Peer Victimization and Aggressive Behaviour as Psychological Determinants of Psychological Distress among Adolescents in Ibadan Metropolis

by

Bukola V. Bada and Timileyin M. Fashola
Department of Psychology
University of Ibadan.
08028292887; 08052468166
oluwabukolabada@gmail.com; timfash14@gmail.com

Abstract

This study investigated how victimization and aggressiveness influenced psychological distress among adolescents peer. The study adopted a cross-sectional survey design and gathered data from randomly selected 239 secondary school students in Ibadan metropolis. The sample comprises of 63.6% males and 36.4% females. Findings revealed that adolescents with high peer victimization reported higher psychological distress than those with low peer victimization. Adolescents with high aggressive tendency reported higher psychological distress than those with low aggressive tendency. It was also revealed that peer victimization and aggressive behaviour are significant main and interactive determinants of psychological distress; adolescents with high peer victimization experience and high level of aggression reported higher psychological distress than other dyads, while adolescents with low peer victimization and low aggression reported low psychological distress. It was concluded from the study that peer victimization and aggressive behaviour were significant determinants of psychological distress among adolescents in Ibadan metropolis. It was, therefore, recommended that secondary school management and other concerned agencies ensure that curriculum that will assist in checking the prevalence of peer victimization and related concepts be introduced; efforts should be made in making students learn how to adequately adopt effective coping behaviours.

Keywords: Peer victimization, Aggressiveness, Psychological distress

1. Introduction

Psychological distress is a general term used to describe unpleasant feelings or emotions that impact level of functioning. In other words, it is psychological discomfort that interferes with normal activities of daily living. Psychological distress can result in
negative views of the environment, others, and the self. Sadness, anxiety, distraction, and symptoms of mental illness are manifestations of psychological distress.

Psychological distress is usually a challenging physiological and mental state where individuals lack the capacity for good decision-making, effective stress management, good communication skills, effective parenting, and caring for oneself emotionally (Franklin, 2003). Psychological distress has been found in many studies to be operationalised in more general terms including emotional upset, tension, depression even sometimes confusion among others. However, there is consistency in literature in terms characterizing psychological distress as a form of anxiety (Smith, 2003). However, the most common conceptual definition of psychological distress found in this review was presented by Potter (2007) who saw it as an affective cognitive and behavioural response to a crisis-precipitating event perceived as threatening and manifested by anxiety and depressive symptoms. Among adolescents, psychological distress showcases in varying means, stemming from social interaction, academic workload, decision making and so on (Estevez, Martínez, and Musitu, 2006). This poses distress as a major problem in adolescence.

Various problems, according to literature, emanate from secondary school experiences and its combination with peer relation can fuel the condition to the point that individual may become psychiatric patients within a short period of the trauma (Meadows, Brown and Elder, 2006). Indeed, secondary school managements and counselors are concerned about students’/adolescents’ welfare but how many school psychologists/counselors have set-up a research unit investigating psycho-social predictors of mental health of students/adolescents, psychological health and so on? No doubt, a distressed valuable and skilful student reports poor academic performance and inter-personal relation and low intelligence. These have in fact affected students’ behaviour as submitted by researchers in terms of academic records, intelligence and social interaction (Brandy and Cox, 2002). The interest of this study was in unravelling the influence of peer victimization and aggressive behaviour on psychological distress among adolescents.

Peer victimization is defined as the experience among children of being a target of aggressive behaviour of other children, who are not siblings and not necessarily age-mates (Hawker and Boulton, 2000). Peer victimization takes two major forms; physical and non-physical. Sometimes it may be physical, as in fighting, punching, pushing, kicking, hitting, strangling, beating, physical assault and direct vandalism (Hanish and Guerra, 2000); while non-physical victimization includes a wide range of behaviour such as verbal abuse, hurtful name-calling, emotional intimidation, persistent teasing, gossip and racist remarks as well as social exclusion (Mishna, 2003). Aggression refers to behavioural outbursts that bring about harm to other. Aggressive behaviour can further be defined as persistent pattern of behaviour that causes or threatens harm to other people. Aggressive behavior violates social boundaries; it can lead to breakdowns in your relationships; can also cause social or academic functioning among adolescents.
There is a need for researchers to focus on the related issues that contribute to disequilibrium in the psychological wellbeing of adolescents with a view to finding suitable interventions for psychological distress among adolescents in our society. This situation has given rise to achieve the broad objective which is to investigate the psychological determinants of psychological distress among adolescents. The following specific objectives will be achieved at the end of the study;

i. To determine whether adolescents with high level of peer victimization will report higher psychological distress than those with low level of peer victimization.

ii. To examine whether adolescents with high level of aggressive behaviour will report significantly higher Psychological distress than those with low level of aggression.

iii. To investigate whether adolescents with high level of aggressive behaviour will report significantly higher Psychological distress than those with low level of aggression.

