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Jun Sung Hong[a], Jungtae Choi[b], Maha Albdour[c], Tamarie M. Willis[a], Jingu Kim[d], and Dexter R. Voisin[e]

[a]School of Social Work, Wayne State University, Detroit, MI, USA; [b]Department of Social Welfare, Sungkyunkwan University, Seoul, South Korea; [c]College of Nursing, Wayne State University, Detroit, MI, USA; [d]Behavioural Science Institute, Radboud University, Nijmegen, The Netherlands; [e]Factor-Inwentash Faculty of Social Work, University of Toronto, Toronto, Ontario, Canada

ABSTRACT

The present study examines whether positive future orientation might buffer the association between peer victimization and adverse outcomes from a sample of urban African American adolescents. More specifically, it was hypothesized that peer victimization would be significantly associated with internalizing problems, a decline in school grade, substance use, peer aggression, and suicidal thoughts. It was also hypothesized that positive future orientation would moderate the link between peer victimization and these outcomes. Cross-sectional research was conducted in Chicago's Southside, and the study comprised a sample of 638 African American adolescents, ages 13 to 24. Analyses for the study consisted of descriptive statistics, bivariate correlation, and ordinary least squares regression. Peer victimization was found to be directly associated with internalizing problems, peer aggression, and suicidal thoughts. Positive future orientation was also found to buffer the association between peer victimization and peer aggression and suicidal thoughts. It is important for researchers to identify protective psychological resources in the various high-risk neighborhood that can buffer the association between victimization and psychosocial problems. It is also imperative that victims of bullying are involved in programs that foster positive development and reduces the likelihood of psychosocial problems and problematic behaviors.

Peer victimization is defined as the experiences of children and adolescents of being a target of aggressive behavior of other children who are not necessarily siblings (Hawker & Boulton, 2000). Over the years, peer victimization experienced by racial and ethnic minority adolescents has received significant research attention (Bradshaw et al., 2013). African American adolescents, particularly those in a low-income, urban community, are confronted with violence on a daily basis, which can increase their risk of peer victimization. However, study findings on African American adolescents' experiences in peer victimization have largely been inconsistent. Some studies found that

CONTACT Jingu Kim ✉ j.kim@psych.ru.nl 🖂 Behavioural Science Institute, Radboud University, Montessorilaan 3, Nijmegen, The Netherlands

African American adolescents are at significant risk of peer victimization (Carlyle & Steinman, 2007; Peskin et al., 2006). Carlyle and Steinman (2007) study, which consisted of a nationally representative sample of 6-12th graders, and Peskin et al.'s (2006) study, which included a sample of urban African American and Hispanic students in grades 6–12, both reported that peer victimization was more frequent among African Americans. Other studies found that peer victimization tends to be lower among African Americans, relative to other racial groups (Koo et al., 2012; Seaton et al., 2013; Spriggs et al., 2007; Wang et al., 2009). The differences in the study findings may be due to the predictors that were considered. For instance, Koo et al. (2012) found that assimilation significantly increased peer victimization risks among Latina and African American female adolescents. Seaton et al. (2013) reported that African American and Latino's subjective perceptions of racial discrimination were linked to their experiences in peer victimization.

Nevertheless, there is a large body of research literature that demonstrates that peer victimization manifests various psychosocial problems (Hanish & Guerra, 2000; Hawker & Boulton, 2000; Karlsson et al., 2014; Sullivan et al., 2006). Among them are depressive symptoms, anxiety, low self-esteem, suicidal thoughts and tendencies, reduced academic performance, and substance use (Bannink et al., 2014; Kaminski & Fang, 2009; Silberg et al., 2016; Valdebenito et al., 2015; Wolke et al., 2014; Woods & Wolke, 2004). There is also evidence, which suggests that adolescents who are victimized by their peers have a tendency to display aggressive behavior (Brockenbrough et al., 2002; Camodeca & Goossens, 2005). Not all victims of bullying suffer psychological problems and academic challenges, such as those reviewed herein, and researchers have considered factors that protect adolescents from the negative effects of peer victimization (Graham, 2016). Parental support, friendship, and school support, for example, have been identified as protective factors that buffer against adverse outcomes of peer victimization (Bollmer et al., 2005; Stadler et al., 2010). However, little is known about another type of protective factor–an adolescent's future orientation, which appears to be important for individuals in low-income neighborhoods. The present study aims to explore whether positive future orientation might moderate the association between peer victimization and adverse outcomes from a sample of urban African American adolescents in Chicago.

Positive future orientation as a protective factor

Future orientation refers to an individual's thoughts, motivations, feelings, and plans about his or her future (J. E. Nurmi, 1991). Adolescence is a period where future orientation is rapidly developing (Greene, 1986); adolescence is a critical "turning point" during which an individual makes important choices that can impact their future (e.g., school performance; Quinton

et al., 1993). Future orientation provides an avenue for setting goals, developing plans, exploring options, and making commitments, which can guide an individual's behavior (Bandura, 2001; J. E. Nurmi, 1991; Seginer, 2005). Adolescents with a hopeful sense of their future have the tendency to demonstrate clearer goals, have a better ability to make plans, and have the ability to overcome obstacles to their future (Johnson et al., 2014). Thinking about the future positively can promote positive adolescent development (J. Nurmi, 1989; Nurmi et al., 1995). Positive future orientation is particularly important for adolescents who are struggling with negative life circumstances (Kerpelman et al., 2008). Furthermore, as suggested by McCabe and Barnett (2000), future orientation can be an important protective factor for racial and ethnic minority adolescents in a low-resourced and high-risk neighborhood.

Future orientation would allow an individual to dream and hope for better possibilities in their future, which could then set the stage for actions that can increase their goal attainment (Kerpelman et al., 2008). The negative association between positive future orientation and the manifestation of psychosocial problems have been documented in a number of studies. One study, which examined the relationship between future orientation and violent behavior among urban African American high schoolers, reported that a higher level of future orientation was negatively associated with violent behavior over time (Stoddard et al., 2011). Another study, which included a sample of 300 adjudicated adolescents, reported that individuals with more positive future orientation were less likely to use marijuana, illicit drugs, and alcohol (Robbins & Bryan, 2004). A recent study by Hamilton et al. (2015) also found that adolescent's tendency to think about their future might impact whether experiences in victimization induce hopelessness and subsequently, depressive symptoms.

