

Personal characteristics of bullying victims in residential care for youth

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Abstract

Purpose – This research examined some personal characteristics of victims of bullying in residential care for youth. The paper aims to discuss these issues.

Design/methodology/approach – A total of 601 young people aged 11–21 from 22 residential facilities in Croatia completed an anonymous self-reported bullying questionnaire, the Big Five Personality Inventory, the Basic Empathy Scale and the Rosenberg Self-esteem Scale.

Findings – The results demonstrated that male and female victims lacked self-esteem, presented with neurotic personality traits and were likely to believe that bullying was just part of life in residential care. Female victims also presented with lower levels of agreeableness and conscientiousness, while male victims were young and had a history of victimisation during their previous placement, in school and at the beginning of their current placements.

Practical implications – Victims in care might benefit from programmes addressing their low self-esteem, high neuroticism and attitudes approving of bullying. Male residential groups should not accommodate young boys together with older boys. New residents who have a history of victimisation during their previous placement and in school should be supervised more intensively but in a manner that does not increase their perception of being victimised.

Originality/value – The present study is the first work that examines individual characteristics of bullying victims in care institutions for young people. As such, the study offers some insights on how to protect residential care bullying victims.

Keywords Residential care, Adolescents, Bullying, Anti-bullying policies in care, Characteristics of victims, Out-of-family-care

Paper type Research paper

Introduction

Residential care bullying research: a general overview and gaps in knowledge

Compared to research on bullying in schools and prisons, research on bullying amongst young people in residential care has had a relatively short history and has been alternating between studying bullying *per se* and peer violence in more general terms. The first study in this area was published in 2004 (Barter *et al.*, 2004), and was focused on a more general notion of peer violence. Since then, there have been six studies published, five on bullying *per se* (Sekol, 2015; Sekol and Farrington, 2009, 2010, 2013, 2015) and one on peer violence (Sekol, 2013). This residential care research has focused on four main areas: describing the nature and prevalence of peer violence (Barter *et al.*, 2004) and bullying (Sekol and Farrington, 2009); examining the context of peer violence and bullying both qualitatively (Barter *et al.*, 2004; Sekol, 2013) and quantitatively (Sekol, 2015); establishing an adequate methodology for studying bullying in residential care (Sekol and Farrington, 2009, 2010, 2013); and identifying some personal characteristics of residential care bullies (Sekol and Farrington, 2015).

Received 19 November 2015
Revised 22 November 2015
Accepted 24 November 2015

The extent of bullying and peer violence in residential care for youth is considerably higher than reported amongst children in schools (see Barter *et al.*, 2004; Sekol and Farrington, 2009; Sekol, 2015)[1]. As such, bullying in residential care seems to better reflect bullying amongst prisoners than bullying in schools. Explanations for bullying in residential care have been based on the fact that the physical and social residential environment differs from the school environment, representing a relatively closed and inescapable social system that accommodates young people with troubled backgrounds, traumatic experiences and challenging behaviour (Sekol, 2015). Thus far, the following elements of the social and physical environment have been found to contribute to bullying and peer violence in care: insufficient staffing levels and a lack of clear anti-bullying policies in care (Barter *et al.*, 2004); residential peer cultures marked by residents' own rules and peer hierarchies (Barter *et al.*, 2004; Sekol, 2013); perceived lack of peer support and well-being in the facility (Sekol, 2015); stigmatisation related to living in care and poor relationship between residents and staff (Sekol, 2013); deprivations of certain material goods and services (Sekol, 2013); inappropriate physical features of residential facilities, especially the large size of the building and poor décor (Barter *et al.*, 2004), as well as residents' dissatisfaction with food and ventilation/heating of the residential facility (Sekol, 2015).

Regarding methodology, residential care research has suggested that projects in this area should aim to follow methodological trends in studying bullying amongst prisoners, namely, using a broader definition of bullying than definitions used in school research and applying questionnaires on topics indicative of bullying and victimisation, rather than those relying on the term "bullying" (see Sekol and Farrington, 2009). It has also been demonstrated that anonymous self-reports of bullying and victimisation appear to be more valid and reliable than staff reports and peer reports (Sekol and Farrington, 2013), and that referring to residents who are both bullies and victims as a "special category" might not have practical importance in residential care research (Sekol and Farrington, 2010).

