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Correlation of the experience of peer relational aggression victimization and depression among African American adolescent females

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Abstract

Problem—To examine if the experience of peer relational aggression victimization can be linked to feelings of depression in the African American adolescent female population.

Method—The sample included 241 African American college age adolescent females assessed for peer relational aggression victimization (PRAV) and depression. Statistical analysis was done to determine the relationship between the variables.

Findings—PRAV, in this study population does exist as a detrimental phenomenon whereby PRAV significantly correlates with depression, r (214) = .29, $p < .01$.

Conclusion—Nurses can assist the adolescent client experiencing relational aggression by becoming knowledgeable on the presentation and manifestations of this experience.

Search terms/key words

relational aggression; African American adolescent female; depression; victimization; peer aggression

Violence is a large and growing problem in contemporary America. In 2001, an excess of 50,000 deaths were attributed to violence. Perhaps surprisingly, 31,000 of these violent deaths were suicides, and 21,000 were actual homicides (U.S. Department of Health and Human Services, 2006). According to the World Report on Violence and Health (Krug, 2002), action has been taken to bring attention to the myriad of detrimental consequences of violence on individuals, families, and communities. A major new field of public health has emerged, and consensus is building for a more expansive and inclusive approach to violence research.

Moreover, violence through the lens of gender has gained increasing interest and awareness. Expanding knowledge of those violent acts most typically committed by females has shed

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new light on the phenomenon of violence. Now, acts of relational aggression – which were not previously regarded as acts of violence – are recognized as critical and legitimate aspects of the violence phenomenon (Werner & Crick, 1999). This exploration of relational aggression has aided in understanding the detrimental consequences of acts that were previously thought of as just a normal part of growth and development. Consequently, acts such as rumor-spreading, gossiping, and socially isolating others are now considered violent acts and have been linked to related poor health outcomes(Crick & Grotpeter, 1995). The task of discovering methods to treat relational aggression has begun. However, more research is needed within various ethnic groups in order to fully understand from a global perspective the problem of this type of violence.

Problem

Relational aggression has gained increasing attention during the last 14 years (Bjorkqvist, 1994; Bjorkqvist & Niemela, 1992; Crick, 1995; Werner & Crick, 1999). However, more information is needed as it pertains to the victimization experience for specific ethnic groups. This study seeks to fill in the gaps concerning the effects of PRAV on African American adolescent females. More specifically, the goal of this study is to determine if the experience of PRAV can be linked to feelings of depression in this population. There exists minimal literature on the subject. Despite this, the Youth Behavior Risk Surveillance Survey (Centers for Disease Control and Prevention, 2004) reveals that 31% of the approximately 976 African American adolescent females in the study reported feeling sad or hopeless during the 12 months prior to the survey. Fifteen percent of those who reported feeling sad, also reported earnestly contemplating suicide and 12% of them also made plans to do so. Thus, if depression is a result of victimization experience then the victimization experience could be an influencing factor for suicidal ideation. However, no information exists in the literature to substantiate this argument, and relational aggression has not been studied extensively in this population.

Relational aggression is the act of rumor-spreading, gossiping, or socially isolating others (for a concept analysis of relational aggression refer to Gomes, 2007). Its central significance is that it damages relationships. This gives health professionals reason for concern because, for a majority of females, the peer group is extremely important during adolescence. Adolescence is defined as a transitional period between childhood and adulthood. It is a time when significant changes occur both mentally and physically. Various texts report the time frame of adolescence as being in the range of 11 years of age to 24 years of age (Ball & Binder, 2006; McKinney, James, Murray & Ashwill, 2005). There are many important developmental tasks to be accomplished during this time in life. For instance, early adolescence is a time when the adolescent begins to shy away from the validation of the family and seek that of the peer group. Middle adolescence is the time when the adolescent searches for, and begins to discover, individual identity. Late adolescence is a time of intimacy, goal setting, and life-course mapping. The smooth succession of these developmental tasks is essential to the adolescent's burgeoning into a productive, independent, and socially appropriate adult. It is important to note that this developmental process is an interwoven series of events that must occur lest the next series of developmental tasks be thrown off course, altering the life trajectory of the individual (Erickson as cited in Muuss, 1996). The following will be a discussion of the developmental tasks to be accomplished during adolescence, along with commentary as to the possible poor outcomes related to failing to develop normally.

