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**Resilience in the face of Peer Victimization and Discrimination:
The Who, When and Why in Five Patterns of Adjustment**

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Abstract

Victimisation has a negative effect on psychosocial functioning. Based on the resilience theory, and with a sample of 2,975 Portuguese students, the present study aims to: i) identify patterns of adjustment in the face of peer victimisation and perceptions of discrimination; ii) explore the association between the patterns of adjustment and the characteristics of participants (the who) and of the victimisation (the when and why). Cluster analysis revealed five patterns of adjustment: Unchallenged; Externally Maladjusted; Internally Maladjusted; Resilient, and At-Risk. The results suggest that there is no complete resilience in the face of social victimisation. Group differences were found regarding: i) gender, type of course, sexual orientation, ethnicity, nationality, parental educational level and religious beliefs; ii) the age at which peer victimisation was more frequent, and; iii) the motives underlying discrimination. Globally considered, peer victimisation is representative of the wider cultural environment and interventions should also target social prejudices.

Keywords: Peer victimisation; Discrimination; Resilience; Clusters.

Resilience in the face of Peer Victimization and Discrimination: The Who, When and Why in Five Patterns of Adjustment

Peer victimisation and discrimination have been systematically associated with worse psychological functioning, such as higher levels of depression or lower self-esteem (McDougall & Vaillancourt, 2015; Schmitt, Branscombe, Postmes & Garcia, 2014). Therefore, recent studies have focused on the manifestation of positive adjustments made by victims of this social phenomena as well as on the processes that foster resilience (Ttofi, Bowes, Farrington & Lösel, 2014). The present study uses a person-centred approach to resilience (Masten, 2001) to uncover the psychosocial patterns of adjustment in the face of both peer victimisation and perceived discrimination. Additionally, an exploration shall be made into the associations between patterns of adjustment to social victimisation and the socio-demographic characteristics of the victims, the age at which peer victimisation was more frequent, and the perceived motives for discrimination.

Peer Victimization, Discrimination and Psychosocial Correlations

Peer victimisation has been defined as a form of abuse in which a child or adolescent is frequently the target of aggression by his or her peers (Kochenderfer & Ladd, 1996). Peer victimisation is associated with loneliness, low self-esteem, internalising (e.g., depression and anxiety) and externalising disorders (e.g., aggression, misconduct and attention problems), suicidal thoughts, poor academic functioning and physical health – including alterations in the response to stress (lower reactive cortisol and telomere erosion) (Fullchange & Furlong, 2016; Hawker & Boulton, 2000; McDougall & Vaillancourt, 2015; Reijntjes et al., 2011; Reijntjes et al., 2010; Troop-Gordon & Ladd, 2005). Additionally, peer victimisation – regardless of the aggressive acts frequency – is associated with decreased levels of persistence, self-efficacy, perception of support, gratitude, and optimism; all features that enable a better adaptation to life challenges (Fullchange & Furlong, 2016). Some evidence suggests that the association between peer victimisation and internalising outcomes is moderated by age; findings from transversal studies point to stronger associations in adolescents than in children (Cook, Williams, Guerra, Kim & Sadek, 2010). However, longitudinal studies indicate that long-lasting effects are stronger during

childhood and weaker in late adolescence (Ttofi, Farrington, Lösel & Loeber, 2011). Thus, suffering from peer victimisation in childhood has a greater long-term influence, while victimisation during adolescence has a greater relation to current well-being. Regarding externalising behaviour, there is a tendency for any association with peer victimisation to be stronger during adolescence when compared to childhood (Cook et al., 2010).

Discrimination – the other form of victimisation that will be approached in the present – can be defined as a distinct and negative treatment of people based on their membership in a specific social group (Dovidio, Major & Crocker, 2000). Thus, the perception of discrimination is to consider a negative action as unfair and whose explanation lies in the incorporation of one socially devalued feature (e.g., ethnicity, sexual orientation, gender or body size) (Krieger, 1999; Major & Sawyer, 2009; Puhl, Andreyeva & Brownell, 2008). Studies on discrimination (mostly using adult samples) have revealed associations with low self-esteem, physical and mental health, satisfaction with life and substance abuse (e.g., McLaughlin, Hatzenbuehler & Keyes, 2010; Paradies et al., 2013; Schmitt et al., 2014). Discrimination has been found to have a long-term impact on self-esteem and psychological distress (Schmitt et al., 2014) and is more strongly associated with distress when the victims are children, as opposed to adults (Schmitt et al., 2014). The feature that instigates discrimination, or the group target of prejudice, also moderates the effect of discrimination. Heterosexism, and prejudice regarding weight, mental illness and physical illness or disability have stronger links with psychological distress and self-esteem when compared to racism or sexism (Schmitt et al., 2014).

At their core, peer victimisation and discrimination are two different phenomena that threaten a victim's sense of belonging and can impair psychological functioning (Richman & Leary, 2009). Moreover, from the aggressor's perspective, some associations between peer victimisation and discrimination also exist. Positive attitudes towards peer victimisation have been associated with sexism, xenophobia and homophobia (Carrera-Fernández, Lameiras-Fernández, Rodríguez-Castro & Vallejo-Medina, 2013) and aggressors have been found to use “clichés and stereotypes to commit acts of bullying to their peers for cultural reasons” (Elamé, 2013, p.7). Furthermore, some studies suggest that both

phenomena can co-occur (Elamé, 2013; Lorenzo-Blanco, Unger, Oshri, Baezconde-Garbanati & Soto, 2016; Russell, Sinclair, Poteat & Koenig, 2012; Smith, Talamelli, Cowie, Naylor & Chauhan, 2004). For example, 38% of adolescents in the United States reported being subjected to victimisation based on their sexual orientation, race, religion, gender or physical disabilities (Russell et al., 2012). Recent research also suggests that adolescents of stigmatised groups may be victims of multiple-motive peer harassment, since it was observed that sexual minorities were more likely to be victims not only due to motives of sexual orientation but also because of their weight, race or disability status (Bucchianeri, Gower, McMorris & Eisenberg, 2016). These are disturbing findings since discriminatory victimisation in adolescence is linked to other severe outcomes such as school truancy, poor psychological health and substance abuse (Hunter, Durkin, Heim, Howe & Bergin, 2010; Russell et al., 2012). There is also a cumulative effect that increases the odds of worsening physical and mental health during each harassment experience (Bucchianeri, Eisenberg, Wall, Piran & Neumark-Sztainer, 2014).

Studies show that peer victimisation has its peak during middle-school and decreases with adolescence (Menesini & Salmivalli, 2017; Hymel & Swearer, 2015), yet resilience results from a process that is often only manifested after a period of recovery (Masten & Reed, 2002). The present study focuses on resilience in the face of retrospective and current social victimisation during late adolescents, namely high school students. Additionally, as not all peer victimisation is associated with prejudice, thus the present study shall assess peer victimisation and discrimination separately.

Resilience and the Study of Patterns of Adjustment to Adversity

Given the pervasive associations that have been found between victimisation and both mental and physical health, recent studies have focused on protection mechanisms that facilitate a better adjustment of persons of discriminated groups and those who suffer peer victimisation (Ttofi et al., 2014; Schmitt et al., 2014; Szalacha et al., 2003). These studies mostly use a variable-focused model of resilience (Fergus & Zimmerman, 2005; Masten & Reed, 2002) in which the dimension that buffers the negative impact of victimisation, and/or promotes a better adaptation of the victims, is acknowledged as a protective mechanism. Traditional studies on resilience have favoured the use of person-focused approaches (Masten

et al., 1999; Werner, 1993). The procedures involve grouping participants according to the interaction between levels of experienced risk and the manifested adjustment, thus aiming to report the configurations of the phenomenon of resilience (Masten, 2001). Per this approach, four adjustment patterns can be expected: i) not challenged/ normative [low risk – high adjustment]; ii) vulnerable/ inadequate risk assessment [low risk – low adjustment]; iii) resilient [high risk – high adjustment], and; iv) at risk [high risk – low adjustment] (Fergus & Zimmerman, 2005; Masten & Reed, 2002). When placed in the resilient pattern of adjustment, individuals have experienced significant risk yet are still succeeding with developmental tasks socially valued for their age range, such as achievements (in school for children and adolescents, or in the workplace for adults) (Coimbra & Fontaine, 2015; Fergus & Zimmerman, 2005; Luthar, 1991; Masten et al., 1999; Masten, 2001). Furthermore, social competence, positive relationships with friends and romantic partners, as well as happiness have been increasingly mentioned as important criteria for positive adjustment (Coimbra & Fontaine, 2015; Masten & Tellegen, 2012). Therefore, to be resilient in the face of victimisation, a person ought to be exposed to a significant level of victimisation whilst also manifesting their competence in socially-valued developmental tasks (e.g., school success) and a positive internal adjustment (Masten & Reed, 2002).

