The Effect of Relational Victimization

On School-aged Children and Adolescents

and

Recommended Intervention Programs

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Abstract

This review examines empirical articles from 1996 to 2007 regarding the effect of victimization through relational aggression as defined by Crick and colleagues (1995). Also included are two European studies that evaluated the impact of a related construct (i.e. relational bullying). Researchers investigated the unique contribution of relational victimization beyond other forms of peer maltreatment (i.e. overt victimization, physical victimization). Overall, findings show that the inclusion of relational victimization in the assessment of peer victimization contributes to previous literature regarding adjustment difficulties experienced by school-aged children and adolescents. The review concludes with a summary of school-based prevention and intervention programs recommended to specifically reduce relational aggression.
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Introduction

Peer victimization has been a concern among educators and a topic of research for nearly 30 years (Schafer, Werner, & Crick, 2002). Peer victimization is defined as exposure to repeated negative behaviors of one or more persons (Schafer et al., 2002). It is estimated that 20% of students in the United States reported victimization by a peer at some point during their school years (Nansel et al., 2001 as cited in Martin & Hueber, 2007). Although initial research regarding peer victimization primarily investigated the impact of victimization by types of aggression more typical of males (i.e. overt aggression, physical aggression), more recent studies have examined the effect of another form of aggression (i.e. relational aggression) to overcome past limitations (Crick & Bigbee, 1998; Crick & Grotpeter, 1996).

This review begins by examining empirical articles from 1996 through 2007 regarding the effect of victimization by relational aggression as defined by Crick and colleagues (1995). Included are two European studies that evaluated the impact of a related construct (i.e. relational bullying). Most of the researchers investigated the unique contribution of relational victimization beyond other forms of peer maltreatment (i.e. overt victimization, physical victimization). Overall, findings suggest that the inclusion of relational victimization in the assessment of peer victimization contributes to previous literature regarding adjustment difficulties experienced by school-aged children and adolescents. The review concludes with a summary of school-based prevention and intervention programs recommended to specifically reduce relational aggression.

Relational Aggression Defined

Although the behaviors encompassing relational aggression are not new, the construct defined and validated by Crick and Grotpeter in 1995 is somewhat recent (Crick & Grotpeter,
Relational aggression refers to the use of direct and indirect non-physical, manipulative acts to intentionally hurt others by damaging peer relationships and feelings of belonging (Crick & Grotpeter, 1995, 1996). Relational aggressive behaviors include spreading rumors, purposefully excluding a peer from a social group or activities, and withholding or threatening to withdraw friendship (Crick & Bigbee, 1998; Crick, Bigbee, & Howes, 1996; Crick & Grotpeter, 1996). Studies have shown that relational aggressive acts are perceived as deliberately mean behaviors, and are often used by the aggressor to retaliate when angry (Crick, Bigbee, et al., 1996). Relational victimization occurs when one is frequently (i.e. one standard deviation above the sample mean) the target of relationally aggressive acts (Crick & Bigbee, 1998; Crick & Grotpeter, 1996). In contrast, overt victimization results when one is frequently the recipient of physically aggressive behaviors such as being hit, shoved, or threatened (Crick & Bigbee, 1998; Crick & Grotpeter, 1996).

Impact on Relational Aggressors

Studies examining the use of relationally aggressive behaviors have determined that aggressors experience both positive and negative effects. For example, a correlation between relational aggression and positive outcomes (e.g. peer acceptance) has been found in adolescent males (Salmivalli, Kaukiainen, Lagerspetz, 2000) and negative consequences (e.g. peer rejection) in female children (Crick, 1996). Other studies have concluded that elementary and secondary students of both genders rated relationally aggressive students as popular and perceived victims of relational aggression as unpopular and social outcasts (e.g. LaFontana & Cillessen, 2002; Rose, Swenson, & Waller, 2004). Interestingly, in Leadbeater, Boone, Sangster, and Mathieson’s study (2006), relationally aggressive high school students reported being the
target of both positive behaviors (i.e. prosocial attention) and negative behaviors (i.e. relational victimization) more often than their nonaggressive peers.

**Impact of Prosocial Peer Treatment**

To illustrate the limitations of past studies, some researchers have examined the relationship between victimization and prosocial peer treatment. Prosocial treatment includes behaviors such as encouraging a peer through kind words and providing emotional support (Crick & Grotpeeter, 1996; Storch, Brassard, & Masia-Warner, 2003). Overall findings about the impact of prosocial peer treatment provided additional support for the inclusion of other forms of social experiences overlooked in initial studies. For example, Storch, Brassard, et al. (2003) found that positive treatment from peers reduced symptoms of loneliness to nonsignificant levels in overtly and relationally victimized adolescents. Additional studies found that children and adolescents with low occurrences of prosocial treatment from peers reported increased symptoms of depression (Crick & Bigbee, 1998; Crick & Grotpeeter, 1996) and loneliness (Crick & Grotpeeter, 1996; Storch, Phil, Nock, Masia-Warner & Barlas, 2003; Storch & Masia-Warner, 2004).

More recently, Martin and Huebner (2007) examined the impact of positive peer experiences on the emotional well-being (i.e. life satisfaction, negative affect, positive affect) of middle-school students. The authors found that prosocial treatment from peers positively correlated at a significant level to overall life satisfaction and positive feelings (e.g., happiness), more so than peer victimization contributed to negative emotions (e.g., distress). Martin and Huebner’s finding seems to indicate that frequent support from peers is as vital to the emotional well-being of students as the reduction of overt and relational victimization. Overall, Researchers (e.g. Crick & Grotpeeter, 1996; Martin & Huebner, 2007; Storch, Brassard, et al., 2003) suggest
that positive social support from peers may protect children and adolescents against psychosocial distress.

*Gender Prevalence*

Overall, the examination of the prevalence of relational victimization among males and females produced mixed results. For example, most studies found that although boys reported experiencing overt victimization more often than girls, no gender differences were found specifically related to relational victimization (Crick & Grotpeter, 1996; Prinstein, Boergers, & Vernberg, 2001; Storch, Brassard, et al., 2003; Storch & Esposito, 2003; Storch, Phil, et al., 2003). However, in two studies (Crick & Bigbee, 1998; Crick & Nelson, 2002) girls reported victimization by relational aggression more often than boys. Unexpectedly, two other studies (Martin & Huebner, 2007; La Greca & Harrison, 2005) found boys reporting experiences of both overt and relational victimization more often than girls. However, in Martin and Huebner’s (2007) study, girls also reported being the recipients of prosocial treatment by peers more often than boys. Martin and Huebner’s recent finding further illustrates that assessing other forms of peer experiences contributes to a better understanding of peer victimization.

*The Effect of Relational Victimization*

Several studies found a significant correlation between relational victimization and psychosocial distress in school-aged children and adolescents. After statically controlling for moderate correlation with the other types of victimization (i.e. overt victimization, physical victimization), researchers found that relational victimization uniquely contributed to the prediction of multiple adjustment difficulties. Specific outcomes varied according to the dependent variables of age, gender, and ethnicity.
Psychosocial Effects

Crick and Grotpeter (1996) first examined the effect of relational victimization in elementary students. Crick and Grotpeter found that, together, relational victimization and overt victimization significantly correlated with all four dependent variables: depression, loneliness, social anxiety, and social avoidance. Additional statistical analyses revealed that relational victimization significantly contributed to the prediction of depression, loneliness, social anxiety, and social avoidance beyond overt victimization (Crick & Grotpeter, 1996). Overt victimization, however, only provided additional information for predicting depression (Crick & Grotpeter, 1996). This study was the first to support relational victimization as a contributing factor to the impact of peer victimization (Crick & Grotpeter, 1996).

In a later study, Crick and Bigbee (1998) also found a significant relationship between relational victimization and the same four variables (i.e., depression, loneliness, social anxiety, social avoidance) in elementary students. However, in contrast to Crick and Grotpeter’s (1996) findings, the present study did not find a significant correlation between relational victimization and two of the variables measured (i.e. social anxiety, social avoidance) for both genders. Interestingly, relational victimization related significantly to social anxiety for girls and to social avoidance for boys (Crick & Bigbee, 1998).

