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Introduction

Fried and Fried (1996) described Kim as a nine-year-old girl, wearing a small wig to hide her bald head. Chemotherapy had caused all her hair to fall out and she had spent her summer vacation receiving bone marrow transplants, radiation, and chemotherapy. Paula Fried, who was a college freshman at the time, had volunteered in a pediatric oncology unit where Kim had been a patient. The two had become friends, and as the summer came to a close, Paula’s volunteer experience was ending, and so they were having a farewell lunch together. As they were beginning their goodbyes, Paula asked Kim if she was looking forward to returning to school. “Oh yes!” Kim replied. “I’ve really missed my friends and I can’t wait to see them again.” When Paula asked Kim if she had any concerns, Kim confided that her greatest concern was recess. Recess meant boys knocking off her wig and teasing her about being bald (Fried & Fried, 1996, p. 1). One may question why such a young girl who is close to death should be subjected to additional victimization by her classmates. Kim’s victimization from cancer was inevitable. However, the cruel teasing she anticipated enduring may have been prevented (Fried & Fried, 1996).

Peer victimization can have devastating impacts on individuals like Kim and many other children and adolescents. However, cruelty among peers can have a global impact as well. School bullying has come under intense public and media scrutiny recently as reports suggest that it may have been a contributing factor in school shootings in Santee, California in 2001 and Columbine High School in Littleton, Colorado, in 1999, and in other acts of juvenile violence, including suicide (Duggan, Waxman, & Snyder, 2001; Ericson, 2001). Staff from the Secret Service’s National Threat Assessment Center
(NTAC) conducted a study to gather information about school shooters (Vossekuil, Reddy, Fein, Borum, & Modzeleski, 2000). For this project, personnel from the NTAC studied 37 school shootings, involving 41 attackers who were current or recent students in the school. In over two-thirds of the cases, the attackers felt persecuted, bullied, threatened, attacked, or injured by others prior to the incident. A number of attackers had experienced bullying and harassment that was long-standing and severe, and in those cases, the experience of bullying appeared to play a major role in motivating the attack (Vossekuil et al.).

In a study of emotional reactions students had after being bullied, Borg (1998) found the most popular reaction was that the victim felt vengeful (38.3%), followed by feeling angry (37.1%), and feeling self-pity (36.5%). In addition, one-quarter of the victims felt completely helpless. On a more positive note, an overwhelming majority of students surveyed in a study by Rogers and Tisak (1996) stated that it was not legitimate for a victim to retaliate against a perpetrator in response to aggressive acts. Though students may not approve of bullying and believe it should be stopped, it continues to occur with harmful effects.

Given the widespread attention bullying has recently gained in response to sometimes tragic events, it is clear we need to better understand the factors involved in peer victimization. Research is needed to guide us in the challenge of working to improve, and ultimately, prevent bullying from occurring.
Chapter I
Review of the Literature

Peer victimization among children occurs when one child becomes a target of aggressive behavior from another child or group of children (Hawker & Boulton, 2000). “One type of aggression among children where the aim is to hurt, intimidate, dominate, and exert power over another is referred to as bullying” (Slee, 1995c, p. 57). Victims have problems defending themselves; thus, fighting between two children of similar strength would not be defined as bullying (Olweus, 1991; Twemlow, Sacco, & Williams, 1996). As generally defined by Olweus (1991) and Slee (1995c) bullying involves:

(i) An imbalance of strength.

(ii) Repeated exposure to negative actions against an individual.

(iii) A deliberate intention to hurt another person.

(iv) An unprovoked aggressive act.

Types of Bullying

Researchers have distinguished among physical, verbal, indirect, and relational victimization (Hawker & Boulton, 2000). Hawker and Boulton (2000) looked at several studies to describe researchers' operational definitions of each type of victimization. These definitions came from descriptions of targets’ specific experiences.

Physical victimization is considered to be “any form of victimization in which the victim’s physical integrity is attacked” (Hawker & Boulton, 2000, p.144). Hawker and Boulton found that the operational definition of physical victimization included the target being hit (Alasker, 1993; Austin & Joseph, 1996; Boivin & Hymel, 1997; Boivin, Hymel, & Bukowski, 1995; Boulton & Smith, 1994; Boulton & Underwood, 1992; Callaghan &
Joseph, 1995; Crick & Grotpeter, 1996; Kochenderfer & Ladd, 1996; Mynard & Joseph, 1997; Neary & Joseph, 1994; Rigby & Slee, 1993; Sharp, 1996; Slee, 1994; Slee & Rigby, 1993b; Vemberg, 1990), the target being pushed (Alsaker, 1993; Austin & Joseph, 1996; Boivin & Hymel, 1997; Boivin et al., 1995; Boulton & Underwood, 1992; Callaghan & Joseph, 1995; Crick & Grotpeter, 1996; Mynard & Joseph, 1997; Neary & Joseph, 1994; Rigby & Slee, 1993; Slee, 1994, 1995a,c; Slee & Rigby, 1993b; Vemberg, 1990), the target being kicked (Alsaker 1993; Boulton & Underwood, 1992; Crick & Grotpeter, 1996; Sharp, 1996), the target’s hair being pulled (Alsaker, 1993; Crick & Grotpeter, 1996), the target being locked inside a room (Boulton & Underwood, 1992), the target being shoved (Crick & Grotpeter, 1996; Vemberg, 1990), or the target’s belongings being taken (Sharp, 1996).

Verbal victimization is considered to be “victimization in which the victim’s status is attacked or threatened with words” (Hawker & Boulton, 2000, p.144). Other descriptions of verbal victimization found by Hawker and Boulton (2000) included the target being teased, the target being laughed at or ridiculed (Austin & Joseph, 1996; Boulton & Smith, 1994; Byrne, 1994; Callaghan & Joseph, 1995; Mynard & Joseph, 1997; Neary & Joseph, 1994; Olweus, 1978; Vemberg, 1990), the target being called names (Austin & Joseph, 1996; Callaghan & Joseph, 1995; Mynard & Joseph, 1996; Neary & Joseph, 1994; Rigby & Slee, 1993; Sharp, 1996; Slee, 1994, 1995a,c; Slee & Rigby, 1993b; Boulton & Underwood, 1992; Kochenderfer & Ladd, 1996), and the target being threatened (Boulton & Underwood, 1992; Sharp, 1996).

Bjorkqvist (1994) defined indirect aggression as aggression performed by an indirect third party or in a way that the victim cannot identify the aggressor. Bjorkqvist
added that aggressors use indirect means in order to try to cover up their harmful intentions. Hawker and Boulton (2000) found that descriptions of indirect victimization included the target being sent nasty notes (Boulton & Underwood, 1992), lies being told about the target (Crick & Grotpeter, 1996), mean things being said to others about the target (Crick & Grotpeter, 1996; Kochenderfer & Ladd, 1996), and rumors being spread about the target (Sharp, 1996).

Crick, Casas, and Ku (1999) defined relational aggression as behavior which causes, or threatens to cause damage to peer relationships. "Relational victimization is similar to indirect victimization and both share some items in their operational definitions" (Hawker & Boulton, 2000, p. 444), but as Crick et al. (1999) pointed out, indirect and relational aggression are still distinct conceptually. The descriptions of relational victimization cited by Hawker and Boulton (2000) included the target not being allowed to take part in the group (Alsaker, 1993; Crick & Grotpeter, 1996), the target being left out (Alsaker, 1993; Crick & Grotpeter, 1996), the target being placed in ostracism or exclusion where no one would talk to target (Boulton & Underwood, 1992; Sharp, 1996), and the target being told that another will not like the target unless the target does what the other child says (Crick & Grotpeter, 1996).

Incidence Rates

Just as definitions vary, data regarding the frequency of peer victimization has varied as well. Boulton and Smith (1994) hypothesized that the variability in frequency estimates is most likely because of sampling and methodological differences between studies. In spite of the variability, Boulton and Smith reported that the frequency of peer victimization typically ranges from 10 to 20%. For example, as cited by Boulton and
Underwood (1992) an extensive study by Olweus (1987) of 140,000 Norwegian students found that about 9% of students reported being bullied and about 7% reported bullying others “now and then” or more frequently. In the United States, Perry, Kusel, and Perry (1988) found that among 165 children, 10% had extremely high scores on the victimization scale, which assessed rejection, verbal victimization, and physical victimization. The victimization scale was composed of self-reports of victimization, teacher reports of victimization, and peer reports of victimization. Extreme victims had high scores on all three types of reports. Whitney and Smith (1993) found that in 17 different schools, at least 18% of children in each school reported being bullied at some time during the school term. In an international survey of adolescent health-related behaviors, the percentage of students who reported being bullied at least once during the current term ranged from a low of 15% to 20% in some countries to a high of 70% in others (Nansel, Overpeck, Pilla, & Ruan, 2001). Frequent bullying is typically defined as “bullying that occurs once a week or more” (Nansel et al., 2001, p. 2094). This definition yields prevalence rates from a low of 1.9% among an Irish sample to a high of 19% in a Malta study (Nansel et al., 2001).

The rates of peer victimization have gained the attention of researchers, and in attempting to understand how it became as prevalent as it is, researchers have examined characteristics of the children involved in the process. These children have generally been identified as bullies, victims, bully-victims, and witnesses.

Bully Characteristics

Bullies are children who repeatedly target another child or group of children (Pellegrini, 1998). One of the earlier studies by Lowenstein (1977) attempted to identify
the personality and background characteristics of bullies and found that bullies were more likely to be hyperactive, disruptive, extroverted, have higher neuroticism scores, lower IQs and below-average reading achievements than controls. In a study by Lagerspetz, Bjorkqvist, Berts, and King (1982), bullies were found to hold positive attitudes toward aggression and negative attitudes toward teachers. Bjorkqvist, Elkman, and Lagerspetz (1982) found that bullies reported feeling dominant, and these bullies thought that dominance was what social norms required. These 14- to 16-year-olds also thought of themselves as impulsive and lacking in self control.

Years later, researchers are still attempting to understand what specific types of characteristics are similar among bullies. Bullies have been found to be aggressive, hostile, and domineering toward peers (Haynie et al., 2001). Bullies are typically bigger and stronger than the target, have positive attitudes toward aggression, and negative attitudes toward peers (Haynie et al., 2001). Boys more often than girls have been identified as bullies (Olweus, 1993), especially when the bullying is physical (Pellegrini, 1998). Batsche and Knoff (1994) noted that students who engage in bullying behaviors seem to have a need to feel powerful and in control of their environment. In addition, Banks (1997) suggested that bullies appear to derive satisfaction from inflicting injury and suffering on others, with seemingly little empathy for their victims, and they defend their actions by saying that their victims provoked them in some way. Nansel et al. (2001) found that children who bullied others were more likely to engage in drinking alcohol and smoking, and they showed poorer school adjustment, both in terms of academic achievement and perceived school climate. However, these same children reported greater ease of making friends, indicating that bullies are not socially isolated.
Because of their involvement in other problem behaviors, it may be the case that these children have friends who endorse bullying and other problem behaviors and who may be involved in bullying as well (Nansel et al.).

In the study by Nansel et al. (2001), the children who reported both bullying and being bullied (bully-victims) demonstrated poorer adjustment across both social/emotional dimensions and problem behaviors. Nansel et al. maintained that because of the combination of social isolation, lack of success in school, and involvement in problem behaviors, children who both bully others and are bullied may represent an especially high-risk group. However, Nansel et al. noted that it is not known whether the children were first bullied and then imitated the bullying behavior they experienced or whether they were bullies who then received retaliation. The current data regarding characteristics of bullies and victims have influenced some researchers to more strongly support the former explanation (e.g., Borg, 1998; Olweus, 1993; Pellegrini et al., 1999).

Although there are many common characteristics among bullies, bullies are still quite heterogeneous in their personalities. Olweus (1978) used the term "provocative victims" to describe children who demonstrate both anxious and aggressive behavior patterns and who are known as being hot-tempered and engaging in disruptive behavior. Pellegrini, Bartini, and Brooks (1999) described some bullies as "aggressive victims," which is defined as children who respond to being bullied with aggression. Nansel et al. (2001) explained that these children do not tend to use aggression in a proactive manner, but instead are aggressive in retaliatory circumstances. Differences among victims are seen when comparing victims to bully-victims or "passive victims" to "aggressive victims." Passive victims represent about 10% of the sampled population of school-aged
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children (Schwartz, Dodge, & Coie, 1993; Schwartz, Dodge, Pettit, & Bates, 1997) and Olweus (1993) and Schwartz et al. (1997) as cited by Pelligrini (1998) found that aggressive victims represent 2-10% of the population. Passive victims tend to be physically slight, or frail (Pelligrini, 1998) and according to Olweus (1993), the behavior of passive victims tends to signal to others that they will not retaliate. Aggressive victims are the most rejected members of their peer group (Perry et al., 1988), and extreme rejection can put this group at risk for negative developmental outcomes (Pelligrini, 1998).

Overwhelming evidence indicates that frequently the victim at home is a bully at school; bullies have usually been subjected to physical punishment or abuse, and the parents of bullies have tended to use assertive disciplinary techniques coupled with negative parental attitudes (Banks, 1997; Wilczenski, Steegmann, Braun, & Feeley, 1997). Studies indicate that bullies often come from homes where the children are taught to strike back physically as a way to handle problems, and where parental involvement and warmth are frequently lacking (Banks, 1997). Bowers, Smith, and Binney (1992) investigated the family background features of bullies, victims, and a combination of bullies and victims and found bullies were raised in families with lower cohesion. Feelings of isolation at home also lead to "an intense need to identify and attach to a group" (Wilczenski et al., p.83), and so to further group cohesion, bullying occurs by excluding others. Rigby (1993) found that the tendency to bully others was associated with poorer psychological health of the children's families, and Slee (1995a) found that a self-reported tendency to bully among females was significantly associated with poorer psychological and physical health. Rigby and Slee (1993) suggested that being bullied at
home may lower a child’s self-worth, and for such a child, bullying others could serve as a way of gaining a sense of power, and thereby having the effect of restoring self-esteem.

Students who regularly display bullying behaviors are generally defiant or oppositional toward adults, antisocial, and apt to break school rules (Banks, 1997). Bullies are more likely to have criminal convictions and be involved in serious, recidivist crime later in life (Olweus, 1993; Whitney & Smith, 1993). Approximately 60% of bullies who were identified in the sixth through ninth grade had at least one conviction by the age of 24 (Olweus, 1993). In a Scandinavian study, Olweus (1993) found that 35 to 40% of bullies had three or more court convictions by this age, whereas only 10% of control boys, who were neither bullies nor victims had convictions. Olweus (1993) also reported that “bullies identified by the age of 8 are six times more likely to be convicted of crimes as young adults and five times more likely to have serious criminal records by the age of 30” (Haynie et al., 2001, p. 31). Haynie et al. hypothesized that in the short term, bullying might allow children to achieve their immediate goals without learning socially acceptable ways of negotiating with others. Haynie et al. believe that this results in persistent maladaptive social patterns.

Regarding the question of whether bullies have low self-esteem, there has been marked disagreement among researchers (Rigby & Slee, 1993). Rigby and Slee (1993) reported that O’Moore and Hillery (1991) claim to have found a strong relationship between low self-esteem and bullying behavior. However, Rigby and Slee (1993) noted that it is questionable whether the relationship was really “strong” because the data comparing the global self-worth of bullies to controls was not statistically significant. Slee and Rigby (1993b) examined the Eysenck’s personality factors of extraversion,
psychoticism, and neuroticism, and the psychological well-being factor of self-esteem as these related to the tendency to bully and be victimized. The tendency to bully was associated with psychoticism, whereas the tendency to be victimized was significantly associated with low self-esteem. Slee and Rigby (1993b) maintained that their finding that bullies and ‘normal’ children could not be differentiated in terms of self-esteem suggests that the tendency to bully others is not associated with negative feelings about oneself. In general, there has been little evidence to support the claim that bullies victimize others because they have low self-esteem (Batsche & Knoff, 1994; Olweus, 1993).

The aggressive behavior of bullies often results in general unpopularity or rejection with peers in grades 9 and up, but bullies do not seem to reach the low level of popularity that is characteristic of victims (Olweus, 1993). Pellegrini (1998) noted that some bullies tend to be popular with a clique of other aggressive peers and suggested that using certain forms of aggression may relate to their peer status. Pellegrini added that it may be that bullies and aggressive victims choose to interact in similar activities, like rough games, and bullies occasionally dispense prosocial behavior to victims as reinforcers. After finding small but significant positive correlations with the number of friends and the degree of popularity, Slee and Rigby (1993a) suggested that bullying behavior may not be offensive to all children. They suggested some children may admire such behavior as a demonstration of ‘manliness’ or ‘toughness’ (p. 280). Boulton and Underwood (1992) claimed that bullying others may have a great deal to do with social status and dominance. It may be expected that bullying could lead to peer rejection given that bullies have a tendency to be unhappy and have a dislike of school (Slee & Rigby,
However, when the victim is seen to 'deserve it' or when the children bully in groups, bullying others may serve as a buffer against the bully experiencing peer rejection himself or herself (Slee & Rigby, 1993a).