The observation of a resilient pattern has been attributed to the presence of protection mechanisms. These mechanisms can be internal (e.g., optimism) or external (e.g., social support) to the individual and act as a cushion – or as compensation – to the negative impact of adversity (Fergus & Zimmerman, 2005; Luthar, Cicchetti & Becker, 2000; Masten, 2001). Coping strategies are a commonly studied protection mechanism (Vanderbilt-Adriance & Shaw, 2008) and this construct will be used to validate - per the theory of resilience - the patterns of adjustment to social victimisation. Generally, the use of active (or problem-focused) coping strategies has been associated with better psychological adjustment when facing adversity (Coimbra & Fontaine, 2015; Ribeiro & Rodrigues, 2004), including situations of peer victimisation (Hemphill, Tollit & Herrenkohl, 2014) and discrimination (Schmitt et al., 2014). Additionally, some studies using person-centred approaches have revealed higher levels of the use of

active coping strategies in resilient groups when compared with the maladapted groups (Masten et al., 2004; Herman-Stahl & Petersen, 1996).

The Study of Patterns of Adjustment Within the Peer Victimization and Discrimination Literature

Few studies have used a person-centred approach to study victimisation. Hanish and Guerra (2002) utilised this approach to study patterns of psychosocial adjustment in adolescents, considering the internalising and externalising behaviours, social adjustment (popularity and rejection) and academic performance. It was observed that peer victimisation was a predictor of the pattern of adjustment, and three of the eight observed patterns of adjustment – the externalising, disliked and symptomatic groups – experienced higher amounts of peer victimisation than the remaining children. Hanish and Guerra (2002) also found that gender moderated adjustment patterns: boys were more prevalent in the externalising and symptomatic group, while girls were more likely to be in the popular and internalising groups. The study of patterns was also carried out by Ortega, Elipe, Mora-Merchán, Calmaestra and Vega (2009) who generated emotional reaction profiles to peer victimisation. Results portray five distinctive cluster patterns determined by the predominant emotion present: fear, anger, sadness, shame or an absence of emotions. Overbeek, Zeevalkink, Vermulst and Scholte (2010) also used personality trait clusters as moderating variables when investigating the relationship between peer victimisation and self-esteem. The authors observed that self-esteem was not predicted by previous peer victimisation and personality classification did not moderate this relationship. However, in the participants classified as overcontrolling, peer victimisation was modestly explained by self-esteem; an effect that was not observed in the undercontrolling and the ego-resilient adolescents.

Few studies have additionally considered simultaneously victimisation and protection mechanisms. For instance, Lorenzo-Blanco et al. (2016) utilised a person-centred approach to observe how a combination of peer victimisation, perception of discrimination, school safety and social support are related to depressive symptoms and cigarette use. The results indicated four groups: 1) highest discrimination and lowest protection; 2) high bullying and high social support; 3) high bullying and high discrimination, and; 4) highest protective and lowest risk. Depressive symptoms were found only to be

low within the fourth group. Thus, youths suffering from bullying or discrimination – even in the presence of social support – showed increased levels of depression. The perception of school safety and/or social support was associated with low levels of cigarette smoking – even when youths had experienced bullying or discrimination. These results suggest that while school safety and social support may prevent the development of unhealthy habits, this support network does not buffer the psychological distress caused by discrimination and bullying.

In a longitudinal study, Griese, Buhs and Lester (2016) analysed patterns of peer victimisation and prosocial behaviours and observed three distinct trajectories: 1) the normative – low values of peer victimisation and high values of prosocial behaviours; 2) the resilient - an initially high frequency of victimisation followed by a decline and constant moderate levels of prosocial behaviours, and; 3) the at-risk – characterised by an increase of victimisation over time and a decrease in prosocial behaviours. The analysis included resources of the child, their family and school, and results revealed that at-risk children presented less self-control, less parental support and less school attachment than the resilient children. Moreover, resilient children manifested high levels of aggressive behaviours (a similar as the at-risk children), thus presenting a combination of prosocial and aggressive behaviours (see Hawley, 2003) and leading to the cessation of peer victimisation in the resilient group.

Study Goal

In line with the existing literature, one aim of the present research is to identify patterns of psychosocial adjustment made by adolescents in the face of experiences of peer victimisation and of perception of discrimination. In contrast to much of the existing research, a person-centred approach will be used; combining peer victimisation and perception of discrimination as risk mechanisms, a series of indicators of external maladjustment (school failure, substance abuse, and violent behaviour), and of internal adjustment (mental health, self-esteem and life satisfaction) by using a large sample of Portuguese high-school students.

This study's hypothesis is that four patterns of adjustment to social victimisation will be observed. Moreover, it is expected that among the patterns of adjustment to social victimisation, different levels of

active coping strategies will be observed. Given the emergence of a resilient pattern of adjustment assigned to the action of protection mechanism, it is expected that the resilient profile will manifest a greater use of active coping strategies than the maladapted profiles.

Additionally, it is this study's aim to explore differences among the patterns of adjustment regarding: (a) participants' sociodemographic characteristics (addressing 'who' belongs to each profile), and; (b) features of the victimisation suffered (the 'when' and 'why' of victimisation). The results shall be interpreted according to the literature on resilience, peer victimisation and discrimination.

Method

Participants

This study's sample is comprised of 2,975 adolescents (data from 53 participations was preliminarily excluded due to random answers) attending 24 public high schools in five Portuguese cities, all located within two of the largest urban regions: Lisbon (61.1%) and Oporto (38.9%). All schools were public and from different socio-economical residential areas. The mean sample age was 16.6 years' old ($SD=1.27$) and was balanced in terms of gender (54.2% female, 45.8% male). Regarding parental educational levels (a proxy for socioeconomic status), 31.1% of participants' parents had completed compulsory education, 38.0% were educated to a secondary level (not compulsory education) and 30.9% had received a university education. Most participants were Caucasian (89.1%), born in Portugal (91.8%), Catholic (82.2%), heterosexual (97.2%) and were enrolled in scientific courses (81.6%). Full details of participant information regarding their sociodemographic features can be found in the final column of Table 3.

Procedure

Upon receiving approval from the Ethic Committee of the Faculty of Psychology and Education Sciences of the University of Porto, the National Data Protection Commission (protocol: 355/2013) and the Portuguese Ministry of Education (process: 0352400001), schools in the urban regions of Lisbon and Oporto were randomly selected. The schools' directors were contacted to enable data collection and two-thirds of the schools contacted agreed to collaborate ($N=24$). Socially diverse classes, mainly in terms of

the course type (scientific or vocational) and student's ethnicity, were selected for participation. Parents were informed of the study's main goal, procedure, confidentiality of data, and agreed upon their children's participation. Students were also informed of the study main goal – to understand how youngsters deal with social negative experiences – and anonymity or confidentiality (for those who chose to leave a contact for posterior participation) was granted. The participation rate was 94.7% and the data was collectively gathered during class by a researcher. The average time spent completing the questionnaires was 35 minutes.

Measures

Considering this study's aims, the research protocol questionnaire included several scales to collect data on risk experiences, indicators of adjustment and sociodemographic information. The global adjustment to the data and the factorial structure were confirmed in this specific sample through Confirmatory Factor Analyses (CFA) and an analysis of reliability. These analyses were made using IBM AMOS and SPSS statistical software.

Social victimisation

Peer victimisation and discrimination experiences were assessed separately. For the former, the Portuguese version of the *Peer Victimization Scale* (Mynard & Joseph, 2000; Veiga, 2011) was utilised to assess previous experiences of peer victimisation. The scale focuses on four forms of violent behaviour: Physical (three items, e.g., "Punched me"); Verbal (four items, e.g., "Made fun of me"); Social exclusion (four items, e.g., "Tried to make my friends turn against me"), and; Attacks on property (four items; e.g., "Stole something from me"). Items were rated on a five-point Likert scale ranging from 1 (*never*) to 5 (*often*). The hierarchical model presented the following fit indices: $\chi^2/df = 5.931$; CFI = .973; RMSEA = .054; $p_{RSM EA} = .120$; SRMR = .034; $\lambda > .484$; AVE = .470; CR = .789. The factors presented satisfactory reliability scores [Cronbach's $\alpha > .784$]. After completing the scale, the participants who reported being victims of peer victimisation (during a period of their life) were invited to state their age when the aggressive acts were more frequent.

