

School Psychology Quarterly

Beyond Bullying: Aggravating Elements of Peer Victimization Episodes

Heather A. Turner, David Finkelhor, Anne Shattuck, Sherry Hamby, and Kimberly Mitchell
Online First Publication, October 20, 2014. <http://dx.doi.org/10.1037/spq0000058>

CITATION

Turner, H. A., Finkelhor, D., Shattuck, A., Hamby, S., & Mitchell, K. (2014, October 20).
Beyond Bullying: Aggravating Elements of Peer Victimization Episodes. *School Psychology Quarterly*. Advance online publication. <http://dx.doi.org/10.1037/spq0000058>

Beyond Bullying: Aggravating Elements of Peer Victimization Episodes

Heather A. Turner, David Finkelhor,
and Anne Shattuck
University of New Hampshire

Sherry Hamby
Sewanee, The University of the South

Kimberly Mitchell
University of New Hampshire

This study sought to identify features of peer victimization that aggravate negative outcomes in children. The features that were assessed include “power imbalance,” a commonly used criterion in defining bullying, and 5 other characteristics: injury, weapon involvement, Internet involvement, sexual content, and bias content. Three outcomes were assessed: level of fear, missing school, and trauma symptoms. A nationally representative sample of 3,164 children and youth ages 6–17 (51.8% male; 68.4% white, 12.5% black, 13.5% Hispanic, 5.7% other race) was obtained through Random Digit Dial and supplemented with an address-based sample to capture cell-phone-only households. One child was randomly selected from each household. Interviews were conducted with parents of children age 6–9 and with the youths themselves if they were age 10–17. Peer victimization was assessed with the Juvenile Victimization Questionnaire (JVQ). Almost half (48.4%) of the entire sample of school-age children experienced at least 1 form of peer victimization in the past year. Injury and power imbalance independently increased the impact on children for all 3 outcomes. Additionally, weapon involvement and sexual content were associated with trauma symptoms, with sexual content having the strongest effect ($B = .23, p < .001$). This diversity of aggravating features suggests a need to reconsider the current emphasis on prioritizing bullying with its exclusionary power imbalance definition as the central focus for prevention and intervention. We recommend a broader focus on peer victimization along with more research to identify the aggravating features that signal the greatest need for intervention.

Keywords: bullying, peer victimization, missed school, power imbalance, trauma symptoms

Supplemental materials: <http://dx.doi.org/10.1037/spq0000058.supp>

Peer victimization is a common problem among youth (Nansel et al., 2001; Storch & Ledley, 2005) and has demonstrated associations with physical health problems, emotional and behavioral difficulties, problematic social development,

and poor academic achievement. The research on this issue has been accompanied by considerable efforts to combat the problem through school educational programs (Olweus & Limber, 2010; Ryan & Smith, 2009). Youth victimization by other juveniles represents a serious public health issue, and has generated a great deal of attention by researchers, educators, practitioners, law officials, and the public.

The core element of peer victimization has generally been referred to with the colloquial term “bullying.” Yet there has been considerable disagreement and inconsistency concerning its definition and measurement. The sources of confusion are numerous, including the types of peer victimization that constitute the concept of bullying, the

Heather A. Turner, David Finkelhor, and Anne Shattuck, Crimes Against Children Research Center, University of New Hampshire; Sherry Hamby, Department of Psychology, Sewanee, The University of the South; Kimberly Mitchell, Crimes Against Children Research Center, University of New Hampshire.

Correspondence concerning this article should be addressed to Heather A. Turner, 125 McConnell Hall, 15 Academic Way, Durham, NH 03824. E-mail: heather.turner@unh.edu

context and location in which bullying occurs, and the criteria (such as whether there must be a power imbalance between perpetrator and victim) that determine whether specific events qualify as bullying incidents (Finkelhor, Turner, & Hamby, 2012).

Using a nationally representative sample of youth age 6–17, this study provides up-to-date information on the prevalence and social distribution of multiple forms of peer victimization, including those omitted from typical definitions of “bullying,” tests the validity of a widely used criterion for demarcating bullying incidents (power imbalance), and examines the relative impact of different types of peer victimization and different aggravating incident characteristics.

Conceptualizing Peer Victimization as “Bullying”

Although early conceptualizations of bullying emphasized mostly physical forms of victimization, most contemporary bullying definitions also include verbal and relational forms of aggression. Physical forms of bullying include hitting, pushing, kicking, or restraining another child (Olweus, 1993). Other forms of bullying generally involve emotional or psychological forms of victimization. These may include verbal assaults like teasing, taunting, name calling, or telling a child he or she is disliked or unwanted; or they may involve “relational” aggression which entails excluding someone from a social group, spreading rumors, or other activities intended to damage someone’s reputation or social relationships (Crick, 1996; Espelage, Low, & De La Rue, 2012; Griffin & Gross, 2004).

Although these are certainly crucial components of peer victimization, bullying conceptualizations do not specifically reference other important sources of victimization that can occur between juveniles. For example, peer sexual assault (including dating violence) and peer-perpetrated property crimes (intentionally damaging or taking property without permission) are not typically considered under definitions of bullying. Yet research has found these types of victimizations to be widespread, interconnected with other kinds of peer victimization, and to have substantial effects on youth mental health, independent of the traditional bullying (Turner,

Finkelhor, Hamby, Shattuck, & Ormrod, 2011). As has been argued elsewhere (Finkelhor et al., 2012; Turner, Finkelhor, et al., 2011), it is short-sighted to ignore these other forms of victimization in conceptualizations of bullying and to disregard them in studies on peer aggression.

Much bullying research has also typically limited the specific contexts in which victimizations are considered. Most of the large literature on this topic emphasizes “bullying at school” or “school violence” as a core theme, and many studies rely exclusively on school-based assessments. For example, one of the most common instruments, the Olweus questionnaire and its variants, asks specifically and exclusively about “bullying at school” (Currie et al., 2008; Felix, Furlong, & Austin, 2009; Olweus, 1996; Solberg & Olweus, 2003; Vaillancourt et al., 2010). Other studies use teacher ratings to categorize students as bullies and victims (Hanish et al., 2004) or classroom peer nomination approaches to identify students who are bullied by other children (and who bully others) (Hodges & Perry, 1999; Kim, Leventhal, Koh, Hubbard, & Boyce, 2006; Schwartz, Gorman, Nakamoto, & Toblin, 2005). School-focused assessments of peer victimization are likely to miss children who experience considerable bullying exposure outside of school. Indeed, Turner, Finkelhor, et al. (2011) found that almost one half of all peer victimization incidents occurred outside of school environments, and were more likely than school occurrences to be associated with victims feeling “very afraid.” The authors suggested that, rather than be constrained by the current conceptualizations of “bullying,” researchers should address a broader array of peer victimization types that occur both within and outside of school contexts.

Current bullying conceptualizations often also constrain their focus along another dimension; only incidents that are part of a pattern of repeated aggression in a relationship with an imbalance of power qualify as “bullying.” A number of problems with these constraining criteria of power imbalance and repetition have been noted in the literature. These include the exclusion of very serious incidents, like an injurious assault or weapon attack, that may occur only once and/or between children of equal strength or power. There is also the difficulty in defining power imbalance, its relevant dimensions, and when/if it exists in a particular dyad

(Finkelhor et al., 2012). Problems also exist in the lack of consistency between the official criteria used by bullying experts and the colloquial usage of the term bullying; victimized children themselves do not necessarily consider power imbalance and repetition when they label themselves as victims of bullying (Cuadrado-Gordillo, 2012; Vaillancourt et al., 2008). As has been noted elsewhere, these criteria are also not aligned with prevention messages on peer victimization, which do not, and probably should not, target only repeated violence or unequal power incidents (Finkelhor et al., 2012; Turner, Finkelhor, et al., 2011).

The requirement of a power differential between victim and bully was in its inception not an empirically derived criterion, but one created by Olweus as a way of trying to differentiate more serious and harmful peer victimization from minor and less consequential peer conflict (Olweus, 1993). In our opinion, probably the most problematic feature of such exclusionary criteria is that its adoption has precluded investigations to empirically investigate which features best differentiate more and less serious peer victimization. Power imbalance may be an important characteristic but its centrality has yet to be adequately evaluated or compared with other criteria. Moreover, even if this characteristic proves to increase the damaging effects of peer victimization, it does not necessarily follow that events without this quality are not also damaging and worthy of consideration. A more empirical approach would be to define and assess peer victimization more broadly and more comprehensively, and then to seek to identify incident characteristics and contexts that may be associated with dimensions of impact and seriousness.

Incident Characteristics and Peer Victimization Impact

Among other incident characteristics that may aggravate peer victimization are injury, weapon usage, sexual content, electronic dissemination, and bias elements related to ethnic, racial, or other socially stigmatized groups.

The literature suggests that victimizations that result in injury are especially damaging, increasing risk of Post-Traumatic Stress Disorder (PTSD; Resnick, Kilpatrick, Best, & Kramer, 1992) and trauma symptoms (Briere &

Elliott, 2000). Victimization that involve a weapon may also be more impactful. Both may more often elicit life threat or fear of death, a quality that has also been associated with higher symptom levels (Briere & Elliott, 2000; Resnick et al., 1992).