Early adolescence is characterized by the yearning to move away from family-centered recognition to that of peer-centered recognition. During this time, the adolescent feels that the older generation of parents, grandparents, and teachers cannot relate to the adolescent

experience. Because of this, youngsters typically turn away from the older generations and seek assistance from their peers, who they feel understand them on a deeper level.

According to Erickson (1959), psychosocial reciprocity stimulates a need for the adolescent to seek peer validation and acceptance, thereby causing him or her to conform to the ideals proffered by peers. This can be a problem because “peer-group conformity can create a kind of dependency … as long as the adolescent depends on [peer] role models and feedback; the in-group feeling that the peer group provides will remain quite strong” (Muuss, 1996). Conformity, in turn, may have both positive and negative consequences for the adolescent. In a positive manner, it allows the adolescent to blend in with the other adolescents and to take on the values and culture of being an adolescent. It also allows him or her to explore this period of development with an ease that is given with acceptance from the other adolescents.

However, conformity may be negative when the adolescent is willing to do anything in order to fit in with the peer group. This becomes problematic when the adolescent is no longer able to make his or her own decisions for fear of being rejected by the peer group. Problems may also arise if acceptance from the peer group is not fully forthcoming. Without acceptance from the peer group, adolescents would not be able to grow and explore themselves within the bounds of the mores and values of the adolescent culture. They also would be cut off from the comradery of the adolescent culture, placing them in the role of outsider among their peers. These detrimental consequences would significantly impede advancement to the next developmental level of identity formation.

Once the adolescent has been able to explore the culture of adolescence and has developed the connection with peers, the adolescent moves from a peer-centered focus to a focus on developing an individual identity. The search for identity involves the exploration and discovery of the adolescent’s own values. These values will be based on the individual’s own past experiences and on those interactions that occurred between both the family of origin and the peer group. The combinational influences of both groups now come together to allow the adolescent to form his or her individual self.

The emerging self-identity is a compilation of ideas and experiences that gives birth to a personal philosophy of life for the adolescent. This philosophy of life, in turn, guides the adolescent’s behaviors and actions with others and with the world at large. Thus, a true self-identity is formed. This not insignificant accomplishment stems from finding answers to the following questions: Who am I? Where do I want to go in life? and Who do I want to become? Successful identity formation occurs when the adolescent merges past experience with present self to form a trajectory for the future. A failure to answer the aforementioned questions results in a failure to accomplish the developmental task of identity formation. In turn, this failure results in the adolescent’s experiencing self-doubt and role diffusion (Muuss, 1996). Self-doubt may then precipitate a preoccupation with how one is viewed by others, resulting in anxiety and maladaptive behaviors (Erickson, 1959).

The experience of Peer Relational Aggression Victimization (PRAV) is particularly important during the time when the female adolescent moves away from home and transitions to the college or work environment because even throughout late adolescence, as in early adolescence and childhood, value is placed on the same-sex friendship. Thus, a loss of comradery may develop as a result of relational aggression and it may have consequences that ultimately, and significantly, affect the victim’s psychological well-being.

Developmentally, the experience of peer relational aggression victimization can alter a connection with one’s peers, which may lead to an array of problems such as; eating disorders, a decreased sense of life satisfaction, social-psychological maladjustment and

maladaptive relationships with the opposite sex (Bond, Carlin, Rubin & Patton. 2001; Crick, 1996; Crick & Bigbee, 1998; Crick & Grotpeter, 1995; LaGreca & Harrison, 2005; Linder, Crick, & Collins, 2002; Liu, 2004; Loudin, Loukas & Robinson, 2003; Mynard, Joseph, & Alexander, 2000;Prinstein, Boergers, & Vernberg, 2001; Storch, Bagner, Geffken & Baumeister, 2004; Storch, Werner, Crisp & Klein 2005; Werner & Crick, 1999). Most importantly, the experience of being a victim of peer relational aggression may result in the establishment of feelings of isolation and worthlessness, which may ultimately lead to depression and suicidal ideation (Lagges & Dunn, 2003).