Concerning personal characteristics of bullies in residential care, selected individual characteristics (i.e. personality traits, self-esteem, empathy and attitudes towards bullying) and certain background variables (i.e. age, a previous history of bullying and the length of time institutionalised) have been examined (Sekol and Farrington, 2015). It has been found that, after controlling for other individual characteristics, low agreeableness, low conscientiousness and believing that victims deserve to be bullied independently predicted bullying by males, while attitudes approving of bullying predicted female bullying. Once background characteristics were added into a regression, being a bully in school almost significantly predicted male bullying even after controlling for individual characteristics. Similarly, a history of being a school bully, a longer time spent in the facility and low agreeableness and conscientiousness predicted female bullying independently of all psychological and other background variables. Based on these findings, important policy implications have been drawn, especially those targeting bullies' attitudes supportive of bullying and their disagreeableness, conscientiousness and neuroticism (for details on predictors of bullying in care and related policy implications see Sekol and Farrington, 2015).

While evidence-based policy implications targeting the residential environment and personal characteristics of bullies are important, they are unlikely to be sufficient. Bullying in care is a result of the interaction between bullies and victims in the context of the special nature of the residential environment. Preventative strategies, therefore, need to simultaneously target both bullies and victims as well as the social and physical residential environment. However, no empirical evidence regarding personal characteristics of residential care victims, which could serve as a basis for strategies targeting victims in care, has been published. Consequently, it remains unknown what programmes would be useful for victims in care. The present study thus aims to examine whether and how the constructs that were found to describe bullies in care might also apply to victims in care. These constructs refer to the above-mentioned individual characteristics and background variables. Given a large overlap between bullies and victims usually found in closed social environments, it is important to examine whether bullies and victims differ on the same set of variables. Since previous research demonstrated that residential care bully/victims seem not to be qualitatively different from pure bullies and pure

victims (Sekol and Farrington, 2010), it could be expected that independent predictors of victimisation would differ from independent predictors of bullying on most of the individual and background variables examined.

School and prison research: victim characteristics

While personal correlates of victimisation have not yet been studied in residential care, a number of projects on children in schools and some investigations in prisons have examined empathy, self-esteem, personality traits, attitudes and background characteristics of bullying victims. Regarding the personality traits of victims in schools, victims were found to be neurotic (Bollmer *et al.*, 2006; Francis and Jones, 1994; Mynard and Joseph, 1997; Slee and Rigby, 1993; Tani *et al.*, 2003), introverted (Francis and Jones, 1994; Mynard and Joseph, 1997; Slee and Rigby, 1993) and lacking in conscientiousness (Bollmer *et al.*, 2006; Tani *et al.*, 2003). There is also some evidence that victims lack agreeableness although this was found in only one study (Jensen-Campbell *et al.*, 2002). Interestingly, the results regarding neuroticism and extraversion were not replicated in a sample of adult male offenders (Turner and Ireland, 2010). In addition, openness was not related to victimisation in any of the above studies.

Research that specifically examined the association between empathy and victimisation is scarce. Only two school-based studies (Warden and Mackinnon, 2003; Woods *et al.*, 2009) and one prison-based study (Ireland, 1999a) examined victims' empathy. The results of these projects have, however, been conflicting. While Warden and Mackinnon (2003) found that both bullies and victims had lower affective empathy than those not involved in bullying, Woods *et al.* (2009) did not find such differences between the bully groups. In contrast to the studies with school children, pure victims in young offender institutions and adult prisons scored higher than the not involved and pure bully groups on cognitive empathy and higher than the pure bully group on affective empathy (Ireland, 1999a). However, there were differences between young offenders and adult prisoners on the subscales measuring cognitive empathy. Young offenders scored higher on the ability to get involved imaginatively in the feelings of others, while adult offenders scored higher on the tendency to adopt the viewpoint of others (Ireland, 1999a).

The substantial research on the self-esteem of school victims has produced consistent results. Across the school-based studies, victims were described as having low self-esteem (Austin and Joseph, 1996; Egan and Perry, 1998; Kumpulainen *et al.*, 1998; Lagerspetz *et al.*, 1982; O'Moore and Kirkham, 2001; Olweus, 1978; Spade, 2007; Stephenson and Smith, 1989)[2]. However, the only published study that addressed the self-esteem of prisoners (Ireland, 2002) found no differences between the bully groups on self-esteem.

The results concerning the relationship between victimisation and attitudes towards bullying have been conflicting. While some school-based studies found a positive relationship between victimisation and attitudes disapproving of bullying (Cunningham, 2007; Menesini *et al.*, 1997; Olweus, 1993; Pellegrini *et al.*, 1999; Rigby and Slee, 1991), others have found either a positive relationship between victimisation and attitudes supportive of bullying (Dill *et al.*, 2004) or no relationship at all (Boulton *et al.*, 1999; Gottheil and Dubow, 2001a). In a project conducted with male young offenders (Connell, 1997) more than twice as many bullies as victims believed that victims deserved to be bullied. Similarly, in research with male adult offenders, pure victims demonstrated less instrumental beliefs about aggression than both pure bullies and bully/victims (Turner and Ireland, 2010).