There is also considerable reason to suspect that victimizations involving a sexual component increase the impact of victimization. A great deal of research on sexual assault has highlighted its particularly devastating results (Molnar, Buka, & Kessler, 2001), over and above exposure to multiple other forms of victimization (Finkelhor, Ormrod, & Turner, 2009). Some researchers point to feelings of shame, self-blame, and reduced self-esteem as explanations for uniquely damaging effects of sexual victimization (Bolger, Patterson, & Kupperman, 1998; Feiring, Taska, & Lewis, 2002; Turner, Finkelhor, & Ormrod, 2010).

The concern over “cyber-bullying” or harassment that occurs through Internet, texting, or various social media outlets has also generated hypotheses of differential impact. Although cyber-bullying or Internet harassment often overlaps with traditional face-to-face victimizations (Cassidy, Faucher, & Jackson, 2013; Mitchell, Finkelhor, Wolak, Ybarra, & Turner, 2011), a theme among advocates has been that this form of victimization can be especially damaging, because a single incident can be broadcast to a much broader audience and can then be easily repeated and continued over time by others forwarding and reposting (Dooley, Pyżalski, & Cross, 2009). Many forms of “traditional” peer victimization, such as relational aggression and verbal aggression, can also occur on the Internet. Although recent evidence suggests cyber-aggression may often have unique consequences above and beyond in-person aggression (Wigderson & Lynch, 2013), it is still not clear whether peer victimizations that include an Internet component are significantly more impactful than those that do not.

Another form of peer victimization that has been highlighted by statute and by advocacy for its particular toxicity are episodes motivated by hostility to race, ethnicity, sexual orientation, or disability. There is substantial evidence that racial discrimination constitutes an important risk factor for the mental health of minority children (Romero & Roberts, 2003; Wong, Eccles, & Sameroff, 2003). Similarly, research finds that

being at the receiving end of harassment involving homophobic slurs contributes to worse outcomes among youth (Espelage & Swearer, 2008). Research has also demonstrated increased risk of victimization, as well as its deleterious effects among children with disabilities (Kendall-Tackett, Lyon, Taliaferro, & Little, 2005; Sullivan, 2009; Turner, Vanderminden, Finkelhor, Hamby, & Shattuck, 2011; Van Cleave & Davis, 2006) and overweight/obese youth (Brixval, Rayce, Rasmussen, Holstein, & Due, 2012; Lumeng et al., 2010). Thus, it may be that victimizations with a discriminatory or bias component are particularly impactful.

Specific Aims

The primary objectives of this research are as follows:

1. Determine the prevalence of exposure to different forms of peer victimization among children ages 6–17 in the United States and how victimization rates may differ by youth's gender, age, race/ethnicity, and family structure. We assess 8 different forms of peer victimization, including types not generally considered in "bullying" research: physical assault, physical intimidation, verbal aggression, relational aggression, sexual assault, sexual harassment, property victimization, and Internet victimization.
2. Examine the implications of applying power imbalance as a criterion to include or exclude peer victimization incidents from bullying assessments. In particular, for each type of peer victimization we compare trauma symptom levels among victims who reported power imbalance, victims who reported no power imbalance, and nonvictims.
3. Determine the prevalence and impact of other incident characteristics, including injury, weapon involvement, sexual content, Internet component, and bias/discrimination content. The specific impact factors that will be considered include how afraid the respondent was at the time of the incident, whether he or she missed school because of the incident, and trauma symptom levels.

Method

Participants

The National Survey of Children's Exposure to Violence II (NatSCEV II) was designed to obtain up-to-date incidence and prevalence estimates of a wide range of childhood victimizations, as well as information about parenting practices, social support, and stressful life events. It consists of a national sample of 4,503 children and youth ages one month to 17 years of age in 2011. Study interviews were conducted over the phone by the employees of an experienced survey research firm. This study focused on the subsample of 3,164 children and youth who were aged 6 to 17 years (school-age) at the time of the survey.

The primary foundation of the design was a nationwide sampling frame of residential telephone numbers from which a sample of telephone households was drawn by random digit dialing (RDD). Two additional samples were drawn from sampling frames chosen to represent the growing number of households that rely entirely or mostly on cell-phones: a small national sample of cellular telephone numbers drawn from Random Digit Dial (RDD) methodology ($n = 31$), and an Address-Based Sample (ABS; $n = 750$). The ABS sample started with a national sample of addresses from the Postal Delivery Sequence File (DSF). These addresses were mailed a one-page questionnaire. The ABS study sample was drawn from the pool of returned questionnaires that represented households with children 17 years old and younger. These households were then re-contacted by interviewers and asked to participate in the survey. Approximately one half of the eligible households obtained through ABS were cell phone only households and thus represented an effective way of including households without landlines in our sample.

Sample weights were constructed in two stages to adjust for design effects of the sampling procedure and for demographic differences between the sample and the national population of children under age 18. In the first stage of weight construction, adjustments were made for (a) multiple and overlapping sampling frames (Kalton & Anderson, 1986; Lohr, 2009) and (b) variations in within-household selection resulting from different numbers of eligible

children across households. The second phase of weight construction adjusted for differences in sample proportions in gender, age, race/ethnicity, income, census region, number of adults and children in household, and phone status (cell only, mostly cell, other) relative to the 2010 American Community Survey Public Use Microdata Sample.

Nonresponse analysis was conducted by comparing households completing a partial interview with those who completed the full interview. These analyses indicate that partial interviews were more likely to occur in two-parent households, households that did not receive public financial assistance, and households where the adult caretaker had no college education.

Additional details regarding sampling frames, sample weighting, and nonresponse analysis may be obtained from the authors.

Procedure

A short interview was conducted with an adult caregiver (usually a parent) to obtain family demographic information. One child was then randomly selected from all eligible children living in a household by selecting the child with the most recent birthday. If the selected child was 10–17 years old, the main telephone interview was conducted with the child. If the selected child was under age 10, the interview was conducted with the caregiver who “is most familiar with the child’s daily routine and experiences.”

Respondents were promised complete confidentiality, and were paid \$20 for their participation. The interviews, averaging 55 minutes in length, were conducted in either English or Spanish. The cooperation and response rates averaged across collection modalities were 60% and 40%, respectively, which are good rates by current survey research standard (Babbie, 2007; Keeter, Kennedy, Dimock, Best, & Craighill, 2006; Kohut, Keeter, Doherty, Dimock, & Christian, 2012). Respondents who disclosed a situation of serious threat or ongoing victimization were recontacted by a clinical member of the research team, trained in telephone crisis counseling, whose responsibility was to stay in contact with the respondent until the situation was appropriately addressed locally. All procedures were authorized by the Institutional Re-

view Board of the University of New Hampshire.

Measures

Victimization. The NatSCEV II survey used an enhanced version of the Juvenile Victimization Questionnaire (JVQ), an inventory of childhood victimization asking respondents about their exposure to 51 specific types of violence (Finkelhor, Turner, Shattuck, & Hamby, 2013). More than one victimization type may be reported as part of a single incident. Follow-up questions for each incident gathered additional details including perpetrator, whether the event occurred in the past year, whether a weapon was used, and whether injury resulted. Individual JVQ questions can be used to create variables representing aggregate types of victimization, such as physical assault or property victimization. For this study, we examine only victimizations perpetrated by nonsibling peers which occurred in the past year. Dummy variables were constructed indicating whether the child or youth had experienced any of the following 8 victimization types: physical assault (12 items); physical intimidation (1 item); verbal aggression (1 item); relational aggression (2 items); sexual assault (4 items); sexual harassment or flashing (2 items); property victimization (3 items); and Internet victimization (3 items). The specific items used to screen for these victimization types have been published elsewhere (Finkelhor et al., 2013). The JVQ has demonstrated good psychometric properties, including test–retest reliability and construct validity (Finkelhor, Hamby, Ormrod, & Turner, 2005).

Incident characteristics. Using information from the follow-up questions, peer victimization types were further classified by whether the incident involved several characteristics: *Power imbalance* was assessed with a question asking whether the perpetrator had “an advantage over you/your child because he or she is stronger, more popular, or has a lot of influence over other kids.” This follow-up is consistent with the well-known Olweus question that specifies “it is not bullying when two students of about the same strength or power argue or fight.” However, our item provides respondents with more detailed information of what “power” may entail and better reflects power differential circumstances that might occur in incidents without physical violence, such as emotional and relational victim-

ization. We also assessed: *injury* (“Were you/your child physically hurt when this happened? Hurt means you could still feel pain in your body the next day. You are also hurt when you have a bruise, a cut that bleeds, or a broken bone”); *weapon used* (gun, knife, stick, rock, bottle, tool, or other item that could cause injury); *sexual content*—the incident included any sexual victimization type (sexual assault, sexual harassment, flashing, or unwanted Internet sex talk); *Internet component*—the child or youth experienced some form of Internet victimization (unwanted Internet sex talk, Internet harassment, cell phone or texting harassment) and/or reported that an Internet victimization was part of the same incident as another, non-Internet victimization; *bias component*—victimization occurred in the same incident that the child was “hit or attacked because of his or her skin color, religion, where his or her family comes from, because of a physical problem or because someone said he or she was gay.”