Adoption of a temporal perspective that focuses on the future can also promote an adolescent's motivation for desired educational outcomes, as indicated in several research findings (Adelabu, 2008; Brown & Jones, 2004; Lens & Tsuzuki, 2007). According to the findings from Adelabu (2008) and Brown and Jones (2004), positive future orientation was related to higher grades and grade point averages. Adolescents with highly future-oriented mind-set are likely to prepare well and succeed academically (Lens & Tsuzuki, 2007) as they are likely to delay gratification (e.g., using drugs) in the pursuit of goal-directed behaviors for the sake of a brighter future (Cheng et al., 2012). It would appear, therefore, that adolescents who are future-oriented are likely to be intrinsically motivated (Horstmanshof & Zimitat, 2007) and as a result are more likely to delay gratification and do well academically and less likely to engage in negative behaviors.

Taken together, the present study, which includes a convenience sample of urban African American adolescents in Chicago's Southside aims to test the following hypotheses:

(a) Hypothesis 1: Peer victimization would be positively associated with internalizing problems, a decline in school grades, substance use, peer aggression, and suicidal thoughts.

(b) Hypothesis 2: Positive future orientation would buffer the association between peer victimization and internalizing problems, a decline in school grades, substance use, peer aggression, and suicidal thoughts.

Method

Sample

Cross-Sectional research was conducted between August of 2013 and January of 2014 in Chicago's Southside. The study was approved by the Institutional Review Board at the last author's institution. The study participants were recruited from low-income communities which consisted predominantly of African American residents where the range of average annual median incomes was between 24,049 USD and 35,946 USD, with Chicago's average of 43,628 USD. The percentage of single female-headed households in these areas ranged from 28.9% to 32.3%, with Chicago's average being 13.9%. Participants were recruited in three high schools, one youth church group, two community youth programs, and four public venues that are frequented by adolescents, such as parks, fast food outlets, and movie theaters. The number of individuals approached at each site, and the persons who enrolled included the following: schools (579/606), community centers (38/42), churches (44/49) and public venues (39/56). The overall response rate was 87% of the 753 adolescents who were initially invited to participate in the study. The total sample for the present study is 638. Adolescents were eligible for the study if they self-identified as African American and were between the ages of 13 to 24 years. Those under eighteen-years-old provided informed assent and had a caregiver who also provided informed consent. Those who were eighteen years of age and older independently provided consent. The age range of 13 to 24 years was selected as they represent early to late adolescence.

Measures

All study participants completed a series of a self-reported questionnaire, which consisted of the following measures:

Peer victimization

This was measured with the four-item University of Illinois Victimization Scale developed by Espelage and Holt (2001). Items from the scale have been

utilized in prior research (e.g., Holt & Espelage, 2007, α =.86). Participants were asked how often the following have happened to them in the past 30 days: "Other students called me names," "Other students made fun of me," "Other students picked on me," and "I got hit and pushed by other students." Responses options consisted of 0 = "Never", 1 = "1 or 2 times", 2 = "3 or 4 times", 3 = "5 or 6 times", and 4 = "7 or more times." The Cronbach's alpha coefficient for this scale was .87.

Internalizing problem

This was measured with four items, which were derived from the Brief Symptom Inventory-18 (Derogatis, 2000). Items from this scale have been utilized in prior research (e.g., see Kim et al., 2017 for reliability and validity of the measure). Study participants were provided with the statement, "Read each one carefully and select the choice that best describes how much that problem has distressed or bothered you during the past 7 days, including today", with the following subcategories: "Feeling no interest in things", "Feeling blue", "Feeling hopeless about the future", and "Feeling fearful or worried". Response options were 0 = "Not at all", 1 = "A little bit", 2 = "Moderately", 3 = "Quite a bit", and 4 = "Extremely." The Cronbach's alpha coefficient for this scale was .73.

Grades in school

These were measured with one item, which asked, "On your last report card, what grades did you mostly get in your core subjects (Math, Science, English, and Social Studies)? Please select only one answer." Response options were 5 = "Mostly As", 4 = "Mostly Bs", 3 = "Mostly Cs", 2 = "Mostly Ds", and 1 = "Mostly Fs".

Substance use

This was measured with six items; study participants were asked the following questions: "Have you ever smoked a whole cigarette or cigar (tobacco)?", "Have you ever taken ecstasy? (Molly, MDMA)?", "Have you ever used Lean or Krokodil (cough syrup, codeine)?", "Have you ever had at least one drink of alcohol?", "Have you ever used marijuana (blunts, pot, weed)?", and "Have you ever used crack or cocaine?" Response options for these questions were 0 = "No" and 1 = "Yes." The Cronbach's alpha coefficient for this scale was .69.

Peer aggression

This was measured with four items from the University of Illinois Bully Scale developed by Espelage and Holt (2001). Items from the scale have been utilized in prior research (e.g., Espelage & Holt, 2007, α = .90; Espelage et al., 2003, α = .87). Participants were asked how often the following have

happened to them in the past 30 days: "In a group, I teased other students", "I teased other students", "I threatened to hurt or hit another student", and "I excluded other students from my clique of friends." Responses options consisted of 0 = "Never", 1 = "1 or 2 times", 2 = "3 or 4 times", 3 = "5 or 6 times", and 4 = "7 or more times." The Cronbach's alpha coefficient for this scale was .76.

Suicidal thoughts

These were measured with one item; participants were provided with the statement, "Read each one carefully and select the choice that best describes how much that problem has distressed or bothered you during the past 7 days, including today" with the subcategory, "thoughts of ending your life". Response options were 0 = "Not at all", 1 = "A little bit", 2 = "Moderately", 3 = "Quite a bit", and 4 = "Extremely".