Regarding victims' background characteristics, school-based research suggests that victims are usually the youngest children in a school or class (Olweus, 1993; Rigby, 2001; Stein *et al.*, 2006; Theriot *et al.*, 2005; Whitney and Smith, 1993)[3]. Similarly, in a study of children's homes (see footnote 1), Sinclair and Gibbs (1998) found that 70 per cent of residents aged 12 or under, almost half of those aged 13 and 14, and only a third of the remainder reported being victimised in homes. Results concerning the age of prison victims have been conflicting. While some prison-based studies found a negative relationship between age and victimisation (Brookes, 1993; Fuller and Orsagh, 1977; Smith *et al.*, 2005), others have found either a positive relationship between age and being a pure victim (Ireland, 1999b), or no relationship between age and victimisation at all (Connell, 1997; Ireland, 1999b; Palmer and Thakordas, 2005; Power *et al.*, 1997).

Regarding other background characteristics of prisoners, research has been more consistent. Compared to other prisoners, victims were described as being more likely to be new to the prison system (Beck, 1994, 1995; Ireland and Archer, 1996; Power *et al.*, 1997) and less likely to be incarcerated for a violent offence (Ireland, 1999b; Power *et al.*, 1997)[4]. There is also evidence about either all victims (Brookes and Pratt, 1996) or pure victims (Ireland, 1999b) being more likely than other prisoners to be serving shorter sentences, although this was not supported by later research (Ireland and Ireland, 2000).

In addition to age, another well-documented finding of a growing body of school-based longitudinal research refers to the persistence of victimisation over time. More precisely, victimisation amongst different samples of primary and secondary school children was found to persist over periods of one year (Boulton and Smith, 1994; Camodeca *et al.*, 2002; Pellegrini and Bartini, 2000), two years (Hanish and Guerra, 2004; Salmivalli *et al.*, 1998), three years (Olweus, 1978), four years (Kumpulainen *et al.*, 1999; Paul and Cillessen, 2007) and eight years (Sourander *et al.*, 2000). A six-year stability of victimisation was also found for secondary school victims who came from primary school classes marked by high hierarchical structuring (Schäfer *et al.*, 2004).

Interestingly, in the above studies, victimisation remained stable for children who changed their classes within the same school (Olweus, 1978; Salmivalli *et al.*, 1998) as well as for those who changed schools by making a transition from primary to middle school (Paul and Cillessen, 2007; Pellegrini and Bartini, 2000) or from primary to secondary school (Schäfer *et al.*, 2004). In the projects that controlled for other factors related to victimisation, previous victimisation independently predicted current victimisation (Pellegrini and Bartini, 2000; Salmivalli *et al.*, 1998). Finally, most of the school-based longitudinal studies listed here found victimisation to be more stable for boys than for girls (Boulton and Smith, 1994; Camodeca *et al.*, 2002; Hanish and Guerra, 2004; Kumpulainen *et al.*, 1999; Sourander *et al.*, 2000).

Although not based on longitudinal designs, existing research in children's homes and Young Offenders' Institutions also points to the stability of victimisation over time. Sinclair and Gibbs (1998), for instance, found that more than half of residents who were bullied during their previous placements, but only just over a third of those not bullied during their previous placements, were bullied in their current children's home. Similarly, Connell (1997) found that, of all male young offenders who had served previous custody dispositions, significantly more victims than residents who were not involved in bullying had been victimised in facilities in which they were previously incarcerated, even after controlling for other factors related to victimisation. Significantly more victims than those not involved in bullying were also bullied upon admission to their current facility.

The evidence base thus far suggests that examining personality traits, empathy, self-esteem, attitudes and background characteristics of victims in schools and prisons is important for adding to our understanding of bullying in schools and prisons. As described previously, whether or not there are similar important links between these variables and victimisation in residential care, which can further our understanding of bullying in care and contribute to preventative strategies, has not been established. The current paper is the first work that examines the relationship between self-reported victimisation and the personal constructs of young people in care institutions. It aims to answer the following research questions and predictions:

RQ1. Do victims differ on personality traits, empathy, self-esteem, attitudes and background variables from non-victims?