The three Internet victimization items had a different set of follow-up questions than the other items. The Internet follow-up questions were limited to information on how many times the child had ever experienced each type of Internet victimization, whether it had happened in the past year, and whether the identity and age of the perpetrator was known. Thus, not all incident characteristics were known for all Internet victimizations. Information on some incident characteristics, such as power imbalance, was available only for Internet victimizations that were reported to have occurred in conjunction with another type of non-Internet victimization.

Incident effects. Respondents were asked whether they *missed school* because of the incident or whether they *felt afraid* (*not at all, a little afraid, very afraid*) when the incident occurred. “Missed school” and “felt afraid” follow-up questions were not asked specifically for Internet victimizations questions and this information was available only for Internet victimizations that were reported to have occurred in conjunction with another non-Internet type of victimization.

Trauma symptom scores. Mental health status was measured through the use of trauma symptom scores for the anger, depression, anxiety, dissociation, and posttraumatic stress scales of two closely related measures: the

Trauma Symptoms Checklist for Children (TSCC; Briere, 1996), which was used with the 10- to 17-year-old self-report interviews, and the Trauma Symptom Checklist for Young Children (TSCYC) (Briere et al., 2001), used in the caregiver interviews for the 6- to 9-year-olds. For the purpose of this study the instruments were shortened for a total of 28 items in the TSCC and 25 items in the TSCYC. For both instruments, respondents are asked to indicate how often they (or their children) have experienced each symptom within the last month. Response options are on a 4-point scale from 1 (*not at all*) to 4 (*very often*). Because these measures are often used in their entirety (Becker-Blease, Turner, & Finkelhor, 2010; Milot, Éthier, St-Laurent, & Provost, 2010; Runyan et al., 2005; Turner et al., 2012) and we were only interested in global mental health, we created a total mental health distress score. Thus, all item responses for the five scales together were summed to create an aggregate trauma symptom score. The TSCC and TSCYC have shown very good reliability and validity in both population-based and clinical samples (Briere, 1996; Briere et al., 2001). In this study, the alpha coefficient was .93 for the TSCC (25 items) and .87 for the TSCYC (28 items). Because the specific items of the two measures differed, a child trauma symptom score was created for the 6- to 9-year-olds and a youth trauma symptom score for the 10- to 17-year-olds. A unified trauma symptom score for all children 6 to 17 years of age in the sample was then constructed by merging the standardized trauma scores for each age group.

Demographics. Demographic information was obtained in the initial parent interview, including the child’s gender (51.8% male), age in years (mean: 12.0, *SD* = 3.4), race/ethnicity, coded into four groups: white non-Hispanic (68.4%), Black non-Hispanic (12.4%), other race non-Hispanic (5.7%), and Hispanic any race (13.5%), socioeconomic status (SES), and perceptions of neighborhood dangerousness. SES is a composite based on the sum of the standardized household income and standardized parental education (for the parent with the highest education) scores, which was then restandardized. Family structure, defined by the composition of the household, was categorized into four groups: children living with (a) two biological or adoptive parents (64.4%), (b) one

biological parent plus partner (spouse or non-spouse; 9.2%), (c) single biological parent (21.4%), and (d) other caregiver (5.0%).

Data Analysis

Most analyses in this study were conducted using the child as the unit of analysis and examined the characteristics and associated outcomes of children's experience of any of 8 types of past year peer victimization. (Tables 1, 2, and 5 and Figure 1). However, in addition to reporting the types of victimizations experienced based on JVQ items, children provided information on whether victimizations occurred in the same or different incidents. Thus a single incident might involve more than one specific type of victimization, and children might report experiencing more than one incident. To assess the impact of victimization characteristics on outcomes, an incident level file was created where victimized children had separate records for each reported incident of past year peer victimization no matter what type of victimization was involved. In this way, incident level characteristics such as weapon use or injury could be tied directly with the associated incident outcomes of fear and missing school, and all incidents experienced by a child could be included in the analyses. In the sample as a whole, children experienced a mean number of past year victimizations of 0.99 ($SD = .04$, range 0–11). Among children experiencing any peer victimization, the mean number of incidents was 2.05 ($SD = .05$, range 1–11). Analyses conducted on the incident level file are shown in Tables 3 and 4.

Chi-square tests were used to compare percentages of children who experienced of each type of peer victimization by demographic characteristics (see Table 1) and percentages of incidents where a child felt afraid or missed school by incident characteristics (see Table 3). ANCOVA and two-sample t tests were used to compare mean trauma symptom scores across groups in Figure 1 and Table 3, respectively. For Table 4, logistic regression was used to assess the likelihood of feeling afraid or missing school based on sociodemographics and incident characteristics. The regressions of Table 4 were adjusted for nonindependence of incidents experienced by the same child by calculating robust standard errors using the "vce(cluster)"

option in Stata 13's logistic regression command. In addition, postestimation regression diagnostics were conducted to ensure that results were not affected by influential cases. In Table 4, ordinary least squares regression was used to assess the effects of sociodemographic factors and incident characteristics on trauma symptom scores.

For most of the variables used in this study, data were missing on less than 1% of cases (maximum 1.6%). Cases with missing data for specific victimization types or incident characteristics were coded as having not experienced the victimization or characteristic. Missing data on individual trauma symptom questions were imputed with SPSS 21's missing data module and expectation maximization estimation. Twelve cases missing data on race/ethnicity were excluded from analyses.

Results

Demographic Variations in Peer Victimization Exposure

Table 1 presents the past year incidence of 8 different forms of peer victimization, for the sample as a whole and for different age, sex, family structure, and race/ethnic groups. Almost one half (48.4%) of the entire sample of school-age children experienced at least one form of peer victimization in the past year. Relational aggression was the most common form of peer victimization at 27.8%, 95% CI [25.7–30.1], followed by peer physical assault (22.1% [20.1–24.3]) and verbal aggression (18.5% [16.7–20.6]). Peer sexual assault was the least common form of victimization at 2.3% [1.6–3.3]. However, the percent of youth exposed to various forms of peer victimization differed across demographic characteristics. Physical assault was significantly higher among boys relative to girls, $\chi^2(1) = 80.8$, $p < .001$, whereas verbal aggression, $\chi^2(1) = 16.2$, $p < .01$, relational aggression, $\chi^2(1) = 40.4$, $p < .001$, and Internet victimization, $\chi^2(1) = 36.1$, $p < .001$, were all significantly higher among girls. Both sexual harassment, $\chi^2(1) = 14.5$, $p < .01$, and sexual assault, $\chi^2(1) = 21.7$, $p < .01$, were also significantly higher among girls and substantially higher among the older teens (harass-

This document is copyrighted by the American Psychological Association or one of its allied publishers. This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

Table 1
Past Year Peer Victimization, Ages 6–17 (n = 3,165)

	Physical assault (n = 685)	Physical intimidation (n = 172)	Verbal aggression (n = 586)	Relational aggression (n = 878)	Sexual assault (n = 66)	Sexual harassment or flashing (n = 186)	Property victimization (n = 426)	Internet victimization (n = 114)	Any peer victimization (n = 1,522)
Total sample	22.1%	5.3%	18.5%	27.8%	2.3%	5.4%	13.3%	3.3%	48.4%
Gender									
Males	28.6***	4.7	15.8**	22.9***	1.1***	3.9**	13.7	1.5***	46.9
Females	15.4	5.8	21.4	33.0	3.6	7.0	12.9	5.3	49.9
Age group									
6–9	20.5	4.5	24.0***	17.9***	0.7***	0.7***	9.5**	0.1***	41.7**
10–13	24.1	5.8	16.0	33.2	0.9	3.2	15.4	2.7	51.7
14–17	21.9	5.5	13.4	31.8	5.1	11.6	14.8	6.7	51.3
Family structure									
Two parent	18.5**	5.0	17.3	26.2	1.7	4.5	10.2***	2.8	43.8**
Parent and stepparent/partner	27.0	7.0	20.1	31.8	2.7	4.6	10.1	3.9	51.0
Single parent	25.4	5.6	20.8	30.2	3.6	7.3	18.9	4.1	55.4
Other adult	30.1	3.2	14.0	23.0	1.1	4.1	16.8	2.9	46.7
Race/ethnicity									
White, non-Hispanic	19.9	6.0	18.6	29.2	2.1	6.3	12.9	4.4**	47.6
Black, non-Hispanic	27.3	3.7	18.6	27.9	3.5	3.9	18.3	3.0	51.7
Other, non-Hispanic	21.9	6.5	21.1	26.8	1.2	6.2	11.9	1.0	47.3
Hispanic, any race	25.4	3.9	17.8	24.9	2.7	4.0	11.5	1.4	49.5

Note. Percentages are weighted. Sample size of 3,165 is unweighted. Comparisons of percent experiencing each type of victimization within gender, age, family structure, and race/ethnicity group were made using chi-square tests.

χ^2 test *p* values are indicated by asterisks: ** *p* < .01. *** *p* < .001.