Victim Characteristics

Perry et al. (1988) noted that, despite the fact that all acts of interpersonal aggression involve both an aggressor and a victim, most of the research has focused on the aggressor. As a result, Perry et al. suggested that less is known about the role of victims in terms of characteristics, behavior, and background. Olweus (1978) investigated Swedish bullies and their victims, who he called “whipping boys.” The whipping boys were physically weak, unpopular, anxious, insecure, had low self-esteem, and were afraid to be assertive or aggressive in order to defend themselves.

Years later, Haynie et al. (2001) summarized studies indicating that victims exhibit poor social functioning, tend to be depressed, anxious, and insecure as compared to other students. In addition, these studies showed that victims displayed lower levels of self-esteem and were usually cautious, sensitive and quiet (Craig, 1998; Olweus, 1995; Rigby & Slee, 1991).

Hodges and Perry (1999) distinguished between individual level or personal factors and peer-relational or interpersonal factors. They described personal factors as qualities that are assessed at the individual level of the child. Interpersonal factors involve the child’s social relationships with peers. Hodges and Perry discussed the personal factors that are common among victimized children. The first factor they identified is “internalizing behavior,” which may be seen by children who cry easily or submit to attackers’ demands. Students who are victims of bullying are often anxious,
insecure, cautious, and suffer from low self-esteem, and they rarely defend themselves or retaliate when confronted by bullies (Banks, 1997). In addition, Banks added that they are often socially isolated and may lack social skills and friends. Compared with nonvictimized peers, victims have been found to be more withdrawn, depressed, and anxious and to score higher on internalizing behavior and psychosomatic symptoms (Kumpulainen et al., 1998). Bjorkqvist et al. (1982) found that victims considered themselves to be depressed, and displayed general feelings of inferiority. Lowenstein (1994) cites a study by Floyd (1985), in which victim’s behaviors, such as anxiety, passivity, overdependence on adults, and an inability to defend him or herself, were provocative factors in the bully’s response system. Slee and Rigby (1993b) found that the tendency to be victimized was significantly associated with introversion and low self-esteem using the Junior Eysenck’s personality factors.

The second personal factor contributing to peer victimization is being physically weak, which is likely to reinforce bullies’ behavior (Hodges & Perry, 1999). Though the major defining physical characteristic of victims is that they tend to be physically weaker than their peers (Lagerspetz et al., 1982), other physical characteristics such as weight, dress, or wearing eyeglasses do not appear to be significant factors that are correlated with victimization (Batsche & Knoff, 1994; Olweus, 1993). Lagerspetz et al. (1982) found that handicaps were more common among victims, and Whitney, Nabuzoka, and Smith (1992) found factors that increased a victim’s chances of being bullied included clumsiness and dyslexia. Displaying “externalizing problems,” such as dishonesty, argumentativeness, and ineffectual aggression, is another characteristic that serves as a
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personal risk factor for victims. According to Hodges and Perry (1999), such behaviors may serve to irritate and provoke aggressors.

Interpersonal, or peer-relational factors also contribute to victimization (Hodges & Perry, 1999). Hodges and Perry (1999) identified two social conditions associated with peer victimization: a lack of friends and peer rejection. Victimized students have reported feeling lonelier, less happy at school, and having fewer good friends (Boulton & Underwood, 1992; Nansel et al., 2000; Slee, 1995b; Slee & Rigby, 1993a) than other students have reported (Haynie et al., 2001). Nansel et al. (2000) also found that victims demonstrated poorer social and emotional adjustment, reporting greater difficulty making friends. Hoover, Oliver, and Hazier (1992) found that the most frequent reason of being targeted according to children is that the target "didn't fit in." Nansel et al. suggested that children who are not bullied may avoid befriending targets because of a fear of losing social status among their peers or becoming being bullied themselves.

Slee (1994) found that victimization is associated with a fear of negative evaluation among males and females and social avoidance among females. In a study by Schwartz (2000), nonaggressive victims were found to be more withdrawn and submissive. In addition, these children had low rates of socially skilled assertive behavior, social acceptance, and academic competence. Schwartz, Chang, and Farver (2001) obtained similar results in a study of peer victimization in Chinese children’s peer groups. Schwartz et al. (2001) found that peer victimization was consistent with research conducted in Western samples as the correlates of victimization included poor academic functioning, submissive-withdrawn behavior, aggression, and low levels of assertive-prosocial behavior.
Peer victimization based on one’s ethnic group contributes to other existing problems and conflicts of ethnic minority children around the world (Verkuten & Thijs, 2001). Verkuyten and Thijs stated that research on peer victimization typically does not consider situations in which children are treated negatively because of their background, and Hanish and Guerra (2000) noted that ethnicity has received little empirical attention among peer victimization researchers. In their study of Turkish children in the Netherlands, Verkuyten and Thijs found that peer victimization based on ethnic group membership had a somewhat stronger negative effect on self-esteem than victimization based on personal characteristics. Hanish and Guerra found that Hispanic children had lower victimization scores than did either African American or Caucasian children. However, these findings were moderated by school context. They reported that attending ethnically integrated schools was associated with a significantly higher risk of victimization for Caucasian children and a slightly lower risk of victimization for African American children and did not affect the risk of victimization for Hispanic children. In addition, African American children were less likely than Hispanic and Caucasian children to be repeatedly victimized over time.

Bowers, Smith, and Binney (1992) found that victims tended to show an enmeshed family pattern. Finnegan, Hodges, and Perry (1998) found that for boys, risk of victimization was associated with perceived maternal overprotectiveness whereas for girls, risk of victimization was associated with perceived maternal rejection. The researchers explained that victims tend to be close to their parents and may have parents who can be described as overprotective. Nansel et al. (2001) found that being bullied was associated with greater parental involvement in school, which the researchers believe
may reflect parents' awareness of their child's difficulties. However, the researchers added that parental involvement may be related to a lower level of independence among these youth, potentially making them more vulnerable to being bullied.

Wilczenski et al. (1997) noted that being a victim is a learned behavior. For example, the victim at home may be a victim at school. According to Bennett (1990, as cited by Wilczenski et al.), a child may learn helplessness when there is no escape from abuse in the home or at school and “victims may feel powerless and therefore will not seek out assistance or a reprieve from their victimization” (p. 83). Wilczenski et al. added that feeling out of control can produce cognitive, behavioral, and emotional deficits in a victim. Being victimized may destroy a child's beliefs about justice, so that the experience of being a victim may end up lasting longer than the victimizing episode itself. In addition, the researchers pointed out that once a child is victimized, it is easier for the child to see himself or herself as a victim again; a victim can no longer say ‘it can’t happen to me’ and may feel a sense of helplessness (Wilczenski et al., p. 84). This sense of helplessness may then lead a child to react in avoidance or escapist behavior (Wilczenski et al.). Perry et al. (1988) described some of the ways victims respond to bullying by avoiding or escaping that include not going to school, refusing to go certain places, and running away from home. Batsche et al. (1994) added that victims may attempt suicide in extreme cases. Other reactions include physical problems. Rigby (1998b) found victims indicated significantly worse physical health than other students, and Rigby reported that his findings are consistent with what has been repeatedly found in studies of the effects of physical and psychological stressors on the health of individuals.
Victims may have their own ideas about why they are targeted by bullies.

Paquette and Underwood (1999) interviewed seventh and eighth grade students and found that the most common explanation victims gave for experiencing social aggression was that the aggressor was trying to get revenge or make them mad. Other reasons for social aggression that were found included: the aggressor was jealous, the aggressor was mad, the aggressor just wanted to be mean, the aggressor wanted to be popular, another peer told the aggressor to, and there was something wrong with the aggressor (e.g., "She/he has an attitude problem"). Reasons participants gave as to why they were physically victimized included: the aggressor did not like them or their group of friends, the aggressor was jealous, the aggressor was mad, the aggressor wanted to be mean, the aggressor was trying to show off, there was something wrong with them (e.g., "I'm small"), and there was something wrong with the aggressor. Paquette and Underwood found no significant gender differences in the explanations adolescents gave for being victims of either social or physical aggression.

**Participant Roles**

Children may not fit into either the bully or victim role as described by researchers. However, researchers may be remiss in emphasizing individual characteristics and behaviors without taking note of how the social groups play a role in peer victimization. Salmivalli (1999) described the participant roles children adopt who may not fit into either the bully or victim role. "Assistants" are described as children who may actively join in with a bully who has started to harass a victim. The assistant may catch or hold the victim for the bully in physical bullying episodes (Sutton & Smith, 1999). Others, who Salmivalli called "reinforcers," may not actively harass a victim but
still may offer positive feedback to a bully by providing the bully with an audience or encouraging the bully further by laughing (Salmivalli, 1999). Reinforcers may also try to get others to watch (Sutton & Smith, 1999). In observations of bullying episodes on a playground setting, O'Connell, Pepler, and Craig (1999) found that peers reinforced bullies by passively watching 54% of the time. In addition, Salmivalli described a number of students as “outsiders” who tend to take a role of staying away from the bullying situation, pretending not to notice what is happening, and not taking sides with anyone. However, Salmivalli maintained that these children are still involved as their silence helps the bullying to continue. A group of students who comfort victims, tell an adult about the situation, get others to help, stick up for the victims, and try to make others stop bullying behavior are the “defenders” (Salmivalli, 1999; Sutton & Smith, 1999).

Twemlow, Sacco, and Williams (1996) proposed a typology for bystanders of bullying. The researchers refer to bystanders as either, “frozen, frightened bystanders,” or “vicarious, voyeuristic bystanders,” (p. 303) the former representing a victim-like bystander, and the latter a bully-like bystander.

Despite Whitney and Smith’s (1993) findings that the majority of children do not approve of bullying, Salmivalli (1999) found that most children act in ways that encourage and maintain bullying behavior. Salmivalli noted that individuals’ beliefs do not always match their behavior, especially within a group of peers where conformity can create pressure. Craig and Pepler (1997) found that peers were present during 85% of the bullying episodes in playgrounds and classrooms, and even though peers are often witnesses to these incidents, they do not intervene or tell adults (Cowie, 2000). Sutton
and Smith (1999) found that the roles of a bully, assistant, and reinforcer could be treated as one role. However, one distinction Sutton and Smith (1999) found between these three roles was that children in the bully role performed better on social cognition tasks than the children in the assistant and reinforcer roles. Sutton and Smith (1999) suggested this may be related to ringleader-type bullies using social cognition skills to manipulate supporters as well as victims. Sutton and Smith added that in order to identify other differences between bullies, assistants, and reinforcers, more research is needed.

Cowie (2000) noted that some researchers have pointed out that bystanders may not take responsibility for bullying because they do not know what to do, they are fearful of becoming the brunt of the bullies’ attacks, or they believe they might make a choice that could cause even more problems. Although the safest action in these circumstances may be to remain uninvolved, researchers warn that a lack of responsibility may lead to children becoming desensitized to others’ suffering (Cowie, 2000). Tisak and Tisak (1996) found developmental differences with respect to bystanders’ behavior. The younger participants in the study indicated that the bystander should involve an authority, whereas the older participants stated that confronting the aggressor would be the appropriate response to an aggressive act.

**Gender Differences**

Boys are more likely than girls to be nominated by their peers as bullies (Boulton & Smith, 1994). In a study of 5,813 children, Kumpulainen et al. (1998) found four to five times more boys than girls were reported to be bullies and bully-victims. Among the victims, the difference between genders was also clear. Of the victims, 40% were bullies themselves, more than twice as many boys (50%) as girls (20%).
Although aggression is usually thought of as more of a male phenomenon (Owens, Shute, & Slee, 2000), recent research has looked at peer aggression from females as well. Studies have shown that for girls and boys, the types of victimization to which they are exposed are sometimes different (Kochenderfer & Ladd, 1997). For example, girls are more likely to receive indirect or relational aggression than boys (Egan & Perry, 1998). There appear to be gender differences in the aggressors as well. Crick and Grotpeter (1996) found that boys seem to use more physical means of bullying, whereas girls' aggression is more relational. For these reasons, the strategies children use to deal with peer abuse may have different effects for girls and boys (Kochenderfer & Ladd, 1997). For girls, telling the teacher about an aggressive episode or walking away from a bully may be sufficient to end their victimization, because most girls may not be expected to defend themselves directly by fighting back (Kochenderfer & Ladd, 1997). In the male peer group, it may be considered more important for boys to confront their attackers directly, even physically, because telling the teacher or walking away may result in being perceived as a “tattletale” or “sissy” which could provoke further victimization (Kochenderfer & Ladd, 1997). Naylor and Cowie (1999) found that boys who did not report being victims to anyone outnumbered girls by two to one. In addition, they found that men and boys are under-represented as active participants in school support-systems for bullying, and boys seem to be more reluctant to use support-systems.

Lagerspetz et al. (1982) found similar characteristics between boy and girl victims, but differences between boy and girl bullies. The researchers found that male bullies were dominating, disruptive in class, unable to concentrate, and try to be tough. Female bullies were characterized as unbalanced, talkative, rude, domineering, and using...
bad language. Research also shows that boys bully both other boys and girls during childhood (Olweus, 1991). Although research by Schwartz, McFadyen-Ketchum, Dodge, Pettit, and Bates (1998) suggests victimization may be more harmful for boys, a study by Kharti, Kupersmidt, and Patterson (2000) suggests that females appear to be more affected by victimization by peers than their male counterparts, as girls tended to report more internalizing behaviors.

There are many roles individuals may play in bullying situations. Given the number of children involved as bullies, victims, and witnesses, it is important to examine long-term consequences associated with peer victimization.

**Consequences and Psychological Effects of Peer Victimization**

Hawker and Boulton (2000) reviewed studies examining the association between victimization and forms of maladjustment that include depression, loneliness, generalized and social anxiety, and global and social self-worth. The results suggested that victimization is most strongly related to depression (Hawker & Boulton, 2000).

Estimates of the incidence of depression among children vary with the specific diagnostic criteria used (Slee, 1995c). Hammen and Rudolph (1996) noted that depression in children and adolescents is sometimes overlooked because children’s externalizing and disruptive behaviors tend to attract more attention compared to internal, subjective suffering. In general, the diagnostic criteria for depressive disorders includes depressed mood, anhedonia, decreased energy, loss of confidence or self-esteem, weight changes, recurrent thoughts of death or suicide, diminished ability to concentrate, changes in psychomotor activity, sleep disturbance, and changes in appetite (Hammen & Rudolph, 1996).
Several researchers have looked at how depressive symptoms may be related to bullies and victims (Hawker & Boulton, 2000). Boivin et al. (1995) found that self-reports of loneliness and depressed mood were significantly related to withdrawal and the degree to which children were victimized by peers. In addition, Boivin et al. found that children who initially expressed loneliness and who became lonelier over a two year period were subsequently more depressed. Overall, results indicated that lonely children were initially more rejected and victimized and become more rejected over time, and withdrawn-rejected children had a lower self-concept. In addition, withdrawn-rejected children expressed more loneliness and social dissatisfaction, and reported more depressed mood than other children. Boivin et al. suggested that “the growing association between withdrawal and peer rejection in middle and late childhood is likely to lead to feelings of distress mainly through the mediation of actual negative experiences with peers and one’s assessment of aversive experiences” (p.783).

An association has been observed between depression and children’s perceptions of their social competence (Callaghan & Joseph, 1995; Hammen & Randolph, 1996). Similar to overt victimization, relational victimization has been shown to be significantly related to social-psychological distress such as loneliness and depression (Crick & Bigbee, 1998; Crick & Grotpeter, 1996), and Crick and Grotpeter found that victims who do not receive prosocial treatment by their peers tend to experience more adjustment difficulties.

The great majority of children and adolescents with depression recover within a year, but the growing body of longitudinal data on the course of depression suggests that children who are diagnosed with depression are likely to experience recurrences within a
few years (Hammen & Rudolph, 1996). Kochenderfer and Ladd (1996) found that a
stable pattern of being victimized throughout the school year was associated with more
forms of school maladjustment. Craig (1998) attempted to examine the relationship
between different types of victimization and depression and anxiety. Craig did not find
that specific types of victimization predicted depression but did find that victims reported
more depressive symptoms than comparison children. Craig maintained that this
depression is likely to be a function of the repeated victimization. Anxiety and
depression are emotions that reflect children's coping styles in bullying interactions, and
Craig explained that over time, anxiety and depression may increase. This increase may
result in these emotional reactions taking on a physical manifestation, which can include
somatic complaints.

Slee (1995c) raised the question of what the long-term outcomes may be for
children who are diagnosed as depressed or suffering from depressive symptomatology.
Suicidal thoughts and attempts are among the diagnostic criteria for depression, and rates
of ideation appear to be higher among depressed children and adolescents than depressed
adults (Hammen & Rudolph, 1996). Bullying became a salient issue in Japan after
several junior and high school students committed suicide after being victimized by peers
(Matsu, Kakuyama, Tsuzuki, & Onglatco, 1996).

Khatri et al. (2000) explained that some researchers (e.g., Neary & Joseph, 1994;
Rigby, 2000) have questioned the directionality of the relationship between victimization
and depression, considering that perhaps depression leads to victimization by peers.
Khatri et al. suggested that it may be that exhibiting depressive symptoms serves as a risk
factor for victimization, and victimization further increases the degree of depression.
Matsu et al. (1996) found that the influence of bullying depended upon the victim’s psychological adjustment prior to victimization and maintained the link between victimization and victims’ psychological maladjustment may be characterized as a “vicious cycle” (p.719). Matsu et al. explained how students scoring high on measures of depression and low on measures of self-esteem become targets of victimization which exacerbates the poorer adjustment of the victims.

