

Adolescent health brief

The Association between Bullying Dynamics and Psychological Distress

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Abstract

This study examined the association between past experience of victimization (PEV), perceived risk of victimization (PRV), and nonspecific psychological distress (NSPD). Repeated measures-analysis of variance and hierarchical regression analyses were conducted on 186 seventh grade middle school students from an urban university-research-affiliated school. Results indicated that gender, PEV, and PRV significantly predicted NSPD. There were no gender differences in either the total number of past experience of victimization or depressive and/or anxious feelings reported. However, the types of victimization experienced as well as perceived risk of victimization appeared to be gender-related in that boys were significantly higher than girls on past experience of physical aggression and property aggression but significantly lower than girls on past experience of emotional aggression and perceived risk of victimization. In gender-specific analyses, PRV mediated the effects of PEV on NSPD for girls but not boys. The reasons for these findings, as well as implications for social policies and future directions, are discussed. © 2006 Society for Adolescent Medicine. All rights reserved.

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Bullying in schools is an increasingly pervasive and global problem. Results of research into the bullying phenomenon have reported 5–15% of students worldwide are physically, sexually, or emotionally victimized by other students [1]. The deleterious effects of bullying have been well established. Students who have been victimized often have lower self-esteem, greater unhappiness, greater social isolation, and a greater external locus of control than their nonvictimized peers [2]. Exposure to repeated aggression has also been linked to a higher degree of psychological distress, such as depression and anxiety [3]. Dohrenwend

and Dohrenwend's chronic stress model posits that the harmful psychological consequences of bullying are the result of the cumulative effects of victimization [4]. This victimization, when experienced as a repeated stressful event, can overwhelm an individual's coping mechanisms and facilitate the development of psychological distress.

Recent studies in the field of criminology have indicated that perceived risk of victimization is an important variable among many in explaining aggressive behaviors and the consequences of these behaviors among adults. According to Hale, perceived risk of victimization may have adverse emotional effects upon individuals, often inducing feelings of vulnerability [5]. Consequently, the perception of being victimized stimulates individuals to invest time and money in protective measures, such as avoiding particular places to alleviate a sense of vulnerability. Despite the important

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contribution to the literature, past studies on perceived risk of victimization have been constructed on adult populations with an emphasis on explaining the fear of crime [6]. Therefore, attempts to understand perceived risk of victimization independent of fear among adolescents has been neglected. It is unclear what relationships exist between psychological distress and perceived risk of physical, emotional, property, and sexual victimization for adolescents. Furthermore, research on bullying has solely focused on the establishment of a linear relationship between bullying and psychological distress. The perception of the possibility of being a victim as a potential mediator in the development of psychological distress has not been investigated.

Given the deleterious consequences of bullying, it is important to understand the dynamics underlying this phenomenon. Improved assessment measures have provided tools to specify various aspects of bullying that may be important in predicting outcomes among school-aged youth. An understanding of these relationships is important in identifying preventive strategies, identifying students at risk of bullying and its associated consequences, and developing interventions for students suffering from bullying-related psychological distress. Some aspects of bullying have been well investigated, such as prevalence rates and types of bullying. For instance, researchers have found that there are significant gender differences in the types of victimization [7]. Particularly, boys tend to exhibit more overt aggression and less indirect aggression than girls [2].

With a confirmatory frame of mind, the present study investigated the relationships between nonspecific psychological distress (NSPD), past experience of victimization (PEV), perceived risk of victimization (PRV), and gender in a sample of seventh grade middle school students. The following research questions were investigated:

- Do various types of aggression differ by gender?
- Do total levels of PEV, PRV, and NSPD differ by gender?
- How do PEV, PRV, and gender combine to contribute to the prediction of NSPD?
- Are the effects of PEV on NSPD mediated by PRV?
- Does this association differ across gender?

Methods

Participants

The study consisted of 186 seventh grade middle school students in traditional educational classrooms from an urban university-research-affiliated school in North Florida. The sample ranged in age from 11 to 14 years (mean age = 12.3) and 46% of all participants were male ($n = 86$). The sample consisted of Caucasian (64%), African American (17%), Hispanic (10%), Asian (5%), and (4%) multiethnic backgrounds (4%). Of the students in the study, 22% were eligible for free or reduced lunch, an indication of socio-

economic status. These demographics are consistent with those found in Florida middle schools.

Procedure

Prior to the study, Institutional Review Board approval was obtained for all procedures from the participants' school as well as from the authors' University Human Subject's Committee. Those students who returned the parental consent forms were assembled together on one occasion in the cafeteria. After signing assent forms, the Adolescent Index for School Safety questionnaires and the K-10 questionnaire were administered to the students [8,9].

Instruments

The Adolescent Index for School Safety (AISS) was used to measure the dynamics of victimization [8]. The entire AISS protocol consists of six different self-report questionnaires. Only two of these questionnaires were used in the present study, the Victimization Experience Survey (VES) and the Risk of Victimization Survey (RVS). The VES assesses past experience of victimization within the past month and consists of questions depicting emotional (e.g., did any students leave you out of their group of friends on purpose in the past month?), property (e.g., did any students break your things on purpose in the past month?), physical (e.g., did any students punch, slap, or hit you with their hands in the past month?), and sexual aggression (e.g., did any students force you to kiss them against your will in the past month?). An aggregate sum of the items across the four types of aggression was computed to indicate total past experience of victimization (PEV). For this study, the victimization scale had good internal consistency (Cronbach alpha = .89).

Also included in the AISS is the RVS, which was used to measure perceived risk of victimization (PRV). The 58-item survey consists of factor scales measuring emotional (i.e., risk of isolation), property (e.g., risk of property aggression), physical (i.e., risk of physical aggression), and sexual aggression (i.e., risk of sexual aggression). To increase statistical power, a summated score of items was calculated to indicate total perceived risk of victimization (PRV). For this study, perceived risk of victimization scale had good internal consistency (Cronbach alpha = .91).

The K-10 scale with copyrights belonging to World Health Organization measures nonspecific psychological distress (NSPD), assessing symptoms associated with depression and anxiety [9]. Known for its brevity, strong psychometric properties (Cronbach alphas of .83–.87), and the ability to differentiate between cases and noncases of psychological distress, the K-10 has been used in government health surveys in the United States and Canada, as well as by the World Health Organization. To increase statistical power due to few scaled items per factor, the two scales were collapsed into one scale representing nonspe-

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