Table 2
Past Year Incident Details and Effects for Peer Victimization types, Ages 6–17

Percent of past year victims who experienced specific incident characteristics and effects by type of victimization	Sexual harassment or flashing (n = 186)								Any peer victimization (of 8 types) ^a (n = 1,522)
	Physical assault (n = 685)	Physical intimidation (n = 172)	Verbal aggression (n = 586)	Relational aggression (n = 878)	Sexual assault (n = 66)	Property victimization (n = 426)	Internet victimization (n = 114)	Sexual harassment or flashing (n = 186)	
Injury	40.4%	9.6%	2.8%	1.3%	12.1%	0.0%	—	5.1%	19.5%
Weapon used	10.9	3.7	2.0	0.3	1.0	0.9	—	0.9	5.7
Power imbalance	49.5	59.5	57.9	56.9	73.1	42.8	—	42.8	57.4
Sexual content	3.9	8.2	3.9	8.6	100.0	100.0	18.9	100.0	15.2
Internet component	1.9	0.8	1.7	7.2	1.7	0.4	100.0	6.8	9.7
Bias component	6.4	1.1	2.4	1.1	1.0	0.8	0.8	1.5	3.0
Child was "very afraid"	15.2	14.1	8.1	4.6	25.2	11.1	—	11.1	12.5
Child was "a little afraid"	36.2	38.3	30.4	27.2	52.4	26.5	—	23.5	39.8
Child missed school	14.2	5.9	8.8	8.4	23.2	4.9	—	13.9	13.6
Mean trauma scores	0.55	0.75	0.63	0.50	1.17	0.48	0.68	1.17	0.40

^a Internet victimizations are not included in injury, weapon use, perpetrator advantage, child afraid, or child missed school because these follow-up questions were not asked for internet victimization screeners.

ment: $\chi^2(2) = 137.9, p < .001$, assault: $\chi^2(2) = 57.5, p < .001$).

There were also significant age group differences in several forms of peer victimization. Verbal aggression was highest in the youngest group (6- to 9-year-olds) and least common in the oldest group (14- to 17-year-olds), $\chi^2(2) = 39.9, p < .001$, whereas relational aggression occurred more frequently among the middle and high school aged youth, $\chi^2(2) = 72.8, p < .001$. Internet victimization was substantially higher among the older teens (14–17 years), $\chi^2(2) = 73.7, p < .001$, relative to both younger groups, and property victimization was least common among the youngest youth (6–9 years), $\chi^2(2) = 18.9, p < .01$. Peer physical assault significantly varied by family structure, $\chi^2(3) = 29.9, p < .01$, with those in households with no biological parent having the greatest exposure. White youth were most likely to report Internet victimization, $\chi^2(3) = 17.6, p < .01$, whereas property victimization was significantly higher among youth in single parent and nonparent households, $\chi^2(3) = 46.1, p < .001$.

Power Imbalance Criterion

The next objective was to determine whether the frequently used criterion of power imbalance (i.e., the perpetrator had an advantage over the respondent because he or she is stronger, more popular, or has a lot of influence over other kids) represented a useful way to exclude relatively trivial incidents of peer victimization. First, is power imbalance more common for some types of youth than others, as defined by age, gender, race, or family structure? When the perpetrator holds a power advantage over the victim, is the impact of the victimization greater? And, importantly, are incidents in which there is no power imbalance similar in impact to having not experienced the victimization?

Interestingly, there were very few demographic differences in the frequency of power imbalance across types of peer victimization (analyses not shown). As might be expected, a significantly greater percentage of female victims than male victims reported a power imbalance with respect to sexual assault. Also, middle school-age youth (10–13 years) exposed to verbal aggression were most likely to report power

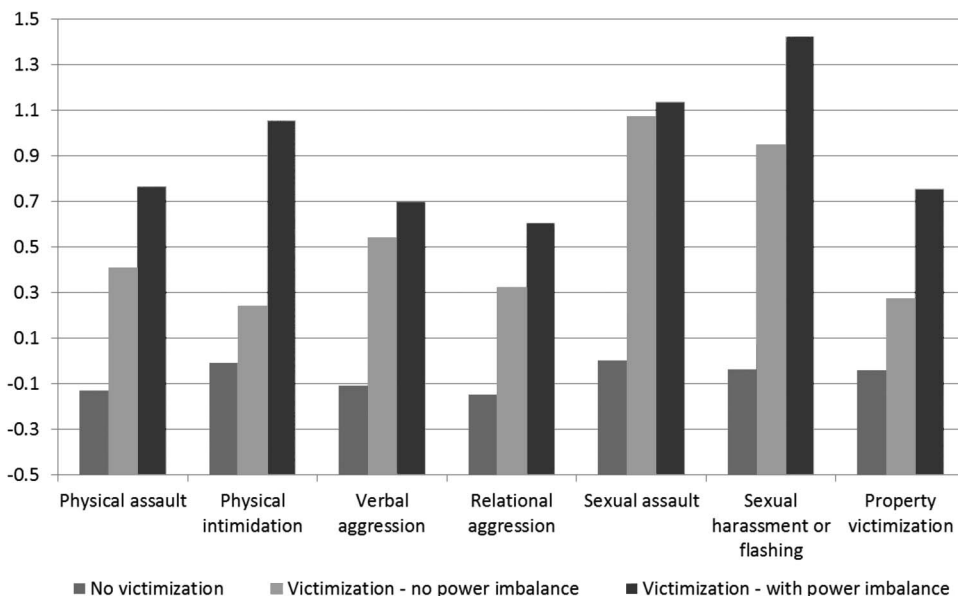


Figure 1. Mean trauma symptom scores by victimization type for nonvictims and victims with or without power imbalance. Within victimization types, all differences between nonvictims, victims with no power imbalance, and victims with power imbalance are significant at $p < .05$ except that there is no significant difference between sex assault victims with power imbalance and sex assault victims without power imbalance ($n = 3,165$).

imbalance while elementary school-aged youth (6–9 years) were the least likely.

Figure 1 compares three groups of youth on trauma symptom levels for 7 particular types of victimization: (a) nonvictims of a particular type, (b) victims of that type when there was no power imbalance, and (c) victims who were disadvantaged in power relative to the perpetrator, all controlling for all demographic factors (information on power imbalance was not obtained for Internet victimization). Differences between groups in their predicted mean trauma scores were tested for significance within each victimization type. Results show that for sexual assault, power differential makes no difference: the impact was similar whether or not the perpetrator was higher in power. By contrast, with physical assault, physical intimidation, verbal aggression, relational aggression, sexual harassment, and property victimization, power imbalance was associated with significantly more symptoms ($p < .05$). However, for all types of victimization, victims who were not disadvantaged in power still reported signifi-

cantly higher symptoms scores than nonvictims ($p < .05$). Therefore, although power imbalance appeared to mostly increase the severity of the impact, a lack of power imbalance did not shield victims from negative effects.

Other Aggravating Incident Characteristics

The next objective was to investigate whether there are other victimization characteristics, in addition to power imbalance, that heighten the impact of peer victimization. We addressed this question with 6 different potentially aggravating incident characteristics (injury, weapon involvement, power imbalance, sexual component, Internet component, and bias/discriminatory component) across all 8 peer victimization types. We examined each of these features in relation to three indicators of negative impact: level of fear, missing school, and mean trauma symptoms (Tables 2 and 3). And, finally, we examined the independent and relative effects of incident characteristics on level of fear and missing school

Table 3
Percent of Peer-Perpetrated Victimization Incidents Where Child Felt Very Afraid or Missed School, by Incident Characteristics; Mean Trauma Scores for Children Who Experienced Any Peer Victimization Involving Each Incident Characteristic

	<i>(n = 2,992 incidents)^a</i>		<i>(n = 1,522 respondents)</i>
	“Very afraid”	Missed school	Mean trauma scores
Child was injured			
Yes	21.3***	21.2***	0.75***
No	6.6	6.6	0.32
Weapon involved			
Yes	19.8***	13.1	1.08***
No	7.8	8.2	0.36
Power imbalance			
Yes	12.1***	10.9**	0.59***
No	4.8	6.0	0.15
Sexual content			
Yes	11.1	12.7	1.09***
No	8.2	8.0	0.28
Internet component			
Yes	6.5	22.1**	0.77**
No	8.5	8.0	0.36
Bias component			
Yes	18.1	8.4	1.13**
No	8.3	8.4	0.38

^a Information on whether child was afraid or missed school was not collected for specific internet victimizations.

** $p < .01$. *** $p < .001$.

(see Table 4), as well as level of trauma symptoms (see Table 5).

As seen in Table 2, 40.4% (95% CI [35.2, 45.8]) of all peer physical assault incidents resulted in injury and almost 11% [7.7, 15.1] involved a weapon. As might be expected, physical assault was most likely to be associated with these characteristics. Interestingly, power imbalance was present in more than half of all peer victimizations (57.4% [53.8, 61.0]), with the highest being sexual assault (73.1% [57.7, 84.3]) and the lowest being property victimizations (41.7% [35.3, 48.4]) and sexual harassment (42.8% [32.6, 53.7]). Aside from the specific sexual victimization items that directly asked about sexually related events, physical intimidation and relational aggression were the peer victimizations types most likely to include a sexual component at 8.2% [4.0, 17.1] and 8.6% [6.1, 12.2], respectively. Aside from the specific Internet items (directly asking about victimizations occurring over the Internet), sexual harassment and relational aggression were

most likely to have involved the Internet at more than 6.8% [3.8, 11.7] and 7.2% [4.8, 10.6], respectively. Finally, physical assault was most likely to involve a bias component at 6.4% [4.1, 9.8] of all assault incidents.