Storch, Zelman, Sweeney, Danner, and Dove (2002) questioned whether findings generalized to ethnically diverse populations because the previous studies (Crick & Bigbee, 1998; Crick & Grotpeter, 1996) were conducted primarily with middle-class, Caucasian children (90.1% Caucasian; 60.1% Caucasian). Therefore, Storch et al. (2002) sought to replicate Crick and colleagues’ earlier studies (1998; 1996) with an ethnically diverse sample of elementary
students from a low-income urban area. The ethnicity composition of the participants included 79% African American, 19.8% Hispanic, and 1.2% Asian American.

Storch et al. (2002) published findings that differed from prior studies. Contrary to Storch and colleagues’ hypothesis, relational victimization was not found to significantly correlate with or contribute to the prediction of any of the dependent variables measured: depression, loneliness, social anxiety, or social avoidance. Overt victimization, on the other hand, significantly correlated with depression, social anxiety, and social avoidance, but not loneliness (Storch et al., 2002).

Storch et al. (2002) theorized that the conflicting results could be attributed to the small sample size used in the study as opposed to ethnic differences. The final sample consisted of 75 students, of which only 30 were female. In comparison, previous findings with primarily Caucasian students were obtained through examination of much larger sample sizes. Crick and Grotpeter’s (1996) study included 474 participants, and findings from their subsequent (1998) study were gathered from a sample size of 383 students. Storch et al.’s alternative explanation seems accurate in lieu of more recent findings.

For example, in a study with a larger ethnically diverse sample of 186 elementary students (77.6% Hispanic, 15.1% African-American), Storch, Phil, et al.’s (2003) findings were consistent with those of Crick and Grotpeter (1996). That is, both overt and relational victimization significantly correlated with depression, loneliness, social anxiety, and social avoidance for both genders.

In contrast to Crick and Grotpeter’s (1996) study, however, Storch, Phil, et al. (2003) found differences according to gender. For example, after controlling for overt victimization, relational victimization was found to uniquely contribute to the prediction of depression, as well
as to two of the three social anxiety subscales: fear of negative evaluation, and avoidance of general social situations, but not new situations, of female elementary students (Storch, Phil, et al., 2003). This finding seems to suggest that relational victimization impacts females more strongly than males.

In another study with 201 predominately Hispanic (78%) and African American (15%), elementary children, Storch and Esposito (2003) investigated the relationship between victimization and posttraumatic stress. Storch and Esposito found that students frequently victimized by both overt and relational aggression reported significantly higher levels of posttraumatic stress symptoms (e.g. intrusive thoughts, nightmares, stimulus avoidance) than did nonvictims as well as students victimized by only one form. In other words, Storch and Esposito found a significant correlation between both forms of victimization (i.e. overt victimization, relational victimization) and posttraumatic stress symptoms.

Findings from Storch and colleagues (Storch & Esposito, 2003; Storch, Phil, et al., 2003; Storch et al., 2002) suggest that relational victimization also negatively impacts children who are ethnically diverse. Although, in one study, gender differences were found regarding the strength of relational victimization (Storch, Phil, et al., 2003), a positive correlation between previously assessed variables (i.e. depression, loneliness, social anxiety, social avoidance) and relational victimization was found for both males and females similar to prior studies (Crick & Bigbee, 1998; Crick & Grotpeter, 1996). In addition, newly assessed symptoms of posttraumatic stress disorder were found to significantly correlate with both forms of victimization.

Overall, studies that examined the effect of relational victimization on concurrent psychosocial adjustment in elementary students found relationally victimized children to be more depressed, lonely, anxious, and socially avoidant than nonvictims. Although the strength of the
relationship varied, studies revealed a correlation between relational victimization and psychosocial distress across gender and ethnicity.

In studies with adolescents, researchers also found a significant correlation between relational victimization and multiple psychosocial adjustment variables. The inclusion of other variables (self-worth, physiological symptoms), in addition to previously assessed variables (depression, loneliness, social anxiety, social avoidance), contributed further to previous findings with children (Crick & Bigbee, 1998; Crick & Grottfeller, 1996; Storch & Esposito, 2003; Storch, Phil, et al., 2003; Storch et al., 2002).

For example, in Prinstein, Boergers, and Vernberg’s (2001) study of 566 ethnically diverse high school students, relational victimization not only correlated significantly with increased symptoms of depression and loneliness, but also with lower self-worth. Furthermore, relational victimization contributed uniquely to the prediction of all three measured variables: depression, loneliness, and low self-worth beyond overt victimization (Prinstein et al., 2001). Additionally, Prinstein et al. (2001) found that adolescent victims of both overt and relational aggression were the most distressed, reporting the highest levels of depression and loneliness.

By including the assessment of self-worth, Prinstein et al.’s (2001) findings provided additional support for the negative impact of relational victimization, specifically for female students. For example, gender analyses revealed that for girls, relational victimization contributed to lower self-worth and loneliness at a rate two times that of overt victimization (Prinstein et al., 2001). Additionally, victimization by relational aggression contributed equally to lower self-worth for boys as did overt aggression (Prinstein et al., 2001).

In addition to investigating the effect of relational victimization on ethnically diverse children (Storch & Esposito, 2003; Storch, Phil, et al., 2003; Storch et al., 2002), Storch and
colleagues conducted two other studies with adolescents. In the first study (2003), they examined the relationship between victimization and physiological symptoms (e.g., heart palpitations) in addition to symptoms of social anxiety (fear of negative evaluation, social avoidance) and loneliness. Participants included 338 predominately Caucasian (83.3%) high school students.

Overall, Storch, Brassard, et al. (2003) found that both forms of victimization (i.e. overt and relational victimization) significantly correlated with physiological symptoms, as well as fear of negative evaluation (FNE), and social avoidance. In addition, relational victimization was found to uniquely contribute to the prediction of the same three variables (FNE, physiological symptoms, social avoidance) for both genders beyond overt victimization (Storch, Brassard, et al., 2003). Interestingly, prosocial treatment from peers reduced loneliness to nonsignificant levels (Storch, Brassard, et al., 2003).

In contrast to Prinstein et al.’s (2001) findings, however, whereas victims of both overt and relational aggression were the most maladjusted, Storch, Brassard, et al., (2003) found that adolescents of relational victimization were equally distressed as students victimized by multiple forms of aggression. This finding seems to further support the relevance of assessing relational victimization in addition to overt victimization, as some students indicated that victimization by relational aggression was equally distressing.

Findings were consistent in a later study (Storch & Masia-Warner, 2004) with 561 female students attending a high school exclusively for girls. For example, similar to Storch, Brassard, et al.’s (2003) study with a mixed-gender population, Storch and Masia-Warner (2004) found a significant correlation between both forms of victimization (i.e. overt victimization, relational victimization) and social anxiety (i.e. FNE, social avoidance), as well as loneliness. Of particular interest in Storch and Masia-Warner’s study were the unusually high levels of reported social
Relational Victimization

anxiety. For example, females most frequently victimized by relational aggression alone, as well as those victimized by both types of aggression (i.e. overt aggression, relational aggression), reported clinical levels of social anxiety (Storch & Masia-Warner, 2004).

Again, in a prospective study, Storch and colleagues assessed social anxiety (i.e. FNE, social avoidance). However, Storch, Masia-Warner, Crisp, and Klein (2005) also wanted to know the relationship between victimization and social phobia. Storch et al. (2005) noted that social phobia is distinct from social anxiety in that it encompasses continual fear and includes physiological symptoms such as fast heart rate as well as behavioral (e.g., avoidance), and cognitive (e.g., fearful thinking) symptoms.