Positive future orientation

This was measured with two items from a modified version of the Coopersmith's Self-Esteem Scale (Coopersmith, 1967; Whitaker et al., 2000). Items from the scale have been utilized in prior research (see Robbins & Bryan, 2004, α = .73). Participants were provided with the statement, "Below is a list of items that can describe your various perceptions about life. Considering yourself now or within the last 6 months, please select the answer that best expresses your feelings" with the following subcategories: "I can do just about anything I really set my mind to do" and "I have great faith in the future." Response options were 0 = "Not true", 1 = "Somewhat or sometimes true", and 2 = "Very true or often true." The Cronbach's alpha coefficient for this scale was .83.

Covariates for the study included *age* (continuous), *sex* (male/female), and *government assistance* ("Are you currently receiving free or reduced lunch and/or SNAP benefits [Link Card]?"; 0 = no, 1 = yes).

Procedures

Flyers with the study description were posted at each location, and trained research assistants introduced the study to the potential participants in these locations. Each participant was provided with a detailed letter, which includes information about the study, along with parental consent forms, and those who returned the signed consent forms were enrolled in the study. Adolescents recruited in public venues were only asked to participate if a caregiver was present to provide consent. Questionnaires were administered in small groups whenever possible. All study participants were monitored by the research assistants and had completed the self-administered questionnaire. Adolescents who were recruited from schools, community programs, and churches were provided with the

questionnaire in those respective locations in spaces assigned by the venue. The few individuals who were recruited in public venues (e.g., parks, fast food venues) were given the questionnaire in a quiet space at or near those venues. In such instances, questionnaires were only administered if a caregiver was present to provide consent, and the questionnaire could be immediately administered. The questionnaire lasted up to 45 minutes to complete, and the participants were each given 10 USD USD.

Analytic techniques

Analyses for this study include descriptive statistics, bivariate correlation, and ordinary least squares regression. First, descriptive statistics consist of frequency, means, and standard deviations of the study variables (see Table 1). Bivariate correlation is comprised of the correlation coefficients between the variables. The moderators were tested using the ordinary least squares regression analyses. Positive future orientation was the moderator variable of the association between peer victimization (slope) and the adverse outcomes (internalizing problems, grades in school, substance use, peer aggression, and suicidal thoughts). Five conceptual models, which included five different dependent variables, were employed to test the moderating effect using the interaction term; that is, the effect of peer victimization depends on the level of positive future orientation. Analyses were performed using R programming.

Table 1. Descriptive statistics (N = 638).

Variables	N(%)	M(SD)
Peer victimization		2.12 (3.20)
Internalizing problems		3.05 (3.23)
Grades in school		3.79 (0.87)
Substance use		1.38 (1.47)
No	249 (40.4%)	
Yes	368 (59.6%)	
Peer aggression		1.79 (2.68)
Suicidal thoughts		0.39 (0.92)
Positive future orientation		2.97 (1.38)
Age		15.8 (1.41)
Sex		
Males	290 (45.5%)	
Females	346 (54.4%)	
Government assistance		
No	153 (24.4%)	
Yes	476 (75.6%)	

Results

Descriptive statistics

Table 1 presents the results from the descriptive statistics. Study participants consisted of 290 males (45.5%) and 346 females (54.4%); their mean age was 15.8 years old. For substance use, 249 (40.4%) reported "no", while 368 (59.6%) reported "yes." With respect to government assistance, 476 (75.6%) have received SNAP benefits, while 153 (24.4%) have not.

Correlation analysis

Table 2 presents the bivariate correlations among the study variables. Peer victimization was found to be positively correlated with internalizing problems ($r = .363$, $p < .01$), substance use ($r = .126$, $p < .10$), peer aggression ($r = .472$, $p < .01$), and suicidal thoughts ($r = .251$, $p < .01$). Positive future orientation was also found to be negatively correlated with internalizing problems ($r = -.094$, $p < .50$) and suicidal thoughts ($r = -.163$, $p < .01$).

Ordinary least square regression analysis

Table 3 shows the results of the main and interaction models from the ordinary least squares regression analysis. Peer victimization ($\beta = .60$, $p < .001$), older adolescents ($\beta = .09$, $p < .05$), and female sex ($\beta = -.16$, $p < .01$) were significantly associated with internalizing problems. Age was the only variable that was associated with grades in school ($\beta = -.09$, $p < .05$). For substance use, older adolescents ($\beta = .26$, $p < .05$) and male sex ($\beta = .13$, $p < .05$) were found to be significant. Peer victimization ($\beta = 1.11$, $p < .001$) and positive future orientation ($\beta = .08$, $p < .05$) were shown to be associated with peer aggression while holding the covariates constant. Peer victimization ($\beta = .74$, $p < .001$), positive future orientation ($\beta = -.09$, $p < .05$), and female sex ($\beta = -.11$, $p < .01$) were significantly linked with suicidal thoughts.

The interaction term, peer victimization × positive future orientation, was negatively associated with peer aggression ($\beta = -.21$, $p < .001$) and suicidal thoughts ($\beta = -.14$, $p < .001$) while controlling for the covariates. The interaction, however, was not statistically significant with respect to internalizing problems, grades in school, and substance use. The estimated relationship between peer victimization and peer aggression and the relationship between peer victimization and suicidal thoughts for positive future orientation were presented in Figures 1 and 2. Figures 1 and 2 show that the slopes for the low level (-) of positive future orientation in peer aggression and suicidal thoughts (squared values were applied to reduce extreme outliers) were higher than the slope for the high level (+) of positive future

**Table 2.** Correlations among the study variables.

Variables	1	2	3	4	5	6	7	8	9	10
1. Peer victimization	-									
2. Internalizing problems	.363aaa	-								
3. Grades in school	-.027	-.072	-							
4. Substance use	.126aa	.134aaa	-.142aaa	-						
5. Peer aggression	.472aaa	.279aaa	-.112aa	.234aaa	-					
6. Suicidal thoughts	.251aaa	.571aaa	-.070a	.106aa	.232aaa	-				
7. Positive future orientation	.027	-.094a	.081a	-.019	-.039	-.163aaa	-			
8. Age	-.131aa	.014	-.098a	.233aaa	-.003	-.042	-.047	-		
9. Sex	-.010	-.140aaa	-.095a	.161aaa	.078	-.092a	-.029	.139aaa	-	
10. Government assistance	-.035	.027	.008	.059	-.011	-.000	-.003	.117aaa	-.038	-

ap <.05, **p <.01, ***p <.001.

