Section 6. Psychology

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PEER VICTIMIZATION, SOCIAL MALADJUSTMENT AND PSYCHOLOGICAL DISTRESS AMONG NIGERIAN ADOLESCENTS

Abstract. This study explored the links between Peer Victimization (PV), Psychological Distress (PD) and Social Maladjustment (SM) among Nigerian adolescents. A Multistage sampling technique was utilized to select 400 participants (*Mean age* = 14.95) from four secondary schools in Osun State Southwestern Nigeria. Multidimensional Peer Victimization Scale (MPVS), Social Maladjustment Scale (SMS) and General Health Questionnaire (GHQ-12) were used for data collection. Prevalence of peer victimization, Psychological distress and social maladjustment is 46.5%; 47.7% and 44.0% respectively. Significant positive correlation exists between Verbal Victimization (VV), Social Manipulation (SoM), Multidimensional Peer Victimization (MPVS) and Social Maladjustment (SM). Significant positive correlation also exists between VV and Psychological Distress. MPVS subscales jointly predicted Psychological Distress and Social Maladjustment Scale (SMS).

Keywords: Peer victimization, psychological distress, social maladjustments, adolescents.

Introduction

Peer Victimization (PV) among children and young adults of school age has been reported to be on the increase and is identified as an important problem in school [1], and presents in many forms such as physical, verbal, relational, and cyber [1; 2; 3]. The prevalence rates of PV however vary across countries [4; 5]. Peer victimization is one potentially modifiable risk factor linked to the development of psychological disorders. Peer victimization is a broad label encompassing multiple aspects of intentional harm doing including physical (e.g., hitting), verbal (e.g., name calling), and relational means (e.g., rejection, ostracism). Research suggests that peer victimization is pervasive across schools, cultures, and countries, with an estimated 10–30% of children reporting experiences of being bullied [6; 7; 8].

Research has reported associations between peer victimization and internalizing problems such as depression and anxiety and other related psychopathological symptoms. For instance Hamilton, Connolly, Liu, Stange, Abramson and Alloy [9] found that hopelessness mediated the link between peer victimization and depression but only among adolescents with low future orientation. Also, victimized adolescents reported higher rejection sensitivity, greater loneliness and more depressive symptoms and had increased social anxiety risk [9]. Self-blame was studied by Chen and Graham [10] as well as by Perren, Ettekal and Ladd [11] and they reported that victimized adolescents often blamed themselves for what had happened, which contributed to their greater risk for maladjustment. Empirical researchers showed that self-harm, depressive symptoms, negative affect and alexithymia were positively associated with peer victimization [12; 13]. Victimized adolescents were also found to be angrier [14], lonelier and less likely to comply with school norms and had greater risk for violent behavior towards schoolmates [15] and less well able to regulate their emotions, which placed them at greater risk for aggressive behavior [16]. Explaining reasons why vic-

timized adolescents report greater risk of externalizing problems, Perren et. al. [11] reported that they were more likely to attribute the victimization event to hostile intentions in their peers, while You and Bellmore [17] found that victimized adolescents experienced more conflict in their friendships. Victimized adolescents might overeat, [18] or skip meals [19] and report having body dissatisfaction (especially among girls) [20]. Studies reveal that sleep problems [21], lower levels of self-esteem and self-efficacy [22; 23], and reduced classmate support [2] were found to explain why victimized adolescents have poorer academic achievement.

There is scanty literature of Nigerian studies on peer victimization and psychosocial health status of adolescents. This present study therefore investigated the patterns of peer victimization, social maladjustment and psychological distress; observe the relationship between peer victimization, and psycho-social health and examined the predictive influence of peer victimization on psychological distress and perceived social maladjustment among secondary school adolescents Osun state, southwestern Nigeria.

Hypotheses

1. Factors of Multidimensional Peer Victimization Scale (MPVS) will significantly correlate with perceived social maladjustment and psychological distress.
2. The factors of MPVS will jointly and significantly predict levels of Psychological Distress (PD) and social maladjustment among the participants.

Materials and Methods

Participants

A cross sectional survey design utilizing an ex-post factor design was employed in the study. Multi-stage sampling technique was adopted in this study. Random sampling technique was used to select Ife metropolis from Osun East senatorial district southwestern Nigeria. Four Secondary Schools (two privately owned and two state owned) were purposively selected from the metropolis. Finally, 100 respondents were randomly selected from each of the four schools.