2. **Review of Related Literature**

Schneider, O’Donell, Stueve and Coulter (2016) carried out a study on aggressive behaviour and psychological distress among selected high school students in Britain. Using the cross-sectional research design, the study sampled a total of 642 high school students across 11 randomly selected schools. Schneider et al., (2016) found that aggressive behaviour had significant influence on psychological distress among high school students. Further from their findings, Schneider et al., (2016) reported that the higher the level of aggressive behaviour exhibited in the school, the lower the mental well-being of the victim.

Mishina, Saini and Solomon (2009) investigated the influence of victimization among peers and their psychological distress. Using a sample of 289 high school students, it was found that there exists significant difference in psychological distress among those with high and low level of victimization. Mishina et al., (2009) further indicated that high school students with high level of victimization reported highest psychological distress than those with low victimization.

Some previous studies have indicated that all forms of victimization are associated with behavioral problems in adolescents. More specifically, Felix and McMahon (2006) examined the possible associations between multiple forms of peer victimization and sixth, seventh and eighth graders' adjustment. The results of the study indicated that physical and verbal victimization as well as sexual harassment were all associated with children’s internalizing and externalizing behaviour problems. Many studies have examined the effects of peer victimization with a focus on internalizing symptomatology. These effects pertain to one’s social as well as psychological adjustment. Research have suggested that it leads to low self-esteem, anxiety, loneliness and depression (Bond, Carlin, Thomas, Rubin, and Paton, 2001; Gladstone, Parker, Malhi, 2006).
Not only is peer victimization quite prevalent, it also is associated with a host of adjustment difficulties (Juvonen and Graham, 2001). Students who are chronic victims of school bullying often are rejected by their peers and they feel depressed, anxious, and lonely. Recent research suggests that victimized youth also have elevated levels of physical symptoms, including somatic complaints, frequent visits to the nurse, and absenteeism (Nishina, Juvonen, and Witkow, 2005).

Specifically, in the Bond, Carlin, Thomas, Rubin and Patton (2001) study it was shown that recurrent peer victimization, as it was measured three times between the ages of 13 and 14, was associated with emotional maladjustment, such as symptoms of depression and anxiety. More specifically, the link between peer victimization and depression has been well documented in the extant literature. In a recent study by Sweeting, Young, West, and Der (2006), victimization and depression have been found to be positively correlated for both adolescent boys and girls, although there was an increase with age in depressive symptoms only for girls.

Different forms of peer victimization can have different impacts on children’s well-being. In Felix and McMahon’s study (2006), physical, verbal and sexual victimization were found to be significantly associated with internalizing and externalizing behavioral problems whereas relational victimization was not significantly related with such problems. Aggressive behaviour is defined as hostile actions, either verbally or physically, directed against another person with or without provocation (Hancock, 2011). Aggressive behaviour can be direct, indirect and/or relational. Aggression involves physical and verbal aggression directed at a clear target (Bjorkqvist, Osterman, and Kaukiainen, 1992). Indirect aggression can take on physical and verbal forms, such as gossiping about someone, but is not specifically directed toward the other person (Archer, 2005). Relational aggression specifically regards harming another child’s relationship with others and can be either direct or indirect (Wentzel, 2003). Adolescents witnessing aggressive behaviour and abusive (sexual, physical) behaviour of a significant adult (Farrington 2002) are linked to aggression among minors. There is paucity of research on aggressive behaviour as determinant of psychological distress.

Mirowsky and Ross (2003) addressed the question as to whether some demographics variables such as age, sex and class of study have influence on psychological distress among adolescents in USA. Their analysis of the data from a 1990 U.S. sample of 1,282 adolescent showed that on an overall basis, age, sex and class of study jointly and independently influence psychological distress. In addition, they found that men kept emotions to themselves more than women, and that women expressed emotions more freely than men, which may appear more distressed. Taking into consideration of the notion that drug abuse and heavy drinking might minimize male distress, their study concludes that women genuinely suffer more distress than men. The following hypothesis will be tested in this study as emanated from literature review;

i. Adolescents with high level of peer victimization will report higher psychological distress than those with low level of peer victimization.

ii. Adolescents with high level of aggressive behaviour will report significantly higher Psychological distress than those with low level of aggression.
iii. Adolescents with high level of aggressive behaviour will report significantly higher Psychological distress than those with low level of aggression.