Storch et al. (2005) assessed 144 secondary students two separate times, one year apart. Unlike overt victimization, relational victimization was found to contribute to the prediction of social phobia at the follow-up study (Storch et al., 2005). However, contrary to the researchers’ hypothesis, neither overt nor relational victimization were found to predict significant levels of social anxiety (Storch et al., 2005).

Because of the prospective nature of the study, Storch et al. (2005) were able to provide an interesting finding undiscovered in previous studies. For example, although social anxiety and social phobia were not found to contribute to the prediction of future victimization when analyzed according to gender, increased symptoms of social anxiety and social phobia in male students corresponded with an increase frequency of relational victimization at the follow-up study one year later (Storch et al., 2005).

Overall, results from studies examining psychosocial effects of relational victimization in adolescents (Prinstein et al., 2001; Storch, Brassard, et al., 2003; Storch & Masia-Warner, 2004; Storch et al., 2005) support previous findings in children (Crick & Bigbee, 1998; Crick &
Grotpector, 1996; Storch & Esposito, 2003; Storch, Phil, et al., 2003; Storch et al., 2002). In other words, a significant correlation was found between relational victimization and similar dependent variables (e.g. loneliness, social anxiety, social avoidance) in both children and adolescents.

Further findings from the assessment of self-worth in a study conducted by Prinstein et al. (2001) indicate social anxiety scores in the clinical range. Storch and Masia-Warner’s (2004) study suggests a stronger effect of relational victimization among adolescents than children, particularly for female students. Thus, findings appear to support the developmental perspective (Werner & Crick, 2004) held by some researchers (e.g. Crick and colleagues, Storch and colleagues) that as students’ age, peer relationships become increasingly important. Therefore, older students victimized by relational aggression become more distressed than younger students.

Within Friendships

Although most researchers examined the impact of relational victimization within peer groups, a few studies (Crick & Nelson, 2002; La Greca & Harrison, 2005) investigated the effect of victimization by relational aggression within close friendships. Researchers discovered that relational victimization not only occurs between peers but also between friends. Results were comparable to prior studies with peers whereby relational victimization significantly correlated with psychosocial distress.

For example, Crick and Nelson (2002) examined the effect of relational victimization in dyadic friendships of elementary students. Both boys and girls relationally victimized by their closest friends reported significantly higher levels of depression, loneliness, social anxiety, social avoidance and lower self-esteem than nonvictims (Crick & Nelson, 2002). However, after controlling for physical victimization, relational victimization remained significantly higher only
for girls (Crick & Nelson, 2002). Additional statistical analyses revealed that 71.4% of girls and 21.1% of boys victimized by their friends would have been excluded had relational victimization not been assessed (Crick & Nelson, 2002). Overall, these findings demonstrate the importance of assessing relational victimization within friendships in addition to peer groups.

In a later study, La Greca and Harrison (2005) investigated the impact of overt and relational victimization within close friendships of high school students. Similar to Crick and Nelson’s (2002) findings among children, the assessment of relational victimization in adolescent friendships provides unique information. For example, whereas overt victimization contributed little to the overall findings of the current study, relational victimization and negative friendships were contributing factors in symptoms of depression and also uniquely added to the prediction of social anxiety (La Greca & Harrison, 2005).

**Behavioral/Academic Effects**

In addition to psychosocial distress, relational victimization has also been positively associated with other negative effects such as increased use of alcohol, cigarettes, and marijuana (Sullivan, Farrell, & Kliewer, 2006). Studies also found a positive relationship between relational victimization and delinquent behaviors (Sullivan et al., 2006) as well as lower academic achievement (Woods & Wolke, 2004).

For example, in a sample of 276 primarily African American students (92%) attending an urban middle school, Sullivan et al. (2006) found that adolescents frequently victimized by relationally aggressive peers were also more likely to drink alcohol and smoke cigarettes than were nonvictims. Furthermore, Sullivan et al. found that relational victimization contributed significantly to increased marijuana use for girls and to delinquent behaviors (e.g. stealing,
damaging property, skipping school) for both genders. Results remained significant even after physical victimization was controlled (Sullivan et al., 2006).

In another study, relational victimization was identified as a contributing factor to lower academic achievement (Woods & Wolke, 2004). For example, in a study conducted in the United Kingdom with 1016 children in primary school, Woods and Wolke (2004) found that scores on standardized achievement tests (SATs) of relationally victimized children were almost three times lower than the scores of other students. The results of this study applied to students identified as direct bullies, relational bullies, victims of direct bullying, and nonvictims (Woods & Wolke, 2004). Interestingly, students with significantly higher SAT scores were identified as relational bullies during a follow-up interview two years later (Woods & Wolke, 2004). This finding seems to support the theoretical perspective that relational aggression is often initiated by highly intelligent individuals with excellent skills in manipulation (Woods & Wolke, 2004; as cited in Wolke et al., 2000).

Some researchers (e.g. Crick & Bigbee, 1998; Crick & Grotpeter, 1996; Prinstein et al., 2001) have asserted that victimization may be a cycle. That is, victims of peer aggression may become the aggressor or vice-versa. This theoretical perspective may have considerable significance in lieu a recent finding from Wolke, Woods, Bloomfield, and Karstadt (2000). In this study, the researchers analyzed data from 1639 primary school-aged children, along with parent questionnaires. Students categorized as relational bully/victims (i.e., both relational bullies and victims of relational bullying) had the highest combined scores of behavioral difficulties (i.e., conduct problems, hyperactivity, peer difficulties) and the lowest prosocial behaviors scores, resulting in the most scores in the clinical range (Wolke et al., 2000).
Recent studies that have examined the effect of relational victimization on school-aged children and adolescents have added considerably to the initial findings regarding peer victimization. There is a significant correlation between relational victimization and psychosocial distress in both friendships and peer relationships. In addition, studies found that relational victimization contributed to the use of tobacco, alcohol, marijuana, and delinquent behaviors, and positively correlated with conduct and peer problems, as well as lower academic achievement.

**Methodology**

An adequate sample size and reliable measures are needed to support the validity of findings. This section provides an overview of the participants included in the reviewed studies, describes some of the measures used, and clarifies terms according to operational definitions.

**Participants/Demographics**

Overall, studies were conducted with adequate sample sizes. For example, the majority of findings were obtained with a sample size between 186 and 571 participants, some of which were conducted with over 400 participants. Furthermore, two studies (Wolke et al., 2000; Woods & Wolke, 2004) conducted in the United Kingdom included over 1,000 students. Only one study (Storch et al., 2002) was conducted with fewer than 100 participants.

The studies included children and adolescents in various developmental stages. For example, participants included school-aged children and adolescents in grades 3 through 12. Participants attended various public, charter, and parochial elementary, middle, and high schools in both urban and rural areas in the United States. In addition, two studies (Wolke et al., 2000; Woods & Wolke, 2004) included students from the United Kingdom, and participants from another study (Schafer et al., 2002) attended school in Germany.
Operational Definitions

Whereas most studies reported findings after controlling for overt victimization, two studies (Crick & Nelson, 2002; Sullivan et al., 2006) compared the impact of victimization on victims of relational aggression with victims of physical aggression. Both overt and physical victimization included being a recipient of physically aggressive behaviors such as being hit, kicked, or pushed. However, overt victimization also included the threat of physical violence (Crick & Bigbee, 1998).

Two European studies (Woods & Wolke, 2004; Wolke et al., 2000) assessed victimization as a result of relational bullying as opposed to relational aggression. Although the names differed, each measured the same type of experiences such as exclusion from social groups, rumors spread, and friends no longer wanting to be friends (Wolke et al., 2000).

Measures

Crick and Grotpeter (1996) developed a new standardized, self-report questionnaire to measure overt victimization, relational victimization, and prosocial treatment by peers. The Social Experience Questionnaire—Self Report (SEQ-S) was used in the majority of studies reviewed, although not all researchers included the prosocial subscale. The SEQ-S was designed to assess the frequency in which students experience the three distinct forms of peer treatment (Crick & Grotpeter, 1996). Students were asked to rate 15 items (5 items on each of the three subscales) on a scale ranging from 1-never to 5-all the time (Crick & Grotpeter, 1996).