Measures

Three instruments were adapted and used as tools for data collection.

The Multidimensional Peer-Victimization Scale (MPVS) was developed and validated by Mynard and Joseph [24]. The scale is a 16-item self-report instrument consists of items intended to find out the extent to which students were victimized by their peers. The instrument has four domains of peer victimization, namely Physical Victimization (PV), Social Manipulation (SoM), Verbal Victimization (VV), and Attack on Property (AP). The items were reported to possess satisfactory internal reliability with Cronbach's Alpha values of 0.85, 0.75, 0.77 and 0.73 for physical victimization, verbal victimization, social manipulation and attack on property subscales respectively [24].

Social Maladjustment Scale (SMS) was developed by Wiggins [25] and was adapted for this study. This 27-item inventory was designed to measure inadequate interaction, shyness, and a tendency to be reserved or reticent. It has an acceptable reliability coefficient Cronbach Alpha of .83. SMS has been used for a Nigerian study [26].

General Health Questionnaire (GHQ-12) is a 12 item instrument by Goldberg and Williams [27] used to identify psychological distress. It has five response categories of 1 "Better than usual", to Worse than usual". Overall high scores consistently indicate high level of psychological distress. GHQ-12 has a reliability coefficient Cronbach's Alpha value of 0.73. GHQ-12 has been used by many Nigerian investigators [28; 29].

Results

Demographic Characteristics of Participants.

A total of 170 representing (42.5%) of the respondent were male while 230 representing (57.5%) were female. This indicate that majority of the respondent were females. Majority of the respondents were 9–15 years representing (66%) followed by 16–20 years representing (34%). This indicates that majority of the respondent are of 9–15 years. Distribution according to school type show that 200 adolescents (50%) each were drawn from public and private secondary schools. Furthermore, 199 students (29.8%) were from junior school while 281 (70.3%) were from the senior schools.

Table 1. – Patterns of Multidimensional Peer Victimization (MPV), Psychological Distress (PD), and Social Maladjustment (SM)

MPV	Variables	Patterns (%)			
		Mild	Moderate	Severe	
	Physical Victimization	52.0	36.8	11.2	
	Verbal victimisation	64.8	27.2	8.0	
	Social manipulation	56.8	30.5	12.7	
	Attack on property	54.8	31.0	14.2	
	Composite MPV	56.0	27.0	17.0	
Levels of Psychological Distress (PD)		53.5	32.0	14.5	
Levels of Social Maladjustment (SM)		Patterns (%)			
		Low	Mild	Moderate	Severe
		17.3	27.5	19.9	27.8

Table 1 summarizes the patterns of MPV, Psychological distress and Social Maladjustment (SM). Patterns of dimensions and total of Multidimensional Peer Victimization (MPV) shows a 36.8% and 11.2% prevalence of moderate and severe

Physical Victimization (PV) respectively. Attack on Property (AP) was next in ranking with 31.0% (moderate) and 14.2% (severe) prevalence. Next is Social Manipulation (SoM) which returning 30.5% (moderate) and 12.7% (severe) prevalence

respectively. Table 1 further reports a 27.2% prevalence of moderate and 8% the severe level of verbal victimization and a 27.0% prevalence of moderate multidimensional peer victimization with 17% at the severe MPV level among the participants. Table 1 further shows a 53.5% prevalence of mild psychological distress, with 32% and 14.5% at the

moderate and severe levels respectively among the adolescents.

Finally, Pattern of Social Maladjustment shows that 17.3% of the adolescents were at very low level, (i.e. well adjusted) 27.5% at the mild social maladjustment level, 19.9% at the moderately level while only 27.8% were at the severe level.