In addition to the specific diagnostic criteria for depressive disorders, there are several other symptoms seen in children and adolescents. Depressive disorders in children and adolescents are diagnosed with the same criteria as adults, but there are a few features of depression, such as irritable mood, that are more likely to be typical in children and adolescents (Hammen & Rudolph, 1996). Hammen and Rudolph (1996) noted that social withdrawal, excessive worrying, and other anxiety symptoms commonly occur in depressed children and adolescents. Furthermore, it is typical for oppositional behavior, conduct problems, somatic complaints, and problems with self-esteem to be present in children with depression (Hammen & Rudolph).

Though research has found a relationship between peer victimization and symptoms typical of depression, the negative effects of victimization can manifest themselves in other ways as well. Some researchers have focused on adjustment difficulties associated with peer victimization. Boivin, Hymel, and Bukowski (1995) discussed internalizing and externalizing behaviors that are believed to be associated with long-term adjustment problems. Aggressive children are at greater risk for externalizing difficulties, such as delinquency, whereas withdrawn children are at greater risk for internalizing difficulties, such as loneliness and depressed mood. Haynie et al. (2001)
found that bullies tend to report externalizing behaviors whereas victims tend to report internalizing behaviors. In a study by Kumpulainen et al. (1998), victims scored higher than bullies on the Children's Depression Inventory, which evaluates more private depressive feelings, whereas bullies had more behavioral symptoms, which were reported by the school teacher.

Neary and Joseph (1994) found that overt aggression in females was associated with depression, and Khatri et al. (2000) found that females tended to report more depression and unpopularity than males. The tendency to bully others in females was associated with somatic symptoms, anxiety, social dysfunction and severe depression (Slee, 1995a). Rigby (2000) found that reported well-being was significantly more negative for females and maintains that the nature of social bullying for females is more important than the frequency of bullying.

Other researchers have found more similarities between the psychological effects of boys and girls involved in peer victimization. Slee (1995c) found that there was a positive association between victimization and depression, and the tendency to be victimized has been significantly associated with suicidal ideation and anxiety for both males and females (Slee, 1995a). Kumpulainen et al. (1998) found that compared to bullies, bully-victims, and children uninvolved in bullying, victims of both genders scored highest on measures of anhedonia and negative self-esteem, and male victims scored highest on measures of negative mood. Callaghan and Joseph (1995) found higher scores on the Peer Victimization Scale were associated with greater depressive symptomatology as assessed by the Birleson Depression Inventory for both boys and girls. However, Austin and Joseph (1996) found higher scores on bullying behavior were
associated with higher scores on the Birleson Depression Inventory for boys but not for girls. Austin and Joseph (1996) maintained that this sex difference may be related to "aggressive children having less effective and more disruptive communication strategies than non-aggressive children, even when they are not being aggressive, which leaves them vulnerable to depression" (p. 454).

Crick and Bigbee (1998) noted that children's experiences with peers may serve as a "social database" (p. 338) that children use to evaluate themselves and others. Crick and Bigbee maintained that peer victimization provides feedback that one does not fit in the peer group, so for example, victimized children may draw negative conclusions about themselves on the basis of their negative peer experiences. Thoughts such as, "No one is nice to me. I must be a terrible person" (p. 338) may contribute to internalizing problems. These children may view themselves as deserving of peers' cruelty and then they may become depressed or have difficulty being assertive in future social situations (Crick & Bigbee). This submissive behavior with their peers may develop because they lack self-confidence (Crick & Bigbee; Egan & Perry, 1998). These adjustment difficulties are also likely to further impair a victimized child's problems with peers, as depressed children may not be seen as an enjoyable playmate (Crick & Bigbee). Hodges and Perry (1999) hypothesized that depressed children are probably less capable than other children of planning assertive counterattacks that ward off aggressors, and victim responses that show signs of pain and suffering serve to reinforce the aggressors for their attacks.

Rigby and Slee (1999) found that adolescents who are more frequently victimized by peers at school and who generally feel unsupported by others when they have a
problem are more likely to experience suicidal ideation than others. The results of their study also showed that poor psychological well-being is commonly viewed by students as a consequence of peer victimization as substantial percentages of adolescents reported feeling “worse about themselves” after being bullied (p. 128). Severe depression was significantly associated with both the tendency to be victimized and the tendency to bully others for both males and females (Slee, 1995a; Slee, 1995c). This finding of severe depression among secondary school students replicates a similar finding among primary school students (Slee, 1995c) in which children in the victimized group were many times more likely to report depressive symptomatology. Rigby and Slee (1999) also found relatively high levels of suicidal ideation among male bullies, and they hypothesized that bullying may induce feelings of shame and depression which may lead to self-injurious behavior.

Rigby (2000) explained that children who have little or no support from others are clearly more vulnerable to being attacked by bullies. Rigby (2000) measured the well-being of adolescent students by assessing the prevalence of somatic complaints, anxiety, social dysfunction, and depression, and found that parents appear to be particularly important in contributing to the well-being of their children, especially with regard to the child’s feelings of hopelessness.

*Moderating Factors and Steps Toward Reducing Peer Victimization*

Bullying can have a variety of psychological effects on children. Bullying can affect students on an individual level, but it also can affect the social environment of a school. For example, bullying may create a climate of fear among students (Ericson, 2001). According to the National Education Association, it is estimated that 160,000
children stay home from school each day because they fear attack or intimidation by other students (Fried & Fried, 1996). Smith and Brain (2000) noted that bullying is a typical pattern of behavior among children, and it will be a challenge for researchers and practitioners to work to reduce it to the point where suicides caused by bullying, actual physical harm caused to victims, and life-long depression and feelings of low self-worth in victims and bullies will become rare. Slee (1995c) found that children who engage in prosocial behavior are less likely to endorse depressive symptomatology. Teaching kindness and prosocial behavior has been one approach educators have used to reduce peer victimization.

**Prosocial Behavior.** Research links the quality of a child's peer relationships with how competent they perceive themselves socially (Slee & Rigby, 1993a). Rigby and Slee (1993) noted that some studies have shown a positive correlation between the practice of prosocial behavior and psychological well-being and a positive correlation between cooperativeness and both self-esteem and happiness in adults. However, Rigby and Slee (1993) added that the relationship between prosocial behaviors and psychological well-being in children is unclear at this point. Slee and Rigby (1993a) measured primary school children's tendencies to act in a prosocial or cooperative manner by asking how often these students help harassed kids, like to make friends, share things, and enjoy helping others. Slee and Rigby (1993a) did not find the prosocial factor to be as evident as it had been in a previous study they had conducted with adolescents (Rigby & Slee, 1993), where students with relatively strong prosocial or cooperative tendencies were found to have higher self-esteem, to be generally happier, and had a greater liking for school than others. Slee and Rigby (1993a) suggested the differences of
the tendency to act in a prosocial manner between the age groups studied may be related to a developmental component. Slee and Rigby (1993a) maintained that although the prosocial factor was less evident in primary school children, prosocial tendencies of primary school students still existed, and this tendency shows that there is a basis for using peer groups in bully prevention programs with this age group.

Friendship. Schwartz, McFadyen-Ketchum, Dodge, Pettit, and Bates (1999) discussed the long-term protective effects of friendship against victimization. The results indicated that friendships in kindergarten and first grade served as a buffer against victimization several years later. Boulton et al. (1999) explained that although a longitudinal design provides stronger support for the “friendship protection hypothesis,” this design cannot determine causal relationships because it may be the case that “the skills used to form and maintain friendships are also skills to avoid being bullied” (p.465). Children who are able to establish friendships may also be described as assertive, which may decrease their likelihood of being victimized (Schwartz et al., 1999).

Assessing the quality of friendships is important, particularly when noting how children may attempt to protect their friends (Hodges et al., 1999). When a friend is being victimized, some friends may respond by asking an adult to intervene or verbally convincing the bully to stop, whereas other children may fight the bully to defend their friends (Hodges et al., 1999; Kochenderfer & Ladd, 1997). Though one may expect that victimization is not as chronic for children with a best friend, Hodges et al. (1999) found that victimization is as chronic for children with a best friend as it is for those without a best friend.
Schwartz, Dodge, et al. (2000) explained how the social skills that are required for maintaining and establishing friendships may be associated with resiliency in multiple areas of social functioning, and a child who develops these competencies will be unlikely to emerge as a persistent victim of bullying. Friends lessen the risk for victimization by providing vulnerable children with support against potential victimizers (Hodges, Malone, & Perry, 1997). Friends could also serve as defenders or allies against aggressive peers (Hodges et al., 1999). In addition, Schwartz, McFadyen-Ketchum, et al. (1999) noted that over longer periods of time, friends might help develop positive social reputations that discourage victimization.

Behavioral differences have been noted between aggressive victims and nonaggressive victims, and between girls and boys. However, friendships appear to be protective factors for all of these subgroups (Schwartz, Dodge, et al., 2000). “Friendships could play a role in developing self-esteem and school adjustment and although a particular behavioral or psychological attribute might increase risk for victimization, children are unlikely to target peers who are defended by numerous friends” (Schwartz, Dodge, et al., 2000, p.658). Schwartz, Dodge, et al. (2000) discussed how friendship quality is likely to be an important factor to consider and noted that some positive features of friendship include closeness, intimate exchange, support, and companionship, whereas negative features might include conflict, rivalry, and jealousy.

Anti-bullying programs. Another way to reduce bullying is through anti-bullying programs. One approach taken in anti-bullying programs involves “befriending” (Boulton, Trueman, Chau, Whitehand, & Amatya, 1999). This type of intervention aims to train students to provide support to their victimized peers, and the goal of this approach
is that this support will alleviate some of the victim's distress and help them avoid future victimization (Boulton et al., 1999). In a study by Kochenderfer and Ladd (1997), the children's strategy of fighting back to prevent future victimization was associated with continued victimization, whereas boys who relied on the strategy of having a friend help were less likely to report victimization 4-6 months later. The results of a study by Hodges, Boivin, Vitaro, and Bukowski (1999) indicated that friendship can be a buffer against the negative adjustment reactions of victimized children. Though individual risk factors associated with victims of bullying, such as living in a harsh, stressful, or violent home environment (Schwartz, Dodge, Pettit, & Bates, 2000) may result in behavioral problems, Hodges et al. (1999) explained that having a best friend still appears to decrease victimization for children.

Peer support systems in challenging bullying have been perceived to help create a socio-emotional climate of "care" (Naylor & Cowie, 1999). Peer support systems take a number of forms, including mentoring, befriending, conflict resolution, advocacy/advice-giving and counseling-based approaches. Typically, the training of peer supporters involves teaching basic skills of active listening, empathy, problem solving, and supportiveness. The most common perceived benefits of peer support systems mentioned by Naylor and Cowie are that the service provides the student with someone who listens, and it helps students build the strength to overcome the problem. In addition, peer support systems were perceived to show that someone cares.

Anti-bullying programs generally recommend having a school policy specifically designed to deter bullying behavior in addition to procedures for dealing with incidents of bullying when they arise (Peterson & Rigby, 1999). These procedures are typically
directed by teachers and involve students (Peterson & Rigby, 1999). Some schools allow students to contribute towards a solution to the bullying problem, and Peterson and Rigby (1999) believe involving students in an anti-bullying action is desirable because children who are victimized often prefer to go to other students for help rather than to teachers. Peterson and Rigby reported earlier findings from Rigby in 1997 where less than one in four of the children in secondary schools who had indicated that they had been bullied reported ever having informed a teacher. More than half of students had spoken to another student instead.

One bullying policy was developed in an Australian school after a research study was conducted by Peterson and Rigby (1999). This policy involved not only staff members but also student representatives and parents. The policy, described by Peterson and Rigby began with a statement of rights explaining: “Every person at the school has the right to experience positive and respectful relationships between all members of the school community, and to learn and teach in a happy and safe environment” (p. 484). In addition, the policy makes it clear that bullying is not acceptable at the school. The policy also explains how the school proposes to prevent bullying.

Rigby and Slee (1991) found that a large majority of children of all ages oppose bullying and support victims. Peterson and Rigby (1999) noted that some school administrators have used student participation in anti-bullying efforts and have formed actual committees to address the problem. Committees plan and implement anti-bullying activities, which include peer helper groups, in which peer helpers are trained to listen to victimized students. Public speaking groups and a series of anti-bullying, anti-violence posters have been designed to enhance the credibility of anti-bullying committees. Some
schools have students as welcomers, in which they have the role to help new students and offer membership into a social group. Because new students are often vulnerable to social isolation, school welcomers aim to help these students become more established in the school (Peterson & Rigby, 1999).

Wilczenski et al. (1997) discussed a particular program called “Fair Play” that was implemented in a school in Buffalo, New York. Although parents and teachers rated bullying as a minor problem at the school, 82% of 120 fifth grade students indicated that they had observed recent instances of bullying, and 55% reported having been bullied themselves. Wilczenski et al. maintained that primary prevention initiatives need to change school climate by encouraging prosocial behavior and respect for all students, and by sending the message that oppression will not be tolerated. The rationale for Fair Play considers motivations for bullying as well as the link between victims and victimizers. The development of prosocial behavior in children is related to the use of victim-centered discipline techniques by parents, such as reparation and apology to encourage empathy with victims. The program also emphasizes that modeling altruism is critical to changing the negative climate of bullying in schools (Wilczenski et al., 1997).

Bullies may be described as leaders who lead in the wrong direction. Leadership abilities have been emphasized in the Fair Play program (Wilczenski et al., 1997). In the program, children are encouraged to accept others’ ideas through activities like socio-drama, which helps children make decisions, problem solve, and practice new roles. Brainstorming is used to initiate discussions and to elicit ideas about peer victimization from the students’ perspectives. Students who had participated in the Fair Play program indicated an increased awareness of various aspects of bullying behavior. After the
program, more students indicated a willingness to intervene in bullying situations, to assert themselves nonviolently, or to turn to an adult for help. During follow-up interviews, six teachers whose students had been involved in the program indicated that simply reminding students of the content of the program helped to diffuse situations of conflict in the classroom.

An anti-bullying publication in England, called ‘Don’t Suffer in Silence’ incited a change that resulted in the majority of schools implementing some type of an anti-bullying policy. Before the publication, very few schools had this type of policy (Smith & Shu, 2000). Smith and Shu found that students in a school where an anti-bullying policy was implemented had lower rates of peer victimization than schools without a policy, perhaps because they were better schools and/or had used materials and advice which had become available over the last several years. Smith and Shu noted that anti-bullying programs may need to focus on issues of social status and acceptance for adolescent boys, while not neglecting the subtle kinds of indirect bullying.

Research has demonstrated that levels of bullying can be reduced after implementing an agreed set of procedures for both prevention and response to bullying behavior (Sharp, 1996). The key ingredient for these procedures to be effective seems to be the involvement of all staff and all pupils in discussions and debates about what such guidelines should be included (Sharp, 1996). Byrne (1997) maintained that it is important for parents to discuss bullying with their children. Discussions should focus on the rights of others and the importance of tolerating differences. In addition, Byrne (1997) described the importance of parents watching for bullying in their own children and believes one of the ways to counteract bullying is through increased supervision.
Smith and Shu (2000) emphasized the role of the teacher in bullying intervention. The researchers noted that teachers must know how to intervene effectively, because in a minority of cases, intervention can make things worse. Smith and Shu believe programs should be developed to train teachers to ensure that they feel adequately equipped to help bullied children in the most effective manner. Cowie (2000) described how mixed-sex schools need to continue to find ways of involving more male teachers and male pupils in their peer support systems and added that all schools need to work at eliminating opposition from teachers who do not support these peer systems.

Bullying may not be evident to teachers in the classroom setting. Instead, the playground appears to be a prime location for bullying, especially in junior/middle schools (Whitney & Smith, 1993). Playground supervision has been found to be a significant factor in reducing bullying (Olweus, 1993; Whitney & Smith, 1993). Bullying occurs before and after school as well, and Byrne (1997) addresses the need to counteract bullying on school buses, which involves greater cooperation between the school, school bus drivers, and students.

Though many researchers discuss the problem of bullying as it occurs in the school system, Byrne (1997) looked at the community approach to bullying. For example, bullying may occur at local shops, neighborhoods, youth clubs, and sporting events. This means that other adults, in addition to school officials, may witness bullying behavior. Byrne (1997) described how a community approach helps develop a network which can support victims and change the negative behavior of bullies.

Introducing the different participant roles to the students helps them understand that their behavior might have encouraged bullying even if they did not mean to do so.
Depressive Symptoms

(Salmivalli, 1999). Salmivalli added that teaching about group processes gives students an idea of why individuals sometimes act differently from how they really would like to act. According to Salmivalli, it should be emphasized to students that everyone has a responsibility related to preventing bullying. One socially influential child might single-handedly shift a power differential by siding with a victim (O'Connell, Pepler, & Craig, 1999). It is important to raise peers’ awareness of individual responsibility and increase empathy for the victim, and it is necessary to provide effective intervention strategies for children and to encourage them to withstand the dynamics of the peer group. These strategies might serve to rally the witnesses to act against bullying (O'Connell et al., 1999).