Perceived discrimination was assessed through an adaptation of the *Everyday Discrimination Scale* (Williams, Yu, Jackson & Anderson, 1997); this scale assesses current (previous year) experiences of perceived discrimination. Although the scale originally features only one dimension, its adaptation to a Portuguese context (Freitas, Coimbra, Marturano & Fontaine, 2015) portrayed a hierarchical solution in which two first-order latent variables were explained by one second-order latent dimension. This model included eight items rated on a six-point Likert scale, ranging from 0 (*never*) to 5 (*almost always/almost every day*). The two factors - with four items in each - were named Unfair Treatment (e.g., “You are threatened or harassed”) and Personal Rejection (e.g., “People act as if they think you are dishonest”). This structural solution presented a satisfactory adjustment [$\chi^2/df = 3.548$; CFI = .980; RMSEA = .049; $p_{RSMEA} = .519$; SRMR = .032; $\lambda > .463$; AVE=.325; CR=.654] and the factors presented a good internal reliability [Cronbach’ $\alpha > .723$]. If participants stated that the event occurred a few times a year within one of the items of the Everyday Discrimination Scale, they would be lead to answer a follow-up question: ‘What do you think is the main reason for these experiences?’. Gender, ethnicity/race, weight, sexual orientation and other reason were some of the possible answers.

Indicators of adjustment

The assessment of external adjustments was based on six items that assessed negative performance in socially-valued tasks. Three items focused on the involvement of socially problematic behaviours: problems with addiction (e.g., tobacco, alcohol or drugs), physically assault and problems with the police/judicial system. Three items focused on educational failure: failure of a school year, serious conflicts with teachers and denied their choice of courses. Participants were asked to state if they had or had not experienced such events (0 - *No*; 1 - *Yes*), thus the sum index consisted of a seven-point scale (0-to-6). Given it is an inventory of behaviours and not a scale, factorial and reliability analysis were not performed.

To evaluate the internal adjustment, the mean was considered in line with the following psychological dimensions: mental health, self-esteem and life satisfaction. The Portuguese adaptation of the *Mental Health Inventory-5* (Marques, Ribeiro & Lopez, 2011; Ribeiro, 2001; Veit & Ware, 1983) was

utilised to assess wellbeing and the absence of psychological distress. The five items (e.g., “How much of the time, during the past month, have you been a very nervous person?”, reverted item) were rated on a five-point Likert scale, from 1 (*never*) to 5 (*almost always*). The scale successfully fits the data in the present sample: $\chi^2/df = 3.908$; CFI = .999; RMSEA = .031; $p_{RSMEA} = 1.000$; SRMR = .007; $\lambda > .543$; AVE = .491; CR = .823; Cronbach’ $\alpha = .832$. Self-esteem was assessed using eight items from the Portuguese adaptation of the *Rosenberg Self-esteem Scale* (Rosenberg, 1965, as cited in Azevedo & Faria, 2004). The items (e.g., “I am able to do things as well as most other people”) were rated on a five-point Likert scale, from 1 (*totally disagree*) to 5 (*totally agree*). The scale achieved a reasonable fit: $\chi^2/df = 3.596$; CFI = .995; RMSEA = .030; $p_{RSMEA} = 1.000$; SRMR = .013; $\lambda > .481$; AVE = .385; CR = .829; Cronbach’ $\alpha = .841$. Finally, the Portuguese adaptation of the *Satisfaction with Life Scale* (Diener, Emmons, Larsen & Griffin, 1985; Neto, 2001) was used to assess participants’ life satisfaction. The five items (e.g., “In most ways my life is close to my ideals”) were rated on a five-point Likert scale, from 1 (*totally disagree*) to 5 (*totally agree*). The scale revealed a good fit to the data: $\chi^2/df = 1.188$; CFI = 1.000; RMSEA = .008; $p_{RSMEA} = 1.000$; SRMR = .007; $\lambda > .439$; AVE = .361; CR = .734; Cronbach’ $\alpha = .737$. The second-order factor model, integrating the three dimensions of the internal adjustment, also revealed an acceptable fit to the sample: $\chi^2/df = 6.822$; CFI = .963; RMSEA = .045; $p_{RSMEA} = .999$; $\lambda_{\text{Mental health}} = .451$, $\lambda_{\text{Self-esteem}} = .713$, $\lambda_{\text{Life satisfaction}} = .534$; Cronbach’ $\alpha = .781$.

Protection mechanism

The general use of active coping strategies was measured with the four items of the active coping and planning of the Brief COPE scale (Carver, 1997; Ribeiro & Rodrigues, 2004). The four items (e.g., “I take actions to try to make the situation better”) were rated on a five-point Likert scale, from 1 (*never/rarely*) to 5 (*always*), and portrayed a good internal consistency: Cronbach’ $\alpha = .765$.

Analytical Procedure

To observe if social victimisation indicators were associated with the outcome measure, bivariate correlations were made. To estimate the patterns of adaptation to victimisation, a cluster analysis was used – a common method in the person-focused study of resilience (Masten et al., 1999). The cluster analysis

involved several steps: Firstly, a hierarchical cluster analysis (exploratory) - with the method of nearest neighbour and squared with Euclidian distance interval - was utilised; Secondly, from a range between three and six possible cluster solutions, the chosen solution followed the criteria of the lesser number of groups and was associated with the greatest increase of explained variances (measured by changes the R^2); Finally, the k -means clustering method was used to reallocate each observation to the cluster profile with more similarity (Marôco, 2011). Analyses of variance enabled the exploration of the means in the variables of social victimisation, adjustment and the protection mechanism among the different patterns of adjustment to social victimisation; the effect sizes are presented in Cohen's d . To explore the possible associations of different clusters with sociodemographic characteristics of the sample, and the characteristics of the experience of victimisation, the Chi-square statistic was used alongside the Monte Carlo simulation correction (Marôco, 2011), with Cramer's V (ϕ_c) used as an effect size measure (Ferguson, 2009). All analyses were conducted using IBM SPSS Statistical software.

Results

Pearson correlations revealed that different forms of peer victimisation and the perception of discrimination were, as expected, positively associated with external maladjustment and negatively associated with mental health, self-esteem and life satisfaction (see Table 1). Identical to other studies (e.g., Carbone-Lopez, Esbensen & Brick, 2010; Cullerton-Sen & Crick, 2005), the results here portray associations of higher magnitude between physical victimisation and social/external maladjustment, while the perception of rejection and the verbal and social peer victimisation were more associated with lower mental health and self-esteem. Additionally, significant and modest correlations of the different forms of peer victimisation and adjustment indicators were observed. These results are comparable with those observed in other samples (e.g., Hawker & Boulton, 2000; Reijntjes et al., 2011; Schmitt et al., 2014), and supports the proposition that social violence is an important risk mechanism for externalised and internalised disturbances. Thus, a person-centred analysis to explore patterns of adjustment to social victimisation is appropriate.

Table 1
Correlations among victimisation and measures of adjustment

	1.	2.	3.	4.	5.	6.	7.	8. / a.	9. / b.	10. / c.	11. / d.	
1. Physical v.	1							1	.595***	.248***	-.360***	a. Mean peer victimisation
2. Verbal v.	.366***	1							1	.230***	-.442***	b. Mean discrimination
3. Social ex.	.495***	.649***	1							1	-.109***	c. Sum external maladjustment
4. Attracts on property	.552***	.520***	.626***	1							1	d. Mean internal adjustment
5. Unfair treatment	.400***	.451***	.575***	.454***	1							
6. Personal rejection	.266***	.440***	.466***	.358***	.621***	1						
7. Social maladjustment	.315***	.204***	.190***	.197***	.239***	.181***	1					
8. School maladjustment	.164***	.137***	.068***	.126***	.108***	.154***	.309***	1				
9. Mental health	-.124***	-.334***	-.327***	-.230***	-.334***	-.378***	-.087***	-.084***	1			
10. Satisfaction w. life	-.147***	-.224***	-.260***	-.189***	-.284***	-.322***	-.153***	-.128***	.502***	1		
11. Self-esteem	-.147***	-.273***	-.333***	-.212***	-.293***	-.387***	-.028	-.041*	.571***	.571***	1	

Notes. 2936 < N < 2968; * p < .05; *** p < .001

Table 2
Risk and adaptation in the different patterns of adjustment to social victimisation