Test of Hypotheses

Table 2. – Correlation matrix of PV, Social Maladjustment and Psychological Distress

N=400							
Variables	PV	VV	SoM	AP	MPVS	SM	PD
Physical Victimization	1						
Verbal Victimization	0.421**	1					
Social Manipulation	0.407**	0.365**	1				
Attack on Property	0.321**	0.221**	0.500**	1			
Total MPVS	0.735**	0.607**	0.679**	0.554**	1		
Social Maladjustment	0.086	0.159**	0.155**	0.006	0.190**	1	
Psychological Distress	0.051	0.150**	0.082	-0.048	0.082	-0.030	1

Table 2 shows the summary of Pearson Moment correlation analysis of the factors of multidimensional peer victimization scales, social maladjustment and psychological distress among adolescents. Significant positive correlation exists between VV

and social maladjustment ($r = .159, p = .000$); social manipulation and social maladjustment ($r = .155, p = .000$); MPVS and social maladjustment ($r = .190, p = .000$), as well as between VV and Psychological Distress ($r = .150, p = .000$).

Table 3. – Regression analysis of degree of influence of MPVS on Psychological Distress and Social Maladjustment (SM)

N = 400						
Variables	Psychological Distress (PD)			Social Maladjustment (SM)		
	β	T	Sig.	β	t	Sig.
Constant		29.67	0.000		37.91	0.000
Physical Victimization	-0.01	-0.18	0.859	0.00	0.02	0.985
Verbal Victimization	0.15	2.63	0.009	0.12	2.20	0.029
Social Manipulation	0.10	1.55	0.122	0.16	2.64	0.009
Attack on Property	-0.13	-2.17	0.031	-0.10	-1.79	0.075
R ²		0.035			0.044	
F -ratio		3.62			4.54	
P		0.006			0.001	

Multiple regression analysis was carried out to determine the degree to which the factors of MPVS jointly and significantly predicted the severity of Psychological Distress (PD) and Social Maladjustment

(SM) among the participants. The summary in Table 3 suggests that the factors of MPVS jointly predict the severity of PD ($R^2 = 0.035, p = 0.006$). It is observed that 3.5% variance of PD is jointly explained by the fac-

tors of peer victimization. AP ($\beta = -0.125$, $p = 0.031$) and VV ($\beta = -0.147$, $p = 0.009$) were significant independent predictors of PD among the adolescents.

The summary in Table 3 also reveals that the factors of MPVS jointly predict severity of SM ($R^2 = 0.044$, $p = 0.001$). It is observed that 4.4% variance of SM is jointly explained by the factors of PV, VV ($\beta = 0.12$, $p = 0.029$) and Social Manipulation ($\beta = 0.16$, $p = 0.009$) were significant independent predictors of SM among the adolescents.

Discussions

The findings of this present study show a high prevalence of peer victimization, psychological distress, and social maladjustment among secondary school adolescents in Nigeria. Peer victimization is a common experience among school children [30; 31; 32]. According to Salmivalli and Peets [33], large numbers of children are victimized by their peers. In a related study on some Nigerian secondary school students sample Popoola [34] revealed that 70.6 percent of his study sample reported high level of peer victimization while 27% and 2.1% reported moderate and low levels of peer victimization respectively. Research studies also show a high rate of peer victimization globally [5; 31; 32].

The findings of this study affirm the significant positive correlation between peer victimization, social maladjustment and psychological distress. Peer relationships and social functioning are not only important in the secondary school years, as adolescents begin to develop self-concept and identity in relation to others, but social adjustment is also closely linked to development of psychopathologies [35]. This research finding is consistent with those of a meta-analysis of the consequences of bullying and victimization for psychosomatic health [36]. Relationship was observed between experiencing victimization and having higher poor psychosocial health in a study conducted in 28 countries in Europe and North America [37] and Norway [6].

Consistent with the growing number of longitudinal studies suggesting a relationship between peer victimization and psychological distress [38, 39]; we

found that MPVS jointly predict psychological distress among the adolescents. In a longitudinal study by Stapinski, et.al [39] it was found that frequent victimization is a risk factor for complex presentations involving diagnostic comorbidity. Frequently victimized adolescents were three times more likely than non-victimized adolescents to be diagnosed with multiple anxiety disorders or comorbid anxiety and depression in early adulthood [39]. Peer victimization is mediated by distress [40], psychological adjustment [41], daily emotions [42], self-blame [41], and negative self-evaluation [43]. Evidence from cross-sectional data supports the mediating role of coping self-efficacy, [44] and threat appraisal [45] in the relationship between peer victimization and anxiety disorders.