Assertiveness training techniques can also be beneficial to children in all types of participant roles (Salmivalli, 1999). Assertiveness can be related to resisting group pressure to join in bullying, and telling a bully how one really feels. Salmivalli added that even bullies may benefit from some kind of assertiveness training as an alternative to aggressive acts.

In addition to assertiveness training, discussions in which students are encouraged to reflect upon their own behavior in bullying situations can take place in small groups, in pairs, or with individual students (Salmivalli, 1999). Exercises using drama and role-play can be useful in both motivating students and allowing a safe context to rehearse certain anti-bullying behaviors that the students have not tried before, such as telling others to stop bullying. These rehearsed behaviors may later generalize into spontaneous everyday interactions with their peers. In addition, Salmivalli described how role play can also be used in order to explore feelings associated with different participant roles and gives...
students opportunities for examining personal experiences of bullying, motivations to bully, and the consequences of bullying.

Sharp (1996) described evidence of increased peer involvement in tackling bullying as encouraging. Sharp pointed out that peer involvement can be seen as an indicator that placing collective responsibility for preventing bullying has been effective. Changes have been achieved by the involvement of pupils in the processes of policy development and implementation. Accomplishments like ones observed by Sharp may remind researchers, educators, clinicians, parents, and other adults that the issue of bullying is important to children and adolescents. In addition, it may point out to adults that children may be able to help provide answers to the challenge of dealing with and preventing peer victimization.
Chapter II

Rationale and Hypothesis

Borg (1998) noted that at a time when educators are trying to promote a more a humane and safe environment in the school setting, it makes sense for them to take bullying seriously. Rigby (1998a) defined bullying as “when someone deliberately and repeatedly hurts or frightens someone weaker than themselves for no good reason through hurtful teasing, threatening actions or gestures, name-calling or hitting or kicking.” Many adults may believe that bullying is part of growing up. However, Borg maintained that “a boy should not have to have his nose bloodied to grow up and become a man; nor does a girl need to suffer the humiliation, frustrations and pain which social isolation brings with it for her to grow up into a woman” (Borg, 1998, p. 440).

Researchers emphasize that everyone has a responsibility related to preventing bullying. O’Connell et al. (1999) noted the importance of raising peers’ awareness of individual responsibility and increasing empathy for victims. In addition, these researchers maintained that it is necessary to provide effective intervention strategies for children. Reports suggest that there are serious short-term and long-term consequences for victims, bullies, and students who witness peer victimization. Hawker and Boulton (2000) reviewed several studies and found that peer victimization is most strongly related to depression.

Anti-bullying programs have been one route researchers and educators have taken in order to decrease peer victimization (Sharp, 1996; Smith & Shu, 2000; Wilczenski et al., 1997). The present study examines the effectiveness of an anti-bullying program used by the Council on Child Abuse of Southern Ohio, Inc. (COCA) employed in the
school setting. This program aims to teach students about bullying and victimization through a presentation that involves discussion and viewing a videotape. Students will be assessed before and after participating in the program.

Part of the goal of the COCA's bullying prevention program is to increase the likelihood that children will act in a kind or prosocial manner when faced with a bullying situation. Prosocial behaviors may include children standing up to a bully, helping a victim, or making it known to others that they do not approve of bullying. Because there is a great deal of literature that has shown depressive symptoms are one likely negative effect of peer victimization (e.g., Boivin et al., 1995; Borg, 1998; Callaghan & Joseph, 1995; Crick & Grotpeter, 1996; Slee, 1995c), these symptoms will also be examined in students.

All statistical analyses will test the null hypothesis using an alpha level of .05. The following alternative hypotheses will be examined:

H1. Fewer students will view themselves as potential victims from pretest to posttest.

H2. Fewer students will view themselves as potential bullies from pretest to posttest.

H3. Fewer students will view themselves as potential bully-victims from pretest to posttest.

H4. There will be no change in the students who fit neither category (i.e., those who did not view themselves as potential victims or bullies) from pretest to posttest.

H5. Students with the tendency to bully, the tendency to be victimized, the tendency to be both bullied and victimized (bully-victims) and students in the neither
category will all increase their tendency to engage in prosocial behavior from pretest to posttest.

H6. Depressive symptoms will be reduced in students who have the tendency to be victimized, the tendency to bully and be victimized and possibly students who have the tendency to bully others from pretest to posttest. Depressive symptoms will not change from pretest to posttest in students in the neither category.
Chapter III
Method

Participants

A power analysis was conducted to determine the appropriate number of participants to be included in the proposed study. The average effect size relating victimization and depression found by Hawker and Boulton (2000) was .45, with effect sizes ranging from .23 to .81. Therefore, in the current study, in order to achieve similar estimates with a power of .5, the power analysis suggests that approximately 20 participants per group will be needed. Participants in the study will include approximately 300 5th-grade students from various schools in southern Ohio. These students will be recruited from schools that are planning to participate in the Bully/Peer Abuse Prevention Program presented by trained employees of the COCA. After personnel from schools have expressed interest in participating in the program, these personnel will be contacted by the researcher and Program Director of the COCA in order to obtain permission to conduct related research in their particular school. Schools that wish to participate in the Bully/Peer Abuse Prevention Program are not required by the COCA to participate in the research. Participation from students will also be voluntary. Passive consent will be obtained from the students’ parent or guardian (see Appendix A). This consent form for participating in the research project will accompany a similar letter from the principal, which explains the guardian’s right to withdraw his or her child from participating in the program.
Depressive Symptoms

Measures

Children's Depression Inventory. Depression in children and adolescents has been assessed using self-report questionnaires, behavioral checklists, and structured diagnostic interviews (Compas, 1997). Because depressed affect is an internalizing problem that others may not be able to observe, Compas noted that several different self-report measures have been developed to obtain children's and adolescent's reports of their negative mood. Compas added that numerous self-report scales and subscales have been used to assess self-reports of symptoms of depression, including the Children's Depression Inventory (CDI), which was developed by Kovacs in 1980. The present study will assess depressive symptoms of students using the CDI (See Appendix B). The CDI is a 27-item, self-report, symptom-oriented scale designed for children and adolescents requiring a first-grade reading level (Kovacs, 1985). The CDI has a wide range of usage in both clinically-referred and non-referred children and adolescents and the full scale includes a wide range of symptoms other than depressed mood (Compas). The CDI has frequently been used as a measure of depressed affect in research related to peer victimization (e.g., Boivin et al., 1995; Craig, 1998; Crick & Grotpeter, 1996; Kumpulainen et al., 1998; Vernberg, 1990).

The CDI quantifies depressive symptoms which include five factors: disturbed mood, anhedonia, vegetative functions, self-evaluation, and interpersonal behaviors (Kovacs, 1985). In addition, several items have specific relevance to children, such as the consequences of depression in school (Kovacs, 1985). Each CDI item consists of three choices, from 0 to 2 in the direction of increasing severity. The total score can range from 0 to 54. A higher score indicates greater depressive symptomatology. The

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present study will omit one question that asks about suicidal ideation for ethical purposes, as the content of the question may be upsetting to students. This procedure was also employed by Boivin et al. (1995) and Kumpulainen et al. (1998) in their studies in which the CDI was used. Therefore, the total scores for the present study can range from 0 to 52. Approximately 50% of the items start with the choice that reflects the greatest symptom severity; for the rest, the sequence of choices is reversed. The respondent is instructed to select one sentence for each item that best describes him or her over the past two weeks.

Though the CDI was designed for individual administration in clinical research settings, it has been group-administered in schools by teachers and researchers with little difficulties being reported (Kovacs, 1985). Kovacs (1985) noted that the CDI can serve as an index of the severity of depression and as a measure of change as well. However, Kovacs warned that the CDI should not be used as a diagnostic tool. Instead, it may be more appropriate for screening purposes and treatment outcome studies.

All of the scales in the CDI meet at least minimal criteria for internal-consistency reliability, test-retest reliability, and stability over moderate periods of time (Compas, 1997; Kovacs, 1985). The internal consistency of the CDI has been analyzed by means of coefficient alpha, with coefficients of .86 (Kovacs, 1985), .73 (Craig, 1998), and .85 (Crick & Grotpeter, 1996).

Kovacs reported that the concurrent validity of the CDI was determined against two self-rated scales: the Revised Children’s Manifest Anxiety Scale (Reynolds & Richman, 1978) and the Coopersmith Self-Esteem Inventory (Coopersmith, 1967). In a psychiatrically-referred sample, Kovacs reported that the results of these concurrently
administered scales were correlated. The association between the depression and the anxiety scales was highly significant ($r = .65, p < .0001, N = 55$); and Kovacs added that self-rated depressive symptomatology and low self-esteem were also correlated ($r = -.59, p < .0001, n = 51$).

*Peer Relations Questionnaire.* In addition to measures of depressive symptomatology, the present study will examine students’ views of the relative frequency of bullying in their school and students’ views of their own tendencies to be victimized and to bully others by the Peer Relations Questionnaire (PRQ; see Appendix C). The PRQ, developed by Rigby and Slee (1993), consists of seven sections (Rigby, 1998a). The first section provides demographic information. In the present study, one question regarding ethnicity will be replaced by a question that asks about the child’s racial group instead (See Appendix C, Section A, question 5). Racial group choices will include Black/African American, White/Caucasian, Asian, American-Indian, Multi-Racial, and Other. If the respondent chooses “other” he or she will be asked to write the name of his or her race. The second section begins with questions that provide students an opportunity to say positive things about themselves in the course of describing their relationship with others. Questions in the third section refer to the school and include a brief definition of bullying. Questions are intended to assess how often and where bullying occurs in the school, how safe the student feels at school, and how the teachers are seen as reacting to bullying. The next section in the questionnaire seeks estimates of the extent to which children have been bullied during the year, the forms bullying has taken, the relative incidence of group and individual bullying, the gender relationship between bullies and victims, the duration over which bullying has occurred, the feelings...
Depressive Symptoms

The victimization can evoke in victims, and the degree to which victimization has resulted in the student being absent from school. The Victim Scale is made up of five items that assess how often the student has been: teased in an unpleasant way, called hurtful names, left out of things on purpose, threatened with harm, and hit or kicked. Choices for each item include: “never”, “sometimes”, or “often” (Rigby, 1998). Another section deals with the extent to which students are prepared to inform others if and when they are victimized by peers. This section also deals with consequences when students have informed others. The next section assesses the tendency of some children to bully others. This section begins with two non-threatening questions about the perceived ability to withstand and practice bullying. The questions then become more direct regarding possible involvement in bullying others, followed by an examination of possible motives. Questions in this section will hereafter be identified by the present author as the Bully Scale. The last section is designed to discover how prepared students are to see bullying confronted by both students and teachers and how prepared they are to becoming involved in this process.

The results of normative data for the PRQ are based upon surveys of students between the ages of 8 and 18 years attending 86 Australian schools (Rigby, 1998a). In total, 22,642 boys and 16,042 girls completed the PRQ between 1993 and 1997. The types of schools included in the sample are comprised of 51 coeducational secondary schools, 4 coeducational all-age schools, 2 coeducational middle schools, 10 coeducational primary schools, 8 boys secondary schools, 2 boys all-age schools, 2 boys middle schools, 5 girls secondary schools and 2 girls all-age schools (Rigby, 1998a). In each case the use of the PRQ was requested by the school administrators. The mean age
for boys was 13.83 years (SD = 1.96), and the mean age for girls was 13.72 years (SD = 2.02). Seventy-eight percent of the sample described their families as Australian non-Aboriginal. Other groups included Italian, Aboriginal, Greek, Vietnamese and Polish.

The coefficient alpha of the Victim Scale in the PRQ was .80 in 8 to 12-year-old boys and .83 in 13 to 18-year-old boys. The coefficient alpha in 8 to 12-year-old girls is .77 and .78 in 13 to 18-year-old girls (Rigby, 1998a). The Victim Scale had an alpha of .86 in a longitudinal study by Peterson and Rigby (1999).

The Pro-Social Tendencies Scale. A set of questions that were developed by Rigby and Slee (1993) related to prosocial tendencies of students will be added to the revised PRQ questionnaire for the present study. The Pro-Social Tendencies Scale (see Appendix D) includes four items that ask how often the child: enjoys helping others; helps harassed children; likes to make friends, and; shares things. Response categories include, “never”, “once in a while”, “pretty often”, and “often”. Responses are coded on a Likert scale, from 1 to 4, with 4 representing often. The total score on the Pro-social Tendencies Scale ranges from 4 to 16. A higher score indicates a greater prosocial tendency. The reliability for the Prosocial Scale as assessed by Rigby and Slee (1993) was .71 and 74 in two separate schools. The Pro-Social Tendencies Scale had an alpha coefficient of .74 (Rigby, 1993; Rigby, Cox, & Black, 1997), and Rigby et al. (1997) found the Pro-Social Tendencies Scale to be internally consistent, with correlations of .56 and .51, respectively.

Anti-Bullying Program. The COCA is a non-profit agency, and its mission is to prevent child abuse. The COCA began providing a school-based child abuse prevention program in 1990 that focuses on sexual abuse prevention. This program meets the requirements of
House Bill 55. Increased disclosures from students that related specifically to peer abuse turned the agency's attention to the issue, and they began including discussions of bullying in their presentations. Employees of the COCA attended the Thirteenth National Conference of Child Abuse and Neglect, where several presenters (e.g., Fried, 2001) discussed research on anti-bullying programs that have been implemented throughout the United States. The COCA began their Peer Abuse Prevention Program in the Fall of 2001. In developing the Peer Abuse Prevention Program, COCA employees studied information gathered from these presentations. The Peer Abuse program is currently available to students in grades 5, 6, 7, and 8. The present study will assess fifth grade students because they are assumed to have no prior exposure to the program.

The Peer Abuse Prevention Program takes approximately 45 min to present. Workshop presenters have an outline of concepts to cover during each presentation (see Appendix E). Information may vary slightly based on questions students may ask during presentations. The procedure workshop presenters follow includes an introduction of themselves to the students in which they explain the purpose of the program. During the introduction, workshop presenters give students relevant statistics on peer abuse and explain the goal of the program which is to discuss the types of bullying and provide students with possible solutions. Workshop presenters then play the first 12 min of a video, called "Bully No More: Stopping the Abuse." This video covers four types of bullying: physical, verbal, emotional, and sexual. The video also discusses different roles that are associated with bullying: bullies, victims, and witnesses. Animation and humor are used, and role-playing examples demonstrate techniques to handle bullies. Respect, compassion, assertiveness, and non-violence are also stressed. In addition to playing the
video, workshop presenters use discussion prompts that are outlined in a script to reinforce concepts covered in the video (see Appendix E). An activity called “Peer Power” allows students to role play and choose possible solutions they feel are available to victims, bullies, and witnesses. After the presentation is finished, the workshop presenters invite students to talk to them outside the classroom one-on-one if they have any additional questions, concerns, or anything they would like to share.

Procedure

This study will utilize a pre-posttest design. Students will complete the PRQ, Prosocial Tendencies Scale, and CDI questionnaires approximately one week before participating in the program presented by workshop presenters from the COCA. Approximately 4 to 6 weeks after participating in the program, students will complete the same questionnaires.

The questionnaires will be administered in a group setting to preserve confidentiality and a period of approximately 45 min will be available for the completion of the questionnaires. No discussion of bullying will precede the first administration of the questionnaires. The administrator will emphasize the absolute confidentiality of the results, and students will be told that they can give their honest answers without fear that any other person will know how they have answered.

Passive informed consent will be distributed to each student’s guardian prior to their participation (see Appendix F). Consent forms will be sent home with a letter that informs parents of their child’s participation in the workshop, which is a standard procedure of the COCA. Students will be reminded that their participation is voluntary and will be instructed not to put their name on any part of the questionnaires. Because of
the potentially disturbing items on each questionnaire, the researcher will be available to discuss questions or concerns with students during and after the administration of the questionnaires. The PRQ should take no longer than 35 minutes to complete and the CDI should take no longer than 10 minutes to complete.

In order to keep track of questionnaires over the pre-post time period and preserve complete confidentiality, during the pre-test, each student will be given a large manila envelope which contains a numerical code written on the outside, questionnaires that have the same numerical code written on each page, and an index card with the numerical code. They will be instructed to place the index card in a small envelope provided by the researcher. On the outside of the small envelope, students will write their names and then seal the envelope. The researcher will collect the small envelopes after this procedure is completed. The students will be instructed that after completing the questionnaires, they should place the questionnaires in the manila envelope and return this to the researcher. The researcher will keep questionnaires separate from the small envelopes containing the index cards in order to protect confidentiality. Only the researcher will have access to the index cards, which identify the participant by name.