Since previous results concerning empathy and attitudes of victims has been conflicting, no directional hypotheses for these variables can be put forward. However, based on the literature review, the following predictions concerning personality traits, self-esteem and background variables can be made:

1. Victims will be significantly more neurotic, significantly less conscientious, significantly less extraverted and significantly less agreeable than non-victims. Openness will not be related to victimisation.
2. Victims will have significantly lower self-esteem than non-victims.

3. Compared to non-victims, victims will be significantly: younger; less likely to be institutionalised for problematic behaviour; more likely to have been bullied in a previous placement; more likely to have been bullied while they were new to the current facility and to have been bullied in school. They will also have significantly less institutional experience.

RQ2. What are the independent predictors of victimisation?

1. independent predictors of victimisation in care will differ from those found for bullying in care[5].

Method

Sample

An entire population of young people aged 11-21 in all 26 Croatian care institutions was selected for the sample. In total, 22 facilities agreed to participate in the study. Of these, ten were children's homes, seven were community residential homes, three were state residential homes and two were correctional institutions. A total of 643 residents were asked to take part in the study. Of these, 42 either declined or answered questions randomly. The final sample, thus, comprised 601 residents, 404 boys and 197 girls. Boys were on average 15.9 years old (SD 1.9) and had spent on average 25.2 months in their current facility (SD 28.2). Over half of the boys (57.7 per cent) were referred to care because of problematic behaviour and for the majority (72.3 per cent) this was at least their second placement. Girls were on average 15.8 years old (SD 1.9) and had spent on average 34.5 months in their current facility (SD 38.6). The majority of girls reported being in care because of family problems (67.5 per cent) as well as being in care prior to their current placement (73.6 per cent).

Measures

An anonymous self-reported bullying questionnaire. This questionnaire is based on an interview schedule constructed by Connell and Farrington (1996). The questionnaire does not use the term bullying and consists of 22 items indicative of bullying and 25 items indicative of victimisation. It also collects background information about residents and includes additional questions about times and places of bullying, residents' and staffs' reactions in bullying situations and residents' attitudes towards bullying. Each victimisation and bullying item is scored on a Likert-type scale, ranging from "no, it never happens" to "yes, it happens several times a week". The response option "it happens two or three times a month" was used as a cut-off point for deciding whether a resident was a victim and/or a perpetrator of bullying. Cronbach's α 's were 0.89 and 0.88 for the 25 victimisation items and 22 bullying items, respectively.

The Basic Empathy Scale (Jolliffe and Farrington, 2005). This 20-item scale measures affective and cognitive empathy, with all items scored on a five-point Likert scale. For more details about this scale see Jolliffe and Farrington (2005). Cronbach's α 's in this sample were 0.78 for the overall scale, 0.70 for the affective subscale and 0.68 for the cognitive subscale.

The Rosenberg Self-esteem Scale (Rosenberg, 1965). This ten-item self-report scale measures global self-esteem, using four-point Likert-type responses (see Rosenberg, 1965). Cronbach's α in this sample was 0.75.

The Big Five Inventory (Benet-Martínez and John, 1998). This 44-item scale is answered on five-point Likert scales and assesses five domains of personality (i.e. extraversion, neuroticism, agreeableness, conscientiousness and openness; the full structure of the scale is provided in Benet-Martínez and John, 1998). In this sample, Cronbach's α 's were 0.56 for extraversion, 0.60 for agreeableness, 0.65 for conscientiousness, 0.61 for neuroticism and 0.71 for openness.

Procedure

Ethical approval for the study was granted by the Croatian Ministry of Health and Social Care. All residents available at the time of the study were invited to participate. A script containing detailed consent statement information was verbally explained to residents. The questionnaires

were then completed in groups of three to seven residents in a communal area of the facilities. It was made sure that the residents could not see each other's answers. The anonymity and the voluntary nature of the participation were guaranteed and the researcher was present to answer any questions. Upon completion, the questionnaires were sealed into unmarked envelopes by residents and placed in a large box.

Results

Prevalence of victimisation and institutional differences

As mentioned previously, residents were classified as victims if they had been victimised two or three times a month or more often. With this definition, 56.4 per cent of males and 71.6 per cent of females were classified as victims. This difference was significant ($X^2(1) = 12.8$; $p < 0.001$; $OR = 2.0$), indicating that girls were considerably more likely than boys to report victimisation. Both males and females reported being bullied by residents of the same sex. Of those residents who were victims, 58.8 per cent were also bullies, indicating a marked overlap between bullying and victimisation. The current study is not focusing on any potential special class of victim but is concerned with all victims.