The inclusion of peer-reports in addition to self-reports provided an interesting finding in two studies (Crick & Bigbee, 1998; Schafer et al., 2002). For example, Crick and Bigbee (1998) found that elementary students who identified themselves as victims in addition to being identified as victims by their peers, were more maladjusted than students identified by only one
measure. In a later study with adolescents, all students identified as victims of relational aggression by peers were female and all students identified as victims of physical aggression by peers were male (Schafer et al., 2002).

Most researchers assessed social anxiety and social avoidance. However, differences in the scales of the utilized measures determined specific aspects of these constructs. For example, three studies (Crick & Bigbee, 1998; Crick & Grotpeter, 1996; Crick & Nelson, 2002) used the Franke and Hymel (1984) Social Anxiety scale, which consists of two subscales (i.e., Social Anxiety, Social Avoidance). The remaining researchers used either the Social Anxiety Scale for Children (SAS-C) or the Social Anxiety for Adolescents (SAS-A). Both of these measures differed in that each consists of three subscales: Fear of Negative Evaluation (FNE), Social Avoidance and Distress – New (SAD-New), and Social Avoidance and Distress of General (SAD-General) situations.

Limitations

The reviewed studies are not without limitations. For example, in all but one study (Storch et al., 2005), a cross-sectional design was used to assess the effects of relational victimization. In other words, researchers assessed the relationship between victimization and maladjustment at the same point in time. Researchers (e.g. Crick and colleagues, Storch and colleagues) agree that given the correlational nature of the studies, the findings are limited in that causality could not to be determined. The findings were also limited in that most findings were obtained using self-report measures. Researchers (e.g. Martin & Huebner, 2007; Storch & Masia-Warner, 2004; Storch et al., 2002) agree that the singular use of self-report measures may have inflated findings due to common symptoms reported on various measures.
Another possible limitation is that only one study (Storch et al., 2005) reported using a measure that complimented criteria used to assess disorders according to the *Diagnostic and Statistical Manual of Mental Disorders, 4th ed. (DSM-V)*. According to Storch et al. (2005), the Social Phobia and Anxiety Inventory for Children (SPAI-C), used in their study to assess social phobia, is compatible with the DSM-V. All other measures used were designed to assess non-clinical samples.

A further limitation is that, although some of the studies consisted of ethnically diverse students, the majority consisted primarily of Caucasian or Hispanic and African American participants. Therefore, findings may not generalize to other ethnicities (e.g. Asian American; Native American). In addition, posttraumatic stress symptoms were assessed in only one study (Storch & Esposito, 2003) that consisted of predominately Hispanic children (78%) and may not generalize to adolescents of other ethnicities.

**Future Research**

Researchers have divergent views regarding the possible direction of the relationship between maltreatment and victimization. For example, some researchers support a bi-directional theory in which victimization results in social and behavioral changes that invites further victimization, resulting in a perpetuating cycle (Crick & Bigbee, 1998; Crick & Grotpeter, 1996; Prinstein et al., 2001). Other researchers (e.g. Storch & Masia-Warner, 2004, Storch et al., 2005) contemplate a possible unidirectional relationship, in that victimization may lead to the development of certain symptoms, yet not invite further victimization.

Researchers are in agreement, however, that future longitudinal studies are needed to determine the direction of victimization and maladjustment. Furthermore, longitudinal studies are needed to better understand whether behavioral characteristics (e.g. shyness) are contributing
factors in individuals more likely to become victims of aggressive acts (Crick & Nelson, 2002). In addition, Crick & Nelson (2002) have also suggested that future research needs to examine possible early antecedents within family relationships (e.g. sibling abuse) of victims.

Researchers (e.g. Crick & Grotpeter, 1996; La Greca & Harrison, 2005; Storch et al., 2005) also agree that future studies need to include multiple informants (i.e. peers, teachers, parents) to overcome limitations of self-report measures. Expanding the sample population to include clinical samples as well as normative samples has also been suggested (Prinstein et al., 2001; Storch et al., 2005). Furthermore, the inclusion of clinical measures is recommended for future studies (Storch et al., 2005).

**Implications For School Setting**

Findings indicate relational victimization negatively impacts children and adolescents in the social, emotional, psychological, behavioral, and academic domains. Therefore, researchers (e.g. Crick & Bigbee, 1998; Martin & Huebner, 2007; Storch, Brassard, et al., 2003; Storch & Esposito, 2003; Woods & Wolke, 2004) emphasize the need to develop and implement effective prevention programs in schools that focus on reducing relational aggression in addition to reducing physical violence. Researchers (e.g. Crick & Nelson, 2002, La Greca & Harrison, 2005; Prinstein et al., 2001; Storch, Brassard, et al., 2003) also suggest that because prosocial treatment from peers and close friends may neutralize the negative impact of peer victimization, prevention programs should also focus on promoting positive social skills. Furthermore, it has been recommended that drug prevention programs address coping strategies for victims, as victimization may ultimately lead to increased drug use (Sullivan et al., 2006).

In addition, some researchers theorize that victims of frequent peer aggression may develop distorted perceptions toward future interaction with peers (Crick & Grotpeter, 1996;
Storch & Masia-Warner, 2004; Storch, Brassard, et al., 2003). Therefore, investigating irrational beliefs of victims may also be helpful. Furthermore, school counselors may want to incorporate cognitive restructuring techniques when counseling victimized students.

Although causality has yet to be determined, researchers have recommended helping victims develop better social skills, which may decrease the likelihood of becoming an easy target of peer aggression (Crick & Bigbee, 1998; Storch, Brassard, et al., 2003). Researchers also emphasize the need to help children and adolescents cope with feelings as a result of peer victimization (Crick & Bigbee, 1998; Storch, Brassard, et al., 2003). Therefore, school counselors and other professionals leading small groups may want to incorporate coping strategies for dealing with distress resulting from relational victimization.

Without intervention, students victimized by relational and overt aggression may be at risk for developing more serious mental health disorders (Crick & Bigbee, 1998; Storch, Brassard, et al., 2003). Therefore, professionals working in schools and trained to recognize mental health issues (e.g., school counselors, school social workers, school psychologists) need to be aware of competent, outside therapeutic resources and should refer victimized students when appropriate (Crick & Bigbee, 1998; Storch, Brassard, et al., 2003).

Summary

Overall, the studies reviewed found a significant correlation between relational victimization and multiple psychosocial adjustment variables in both peer groups and friendships of school-aged children and adolescents. Although the strength of the relationships varied, the research revealed a correlation between relational victimization and concurrent psychosocial distress across age, gender, and ethnicity.
Some findings suggest that relational victimization may have a stronger effect on females than it does on males. For example, after controlling for physical victimization, Crick and Nelson (2002) found that relational victimization remained significantly correlated with depression, loneliness, social anxiety, social avoidance and lower self-esteem only for girls. In a later study, Storch, Phil, et al. (2003) found that relational victimization contributed significantly to the prediction of depression and social anxiety for female students after controlling for overt victimization. In a more recent study, Storch and Masia-Warner (2004) reported that adolescent females who were relationally victimized frequently reported clinical levels of social anxiety.

In addition to psychosocial distress, a positive correlation between relational victimization and increased use of stimulus has been found (Sullivan et al., 2006). Relational victimization has also been linked to delinquent behaviors (Sullivan et al., 2006) and lower academic achievement (Woods & Wolke, 2004). Consistently, studies support that the specific assessment of relational victimization contributes to initial findings about peer victimization. For example, Crick and Nelson (2002) found that 71.4% of girls and 21.1% of boys would have been excluded from their study had relational victimization not been assessed. Some researchers (e.g. Crick & Grotpeeter, 1996; Martin & Huebner, 2007; Storch, Brassard, et al., 2003) also examined the relationship between victimization and prosocial peer treatment. Overall, findings provided support for the inclusion of relational victimization assessment and of other forms of social experiences overlooked in previous studies.