During the posttest, participants will receive their small envelope with their name on the outside that they had written during the pretest. They will open the envelope to obtain the index card with their own code number. They will be instructed to write this code number on each questionnaire. Students will then complete the questionnaires and return them to the researcher. After students follow this procedure, they will be instructed to discard the index card.
Chapter IV

Results

In order to test the hypothesis that fewer students will view themselves as potential victims, fewer students will view themselves as potential bully-victims, and fewer students will view themselves as potential bullies from pretest to posttest, participants will be placed into the categories of “victim”, “bully”, “bully-victim” or “neither.” Based on the PRQ, victims will be identified by a score from four questions (See Appendix C, Section D, questions 1, 2, 3, and 5) that are related to the tendency to be a victim. These questions all refer to the occurrence and frequency of being bullied. The ranges of scores on each of the questions are from 1 to 3, 1 to 4, or 1 to 6, coded on a Likert scale. The range of total possible scores on this set of questions is from 9 to 31. Higher scores indicate a greater tendency to be a victim.

Based on the PRQ, bullies will be identified by scores from five questions that are related to students’ tendency to be a bully (See Appendix B, Section F, questions 2, 3, 4, 5, and 6). The ranges of scores on each of the questions are from 1 to 3, 1 to 5, or 1 to 6, coded on a Likert scale. The range of total possible scores on this set of questions is from 5 to 22. Higher scores indicate a greater tendency to be a bully.

For students to be categorized as part of the victim group, they need to obtain a total score of greater than 20 on the PRQ questions related to being a victim, and they also need to obtain a total score of less than 10 on the PRQ questions related to being a bully. For students to be categorized as part of the bully group, they need to obtain a total score of greater than 9 on the PRQ questions related to being a bully, and they also need to obtain a total score of less than 21 on the PRQ questions related to being a victim.
For students to be categorized as part of the bully-victim group, they need to obtain a total score of greater than 20 on the PRQ questions related to being a victim, and they also need to obtain a total score of greater than 9 on the PRQ questions related to being a bully.

Students who do not fit into the bully or victim criteria will be categorized as part of the “neither” group. This categorization method is similar to the method used by Slee and Rigby (1993b).

Chi-square analyses will be conducted to examine H1, H2, H3 and H4 regarding the frequency of victimization. The analyses will examine whether or not the frequency of self-reported victimization and bullying decreases from pretest to posttest.

It is hypothesized that students with the tendency to bully, the tendency to be victimized, the tendency to both bully and be victimized and other students who are “neither” will increase their tendency to engage in prosocial behavior from pretest to posttest. A Group (victim, bully, bully-victim, neither) × Test (pretest vs. posttest) Analysis of Variance (ANOVA) on total prosocial scores will be used to examine this hypothesis (see Appendix D).

It is hypothesized that depressive symptoms may be reduced in students who have the tendency to be victimized, students who have the tendency to both bully others and be victimized and possibly students with the tendency to bully others after participating in the program. A Group (victim, bully, bully-victim, neither) × Test (pretest vs. posttest) ANOVA on total CDI scores will be performed to examine this hypothesis. To test for differences among the groups, a Newman-Keuls post-hoc test will be used.
Chapter IV

Discussion

The present study may provide some insight into the negative consequences associated with peer victimization. The study also may provide some support for the benefits of providing children with programs designed to combat the problem. This support would be evidenced by a reduction of the frequency of bullying and victimization as predicted. In addition, a reduction of depressive symptoms and an increase of prosocial behavior as predicted would provide support and incentives for schools to utilize bullying prevention programs.

There are several limitations to this study. In the current study, the directionality of the relationship between victimization and depression cannot be determined. It is possible that depressive symptoms were not caused by being bullied. A child may have been displaying symptoms, such as irritability, which then may have led to social exclusion. However, it is also possible that social exclusion exacerbated depressive symptoms that were already present. Other extraneous variables, such as adjustment reactions to home situations, grief, or educational difficulties may contribute to depressive symptoms, the tendency to be victimized, or the tendency to bully. These factors are not addressed in the measures used for the current study.

The measures used in the present study rely on a self-report technique. Graham and Juvonen (1998) compared a peer nomination technique with a self-report method of assessing the appraisals of the causes of peer victimization. The researchers found that self and peer perceptions were discrepant. The researchers maintained that peer views appear to be better at predicting interpersonal consequences associated with
victimization, whereas self-reports appear to predict intrapsychological consequences, such as loneliness and low self-worth. The peer nomination method may not be as accurate in terms of identifying relational victimization or indirect victimization. These types of victimization are often more subtle and difficult to detect by peers not directly involved (Graham & Juvonen, 1998). The self-report technique can also be problematic in terms of response biases. Students may be unwilling to report socially undesirable behaviors or attitudes. However, Slee (1995b) noted that for the PRQ, Rigby and Slee (1995) found self-reports correlated significantly with peer nominations. Slee (1995b) adds that further research involving direct observation may help overcome some of the limitations found in self-report data.

Although this study examines peer victimization in fifth grade students, research has shown that peer victimization occurs in all ages. Developmental differences are beyond the scope of the present study. However, differences in ages may be an important component in the development of anti-bullying/peer abuse prevention programs, especially as it relates to prosocial behavior. Furthermore, the current study does not specifically examine the implications of the gender differences that are typically evident in peer victimization. However, gender differences may also be an important factor to consider in the development of anti-bullying programs. Smith and Shu (2000) suggested that anti-bullying programs may need to focus on issues of social status and acceptance for adolescent boys while not neglecting the more subtle types of indirect bullying, such as spreading rumors which girls may be using.

Further research of the long-term effects of victimization and the effectiveness of anti-bullying programs is warranted. The present study will attempt to show that children
and adults should understand that children may suffer considerably when they are
victimized, and Slee and Rigby (1993) pointed out that at the very least, bullying
reinforces children's perceptions of being lonely and unhappy. Attempting to identify
prosocial behavior may suggest that there is a basis for using peer groups in school
programs to help ameliorate the effects of bullying (Slee & Rigby, 1993). Although
many students in the current study may not be identified as potential bullies or victims,
research by Salmivalli (1999) has shown that it is unlikely that there are many students
who are really uninvolved in peer victimization. And, even if students are not currently
experiencing distress associated with bullying, simply raising awareness of bullying and
its potentially harmful effects may be viewed as a preventative strategy by researchers
and educators. In schools where bullying is not perceived to be a large problem by
students, utilizing anti-bullying programs may still be desirable if educators realize the
importance of maintaining this environment to ensure that students continue to feel safe
at school.
References

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Permission Form

My name is Erica Pearl and I am a graduate student at Xavier University where I am working on my doctorate in clinical psychology. As part of my doctoral dissertation, I am studying the effects of an anti-bullying program given by the Council on Child Abuse of Southern Ohio, Inc. on 5th grade students.

I will be coming into your child's classroom during the week of _________________ and approximately 4 to 6 weeks after your child participates in the anti-bullying program which is being coordinated by the school. At both times, I will administer questionnaires about bullying experiences, mood, and prosocial behavior. The questionnaires will be done in your child's class and will take about 45 minutes. I will not ask for names on any of the questionnaires, so if your child participates in this study, all answers will be kept anonymous.

Participation in this study is voluntary. If your child does not want to answer the questions, he or she will not be required to do so. Helping with the study will not affect your child's grades.

If your child begins the questionnaire and decides that he or she does not want to complete it, your child can stop without any negative consequences. If your child participates in this study, you and your child will not get anything special by doing it, but it can help researchers learn more about the effectiveness of a bullying prevention program.

Please sign the form below and return it to the school by _______. If you have any questions about this project, you can reach me at 513-745-3533 (Xavier University's Psychology Department) or my research supervisor, Cynthia L. Dulaney, Ph.D. from Xavier University. Dr. Dulaney can be reached at 513-745-3535.

Thank you for your help.

-------------------------------------------------------------------------------------------------

My child, ____________________________________, has my permission to take part in the study being conducted by Erica Pearl, M.A. Yes_______ No_______

Guardian signature   Guardian’s name printed

Date
APPENDIX B
Kids sometimes have different feelings and ideas.

This form lists the feelings and ideas in groups. From each group of three sentences, pick one sentence that describes you best for the past two weeks. After you pick a sentence from the first group, go on to the next group.

There is no right answer or wrong answer. Just pick the sentence that best describes the way you have been recently. Put a mark like this $\square$ next to your answer. Put the mark in the box next to the sentence that you pick.

Here is an example of how this form works. Try it. Put a mark next to the sentence that describes you best.

Example:

- I read books all the time.
- I read books once in a while.
- I never read books.

When you are told to do so, tear off this top page. Then, pick the sentences that describe you best on the first page. After you finish the first page, turn to the back. Then, answer the items on that page.

*Remember, pick out the sentences that describe you best in the PAST TWO WEEKS.*
**Depressive Symptoms**

**Item 1**
- I am sad once in a while.
- I am sad many times.
- I am sad all the time.

**Item 2**
- Nothing will ever work out for me.
- I am not sure if things will work out for me.
- Things will work out for me O.K.

**Item 3**
- I do most things O.K.
- I do many things wrong.
- I do everything wrong.

**Item 4**
- I have fun in many things.
- I have fun in some things.
- Nothing is fun at all.

**Item 5**
- I am bad all the time.
- I am bad many times.
- I am bad once in a while.

**Item 6**
- I think about bad things happening to me once in a while.
- I worry that bad things will happen to me.
- I am sure that terrible things will happen to me.

**Item 7**
- I hate myself.
- I do not like myself.
- I like myself.

**Item 8**
- All bad things are my fault.
- Many bad things are my fault.
- Bad things are not usually my fault.

**Item 9**
- I do not think about killing myself.
- I think about killing myself but I would not do it.
- I want to kill myself.

**Item 10**
- I feel like crying every day.
- I feel like crying many days.
- I feel like crying once in a while.

**Item 11**
- Things bother me all the time.
- Things bother me many times.
- Things bother me once in a while.

**Item 12**
- I like being with people.
- I do not like being with people many times.
- I do not want to be with people at all.

**Item 13**
- I cannot make up my mind about things.
- It is hard to make up my mind about things.
- I make up my mind about things easily.

**Item 14**
- I look O.K.
- There are some bad things about my looks.
- I look ugly.
Remember, describe how you have been in the past two weeks....

Item 15
- I have to push myself all the time to do my schoolwork.
- I have to push myself many times to do my schoolwork.
- Doing schoolwork is not a big problem.

Item 16
- I have trouble sleeping every night.
- I have trouble sleeping many nights.
- I sleep pretty well.

Item 17
- I am tired once in a while.
- I am tired many days.
- I am tired all the time.

Item 18
- Most days I do not feel like eating.
- Many days I do not feel like eating.
- I eat pretty well.

Item 19
- I do not worry about aches and pains.
- I worry about aches and pains many times.
- I worry about aches and pains all the time.

Item 20
- I do not feel alone.
- I feel alone many times.
- I feel alone all the time.

Remember to fill out all items.
Peer Relations Questionnaire (PRQ)

This questionnaire is intended to obtain your views on how students treat each other at this school.

When you answer the questions, remember that this is an anonymous questionnaire. You are not being asked to put your name on it. You are free to answer as you wish. Nobody will know who has answered each question.

But we would like you to answer all the questions and to do so carefully and honestly, as the information you could give could be helpful to you, other students and the school.

For the most part, you will be asked simply to circle answers which you agree with.

Here is an example:

Do you enjoy coming to this school? (Circle one of the letters)
I always do A
I usually do B
About half the time C
I usually don’t D
I never do E

In this example B has been circled by a student who usually (but not always) likes coming to this school. A person who never liked coming would circle E.

Now begin the questionnaire and do not leave any questions unanswered.

The questionnaire was prepared by
Drs. Ken Rigby and Phillip Slee from
the Universities of South Australia and Flinders respectively.
Section A

1. What is the name of this school? ________________________________

2. Are you a male or female (Circle A or B)
   Male A
   Female B

3. How old are you now? ________ years

4. What is your grade level? ________

5. What is your race? (Circle a letter)
   Black/African-American A
   White/Caucasian B
   Asian, American-Indian C
   Multi-Racial D
   Other ________________________________
Section B

1. Now look at these pictures and circle the letter under the face which is most like you when you are at school.

2. How many good friends do you have in your class? (Circle a letter)

   None at all A
   I have one good friend in my class B
   I have two or three good friends C
   I have many good friends in my class D

3. How popular or well-liked are you by other students in your class? (Circle a letter)

   I am more popular than most students A
   I am about as popular as most B
   I am less popular than most of them C
Section C

1. Sometimes a stronger person or group of students will deliberately pick on someone weaker than themselves, and give that person a bad time. How often would you say this happens at this school? (Circle a letter)
   - Never A
   - Sometimes B
   - Often C

2. We call it bullying when someone is deliberately and repeatedly hurting or frightening someone weaker than themselves for no good reason. This may be done in different ways: by hurtful teasing, threatening actions or gestures, name-calling or hitting or kicking.
   Have you noticed bullying going on in this school in any of these places?
   (Circle the word giving your answer for each place)

<table>
<thead>
<tr>
<th>Place</th>
<th>Your answer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the classroom</td>
<td>Never</td>
</tr>
<tr>
<td>At recess/lunch</td>
<td>Never</td>
</tr>
<tr>
<td>On the way to school</td>
<td>Never</td>
</tr>
<tr>
<td>On the way from school</td>
<td>Never</td>
</tr>
</tbody>
</table>

3. In your view, is this school a safe place for young people who find it hard to defend themselves from attack from other students? (Circle a letter)
   - Yes, it is a safe place for them A
   - It is usually safe for them B
   - It is hardly ever safe for them C
   - It is never safe for them D

4. Do you think that teachers at this school are interested in trying to stop bullying? (Circle a letter)
   - Not really A
   - Only sometimes B
   - Usually they are C
   - They always are D
Section D

1. Have you ever been bullied by any student this year at school? (Circle a letter)

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>No</td>
<td>Yes, only once</td>
<td>Yes, a few times</td>
<td>Yes, lots of times</td>
</tr>
</tbody>
</table>

2. Did any of these things happen to you while you were being bullied this year? (Circle your answer in each case)

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being teased in an unpleasant way</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being called hurtful names</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being left out of things on purpose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being threatened with harm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being hit or kicked</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add any other things below to describe what happened to you when you were bullied.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
3. Bullying is sometimes done by an individual person, sometimes by a group. Looking back over your life at school this year (since September), were you ever bullied by:
   (Circle a letter in each case)

   Another student
   - Yes, often
   - Yes, sometimes
   - No, never
   A     B     C

   A group of students
   - Yes, often
   - Yes, sometimes
   - No, never
   A     B     C

4. In the case of an individual bully, was the student doing it:
   (Circle a letter)
   - Always a boy
   - Always a girl
   - Sometimes a boy, sometimes a girl
   - I have only been bullied by a group of students

   Always a boy: A
   Always a girl: B
   Sometimes a boy, sometimes a girl: C
   I have only been bullied by a group of students: D

5. Now we would like you to make another estimate of how often you have been bullied by other students at school this year, this time on a daily or weekly basis.
   Remember that it is not bullying when two young people of about the same strength have the odd fight or quarrel.

   Bullying is when a stronger person deliberately and repeatedly hurts someone who is weaker.