The last four rows of Table 2 show how each of the 8 victimization types are associated with the three outcome measures of fear, missing school, and trauma symptom scores. Victimization incidents in which youth indicated being afraid at the time of the victimization were most often associated with sexual assaults: more than 25% [11.3, 47.2] were “very afraid” and 52.4% [34.4, 69.8] were “a little afraid.” Being afraid was also high for physical assaults, with over 15% [11.6, 19.6] indicating that they were “very afraid” and more than 36% [31.2, 41.5] of victims indicating that they were “a little afraid.” Missing school because of the victimization was also most associated with sexual assault (23.2% [9.1, 47.8]), followed by physical assault (14.2% [10.3, 19.3]) and sexual harassment (13.9% [7.2, 25.0]). Finally, mean trauma

Table 4

Logistic Regressions of "Missed School" and Felt "Very Afraid" on Demographics and Victimization Incident Characteristics (n = 2,992 Incidents)

	Child felt "very afraid"			Child missed school		
	Coeff	Robust SE	OR [95% CI]	Coeff	Robust SE	OR [95% CI]
Female	0.68**	0.23	1.98 [1.26, 3.11]	0.77***	0.23	2.15 [1.44, 3.21]
Age (years)	-0.02	0.34	0.98 [0.92, 1.05]	0.09**	0.03	1.10 [1.02, 1.18]
Socioeconomic status	-0.21	0.13	0.81 [0.63, 1.04]	-0.29*	0.13	0.75 [0.59, 0.95]
Race/ethnicity ^a						
Black, non-Hispanic	0.13	0.33	1.14 [0.60, 2.16]	0.32	0.33	1.37 [0.81, 2.33]
Other, non-Hispanic	0.83**	0.31	2.30 [1.26, 4.21]	0.37	0.31	1.44 [0.75, 2.80]
Hispanic, any race	0.19	0.31	1.21 [0.66, 2.21]	-0.36	0.31	0.70 [0.38, 1.30]
Family structure ^b						
Parent and stepparent/partner	0.02	0.31	1.02 [0.55, 1.90]	0.67	0.36	1.96 [0.97, 3.98]
Single parent	-0.19	0.26	0.82 [0.49, 1.38]	-0.04	0.25	0.96 [0.59, 1.56]
Other adult caregiver	-0.20	0.43	0.82 [0.35, 1.91]	0.30	0.44	1.35 [0.57, 3.18]
Peer victimization involved						
Injury	1.45***	0.28	4.28 [2.49, 7.34]	1.64***	0.24	5.17 [3.20, 8.34]
Weapon	0.49	0.42	1.64 [0.72, 3.69]	-0.17	0.38	0.84 [1.40, 1.79]
Power imbalance	0.94***	0.21	2.55 [1.69, 3.87]	0.59**	0.21	1.80 [1.19, 2.72]
Sexual content	0.43	0.31	1.54 [0.83, 2.82]	0.24	0.33	1.27 [0.66, 2.45]
Internet component	-0.30	0.51	0.74 [0.28, 2.01]	0.89	0.46	2.44 [0.98, 6.06]
Bias	0.35	0.62	1.42 [0.42, 4.81]	-0.30	0.67	0.74 [0.20, 2.78]
Pseudo R ²	0.10			0.12		

^a Reference category is white, non-Hispanics. ^b Reference category is two biological or adoptive parents.

* $p < .05$. ** $p < .01$. *** $p < .001$.

scores were highest among the sexual assault and sexual harassment victims, followed by physical intimidation and Internet victimization.

Table 3 shows how the six aggravating incident characteristics, aggregated across all 8 types of peer victimization, are associated with the three impact indicators. For example, more than 21% of incidents that resulted in an injury were associated with the child being "very afraid," whereas 6.6% of incidents where no injury occurred were associated with this level of fear, $\chi^2(1) = 91.4$, $p < .001$. The same pattern was evident for weapon involvement and power imbalance. Almost one fifth of incidents that involved a weapon, but less than 8% of incidents with no weapon, were associated with the child being very afraid, $\chi^2(1) = 26.0$, $p < .001$, whereas more than 12% of incidents where the perpetrator was perceived to be more powerful resulted in the child being very afraid, compared with about 5% of incidents with no power differential, $\chi^2(1) = 51.6$, $p < .001$. Similarly, missing school because of the victimization was significantly more frequent when the incident involved an injury, $\chi^2(1) = 89.9$, $p < .001$, and the perpetrator was advantaged in

power, $\chi^2(1) = 23.8$, $p < .01$. In addition, incidents that involved an Internet component were more often associated with missing school, with over 22% of Internet victimization incidents resulting in the victim missing school, $\chi^2(1) = 20.1$, $p < .01$. Finally, among children who experienced any past year peer victimization, significant elevations in trauma symptoms were associated with all 6 of the incident characteristics, including injury, $t = -4.16$, $p < .001$, weapon involvement, $t = -4.03$, $p < .001$, power imbalance, $t = -5.94$, $p < .001$, sexual content, $t = -6.96$, $p < .001$, Internet component, $t = -2.76$, $p < .01$, and bias/discriminatory component, $t = -2.83$, $p < .01$.

Because incidents can involve more than one aggravating characteristic, and because outcome variables also differ by demographic characteristics, Table 4 examines the independent and relative effects of the 6 aggravating characteristics on the odds of feeling "very afraid" during the incident and the odds of missing school, controlling for demographic factors. Two characteristics had significant independent effects on both outcomes: injury and power imbalance. Injury had by far the strongest ef-

Table 5
*Regression of Trauma Symptom Scores on
 Characteristics of Past Year Peer Victimization
 (n = 1,522 Respondents)*

Characteristic	β	<i>b</i>	(SE)
Female	0.08*	0.16	(0.07)
Age (years)	-0.06	-0.02	(0.01)
Socioeconomic status	-0.03	-0.04	(0.05)
Race/ethnicity ^a			
Black, non-Hispanic	-0.02	-0.06	(0.10)
Other, non-Hispanic	0.03	0.13	(0.13)
Hispanic, any race	-0.06	-0.17	(0.11)
Family Structure ^b			
Parent and stepparent/partner	0.06	0.20	(0.12)
Single parent	0.00	0.00	(0.08)
Other adult caregiver	0.02	0.10	(0.21)
Any peer victimization involving			
Injury	0.10**	0.27	(0.10)
Weapon	0.10**	0.48	(0.16)
Power imbalance	0.13***	0.28	(0.07)
Sexual content	0.23***	0.69	(0.11)
Internet component	0.04	0.14	(0.13)
Bias	0.05	0.29	(0.20)
<i>R</i> ²	0.15		

^a Reference category is white, non-Hispanics. ^b Reference category is two biological or adoptive parents.

* $p < .05$. ** $p < .01$. *** $p < .001$.

facts, associated with more than 4 times the odds of being very afraid (OR = 4.3, 95% CI [2.5, 7.3]) and more than 5 times the odds of missing school (OR = 5.2 [3.2–8.3]), independent of other aggravating characteristics and demographic factors. Power imbalance more than doubled the odds of being very afraid (OR = 2.5 [1.7, 3.9]) and increased the odds of missing school by 80% (OR = 1.8 [3.2, 8.3]). The odds of missing school associated with an Internet component (OR = 2.44 [0.98, 6.1]) was marginally significant ($p = .055$). Table 5 presents the independent effects of the 6 aggravating characteristics on children's levels of trauma symptoms, controlling for demographic characteristics. Peer victimizations involving an injury, weapon, power imbalance, and sexual content each have independent positive effects on level of trauma symptoms, with sexual content having the strongest effect.

Additional analyses (not shown) indicated that, among youth who experienced any past year peer victimization, about 50% of those with high levels of trauma symptoms (more than 1 *SD* above the mean) experienced 2 or

more of these aggravating characteristics. In contrast, only about 20% of victimized youth with lower symptoms levels (less than 1 *SD* above the mean) experienced 2 or more of these four incident features (power imbalance, weapon involvement, injury, sexual content).

Discussion

Findings from the Second National Children's Exposure to Violence Study indicate that a substantial amount of peer perpetrated victimization occurs over the course of one year; for example, more than one-quarter of youth were victims of relational aggression and more than one fifth had been assaulted by peers. Victimization types not typically included in "bullying research," such as sexual victimization and property victimization, were also not trivial in frequency, were often experienced as frightening, and were associated with missing school and elevated trauma symptoms. These findings suggest the benefit of shifting our emphasis in research and intervention away from "bullying" alone to a more inclusive focus on peer victimization. By addressing a broader array of peer victimization types, we can avoid the existing definitional problems associated with "bullying" research and policy and encourage more comprehensive assessments and responses.