3. Materials and Methods

Research design

The study adopted a cross-sectional research design. The study was set out to unravel the influence of peer victimization and aggressive behaviour on Psychological distress among adolescents. The dependent variable is psychological distress, while the Independent variables were aggressive behaviour and peer victimization.

Setting

The study was conducted in eight (8) different schools in Ibadan metropolis. The schools were systematically selected, including four (4) government owned school and four (4) private secondary schools.

Participants

Participants in this study were 239 secondary school students, cutting across SSS 1 and SSS 3. The choice of the class of study was informed after a pilot study was conducted. The average age of SSS 1 to SSS 3 was 15.3 (15 years, 3 months) which is in this study, a standard age for adolescent. In the main study, ages ranged from 14 years and 19 years (Mean age = 15.9; SD = 1.9); 63.6% were males, while 36.4% were females.

Instruments

Data was gathered through the means of a structured questionnaire. The questionnaire comprised of four sections; Sections A, B, C and D.

SECTION A:

This section consisted of socio-demographic items which required the participants to respond to. Socio-demographic variables such as age, gender, religion, family background, ethnic background, parent educational level etc.

SECTION B: Psychological distress scale

This consisted of a 35-item Somali Psychological Distress scale developed by Schwirian, K. and Schwirian, P. (2006). The scale was measured on a 5-point scale ranging from 1 – all the time to 5 - never. High score indicate low psychological distress, while low score indicates high level of distress. The scale developers reported an internal consistency of $\alpha = 0.85$. However, local reliability of this scale was found to be $\alpha = 0.87$.

SECTION C: Peer victimization scale

This section comprised of a 9-item peer victimization scale developed by Mynard and Joseph, (2000). Response format ranged from 0 - not at all to 3- more times. High score indicates high level of peer victimization, while low score indicates low experience of victimization from peers. An example of item on this scale is “other kids in school called me names or swore at me”. The scale developers reported a reliability cronbach alpha of $\alpha = .83$. However, this scale reported a Cronbach alpha of $\alpha = .90$. 
SECTION D: Aggressive behaviour scale

This section consisted of a Seventeen-Item rating scale for Aggressive Behaviour developed by Patel and Hope (1992) for assessing aggression. The aim of this scale was to measure aggressive behaviours, ranging from simply being uncooperative to actual physical violence. Most items were rated on a frequency basis, i.e. how often the individual behaviour occurred over the past 3 days. An example of an item was “How often are you been demanding or argumentative?” The scale developers reported Cronbach alpha of .87. However, the scale was adapted and response format changed to a 5-point response ranging from Strongly disagree (1) to Strongly agree (5). After the cross-validation, local reliability of the scale was found to be $\alpha = 0.86$.

Procedure

Systematic and accidental sampling techniques were adopted for the purpose of this research. Systematic sampling technique was used in selecting the schools; while accidental sampling technique was used in the distribution of the research instruments; this is because all secondary school students in the study were given equal chance to take part in the study in as much as he or she is a bona-fide student of the selected schools. The researcher introduced himself alongside two (2) research assistants to the potential participants and explained the purpose of the data collection using the questionnaire method. The issue of informed consent was clearly observed by collecting data from those potential participants who willingly indicate interest to participate in the study. However, in the process of briefing the participants, there was assurance that every bit of information supplied by the respondents will only be used for the research purpose and no personal identification such as name or other particulars would be required to participate in the study in order to ensure confidentiality. The instruction on how the respondents should respond to each of the items was clearly stated on the questionnaire. The completely filled and retrieved questionnaires were therefore coded for data analysis.

4. Limitations of the study

The sample size used for this particular study may not have been large enough compared to the population of adolescents across all the secondary schools in Nigeria at large. It was observed that many of the respondents were so conscious, while some asked questions about the outcome of the study convincingly; meaning that social desirability responses may be inclusive in the data collected among the respondents for the analysis. Most participants took longer time in completing the questionnaires which was challenging and shows how less concentrated the respondents were. Therefore, the data supplied might encounter random and error in responses.