		Unchallenged (n=918, 31.8%)	Externally Maladjusted (n=519, 18%)	Internally Maladjusted (n=573, 19.8%)	Resilient (n=491, 17%)	At Risk (n=389, 13.5%)	F (4, 2888)
Peer Victimization	M (SD)	1.31(0.26) ^A	1.58 (0.38) ^B	1.56 (0.36) ^B	2.14 (0.43) ^C	2.64 (0.56) ^D	1013.84***
	z-score	-.70	-.25	-.29	.69	1.54	$\eta_p^2 = .58$
Perceived Discrimination	M (SD)	0.39 (0.34) ^A	0.72 (0.53) ^B	0.89 (0.52) ^C	1.28 (0.55) ^D	2.22 (0.68) ^E	983.55***
	z-score	-.72	-.28	-.08	.43	1.65	$\eta_p^2 = .58$
Internal Adjustment	M (SD)	3.95 (0.36) ^A	3.47 (0.49) ^C	2.87 (0.37) ^D	3.65 (0.37) ^B	2.73 (0.50) ^E	947.90***
	z-score	.82	.05	-.90	.35	-1.13	$\eta_p^2 = .57$
External Maladjustment	M (SD)	0.56 (0.68) ^A	3.02 (0.90) ^D	0.52 (0.64) ^A	1.07 (0.81) ^B	2.07 (1.28) ^C	934.78***
	z-score	-.57	1.36	-.60	-.17	.62	$\eta_p^2 = .56$

Notes. Different letters represent statistically significant different values ($p < .001$) and are ordered to show the increase/decrease of values.

It has been found that the mean frequency of peer victimisation ($M = 1.76$, $SD = 0.65$) and the mean of discrimination ($M = 0.98$, $SD = 0.83$) are relatively low within the sample. On average, participants manifested a positive internal adjustment ($M = 3.41$, $SD = 0.64$) and experienced only one event of academic failure or socially deviant conduct in their lifetime ($M = 1.31$, $SD = 1.30$). The four variables were standardised for the clusters analysis, with preliminary analyses revealing that 59 participants (2% of the sample) were outliers (z -score $> |3.3|$) in at least one of the four composite measures. As these were atypical cases, they were excluded from any subsequent analysis (Hair, Anderson, Tatham & Black, 1998; Marôco, 2011). The hierarchical cluster analyses revealed that the best solution for the data was a five-group clustering solution, with 30.14% of the variance explained (the four-cluster solution was 21.63% and the six-cluster solution failed to improve explained variance: 30.42%). After the use of the k -means method for clustering, the five-cluster solution presented 57.34% of the explained variance. These clusters are statistically different from one another in terms of levels of victimisation and adaptation. Furthermore, based on the theory of resilience, the differences observed in the use of active coping strategies among the five patterns of adjustment to social victimisation provided validation of the obtained five-cluster solution. Results of the ANOVAs and the descriptive statistics of the five clusters, in terms of risk and adaptation indicators, are presented in Table 2. For a graphical perspective on the interaction between the levels of risk and adaptation, see Figure 1.

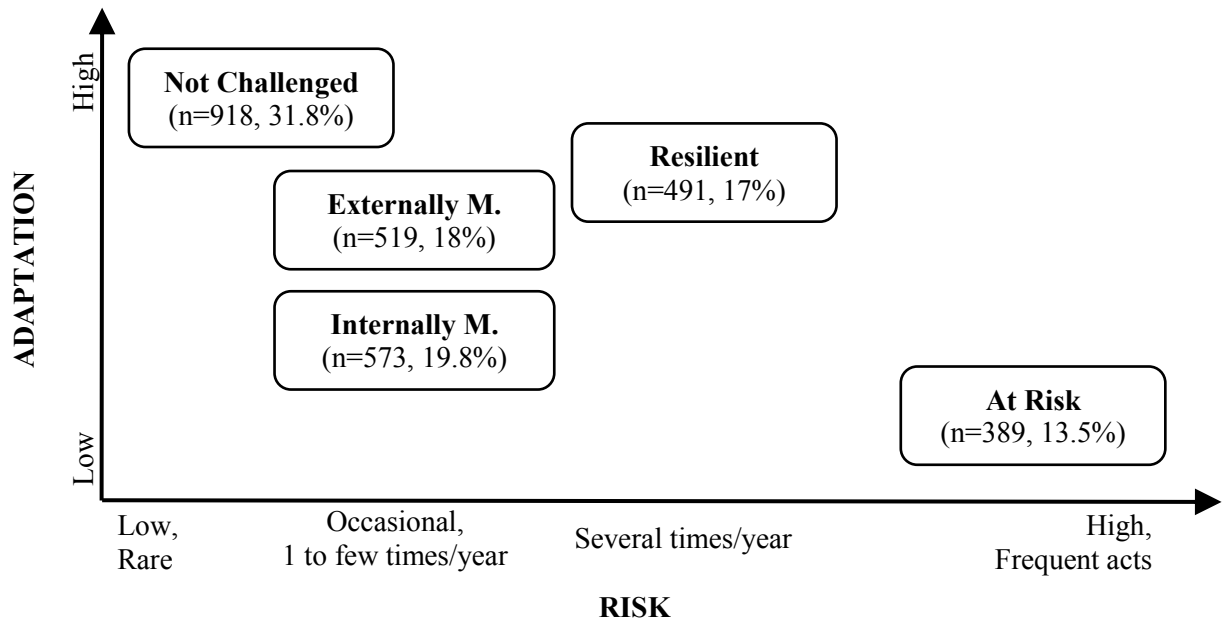


Figure 1. Schematic positioning of the five patterns of adjustment to social victimisation

The first identified group showed the lowest levels of victimisation; these participants rarely or never experienced peer victimisation and perceived discrimination. This group also showed the most positive levels of internal adjustment and none (or only one) negative event of external maladjustment (such as an academic failure or socially deviant behaviour). Thus, based on existing research (Fergus & Zimmerman, 2005; Masten & Reed, 2002), this group was labelled *Unchallenged*.

The second group reported suffering from a significantly higher degree of victimisation than the Unchallenged group and these differences presented large effect sizes ($d = 0.88$ for peer victimisation, $d = 0.79$ for discrimination). Nevertheless, peer victimisation occurrences were merely occasional and discrimination was perceived as having occurred only once to a few times a year. Internal adjustment within this group is situated above the middle point of the scale, as well as above the sample's mean; thus, revealing a positive internal adjustment. However, this group presents the highest levels of underperformance in the socially-valued tasks and revealed having gone through three life experiences associated with failing socially-valued developmental tasks. On this turn, external maladjustment may be associated with other negative life events/circumstances aside from the mere experience of peer

victimisation or perceived discrimination. Taking these considerations into account, this second group was labelled as *Externally Maladjusted*.

The third group reported having experienced some form of infrequent victimisation. The levels of experienced violence are like those presented by the Externally Maladjusted group – the difference of the mean peer victimisation is not statistically significant and the significant difference found in terms of perceived discrimination is small in its magnitude ($d = 0.32$). The group shows a positive external adjustment, as with the one presented by the Unchallenged cluster, yet shows a negative level of internal adaptation. Therefore, resembling what was found in the Externally Maladjusted group, this negative internal adjustment may be related to other life events unrelated to those assessed in the present study. This group was named *Internally Maladjusted*.

The fourth group reported experiencing substantial levels of victimisation. Both peer victimisation and discrimination mean values suggest this group experienced peer victimisation acts several times a year at a given point in their lives. They also reported having experienced acts of discrimination on several occasions during the previous year. In truth, the statistically significant differences of the experienced victimisation levels between this group and the Externally and Internally Maladjusted groups are a large magnitude for peer victimisation (mean $d = 1.43$) and perceived discrimination (mean $d = 0.89$). Regardless of having experienced a great amount of victimisation, the results show adolescents in this group are positively adapted – both internally and externally – and are the second-best group with regards to global adaptation (with Unchallenged ranking first). This group manifested, on average, only one event of academic failure or socially deviant conduct in their lifetime. Considering its positive adjustment in the presence of considerable victimisation, this cluster was labelled *Resilient*.

The fifth and final group reports to having been exposed to extreme victimisation during both the past and present. The difference between the victimisation experienced by this group and by the Resilient group is of a large magnitude ($d = 1.02$ for peer victimisation, $d = 1.54$ for discrimination). In the presence of such a high level of victimisation, participants within this group show modest signs of

positive adaptation, both behaviourally and psychologically. The internal adjustment value sits below the mean and this group reports having experienced two events that indicate poor academic performance and/or social deviant conduct. Given these results, this cluster was named *At-Risk*.