Gender and age were particularly important characteristics that influenced the prevalence of different forms of peer victimization. Although some researchers have questioned the assumed gendered nature of different types of peer victimization (Barboza et al., 2009; Goldstein, Young, & Boyd, 2008), the current findings do clearly show both higher rates of physical assault among males and higher rates of verbal, relational, and Internet victimization among girls, types that are more emotional rather than physical in nature. Interestingly, different forms of emotional victimization change in prevalence with age. Verbal aggression was most common among elementary school-age children, relational aggression becomes more prevalent in middle school, and Internet victimization appeared to be greatest in high school. Thus, the frequency of emotion-focused peer victimization, in particular, changes developmentally. Physical assault was highest among Blacks and youth living in households with no biological parent, perhaps because these youth were more

likely to reside in dangerous neighborhoods and/or attend more dangerous schools (Turner, Shattuck, Hamby, & Finkelhor, 2013). These findings highlight the importance of addressing a wide range of peer victimization types as part of core prevention programs and the potential need for targeted recommendations based on the age and sex of youth.

A core objective of this research was to address the implications of applying power imbalance as the key criterion to include or exclude peer victimization incidents from consideration under bullying intervention policies. Findings indicate that power imbalance occurred only a little more than one half of the time across all peer perpetrated victimizations, suggesting power imbalance was clearly not a universal prerequisite for victimization exposure. There was also little variation in the prevalence of power imbalance in peer victimization across demographic characteristics. The findings suggest that a very large number of peer victimizations would presumably be screened out and uncounted in traditional assessments when bullying is defined as requiring a more powerful perpetrator. Although power imbalance often significantly increased the negative impact of peer victimization, episodes without power imbalance also were associated with damaging effects. For every type of victimization, victims without power imbalance still reported significantly higher symptoms scores than nonvictims. This suggests that lack of power imbalance should not necessarily exclude events from intervention or research. A better approach would be to consider peer victimization more broadly, and then to demarcate the incident characteristics and context features that make some episode more harmful than others. The current research takes a step in this direction.

Although we argue that lack of power-imbalance should not exclude peer victimizations from our assessments, findings do confirm that a more powerful perpetrator often intensifies the negative impact of peer victimization. It has been suggested that this situation should be distinguished from general aggression between peers of equal power because it is associated with the victim's perceived inability to defend or protect him/herself and is associated with greater perceived threat and less control over the situation (Hunter, Boyle, & Warden, 2007; Olweus, 2013). This is consistent with our find-

ing that victimization incidents with a more powerful perpetrator were more strongly associated with being "very afraid" at the time of the incident. Power imbalance also increased the odds of missing school, independent of injury, suggesting that these kinds of victimization may also be associated with fear of ongoing or future victimization. Fear of future victimization may in turn lead to school avoidance. Children who experienced any victimization where the perpetrator was advantaged in power also exhibited elevated trauma symptoms scores, suggesting that such situations may have more pervasive mental health consequences.

Findings also showed that there are additional aggravating incident characteristics, beyond power imbalance, that merit priority attention from practitioners and researchers. When considered separately, all six aggravating characteristics (injury, weapon, power imbalance, sexual content, Internet component and bias component) were all associated with greater impact.

But when testing for independent effects controlling for other factors, injury was the strongest predictor of fear and missing school, increasing the odds of being very afraid by over four times and increasing the odds of missing school fivefold. Physical bodily harm to children at the hands of peers, whether involving power imbalance or not, appears to have a major emotional impact as well as impair functioning within school, a crucial domain of social and educational development. Power imbalance also was associated with fear and missing school. But almost 47% of bodily harm episodes did not involve power imbalance.

With respect to child-level trauma symptoms, a sexual component was the feature most strongly related to symptomatology, independent of other incident characteristics and demographics. Thus, sexual victimization has mental health consequences whether or not it involves power imbalance. The particularly strong effect of sexual victimization is consistent with some studies that have found sexual assault to have a greater impact on psychopathology than other traumatic events (Frans, Rimmö, Åberg, & Fredrikson, 2005; Tolin & Foa, 2008; Valentin, Telch, Petrucci, & Bolte, 1996). This may be attributable to such factors as greater self-blame and avoidant coping (Boeschen, Koss, Figueredo, & Coan, 2001), emotional re-

sponses such as disgust (Feldner, Frala, Bador, Leen-Feldner, & Olatunji, 2010), and difficulties in mobilizing social support in sexual victimizations. It is important to bear in mind, however, that most peer victimizations with sexual content in this study were not sexual assault victimizations; three quarters (73.8%) of the sexual victimizations experienced by this highly affected group were harassment and flashing victimizations. So sexual harassment even in the absence of power imbalance appears to be very impactful.

Injury, weapon involvement, and power imbalance also had significant independent associations with trauma symptoms. It is noteworthy that weapon involvement alone, even in the absence of injury, exacerbated trauma associated with peer victimization, illustrating how a serious threat component contributes to psychological impact.

Finally, the most traumatized youth (i.e., those with the greatest symptomatology) were substantially more likely to have experienced more than one of the most impactful incident characteristics (power imbalance, weapon involvement, injury, sexual content), suggesting that aggravating features of peer victimization incidents are cumulative in their negative effects.

Our findings have several implications for research and intervention with the problems of bullying and peer victimization. First, the findings do suggest the need for researchers and educators to differentiate among peer victimizations, given that they are widespread and vary significantly in their seriousness and severity. However, this differentiation concerning which peer victimizations are most “actionable” by school officials, parents, or law enforcement, needs to be informed by research, and not made on the basis of assumptions, stereotypes, untested legal notions, or popular conceptions. Specifically, we think the current effort to prioritize bullying defined primarily by power imbalance is likely to miss an important part of the most serious peer victimization problem.

Second, the findings do suggest strongly that actionable forms of peer victimization should include those with sexual content, injury to the victim, or the presence of a weapon, whether or not they entail power imbalance. It is not necessarily the case, however, that harm criteria

should be the entire basis for deciding which victimizations are most worthy of response. In this study, bias content, for example, was not independently associated with harm, fear, or missing school. Yet ethical and legal considerations also need to be taken into account when considering the types of peer victimization that are given priority.

Third, more work needs to be done to create an integrated conceptual framework for considering the full spectrum of peer victimizations, that incorporates both research findings and legal and administrative needs. Concepts like harassment, criminal assault, and sexual assault need to be clearly defined and integrated with bullying. We doubt that it is possible to eliminate the strong reliance on the concept of bullying when referring to the problem of peer victimization. But just as more generic concepts like sexual assault and domestic violence came to accompany advocacy concepts like rape and wife abuse, it would be helpful for the more general concept of peer victimization to accompany references to bullying.

For educators there are several practical implications. They should continue, as many do, to try to intervene in a broad range of threats to children’s safety and well-being, and oppose lawmakers or conceptual purists who want them to restrict their attention to narrow definitions of bullying. The current study provides some justification that peer victimization, in general, affects school performance and that a range of factors are consequential in their impact. In addition, programs to prevent peer victimization should not put exclusive emphasis on teaching the power imbalance criterion in their training, but rather outline the many forms that peer victimization can take and indicate how power imbalance can be one of several elements that aggravate the effects.

Researchers can be of help to educators and policymakers in prioritizing their efforts, but need to recognize that the research tradition in this field may have been confusing and difficult to apply, and is in need of some reformulation. Researchers may be more helpful by including in their studies, not just “bullying,” but the full range of peer victimization that educators encounter. Whether and how we should subdivide this range is an important question that needs to be approached empirically. We urge the use of instruments in research that measure peer vic-

timization broadly, so that the utility of various distinctions can be better analyzed and understood.

Limitations

There a number of limitations of the current research that should be acknowledged. First, it is possible that we underestimated peer victimization and/or specific incident characteristics occurring among the younger 6- to 9-year-old group (for which information was obtained by caregiver reports), because parents may not be aware of or know the details of many incidents that occur away from home. Second, not all categories of peer victimization were equally represented by our measures. For example, physical intimidation and verbal aggression were each assessed with only one item, whereas assault was assessed with several items. Single item measures may yield lower incidence rates relative to victimization types assessed with multiple items. Second, some of the incident characteristics were not assessed with follow-ups that directly asked about the specific content associated with victimization exposures. Rather, in some cases, the information could only be obtained if the respondent indicated that it was “part of another event” for which the information was available. For example, items that specifically asked about victimizations occurring on the Internet did not include follow-up information on power imbalance, level of fear, and missing school. Despite our limited information, findings did suggest that victimizations that have an Internet component might be particularly likely to result in missing school; poor statistical power was likely the reason for its marginal significance. “Bias component” was represented by a question that specifically asked about *physical* attacks because of race, nationality, religion, disability, or sexual orientation. Although physical assault incidents that involved bias are likely to be accurately represented, bias content associated in other forms of victimization, such verbal or relational aggression, are likely undercounted. We were also not able to assess the impact of repeat victimization within particular types, as we did not have information on past year chronicity of exposure. Future research should more explicitly and directly assess incident characteristics with consistent and more com-

prehensive follow-up information. Finally, because this study is cross-sectional in design, it is possible that reports of more subjective incident characteristics, such power imbalance, are influenced by current subjective states (e.g., trauma symptoms) rather than the reverse.