   How often this year have you been bullied by another student or group of students?
   (Circle a letter)

   Every day: A
   Most days: B
   One or two days a week: C
   About once a week: D
   Less than once a week: E
   Never: F

6. How long have you been attending this school, counting this year?
   _______ year(s)
7. Looking back over your time at this school what is the longest period over which you have been bullied by the same person or group? (Circle a letter)

- I have never been bullied A
- For a day or two B
- For a week or so C
- For several weeks D
- For months E
- For a year F
- For two years G
- For more than two years H

8. After being bullied, how have you generally felt about it? (Circle a letter)

- I have never been bullied at all A
- I have been bullied, but it hasn't really bothered me B
- I've felt mostly angry about it C
- I've felt mostly sad and miserable D

9. How have you felt about yourself after being bullied by someone? (Circle a letter)

- I have never been bullied at all A
- I felt much the same afterwards B
- I felt better about myself C
- I felt worse about myself D

10. Have you ever stayed away from school because of bullying? (Circle a letter)

- No, I've never thought of doing so A
- No, but I've thought of doing so B
- Yes, I have once or twice C
- Yes, more than twice D
Section E

1. Have you ever told anyone you have been bullied? (Circle a letter)
   - I've never been bullied by anyone A
   - I've been bullied but I've told no one B
   - I've been bullied and told people about it C

2. Have you told any of the following about your being bullied? (Circle for each person)

   Person
   - Your mother Yes No
   - Your father Yes No
   - A teacher Yes No
   - A counselor Yes No
   - A friend or friends Yes No

3. Did things generally improve after you told someone? (Circle a letter)
   - I was never bullied A
   - I never told anyone B
   - I told - and it got worse C
   - I told - and the situation didn't change D
   - I told - and things got better E

4. If you have been bullied and decided not to tell anyone, briefly say why you didn't.

   ______________________________________________________
   ______________________________________________________

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5. If you were bullied every day by someone stronger than yourself, would you tell someone about it? (Circle a letter)

<table>
<thead>
<tr>
<th>Response</th>
<th>Letter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitely yes</td>
<td>A</td>
</tr>
<tr>
<td>Yes</td>
<td>B</td>
</tr>
<tr>
<td>Don't know</td>
<td>C</td>
</tr>
<tr>
<td>No</td>
<td>D</td>
</tr>
<tr>
<td>Definitely no</td>
<td>E</td>
</tr>
</tbody>
</table>
Section F

1. How able are you to fight back and stop students of your own age from bullying you? (Circle a letter)
   - More able than most students A
   - About as able as most B
   - Less able than most C

2. How able are you to bully other children, if you wanted to do so? (Circle a letter)
   - More able than most students A
   - About as able as most B
   - Less able than most C

3. Have you ever felt like hurting or upsetting another student? (Circle a letter)
   - No, never A
   - Yes, sometimes B
   - Yes, often C

4. Do you think you could join in bullying a young person whom you don't like? (Circle a letter)
   - Yes A
   - Yes, maybe B
   - I don't know C
   - No, I don't think so D
   - No E
   - Definitely no F
5. How often have you been part of a group that bullied someone this year?
   (Circle a letter)
   I haven't been part of any group bullying this year  A
   It has happened once or twice  B
   Sometimes  C
   About once a week  D
   Several times a week  E

6. How often have you, on your own, bullied another person this year?
   (Circle a letter)
   I haven't, on my own, bullied anyone this year  A
   It has happened once or twice  B
   Sometimes  C
   About once a week  D
   Several times a week  E

7. There are various reasons people give for bullying others. What reasons do you think you would give for bullying someone, if you did it?
   Reason: Circle 'yes' or 'no' for each reason
   
   For fun  Yes  No
   Because they annoyed you  Yes  No
   Because they were wimps  Yes  No
   To get things or money from them  Yes  No
   To show how tough you are  Yes  No
   Because others were doing it  Yes  No
   To get even  Yes  No

Mention any other reason you might have for bullying someone.
Section G

1. Do you think that teachers and students should be concerned about stopping bullying in this school? (Circle a letter)
   Yes A
   Don't know B
   No C

2. Do you think that teachers should try to stop it? (Circle a letter)
   Yes A
   Don't know B
   No C

3. Do you think that students themselves should help to stop it? (Circle a letter)
   Yes A
   Don't know B
   No C

4. Do you personally try to stop it when you see it happening? (Circle a letter)
   Yes, always A
   Usually B
   Sometimes C
   Never D

5. Do you think that students and teachers should work together to stop bullying? (Circle a letter)
   Yes A
   Don't know B
   No C
6. Do you think you could use some help from somebody to stop you from being bullied? (Circle a letter)

   Yes                A
   Don't know         B
   No                 C

7. Would you be interested in talking about the problem of bullying at school with other students to see what can be done about stopping it? (Circle a letter)

   Yes                A
   Don't know         B
   No                 C

Now please look over your answers, and make sure you have not missed any questions. Then write today's date in the space below.

Day of month____________________________
Month of year___________________________
Year____________________

Thank you for completing this questionnaire. Your help is very much appreciated.
Pro-social Tendencies Scale

1. How often do you enjoy helping others?
   - Often
   - Pretty often
   - Once in a while
   - Never

2. How often do you help harassed children?
   - Often
   - Pretty often
   - Once in a while
   - Never

3. How often do you like to make friends?
   - Often
   - Pretty often
   - Once in a while
   - Never

4. How often do you share things?
   - Often
   - Pretty often
   - Once in a while
   - Never
Peer Abuse/Bully Prevention Program

Instructional Objectives

Grade Level: 5th & 6th
Time: 45 minutes
Materials: Video/Handouts/Extension Sheets

Procedure:

A. Introduce self and co-presenter

B. Explain purpose of program
   • Goal
   • Statistics

C. Introduce video—"Bully No More"
   • Play video-12 minutes-Stop at "role play" point

D. Concept Reinforcement
   • Discussion Prompts
   • "Peer Power" Activity

E. Questions

F. Disclosures
DISCUSSION PROMPTS

• Bullies
  • What is your definition of a bully?
    • Teasing vs. Bullying
  • Bullies abuse power and wear down the target's self esteem.
  • Why do some people bully?
    • Problems with family
    • They were bullies themselves
    • Think that the behavior makes them cool or popular
    • Can't handle their feelings of anger
    • They enjoy causing someone else pain
  • Bullies deserve and need help
  • 4 Types of Bullying:
    Physical
    Verbal
    Emotional
    Sexual
  • Boy vs. girl bullies

• Targets
  • Why does someone become a target?
    • Everyone in room is unique/special (vs. different)
  • Is it their fault? Targets may feel that they did something to “deserve it”
  • Acknowledge feeling of not “fitting in” and the importance of acceptance
  • How do targets feel the effects of bullying?
    Miss school       Scared
    Have trouble learning    Angry
    Low self-esteem       Depressed
    Lonely                Self violence
    Sad                   Violence towards others
• **Witnesses**
  - Difficult position-do you assist the bully or the target?
  - Become an audience for the bully and give the bully power
  - May feel the consequences of reporting
  - May feel guilty for not stepping in to help
  - **Reporting vs. Tattling**
    - *Tattling* is telling to get someone *in* trouble, *reporting* is telling to get someone *out* of trouble
  - Witnesses in a powerful and important position

• **Solutions**
  - "Peer Power" activity
    - Role play and have students with signs at desks

• **What can a target do?**
  - Use humor
  - Ignore the bully
  - Walk away
  - Talk to a Friend
  - Try to make a friend of the bully
  - Give the bully a compliment
  - **TELL AN ADULT**

• **What can a bully do?**
  - Ask themselves "Why am I doing this?"
  - Tell someone to get help to change their behavior
  - **PRACTICE KINDNESS WHENEVER YOU CAN**
DEBRIEFING INFORMATION

The study in which your child just participated is designed to examine the effects of bullying and victimization on fifth grade students. Previous research has shown that the experience of being bullied has been associated with depression in children. In this study, we gave your children a questionnaire asking about bullying and victimization experiences before and after they participated in an anti-bullying program given by the Council on Child Abuse of Southern Ohio, Inc. This study examined the effects of the program, specifically changes in children’s tendencies to engage in kind behavior, changes in the frequency of bullying and victimization, and changes in depressive symptoms.

After completing the study, your child was provided with the following information:

I really appreciate your help with this project. Your help will allow us to learn more about bullies and victims. If you have any questions about what you did today, I will be available outside your classroom to talk with you. Thanks again for your help.

If you have additional questions about the purpose of this study or the results I obtain from this study, please leave your name and a message for me (Erica Pearl) at the Psychology Department (513-745-3533) or my research supervisor, Dr. Cynthia Dulahey, at 513-745-3535. We will return your call as soon as possible.

Again, I greatly appreciate your child’s participation and contribution to our research.
September 16, 2002

Erica S. Pearl, M.A.
6709 Sandalwood Lane
Cincinnati, OH 45224

Dear Ms. Pearl:

The second revision of your Protocol #0209-4, *Depressive Symptoms and Prosocial Behavior in Elementary School Students after Participating in an Anti-Bullying Program* was received on September 12. It appropriately addressed the IRB’s request for more details about what will be orally presented to the potential volunteers. Approval of your research is granted in the Full Review category.

A Final/Status Report is due upon completion of your study or one year from this date. A form is enclosed for your convenience. The form is also available at www.xu.edu/IRB/IRBforms.htm.

If there are any adverse events or modifications to the research, please notify the IRB immediately.

We wish you every success with your research.

Sincerely,

Robert C. Baumiller, S.J.
IRB Chair and Administrator

RCB:nn

Encl: Final/Status Report

cc: Cynthia Dulaney, Ph.D., ML 6511
Hello everyone. My name is ______________ and I am doing a project to help me learn about bullies and victims. I have been asking students to help me with this project by answering questionnaires. If you would like to help me with this project, I will give you a manila envelope that has questionnaires inside. You do not have to participate and you do not get anything special for answering the questionnaires. If you do not want to participate, your teacher has asked that you _________________ . Again, you do not have to participate if you do not want to. If you do choose to answer the questionnaires, you should not put your name on any part of the questionnaires. This way, no one will know how you have answered, so you can feel free to answer the questions honestly. If you decide to participate, once the questionnaires have been handed out, please raise your hand if you have questions and I will help you. If you start the questionnaires and you decide you do not want to finish, you are allowed to stop. Once I hand you a manila envelope, please do not open these envelopes and start answering the questionnaires yet, because I have some more instructions for you. (The administrator will pass out the manila envelopes). Now that everyone has an envelope, open it and pull out the index card that has a number on it. (The administrator will wait until students have pulled out the cards). If you have decided that you want to participate, write an “X” in the space where it says, “I agree to participate in this project.” (The administrator will hold up a card to demonstrate). Now, find the small envelope (hold up an envelope to show them), and then write your first and last name on the outside of the envelope. Put the index card in the small envelope and then seal it. (The administrator will demonstrate this). I will now come around to collect these from you. Once you have finished the questionnaires, put them back in the manila envelope.
Then raise your hand and I will collect it from you. If you decide you do not want to participate, you may stop at any time. Remember, it is very important that you do not write your name anywhere on the questionnaires. I will be here to answer any questions while you answer the questionnaires and I will also be here to answer questions after everyone is finished if you would like to talk to me privately.

Script for Posttest

I was here several weeks ago when many of you answered some questionnaires about bullies and victims. I am here again to ask you if you can help me with my project by answering some more questionnaires. When I call your name, please raise your hand and I will give you the small envelope that you wrote your name on several weeks ago. Open this envelope that has the index card inside. This card has your own code number on it. I will pass out manila envelopes that have some more questionnaires for you to fill out. (The administrator will pass out the manila envelopes). Now, please look at the code number on your card. Write this code number on each questionnaire. Remember, it is very important that you do not write your name anywhere; only write your code number. When you have finished writing your code number on the questionnaires, raise your hand and I will collect your index card and small envelope. (The administrator will collect the cards and small envelopes). If you decide you do not want to participate, you may stop at any time. I will be here to answer any questions while you answer the questionnaires and I will also be here to answer questions after everyone is finished if you would like to talk to me privately. When you are finished answering the questionnaires, please raise your hand and I will collect them from you.
Chapter VI

Dissertation

Abstract

The present study examined the effectiveness of a bullying prevention program. The responses of 270 fifth grade students on the Peer Relations Questionnaire, the Children's Depression Inventory (CDI), and the Pro-social Tendencies Scale were examined before and after participating in the program. The results suggest that there are differences in depressive symptoms and prosocial behavior among children who have the tendency to bully, to be a victim, to be both a bully and a victim, and children who do not tend to bully nor be victimized by peers. Students in the bully, bully-victim, and neither groups had lower CDI scores than students in the victim group, but there was not a significant change from pretest to posttest. Pro-social scores of victims and students who were neither bullies nor victims increased from pretest to posttest. In addition, the number of self-reported victims decreased and the number of bullies increased. These findings have implications for those who are developing or currently presenting bullying prevention programs. In order to improve these programs and receive support for the time and money that is invested, there must be some evidence that the programs are addressing relevant issues. The increase of prosocial scores in two of the four groups and decrease of self-reported victims shows that there may be some benefits to emphasizing kind behavior in bullying prevention programs. In addition, children were able to acknowledge that bullying is occurring. This acknowledgement may be an important first step in combating the problem.
Depressive Symptoms and Prosocial Behavior in Elementary School Students after Participating in an Anti-Bullying Program

School bullying has come under intense public and media scrutiny recently as reports suggest that it may have been a contributing factor in school shootings in Santee, California in 2001 and Columbine High School in Littleton, Colorado, in 1999, and in other acts of juvenile violence, including suicide (Duggan, Waxman, & Snyder, 2001; Ericson, 2001). The Secret Service’s National Threat Assessment Center (NTAC) studied 37 school shootings, involving 41 attackers who were current or recent students in the school. In over two-thirds of the cases, the attackers felt persecuted, bullied, threatened, attacked, or injured by others prior to the incident. A number of attackers had experienced bullying that was long-standing and severe, and in those cases, the experience of bullying appeared to play a major role in motivating the attack (Vossekuil, Reddy, Fein, Borum, & Modzeleski, 2000). Given the widespread attention bullying has recently gained in response to sometimes tragic events, it is clear we need to better understand the factors involved. Research is needed to guide us in the challenge of working to improve, and ultimately, prevent bullying from occurring.

Bullying or “peer victimization” among children occurs when one child becomes a target of aggressive behavior from another child or group of children (Hawker & Boulton, 2000). As generally defined by Olweus (1991) and Slee (1995c), bullying involves: (a) an imbalance of strength; (b) repeated exposure to negative actions against an individual; (c) a deliberate intention to hurt another person, and (d) an unprovoked aggressive act.
Boulton and Smith (1994) reported that the frequency of peer victimization typically ranges from 10 to 20%. As cited by Boulton and Underwood (1992), an extensive study by Olweus (1987) of 140,000 Norwegian students found that about 9% of students reported being bullied and about 7% reported bullying others “now and then” or more frequently. In the United States, Perry, Kusel, and Perry (1988) found that among a sample of 165 children, 10% had extremely high scores on the victimization scale, which assessed rejection, verbal victimization, and physical victimization. Whitney and Smith (1993) found that in 17 different schools, at least 18% of children in each school reported being bullied at some time during the school term. In an international survey, the percentage of students who reported being bullied at least once during the current term ranged from a low of 15% to 20% in some countries to a high of 70% in others (Nansel, Overpeck, Pilla, & Ruan, 2001). Frequent bullying is typically defined as “bullying that occurs once a week or more.” This definition yields prevalence rates of 1.9% among an Irish sample and 19% in a Maltese sample (Nansel et al., 2001).

In order to better understand the variation in the rates of peer victimization, many researchers have distinguished among physical, verbal, indirect, and relational victimization (Hawker & Boulton, 2000). Physical victimization is considered to be “any form of victimization in which the victim’s physical integrity is attacked” (Hawker & Boulton, 2000, p.144). Definitions include the target being hit, pushed, kicked, hair being pulled, being locked inside a room, being shoved, or belongings being taken (Alsaker, 1993; Austin & Joseph, 1996; Boivin & Hymel, 1997; Hawker & Boulton, 2000; Boivin, Hymel, & Bukowski, 1995; Boulton & Smith, 1994; Boulton & Underwood, 1992; Callaghan & Joseph, 1995; Crick & Grotpeter, 1996; Kochenderfer &
Verbal victimization is considered to be "victimization in which the victim’s status is attacked or threatened with words" (Hawker & Boulton, 2000, p.144).


Bjorkqvist (1994) defined indirect aggression as aggression performed by an indirect third party or in a way that the victim cannot identify the aggressor. Bjorkqvist added that aggressors use indirect means in order to try to cover up their harmful intentions. Descriptions of indirect victimization have included the target being sent nasty notes, lies being told about the target, mean things being said to others about the target, and rumors being spread about the target (Boulton & Underwood, 1992; Crick & Grotpeter, 1996; Hawker & Boulton, 2000; Kochenderfer & Ladd, 1996; Sharp, 1996).

Crick, Casas, and Ku (1999) defined relational aggression as behavior which causes, or threatens to cause damage to peer relationships. The descriptions of relational victimization have included the target not being allowed to take part in the group, the target being kept/left out, the target being placed in ostracism or exclusion where no one would talk to the target, and the target being told that another will not like him/her unless the target does what the other child says (Alsaker, 1993; Boulton & Underwood, 1992;
Depressive Symptoms

Crick & Grotpeter, 1996; Hawker & Boulton, 2000; Sharp, 1996). In addition to looking at the different types of bullying, researchers have also examined characteristics of the children involved in the process. These children have generally been identified as bullies, victims, bully-victims, and witnesses.

Bullies are children who repeatedly target another child or group of children (Pellegrini, 1998). Bullies have been found to be aggressive, hostile, and domineering toward peers (Haynie et al., 2001). Bullies are typically bigger and stronger than the target (Haynie et al., 2001), and boys more often than girls have been identified as bullies (Olweus, 1993), especially when the bullying is physical (Pellegrini, 1998). Batsche and Knoff (1994) noted that students who engage in bullying behaviors seem to have a need to feel powerful and in control. Banks (1997) suggested that bullies appear to derive satisfaction from inflicting injury and suffering on others, with little empathy for their victims, and they defend their actions by saying that their victims provoked them in some way. Nansel et al. (2001) found that children who bullied others were more likely to engage in drinking alcohol and smoking, and they showed poorer school adjustment, both in terms of academic achievement and perceived school climate. However, these same children reported greater ease of making friends, indicating that bullies are not socially isolated. In general, there has been little evidence to support the claim that bullies victimize others because they have low self-esteem (Batsche & Knoff, 1994; Olweus, 1993; Slee & Rigby, 1993b).

Frequently the victim at home is a bully at school; bullies have usually been subjected to physical punishment or abuse, and the parents of bullies have tended to use assertive disciplinary techniques with negative parental attitudes (Banks, 1997;
Studies have indicated that bullies often come from homes where the children are taught to strike back physically as a way to handle problems, and where parental involvement is frequently lacking (Banks, 1997). Students who regularly display bullying behaviors are generally defiant or oppositional toward adults, antisocial, and apt to break school rules (Banks, 1997). Bullies are more likely to have criminal convictions and be involved in serious, recidivist crime later in life (Olweus, 1993; Whitney & Smith, 1993). Olweus (1993) also reported that “bullies identified by the age of 8 are six times more likely to be convicted of crimes as young adults and five times more likely to have serious criminal records by the age of 30” (Haynie et al., 2001, p. 31).

