The Association Between Peer Victimization and Attachment Security: A Meta-Analysis
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**Methods**

A meta-analysis was conducted.

The following databases were searched: PsycINFO, ERIC, ProQuest Dissertations and Theses, Scopus, and Google Scholar

Limits: English-language articles
Published or prepared before June 2014

Search results combined after duplicates removed (n = 648)

Articles screened on basis of title and abstract

Excluded (n = 523)

Full-text articles assessed for eligibility (n = 125)

Included (n = 16)

Full-text articles excluded, with reasons (n = 109)
- No eligible measure of peer victimization (n = 46)
- No eligible measure of parental attachment (n = 29)
- Insufficient mean age (n = 14)
- Data in format not amenable to meta-analysis (n = 10)
- Case study or missing quantitative data (n = 4)
- Ineligible or no quantitative comparison between attachment and peer victimization (n = 4)
- Full-text unavailable (n = 2)

16 studies met eligibility criteria:
- 11 published reports
- 5 unpublished reports (theses/dissertations)
- Year of publication ranged from 2003 to 2014

Each study was coded following a coding manual.
- Data was entered and analyzed through the Comprehensive Meta-Analysis 3.0 program (Borenstein, Hedges, Higgins, & Rothstein, 2014).

*Modified version of the PRISMA Flow Diagram
(Moher, Liberati, Tetzlaff, Altman, & The PRISMA Group, 2009)

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**Parent-Child Attachment**

An infant’s bond with their primary caregiver helps to establish an internal working model that becomes a foundation for guiding later relationships (Bowby, 1980).

Attachment can be categorized as [Ainsworth, 1979]:
- Secure
- Non-secure

Non-secure attachment styles have been associated with internalizing, externalizing, and social difficulties.

**Peer Victimization and Attachment**

Children with secure attachment orientations have positive expectations about their social interactions.
- This may make them less likely to become a victim of bullying (Walden & Beran, 2010).

Children with a more secure maternal attachment have been found to have more secure peer attachments (e.g., Booth-LaForce & Kerns, 2009).

**Objective**

To clarify the association between parent-child attachment security and peer victimization.

**Research Questions**

1. What is the association between parent-child attachment security and peer victimization?
2. Do publication variables (i.e., publication type, year, country) influence this relationship?
3. Do study sample variables (i.e., child age, gender, and ethnicity) influence this relationship?

**Results**

1. A small significant relationship was found between attachment security and peer victimization experiences ($r = -.14, 95\% CI [-.18, -.10], p < .001, k = 10$).
2. Publication variables (i.e., publication type, year, and country) did not significantly moderate this relationship.
3. Studies with a higher percentage of White participants revealed larger correlations between attachment security and peer victimization experiences ($p = .014, k = 4$).

**Discussion**

The relationship between parent-child attachment and experiences of peer victimization is small.
- Given the modest effect size, this relationship is likely indirect; other factors may be mediating this relationship (e.g., social expectations, social skills, cognitive biases).

This relationship was found to become stronger in samples with a greater percentage of White people.
- This finding should be interpreted with caution.
- Cultural and/or measurement biases may be influencing this association.

Future research should explore potential mediating factors to better understand this relationship and to develop and facilitate effective interventions.

**References**


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Bullying has been defined as continual aggressive behaviour that is perpetrated by peers and involves an actual or perceived imbalance of power (CDC, 2014).

Bullying continues to be a reality faced by Canadian children and youth, with research revealing rising rates of victimization in recent decades (Mocho et al., 2009).

Victims of bullying are at an increased risk for maladaptive outcomes across academic, social, physical, and mental health domains (Cook et al., 2010; Hied & Hied, 1994; McDougall & Vallancourt, 2015; Rigby & Skee, 1999).

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