The likelihood of being classified as a victim varied somewhat across the 22 institutions ($X^2(21) = 40.9$; $p = 0.01$) but the effect size for this variation was relatively small (Cramer's $V = 0.26$). After controlling only for sex in a logistic regression the institutional effect on victimisation almost completely disappeared, with only one children's home being less likely to have its residents classified as victims ($B = -1.94$; $SE = 0.74$; $p = 0.01$; $Exp(B) = 0.14$). For these reasons, in the analyses that follow, the sample will be divided by sex, rather than by the facility.

How do personality traits, empathy, self-esteem, attitudes towards bullying and background variables relate to victimisation in care?

To answer the first research question, *t*-tests were conducted for continuous variables and χ^2 tests were conducted for dichotomous variables. The outcome variable (victimisation) was dichotomised and coded as 1 = victim and 0 = non-victim. The results are presented in Table I. Both male and female victims had significantly lower self-esteem than non-victims ($r = -0.12$; $p < 0.01$ and $r = -0.22$; $p < 0.001$, respectively). Female victims were also significantly less agreeable ($r = -0.12$; $p < 0.05$) and somewhat less conscientious ($r = 0.12$; $p < 0.10$) than non-victims. Both male and female victims were also significantly more neurotic ($r = 0.11$; $p < 0.05$ and $r = 0.14$; $p < 0.05$, respectively) and more likely to believe that bullying is just a part of the way things work in residential care ($OR = 1.64$; $p < 0.05$ and $OR = 2.00$; $p < 0.05$).

Female victims did not differ from their non-victim counterparts on any of the background variables examined. However, male victims were significantly younger than non-victims ($r = -0.14$; $p < 0.01$), as well as significantly more likely to have been bullied during their previous period of institutionalisation ($OR = 5.78$; $p < 0.001$), to have been bullied while they were new to their current facility ($OR = 2.90$; $p < 0.001$), and to have been bullied in school ($OR = 2.40$; $p < 0.001$).

Independent predictors of victimisation

To examine whether there were independent predictors of victimisation, logistic regression analyses were conducted. The outcome variable was coded as 1 = victim and 0 = non-victim. All individual constructs that significantly distinguished between victims and non-victims were entered into Block 1, while all background characteristics that were related to victimisation were entered into Block 2[6]. The results are presented in Table II.

As shown in the table, after controlling for individual variables, independent predictors of male victimisation were young age, low self-esteem, victimisation at the beginning of institutionalisation, victimisation during a previous placement and believing that bullying is part of the way things work in residential care. For females, independent predictors of victimisation were low self-esteem and believing that bullying is just part of the way things work in residential care.

Table I The relationship between individual characteristics and victimisation

	Males (n = 404)				Females (n = 197)			
	V	NV	t/χ^2	r/OR	V	NV	t/χ^2	r/OR
Psychological constructs								
Self-esteem	18.30	19.47	-2.51	0.12**	16.43	19.07	-3.18	0.22***
Overall empathy	65.50	64.65	0.80	0.04	75.40	75.60	-0.12	0.01
Affective empathy	33.05	32.20	1.30	0.12	39.61	39.52	0.09	0.01
Cognitive empathy	32.44	32.45	-0.01	0.00	35.79	36.07	-0.32	0.02
Extraversion	14.25	14.09	0.44	0.02	14.65	14.93	-0.54	0.04
Agreeableness	16.58	17.05	-1.23	0.06	16.38	17.52	-1.72	0.12*
Conscientiousness	30.76	30.91	-0.28	0.01	31.13	32.63	-1.54	0.12****
Openness	22.17	21.12	1.91	0.09	22.81	23.02	-0.24	0.02
Neuroticism	24.25	23.10	2.20	0.11*	26.65	24.91	1.99	0.14*
<i>Victims deserve to be bullied</i>	28.5	24.4	0.84	1.23	30.5	39.3	1.40	1.47
<i>Bullying is part of the way things work here</i>	58.3	46.0	6.04	1.64*	61.0	44.6	4.35	2.00*
Background variables								
Age (yr)	15.65	16.21	-2.85	0.14**	15.67	15.96	-0.97	0.07
Length of current institutionalisation (mth)	27.41	22.21	1.79	0.09	36.87	28.47	1.37	0.10
Length of institutionalisation through life (mth)	43.82	40.52	0.72	0.04	50.93	42.87	1.12	0.10
<i>Institutionalised because of problematic behaviour</i>	56.6	59.1	0.26	1.44	31.9	33.9	0.07	1.09
<i>Institutionalised before</i>	27.2	28.4	0.07	1.06	27.7	23.2	0.41	1.26
<i>Bullied when new to the facility</i>	43.0	20.5	22.74	2.90***	39.0	35.7	0.18	1.15
<i>Bullied during previous placement</i>	11.8	2.3	12.84	5.78***	10.6	7.1	0.56	1.55
<i>Bullied in school</i>	19.3	9.1	8.18	2.40**	19.9	16.1	0.37	1.88