It is also observed in this study that MPVS jointly predict social maladjustment among adolescents. This finding supports previous empirical research conclusions. For instance, studies return that victimization relates to various forms of psychosocial maladjustment [46; 47]. Victims of bullying are often too frightened to go to school, suffer from low self-esteem, and are more likely to be anxious or depressed [48; 49]. Victimized children tend to be isolated and generally have a low social standing in the classroom [50].

Conclusions and recommendations

Sequel to the findings of this study there is an urgent need of school based psychological intervention programmes. This will in the first place help the victimized adolescents to overcome the effect of the psychological distresses resulting from peer victimization. Also behavior therapies on anger management and psycho-education on pro-social behavior would help identified perpetrators of victimization to embrace socially acceptable behavior.

Contingency management can also be used to reward desirable behavior systematically and extinguish or punish bullying behavior. Social skills training that teach new ways of behaving that are both desirable and rewarding can also be adopted to eradicate or seriously minimize peer victimization among secondary school adolescents.

Ethical Considerations

It was conducted based on Helsinki Declaration.

Competing Interests

Authors have declared that no competing interests exist.

References:

1. Robers S., Kemp J., Rathbun A., Morgan R. E. Indicators of School Crime and Safety: 2013. (NCES2014–042/NCJ 243299). National Center for Education Statistics, U. S. Department of Education, and Bureau of Justice Statistics, Office of Justice Programs, U. S. Department of Justice. – Washington, DC 2014.
2. Wang J., Iannotti R. J., Luk J. W. Peer victimization and academic adjustment among early adolescents: moderation by gender and mediation by perceived classmate support. *Journal of School Health* 81, 2011; (7): 386–92. DOI: 10.1111/j.1746–1561.2011.00606.x
3. Smith P. K. Understanding school bullying: Its nature and prevention strategies. – London: Sage. 2014.
4. Chester K. L., Callaghan M., Cosma A. et. al. Cross-national time trends in bullying victimization among children aged 11, 13 and 15 from 2002 to 2010: *European J of Public Health* 2015; 5(Suppl 2), 61–64.
5. Molcho M., Craig W., Due P., Pickett W., Harel-Fisch Y., Overpeck M. HBSC Bullying Writing Group: Cross-national time trends in bullying behaviour 1994–2006: findings from Europe and North America. *Int J Public Health*. 2009, 54 (Suppl 2): 225–234.
6. Løhre A., Lydersen S., Paulsen B., Mæhle M., Vatten L. J. Peer victimization as reported by children, teachers, and parents in relation to children's health symptoms. *BMC Public Health*. 2011; 11: 278–10. 1186/1471–2458–11–278.
7. Craig W., Harel-Fisch Y., & Fogel-Grinvald H. A cross-national profile of bullying and victimization among adolescents in 40 countries. *Int J Public Health*. 2009; 54(0): 216–224.
8. Nansel T., Overpeck M., Pilla R. S., Ruan W., Simons-Morton B., Scheidt P. Bullying behaviors among us youth: prevalence and association with psychosocial adjustment. *JAMA*. 2001; 285(16): 2094–2100.
9. Hamilton J. L., Connolly S. L., Liu R. T., Stange J. P., Abramson L. Y., Alloy L. B. It gets better: Future orientation buffers the development of hopelessness and depressive symptoms following emotional victimization during early adolescence. *Journal of Abnormal Child Psychology*, 2016; 43(3), 465–474.
10. Chen X., Graham S. Close relationships and attributions for peer victimization among late adolescents. *Journal of Adolescence*. 2012; 35 (6), 1547–1556. Doi: 10.1016/j.adolescence.2012.06.00
11. Perren S., Ettekal I., Ladd G. The impact of peer victimization on later maladjustment: Mediating and moderating effects of hostile and self-blaming attributions. *J Child Psychol Psychiatry*. 2013; 54(1): 46–55. Doi: 10.1111/j.1469–7610.2012.02618.x
12. Claes L., Luyckx K., Baetens I., de Ven M. V., Wittman C. Bullying and victimization, depressive mood, and non-suicidal self-injury in adolescents: The moderating role of parental support. *Journal of Child and Family Studies*, 2015; 24(11), 3363–3371.
13. Hay C., Meldrum R. Bullying victimization and adolescent self-harm: Testing hypotheses from general strain theory. *Journal of Youth and Adolescence*, 2010; 39(5), 446–459. URL: <https://doi.org/10.1007/s10964-009-9502-0>.
14. den Hamer A., Konijn E. A., Keijer M. G. Cyberbullying behavior and adolescents' use of media with antisocial content: A cyclic process model. *Cyberpsychology, Behavior, and Social Networking*, 2013; 17(2), 74–81.