4. Results and Discussion

T-test for independent sample was used to test for peer victimization differences in psychological distress. As presented in table 1, it was revealed that there was a significant difference in the level of victimization influenced psychological distress $t(237) = 10.03; p<.05$. Adolescents with high experience of peer victimization reported higher
psychological distress at ( $\bar{X} = 116.74$; SD= 18.95) than those with low level of peer victimization ( $\bar{X} = 103.16$; SD= 21.68).

Table 1: Summary of t-test for the Independent Samples showing the peer victimization differences in psychological distress

<table>
<thead>
<tr>
<th>Peer victimization</th>
<th>N</th>
<th>$\bar{X}$</th>
<th>SD</th>
<th>df</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>132</td>
<td>116.74</td>
<td>18.95</td>
<td>237</td>
<td>10.03</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Low</td>
<td>107</td>
<td>93.56</td>
<td>16.19</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As regards the second hypothesis, it was shown (Table 2) that there was a significant aggression difference in psychological distress t(237) = 4.47; p<.05. Adolescents with higher aggressive tendency reported higher psychological distress at ($\bar{X} = 111.27$; SD= 22.13) than those with low level of aggression ($\bar{X} = 99.31$; SD= 17.52).

Table 2: Summary of t-test for the Independent Samples showing the aggressive behaviour differences in psychological distress

<table>
<thead>
<tr>
<th>Aggressive behaviour</th>
<th>N</th>
<th>$\bar{X}$</th>
<th>SD</th>
<th>df</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>141</td>
<td>111.27</td>
<td>22.13</td>
<td>237</td>
<td>4.47</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Low</td>
<td>98</td>
<td>99.31</td>
<td>17.52</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The third Hypothesis that peer victimization and aggressive behaviour will have significant main and interactive effects on psychological distress among adolescents was tested using 2x2 ANOVA. The result is presented in Table 3;

Table 3: Summary of 2x2 ANOVA Showing the Influence of peer victimization and aggressive behaviour on psychological distress

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer victimization (A)</td>
<td>25504.594</td>
<td>1</td>
<td>25504.594</td>
<td>89.339</td>
<td>.000</td>
</tr>
<tr>
<td>Aggression (B)</td>
<td>4120.817</td>
<td>1</td>
<td>4120.817</td>
<td>14.435</td>
<td>.000</td>
</tr>
<tr>
<td>A * B</td>
<td>2538.037</td>
<td>1</td>
<td>2538.037</td>
<td>8.890</td>
<td>.003</td>
</tr>
<tr>
<td>Error</td>
<td>67087.795</td>
<td>235</td>
<td>285.480</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2810471.000</td>
<td>239</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Peer victimization was found to have significant main effect on psychological distress F (1, 235) = 89.34; p<.05. Also, aggressive behaviour was found to have significant main effect on psychological distress F (1, 235) = 14.44; p<.05. Furthermore, peer victimization and aggressive behaviour were found to have significant interaction effect on psychological distress F (1, 235) = 8.89; P<.05. Table 4 presents the descriptive
analysis of the influence of peer victimization and aggressive behaviour on psychological distress;

**Table 4: Descriptive statistics showing differences between peer victimization and aggressive behaviour**

<table>
<thead>
<tr>
<th>Dependent Variable: psychological distress</th>
<th>Aggression</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer victimization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>Low</td>
<td>92.1800</td>
<td>16.26275</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>94.0185</td>
<td>16.22308</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>93.1346</td>
<td>16.18945</td>
<td>104</td>
</tr>
<tr>
<td>High</td>
<td>Low</td>
<td>106.7292</td>
<td>15.73956</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>121.9770</td>
<td>18.21575</td>
<td>87</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>116.5556</td>
<td>18.80206</td>
<td>135</td>
</tr>
<tr>
<td>Total</td>
<td>Low</td>
<td>99.3061</td>
<td>17.52371</td>
<td>98</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>111.2695</td>
<td>22.12461</td>
<td>141</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>106.3640</td>
<td>21.16277</td>
<td>239</td>
</tr>
</tbody>
</table>

From table 4, adolescents with high peer victimization experience and high level of aggression reported higher psychological distress \( \bar{X} = 121.98; \ SD = 18.22 \) than other dyads, while adolescents with low peer victimization and low aggression reported low psychological distress \( \bar{X} = 92.18; \ SD = 16.26 \). This confirms the stated hypothesis, hence, was retained in this study.