Table 3. Positive future orientation as a moderator of the association between peer victimization and adverse outcomes.

	Internalizing problems			Grades in school			Substance use			Peer aggression			Suicidal thoughts		
	B	SE	β	B	SE	β	B	SE	β	B	SE	β	B	SE	β
Peer victim	.63	.13	.60aaa	−.04	.03	−.15	.08	.06	.22	.84	.08	1.11aaa	.21	.03	.74aaa
Pos future orient	−.11	.11	−.04	.03	.03	.04	−.01	.05	.01	.15	.07	.08a	−.06	.03	−.09a
Age	.20	.09	.09a	−.05	.03	−.09a	.24	.04	.26aaa	.05	.06	.03	.00	.03	.01
Sex (male)	−1.02	.26	−.16aaa	−.09	.07	−.05	.41	.12	.13aa	.28	.17	.06	−.19	.07	−.11aa
Govt. assist (yes)	.19	.29	.03	.05	.08	.03	.12	.14	.03	.19	.20	.04	−.04	.08	−.02
Peer victim × Pos future orient	−.06	.04	−.06	.01	.01	.03	−.00	.02	−.01	−.16	.02	−.21aaa	−.04	.01	−.14aaa
Const	−.39	1.50		4.60	.43	aaa	−2.89	.71	aaa	−.65	1.00	aaa	.41	.41	aaa
R²	.19			.02			.10			.28			.15		

Peer victim = Peer victimization, Pos future orient = Positive future orientation, Govt. assist = Government assistance.
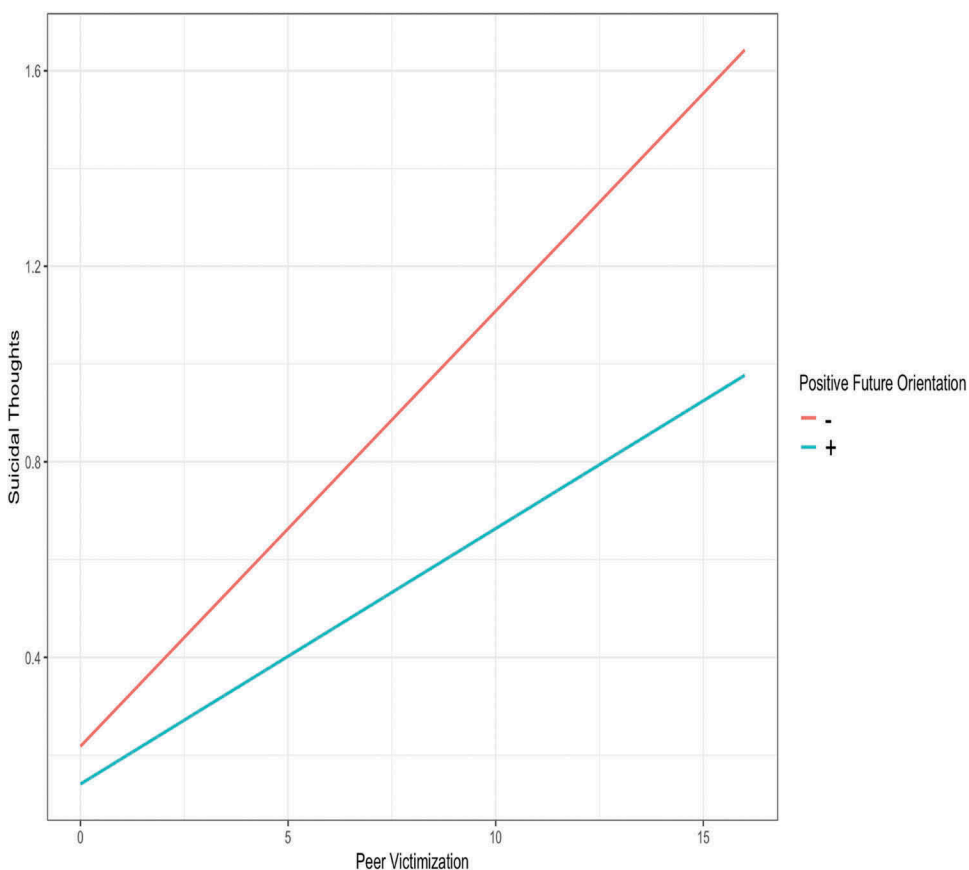ap <.05; **p <.01; ***p <.001.
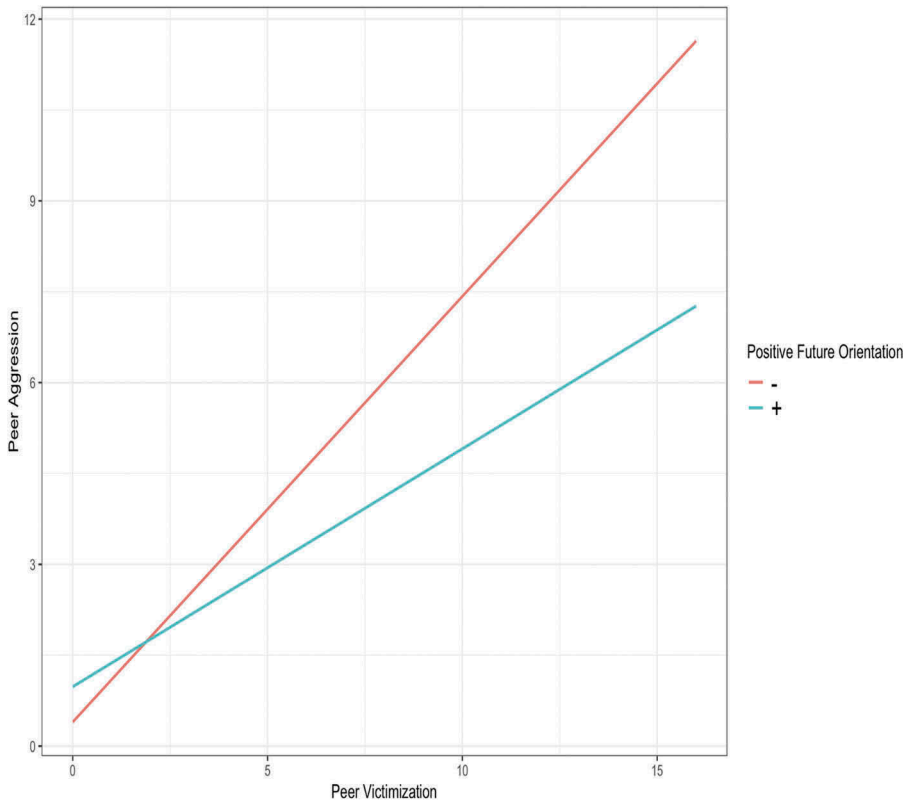
Figure 1. Positive future orientation as a moderator of the association between peer victimization and peer aggression.