The aggressive behavior of bullies often results in general unpopularity or rejection with peers in grades 9 and up, but bullies do not seem to reach the low level of popularity that is characteristic of victims (Olweus, 1993). After finding small but significant positive correlations with the number of friends and the degree of popularity, Slee and Rigby (1993a) suggested that bullying behavior may not be offensive to all children. Boulton and Underwood (1992) claimed that bullying others may have a great deal to do with social status and dominance. When the victim is seen to ‘deserve it’ or when the children bully in groups, bullying others may serve as a buffer against the bully experiencing peer rejection himself or herself (Slee & Rigby, 1993a).

Although there are many common characteristics among bullies, bullies are still quite heterogeneous in their personalities. Olweus (1978) used the term "provocative victims," to describe children who demonstrate both anxious and aggressive behavior
patterns. Pellegrini, Bartini, and Brooks (1999) described some bullies as "aggressive victims," which is defined as children who respond to being bullied with aggression. Nansel et al. (2001) maintained that because of the combination of social isolation, lack of success in school, and involvement in problem behaviors, children who both bully others and are bullied may represent an especially high-risk group. However, Nansel et al. noted that it is not known whether the children were first bullied and then imitated the bullying behavior they experienced or whether they were bullies who then received retaliation. Perry et al. (1988) noted that, despite the fact that all acts of interpersonal aggression involve both an aggressor and a victim, most of the research has focused on the aggressor. As a result, Perry et al. suggested that less is known about the role of victims in terms of characteristics, behavior, and background.

Haynie et al. (2001) summarized studies indicating that victims exhibit poor social functioning, tend to be depressed, anxious, and insecure as compared to other students. In addition, these studies showed that victims displayed lower levels of self-esteem and were usually cautious, sensitive and quiet (Banks, 1997; Craig, 1998; Olweus, 1995; Rigby & Slee, 1991). The tendency to be victimized has been associated with introversion (Slee & Rigby, 1993b), a fear of negative evaluation, social avoidance (Slee, 1994), and low levels of assertive-prosocial behavior (Schwartz, Chang, & Farver, 2001). Compared with nonvictimized peers, victims have been found to score higher on internalizing behavior and psychosomatic symptoms (Bjorkqvist et al., 1982; Kumpulainen et al., 1998).

Students who are victims rarely defend themselves or retaliate when confronted by bullies and are often lonely and less happy at school (Banks, 1997; Boulton &
Underwood, 1992; Haynie et al., 2001; Hodges & Perry, 1999; Nansel et al., 2000; Slee, 1995b; Slee & Rigby, 1993a). Hoover, Oliver, and Hazier (1992) found that the most frequent reason of being targeted according to children is that the target "didn't fit in."

The major defining physical characteristic of victims is that they tend to be physically weaker than their peers (Hodges & Perry, 1999; Lagerspetz et al., 1982), but other physical characteristics such as weight, dress, or wearing eyeglasses do not appear to be significant factors that are correlated with victimization (Batsche & Knoff, 1994; Olweus, 1993). Lagerspetz et al. (1982) found that handicaps were more common among victims, and Whitney, Nabuzoka, and Smith (1992) found factors that increased a victim’s chances of being bullied included clumsiness and dyslexia.

Bowers, Smith, and Binney (1992) found that victims tended to show an enmeshed family pattern. Finnegan, Hodges, and Perry (1998) found that for boys, risk of victimization was associated with perceived maternal overprotectiveness whereas for girls, risk of victimization was associated with perceived maternal rejection. Nansel et al. (2001) found that being bullied was associated with greater parental involvement in school, possibly related to a lower level of independence in the victim.

Children may not fit into the bully, bully-victim, or victim roles. However, researchers may be remiss in emphasizing individual characteristics and behaviors without taking note of how the social groups play a role in peer victimization. Salmivalli (1999) described the participant roles children adopt who may not fit into either the bully or victim role. "Assistants" are described as children who may actively join in with a bully who has started to harass a victim. The assistant may catch or hold the victim for the bully in physical bullying episodes (Sutton & Smith, 1999). Others, who Salmivalli
called “reinforcers,” may not actively harass a victim. Instead, these children may provide the bully with an audience by laughing or by trying to get others to watch (Salmivalli, 1999; Sutton & Smith, 1999). In observations of bullying episodes on a playground setting, O'Connell, Pepler, and Craig (1999) found that peers reinforced bullies by passively watching 54% of the time. In addition, Salmivalli described a number of students as “outsiders” who tend to take a role of staying away from the bullying situation, pretending not to notice what is happening, and not taking sides with anyone. However, Salmivalli maintained that these children are still involved as their silence helps the bullying to continue. A group of students who comfort victims, tell an adult about the situation, get others to help, stick up for the victims, and try to make others stop bullying behavior are the “defenders” (Salmivalli, 1999; Sutton & Smith, 1999).

Despite Whitney and Smith’s (1993) findings that the majority of children do not approve of bullying, Salmivalli (1999) found that most children act in ways that encourage and maintain bullying behavior. Craig and Pepler (1997) found that peers were present during 85% of the bullying episodes in playgrounds and classrooms, and even though peers are often witnesses to these incidents, they do not intervene or tell adults (Cowie, 2000).

Psychological Effects of Peer Victimization

Several researchers have examined how depressive symptoms may be related to bullies and victims (Hawker & Boulton, 2000). Severe depression has been associated with the tendency to bully others (Austin & Joseph, 1996; Slee, 1995a; Slee, 1995c). Researchers have also found a positive association between victimization and depression.
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(Boivin et al., 1995; Callaghan & Joseph, 1995; Kumpulainen et al., 1998; Slee, 1995c). The tendency to be victimized has been significantly associated with suicidal ideation and anxiety for both males and females (Slee, 1995a). Bullying became a salient issue in Japan after several junior and high school students committed suicide after being victimized by peers (Matsui, Kakuyama, Tsuzuki, & Onglatco, 1996).

A stable pattern of being victimized throughout the school year has been associated with more forms of school maladjustment (Craig, 1998; Kochenderfer & Ladd, 1996). An association also has been observed between depression and children's perceptions of their social competence (Callaghan & Joseph, 1995; Hammen & Randolph, 1996). Similar to overt victimization, relational victimization has been shown to be significantly related to social-psychological distress (Crick & Bigbee, 1998; Crick & Grotzpeter, 1996), and victims who do not receive prosocial treatment by their peers tend to experience more adjustment difficulties (Crick & Grotzpeter).

Khatri, Kupersmidt, and Patterson (2000) explained that some researchers (e.g., Neary & Joseph, 1994; Rigby, 2000) have questioned the directionality of the relationship between victimization and depression, considering that perhaps depression leads to victimization by peers. Khatri et al. suggested that it may be that exhibiting depressive symptoms serves as a risk factor for victimization, and victimization further increases the degree of depression. Matsui et al. (1996) found that the influence of bullying depended upon the victim's psychological adjustment prior to victimization and maintained the link between victimization and victims' psychological maladjustment may be characterized as a "vicious cycle" (p.719).
Although bullying can affect students on an individual level, it also can affect the social environment of a school. Teaching kindness and prosocial behavior has been one route educators have explored for reducing bullying and peer victimization. Slee (1995c) found that children who engage in prosocial behavior are less likely to endorse depressive symptomatology. Slee and Rigby (1993a) suggested that the tendency to act in a prosocial manner may be related to a developmental component. Slee and Rigby (1993a) maintained that although the prosocial factor was less evident in the primary school children they studied, prosocial tendencies of primary school students still existed, and this tendency shows that there is a basis for using peer groups in bully prevention programs with this age group.

In addition to teaching prosocial behavior, there are other factors that may reduce bullying. Friendships in kindergarten and first grade have been found to serve as a buffer against victimization several years later (Schwartz, McFadyen-Ketchum, Dodge, Pettit, & Bates, 1999). Though one may expect that victimization is not as chronic for a child with a best friend, Hodges, Boivin, Vitaro, and Bukowski (1999) found that victimization is as chronic for children with a best friend as it is for those without a best friend. Therefore, assessing the quality of friendships is important, particularly when noting how children may attempt to protect their friends (Hodges et al., 1999) for some children may respond by asking an adult to intervene or verbally convincing the bully to stop, whereas other children may fight the bully to defend their friends (Hodges et al., 1999; Kochenderfer & Ladd, 1997). Schwartz, Dodge, et al. (2000) explained how the social skills that are required for maintaining and establishing friendships may be associated with resiliency in multiple areas of social functioning, and a child who develops these competencies will be
unlikely to emerge as a persistent victim of bullying. Friends lessen the risk for victimization by providing vulnerable children with support against potential victimizers because friends could serve as defenders or allies against aggressive peers (Hodges, Malone, & Perry, 1997), and “children are unlikely to target peers who are defended by numerous friends” (Schwartz, Dodge, et al., 2000, p.658). Schwartz, McFadyen-Ketchum, et al. (1999) noted that over longer periods of time, friends might help develop positive social reputations that discourage victimization.

Another way to reduce bullying is through anti-bullying programs. One approach taken in anti-bullying programs involves “befriending” (Boulton, Trueman, Chau, Whitehand, & Amatya, 1999) with the goal that teaching children how to support victims will alleviate some of the victim’s distress and help them to avoid future victimization (Boulton et al., 1999). Peer support systems in challenging bullying have been perceived to help create a socio-emotional climate of “care”. Peer support systems take a number of forms, including mentoring, befriending, conflict resolution, advocacy/advice-giving and counseling-based approaches (Naylor & Cowie, 1999).

Anti-bullying programs generally recommend having a school policy specifically designed to deter bullying behavior in addition to procedures for dealing with incidents of bullying when they arise (Peterson & Rigby, 1999). Wilczenski et al. (1997) maintained that primary prevention initiatives need to change school climate by encouraging prosocial behavior and respect for all students, and by sending the message that oppression will not be tolerated. Emphasizing empathy, leadership, assertiveness, and modeling altruism is critical to changing the negative climate of bullying in schools (Salmivalli, 1999; Wilczenski et al., 1997).
Smith and Shu (2000) believe programs should be developed to train teachers to ensure that they feel adequately equipped to help bullied children in the most effective manner. Playground supervision has been found to be a significant factor in reducing bullying (Olweus, 1993; Whitney & Smith, 1993). Bullying occurs before and after school as well, and Byrne (1997) addresses the need to counteract bullying on school buses. Byrne (1997) maintained that it is important for parents to discuss bullying with their children and believes one of the ways to counteract bullying is through increased supervision and watching for bullying in their own children. Borg (1998) noted that at a time when educators are trying to promote a more humane and safe environment in the school setting, it makes sense for them to take bullying seriously. Many adults may believe that bullying is part of growing up. However, Borg maintained that "a boy should not have to have his nose bloodied to grow up and become a man; nor does a girl need to suffer the humiliation, frustrations and pain which social isolation brings with it for her to grow up into a woman" (Borg, 1998, p. 440).

O'Connell et al. (1999) noted the importance of raising peers' awareness of individual responsibility and increasing empathy for victims. In addition, these researchers maintained that it is necessary to provide effective intervention strategies for children. The present study examined the effectiveness of an anti-bullying program used by the Council on Child Abuse of Southern Ohio, Inc. (COCA). This school-based program aims to teach students about bullying and victimization through a presentation that involves discussion and viewing a videotape. Part of the goal of the COCA's bullying prevention program is to increase the likelihood that children will act in a kind or prosocial manner when faced with a bullying situation.
In the present study, children were assessed before and after participating in the program. Because there has been little research examining the effectiveness of teaching prosocial behaviors to reduce bullying, the present study examined changes in students’ prosocial behavior. Changes in depressive symptoms were also examined in the students. Lastly, changes in how children viewed their tendency to be a bully, their tendency to be a victim, and their tendency to be a bully-victim were examined.

Method

Participants

Participants in the study included 270 fifth-grade students from six schools in southern Ohio. These students were recruited from schools that participated in the Bully/Peer Abuse Prevention Program presented by trained employees of the Council on Child Abuse (COCA). Schools that wished to participate in the Bully/Peer Abuse Prevention Program were not required by the COCA to participate in the research. Participation from students was also voluntary. Passive consent was obtained from each student’s parent or guardian at four of the schools. At two schools, the principals required parent permission forms to be returned in order for students to participate. None of the parents/guardians declined to have their child participate, and only four students declined to participate. Students and school personnel did not receive compensation for participation.

The study initially included 194 (66%) students from three suburban parochial schools and 100 (34%) students from three public schools (one Cincinnati Public school). At posttest, a total of 20 students were absent, and 4 students did not complete portions of the questionnaires properly. This resulted in a final sample of 270 participants. The 270
participants ranged in age from 10 to 14 years old with a mean age of 10.63 ($SD = .69$).
The study included 209 (77.4%) Caucasian students, 42 (15.6%) African American
students, 11 (4.1%) Multiracial students, 4 (1.5%) Asian students, 3 (1.1%) students who
identified themselves as "other," and 1 student who did not specify his or her ethnic
background. There were 147 (54.4%) girls and 123 (45.6%) boys.

**Measures**

*Children's Depression Inventory.* Depressive symptoms of students were
assessed using the Children's Depression Inventory (CDI). The CDI is a 27-item, self-
report, symptom-oriented scale designed for children and adolescents requiring a first-
grade reading level (Kovacs, 1985). The CDI has frequently been used as a measure of
depressed affect in research related to peer victimization (e.g., Boivin et al., 1995; Craig,
1998; Crick & Grotpeter, 1996; Kumpulainen et al., 1998; Vemberg, 1990). The total
score can range from 0 to 54. A higher score indicates greater depressive
symptomatology. The present study omitted one question for ethical purposes that asked
about suicidal ideation. This procedure was also employed by Boivin et al. (1995) and
Kumpulainen et al. (1998) in their studies in which the CDI was used. All of the scales in
the CDI meet at least minimal criteria for internal-consistency reliability, test-retest
reliability, and stability over moderate periods of time (Compas, 1997; Kovacs, 1985).
The internal consistency of the CDI has been analyzed by means of coefficient alpha,
with coefficients of .86 (Kovacs, 1985), .73 (Craig, 1998), and .85 (Crick & Grotpeter,
1996).

*Peer Relations Questionnaire.* Students' views of the relative frequency of
bullying in their school and students' views of their own tendencies to be victimized and
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to bully others were examined by the Peer Relations Questionnaire (PRQ). The PRQ, developed by Rigby and Slee (1993), consists of seven sections or scales (Rigby, 1998a). The Victim Scale is made up of five items that assess how often the student has been victimized by: being teased in an unpleasant way, called hurtful names, left out of things on purpose, threatened with harm, and hit or kicked. The Bully Scale assesses the tendency of some children to bully others. This section begins with non-threatening questions about the perceived ability to withstand and practice bullying. The questions then become more direct regarding possible involvement in bullying others, followed by an examination of possible motives.

The results of normative data for the PRQ are based upon surveys of students between the ages of 8 and 18 years attending 86 Australian schools (Rigby, 1998a). In total, 22,642 boys and 16,042 girls completed the PRQ between 1993 and 1997. The mean age for boys was 13.83 years ($SD = 1.96$), and the mean age for girls was 13.72 years ($SD = 2.02$). The coefficient alpha of the Victim Scale in the PRQ was .80 in 8 to 12-year-old boys and .83 in 13 to 18-year-old boys. The coefficient alpha in 8 to 12-year-old girls is .77 and .78 in 13 to 18-year-old girls (Rigby, 1998a). The Victim Scale had an alpha of .86 in a longitudinal study by Peterson and Rigby (1999).

In order to test the hypothesis that fewer students would view themselves as potential victims, fewer students would view themselves as potential bully-victims, and fewer students would view themselves as potential bullies from pretest to posttest, participants were placed into the categories of “victim”, “bully”, “bully-victim” or “neither.” Based on the PRQ, victims were identified by a score from four questions that are related to the tendency to be a victim. These questions all refer to the occurrence and
frequency of being bullied. The ranges of scores on each of the questions are from 1 to 3, 1 to 4, or 1 to 6, coded on a Likert scale. The range of total possible scores on this set of questions is from 9 to 31. Higher scores indicate a greater tendency to be a victim.

Based on the PRQ, bullies were identified by scores from five questions that are related to students’ tendency to be a bully. The ranges of scores on each of the questions are from 1 to 3, 1 to 5, or 1 to 6, coded on a Likert scale. The range of total possible scores on this set of questions is from 5 to 22. Higher scores indicate a greater tendency to be a bully.

For students to be categorized as part of the victim group, they needed to obtain a total score of greater than 20 on the PRQ questions related to being a victim, and they also needed to obtain a total score of less than 10 on the PRQ questions related to being a bully. For students to be categorized as part of the bully group, they needed to obtain a total score of greater than 9 on the PRQ questions related to being a bully, and they also needed to obtain a total score of less than 21 on the PRQ questions related to being a victim.

For students to be categorized as part of the bully-victim group, they needed to obtain a total score of greater than 20 on the PRQ questions related to being a victim, and they also needed to obtain a total score of greater than 9 on the PRQ questions related to being a bully.