15. Povedano A., Cava M.J., Monreal M. C., Varela R., Musitu G. Victimization, loneliness, overt and relational violence at the school from a gender perspective. *International Journal of Clinical and Health Psychology*, 2015; 15(1), 44–51.
16. Herts K.L., McLaughlin K.A., Hatzenbuehler M.L. Emotion dysregulation as a mechanism linking stress exposure to adolescent aggressive behavior. *Journal of Abnormal Child Psychology*, 2012; 40(7), 1111–1122.
17. You J.I., Bellmore A. Relational peer victimization and psychosocial adjustment: The mediating role of best friendship qualities. *Personal Relationships*, 2012; 19(2), 340–353.
18. Mamun A. A., O'Callaghan M. J., Williams G. M., Najman J. M. Adolescents bullying and young adults body mass index and obesity: A longitudinal study. *International Journal of Obesity*, 2013; 37(8), 1140–1146.
19. Sampasa-Kanyinga H., Roumeliotis P., Xu H. Associations between cyberbullying and school bullying victimization and suicidal ideation, plans and attempts among Canadian school children. *PLoS ONE*, 2014; 9(7), e102145. URL: <https://doi.org/10.1371/journal.pone.0102145>
20. Farrow C. V., Fox C. L. Gender differences in the relationships between bullying at school and unhealthy eating and shape-related attitudes and behaviours. *Br. J. Educ. Psychol.* 2011; 81, 409–420. Doi: 10.1348/000709910X525804.
21. Lepore S. J., Klierer W. Violence exposure, sleeps disturbance, and poor academic performance in middle school. *Journal of Abnormal Child Psychology*, 2013; 41(8), 1179–1189.
22. Raskauskas J., Rubiano S., Offen L., Wayland A. K. Do social self-efficacy and self-esteem moderate the relationship between peer victimization and academic performance? *Social Psychology of Education*, 2015; 18(2), 297–314.
23. Thijs J. T., Verkuyten M. Peer victimization and academic achievement in a multiethnic sample. The role of perceived academic self-efficacy. *Journal of educational psychology*. 2008; 100, 754–764. Doi: 10.1037/a0013155.
24. Mynard H., Joseph S. Development of the Multidimensional Peer-Victimization Scale. *Aggressive Behavior*, 2000; 26, 169–178.
25. Wiggins J. S. Social Maladjustment Scale. The clinical measurement package. A full manual. Chicago; Dorsey press. 1969.
26. Arogundade O. T., Amure B. A psychosocial appraisal of social maladjustment behavior of selected adolescents in Yaba Regiopolis, Lagos State, Nigeria. *American Journal of Psychology and Behavioral Sciences*. 2015; 2(1): 1–6.
27. Goldberg D. P., Williams P. A User's Guide to the General Health Questionnaire. Great Britain: NFER-NELSON Publishing Company, 1991.
28. Shevlin M., Adamson G. Alternative factor models and factorial invariance of the GHQ-12: a large sample analysis using confirmatory factor analysis. *Psychological Assessment*, 2005; 17(2): 231–236. Doi: 2005-07704-011 [pii] 10.1037/1040-3590.17.2.231.
29. Gureje O., Obikoya B. The GHQ as a screening tool in primary care setting. *Social Psychology and Psychiatry EpIdemiology*, 1990; 25(5): 276–280.
30. Barrio Dios, Montero et al. Cyberbullying among Spanish secondary school students. 15th European Conference on Developmental Psychology. 2018.
31. Nwosu T. Cyberbullying among Nigerian students: awareness and incidence. *Romanian Journal of Psychological Studies*, 2018.– Vol. 6.– Issue 1.