orientation. This result suggests that increases in peer victimization were associated with higher increases in peer aggression and suicidal thoughts among adolescents with a low level (-) of positive future orientation compared to those with a high level (+).

Discussion

The present study examined the association between peer victimization and various psychosocial outcomes among a convenience sample of urban African American adolescents. More specifically, the study tested whether positive future orientation buffered the association between peer victimization and internalizing problems, grades in school, substance use, peer aggression, and suicidal thoughts. Partially supporting the first proposed hypothesis and consistent with past research (e.g., Brockenbrough et al., 2002; Camodeca & Goossens, 2005; Hawker & Boulton, 2000; Kaminski & Fang, 2009), the study found that peer victimization was directly associated with internalizing problems, peer aggression, and suicidal thoughts. However, the

Figure 2. Positive future orientation as a moderator of the association between peer victimization and suicidal thoughts.

study found no significant associations between peer victimization and grades in school and substance use. For urban African American adolescents, a strong association appears to exist between experiencing peer victimization and internalizing (e.g., suicidal thoughts) and externalizing (e.g., aggressive behaviors) problems. Given that these adolescents are likely to be chronically exposed to violence in their neighborhood, being victimized by peers might trigger a "fight or flight" response (Kunimatsu & Marsee, 2012), which is not an uncommon response among urban adolescents living in poverty (see Hall et al., 2008). Adolescents who are unable to avoid peer victimization might feel a sense of hopelessness, which can contribute to the development of internalizing problems (see Hamilton et al., 2015). Grades in school may not be affected by peer victimization; rather, it might be due to structural disadvantages within the neighborhood, such as a lack of educational resources that would optimize students' performances in school (see D'Amico, 2001; Kozol, 1991). Furthermore, peer victimization may not be related to substance use among the study sample, which is not surprising

considering that the rate of substance use tends to be significantly lower among African American adolescents relative to their peers of other racial groups (see Carlton-Smith & Skeer, 2015; Johnston et al., 2017; Kann et al., 2016; Miech et al., 2017).

Also, partially supporting the second hypothesis, the study found that positive future orientation buffers the association between peer victimization and peer aggression. Positive future orientation was also found to buffer the association between peer victimization and suicidal thoughts. Similar to Hamilton et al.'s (2015) study, this study finding seems to suggest that how adolescents perceive their future will likely affect whether peer victimization might exacerbate or constrain these psychosocial problems. Scholars have recognized the development of a future-oriented perspective as an important source of resilience for racial minority adolescents in a low-resourced and high-risk environment (McCoy & Bowen, 2015). Adolescents with positive aspirations for their future may perceive their current behavior as being linked to their future goals and are likely to be concerned about the consequences of their behaviors (Stoddard, Zimmerman, & Bauermeister, 2011). It is safe to suggest that if adolescents envision a positive future for themselves, they would be expected to engage in fewer risk-taking and health-compromising behaviors that can impede their vision of their future, such as aggressive behavior and suicidal thoughts (Stoddard & Zimmerman, 2011). On the other hand, overcoming internalizing problems might be challenging for adolescents who are bullied even in the presence of positive future orientation. These adolescents are likely to be victimized by their peers frequently in the neighborhood and might feel a sense of depression and anxiety because they are unable to avoid the situation. Taken together, the present study supports a rich body of literature, which indicates that having a positive future aspiration can be a source of strength and resilience for urban adolescents who are victimized by their peers.

Limitations and implications for research

The present findings indicate that future orientation can play an important role in buffering behavioral and health risks that are associated with experiences in peer victimization in urban settings. To the best of our knowledge, these findings are among the first to examine the adverse psychosocial outcome of peer victimization in a high-risk neighborhood and the buffering role of future orientation on peer victimization. However, the study also has limitations that need to be acknowledged. First, a convenience sample from Chicago's southside was used, which would limit the generalizability of the findings. It is important to consider various samples from urban areas. Second, a cross-sectional research design is another serious limitation, which limited our ability to examine the precise interplay between peer

victimization and adverse outcomes. It is important to adopt a rigorous, longitudinal research design, such as the autoregressive cross-lagged model in future research. Third, despite the validity of the measures for internalizing problems, the item "feeling hopeless about the future" appears to overlap with the items for positive future orientation in the study. As a result, the measures for positive future orientation may be conflated with the measures for internalizing problems. Future studies might measure internalizing problems using a validated scale, such as the Child Behavior Checklist, which has been widely utilized. And finally, positive future orientation and suicidal thoughts were assessed with a limited number of items, which would limit the validity of the constructs. It is important to use measures with more sound psychometric properties.