Specifically, the experience of peer victimization has deleterious effects on a broad range of areas of psychological adjustment, as found in this study. Research suggests that adults who have been bullied in childhood are more likely to suffer from anxiety, social phobia and agoraphobia (Gladstone, Parker, and Malhi, 2006). Similarly, in a study conducted by Crick and Bigbee (1998), the findings revealed that children who had been exposed to victimization, regardless of its form, were more likely to report social anxiety, loneliness, and emotional distress. In congruence with the above, many studies have examined the effects of peer victimization with a focus on internalizing symptomatology. These effects pertain to one’s social as well as psychological adjustment. Research suggests that it leads to low self-esteem, anxiety, loneliness and depression (Gladstone, Parker, Malhi, 2006; Bond, Carlin, Thomas, Rubin, and Paton, 2001). Specifically, in the Bond et al. (2001) study it was shown that recurrent peer victimization, as it was measured three times between the ages of 13 and 14, was associated with emotional maladjustment, such as symptoms of depression and anxiety.

The association between peer victimization and concurrent psychosocial adjustment has been investigated by series of studies. For instance, a meta-analysis of 23 studies by Hawker and Boulton (2000) took into consideration a series of internalizing psychological adjustment indices (e.g., depression, anxiety, self-esteem, loneliness) in relation to peer victimization. Overall, Hawker and Boulton (2000) found that both social and psychological maladjustment were significantly related to victimization, though these effects were stronger when asking the same informant to report on both adjustment and
victimization (Hawker and Boulton, 2000). Given the extant of literature used by Hawker and Boulton in their meta-analysis, they clearly point to significant distress related to ongoing peer victimization in children as well as adolescents. In the years since this meta-analysis was published, researchers continue to demonstrate that victimized children report negative adjustment concurrent with experiences of victimization (e.g., Juvonen, Graham, and Schuster, 2003; Sweeting, Young, West, and Der, 2006).

Although there have been literatures on aggressive behaviour and psychological well-being, however, according to Commonwealth of Australia (2005), it has been suggested that bullies suffer to some extent from social and emotional difficulties and are poorly adjusted. The following characteristics have been associated with being either a bully, or a bully-victim: feeling unhappy at school and/or disliking school; lower levels of engagement at school, poor academic achievement; higher levels of truancy, difficult behaviour and defiance at school; increased risk of getting into trouble with the police and juvenile justice; higher levels of certain mental health problems or disorders, such as ADHD, conduct disorder, depression, and; increased incidence of suicidal thoughts and self-harm. This confirmed the second findings of the study on aggressive behaviour and psychological distress.

Also, in a recent study by Sweeting, Young, West, and Der (2006), victimization and depression have been found to be positively correlated for both adolescent boys and girls, although there was an increase with age in depressive symptoms only for girls. Different forms of peer victimization can have different impacts on children’s well-being. In Felix and McMahon’s study (2006), physical, verbal and sexual victimization were found to be significantly associated with internalizing and externalizing behavioural problems whereas relational victimization was not significantly related with such problems. On the contrary, in a recent study relational victimization was found to be associated with internalizing symptomatology in girls and physical victimization was linked with such problems for both genders (Storch, Nock, Macia-Warner, and Barlas, 2003); other studies’ different results indicated that physical victimization was related to depression only for boys and relational victimization was significant in predicting internalizing problems (depression, loneliness, self-esteem) in girls (Prinstein, Boergers, and Vernberg, 2001).

5. Conclusion and Recommendations

Psychological distress has been identified as a powerful factor that affects virtually all aspects of human life; most especially, adolescents. Whereas, adolescence is a stage of rapid growth which require high level of stability in order to prevent certain behaviours overwhelming the thinking process of the adolescents. However, it is a point to note that at this stage, various factors are identified as having powerful influence on the general mental health of adolescents. Therefore, based on the research findings, the following recommendation are been made;

Firstly, this study unraveled that peer victimization is a strong determinant of psychological distress among adolescents. Therefore, it is recommended that secondary school management and other concerned agencies ensure that peer victimization is
reduced to the barest minimal level. Also, there should be periodic behavioural control mechanism, whereby adolescents will be trained on how best their aggression could be managed and curtailed when the need arises. It is suggested that curriculum or an informal institute be put in place whereby adolescents will have the opportunity to learn variety of ways by which safer behavioural practices would be inculcated and subsequent psychological well-being This will go a long way in reducing the level of distress among adolescents.

Furthermore, it is recommended in this study that special attention be given to students with certain needs in order to design effective management strategies to prevent them from influencing other adolescents’ behaviour.

References


