

# Childhood Peer Victimization and Adolescent Mental Health

**Source:** Geoffroy MC, Boivin M, Arseneault L, et al. Childhood trajectories of peer victimization and prediction of mental health outcomes in mid-adolescence: a longitudinal population-based study. *CMAJ*. 2018;190(2):E37–E43; doi:10.1503/cmaj.170219

Investigators from multiple institutions conducted a study to assess the association between childhood peer victimization and adolescent mental illness. Peer victimization (including bullying) is harm caused by peers acting inappropriately. For the study, the investigators analyzed data from the Quebec Longitudinal Study of Child Development in which 2,120 children born in 1997–1998 in Quebec Canada were enrolled. Childhood peer victimization was assessed using self-report when study participants were 6, 7, 8, 10, 12, and 13 years old. Data on potential confounders, such as family hardship, childhood mental health, and victimization perpetration, were also collected at these time-points using a variety of instruments. Mental health issues, including depression and dysthymia problems, generalized anxiety problems, social anxiety problems, eating problems, oppositional and conduct problems, and suicidality problems, were identified via the Mental Health and Social Inadaptation Assessment, which was completed by study participants when they were 15 years old. Based on the reported frequency of peer victimization across the ages of 6–13 years, specific trajectory patterns of victimization were identified. The risk of adolescent mental health issues among children in different victimization trajectory pattern groups was compared using logistic regression, with potentially confounding variables included in the analyses.

Data were analyzed on 1,685 study participants. Overall, reported peer victimization decreased as children aged. Three specific trajectories of victimization were identified: 59.3% of study participants were classified as exposed to moderate victimization, 26.2% were exposed to little or no victimization, and 14.5% followed a trajectory of severe victimization. The proportions of reported adolescent mental health issues significantly increased with the severity of victimization ( $P < .05$  for all mental health issues assessed). Compared to the those in the little/no victimization group, children exposed to severe victimization were significantly more likely to report depression and dysthymia problems (odds ratio [OR], 2.34; 95% CI, 1.20, 4.53), generalized anxiety problems (OR, 3.32; 95% CI, 1.75, 6.30) and suicidality (OR, 3.46; 95% CI, 1.53, 7.81) when they were 15 years old. Compared to those reporting moderate victimization, children in the severe victimization group were significantly more likely to report depression and dysthymia problems, generalized anxiety problems, social anxiety problems, and suicidality. Children with moderate victimization were no more likely to report adolescent mental health issues than those in the little or no victimization group.

The authors conclude that children who are exposed to severe peer victimization are at increased risk for mental health problems when they are adolescents.

## COMMENTARY BY

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*Dr Wong has disclosed no financial relationship relevant to this commentary. This commentary does not contain a discussion of an unapproved/investigative use of a commercial product/device.*

Peer victimization, which includes bullying, is a pervasive problem for school-aged children. The current investigators found that over half of children from ages 6–13 years experienced moderate exposure to victimization, such as being called a name or being excluded from social groups. A smaller but still substantial 15% of children were victimized repeatedly and more severely over the years. These rates are likely to be higher as cyberbullying becomes more common; in a systematic review in 2015, 10%–40% of youth reported being victims of cyberbullying.<sup>1</sup>

The results of the current study further confirm the strong link between childhood peer victimization and mental health issues, including suicidal ideation and attempts in adolescence. Not surprisingly, the impact of peer victimization is multidimensional. In addition to poorer mental health, prior studies have demonstrated that child victims of bullying have significantly lower grade-point averages. (See related article *AAP Grand Rounds*, 2008;19[4]:46.<sup>2</sup>) Childhood bullying has also been associated with low-grade systemic inflammation, as measured by C-reactive protein, in young adulthood.<sup>3</sup>

A limitation of the current study is that the key exposure and outcome of peer victimization and mental health problems were both self-reported. Additionally, the authors presented aggregated data for males and females. However, given consistently higher rates of peer victimization in males and the differential onset of puberty and prevalence of mental health issues between sexes, a closer examination of the relationships between peer victimization and mental health in this developmental window could be valuable.

The authors' findings are relevant for pediatric practitioners because they highlight the importance of screening for bullying behavior or victimization. Clinicians can also advocate for bullying awareness by teachers, education administrators, and parents, as well as support the adoption of evidence-based prevention programs.<sup>4</sup> Whole-school interventions that integrate bullying prevention and promote a positive social climate are one effective strategy.<sup>5</sup>

**Bottom Line:** Peer victimization is common among elementary to middle-school-aged children, and those who suffer from the most severe peer victimization have higher rates of mental health problems by mid-adolescence.

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