Despite these limitations, the present study has implications for research. Although the protective role of future orientation has received significant research attention, there has been limited attention to how future orientation would be related to peer victimization, especially for urban adolescents. In a low-income urban setting, adolescents are confronted with a number of risk factors; as such, the negative outcomes of peer victimization could contribute to a higher level of behavioral problems. According to Hamilton et al. (2017), a positive future orientation can minimize negative behavioral outcomes and at the same time, promote positive youth development (see Catalano et al., 2004). This study provides evidence of the importance of psychological resources for adolescents in Chicago's southside. Future research needs to identify protective psychological resources in the various high-risk neighborhood that can buffer the link between victimization and its associated consequences.

Conclusion

Anti-bullying practices need to be consistent, with clearly outlined evidence-based practice models of interventions in order to secure more positive behavioral outcomes for all involved. Practitioners in an urban school setting should endeavor to utilize culturally responsive and inclusive prevention strategies. It is also essential that practitioners and school officials remain attentive to the importance of creating a safe and nurturing environment for all students. Practitioners can possibly work with school administrators to provide training in bullying prevention and intervention for school staff members. Such training can help school staff gain a better understanding of how peer victimization can affect students, how to respond, and how to work collaboratively with others to help prevent bullying or to effectively address bullying. It is essential that school staff understand that peer victimization often results in psychosocial consequences, including depressive symptoms, academic decline, substance use, aggressive behavior, and suicidal

thoughts. As such, it is equally as important that schools seek to empower adolescents who are victimized, and they need to make concerted efforts to help create a school environment where adolescents feel empowered when confronted with bullying.

It is equally important that victims of bullying participate in programs that foster positive development and reduce the odds of psychosocial problems and problematic behaviors. This is especially important for racial and ethnic minority adolescents in a high-risk environment who, as studies have shown, are less likely to experience psychological and social problems when they have positive expectations for their future (e.g., McCabe & Barnett, 2000). Such programs can help foster healthy cognitive development, support positive socioemotional growth, establish strong social connections, and create a space that promotes positive social values. These programs can help adolescents in developing high expectations for themselves and their future aspirations, which, as this study has shown, is an important buffer.

Disclosure of interest

None of the authors have any conflicts to report.

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Ethical standards and informed consent

All study procedures followed were in accordance with the ethical standards of the Institutional Review Board of the University of Chicago, and with the Helsinki Declaration of 1975, as revised in 2000. No identifying information about the study participants was included in the article. Data were collected by Dr. Dexter R. Voisin who received approval from the Institutional Review Board of the University of Chicago prior to the study.

References

Adelabu, D. H. (2008). Future time perspective, hope, and ethnic identity among African American adolescents. *Urban Education*, *43*(3), 347–360. https://doi.org/10.1177/0042085907311806

Bandura, A. (2001). Social cognitive theory: An agentic perspective. *Annual Review of Psychology*, *52*(1), 1–26. https://doi.org/10.1146/annurev.psych.52.1.1

Bannink, R., Broeren, S., van de Looij-jansen, P. M., de Waart, F. G., & Raat, H. (2014). Cyber and traditional bullying victimization as a risk factor for mental health problems and suicidal ideation in adolescents. *PLoS One*, *9*(4), e94026. https://doi.org/10.1371/journal.pone.0094026

Bollmer, J. M., Milich, R., Harris, M. J., & Maras, M. A. (2005). A friend in need: The role of friendship quality as a protective factor in peer victimization and bullying. *Journal of Interpersonal Violence*, 20(6), 701–712. https://doi.org/10.1177/0886260504272897

Bradshaw, C. P., Waasdorp, T. E., Goldweber, A., & Johnson, S. L. (2013). Bullies, gangs, drugs, and school: Understanding the overlap and the role of ethnicity and urbanicity. *Journal of Youth and Adolescence*, 42(2), 220–234. https://doi.org/10.1007/s10964-012-9863-7

Brockenbrough, K. K., Cornell, D. G., & Loper, A. B. (2002). Aggressive attitudes among victims of violence at school. *Education & Treatment of Children*, 25(3), 273–287. https://www.jstor.org/stable/42899706

Brown, W. T., & Jones, J. M. (2004). The substance of things hoped for: A study of the future orientation, minority status, perceptions, academic engagement, and academic performance of black high school students. *Journal of Black Psychology*, 30(2), 248–273. https://doi.org/10.1177/0095798403260727

Camodeca, M., & Goossens, F. A. (2005). Aggression, social cognitions, anger and sadness in bullies and victims. *The Journal of Child Psychology and Psychiatry*, 46(2), 186–197. https://doi.org/10.1111/j.1469-7610.2004.00347.x

Carlton-Smith, A. R., & Skeer, M. R. (2015). Differences in adolescent substance use by Hispanic subgroup: What we know and what we need to find out. *Journal of Ethnicity in Substance Abuse*, 14(4), 340–350. https://doi.org/10.1080/15332640.2014.990073

Carlyle, K. E., & Steinman, K. J. (2007). Demographic differences in the prevalence, co-occurrence, and correlates of adolescent bullying at school. *Journal of School Health*, 77(9), 623–629. https://doi.org/10.1111/j.1746-1561.2007.00242.x

Catalano, R. F., Berglund, M. L., Ryan, J. A., Lonczak, H. S., & Hawkins, J. D. (2004). Positive youth development in the United States: Research findings on evaluations of positive youth development programs. *The Annals of the American Academy of Political and Social Science*, 591(1), 98–124. https://doi.org/10.1177/0002716203260102

Cheng, Y. Y., Shein, P. P., & Chiou, W. B. (2012). Escaping the impulse to immediate gratification: The prospect concept promotes a future-oriented mindset, prompting an inclination towards delayed gratification. *British Journal of Psychology*, 103(1), 129–141. https://doi.org/10.1111/j.2044-8295.2011.02067.x

Coopersmith, S. (1967). *The antecedents of self-esteem*. Freeman.

D'Amico, J. J. (2001). A closer look at the minority achievement gap. *ERS Spectrum*, 19(2), 4–10.

