been found to have higher levels of social, emotional, and behavioral problems (Arseneault, Bowes, & Shakoor, 2010; Gini & Pozzoli, 2013; Olweus, 2013; Reijntjes et al., 2011; Reijntjes, Kamphuis, Prinzie, & Telch, 2010; Wolke & Lereya, *in press*).

The experience of being bullied also has been found to be related to adverse outcomes for many years after the experience has occurred. People who have been bullied in childhood are more likely to live in poverty, be dismissed from a job, never complete college, have fewer friends, and even have poorer relationships with their parents as adults compared to people who were not bullied in childhood (Wolke, Copeland, Angold, & Costello, 2013). They are also more likely to have mood and anxiety disorders, especially generalized anxiety, panic disorder, and agoraphobia (Copeland, Wolke, Angold, & Costello, 2013). Recently, a meta-analysis of 29 longitudinal studies showed that youth who experienced peer victimization were more likely to be depressed up to 36 years later, $OR = 1.99$; 95% CI [1.71–2.32] (Ttofi, Farrington, Lösel, & Loeber, 2011).

A meta-analysis by Cook, Williams, Guerra, Kim, and Sadek (2010) categorized risk factors for experiencing peer victimization as individual factors (including externalizing behavior, internalizing behavior, social competence, self-regulation cognitions, other-related cognitions, academic performance) and contextual factors (including family/home environment, school climate, community factors, peer status, peer influence). Children who have been found to be at risk for experiencing peer victimization are those with a lower IQ (Norwich & Kelly, 2004; Twyman et al., 2010; Wynne & Joo, 2011), poorer physical strength or more physical impairments (Hodges, Malone, & Perry, 1997; Sentenac et al., 2012; Van Cleave & Davis, 2006), poorer motor abilities (Campbell, Missiuna, & Vaillancourt, 2012; Jansen, Veenstra, Ormel, Verhulst, & Reijneveld, 2011), and a higher body mass index (Janssen, Craig, Boyce, & Pickett, 2004; Lumeng et al., 2010). Social and psychological difficulties are not only a consequence of peer victimization, but also can be risk factors as those who have experienced peer victimization have been found to have higher levels of pre-existing internalizing (Cook et al., 2010; Hawker & Boulton, 2000; Reijntjes et al., 2010; Vaillancourt, Brittain, McDougall, & Duku, 2013) and externalizing (Cook et al., 2010; Reijntjes et al., 2010; Jansen et al., 2011) behavior. Bullied individuals also have poorer peer relations (Hodges et al., 1997; Knack, Tsar, Vaillancourt, Hymel, & McDougall, 2012; Nansel, Craig, Overpeck, Saluja, & Ruan, 2004; Nansel et al., 2001), self-concept, and self-esteem (Cook et al., 2010; Egan & Perry, 1998; Hawker & Boulton, 2000), and score lower on peer-valued competencies and assets such as being attractive, funny, and athletic (Knack et al., 2012).

Children born at very low birth weight (VLBW, <1500 g) or extremely low birth weight (ELBW; <1000 g) have been found to have many of the characteristics that put children at higher risk for being bullied by peers. These include poorer motor abilities (Evensen et al., 2004; Hack et al., 2005; Saigal, Szatmari, Rosenbaum, Campbell, & King, 1991), lower IQ (Hack et al., 2005; Rickards, Kelly, Doyle, & Callanan, 2001; Saigal et al., 1991), and higher levels of anxiety and depression (Botting, Powls, Cooke, Marlow, & Michael, 1997; Hack et al., 2009). As a result, VLBW and ELBW children may be at an increased risk for experiencing peer victimization.

Survivors who are born VLBW or ELBW may also be at an elevated risk for peer victimization because they have lower rates of resilience factors. Research from general population samples suggest that these include better academic performance (Hemphill, Tollit, & Herrenkohl, 2014; Vassallo, Edwards, Renda, & Olsson, 2014) and superior peer

relations and social skills (Hodges, Boivin, Vitaro, & Bukowski, 1999; McVie, 2014; Vassallo et al., 2014). Unfortunately, ELBW children are not only at greater risk for poorer academic performance (Anderson & Doyle, 2008; Rickards et al., 2001), but they also tend to have poorer social skills and peer relations (Anderson & Doyle, 2008; Rickards et al., 2001) than normal birth weight (NBW; >2500 g) children.

Researchers have only recently begun to investigate peer victimization in VLBW and ELBW samples. If VLBW and ELBW youths are indeed at an increased risk for experiencing peer victimization, parents, teachers, and clinicians need to be aware so that they can pay special attention to these youth and intervene as needed.

In this review, the literature is summarized that examines levels of peer victimization in VLBW, ELBW, and extremely low gestational age (ELGA; <29 weeks) survivors, and the characteristics of these children who are more likely to be victimized. The purpose of this review was to (1) highlight existing findings in this area, and (2) help direct future research by providing specific recommendations.

2. Prevalence of peer victimization

Only seven studies are known to have examined levels of peer victimization in youth born at ELGA or at VLBW or smaller (See Table 1). The sample sizes in these studies ranged from 30 to 174 ELGA, VLBW, or ELBW participants, and from 30 to 133 control participants. Three of these studies examined children born VLBW (Grindvik et al., 2009; Nadeau & Tessier, 2009; Nadeau, Tessier, Lefebvre, & Robaey, 2004), three examined children born ELBW (Day, et al., *in press*; Georgsdottir, Haraldsson, & Dagbjartsson, 2013; Yau et al., 2013), and one study assessed children born ELGA (Johnson et al., 2003). Two studies examined children aged 7 years and 9 to 12 years (Nadeau & Tessier, 2009; Nadeau et al., 2004), four studies focused on youth aged either 14 or 16 years (Georgsdottir et al., 2013; Grindvik et al., 2009; Johnson et al., 2003; Yau et al., 2013), and one study investigated peer victimization before the age of 16 (Day, et al., *in press*). These studies have been conducted in Iceland (Georgsdottir et al., 2013), Norway (Grindvik et al., 2009), the United Kingdom (Johnson et al., 2003), Canada (Day, et al., *in press*; Nadeau & Tessier, 2009; Nadeau et al., 2004), and the USA (Yau et al., 2013). Measures of peer victimization were varied and included self-report (Day, et al., *in press*; Grindvik et al., 2009; Johnson et al., 2003; Yau et al., 2013), parent-report (Georgsdottir et al., 2013), and peer nomination (Nadeau & Tessier, 2009; Nadeau et al., 2004). Although most studies examined general bullying¹ or did not specify a specific form (Georgsdottir et al., 2013; Grindvik et al., 2009; Johnson et al., 2003; Yau et al., 2013), three separate studies examined verbal and physical bullying (Day et al., *in press*; Nadeau & Tessier, 2009; Nadeau et al., 2004).

2.1. Very low birth weight

Three studies have examined peer victimization with VLBW samples. In a study from Norway (Grindvik et al., 2009), 18.5% of VLBW teenagers self-reported that they were victims of general bullying, compared to 3.5% of NBW children at age 14. In addition, Nadeau et al. (2004) found that Canadian children born VLBW were reported by peers to be more at risk for verbal, but not physical victimization than control children at 7 years of age. When the same sample was followed up at 12 years old (Nadeau & Tessier, 2009), VLBW children were reported by peers to have experienced more physical, but not verbal peer victimization than children born at term. In short, VLBW survivors have been found to be at risk for experiencing general bullying (Grindvik et al., 2009), and for either physical peer victimization

¹ We refer to *general bullying* when a specific type of bullying (e.g., physical, relational) was not assessed.

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