The differences in the use of active coping strategies between the clusters seem to provide further validation of the obtained solution [$F(4, 2887) = 27.489, p < .001$]. The results indicate that the mean use of active coping strategies is significantly higher in the Resilient group ($M = 3.47, SD = 0.76$) in comparison with the other groups exposed to social victimisation: Externally Maladjusted ($M = 3.26, SD = 0.89, d = -0.25$), Internally Maladjusted ($M = 3.12, SD = 0.79, d = -0.45$), and At Risk ($M = 3.02, SD = 0.79, d = -0.59$). Furthermore, it was observed that the frequency of the use of the active coping strategies by the Resilient group is statistically akin to the Not Challenged group ($M = 3.41, SD = 0.89$), with them being the two groups who more frequently use active coping strategies during stressful situations.

Cluster Group Variation by Demographic Variables

An analysis considering demographic characteristics revealed significant differences with small to medium effect sizes within the groups regarding gender: $\chi^2(4, N = 2875) = 144.63, p < .001, \phi_c = .224$] and type of course [$\chi^2(4, N = 2857) = 114.51, p < .001, \phi_c = .200$]. Additional observed significant differences, although with very small effect sizes, regarded sexual orientation [$\chi^2(4, N = 2828) = 19.03, p = .001, \phi_c = .082$], ethnicity [$\chi^2(12, N = 2783) = 44.19, p < .001, \phi_c = .073$], nationality [$\chi^2(4, N = 2843) = 11.77, p = .018, \phi_c = .064$], parental level of education [$\chi^2(8, N = 2827) = 19.86, p = .011, \phi_c = .059$] and religious beliefs [$\chi^2(12, N = 2203) = 23.35, p = .022, \phi_c = .059$]. No significant differences were found regarding the student's year of school [$\chi^2(8, N = 2879) = 12.41, p = .131, \phi_c = .046, ns$]. For detailed percentages of the participants across the five clusters, see Table 3.

Regarding gender, a much higher percentage of female participants were placed in the Internally Maladjusted and the At-Risk clusters. Additionally, a much higher proportion of male participants in the Externally Maladjusted cluster were observed, with a slightly higher percentage in the Resilient cluster. Concerning the participants' course type, a higher proportion of students enrolled in scientific courses - compared to those studying vocational courses - were found in the Unchallenged and Internally

Maladjusted clusters. Also, more participants taking a vocational course were found in the Externally Maladjusted cluster. This result is not surprising given that academic success was used as an indicator of positive adjustment and, in Portugal, students opting for vocational courses typically manifest lower academic achievement. Concerning sexual orientation, a higher proportion of LGB participants – compared with heterosexual participants – were placed in the At-Risk cluster, and the inverse pattern was observed in the Unchallenged cluster. Regarding ethnicity, a somewhat similar pattern was observed: a much higher proportion of Caucasians - when compared to Black participants - were observed in the Unchallenged cluster. Additionally, in the Externally Maladjusted cluster, a higher proportion of Black over Caucasians participants was found. No significant associations were found with regards to other ethnic or racial identifications (e.g., mixed/dark-skinned). Concerning nationality, the Unchallenged cluster comprises a higher proportion of participants born in Portugal. Additionally, a slightly higher proportion of foreign-born participants were present within the Resilient group. Concerning parental levels of qualification, a higher proportion of participants with at least one parent holding a college degree were observed in the Unchallenged cluster. Conversely, in the Externally Maladjusted cluster, a slightly higher proportion of students whose parents did not go beyond the level of compulsory education and a lower proportion of those whose parents held university level education were identified. A slightly higher proportion of students with parents holding a secondary education was found in the Internally Maladjusted cluster. In terms of religious beliefs, a higher percentage of Catholic participants and a lower proportion of atheists and agnostics were found in the Unchallenged group. Finally, a slightly lower proportion of Catholic participants was found in the At-Risk cluster, when compared with other clusters.

Table 3
Socio-demographic characteristics' percentages in the different patterns of adjustment to social victimisation

	<i>Un-challenged</i> (n=918)	<i>Extern. Maladjust.</i> (n=519)	<i>Intern. Maladjust.</i> (n=573)	<i>Resilient</i> (n=491)	<i>At Risk</i> (n=389)	<i>% of cases</i>
<i>Gender</i>						
Female	31.2	<u>13.1⁰</u>	26.3¹	<u>13.9⁰</u>	15.5¹	54.2
Male	32.5	23.6¹	<u>12.3⁰</u>	20.6¹	<u>11.0⁰</u>	45.8
<i>Type of course</i>						
Scientific	33.3¹	<u>14.4⁰</u>	21.9¹	16.8	13.5	81.6
Vocational	<u>25.2⁰</u>	32.6¹	<u>11.2⁰</u>	17.3	13.7	18.4
<i>Parental level of qualification</i>						
Compulsory	30.8	20.1¹	18.0	15.9	15.1	31.1
Secondary	30.2	17.3	21.8¹	17.0	13.7	38.0
Superior/college	35.9¹	<u>15.1⁰</u>	19.5	17.8	11.8	30.9
<i>Nationally</i>						
Portuguese	32.7¹	17.4	19.8	<u>16.7⁰</u>	13.4	91.8
Other (immigrant)	<u>23.5⁰</u>	22.2	19.2	21.8¹	13.2	8.2
<i>Ethnicity/Race</i>						
White/ Caucasian	33.1¹	<u>16.5⁰</u>	20.3	16.7	13.4	89.1
Black	<u>18.6⁰</u>	30.01	16.5	19.0	16.0	8.5
Dark-skinned/Brown	30.8	20.5	20.5	15.4	12.8	1.4
Other	39.3	7.1	25.0	21.4	7.1	1.0
<i>Religion</i>						
Catholic	34.51	16.7	19.7	16.2	<u>12.8⁰</u>	82.2
Other Christian religion	29.5	12.5	23.9	15.9	18.2	4.0
Other religions	19.2	23.1	15.4	23.1	19.2	1.2
Atheist and agnostic	<u>24.4⁰</u>	21.1	17.6	19.7	17.2	12.7
<i>Sexual orientation</i>						
Heterosexual	32.5¹	17.7	19.6	16.9	<u>13.2⁰</u>	97.2
Lesbian, gay or bisexual	<u>11.5⁰</u>	21.8	24.4	17.9	24.4¹	2.8

Notes. ^{0, 1} – Significant association (chi-square statistics): ⁰ – inferior frequency of cases observed/expected; ¹ – superior frequency of cases observed/expected

Patterns of Adjustment to Social Victimization and Their Associations with the Participants' Age and Motives in the Experiences of Victimization

Participants reporting recurrent social victimisation were asked to indicate the age at which they most frequently experienced acts of peer victimisation and their perception of the main motive behind the perception of discrimination. Frequencies of these indicators of victimisation in the five patterns of adjustment to social victimisation are shown in Table 4. A relatively high percentage of participants identified a period when acts of peer victimisation were prevalent (from 39% to 86%), and identified the motives behind the discrimination acts (from 43% to 92%).

Considering the participants' age when peer victimisation was more frequent, the findings reveal that most victimisation experiences occurred during middle school (65.5%), followed by high-school (27.8%) and less frequently during childhood (7.6%). Chi-square analysis revealed a small magnitude association between the pattern of adjustment and age at which most peer victimisation had occurred [$\chi^2(8, N = 1661) = 31.32, p < .001, \phi_c = .097$]; the percentages are reported in Table 4. The results portray a higher proportion of participants who suffered peer victimisation acts during childhood in the Internally Maladjusted cluster. Conversely, these participants reported having experienced less peer victimisation during their high school years. In comparison, a higher proportion of participants in the Externally Maladjusted group revealed they suffered peer victimisation acts after their 15th birthday. It was also observed that a higher proportion of the Unchallenged participants who have suffered some form of violence experienced it during their middle school years (between the age of 10 and 14) and not during recent years. There was no significant difference between the participants of the Resilient and At Risk groups.

Concerning the main attributions for discrimination, most students mentioned several motives for the perception of discrimination (27.4%), followed by 'other motives' (23.9%), physical appearance (12.2%), age (11.5%), weight (6.0%) and ethnicity/race (4.0%). Reports of 'other motives' mostly mention situations of relational conflict and disagreement (e.g., competitiveness or jealousy) or personality characteristics (e.g., introversion). A significant association was observed (of small effect size), between patterns of adjustment to social victimisation and the reasons offered to explain the discrimination [$\chi^2(52, N = 1886) = 141.117, p < .001, \phi_c = .137$]. Among the Unchallenged cluster, a high proportion of participants attributed the discrimination to their age (of those participants, 42.1% were 16 and 23.7% were 15), whilst a relatively higher proportion of them attributed it to 'other motives'. Regarding the Externally Maladjusted group, a higher proportion of participants were observed who attributed discrimination to gender (50% female and 50% male) and to ethnicity (75% of Black participants). In the Internally Maladjusted group, a higher proportion of participants mentioned aspects of physical appearance (excluding height and weight) as a motive for being treated negatively. In the

Resilient cluster, a high percentage of participants felt they were discriminated against due to their religion (75% of which were Catholic participants). In the At-Risk group, it was observed that a much higher proportion of participants felt they were unfairly treated due to their weight and mental conditions (e.g., depression, hyperactivity, and/or attention deficits), and to several combined reasons (e.g., nationality, ethnicity and/or weight).