Conclusions

Peer victimization is a common experience for youth in the United States and remains a serious public health concern. It has a demonstrable effect on education, reflected in our finding that 6.6% of 6- to 17-year-olds, or more than 3 million children, in 2011 had missed a day or more of school as a result of a peer victimization. Although much of the existing research and interventions addressing this issue emphasize “bullying,” there is good reason to shift attention toward a broader focus on peer victimization. At the same time, identifying aggravating features of peer victimization can help increase our understanding of why and how exposure has such damaging effects, as well as provide a basis for prioritizing victimization experiences that may be in greatest need of intervention efforts. The current research points to the importance of power imbalance, as well as weapon involvement, injury, and sexual content as features likely to exacerbate the detrimental impact of peer victimization.

References

- Babbie, E. (2007). *The practice of social research* (11th ed.). Belmont, CA: Wadsworth.
- Barboza, G. E., Schiamberg, L. B., Oehmke, J., Korzeniewski, S. J., Post, L. A., & Heraux, C. G. (2009). Individual characteristics and the multiple contexts of adolescent bullying: An ecological perspective. *Journal of Youth and Adolescence*, *38*, 101–121. <http://dx.doi.org/10.1007/s10964-008-9271-1>
- Becker-Blease, K. A., Turner, H. A., & Finkelhor, D. (2010). Disasters, victimization, and children’s mental health. *Child Development*, *81*, 1040–1052. <http://dx.doi.org/10.1111/j.1467-8624.2010.01453.x>
- Boeschen, L. E., Koss, M. P., Figueredo, A. J., & Coan, J. A. (2001). Experiential avoidance and post-traumatic stress disorder: A cognitive mediational model of rape recovery. *Journal of Aggression, Maltreatment & Trauma*, *4*, 211–245. http://dx.doi.org/10.1300/J146v04n02_10

- Bolger, K. E., Patterson, C. J., & Kupersmidt, J. B. (1998). Peer relationships and self-esteem among children who have been maltreated. *Child Development, 69*, 1171–1197. <http://dx.doi.org/10.1111/j.1467-8624.1998.tb06166.x>
- Briere, J. (1996). *Trauma Symptoms Checklist for Children (TSCC): Professional manual*. Odessa, FL: Psychological Assessment Resources.
- Briere, J., & Elliott, D. (2000). Prevalence, characteristics, and long-term sequelae of natural disaster exposure in the general population. *Journal of Traumatic Stress, 13*, 661–679. <http://dx.doi.org/10.1023/A:1007814301369>
- Briere, J., Johnson, K., Bissada, A., Damon, L., Crouch, J., Gil, E., . . . Ernst, V. (2001). The Trauma Symptom Checklist for Young Children (TSCYC): Reliability and association with abuse exposure in a multi-site study. *Child Abuse & Neglect, 25*, 1001–1014. [http://dx.doi.org/10.1016/S0145-2134\(01\)00253-8](http://dx.doi.org/10.1016/S0145-2134(01)00253-8)
- Brixval, C. S., Rayce, S. L. B., Rasmussen, M., Holstein, B. E., & Due, P. (2012). Overweight, body image and bullying—An epidemiological study of 11- to 15-years olds. *European Journal of Public Health, 22*, 126–130. <http://dx.doi.org/10.1093/eurpub/ckr010>
- Cassidy, W., Faucher, C., & Jackson, M. (2013). Cyberbullying among youth: A comprehensive review of current international research and its implications and application to policy and practice. *School Psychology International, 34*, 575–612. <http://dx.doi.org/10.1177/0143034313479697>
- Crick, N. R. (1996). The role of overt aggression, relational aggression, and prosocial behavior in the prediction of children's future social adjustment. *Child Development, 67*, 2317–2327. <http://dx.doi.org/10.2307/1131625>
- Cuadrado-Gordillo, I. (2012). Repetition, power imbalance, and intentionality: Do these criteria conform to teenagers' perception of bullying? A role-based analysis. *Journal of Interpersonal Violence, 27*, 1889–1910. <http://dx.doi.org/10.1177/0886260511431436>
- Currie, C., Nic Gabhainn, S., Godeau, E., Roberts, C., Smith, R., & Currie, D. (2008). *Inequalities in young people's health: Health Behavior in School-Aged Children (HBSC) International Report from 2005/2006 Survey*. Copenhagen, Denmark: WHO Regional Office for Europe.
- Dooley, J. J., Pyżalski, J., & Cross, D. (2009). Cyberbullying versus face-to-face bullying: A theoretical and conceptual review. *Zeitschrift für Psychologie/Journal of Psychology, 217*, 182–188.
- Espelage, D. L., Low, S., & De La Rue, L. (2012). Relations between peer victimization subtypes, family violence, and psychological outcomes during early adolescence. *Psychology of Violence, 2*, 313–324. <http://dx.doi.org/10.1037/a0027386>
- Espelage, D. L., & Swearer, S. M. (2008). Addressing research gaps in the intersection between homophobia and bullying. *School Psychology Review, 37*, 155–159.
- Feiring, C., Taska, L., & Lewis, M. (2002). Adjustment following sexual abuse discovery: The role of shame and attribution style. *Developmental Psychology, 38*, 79–92. <http://dx.doi.org/10.1037/0012-1649.38.1.79>
- Feldner, M. T., Frala, J., Badour, C., Leen-Feldner, E. W., & Olatunji, B. O. (2010). An empirical test of the association between disgust and sexual assault. *International Journal of Cognitive Therapy, 3*, 11–22. <http://dx.doi.org/10.1521/ijct.2010.3.1.11>
- Felix, E. D., Furlong, M. J., & Austin, G. (2009). A cluster analytic investigation of school violence victimization among diverse students. *Journal of Interpersonal Violence, 24*, 1673–1695. <http://dx.doi.org/10.1177/0886260509331507>
- Finkelhor, D., Hamby, S. L., Ormrod, R. K., & Turner, H. A. (2005). The Juvenile Victimization Questionnaire: Reliability, validity, and national norms. *Child Abuse & Neglect, 29*, 383–412. <http://dx.doi.org/10.1016/j.chiabu.2004.11.001>
- Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2009). Lifetime assessment of poly-victimization in a national sample of children and youth. *Child Abuse & Neglect, 33*, 403–411. <http://dx.doi.org/10.1016/j.chiabu.2008.09.012>
- Finkelhor, D., Turner, H. A., & Hamby, S. (2012). Let's prevent peer victimization, not just bullying. *Child Abuse & Neglect, 36*, 271–274. <http://dx.doi.org/10.1016/j.chiabu.2011.12.001>
- Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. L. (2013). Violence, crime, and abuse exposure in a national sample of children and youth: An update. *Journal of the American Medical Association Pediatrics, 167*, 614–621. <http://dx.doi.org/10.1001/jamapediatrics.2013.42>
- Frans, O., Rimmö, P. A., Åberg, L., & Fredrikson, M. (2005). Trauma exposure and post-traumatic stress disorder in the general population. *Acta Psychiatrica Scandinavica, 111*, 291–299. <http://dx.doi.org/10.1111/j.1600-0447.2004.00463.x>
- Goldstein, S., Young, A., & Boyd, C. (2008). Relational aggression at school: Associations with school safety and social climate. *Journal of Youth and Adolescence, 37*, 641–654. <http://dx.doi.org/10.1007/s10964-007-9192-4>
- Griffin, R. S., & Gross, A. M. (2004). Childhood bullying: Current empirical findings and future directions for research. *Aggression and Violent Behavior, 9*, 379–400. [http://dx.doi.org/10.1016/S1359-1789\(03\)00033-8](http://dx.doi.org/10.1016/S1359-1789(03)00033-8)
- Hanish, L. D., Eisenberg, N., Fabes, R. A., Spinrad, T. L., Ryan, P., & Schmidt, S. (2004). The expression and regulation of negative emotions: Risk