Notes: V, victims; NV, non-victimisation. In columns V and NV, means are given for continuous variables and percentages are given for dichotomised variables (in italics). $t/\chi^2 = t$ -test values for continuous explanatory variables; χ^2 values for dichotomous explanatory variables; r/OR = effect sizes (Pearson's r for continuous variables and OR for dichotomous variables). * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; **** $p < 0.10$

Table II Individual predictors of victimisation

	Males (n = 404)			Females (n = 197)		
	β	SE	p	β	SE	p
<i>Victim vs non-victim</i>						
Age	0.165 (3)	0.059	0.005	-	-	-
Bullied when new to the facility	0.872 (1)	0.244	0.000	-	-	-
Bullied during previous placement	1.579 (2)	0.567	0.005	-	-	-
Self-esteem	-0.600	0.025	0.015	-0.104	0.034	0.002
Bullying is part of the way things work here	0.502	0.224	0.0025	0.690	0.329	0.036

Notes: The last step is reported in each regression model. Numbers in parentheses after β values indicate the order of entry in the logistic regression

Discussion and conclusion

As predicted, openness was unrelated to victimisation. Also in line with the prediction, both male and female victims were significantly more neurotic than non-victims. The predictions concerning the remainder of the personality traits were supported only for agreeableness and, to an extent for conscientiousness, amongst females, but not amongst males. The fact that lower scores on agreeableness and conscientiousness were associated only with female victimisation might be related to evidence which suggests that females are more skilled than males in decoding behavioural and emotional clues that reflect personality dispositions of others as well as in

expressing emotional and behavioural clues that reflect their own personality (Vigil, 2009). Neuroticism involves low emotional stability and hypersensitivity to negative events in one's environment, which potential bullies might easily notice in other residents. For instance, hypersensitive residents might either interpret neutral clues from their peers as threatening or overreact to the slightest provocations. Residents prone to bullying might find such poor social adjustment irritating or they might interpret it as a sign of vulnerability, both of which may elicit aggression (Jensen-Campbell *et al.*, 2002).

Unlike neuroticism, low conscientiousness and agreeableness do not include obvious emotional instability and could, therefore, be less irritating to other boys and more difficult to detect. However, girls may be better in recognising rather subtle signs of vulnerability comprised under these two personality traits. For instance, since girls are more likely to bully girls than to bully boys, as mentioned previously, potential female bullies may be more likely to recognise indecisiveness and a lack of strong willpower typical of low conscientiousness and interpret these signs in other girls as signals that they are not able to stand up for themselves against potential perpetrators (Bollmer *et al.*, 2006). Similarly, female bullies might be more skilled than male bullies in recognising a lack of cooperation with others that is typical of low agreeableness, and may view disagreeable girls as easy targets for bullying because their difficulties in cooperating with others usually mean that they have few friends and lack peer protection in bullying situations. It could also be that it is easier for female bullies to recognise other girls who lack agreeableness and conscientiousness, not because they are especially skilled in recognising personality traits of others, but simply because their potential victims are rather explicit in signalling their vulnerabilities, as noted by Vigil (2009). Future research should examine these sex differences in personality correlates of victimisation further.

In line with the results of Woods *et al.* (2009) amongst school children, victims of both gender did not differ from non-victims on empathy. However, in accordance with the previous school-based research discussed in the introduction and the prediction, low self-esteem emerged as the most consistent correlate and independent predictor of victimisation amongst both males and females. There are several explanations of how low self-esteem might contribute to victimisation. As one of the fundamental factors affecting social functioning (Salmivalli *et al.*, 1999), low self-esteem may contribute to victimisation partly because it is related to certain behavioural incompetencies displayed during peer disagreements (e.g. emotional dysregulation, submissiveness), partly because it leads children to project their self-deprecating tendencies that are likely to invite abuse, and partly because it is associated with low social status in the peer hierarchy that may indicate to bullies that they can attack with impunity (Egan and Perry, 1998). Although there is a possibility that it is peer victimisation that contributes to low self-esteem, given that trait self-esteem includes a stable appraisal of one's value (Leary, 1999), it is more likely that it is low self-esteem that initially triggers victimisation. Once a bullying relationship is established, however, it is possible that a causal relationship develops whereby prolonged victimisation further damages already low self-esteem (Overbeek *et al.*, 2009). Future research should examine this issue further.