Table 4

Victimisation characteristics' percentages in the different patterns of adjustment to social victimisation

	<i>Un-challenged</i> (n=918)	<i>Extern. Maladjust.</i> (n=519)	<i>Intern. Maladjust.</i> (n=573)	<i>Resilient</i> (n=491)	<i>At Risk</i> (n=389)	<i>% of cases</i>
<i>Age when peer victimisation experiences were more frequent</i>						
Until 9 years	22.8	12.6	26.8¹	17.3	20.5	7.6
From 10 to 14 years	23.3¹	<u>14.8⁰</u>	20.3	22.3	19.2	64.5
Older than 15 years	<u>17.3⁰</u>	23.6¹	<u>15.8⁰</u>	21.2	22.1	27.8
<i>Age reported (n / cluster)</i>	39.1	54.7	56.7	73.1	85.9	57.5
<i>Main motives attributed to the perception of discrimination</i>						
Nationality	25.0	22.7	25.0	15.9	11.4	2.3
Gender	20.0	40.0¹	13.3	13.3	13.3	0.8
Ethnicity/race	25.3	26.7¹	20.0	18.7	<u>9.3⁰</u>	4.0
Age	35.0¹	17.5	18.9	20.7	<u>7.8⁰</u>	11.5
Religion	<u>0.0⁰</u>	11.8	17.6	47.1¹	23.5	0.9
Height	24.7	9.1	27.3	26.0	13.0	4.1
Weight	<u>13.3⁰</u>	13.3	22.1	20.4	31.0¹	6.0
Physical appearance	<u>14.7⁰</u>	19.0	28.6¹	18.2	19.5	12.2
Sexual orientation	12.1	21.2	18.2	30.3	18.2	1.7
Economic/ educational level	28.6	18.6	18.6	17.1	17.1	3.7
Physical condition	31.6	10.5	21.1	15.8	21.1	1.0
Mental condition	12.5	12.5	12.5	12.5	50.0¹	0.4
Other	25.3¹	16.2	20.0	22.0	16.4	23.9
Several motives	<u>14.5⁰</u>	16.8	19.1	22.4	27.1¹	27.4
<i>Motives reported (n / cluster)</i>	43.2	62.6	69.3	81.9	91.5	65.3

Notes. ^{0,1} – Significant association (chi-square statistics): ⁰ – inferior frequency of cases observed/expected; ¹ – superior frequency of cases observed/expected

Discussion

The aim of this study was to explore and characterise different patterns of adjustment in the face of peer victimisation and the perception of discrimination, all based on the theoretical framework of resilience. The preliminary analysis suggested that these forms of social violence are associated with indices of internal and external (mal)adjustment (as has been observed in several other studies; e.g.

Russell et al., 2012), and thus supports the exploration of resilience in the face of this adversity. The results portrayed five patterns of adjustment to social victimisation. Moreover, additional analyses reveal that the interaction between victimisation and adjustment is not independent of the participants' sociodemographic characteristics nor from the life period in which victimisation was more frequent or the reasons behind the perception of discrimination.

Patterns of Adjustment to Social Victimisation

Five patterns of adjustment to social victimisation were observed. One profile was frequently exposed to social victimisation and presented a good adjustment (internally and externally), being considered Resilient. The other patterns of adjustment observed were the Not Challenged (low risk, high adjustment), the At-Risk (high risk, low adjustment), the Externally Maladjusted (some risk, low external adjustment) and the Internally Maladjusted (some risk, low internal adjustment). Moreover, analyses of the selected protection mechanism – the use of active coping strategies (Hemphill et al., 2014; Herman-Stahl & Petersen, 1996; Masten et al., 2014) – revealed higher levels of coping strategies used by the Resilient group when compared to other profiles exposed to similar levels of social victimisation but who presented a poorer adjustment (namely the At-Risk and the Internally and Externally Maladjusted groups). Thus, the observed pattern of adjustment to social victimisation is coherent with the theory of resilience, which postulates that the positive adjustment of the Resilient group can be attributed to the presence (or, in this case, high levels) of protection mechanisms (e.g., Coimbra & Fontaine, 2015; Fergus & Zimmerman, 2005; Luthar et al., 2000; Masten et al., 2014).

The results portrayed a five-cluster solution that is somewhat equivalent to the theoretical considerations of the person-centred approach to resilience. However, the organisation of the data into five clusters - instead of the theoretically expected and previously observed four (Fergus & Zimmerman, 2005; Masten & Reed, 2002) or three (Luthar, 1991; Masten et al., 1999) - seems to be explained by two methodological choices: one relates to the use of cluster analysis instead of the use of cut-off points to differentiate groups (Luthar, 1991; Masten et al., 1999) and the other is associated with the inclusion of psychological well-being as an indicator of adjustment. These Externally and Internally Maladjusted

groups can be considered as equivalents to the 'vulnerable' group featured in studies using the cut-off points method that configured the 'empty cell' (Luthar, 1991; Masten et al., 1999). It is likely that these groups have been exposed to other risks not included in the cluster analysis (Fergus & Zimmerman, 2005). Nevertheless, the observed associations with sociodemographic variables, as well as with features of victimisation, suggest that other adversities can have affected these groups. Concerning the Externally Maladjusted group, a higher percentage of participants from ethnic minorities were observed with parents holding fewer years of formal education - a proxy for the family's socioeconomic status. Several studies have reported detrimental effects of living in socially disadvantaged conditions, especially considering the cumulative risks these families and children are exposed to (Fergus & Zimmerman, 2005; Luthar, 1991; Masten et al., 1999; Rutter, 2001; Werner, 1993). Additionally, this group exhibited a higher percentage of Black participants, who also reported suffered from discrimination due to their ethnicity.

Discrimination of Black-Portuguese youths, who may also face integration problems (due to them being second or third generations of African immigrants in Portugal) and who often live in social and economic disadvantaged conditions, have been associated with an increase in conduct problems (Neto, 2009). Nevertheless, ethnic minorities in Portugal have also exhibited a positive internal adjustment (Neto, 2001) which is also reflected in the Externally Maladjusted group.

Previous studies that have used a person-focused approach (Griese et al., 2016; Luthar, 1991; Masten et al., 1999) have not included indicators of internal adjustment (e.g., mental health) in their configurations of patterns of adjustment to adversity. However, some results show that socially resilient youths manifest high levels of psychological distress (Luthar, 1991). The inclusion of internal adjustment indices may have contributed to the organisation of the data across the five clusters, particularly gender. In fact, several studies suggest a gender gap in the internalising symptoms during adolescence. Adolescent girls are more prone to manifest internal disturbances, such as depression and anxiety (Hanish & Guerra, 2002; Rutter, Caspi, & Moffitt, 2003; Twenge & Nolen-Hoeksema, 2002), and lower levels of global self-esteem (Gentile et al., 2009; Overbeek et al., 2010) when compared to adolescent boys. The inclusion of internal adjustment indicators and the lower adjustment manifested by girls constitutes a

possible explanation for the slightly higher percentage of male participants in the Resilient cluster and female participants in the At-Risk group.

As a possible consequence of the use of cluster analysis, as opposed to cut-off points, it was observed that the Resilient group had experienced a high level of victimisation - but not the highest. This result corresponds to what has been observed in similar studies, in which the Resilient group is not exposed to the highest risk levels (Gerber et al., 2013; Vanderbilt-Adriance & Shaw, 2008). The results here suggest that there is a level of perceived victimisation at which the process of resilience is hampered. When levels of peer victimisation and discrimination are too high, sufferers fail to overcome social rejection. Additionally, the Resilient group did not excel in all domains, as was observed in previous research (Gerber et al., 2013; Vanderbilt-Adriance & Shaw, 2008). This group manifested a satisfactory adjustment, internally and externally, whilst also exhibiting a significantly lower adaptation level when compared to their Unchallenged peers. However, they were considered resilient given that they manifested “the least detrimental of all possible symptoms” (Luthar, 1991, p. 613). Yet, it was clearly observed there is no total resistance or invulnerability to social victimisation (Masten & Wright, 2010). These results are in line with what has been observed in other studies. Fullchange and Furlong (2016) classified participants into three levels of experienced peer victimisation – none, some and frequent – and reported that even if high school students were only occasionally targets of aggressions, they manifested increased incidences of depression and suicidal thoughts, decreased positive beliefs about themselves and the support of others, and lower engagement in their lives. Lorenzo-Blanco et al. (2016) observed that those who suffered even lower levels of peer victimisation, and perceived social support and school safety, still manifested increased symptoms of depression. Therefore, interventions aimed at eliminating social victimisation are deemed relevant, since youths who have benefited from protection mechanisms, and manifest a resilient adjustment, still present scars caused by victimisation.