Depression as a result of the experience of peer relational aggression victimization is a major concern and if left undetected and untreated, can be extraordinarily debilitating. The association between the two concepts is important to explore because depression is rampant in the older adolescent population as evidenced by the fact that suicide is the leading cause of death among 15- to 24-year-olds in the U.S. (Centers for Disease Control, 2004). This fact is especially crucial to the population being studied, because females experience depression at twice the rate of males (Baker, 2006) and it is possible that experiencing relational aggression is a contributing factor. There may be reasons for this. First, because relational aggression is thought to be a benign act it often goes unnoticed by the natural observer. Second, because depression may manifest itself as moodiness and irritability in the adolescent population, it is often mischaracterized as normal adolescent behavior, and thus goes unchecked as well (Baker, 2006). Therefore, the aforementioned factors can lead one to dismiss manifestations of this damaging phenomenon, further perpetuating the vicious cycle.

Though this study will not reveal all the influencing factors to depression, it will seek to link the experience of peer relational aggression victimization with depressive manifestations. Therefore, the purpose of this study is to examine the question of whether being a victim of peer relational aggression is related to depression in college-aged African American adolescent females. Specifically, it is hypothesized that as peer relational aggression victimization increases, depression increases.

Methods

Sample and procedure

This study took place on a historically black college campus in the Southeastern United States. Participating in the study was voluntary. After obtaining Institutional Review Board (IRB) approval, the study was launched. With written informed consent, the entire freshman class attending a University required introductory course was surveyed using a demographic questionnaire; the Beck Depression Inventory II (BDI-II); and the Self-Report of Aggression and Social Behavior Measure (SRASBM). These instruments were among a battery of instruments presented to the student in random order. The freshman studies course provided several opportunities for extra credit, and participation in this study provided one such opportunity. Hence, participants received course credit for their efforts. Data were collected by the principal researcher and other trained student investigators from the Behavior Science Research Center (BSRC). The demographic questionnaires and all other surveys were numbered to maintain participant confidentiality. After numbering, the instruments were separated so personal identifying information could not be associated with responses to the other instruments.

The inclusion criteria for the study were that the student had to be at least 18 years of age; a college freshman; and enrolled in the required introductory course. For the purposes of this study, the data was separated to include solely female AA participants. Female participants were partialled out because the literature revealed that the experience of relational aggression was more significant for females than males (Crick & Grotpeter, 1995).

Although studies have been conducted with African American middle-adolescents concerning their experiences with bullying and aggression, studies focusing on the relational aggression experience of African American college females were scant. A power analysis was conducted to determine the appropriate study sample size. According to Polit and Hungler (1999), a power analysis is a means of reducing the risk of wrongly accepting the null hypothesis (Type II error). To accomplish this, three of the following four criteria must be known: significance criterion/α, sample size/N, effect size/γ, and power 1-β. For this research study, α was set at .05 and 1-β was set at .80. These values were chosen due to their being the conventional standard for such values in social research (Polit & Hungler, 1999). In addition, γ was established from previous research studies (Crick & Grotpeter, 1995; Sharp, as cited in Hawker & Boulton, 2000) correlating relational victimization with depression. Whereas, γ (the effect size) was equal to the Pearson Product correlation result, hence γ was .42 (Polit & Hungler, 1999). Utilizing a table of estimated sample size, according to power level and expected correlation coefficient provided by Polit and Hungler, the estimated sample size for this research study (using the range of .50 to .40 for the correlation coefficient) was estimated to be in the range of between 32 and 50 participants. This study far exceeded the sample size requirements, with a total sample size of $N = 241$ African American females.

Cross-sectional surveys were used to obtain information on the variables of interest using the drop-and-collect technique. This technique was helpful in creating a less threatening atmosphere, and it contributed to the response rate of the participants. This method was chosen because the self-administered survey has been demonstrated to reduce the problem of interviewer bias. Despite the drawback of this method's offering no control over how participants respond, or how they interpret the questions, it is a useful and fruitful method of obtaining data (Bernard, 2006).

Measures

The Self-Report of Aggression and Social Behavior Measure (SRASBM), a self-report measure, consisted of 56 items rated on a 7-point Likert scale, with 11 subscales measuring various aspects of relationship behaviors. The subscales on the instrument are as follows: proactive relational aggression, reactive relational aggression, cross-gender relational aggression, proactive physical aggression, reactive physical aggression, cross-gender relational victimization, peer relational victimization, cross-gender physical victimization, peer physical victimization, cross-gender exclusivity, peer exclusivity, and prosocial behavior. The reported Cronbach alpha for the subscale of peer relational victimization was .70 (J. Linder, personal communication, April 3, 2006). For this study, the peer relational victimization subscale was used. To identify a total score for peer relational aggression victimization, the response for each item on the subscale was combined to reveal a total score for the subscale. The mean of the subscale was determined, with higher scores reflecting a higher incidence of aggression or victimization.