Derogatis, L. R. (2000). *Brief Symptom Inventory-18*. NCS Pearson.

Espelage, D. L., & Holt, M. K. (2001). Bullying and victimization during early adolescence: Peer influences and psychosocial correlates. *Journal of Emotional Abuse*, 2(2–3), 123–142. https://doi.org/10.1300/J135v02n02_08

Espelage, D. L., & Holt, M. K. (2007). Dating violence & sexual harassment across the bully-victim continuum among middle and high school students. *Journal of Youth and Adolescence*, 36, 799–811. https://doi.org/10.1007/s10964-006-9109-7

Espelage, D. L., Holt, M. K., & Henkel, R. R. (2003). Examination of peer-group contextual effects on aggression during early adolescence. *Child Development*, 74(1), 205–220. https://doi.org/10.1111/1467-8624.00531

Graham, S. (2016). Victims of bullying in schools. *Theory into Practice*, 55(2), 136–144. https://doi.org/10.1080/00405841.2016.1148988

Greene, A. L. (1986). Future-time perspective in adolescence: The present of things future revisited. *Journal of Youth and Adolescence*, 15(2), 99–111. https://doi.org/10.1007/BF02141732

Hall, D. M., Cassidy, E. F., & Stevenson, H. C. (2008). Acting "tough" in a "tough" world: An examination of fear among urban African American adolescents. *Journal of Black Psychology*, *34*(3), 381–398. https://doi.org/10.1177/0095798408314140

Hamilton, J. L., Connolly, S. L., Liu, R. T., Stange, J. P., Abramson, L. Y., & Alloy, L. B. (2015). It gets better: Future orientation buffers the development of hopelessness and depressive symptoms following emotional victimization during early adolescence. *Journal of Abnormal Child Psychology*, *43*(3), 465–474. https://doi.org/10.1007/s10802-014-9913-6

Hamilton, S. F., Hamilton, M. A., DuBois, D. L., Martinez, M. L., Cumsille, P., Brady, B., . . . Sellers, D. E. (2017). Youth–adult relationships as assets for youth promoting positive development in stressful times. In A. Petersen, S. H. Koller, F. Motti-Stefanidi, & S. Verma (Eds.), *Positive youth development in global contexts of social and economic change* (pp. 157–182). Taylor & Francis Group.

Hanish, L. D., & Guerra, N. G. (2000). Predictors of peer victimization among urban youth. *Social Development*, *9*(4), 521–543. https://doi.org/10.1111/1467-9507.00141

Hawker, D. S. J., & Boulton, M. J. (2000). Twenty years' research on peer victimization and psychosocial maladjustment: A meta-analytic review of cross-sectional studies. *The Journal of Child Psychology and Psychiatry and Allied Disciplines*, *41*(4), 441–455. https://doi.org/10.1111/1469-7610.00629

Holt, M. K., & Espelage, D. L. (2007). Perceived social support among bullies, victims, and bully-victims. *Journal of Youth and Adolescence*, *36*(8), 984–994. https://doi.org/10.1007/s10964-006-9153-3

Horstmanshof, L., & Zimitat, C. (2007). Future time orientation predicts academic engagement among first-year university students. *British Journal of Educational Psychology*, *77*(3), 703–718. https://doi.org/10.1348/000709906X160778

Johnson, S. L., Blum, R. W., & Cheng, T. L. (2014). Future orientation: A construct with implications for adolescent health and wellbeing. *International Journal of Adolescent Medicine and Health*, *26*(4), 459–468. https://doi.org/10.1515/ijamh-2013-0333

Johnston, L. D., O'Malley, P. M., Miech, R. A., Bachman, J. G., & Schulenberg, J. E. (2017). *Demographic subgroup trends among adolescents in the use of various licit and illicit drugs, 1975–2016* (Monitoring the Future Occasional Paper No. 88). Institute for Social Research, University of Michigan. http://monitoringthefuture.org/pubs/occpapers/mtf-occ88.pdf

Kaminski, J. W., & Fang, X. (2009). Victimization by peers and adolescent suicide in three US samples. *The Journal of Pediatrics*, *155*, 683–688. https://doi.org/10.1016/j.jpeds.2009.04.061

Kann, L., McManus, T., Harris, W. A., Shanklin, S. L., Flint, K. H., Hawkins, J., & Zaza, S. (2016). *Youth risk behavior surveillance—United States, 2015*. *Morbidity and Mortality Weekly Report Surveillance Summaries*, *65*(6), 1–180. https://doi.org/10.15585/mmwr.ss6506a1

Karlsson, E., Stickley, A., Lindblad, F., & Schwab-Stone, M. (2014). Risk and protective factors for peer victimization: A 1-year follow-up study of urban American students. *European Child & Adolescent Psychiatry*, *23*(9), 773–781. https://doi.org/10.1007/s00787-013-0507-6

Kerpelman, J. L., Eryigit, S., & Stephens, C. J. (2008). African American adolescents' future education orientation: Association with self-efficacy, ethnic identity, and perceived parental support. *Journal of Youth and Adolescence*, *37*(8), 997–1008. https://doi.org/10.1007/s10964-007-9201-7

Kim, D. H., Michalopoulos, L. M., & Voisin, D. R. (2017). Validation of the Brief Symptom Inventory-18 among low-income African American adolescents exposed to community violence. *Journal of Interpersonal Violence*, 088626051773877. https://doi.org/10.1177/0886260517738778

Koo, D. J., Peguero, A. A., & Shekarkhar, Z. (2012). Gender, immigration, and school victimization. *Victims & Offenders*, 7(1), 77–96. https://doi.org/10.1080/15564886.2011. 629773

Kozol, J. (1991). *Savage inequalities: Children in America's schools*. Harper Perennial.

Kunimatsu, M. M., & Marsee, M. A. (2012). Examining the presence of anxiety in aggressive individuals: The illuminating role of fight-or-flight mechanisms. *Child & Youth Care Forum*, 41(3), 247–258. https://doi.org/10.1007/s10566-012-9178-6

Lens, W., & Tsuzuki, M. (2007). The role of motivation and future time perspective in educational and career development. *Psychologica*, 46, 29–42.