Both male and female victims believed that bullying was just part of life in residential care. These results are not in line with Gottheil and Dubow's (2001b) suggestion that victims are merely passive recipients of the bullying regardless of their beliefs. Rather, despite the fact that the nature of the present study cannot ascertain whether such attitudes initiate victimisation or are a consequence of being victimised, the results suggest that being a victim is not completely independent of victims' beliefs about bullying. Residents observe what goes on around them, make inferences, and subsequently acquire normative beliefs that serve as guides for future behaviour (Guerra *et al.*, 2003). This is certainly an area that future research could examine.

In social settings where there is a high prevalence of violence, these cognitions normalise violence and hence help children to adapt to the stress of witnessing bullying events. Believing that bullying is simply part of life in residential care is likely to represent one such normative belief and, although it probably helps victims rationalise why they are being bullied, it most likely also desensitises them to the severity of bullying that they experience. This may

result in a so-called “pathological adaptation” which makes it more likely that bullies will subsequently behave more aggressively (Guerra *et al.*, 2003). Changing such beliefs might be crucial, therefore, for preventing bullying in residential care, especially since viewing bullying as part of the way things work in care predicted male victimisation independently of other personality characteristics.

Fortunately, although victims believed that bullying is an expected part of residential care, both male and female victims were not more likely than non-victims to believe that victims deserve to be bullied. Although this result might seem to contradict the finding that demonstrated that victims believed bullying to be just part of the way things work in care, this is not necessarily the case. Accepting bullying as part of residential life does not inevitably reflect an attitude approving of bullying. Rather, it might merely reflect a fatalistic acceptance of worryingly high levels of bullying in Croatian residential institutions.

As predicted, male victims were significantly younger than non-victims even after controlling for other personal variables, but this was not the case for females. The prediction that victims would have significantly less current and overall institutionalisation experience than non-victims was not supported in either sample. However, all predictions about the persistence of victimisation over time and across settings were supported for male victims. Male victims were significantly more likely to have been bullied during their previous institutionalisation and when they were new to their current facilities, as well as in school. That victimisation during a previous placement could serve as a good predictive tool for male victimisation was confirmed by the fact that it predicted male victimisation independently of other factors. Together with the fact that victimisation did not markedly vary across the 22 institutions, these findings imply that the persistence of direct victimisation for males might, to a large degree, lie in the individual rather than in the environment. In other words, boys whose individual characteristics reflect those of typical victims might be likely to continue being victimised even after changing the setting.

The predictions about the continuity of victimisation did not hold for female victims. This fits well with previous longitudinal school-based research discussed earlier that found the continuity of victimisation to be male specific. In line with the results concerning the stability of female bullying in care described in Sekol and Farrington (2015), the results of the present study suggest that not only female bullying, but also female victimisation, may be more connected with prevailing social relationships within facilities than with personal characteristics. Kumpulainen *et al.* (1999) explain a lack of continuity over time in victimisation amongst girls but not amongst boys by stereotypes about the vulnerable nature of the female gender, which might make staff interfere more readily when they see females being bullied than when they see males being bullied.

As discussed earlier, there is also evidence that victimisation is more likely to remain stable amongst adolescents who came from primary school classes characterised by strong peer group hierarchies (Schäfer *et al.*, 2004). It might be that female peer groups are not as hierarchical as male groups, thus making it easier for girls to change their roles and not necessarily remain at the bottom of the hierarchy once they are labelled as victims. Although more (preferably longitudinal) research is required to investigate further sex differences in the stability of victimisation, the results of the present study suggest that, in the long term, females seem to be in a more favourable position than males (Kumpulainen *et al.*, 1999). Preventative strategies might though need to be gender specific, focusing mainly on individual factors amongst boys and on situational factors amongst girls.

Probably the most important finding of this paper refers to the fact that low self-esteem and believing that bullying is just part of life in residential care independently predicted both male and female victimisation, while young age and variables measuring the continuity of victimisation also independently predicted male victimisation. As predicted, therefore, the majority of independent predictors of victimisation in care differed from independent predictors of bullying in care found by Sekol and Farrington (2015). This adds to the notion that the large overlap between bullies and victims found in residential care is probably situational, and that bullies and victims in care represent two separate categories. While male and female bullies in

care seem to be primarily disagreeable and not conscientious (see Sekol and Farrington, 2015), this research has demonstrated that both male and female victims primarily lack self-esteem and believe that bullying is just part of the way things work in care. Believing that bullying is part of the way things work in care also independently predicted female bullying (Sekol and Farrington, 2015), representing the only similarity in independent predictors of bullying and victimisation and suggesting that addressing this belief could be potentially useful for both female bullies and victims.