Although the exclusive use of self-report measures is not without limitations (e.g., inflation of findings), because of the covert nature of relational victimization and the internal distress most often measured, researchers (e.g. Crick and colleagues) stress that self-report questionnaires are still the best method of assessment. However, future research will be well
advised to include peer, teacher, and parent reports in addition to self-reports. In summary, even though most studies were correlational in nature, findings provided new insight into the harmful nature of relational victimization and a better understanding of the overall effect of peer victimization.

**Recommended Prevention & Intervention Programs**

Research indicates that students victimized by relational aggression are at a greater risk for multiple adjustment difficulties and that prevention and intervention are paramount. This section will review empirical studies that evaluated school-based prevention and intervention programs for reducing relational aggression and victimization.

*Steps to Respect*

The Steps to Respect is a bully prevention program developed by the Committee For Children that focuses on identifying, responding, and reporting bullying (Frey, Hirschstein, Snell, Edstrom, MacKenzie, & Broderick, 2005). The school-wide prevention program incorporates staff training, systemic change, community involvement, and parental education (Frey, et al., 2005). The classroom curriculum emphasizes character development, social-emotional skill training (e.g., friendship skills, empathy training), and promotes prosocial beliefs related to bullying and aggression (Frey et al., 2005). The curriculum is divided into three levels to be taught in Grades 3 through 5 or Grades 4 through 6 (Frey, et al., 2005).

Frey et al. (2005) evaluated the Steps to Respect program in an experimental study in six elementary schools, of which three were randomly assigned to a control condition. The Steps to Respect curriculum was implemented in 36 classrooms; another 36 classroom made up the control classrooms (Frey et al., 2005). Participants in the study included 1,023 elementary students in Grades 3 through 6, all of which completed pre- and posttest self-report
questionnaires relating to bullying behavior and beliefs (Frey et al., 2005). In addition, teachers rated physical, verbal, and relational bullying behaviors (e.g., social exclusion, malicious gossip) observed on the playground in a subsample of 544 students prior to the implementation of the program, and again one year later.

Statistical analyses revealed a reduction of observed bullying and bystander encouragement of bullying on the playground in program schools one year after implementation of Steps to Respect (Frey et al., 2005). Furthermore, students in the intervention group reported an increase in bystander responsibility and perceived adult response to bullying (Frey et al., 2005). Unlike students in the control groups, program intervention students also reported a decrease in accepting bullying behaviors, including relationally aggressive behaviors (Frey et al., 2005). Overall, Frey et al. (2005) found a positive effect as a result of the implementation of the Steps to Respect program.

**W.I.T.S Program**

W.I.T.S., which stands for Walk away, Ignore, Talk (use words not fists), and Seek help, is another school-wide prevention program that has been empirically evaluated. The primary prevention program targets students in Kindergarten through Grade 3 (Leadbeater, Hoglund, & Woods, 2003). Unlike most programs that are directed toward improving the skills of individuals, the W.I.T.S. program targets the climate of classrooms through a whole-school approach (Leadbeater et al., 2003; Leadbeater, Hoglund, & Woods, 2008). The goal of the program is to enhance social competence (i.e., appropriate interpretations and responses to social situations) and reduce physical and relational victimization within the school, classroom, and home environment (Leadbeater et al., 2003).
The W.I.T.S. program involves collaboration between the school and the local police department (Leadbeater et al., 2008). The program begins by introducing the character, Witsup the Walrus, in a storybook read to students—ideally by a local police liaison. The launching of the program also includes a “Deputizing Ceremony” in which all K-3 students are deputized as “school police-liaisons helpers” (Leadbeater et al., 2003, p. 401).

The clever, catch phrase “Using your W.I.T.S.” is developmentally appropriate for elementary children and may be easily reinforced by other adults (e.g., playground supervisors, cafeteria supervisors) outside the classroom (Leadbeater et al., 2003, 401). The program also incorporates a family component designed to reinforce W.I.T.S. concepts at home (Leadbeater et al., 2003).

In addition to whole-school projects such as the W.I.T.S. poster contest, the prevention program utilizes individual classroom lessons, activities, and storybooks (Leadbeater et al., 2003). W.I.T.S. provides a list of age-appropriate books that reinforce the W.I.T.S. concepts and recommends teachers and parents assist students in identifying which W.I.T.S. problem-solving strategies are use by the storybook characters (Leadbeater et al., 2003). It is also recommended that a section of the school library be dedicated for W.I.T.S. books (Leadbeater et al., 2003).

Initial studies evaluating the peer victimization prevention program indicated favorable results. For example, Leadbeater et al. (2003) investigated the W.I.T.S. program in a longitudinal study with 432 elementary students from 44 different classrooms in 17 Canadian schools. Eleven schools implemented the W.I.T.S program; another six schools within the same district agreed to participate as control schools (Leadbeater et al., 2003).

Data was collected and measured three times: at beginning of first grade, at the end of first grade, and at end of second grade (Leadbeater et al., 2003; Leadbeater et al., 2008). Crick
Relational Victimization and Grotpeter’s (1996) Social Experience Questionnaire-Self Report (SEQ-S) was used to assess physical and relational victimization (Leadbeater et al., 2003). Teacher reports were used to assess individual student level, and average classroom level of social competence, as well as emotional and behavioral problems (Leadbeater et al., 2003, p. 403).

Results of Leadbeater et al.’s (2003) study found a significant relationship between program implementation and overall classroom level of social competence. For example, unlike the control schools, social competence either increased (low-poverty schools) or remained constant (high-poverty school) over time in the classrooms that implemented the W.I.T.S. program (Leadbeater et al., 2003). Similar significant effects were found for emotional and behavioral problems (Leadbeater et al., 2003).

Furthermore, whereas an increase in physical and relational victimization (e.g., social exclusion, rumor spreading) was found in high poverty control schools, a decrease in physical and relational victimization and was reported in all program schools, as well as low poverty control schools (Leadbeater et al., 2003; Leadbeater et al., 2008).

Overall, Leadbeater et al.’s (2003) study found a significant increase in social competence and a significant decrease in classroom level of emotional difficulties, behavioral problems, physical victimization, and relational victimization in the schools that implemented the W.I.T.S. peer victimization prevention program in comparison to control schools of similar poverty levels.

W.I.T.S. also offers an extension program for upper elementary students referred to as WITS LEADS (Chamberlin, 2004). The leadership program addresses relational aggression and aims to prevent all forms of bullying (Chamberlin, 2004). Older students are encouraged to take a leadership role and assume a “sense of responsibility for preventing victimization among
younger students” (Chamberlin, 2004, p. 60). Through discussions and role-plays, students in the upper elementary grades learn and practice skills in leadership and conflict mediation (Chamberlin, 2004). WITS LEADS is currently being evaluated (Chamberlin, 2004).

Second Step Program

Similar to W.I.T.S., the Second Step program is designed to deter aggression and enhance social competence (Frey, Hirschstein, Guzzo, 2000). The Second Step program utilizes a K-8 classroom curriculum based on the social learning theory, the cognitive-behavioral theory, and the social information-processing theory (Van Schoiack-Edstrom, Frey, & Beland, 2002). Interestingly, Crick’s (1995) initial research on relational aggression indicated a link between social information-processing deficits and the use of relational aggression. Social information-processing deficits include hostile attribution biases (i.e., “the tendency to presume another’s malicious intent in an ambiguous social situation”) and are believed to precede the use of relational aggressive behaviors as well as physical aggression (Van Schoiack-Edstrom et al., 2002, p. 2).

The goal of the Second Step program is to reduce aggression by improving social competency, empathy, and accuracy in perceptions. The Second Step curriculum addresses skills in regulating emotions, managing anger and stress, and effectively solving problems (Van Schoiack-Edstrom, et al., 2002). Furthermore, many of the lessons address relational aggression and aim to teach skills to reduce the use of relationally aggressive behaviors (Van Schoiack-Edstrom, et al., 2002).