The original Beck Depression Inventory (BDI) was developed by Beck, Ward, Mendelson, Mock, and Erbaugh (1961) and has been used in research and clinical settings for more than 35 years. The BDI was developed based on observations and symptoms that had been frequently reported by psychiatric patients with depression. In addition, it has been reported as being the most widely accepted instrument for diagnosing depression in a normal non-psychiatric population (Beck, Steer, & Brown, 1996). The BDI has most recently been updated to allow the instrument to be used in conjunction with the DSM-IV. The most recent version of the BDI-II has replaced old constructs with more timely ones such as agitation, worthlessness, concentration difficulty, and loss of energy as evidence of depressive symptomology. The Beck Depression Inventory-II is a 21-item, self-report instrument (on a 0 to 3 point rating scale) that was designed to assess for symptoms of

depression in adolescents and adults. It has been used in a variety of populations and has been translated into several different languages. It has demonstrated a stable reliability and validity rating in various samples, with a strong Cronbach alpha holding in the high .80s to .90s (Beck, Steer & Brown, 1996; Grothe, et al., 2005). After collecting data, all BDI II instruments were screened for responses indicating suicidal ideation. If a concern existed, the individual was contacted.

Data analysis

Statistical analysis was conducted using a statistical software package to assess for a relationship between peer relational aggression victimization and depression. A correlation coefficient was computed to assess the degree to which peer relational aggression victimization was linearly related to depression and a descriptive analysis was conducted to report the means, standard deviations, and frequencies of the variables. Reliability and validity measures were obtained using Cronbach's alpha values for the data.

The demographic data were obtained using a demographic questionnaire. Nominal variables were assigned numerical values, which would be needed to complete the statistical analysis. Peer relational aggression victimization was measured using the peer victimization subscale of the Self-Report of Aggression and Social Behavior Measure (SRASBM). The sum of the responses to questions 6, 17, 42, and 46 was totaled to obtain an overall peer relational aggression victimization score.

Depression was measured using the Beck Depression Inventory-II (BDI-II). Answers from the entire 21-item questionnaire were summed to obtain a total depression score. For the purpose of this study, scores above the sample mean were determined to indicate a high level of depression, and scores below the sample mean were determined to indicate a low level of depression, a correlation coefficient was computed to assess the degree to which peer relational aggression victimization was linearly related to depression.

Findings

The survey sample consisted of (N = 241) participants who self-identified as Black or African American with a mean age of 18.3 years. The study participants originated from 32 different locations around the world. The four most frequently reported locations were Virginia (14%), New York (11%), Maryland (8%), and California (7%).

There were 239 valid PRAV subscale surveys (two were missing). Table one lists the mean scores for the PRAV subscale. Accordingly, the mean score of the PRAV subscale of the SRASBM was 12.25 (SD = 5.85). The mean for question six I have a friend who ignores me or gives me the "cold shoulder" when she is angry with me was M = 3.28 (SD = 2.18). The mean for question 17 A friend of mine has gone "behind my back" and shared private information about me with other people was M = 3.64 (SD = 2.27). The mean for question 42 I have a friend who excludes me from doing things with her and her friends when she is mad at me was M = 2.21 (SD = 1.71). The mean for question 46 When a friend of mine has been mad at me, other people have taken sides with her and have been mad at me too was M = 3.13 (SD = 1.91). The Cronbach alpha score for the PRAV subscale using this sample was .69 similar to previous reported internal consistency.

There were 205 valid Beck Depression Inventory-II (BDI-II) surveys (36 were missing). Of the valid surveys, the mean score was 15.00 (SD = 12.87). Of those participants with a depression score, the mean total depression score was 7.50 (SD = 6.43). The Cronbach alpha score of the BDI-II using this population was .74. Of the total sample, two screened participants responses indicated possible suicidal ideation, however the students were

contacted by a trained family counselor to discuss responses and consequently were not deemed suicidal.