- factors for young children's peer victimization. *Development and Psychopathology*, *16*, 335–353. <http://dx.doi.org/10.1017/S0954579404044542>
- Hodges, E. V. E., & Perry, D. G. (1999). Personal and interpersonal antecedents and consequences of victimization by peers. *Journal of Personality and Social Psychology*, *76*, 677–685. <http://dx.doi.org/10.1037/0022-3514.76.4.677>
- Hunter, S. C., Boyle, J. M. E., & Warden, D. (2007). Perceptions and correlates of peer-victimization and bullying. *British Journal of Educational Psychology*, *77*, 797–810. <http://dx.doi.org/10.1348/000709906X171046>
- Kalton, G., & Anderson, D. W. (1986). Sampling rare populations. *Journal of the Royal Statistical Society Series A (General)*, *149*, 65–82. <http://dx.doi.org/10.2307/2981886>
- Keeter, S., Kennedy, C., Dimock, M., Best, J., & Craighill, P. (2006). Gauging the impact of growing nonresponse on estimates from a national RDD telephone survey. *Public Opinion Quarterly*, *70*, 759–779. <http://dx.doi.org/10.1093/poq/nfi035>
- Kendall-Tackett, K., Lyon, T., Taliaferro, G., & Little, L. (2005). Why child maltreatment researchers should include children's disability status in their maltreatment studies. *Child Abuse & Neglect*, *29*, 147–151. <http://dx.doi.org/10.1016/j.chiabu.2004.09.002>
- Kim, Y. S., Leventhal, B. L., Koh, Y.-J., Hubbard, A., & Boyce, W. T. (2006). School bullying and youth violence: Causes or consequences of psychopathologic behavior? *Archives of General Psychiatry*, *63*, 1035–1041. <http://dx.doi.org/10.1001/archpsyc.63.9.1035>
- Kohut, A., Keeter, S., Doherty, C., Dimock, M., & Christian, L. (2012). *Assessing the representativeness of public opinion surveys*. Washington, DC: Pew Research Center.
- Lohr, S. L. (2009). Multiple-frame surveys. In D. Pfeffermann & C. R. Rao (Eds.), *Sample surveys: Design, methods, and applications* (Vol. 29A). Burlington, MA: Elsevier. [http://dx.doi.org/10.1016/S0169-7161\(08\)00004-7](http://dx.doi.org/10.1016/S0169-7161(08)00004-7)
- Lumeng, J. C., Forrest, P., Appugliese, D. P., Kaciroti, N., Corwyn, R. F., & Bradley, R. H. (2010). Weight status as a predictor of being bullied in third through sixth grades. *Pediatrics*, *125*, e1301–e1307. <http://dx.doi.org/10.1542/peds.2009-0774>
- Milot, T., Éthier, L. S., St-Laurent, D., & Provost, M. A. (2010). The role of trauma symptoms in the development of behavioral problems in maltreated preschoolers. *Child Abuse & Neglect*, *34*, 225–234. <http://dx.doi.org/10.1016/j.chiabu.2009.07.006>
- Mitchell, K. J., Finkelhor, D., Wolak, J., Ybarra, M. L., & Turner, H. (2011). Youth Internet victimization in a broader victimization context. *Journal of Adolescent Health*, *48*, 128–134. <http://dx.doi.org/10.1016/j.jadohealth.2010.06.009>
- Molnar, B. E., Buka, S. L., & Kessler, R. C. (2001). Child sexual abuse and subsequent psychopathology: Results from the National Comorbidity Survey. *American Journal of Public Health*, *91*, 753–760. <http://dx.doi.org/10.2105/AJPH.91.5.753>
- Nansel, T. R., Overpeck, M., Pilla, R. S., Ruan, W. J., Simons-Morton, B., & Scheidt, P. (2001). Bullying behaviors among US youth: Prevalence and association with psychosocial adjustment. *JAMA: Journal of the American Medical Association*, *285*, 2094–2100. <http://dx.doi.org/10.1001/jama.285.16.2094>
- Olweus, D. (1993). *Bullying at school: What we know and what we can do*. Oxford, UK: Blackwell.
- Olweus, D. (1996). Bullying at school: Knowledge base and an effective intervention program. In C. F. Ferris & T. Grisso (Eds.), *Understanding aggressive behavior in children: Annals of the New York Academy of Sciences* (Vol. 794, pp. 265–276). New York, NY: New York Academy of Sciences. <http://dx.doi.org/10.1111/j.1749-6632.1996.tb32527.x>
- Olweus, D. (2013). School bullying: Development and some important challenges. *Annual Review of Clinical Psychology*, *9*, 751–780. <http://dx.doi.org/10.1146/annurev-clinpsy-050212-185516>
- Olweus, D., & Limber, S. P. (2010). Bullying in school: Evaluation and dissemination of the Olweus Bullying Prevention Program. *American Journal of Orthopsychiatry*, *80*, 124–134. <http://dx.doi.org/10.1111/j.1939-0025.2010.01015.x>
- Resnick, H. S., Kilpatrick, D. G., Best, C. L., & Kramer, T. L. (1992). Vulnerability-stress factors in development of posttraumatic stress disorder. *Journal of Nervous and Mental Disease*, *180*, 424–430. <http://dx.doi.org/10.1097/00005053-199207000-00004>
- Romero, A. J., & Roberts, R. E. (2003). Stress within a bicultural context for adolescents of Mexican descent. *Cultural Diversity and Ethnic Minority Psychology*, *9*, 171–184. <http://dx.doi.org/10.1037/1099-9809.9.2.171>
- Runyan, D. K., Cox, C. E., Dubowitz, H., Newton, R. R., Upadhyaya, M., Kotch, J. B., . . . Knight, E. D. (2005). Describing maltreatment: Do child protective service reports and research definitions agree? *Child Abuse & Neglect*, *29*, 461–477. <http://dx.doi.org/10.1016/j.chiabu.2004.06.015>
- Ryan, W., & Smith, J. D. (2009). Antibullying programs in schools: How effective are evaluation practices? *Prevention Science*, *10*, 248–259. <http://dx.doi.org/10.1007/s11121-009-0128-y>
- Schwartz, D., Gorman, A. H., Nakamoto, J., & Toblin, R. L. (2005). Victimization in the peer group and children's academic functioning. *Journal of*

- Educational Psychology*, 97, 425–435. <http://dx.doi.org/10.1037/0022-0663.97.3.425>
- Solberg, M. E., & Olweus, D. (2003). Prevalence estimation of school bullying with the Olweus Bully/Victim Questionnaire. *Aggressive Behavior*, 29, 239–268. <http://dx.doi.org/10.1002/ab.10047>
- Storch, E. A., & Ledley, D. R. (2005). Peer victimization and psychosocial adjustment in children: Current knowledge and future directions. *Clinical Pediatrics*, 44, 29–38. <http://dx.doi.org/10.1177/000992280504400103>
- Sullivan, P. M. (2009). Violence exposure among children with disabilities. *Clinical Child and Family Psychology Review*, 12, 196–216. <http://dx.doi.org/10.1007/s10567-009-0056-1>
- Tolin, D. F., & Foa, E. B. (2008). Sex differences in trauma and posttraumatic stress disorder: A quantitative review of 25 years of research. *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(1), 37–85. <http://dx.doi.org/10.1037/1942-9681.5.1.37>
- Turner, H. A., Finkelhor, D., Hamby, S. L., Shattuck, A., & Ormrod, R. K. (2011). Specifying type and location of peer victimization in a national sample of children and youth. *Journal of Youth and Adolescence*, 40, 1052–1067. <http://dx.doi.org/10.1007/s10964-011-9639-5>
- Turner, H. A., Finkelhor, D., & Ormrod, R. (2010). The effects of adolescent victimization on self-concept and depressive symptoms. *Child Maltreatment*, 15, 76–90. <http://dx.doi.org/10.1177/1077559509349444>
- Turner, H. A., Finkelhor, D., Ormrod, R., Hamby, S., Lee, R. T., Mercy, J. A., & Holt, M. (2012). Family context, victimization, and child trauma symptoms: Variations in safe, stable, and nurturing relationships during early and middle childhood. *American Journal of Orthopsychiatry*, 82, 209–219. <http://dx.doi.org/10.1111/j.1939-0025.2012.01147.x>
- Turner, H. A., Shattuck, A., Hamby, S., & Finkelhor, D. (2013). Community disorder, victimization exposure, and mental health in a national sample of youth. *Journal of Health and Social Behavior*, 54, 257–275. <http://dx.doi.org/10.1177/0022146513479384>
- Turner, H. A., Vanderminde, J., Finkelhor, D., Hamby, S., & Shattuck, A. (2011). Disability and victimization in a national sample of children and youth. *Child Maltreatment*, 16, 275–286. <http://dx.doi.org/10.1177/1077559511427178>
- Vaillancourt, T., McDougall, P., Hymel, S., Krygsman, A., Miller, J., Stiver, K., & Davis, C. (2008). Bullying: Are researchers and children/youth talking about the same thing? *International Journal of Behavioral Development*, 32, 486–495. <http://dx.doi.org/10.1177/0165025408095553>
- Vaillancourt, T., Trinh, V., McDougall, P., Duku, E., Cunningham, L., Cunningham, C., . . . Short, K. (2010). Optimizing population screening of bullying in school-aged children. *Journal of School Violence*, 9, 233–250. <http://dx.doi.org/10.1080/15388220.2010.483182>
- Valentiner, D. P., Telch, M. J., Petrucci, D. C., & Bolte, M. C. (1996). Cognitive mechanisms in claustrophobia: An examination of Reiss and McNally's expectancy model and Bandura's self-efficacy theory. *Cognitive Therapy and Research*, 20, 593–612. <http://dx.doi.org/10.1007/BF02227963>
- Van Cleave, J., & Davis, M. M. (2006). Bullying and peer victimization among children with special health care needs. *Pediatrics*, 118, e1212–e1219. doi:10.1542/peds.2005-3034
- Wigderson, S., & Lynch, M. (2013). Cyber-and traditional peer victimization: Unique relationships with adolescent well-being. *Psychology of Violence*, 3, 297–309. <http://dx.doi.org/10.1037/a0033657>
- Wong, C. A., Eccles, J. S., & Sameroff, A. (2003). The influence of ethnic discrimination and ethnic identification on African American adolescents' school and socioemotional adjustment. *Journal of Personality*, 71, 1197–1232. <http://dx.doi.org/10.1111/1467-6494.7106012>

Received December 6, 2013

Revision received January 16, 2014

Accepted January 17, 2014 ■