Van Schoiack-Edstrom et al. (2002) evaluated the Second Step program in a study with 714 students from five middle and junior high schools. The authors hypothesized that
intervention participants would report a decreased attitude in the endorsement of relationally aggressive behaviors compared to nonparticipants.

Relational aggression was assessed using five belief statements involving social exclusion and gossip in a modified version of a peer nomination instrument used to assess relational aggression in previous studies (Crick & Bigbee, 1998; Crick & Grotpeter, 1995). Pre- and posttest also measured understanding the viewpoint of another, skills in anger management, and the ability to stand up for oneself and problem-solve (Van Schoiack-Edstrom et al., 2002).

Unlike the students in the control sample, second-year students in the intervention program group reported a reduction in perceiving aggressive behaviors, including relationally aggressive behaviors, as acceptable (Van Schoiack-Edstrom et al., 2002). Program students also reported an increase in their ability to use appropriate social skills (Van Schoiack-Edstrom et al., 2002). In summary, findings from Van Schoiack-Edstrom et al.’s (2002) study suggests that the implementation of the Second Step program resulted in increased prosocial skills and decreased endorsement of overt and relational aggressive behaviors (Van Schoiack-Edstrom et al., 2002).

Making Choices

Similar to the Second Step program, Making Choices (MC) is designed to increase social competence and reduce aggression by focusing on improving social information-processing skills (i.e., evaluating social cues and intent accurately) and regulating emotions (Fraser et al., 2005, p. 1045).

The MC program utilizes classroom curriculum to address both overt and social aggression. Social aggression includes relational aggressive behaviors (e.g., gossip, social exclusion) in addition to nonverbal behaviors (e.g., rolling of the eyes, giving dirty looks) used to damage social status of peers (Fraser et al., 2005).
More specifically, the MC classroom curriculum aims to build skills that increase peer acceptance and includes activities to help students cognitively process information such as learning to use self-talk to generate and choose appropriate responses to social situations (Fraser et al., 2004). The Making Choices Plus (MC Plus) incorporates additional activities and a family component.

Fraser et al. (2005) evaluated the program in a three-year study with a diverse population of 548 third-grade students from two different schools. Whereas year-one students received the typical health curriculum only, year-two students received approximately 22 MC lessons in addition to the health curriculum. Year-three students received the MC Plus program, which consisted of an additional four weeks of teacher-led activities as well as a family component. The family unit included five information sessions to educate family members and five newsletters to encourage reinforcement of MC concepts at home (Fraser et al., 2005).

Each spring and fall the teachers rated their students’ behavior by completing a child behavior checklist designed to measure social competence, emotional regulation, and prosocial behaviors (Fraser et al., 2005). In addition, the students’ social information-processing skills were assessed.

Compared with students in the control groups, students participating in the intervention program improved significantly in social competence and also rated higher in social information-processing skills at posttest than at pretest (Fraser et al., 2005). In addition, a decrease in overt and social aggression was found for participants in the MC and MC Plus programs (Fraser et al., 2005).

Overall findings of the current study support similar results of an earlier study (Fraser, M., Day, S., Galinsky, M., Hodges, V., & Smokowski, P., 2004). For example, combined with
the Strong Families Program, the MC program was found to effectively reduce relational aggression, as well as increase prosocial behavior and emotion regulation ability in a sample of 45 elementary-aged children compared to a control group (Fraser et al., 2004).

**Bullybusters**

Innovative school professionals have developed some anti-bullying programs. For example, in response to a survey indicating that verbal, relational, and reactive bullying (e.g., responding to victimization through retaliation) was a main concern of students in one middle school, the school counselors teamed with the drama department and wrote a play relating to bullying (Beale & Scott, 2001). The drama titled “Bullybuster” consisted of a series of skits performed by students illustrating common bullying incidences occurring in their school (Beale & Scott, 2001; Milsom & Gallo, 2006). The psychoeducational drama was designed to elicit empathy for victims of bullying, including relational bullying, and was performed by the students (Beale & Scott, 2001; Milsom & Gallo, 2006).

Following the 20-minute performance, the principal explained the school’s zero tolerance policy (Beale & Scott, 2001; Milsom & Gallo, 2006). Then the school counselors led group discussions in the classrooms. By encouraging discussions that included problem-solving solutions to deal with bullying, students were given the opportunity to process feelings and to suggest effective ways to deal with bullying (Beale & Scott, 2001; Milsom & Gallo, 2006). The counselor’s role included facilitating discussions among students by asking open-ended questions about the characters in the skits, and encouraging students to discuss their current circumstances relating to bullying (Beale & Scott, 2001). The goal of the discussions was to promote an atmosphere in which students were able to experience universality (Beale & Scott,
According to Yalom (2005), when people meet and reflect on common experiences, they no longer feel alone, thus they experience universality.

Teachers were provided materials to reinforce the message of the drama and asked to create a classroom atmosphere that elicited a sense of belonging (Beale & Scott, 2001; Milsom & Gallo, 2006). Teachers were also asked to encourage students to sign an anti-bullying pledge (Beale & Scott, 2001; Milsom & Gallo, 2006).

The students also performed the drama for parents at a PTA meeting, which was followed by a group discussion regarding the role of parents in identifying and intervening in bullying (Beale & Scott, 2001). Additional information regarding the various types of bullying and steps that parents can take to assist their children in dealing with bullying was provided through newsletters (Beale & Scott, 2001; Milsom & Gallo, 2006).

Although not empirically evaluated, a 20% decrease in bullying was reported by the administration staff of the middle school after one year of implementing the program (Beale & Scott, 2001). Furthermore, teachers, parents, and students reported personal success stories (Beale & Scott, 2001). Similar results were reported from district elementary schools that implemented the program (Beale & Scott, 2001). Beale and Scott (2001) suggest that school counselors wishing to replicate the drama should create skits relevant to specific bullying issues identified in their school.

**Gender Specific Programs**

Some prevention and interventions programs targeting relational aggression and victimization have been developed specifically for females; perhaps in response to several studies that revealed a higher prevalence of relational victimization reported among females than males (e.g., Crick & Bigbee, 1998; Crick & Nelson, 2002). Other researchers have reported that
a higher level of jealousy, conflict, betrayal, and control exists within female friendships (Grotpeter & Crick, 1996). In another study, girls reported perceiving relational aggression as more common and more hurtful than boys (Crick, Bigbee, et al., 1996). In addition, Crick and Nelson (2002) reported that 71.4% of girls compared to 21.1% of boys would have been excluded from their study had relational victimization not been assessed. Additional studies found that female participants reported more psychosocial distress as a result of relational victimization in comparison to males (e.g., Crick & Nelson, 2002; Storch & Masia-Warner, 2004; Storch, Phil, et al., 2003).

For example, Crick and Nelson (2002) found that relational victimization remained significantly correlated with depression, loneliness, social anxiety, social avoidance, and lower self-esteem only for girls after controlling for overt victimization. In a later study, Storch, Phil, et al. (2003) found that relational victimization contributed significantly to the prediction of depression and social anxiety for female students only after controlling for overt victimization. In a more recent study, Storch and Masia-Warner (2004) found that adolescent females who were relationally victimized frequently reported clinical levels of social anxiety.

**Ophelia Programs**

Club Ophelia and Camp Ophelia are two programs developed to specifically address relational aggression among girls in middle school (Dellasega & Adamshick, 2005). The art-based curriculum teaches prosocial relationship skills and incorporates mentoring from female high school students. The Ophelia programs utilize an Educate, Relate, and Integrate (ERI) model (Dellasega & Adamshick, 2005). For example, first participants are educated in identifying relational aggression and how it used to hurt one another (Dellasega & Adamshick, 2005). Then the girls explore how relational aggression relates to their own life experiences.
Next, the girls are taught to integrate healthier behaviors learned through the program into their female friendships (Dellasega & Adamshick, 2005). The Ophelia curriculum has been implemented as an after-school club and in as a camp format.