McCabe, K., & Barnett, D. (2000). First comes work, then comes marriage: Future orientation among African American young adolescents. *Family Relations*, 49(1), 63–70. https://doi. org/10.1111/j.1741-3729.2000.00063.x

McCoy, H., & Bowen, E. A. (2015). Hope in the social environment: Factors affecting future aspirations and school self-efficacy for youth in urban environments. *Child and Adolescent Social Work Journal*, 32(2), 131–141. https://doi.org/10.1007/s10560-014-0343-7

Miech, R. A., Johnston, L. D., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E., & Patrick, M. E. (2017). *Monitoring the future national survey results on drug use, 1975–2016: Volume I, secondary school students*. Institute for Social Research. http:// monitoringthefuture.org/pubs/monographs/mtf-vol1_2016.pdf

Nurmi, J. (1989). Development of orientation to the future during early adolescence: A four-year longitudinal study and two cross-sectional comparisons. *International Journal of Psychology*, 24(1–5), 195–214. https://doi.org/10.1080/00207594.1989.10600042

Nurmi, J. E. (1991). How do adolescents see their future? A review of the development of future orientation and planning. *Developmental Review*, 11(1), 1–59. https://doi.org/10. 1016/0273-2297(91)90002-6

Nurmi, J. E., Poole, M. E., & Seginer, R. (1995). Tracks and transitions: A comparison of adolescent future-oriented goals, explorations, and commitments in Australia, Israel, and Finland. *International Journal of Psychology*, 30(3), 355–375. https://doi.org/10.1080/ 00207599508246575

Peskin, F. M., Tortolero, S. R., & Markham, C. M. (2006). Bullying and victimization among black and Hispanic adolescents. *Adolescence*, 41(163), 467–484.

Quinton, D., Pickles, A., Maughan, B., & Rutter, M. (1993). Partners, peers, and pathways: Assortative pairing and continuities and discontinuities in conduct disorder. *Development and Psychopathology*, 5(4), 763–783. https://doi.org/10.1017/S0954579400006271

Robbins, R. N., & Bryan, A. (2004). Relationships between future orientation, impulsive sensation seeking, and risk behavior among adjudicated adolescents. *Journal of Adolescent Research*, 19(4), 428–445. https://doi.org/10.1177/0743558403258860

Seaton, E. K., Neblett, E. W., Cole, D. J., & Prinstein, M. J. (2013). Perceived discrimination and peer victimization among African American and Latino youth. *Journal of Youth and Adolescence*, 42(3), 342–350. https://doi.org/10.1007/s10964-012-9848-6

Seginer, R. (2005). Adolescent future orientation: Intergenerational transmission and inter-twining tactics in cultural and family settings. In W. Friedlmeier, P. Chakkarath, & B. Schwarz (Eds.), *Culture and human development: The importance of cross-cultural research for the social sciences* (pp. 231–251). Psychology Press.

Silberg, J. L., Copeland, W., Linker, J., Moore, A. A., Roberson-Nay, R., & York, T. P. (2016). Psychiatric outcomes of bullying victimization: A study of discordant monozygotic twins. *Psychological Medicine*, 46(9), 1875–1883. https://doi.org/10.1017/S0033291716000362

Spriggs, A. L., Iannotti, R. J., Nansel, T. R., & Haynie, D. L. (2007). Adolescent bullying involvement and perceived family, peer and school relations: Commonalities and

differences across race/ethnicity. *Journal of Adolescent Health*, *41*(3), 283–293. https://doi.org/10.1016/j.jadohealth.2007.04.009

Stadler, C., Feifel, J., Rohrmann, S., Vermeiren, R., & Poustka, F. (2010). Peer-victimization and mental health problems in adolescents: Are parental and school support protective? *Child Psychiatry and Human Development*, *41*(4), 371–386. https://doi.org/10.1007/s10578-010-0174-5

Stoddard, S. A., Zimmerman, M. A., & Bauermeister, J. A. (2011). Thinking about the future as a way to succeed in the present: A longitudinal study of future orientation and violent behaviors among African American youth. *American Journal of Community Psychology*, *48*(3–4), 238–246. https://doi.org/10.1007/s10464-010-9383-0

Sullivan, T. N., Farrell, A. D., & Kliewer, W. (2006). Peer victimization in early adolescence: Association between physical and relational victimization and drug use, aggression, and delinquent behaviors among urban middle school students. *Development and Psychopathology*, *18*(1), 119–137. https://doi.org/10.1017/S095457940606007X

Valdebenito, S., Ttofi, M., & Eisner, M. (2015). Prevalence rates of drug use among school bullies and victims: A systematic review and meta-analysis of cross-sectional studies. *Aggression and Violent Behavior*, *23*, 137–146. https://doi.org/10.1016/j.avb.2015.05.004

Wang, J., Iannotti, R. J., & Nansel, T. R. (2009). School bullying among adolescents in the United States: Physical, verbal, relational, and cyber. *Journal of Adolescent Health*, *45*(4), 368–375. https://doi.org/10.1016/j.jadohealth.2009.03.021

Whitaker, D. J., Miller, K. S., & Clark, L. F. (2000). Reconceptualizing adolescent sexual behavior: Beyond did they or didn't they? *Family Planning Perspectives*, *32*(3), 111–117. https://doi.org/10.2307/2648159

Wolke, D., Lereya, S. T., Fisher, H. L., Lewis, G., & Zammit, S. (2014). Bullying in elementary school and psychotic experiences at 18 years: A longitudinal, population-based cohort study. *Psychological Medicine*, *44*(10), 2199–2211. https://doi.org/10.1017/S0033291713002912

Woods, S., & Wolke, D. (2004). Direct and relational bullying among primary school children and academic achievement. *Journal of School Psychology*, *42*(2), 135–155. https://doi.org/10.1016/j.jsp.2003.12.002