The Who, When and Why

Who

The results here reveal that the most salient associations - per the observed effect size - are related to gender and course type attended in high school. Concerning gender, as previously stated, it is believed that the associations and consequential differences observed within the clusters are due to the gender gap observed within the internalising and externalising behaviours of adolescents (Gentile et al., 2009; Hanish & Guerra, 2002; Rutter et al., 2003). The second most salient association concerns the higher proportion of students in vocational education observed in the Externally Maladjusted group. In Portugal, students who opt for vocational training in high school have usually exhibited low academic achievements (per their previous grades). Given that academic underperformance, along with social deviance, was somewhat of an indicator of poor external adjustment, this result was foreseen to some extent. Longitudinal studies have pointed to a developmental cascade association between pre-adolescence academic failure and externalising behaviours in late adolescence (Masten et al., 2005). Thus, the interplay between academic failure and externalised problems clarifies why this group manifests the highest levels of social maladjustment. In addition, a higher prevalence of participants in scientific courses in the Unchallenged and in the Internally Maladjusted groups was observed. Whilst in the Unchallenged group a higher prevalence of parents with a college education was found, there was a higher prevalence of parents with secondary education in the Internally Maladjusted group. Thus, it could be assumed that the Internally Maladjusted group includes youngsters who are making efforts to thrive educationally, even though they do not necessarily benefit from a highly-educated family environment. They seem to constitute a group committed to the achievement of upward social mobility, even at the cost of their psychological well-being, as has been observed in other studies (Burt, Obradović, Long & Masten, 2008; Hanish & Guerra, 2002; Luthar, 1991).

The other associations found in the present study are of a smaller magnitude than the ones detailed above. However, some striking evidence is worth mentioning. It was observed that the Unchallenged group encompasses a higher proportion of participants who attended scientific courses, had parents with a post-secondary/college education and were born in Portugal, as well as being Catholic (and not atheist or agnostic), Caucasian and heterosexual. This portrait characterises the privileged social

classes within industrialised, Western countries (Krieger, 1999). It is interesting to observe that the social pattern of stigmatisation is also manifested in youth victimisation. Thus, individuals of higher social statuses, aside from having better access to education and health care, are also less likely to suffer from peer victimisation or perceive unfair treatment during their daily lives, in the Portuguese context (Pereira, Mendonça, Neto, Valente & Smith, 2004). Even when these privileged youths suffer victimisation (around 40% of these students reported having been victimised), it was an infrequent occurrence. These rare cases of victimisation partially explain why this group does not manifest maladaptation. Another reason may be because the discriminations felt by persons of socially privileged groups may be less harmful (i.e., have smaller effect sizes) than those suffered by people from disadvantaged groups (Schmitt et al., 2014). The results suggest that the manifestation of victimisation in childhood and adolescence is representative of the macro-social environment and the prejudices within it (Elamé, 2013; Krieger, 1999). This does not come as a surprise, given that peer victimisation is based on a “quest for high status” (Salmivalli, 2010, p.114), and so are the power-based processes involved in stigmatisation (Link & Phelan, 2001) and the associated discrimination; such as moral disengagement and infra-humanisation (Bandura, 2002; Gato, Carneiro & Fontaine, 2011; Hymel, Rocke-Henderson & Bonanno, 2005; Pereira, Vala & Leyens, 2009; Polanin, Espelage & Pigott, 2012). This highlights the common nature of peer victimisation and discrimination. Thus, the results here add to the observations that in egalitarian societies peer victimisation is less frequent (Elgar, Craig, Boyce, Morgan & Vella-Zarb, 2009).

Interestingly, concerning the Resilient pattern, only a slight imbalance was observed regarding nationality. A higher prevalence of immigrants in this cluster was somewhat surprising given the multiple challenges faced by immigrant youths, in addition to those experienced by their national peers. Still, existing studies (Motti-Stefanidi & Masten, 2013), including Portuguese research (Neto, 2010), have shown that despite the specific challenges (such as acculturation, language learning and establishing new relationships), immigrant youths can achieve adjustment patterns in terms of well-being and academic achievement. The prevalence of immigrants in the Resilient cluster clearly indicates that youngsters from this group are thriving despite being exposed to victimisation (Neto, 2010). These immigrants seem to

benefit from protection mechanisms when facing victimisation and the stresses of the adaptation to a new country, such as high family values (Neto, 2009), self-efficacy, openness to new experiences (Motti-Stefanidi & Asendorpf, 2012), and the motivation and perception of control that may have lead families to settle abroad in the first place (Bobowik, Basabe, Páez, Jiménez & Bilbao, 2011).

Finally, concerning the At-Risk group, a higher prevalence of LGB youths has been observed. This result was not surprising given that several studies have also shown that LGB youths suffer significantly higher peer victimisation levels based on homophobic prejudice, thus manifesting inferior psychological adjustment than their heterosexual counterparts (Fedewa & Ahn, 2011; Russell et al., 2012). These results reinforce the greater risks exposed to these students, given that they are more likely to experience higher levels of peer victimisation and discrimination. Their prevalence in the At-Risk group may also be associated with the fact that these youths benefit from fewer protective mechanisms when compared with their heterosexual peers, as they tend to have more conflicting relationships with parents (Ueno, 2005) and this conflict seems to exacerbate the negative impact of discrimination (Freitas, D'Augelli, Coimbra & Fontaine, 2016). Those prone to using maladaptive coping strategies can end up feeling hopeless regarding their future (Hatzenbuehler, 2009).

When

Variations in the percentage of participants who identified a period in which acts of peer victimisation were very frequent, and who identified motives for those acts, progressively increased from the Unchallenged to the At-Risk group. This result is congruent with the theory of resilience, as Resilient and At Risk participants experienced more victimisation in their life than those classified in the Unchallenged group. Therefore, this supports the validity of the performed cluster analysis. Surprisingly, 39% of participants in the Unchallenged cluster answered follow-up questions concerning the peer victimisation instrument and 43% also identified motives behind being treated more poorly than others. Thus, even when victimisation acts are relatively uncommon, a considerable number of participants may report experiencing social victimisation. This information leads to an inference that a victim considers not only the frequency of the negative acts matters but also the underlying motivation. The intention of the

offensive behaviours is, as a matter of fact, a critical element in the assessment of situations of bullying (e.g., Elamé, 2013).

Results show that peer victimisation was more frequent in participants between the ages of 10 and 14 years old. This observation is consistent with the broader literature that recognises peer victimisation as occurring more frequently during middle-school, compared to other life periods (Hymel & Swearer, 2015; Overbeek et al., 2010). Furthermore, two main findings are worthy of discussion. Firstly, the possibility of chronic victimisation should be taken under consideration within the Resilient and the At-Risk groups, given that a great percentage of participants mentioned being victims of peer victimisation throughout their lives (73.1%) and currently perceive discrimination (81.5%). In addition, there were no observed differences between these two groups with respect to the ages when major events of victimisation occurred. Thus, a positive (Resilient) or negative (At-Risk) adaptation to victimisation does not seem to be associated with the *when* or the *how long* it has been occurring. This suggests that the key aspects fostering the observed resilience trajectory may be the protective mechanisms this group has and not the healing power of time.

Secondly, considering the groups who experienced less frequent victimisation, but still present some form of maladaptation, a higher likelihood of participants from the Internally Maladjusted group were observed as suffering from peer victimisation during childhood. On the other hand, the Externally Maladjusted group was associated with victimisation experienced in more recent years. These results are also in line with previous research which suggests that recent victimization may be more associated with externalizing behaviour, while long-lasting victimization seems to be more associated with internalizing behaviour (e.g., Boivin, Petitcherc, Feng, & Barker, 2010). A lack of peer acceptance during third grade was associated with a continued lack of acceptance, victimisation and internalisation symptoms in the fourth grade (van Lier & Koot, 2010). A lack of peer acceptance at 10 years' old is linked to an increased internalisation of problems at 17 (Burt et al., 2008). A meta-analysis of longitudinal studies (Ttofi et al., 2011) also revealed that the association between peer victimisation and future depression is stronger during younger ages. The risk of later depression is also higher when victimisation occurs in childhood.