*Club Ophelia*

Dellasega and Adamshick (2005) evaluated Club Ophelia in two middle schools. Self-report measures were used to evaluate the attitude and behaviors of 42 middle-school girls before and after participating in the program. Dellasega and Adamshick (2005) found an increase in positive relationship skills after students participated in the after-school program for 12 weeks. Although not statistically significant, the girls reported an increase in their willingness to intervene when witnessing another girl being hurt by relational aggression (Dellasega & Adamshick, 2005)

*Camp Ophelia*

Camp Ophelia utilizes the same art-based curriculum and ERI model to address relational aggression. During the camping experience, the same media are used (e.g., drama, music, photography, visual arts, writing) to assist middle-school girls in identifying, coping with, and overcoming the negative effects of relational victimization (Dellasega, 2005). Like Club Ophelia, mentoring from high school females is a key component of Camp Ophelia.

Findings from one study that evaluated the implementation of the Ophelia curriculum during a one-week camp program provided favorable results. For example, in Dellasega’s (2005) study, 45 girls participated in a pre- and post evaluation of the program by completing the Girls Relationship Scale. A statistically significant increase of total scores was found (Dellasega, 2005). Furthermore, specific assessed skills that increased included understanding relational aggression, as well as where to get help with relationship issues (Dellasega, 2005). Further
results indicated a significant improvement in student abilities to concentrate in school and a willingness to remain in school even though experiencing relationship difficulties (Dellasega, 2005).

A junior version of Club Ophelia for elementary school students has also been developed, piloted, and evaluated (Dellasega, 2006). Counselors interested in beginning Club Ophelia or Camp Ophelia are referred to www.clubophelia.com.

*Girls’ Night Out/Goodwill Girls Curriculum*

The Girls’ Night Out program is another intervention program that targets relational aggression in the female population. The program includes a curriculum designed to enhance relationships and conflict resolution skills through role-plays and discussions (Field, Crothers, & Kolbert, 2006). The Goodwill Girls curriculum was developed to help girls identify relational aggression behaviors and increase empathetic awareness. (Field et al., 2006). The curriculum provides a structured approach to small- and large-group interventions and includes 10 lessons.

In 2006, Field, a junior high school counselor, and colleagues implemented the Girls’ Night Out program with 28 eighth-grade girls. The authors conducted a pilot study to examine relational aggression within adolescent friendships (Field et al., 2006). Both self-report measures and qualitative interviews were used to gather data. The Young Adult Social Behavior scale (YASB) assessed prosocial and relationally aggressive behaviors (Field et al., 2006). The inclusion of qualitative interviews provided interesting results.

For example, during the interviews, participants revealed using relationally aggressive behaviors to avoid becoming the victims of relational aggression (Field et al., 2006). More specifically, the girls shared their fear of losing friendships as a motivating factor for socially isolating other girls (Field et al., 2006).
Similar to the Goodwill Girls curriculum, the social aggression prevention program (SAPP) curriculum includes 10 lessons that address relational aggression. Discussions, mock scenarios, and other activities are designed to elicit empathy, as well as to increase prosocial behaviors and problem-solving skills within a small-group format (Cappella & Weinstein, 2006).

The overall goal of the SAPP is to prevent and reduce the use of social aggression (Cappella & Weinstein, 2006). As previously mentioned, social aggression is a broader form of peer aggression that includes relationally aggressive behaviors (e.g., social exclusion) as well as nonverbal behaviors such as giving dirty looks.

Cappella and Weinstein (2006) evaluated the SAPP in a randomized, controlled study with ethnically diverse fifth-grade female students from six different elementary schools. Intervention small groups included perpetrators, victims, and followers, as well as uninvolved students to mirror the larger peer group and allow for modeling from prosocial students (Cappella & Weinstein, 2006). The researchers divided the participants into two categories, with the control groups forming a reading club (RC). Between 13 and 32 girls from each school participated in each group (Cappella & Weinstein, 2006). Classroom teachers were unaware of which program their female students attended (Cappella & Weinstein, 2006).

Because of the covert nature of social aggression, Cappella and Weinstein (2006) included self-reports as well as peer- and teacher-reports. Teachers rated students’ empathy using a shorten version of an empathic behavior scale used in previous studies (Cappella & Weinstein, 2006). To assess problem-solving skills, students responded to hypothetical scenarios involving social aggression during individual interviews (Cappella & Weinstein, 2006). Revised peer- and teacher-reports used in previous studies (Crick, 1995, 1996) were used to assess aggressive and...
prosocial behaviors. Additional items (e.g., student rolls her eyes) were added to assess nonverbal social aggressive behavior (Cappella & Weinstein, 2006).

By comparing the SAPP to a control program that did not address aggression provided interesting results. For example, unlike the participants in the SAPP, students in the RC showed improved reading levels only. Participants in the SAPP groups, however, showed improved social problem-solving skills and less aggressive behaviors (Cappella & Weinstein, 2006). In other words, the content and not just the participation in a small group seemed vital to specific improvements found (Cappella & Weinstein, 2006). Furthermore, the girls with the highest scores of social aggression in the initial assessment were rated the highest in prosocial behavior and empathy by their teachers and peers upon completion of the program (Cappella & Weinstein, 2006). This was an indication, the authors concluded, that the program seemed to impact the students who needed the intervention the most (Cappella & Weinstein, 2006).

*The Friendship Group*

Another small-group intervention format addressing relational aggression within female friendships demonstrated favorable results. For example, in fulfillment of a doctorate degree, O’Donnell (2002) evaluated a psychoeducational small-group program designed to treat victims and perpetrators of relational aggression. The intervention curriculum, titled BRAVE TALK, included training group members in cognitive-behavioral techniques to enhance social skills and assertiveness, as well as educating students about relational aggression (O’Donnell, 2002).

Although the study evaluating the intervention was short-term and consisted of a small sample size (i.e., eight fifth-grade girls met six times in a two-week period), the results were significant (O’Donnell, 2002). More specifically, quantitative and qualitative measures revealed a significant increase in both prosocial behaviors and assertiveness (O’Donnell, 2002).
Furthermore, self, peer, and counselor reports revealed a significant decrease in relational aggression (O’Donnell, 2002).

Sisters of Nia

Sisters of Nia is a cultural intervention program developed specifically for African American girls. The goal of the program is to decrease relational aggression by encouraging cultural values and androgynous gender roles (i.e., blending feminine and masculine). In an earlier study, Townsend (1999) reported finding a correlation between androgynous gender roles and positive psychosocial adjustment in African American adolescent girls (as cited in Belgrave, Reed, Plybon, Butler, Allison, & Davis, 2004). Furthermore, in previous studies from McCreary, Slavin, and Berry (1996) and Romero and Roberts (1998), a correlation between increased ethnic identity (i.e., self-identification and a sense of belonging to a specific ethnic group) and increased prosocial behaviors was found (as cited in Belgrave et al., 2004).

Belgrave et al. (2004) evaluated the effectiveness of the Sisters of Nia with an early adolescent sample. Participants included 30 African American girls, of which 15 participated in a control group that received tutoring services only. Ethnic identity, gender roles, and relational aggression were measured using self-report questionnaires. The pretests were given in the fall, whereas the posttests were given in the spring after the girls participated in 15-sessions.

In comparison to the control group, Belgrave et al. (2004) found a significant increase in ethnic identity and androgynous gender roles. Results also revealed a significant decrease in relational aggression among girls in the intervention group (Belgrave et al., 2004). Interestingly, the girls in the control group reported an increase in relational aggression at posttest (Belgrave et al., 2004).
A Psychoeducational Group

Similar to Sisters of Nia, a psychoeducational group intervention was developed in response to gender-role socialization and its’ impact on relational aggression within the broad female culture (Cummings, Hoffman, & Leschied, 2004). According to Cummings et al. (2004), because females are socialized to value close relationships and are discouraged to express anger overtly, adolescent girls are particularly vulnerable to relational aggression and need to learn alternative strategies when dealing with peer conflicts (Cummings, et al., 2004).