To assess for the degree to which the variables PRAV and total depression score are linearly related in this sample, a Pearson product-moment correlation coefficient was computed. The correlation between PRAV and total depression score was significant, r (214) = .29, $p < .01$, indicating a medium effect size (see Table 2). Since the r value was positive, this signifies that as scores on PRAV increase, scores on depression will increase. By the same token, as scores on depression increase, scores on PRAV increase (Green & Salkind, 2005). To determine the extent to which PRAV shared variance with depression, the correlation coefficient was squared to arrive at the proportion of variance associated with PRAV in relation to depression. Thus, it can be concluded that approximately 8% ($.29^2$) of the depression variable is shared with PRAV (Green & Salkind, 2005).

Discussion

The results of this study indicate that peer relational aggression victimization (PRAV) in the African American adolescent female population at a Southeastern university does indeed exist as a detrimental phenomenon. The mean scores for the peer relational aggression victimization subscale questions ranging between 2.21 and 3.64 on a scale ranging from 0 to 6 denote that PRAV does occur in this population in varying amounts according to type of PRAV aggressive act. Moreover, the fact that PRAV is significantly correlated with depression, r (214) = .29, $p < .01$, in this African American female population is a noteworthy finding. This mirrors earlier studies conducted among the majority population. As validated by the significant positive correlation of PRAV and depression in this study, the prolonged or repeated experience of PRAV may result in depressive manifestations or the vice versa.

This study helps to fill the gap of knowledge concerning the African American adolescent female's experience of peer relational aggression victimization (PRAV) by validating and correlating the existence of this experience in this particular population with depression. As indicated in research conducted with the majority population, it is plausible that the prolonged or repeated experience of PRAV may result in poor health outcomes such as depression for this population as well. Furthermore, this study lends credence to the overall argument that the experience of peer relational aggression victimization alters the formation of female bonds via the social isolation experience associated with the victimization. Contrary arguments indicate that those individuals with depressive symptomology may, in fact, increase the likelihood of their experiencing relational aggression as a result of an increased propensity to interpret emotional interactions as negative thereby overestimating the amount of relational aggression experienced due to their depressive symptomology (DeLos Reyes & Prinstein, 2004). In addition, researchers have also indicated that if an adolescent is experiencing depressive symptoms such as withdrawal or passivity then they are more likely to position themselves in a victimized position and increase their likelihood of experiencing relational aggression (Allen et. al, 2006; Perry Hodges & Egan, 2001). Consequently, one may argue that PRAV and depression are cyclical in nature and indeed may rotate as a predictors of the other which further perpetuates their correlation.

Conclusions

Peer relational aggression victimization (PRAV) may affect many areas of nursing. In clinical practice, nurses may encounter clients who have been victims of this type of aggression therefore it is vital to understand, and be able to recognize, the manifestations of PRAV. As this study and previous research indicate, increases in PRAV can lead to

increases in depression (Bond, Carlin, Rubin & Patton., 2001; Crick, 1996; Crick & Grotpeter, 1995; LaGreca & Harrison, 2005; Loudin, Loukas & Robinson, 2003; Liu, 2004; Mynard, Joseph, & Alexander, 2000; Storch, Bagner, Geffken & Baumeister, 2004; Storch, Werner, Crisp & Klein 2005). Thus, the nurse should be able to recognize the warning signs of a depressive episode in this population and then possess the ability to assess for the potential presence of PRAV as a precipitating factor. To do so, it is important to be able to recognize the symptoms of a person who is experiencing PRAV, and it is very important to ask the client questions about their feelings.

Once relational aggression has been identified as a problem, nurses should seek to assist the families of the adolescent client who is experiencing relational aggression by assessing for and educating family members about adequate coping mechanisms in order to help the adolescent handle the experience of PRAV. This study suggests that future studies could test whether positive coping mechanism after the PRAV experience lead to a decrease in feelings of depression. Answering this question will add to the body of knowledge concerning this experience and will assist the nurse in developing effective intervention methods designed to teach positive coping responses post PRAV.

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Table 1

Mean scores for PRAV subscale.

Variable	Mean score	Standard deviation
Total PRAV	12.25	5.85
SRASBM 6	3.28	2.18
SRASBM 17	3.64	2.27
SRASBM 42	2.21	1.71
SRASBM 46	3.13	1.91

Table 2

Correlation between PRAV and Depression.

	PRAV
Depression	.29**

** Note. $p = .01$