The present study is not without limitations. First, the self-report nature of this study might have resulted in residents either over-reporting or under-reporting their victimisation, especially because the questionnaires were completed in groups. Second, the study is cross-sectional, which makes it impossible to determine whether or not background and individual correlates of victimisation are causes or consequences of victimisation. Third, the reliability of some Big Five dimensions was low which could have influenced the results. Finally, the present study was conducted in Croatia and may not be directly applicable to other countries.

Even accounting for these limitations, the findings from the present study have several policy implications. First, it appears that both male and female victims would benefit from programmes aimed at improving their self-esteem. While anti-bullying programmes that specifically address the self-esteem of victims are not common, encouraging results with regard to improving victims' self-esteem have been reported in programmes aimed at improving victims' social skills (i.e. DeRosier, 2004; Fox and Boulton, 2003). The main goal of skills training is to teach victims useful strategies for interacting with peers in a positive manner. It is not surprising that being able to initiate and maintain positive peer relationships would lead to an increase in self-esteem.

Victims' self-conceptions are not isolated from their social functioning. Rather, victims stabilise their self-conceptions by creating social contexts that offer support to those conceptions (Egan and Perry, 1998). Therefore, attempts at improving self-esteem of victims would probably have the best chance to be successful if based on changing those aspects of victims' social functioning that offered support to their feelings of personal inadequacy. Assertiveness training, which would teach victims how to react appropriately in bullying incidents, might help to break such a vicious cycle. By teaching vulnerable residents how to stand up for themselves, assertiveness training might also protect potential victims from becoming victims in the first place. Apart from assertiveness training, there are many other social skills training programmes available for staff to adapt content and initiatives from and incorporate them into residential life (see Farrington and Tfofi, 2009; Zara and Farrington, 2014).

Second, both male and female victims would probably benefit from changing at least some elements of high neuroticism, while female victims would benefit from addressing their low agreeableness and low conscientiousness. Relaxation techniques, such as progressive muscle relaxation, breathing exercises or mindfulness approaches, might help neurotic residents, who are likely to be anxious and overreact during times of stress, to feel more relaxed in anxiety-producing situations. Third, like bullies, victims could also benefit from attempts to convince residents that bullying is not inevitably part of life in care. In achieving this, cognitive-behavioural programmes for attitude change may be useful (Sekol and Farrington, 2015).

Fourth, male residential groups should be as homogeneous in terms of age as possible and male residents who are new to their facilities should be supervised more intensively. Similarly, soon after their admission to the facility, staff should ask residents whether they have been bullied during their previous placement and whether they have been bullied in school. This would help staff identify residents who are at risk of victimisation in care and enable them to protect those residents more from the very beginning. A risk/needs assessment instrument for victimisation could be developed. However, staff should be aware that the persistence of victimisation seems to be more important for boys than for girls and that other, probably situational factors might be more related to victimisation amongst females.

Since the present study is based on cross-sectional data, the above-described policy implications should be used only as an initial guide for planning anti-bullying strategies in residential care. Intervention studies and/or longitudinal designs are needed to establish whether the above preventative strategies are indeed useful. Nevertheless, the current study highlights the importance of beginning focused considerations of these issues.

Notes

1. In their study on the overall experience of living in English children's homes, Sinclair and Gibbs (1998) found that over four in ten residents were bullied. However, their study was primarily focused on other aspects of residential care life and studied bullying rather anecdotally, with no examinations of different types of bullying or reference to time periods over which bullying was measured. For these reasons, this study is not reviewed in this paper.
2. In the study by O'Moore and Kirkham (2001), pure victims, pure bullies and bully/victims all scored significantly lower on self-esteem than the not involved group.
3. As mentioned in the above-described study by Sekol and Farrington (2015), background variables in residential care bullying research refer to age, previous history of bullying and/or victimisation and the length of time institutionalized.
4. The findings with regard to violent offences refer to pure victims only.
5. For details on independent predictors of bullying in care see Sekol and Farrington (2015) reviewed in the introduction.
6. For both males and females variables entered into Block 1 were self-esteem, neuroticism and a belief that bullying is part of the way things work in care. For females, agreeableness and conscientiousness were entered into Block 1 too. Variables entered into Block 2 for males were age, having been bullied when new to the facility, and being a victim in school and in previous placement.

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Further reading

Palmer, E.J. and Farmer, S. (2002), "Victimizing behaviour among juvenile and young offenders: how different are perpetrators?", *Journal of Adolescence*, Vol. 25 No. 5, pp. 469-81.

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