In an empirical, qualitative study, Cummings et al. (2004) investigated the outcome of a psychoeducational group designed for relationally aggressive adolescent girls. Eight adolescent females participated in eight group sessions facilitated by two counseling interns (Cummings, et al., 2004). Each session contained an educational component related to gender-role socialization, forms of aggressions (particularly verbal and relational aggression) and nonaggressive coping strategies, as well as a psychological component to encourage personal growth. Qualitative interviews and quantitative pre- and post-test questionnaires indicated a significant decrease in antisocial beliefs and attitudes regarding the use of nonphysical forms of aggression (Cummings, et al., 2004). The authors concluded that additional sessions may ultimately lead to positive behavioral changes (Cummings, et al., 2004).

Creating a Safe School (CASS)

Similar to Club Ophelia and Camp Ophelia, Creating a Safe School (CASS) incorporates a mentor component that trains high-school students to mentor middle-school students. CASS aims to help students understand how relational aggressive behaviors (e.g., gossiping, spreading rumors, alliance building, exclusion of others) are used to hurt one another. The goal of the program is to create a social school climate.
Cass is one of many programs that target relational aggression that is available through the Ophelia Project (McKay, 2003). The Ophelia Project is a nonprofit organization in Erie, Pennsylvania, founded by Susan Wellman and run by volunteers, many of whom are school counselors (Vail, 2002). The Ophelia Project challenges students’ acceptance of relational aggression behaviors, focuses on school-wide cultural change, and has piloted programs in almost a dozen schools (Vail, 2002). Resources and available programs are listed on their website at www.opheliaproject.org.

According to the Ophelia Project website, the CASS intervention was evaluated in the fall of 2006. Students in five schools were surveyed before implementation of the program and again one year later. Participants included 537 middle school students, of which 24% were identified as regularly using relational aggressive behaviors (http://www.opheliaproject.org/main/research_cassfall2006.htm).

The results of the study indicated that the CASS intervention “had a direct impact on reducing relationally aggressive behavior” (p.1). More specifically, the findings indicated that a 23% reduction in relationally aggressive behavior was found for female participants, and a 10% reduction was reported for boys (http://www.opheliaproject.org/main/research_cassfall2006.htm).

**Problem-Based Learning Model**

Research suggests that students repeatedly bullied by their peers may need additional assistance with appropriately responding to bullying (Hall, 2006). Furthermore, earlier studies by Albanese and Mitchelli (1993) and Vernon and Blake (1993) found that implementation of the problem-based learning (PBL) model seemed to improve academic achievement (as cited Hall, 2006). Therefore, Hall, a junior high school counselor, implemented and evaluated the PBL model with students who were repeatedly victimized (2006). More specifically, Hall (2006)
utilized PBL strategies in a small-group format to teach assertiveness skills in response to bullying. Participants included five seventh-grade students, three boys and two girls, which were identified by teachers as victims of repeated bullying (Hall, 2006).

The intervention differed from other small-groups formats in that it included an academic element (Hall, 2006). For example, members met consecutively for five weeks and completed a group project (Hall, 2006). Together, the students analyzed a case study that related to bullying (Hall, 2006). The counselor’s objectives were as follows:

1. Students will identify, apply, and practice strategies to reduce name calling and rumor spreading (i.e., relational aggressive behaviors).
2. Students will identify, apply, and practice strategies to reduce physical violence.
3. Students will develop an action plan for victims of bullies (Hall, 2006).

During the first group session, participants reviewed a case study of a scenario in which a student was the victim of physical, verbal, and relational bullying. In subsequent counseling sessions, group members read and discussed findings from research articles, brainstormed research questions, formed hypotheses, and practiced assertiveness skills identified in resources (Hall, 2006).

The single-subject research design assessed assertiveness skills in “direct confrontation and seeking assistance” (Hall, 2006, p. 4). Before participating in the intervention, all five participants were rated by their teachers as responding inappropriately to bullying five times during a three-week period (Hall, 2006). The study included a total of sixteen observations: six pre-intervention, and ten post-intervention (Hall, 2006). Findings indicated that all five participants improved in responding assertively when bullied (Hall, 2006). Further results
revealed that after students participated in the intervention, they sought assistance from others more often when bullied (Hall, 2006).

**Adlerian Perspective**

*Individual Counseling Intervention*

Whereas Hall (2006) believed additional assistance was needed for victims of repeated bullying, Orpinas and Horne (2005) recommend individual counseling for students who persistently bully. According to Orpinas and Horne (2005), because some students continue to bully despite the implementation of school-wide, classroom, and small-group interventions, school counselors are advised to individually counsel persistent bullies.

Orpinas and Horne (2005) suggest counselors begin by investigating possible motivations maintaining the persistent bullying behavior. The authors theorized that bullying is likely motivated by one of the four mistaken goals defined by Adler. More specifically, persistent bullying behavior may be motivated by the underlying need for attention, power, revenge, or inadequacy (Orpinas & Horne, 2005).

According to the Adlerian perspective, all behavior is purposeful (Dreikurs, 1990). Because behavior [and misbehavior] is goal orientated, to make sense of it we must first understand its purpose. The Adlerian theory maintains that humans are social beings by nature and strive to fulfill their basic need to belong (Dreikurs, 1990). Children, like all human beings, behave in ways to get their needs met, and the strongest motivation for a child is the desire to belong. Therefore, a child misbehaves when his or her need to belong is not being met (Dreikurs, 1990). Misbehavior results when children choose one of four mistaken goals in an attempt to fulfill their desire to belong (Dreikurs, 1990). Following are the four mistaken goals according to Adlerian theory:
- Goal 1: Seek undue attention
- Goal 2: Seek misguided power
- Goal 3: Seek revenge
- Goal 4: Assumed inadequacy or helplessness

Since misbehavior is motivated by unmet needs, it is recommended that adults respond by attempting to modify the child’s motivation rather than the child’s behavior (Dreikurs, 1990). Children may bully to gain attention or a sense of power (Orpinas & Horne, 2005). There are three clues to identifying a child’s mistaken goal: (1) the adult’s feelings, (2) the adult’s reaction, and (3) the child’s response to adult’s reaction (Nelson, 2000).

For example, when an adult feels annoyed, irritated, worried, or guilty, this is the first clue that the child is seeking undue attention. If the adult reacts by reminding, coaxing, or doing things for the child, this is the second clue. The third clue is the child will temporarily stop seeking attention, but resume later (Nelson, 2000).

If a child is seeking power, the adult often feels, angry, challenged, threatened, or defeated and may react by fighting, giving in, or trying to control the child’s behavior. The usual response from a child includes intensifying the defiant behavior or becoming passive aggressive (Nelson, 2000).

Children may also bully as an act of revenge (Orpinas & Horne, 2005). When a child desires to seek revenge, the adult feels hurt, disappointed, disbelieving, or disgusted. Common reactions by adults include retaliating through punishment or trying to make the child feel guilty. The child’s response is to escalate the war further by hurting the adult even more, others, or taking it out on property (Nelson, 2000).
When an adult feels despair, hopeless, helpless, and inadequate, this is the first clue that the child assumes they are inadequate and wants to give up. The adult tends to react by also giving up, or over helping. The typical response from the child is to retreat further, be passive, and avoid responding (Nelson, 2000).

A meaningful intervention requires an understanding of the motivation maintaining the bullying behavior (Orpinas & Horne, 2005). Orpinas and Horne recommend school counselors investigate possible motives for a student’s persistent bullying according to the Adlerian four mistaken goals (2005).

In conclusion, research studies have found a correlation between relational victimization and increased psychosocial distress, delinquent behaviors, and lower academic achievement. As a result, researchers agree effective prevention and interventions are paramount. Numerous school-based prevention and intervention programs with the goal of reducing relational aggression and victimization have been implemented and evaluated. School counselors are advised by the American School Counseling Association (ASCA) to make evidence-based decisions when selecting appropriate programs.
References


