Kids’ Coping Ability Minimizes Peer Victimization

BY DIANA MAHONEY
New England Bureau

BOSTON — Adolescents’ beliefs in their own coping abilities can help mediate the psychosocial impact of relational victimization in school, results of a study have shown.

Students who can disengage themselves from the role of victim, who avoid self-blame, and who use active coping strategies—such as addressing problems or seeking help—are less vulnerable to the negative effects of peer behavior that is purposeful, according to Ms. Singh, a doctoral candidate at Macquarie (Sydney) University.

To examine the relationship between coping strategies and the negative outcomes of relational victimization in adolescents, Ms. Singh and her colleagues considered the experiences of 2,162 predominantly white middle-class children recruited from 18 schools and four grades (sixth to ninth). All of the students completed a three-item peer relational victimization survey and a coping self-efficacy questionnaire that included items relating to active coping strategies, avoiding negative construal (self-blame), victim role disengagement, positive construal, and avoiding aggressive behavior.

In addition, the investigators measured social anxiety and depression using the Social Anxiety Scale for Adolescents (SAS-A) and the Center for Epidemiological Studies for Depression Scale for Children (CES-C), and they conducted hierarchical multiple regression analyses to examine the contribution of coping self-efficacy in predicting social anxiety and depression scores.

The results showed that relational victimization predicted both depression and social anxiety, Ms. Singh said.

When the models were controlled for age, gender, and relational victimization, coping efficacy was associated with an 18% reduction in social anxiety levels and a 9% reduction in depression scores, she said.

A student’s efficacy for victim role disengagement, avoiding self-blame, and active coping mediated the relationship between relational victimization and both social anxiety and depression,” Ms. Singh noted.

Teaching children “to avoid blaming themselves and to develop and practice active coping strategies, including problem solving, support seeking, conflict resolution, and assertiveness should be central to intervention efforts,” she said.

Positive Parenting Helps Keep Early-Maturing Girls on Track

BY DIANA MAHONEY
New England Bureau

BOSTON — Positive parenting practices can minimize the impact that negative peer influence has on early-maturing girls and thus can reduce the risk of externalizing problems, results of a study have shown.

For this reason, psychosocial interventions targeting at-risk girls should focus on the parent-child family relationship, Sylvie Mrug, Ph.D., reported in a poster presentation at a meeting of the Society for Research in Child Development.

Previous studies have shown that early puberty in girls predicts disruptive behavior, delinquency, and earlier initiation of substance use, and that psychological immaturity and affiliations with older, more deviant peers exacerbate these problems, said Dr. Mrug of the University of Alabama, Birmingham.

To determine the degree to which parenting practices buffer or amplify these effects of early puberty, Dr. Mrug and his colleagues analyzed data on 330 fifth grade girls from 195 families. At least one member of each family was a single parent.

The results showed that relational victimization predicted delinquency at low levels of monitoring, but not when parental monitoring was high,” Dr. Mrug said. “Early maturation predicted higher levels of aggression only when combined with low levels of nurturance, and (early maturation) predicted higher levels of aggression only when girls reported lower levels of parental communication,” she said.

From these results, “we can conclude that positive parenting offers some protection against the various externalizing problems associated with early puberty in girls,” said Dr. Mrug. “It’s possible that parental monitoring may limit associations with more deviant peers and opportunities for delinquent behavior, and that parental nurturance and communication may improve coping and refusal skills, and thus decrease susceptibility to negative peer influence.”

Interventions that promote and encourage open communication with parents as well as those that foster greater parental involvement are likely to be most successful, Dr. Mrug suggested.

Multiple Types of Abuse Lead To PTSD, Other Comorbidities

BY ROBERT FINN
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HOLLYWOOD, CALIF. — The more complex a child’s victimization history, the more likely he or she is to experience multiple negative outcomes, including posttraumatic stress disorder, depression, and substance use, Benjamin Saunders, Ph.D., reported at the annual meeting of the International Society for Traumatic Stress Studies.

In a longitudinal study of 530 families reported to the U.S. Navy’s Family Advocacy Program for child sexual abuse, child physical abuse, or partner violence, more than two-thirds of the children interviewed reported experiencing several different types of trauma. The average child experienced 2.26 different types of trauma, and 18% of the children experienced four or five different types, said Dr. Saunders of the Medical University of South Carolina, Charleston.

He emphasized that, for the purposes of the study, a child who experienced many instances of physical abuse but no other forms of victimization would be classified as having experienced only a single type of trauma. Data were collected from 12 major naval installations.

Of the 193 children between the ages of 7 and 18, 67% were victims of personal assault, including 29% who were victims of sexual assault, 34% who were victims of physical assault, and 48% who were victims of physical abuse. In addition, 80% of the children had witnessed violence, including 70% who had witnessed community violence and 44% who had witnessed domestic violence.

Girls were significantly more likely than boys to be victims of sexual assault (46% vs. 1%) and to witness domestic violence (49% vs. 34%), but otherwise there were no significant gender differences in the subcategories of violent exposure, Dr. Saunders reported at the meeting, which was also sponsored by Boston University.

The children were assessed at four time points—the first at 2-6 weeks after the initial report and the fourth, 36-40 months after the report. At the first time point, and after researchers controlled for gender and age, the number of victimization types significantly predicted all five measured outcomes— including diagnosis of posttraumatic stress disorder, diagnosis of depression, problems with alcohol, problems with other drugs, and participation in delinquent acts, he said.

After 3 years, significant associations were found between the number of victimization types and all but one of those outcomes. Only problems with alcohol failed to show a significant relationship with the number of victimization types, after controlling for gender and age.

In view of the high prevalence of multiple victimizations, one message is that therapists would be wrong to focus on only a single type of victimization in a child, Dr. Saunders said.