32. Safaria T. The prevalence and impact of cyberbullying in a sample of Indonesian junior high school students. *TOJET*, 2016.– Vol. 15.– Issue 3.
33. Salmivalli C., Peets K. Bullies, victims, and bully-victim relationships in middle childhood and early adolescence. In: Rubin K., Bukowski W. M., Laursen B., editors. *Handbook of peer interactions, relationships, and groups*.– New York: Guilford. 2009.– P. 322–40.
34. Popoola B. I. Prevalence of peer victimisation among secondary school students in Nigeria. *International Education Journal*, 2005; 6(5), 598–606. ISSN1443–1475.
35. Dougherty L. R. Children's emotionality and social status: A meta-analytic review. *Social Development*, 2006; 15(3), 394–417.
36. Gini G., Pozzoli T. Association between bullying and psychosomatic problems: a meta-analysis. *Pediatrics*. 2009; 123: 1059–1065. 10.1542/peds.2008–1215.
37. Due P., Holstein B. E., Lynch J. et. al. Health Behaviour in School-Aged Children Bullying Working Group: Bullying and symptoms among school-aged children: international comparative cross sectional study in 28 countries. *Eur J Public Health*. 2005; 15: 128–132. 10.1093/eurpub/cki105.
38. Siegel R. S., La Greca A. M., Harrison H. M. Peer victimization and social anxiety in adolescents: prospective and reciprocal relationships. *J Youth Adolesc*. 2009; 38(8):1096–1109.
39. Stapinski L. A., Bowes L., Wolke D. et. al. Peer victimization during adolescence and risk for anxiety disorders in adulthood: a prospective cohort study. *Depression and anxiety*. 2014.
40. Espinoza G., Gonzales N. A., Fuligni A. J. Daily school peer victimization experiences among Mexican-American adolescents: Associations with psychosocial, physical and school adjustment. *Journal of Youth and Adolescence*, 2012; 42(12), 1775–1788.
41. Graham S., Bellmore A. D., Mize J. Peer victimization, aggression, and their co-occurrence in middle school: Pathways to adjustment problems. *Journal of Abnormal Child Psychology*, 2006; 34, 363–378.
42. Espinoza G. Daily cyber victimization among Latino adolescents: Links with emotional, physical and school adjustment. *Journal of Applied Developmental Psychology*, 2015; 38, 39–48.
43. Lopez C., DuBois D. L. Peer victimization and rejection: Investigation of an integrative model of effects on emotional, behavioral, and academic adjustment in early adolescence. *Journal of Clinical Child and Adolescent Psychology*, 2005; 34(1), 25–36.
44. Singh P. Bussey K. Peer victimization and psychological maladjustment: the mediating role of coping self-efficacy. *J Res Adolesc*. 2011; 21(2):420–433.
45. Giannotta F., Settanni M., Klierer W., Ciairano S. The role of threat appraisal in the relation between peer victimization and adjustment problems in early Italian adolescents. *J Appl Soc Psychol*. 2012; 42(9):2077–2095.
46. Reijntjes A., Kamphuis J. H., Prinzie P., Telch M. J. Peer victimization and internalizing problems in children: A meta-analysis of longitudinal studies. *Child Abuse Negl*. Elsevier Ltd; 2010; Apr; 34(4): 244–52.
47. Ttofi M. M., Farrington D. P., Lösel F., Loeber R. Do the victims of school bullies tend to become depressed later in life? A systematic review and meta-analysis of longitudinal studies. Ttofi M. M., editor. *J Aggress Confl Peace Res*. 2011; 16; 3(2): 63–73.
48. Kaltiala-Heino R., Rimpelä M., Rantanen P., Rimpelä A. Bullying at school: An indicator of adolescents at risk for mental disorders. *J Adolesc*. 2000; Dec; 23(6):661–74. pmid:11161331
49. Ranta K., Kaltiala-Heino R., Fröjd S., Marttunen M. Peer victimization and social phobia: A follow-up study among adolescents. *Soc Psychiatry Psychiatr Epidemiol*. 2013; 48(4): 533–44. pmid:23052422

50. Bouman T., van der Meulen M., Goossens F.A., Olthof T., Vermande M. M., Aleva E. A. Peer and self-reports of victimization and bullying: Their differential association with internalizing problems and social adjustment. *J Sch Psychol. Society for the Study of School Psychology*; 2012; Dec; 50(6): 759–74.