Regarding the externally maladjusted group, the results add to the existing literature that indicates a tendency for stronger associations of peer victimisation with externalising behaviours during adolescence than peer victimisation during childhood (Cook et al., 2010). These results corroborate with previous findings by the differential outcomes observed between the two clusters that experienced similar levels of victimisation during different life periods.

Why

The motives behind the perceived discrimination reported in the present study are like others observed in population representative studies, in which there is an expressive percentage of people reporting to have been unfairly treated based on a combination of several reasons and issues related to the physical appearance (Puhl et al., 2008; Kessler, Mickelson & Williams, 1999). Some results concerning the association between the clusters and the motives attributed to the perception of discrimination were unexpected, while others are very much in accordance with the literature regarding discrimination. Firstly, starting with the unexpected findings, a higher proportion of participants in the Unchallenged group attributed the perceived discrimination to their age. This attribution may signify that students may be in a grade slightly above, or below, what they would expect given their age (Elamé, 2013).

Attributions to gender were more prevalent in the Externally Maladjusted group and were put forward by both females and males. These results do not allow for a comprehensive understanding of what prompted these attributions. Given that no participants mentioned 'other' gender identities in the sociodemographic questionnaire - which consisted of a declared option – it is believed that these results may be related to the double pattern within gender roles (Carrera-Fernández et al., 2013; Leaper & Brown, 2008). As the research has focused on the perception of sexism by adolescent girls, including sexual harassment, academic and athletic sexism (Leaper & Brown, 2008), studies regarding male adolescents' perception of sexism are virtually unknown. Thus, future research should explore male perceptions of sexism.

Within the Internally Maladjusted group, a higher proportion of students referring to aspects of physical appearance (other than weight and height) were observed as motives for victimisation. This

group has a higher proportion of female participants, who usually manifest lower levels of self-esteem regarding their physical appearance when compared with men (Gentile et al., 2009). Therefore, having suffered victimisation related to appearance can contribute to a lower psychological adjustment in an already vulnerable group, even if victimisation acts were infrequent.

Another surprising result was that religion was often considered as a motive for victimisation in the Resilient group, with it being mostly mentioned by the most prevalent and privileged religion within the Portuguese society - Roman Catholic. Thus, reasons for the perception of unfair treatment may be due to frequent attendance at religious services or the valorisation of their religious beliefs, something that could be considered unusual in this period of life, in the Portuguese context. However, this study's methodological approach does not allow a deeper comprehension of this phenomenon.

Regarding the more prevalent motives stated in the At-Risk group, a higher percentage of participants mentioned a mental condition as a motive for victimisation. This is congruent with the body of longitudinal research reporting that internalising symptoms are related to future peer victimisation (Reijntjes et al., 2010), but this longitudinal effect is not always observed. For instance, low self-esteem has been found to be unrelated to subsequent peer victimisation (Overbeek et al., 2010). Therefore, youngsters who experience more victimisation (as observed in the current study), may be the 'chronic victims' reported in peer victimising studies. Studies suggests that this type of victimisation affects around 10% of all youths (Vaillancourt, Brittain, McDougall & Duku, 2013) and although the present study is cross-sectional, At Risk participants have reported experiences of more violence during their lifetime (per the peer victimisation scale) as well as during the present (assessed by the current perception of daily discrimination). Weight and a combination of several motives were also more prevalent within the At-Risk group. It was observed that the frequency of perceived victimisation is higher for reasons regarding mental health, weight and sexual minorities. These results appear to be related to social prejudices that are not yet sanctioned in Western societies, such as obesity or same-sex sexual orientation (as opposed to sexism and racism in which social norms act to suppress prejudice) (Crandall, Eshleman & O'Brien, 2002). On a whole, the results here show that the most pervasive reasons for victimisation are

those perceived by society to be under the control of the individual, such as weight or sexual orientation – factors which are also correlated to mental health issues and discrimination (Schmitt et al., 2014). It would be expected that this form of discrimination would increase the participants' self-blame and helplessness regarding their future, which in turn is associated with negative adjustment and continued victimisation (Schacter, White, Chang & Juvonen, 2015; Smith et al., 2004). Studies have also shown that the influence of discrimination based on gender and race have a smaller psychological impact (when comparing the effect sizes) than when based on sexual orientation, mental illness, weight or physical disability (Schmitt et al., 2014). Based on the present results, one can infer that victimisation based on weight, mental health and sexual orientation is not only more detrimental to psychological adjustment due to their implicit social rejection but also because they deemed socially legitimised prejudices (making the individual responsible for the 'socially desirable' change). This kind of victimisation may contribute to a lack of perceived control over social rejection and, hence, to helplessness.

Limitations and Implications for Practice and Future Research

The limitations of the present study will now be considered. First, the study is based on self-reporting measures. For a higher accuracy in the assessment of the peer victimisation experiences, it would be useful to implement a multi-informant approach. Second, resilience is - by definition - a developmental process. Thus, its assessment would be better approached through longitudinal studies (as has been the tradition of previous research, e.g., Werner, 1993). Given the cross-sectional nature of this study, causality cannot be inferred. Additionally, it is not possible to observe the developmental paths that contribute to resilient trajectories (Masten & Reed, 2002). Third, another limitation stems from the use of a composite mean of peer victimisation and discrimination, instead of using the direct data from the different subscales which would have enabled a control for the type of violence suffered. Nevertheless, one should bear in mind that some forms of victimisation can be more pervasive than others and future research should address this issue (Hawker & Boulton, 2001). Fourth, some statistical decisions during the procedure to generate clusters may have conditioned the results; for instance, the exclusion of outliers based on their extreme z -scores on the composite measures, and the use of the nearest neighbour method

in the hierarchical cluster analysis. Thus, it should be noted that other statistical options, namely not excluding outliers or using other clustering methods (e.g., the LICUR or the Ward's method in hierarchical cluster analysis) may have produced alternative results. Finally, this research does not address the protective mechanisms (besides active coping, used for validation purposes only) which influence the differential paths of adjustment when facing victimisation (an exploration that is deemed necessary).

Despite the mentioned limitations, the study sheds some light on the different influences of certain features of victimisation and why they matter. The results show that adolescents with a resilient development, when exposed to experiences of peer victimisation and discrimination, are not limited to a social class, ethnic group or sexual orientation. Additionally, the experienced victimisation is not limited to a specific age-period and the motives they attribute to those negative occurrences are not associated with just one type of personal feature. Thus, for a resilient trajectory to be observed in the face of victimisation, the key elements one should consider consists of the protection mechanisms of the victims which are unrelated to social characteristics or the circumstances of the victimisation. Still, it was observed that the frequency of peer victimisation and discrimination, as well as the association of these negative acts with several personal features, puts youths at a greater risk of poorer psychological and social adjustment. Are these patterns of adjustment to social victimisation disassociated from sociodemographic and victimisation characteristics? The results show that not only does the frequency of victimisation acts influence the psychosocial adjustment, they also highlight that the factors regarding the who, when and why are associated with a poorer or better psychosocial adjustment. The results of this study also show that peer victimisation is based on social prejudices. Research on discriminatory bullying is still in the early stages (Bucchianeri et al., 2016, Elamé, 2013; Hunter et al., 2010; Russell et al., 2012). Yet, given that this is a complex phenomenon with such varied victims and impacts, its specificities ought to be considered in future studies and in victimisation prevention programs, especially when changes in school climate are crucial and teachers manifest difficulties in dealing with issues of peer victimisation and discriminatory bullying (Bradshaw, Waasdorp, O'Brennan & Gulemetova, 2013; Menesini &

Salmivalli, 2017; Troop-Gordon, 2015). Perspectives regarding bullying – even the sociological standpoints – have focused on the imbalance of power between the aggressor and the victim, mostly in terms of physical strength, popularity and supporting groups (e.g., Hunter et al., 2007; Salmivalli, 2010). However, social attitudes are also related to the inequality of power (Krieger, 1999). Therefore, sociological perspectives on bullying should include not only the proximal processes (e.g., community and school climate) (Swearer, Espelage, Vaillancourt & Hymel, 2010; Swearer & Hymel, 2015), but also macrosystem mechanisms such as social prejudice (Dessel, 2010), social privilege, and inequality (Krieger, 1999).

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