Students who did not fit into the bully or victim criteria were categorized as part of the “neither” group. This categorization method is similar to the method used by Slee and Rigby (1993b).
The Pro-Social Tendencies Scale. The Pro-Social Tendencies Scale is a set of questions that were developed by Rigby and Slee (1993) related to positive social behavior of students. It includes four items that ask how often the child: enjoys helping others; helps harassed children; likes to make friends, and; shares things. Total scores on the Pro-social Tendencies Scale range from 4 to 16. The reliability for the Pro-social Scale as assessed by Rigby and Slee (1993) was .71 and 74 in two separate schools. The Pro-Social Tendencies Scale had an alpha coefficient of .74 (Rigby, 1993; Rigby, Cox, & Black, 1997), and Rigby et al. (1997) found the Pro-Social Tendencies Scale to be internally consistent, with correlations of .56 and .51, respectively.

Procedure

This study utilized a pre-posttest design. Students completed the CDI, PRQ, and Pro-Social Tendencies Scale approximately one week before participating in the Peer Abuse Prevention program. Approximately 4 to 6 weeks after participating in the program, students completed the same questionnaires. The questionnaires were administered in a group setting and took approximately 45 min to complete. The administrator read a script with instructions at pretest and posttest. Students were required to give assent and were instructed not to put their name on any part of the questionnaires.

Anti-Bullying Program. The COCA is a non-profit agency, and its mission is to prevent child abuse. The COCA began their Peer Abuse Prevention Program in the Fall of 2001. The Peer Abuse program is currently available to students in grades 5, 6, 7, and 8. The Peer Abuse Prevention Program takes approximately 45 min to present. Workshop presenters have an outline of concepts to cover during each presentation.
Information may vary slightly based on questions students may ask during presentations. The procedure workshop presenters follow includes an introduction of themselves to the students in which they explain the purpose of the program. During the introduction, workshop presenters give students relevant statistics on peer abuse and explain the goal of the program which is to discuss the types of bullying and provide students with possible solutions. Workshop presenters then play the first 12 min of a video, called “Bully No More: Stopping the Abuse.” This video covers four types of bullying: physical, verbal, emotional, and sexual. The video also discusses different roles that are associated with bullying: bullies, victims, and witnesses. Animation and humor are used, and role-playing examples demonstrate techniques to handle bullies. Respect, compassion, assertiveness, and non-violence are also stressed. In addition to playing the video, workshop presenters use discussion prompts that are outlined in a script to reinforce concepts covered in the video. These concepts include discussing the different types of bullying, why students may become bullies and/or victims, and how students may feel the effects of bullying. Other concepts include the role students have when they are a witness to bullying, and possible solutions. An activity called “Peer Power” allows students to role play and choose possible solutions they feel are available to victims, bullies, and witnesses. Workshop presenters emphasize practicing kindness to help reduce bullying. After the presentation is finished, the workshop presenters invite students to talk to them outside the classroom one-on-one if they have any additional questions, concerns, or anything they would like to share.
Results

An alpha level of .05 was used for all statistical analyses. Post-hoc tests of significant main effects and interactions were analyzed using a Bonferroni adjustment of the alpha level, and only those Bonferroni t-tests that were significant are reported. Because participants came from both parochial and public schools, a preliminary analysis was conducted with school type as a factor. There was a main effect of parochial schools versus public schools, $F(1, 261) = 20.261, MSE = 56.73, p < .001$ on the Children's Depression Inventory (CDI) scores (See Table 1). There were higher CDI scores in public schools ($M = 9.90, SD = 8.38$) than in parochial schools ($M = 4.72, SD = 4.23$).

There was also a main effect of parochial schools versus public schools, $F(1, 264) = 7.59, MSE = 6.14, p < .01$, on the Pro-social Tendencies Scale (See Table 2). There were higher prosocial scores in parochial schools ($M = 11.98, SD = 1.63$) than in public schools ($M = 10.86, SD = 2.02$). Because the school type did not interact with any of the variables of interest in the study, all subsequent analyses excluded that factor.

A Group (neither, bully, victim, bully-victim) × Test (pretest vs. posttest) Analysis of Variance (ANOVA) was performed on CDI scores (See Tables 3 and 4). There was a significant main effect of group, $F(3, 265) = 22.81, MSE = 62.56, p < .001$. Students in the Neither group had lower CDI scores than students in the Bully group, $t(239) = -3.74, p < .01$. Students in the Neither group also had lower scores than students in the Victim group, $t(188) = -7.94, p < .01$ and students in the Bully-Victim group, $t(180) = -4.04, p < .01$. In addition, students in the Bully group had lower CDI scores than students in the Victim group, $t(85) = -3.99, p < .01$. There was not a significant effect of Test nor was there a significant Group × Test interaction.
A Group (neither, bully, victim, bully-victim) × Test (pretest vs. posttest) ANOVA was performed on the Prosocial Tendencies Scale scores of students (See Tables 4 and 5). There was a significant main effect of group, $F(3,268) = 3.81, MSE = 6.50, p < .05$, but there was no main effect from pretest to posttest. However, the group effect was qualified by a significant Group × Test interaction, $F(3,268) = 2.76, MSE = 1.98, p < .05$. Paired samples $t$-tests were conducted between pretest and posttest for each of the groups to examine the interaction. There was a significant difference between pretest and posttest prosocial scores in the Neither group $t(173) = -2.17, p < .05$ and in the Victim group, $t(17) = -2.224, p < .05$, but not in the Bully and Bully-Victim groups from pretest to posttest. For the Neither group, there was an increase in prosocial scores from pretest ($M = 11.72, SD = 1.97$) to posttest ($M = 12.07, SD = 2.09$). For the Victim group, there was an increase in prosocial scores from pretest ($M = 10.67, SD = 2.37$) to posttest ($M = 12.17, SD = 2.57$).

Chi-square tests were conducted to examine the changes in frequency of self-reported victimization and bullying among the four groups from pretest to posttest (See Table 6). Results indicated that there was a significant overall effect, $\chi^2(3, N = 270) = 11.08, p < .05$. Patterns changed among the four groups from pretest to posttest. Results of the analyses showed that the number of students in the Victim group decreased, $\chi^2(1, N = 270) = 6.01, p < .05$. The number of students in the Bully group increased, $\chi^2(1, N = 270) = 6.03, p < .05$. There were no significant changes in the number of students in the Neither and Bully-Victim groups.
Discussion

The present study examined changes in how students viewed their tendency to be a bully, their tendency to be a victim, and their tendency to be a bully-victim after participating in a 45 min bully-prevention program. Students' depressive symptoms and prosocial behavior were also examined. These factors were examined in order to examine the negative consequences associated with peer victimization and to look at the possible benefits and incentives for schools to utilize bullying prevention programs to combat the problem.

One way to assess the effectiveness of programs is to examine whether there are changes in depressive symptoms among the different groups of children. The results showed that the CDI predicted several significant effects among the groups of participants. First, students in the Neither group had the lowest CDI scores. In addition, students in the Bully group had lower CDI scores than students in the Victim group. Previous research studying peer victimization has been consistent with these findings. Boivin et al. (1995) discussed internalizing and externalizing behaviors that are believed to be associated with long-term adjustment problems. Aggressive children are at greater risk for externalizing difficulties, such as delinquency, whereas withdrawn children are at greater risk for internalizing difficulties, such as loneliness and depressed mood. Haynie et al. (2001) found that bullies tend to report externalizing behaviors whereas victims tend to report internalizing behaviors. In a study by Kumpulainen et al. (1998), victims scored higher than bullies on the CDI, which evaluates more private depressive feelings, whereas bullies had more behavioral symptoms, which were reported by the school teacher.
More importantly was whether CDI scores decreased from pretest to posttest. There was not a significant effect of the pretest versus posttest on CDI scores. This may be related to a number of factors. Although the program given by the Council on Child Abuse addresses depression as a possible consequence of bullying, depression is not the main focus of the program. In addition, the program is 45 minutes long, which may not be long or intensive enough for students to be able to feel that their concerns are addressed. Although the follow-up period of 4 to 6 weeks was used in order to reduce attrition rates, it may not have been enough time to truly reflect a reduction in students' depressive symptoms. Some students may have taken longer to begin talking about their bullying experiences or receiving help as a result of the program.

In the current study, the directionality of the relationship between victimization and depression cannot be determined. It is possible that depressive symptoms were not caused by being bullied. A child may have been displaying symptoms, such as irritability, which then may have led to social exclusion. However, it is also possible that social exclusion exacerbated depressive symptoms that were already present. Other extraneous variables, such as adjustment reactions to home situations, grief, or educational difficulties may contribute to depressive symptoms, the tendency to be victimized, or the tendency to bully. These factors were not addressed in the current study.

In addition to examining depressive symptoms, the present study assessed the effectiveness of the program by examining changes in prosocial behavior among the different groups of children. There was not a significant difference between pretest and posttest prosocial scores in the Bully and Bully-Victim groups. However, for both the
Neither and Victim groups, there was an increase in prosocial scores from pretest to posttest. This increase may be related to the goals of the COCA’s program. Presenters of the program spend a considerable amount of time discussing what witnesses can do to help stop bullying. There is a strong message that even if a student is not being bullied, it is important to help others and “practice kindness whenever you can.” The Bully and Bully-Victim groups did not increase prosocial scores from pretest to posttest. This is consistent with previous research, which suggests that it may be more difficult to change the behavior of bullies. In a study by Lagerspetz, Bjorkqvist, Berts, and King (1982), bullies were found to hold positive attitudes toward aggression and negative attitudes toward teachers. Banks (1997) suggested that bullies appear to derive satisfaction from inflicting injury and suffering on others, with seemingly little empathy for their victims, and they defend their actions by saying that their victims provoked them in some way.

Although there was an increase in prosocial scores for the Neither and Victim groups, these results must be interpreted with caution. One limitation of the Prosocial Tendencies Scale relates to the number of questions in the measure. With only four questions, there is a restriction of range which results in less predictability. In order to assess changes more reliably, it will be important for researchers to work towards developing more measures of prosocial behavior with a greater range of scores.

The present study also assessed the effectiveness of the program by examining changes in the group membership of the participants. Results showed that there was no change in the number of students in the Neither group from pretest to posttest. In addition, there were fewer students in the Victim group after participating in the program. This reduction could be related to actions that they took to reduce their victimization.
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(e.g., seeking help from an adult or peer). In addition, this reduction also could be related to the actions of other children who reduced bullying behavior. On the other hand, students who reported being victimized at pretest may view their experiences differently as a result of information they learned in the program. Furthermore, it is possible that the students interpreted the questions differently during the posttest.

There was no change in the number of students who were in the Bully-Victim group from pretest to posttest. This is consistent with previous research, which suggests that children who both bully others and are bullied may represent an especially high-risk group because of the combination of social isolation, lack of success in school, and involvement in problem behaviors (Nansel et al., 2001). Therefore, these children may require more serious intervention before a change can occur.

The number of students in the Bully group increased from pretest to posttest. This may appear to be a negative effect of the program. However, the increase may be related to an increased awareness of bullying behavior. Perhaps after participating in the program, children were more aware or willing to admit that their behavior could be considered bullying. This awareness could be the first step in eventually reducing bullying behavior.

Although this study provides a valuable addition to the current literature on bullying and victimization, it is important to highlight several limitations. The sample of participants was predominately Caucasian (77.4%) and from parochial schools (66%). Therefore, these results may be less reflective of the public school setting and/or other racial and ethnic backgrounds. Additionally, the Peer Relations Questionnaire was normed on an Australian population. Seventy-eight percent of the sample described their
families as Australian, and other groups included Italian, Aboriginal, Greek, Vietnamese and Polish. Therefore, the questions that were developed may not be as relevant to the students studied in this population.

The measures used in the present study relied on a self-report technique. Graham and Juvonen (1998) compared a peer nomination technique with a self-report method of assessing the appraisals of the causes of peer victimization. The researchers found that self and peer perceptions were discrepant. The researchers maintained that peer views appear to be better at predicting interpersonal consequences associated with victimization, whereas self-reports appear to be better at predicting intrapsychological consequences, such as loneliness and low self-worth. The peer nomination method may not be as accurate in terms of identifying relational victimization or indirect victimization. These types of victimization are often more subtle and difficult to detect by peers not directly involved (Graham & Juvonen, 1998). The self-report technique can also be problematic in terms of response biases. Students may be unwilling to report socially undesirable behaviors or attitudes. However, Slee (1995b) noted that for the PRQ, Rigby and Slee (1995) found self-reports correlated significantly with peer nominations. Slee (1995b) adds that further research involving direct observation may help overcome some of the limitations found in self-report data.

Although this study examines bullying and peer victimization in fifth grade students, research has shown that peer victimization occurs in all ages. Developmental differences were beyond the scope of the present study. However, differences in ages may be an important component in the development of anti-bullying/peer abuse prevention programs, especially as it relates to prosocial behavior. Moreover, the
current study did not specifically examine the implications of the gender differences that are typically evident in peer victimization. However, gender differences may also be an important factor to consider in the development of anti-bullying programs. Smith and Shu (2000) suggested that anti-bullying programs may need to focus on issues of social status and acceptance for adolescent boys while not neglecting the more subtle types of indirect bullying such as spreading rumors, which girls may be using.

Further research on the long-term effects of victimization and the effectiveness of anti-bullying programs is warranted. The increase of prosocial behavior in two of the four groups that were studied suggests that there is a basis for using prevention programs in the schools to help ameliorate the effects of bullying (Slee & Rigby, 1993). Although the majority of students in the current study identified themselves in the Neither group, research by Salmivalli (1999) has shown that it is unlikely that there are many students who are really uninvolved in peer victimization. Furthermore, even if students are not currently experiencing distress associated with bullying, simply raising awareness of bullying and its potentially harmful effects may be viewed as a preventative strategy by researchers and educators. In schools where bullying is not perceived to be a large problem by students, utilizing anti-bullying programs may still be desirable if educators realize the importance of maintaining this environment to ensure that students continue to feel safe at school.

There has been relatively little research in the United States that examines the effects of bullying. Additionally, there are very few measures that are available to examine bullying and prosocial behavior. In order to be able to assess these areas more reliably, additional measures need to be developed in the United States. In developing
these instruments, it will be important to obtain a large, diverse normative sample from various urban and rural areas in order to reflect the diversity of children in the United States.

During the last several years there has been an increase in the number of studies examining the effects of bullying and an increase in the number of bullying prevention strategies and programs. However, there are few studies that evaluate the effectiveness of these strategies and programs. Program evaluation is essential in order to improve these programs so that they address the important and relevant issues. Prevention can be extremely difficult to measure. However, without additional research and education in this area, it will be even more difficult to demonstrate a need for bullying prevention programs in the future.
References

Alsaker, F.D. (1993). Isolation and peer abuse in day-care centers: How can these phenomena be measured and what are their consequences? *Enfance, 47,* 241-260.


Table 1

*Univariate Repeated Measures Analysis of Parochial/Public Schools on CDI Scores*

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>1149.48</td>
<td>1</td>
<td>1149.48</td>
<td>20.26</td>
<td>0.00</td>
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<tr>
<td>Error</td>
<td>14807.60</td>
<td>261</td>
<td>56.73</td>
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<td></td>
</tr>
</tbody>
</table>

Between Subjects
Table 2

*Univariate Repeated Measures Analysis of Parochial/Public Schools on Prosocial Scores*

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
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<td>46.59</td>
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</tr>
<tr>
<td>Error</td>
<td>1621.43</td>
<td>264</td>
<td>6.14</td>
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</table>

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Table 3

Univariate Repeated Measures Analysis of Group on CDI Scores

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Subjects</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group</td>
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<tr>
<td>Error</td>
<td>16577.69</td>
<td>265</td>
<td>62.56</td>
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Table 4

*Means and Standard Deviations of CDI Scores for Groups at Pretest and Posttest*

<table>
<thead>
<tr>
<th>Test</th>
<th>Pretest</th>
<th>Posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>$M$</td>
<td>$SD$</td>
</tr>
<tr>
<td>Neither</td>
<td>5.71</td>
<td>5.65</td>
</tr>
<tr>
<td>Bully</td>
<td>7.76</td>
<td>6.99</td>
</tr>
<tr>
<td>Victim</td>
<td>16.38</td>
<td>10.78</td>
</tr>
<tr>
<td>Bully-Victim</td>
<td>12.25</td>
<td>6.78</td>
</tr>
</tbody>
</table>
Table 5

*Univariate Repeated Measures Analysis of Group on Prosocial Scores*

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Between Subjects</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>74.32</td>
<td>3</td>
<td>24.77</td>
<td>3.81</td>
<td>0.01</td>
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<tr>
<td>Error</td>
<td>1741.71</td>
<td>268</td>
<td>6.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Within Subjects</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group</td>
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<td>1</td>
<td>2.97</td>
<td>1.5</td>
<td>0.22</td>
</tr>
<tr>
<td>Group × Test</td>
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<td>3</td>
<td>5.47</td>
<td>2.76</td>
<td>0.04</td>
</tr>
<tr>
<td>Error</td>
<td>531.18</td>
<td>268</td>
<td>1.98</td>
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</tr>
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</table>
### Table 6

Means and Standard Deviations of Prosocial Scores for Groups at Pretest and Posttest

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest</th>
<th>Posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$</td>
<td>$SD$</td>
</tr>
<tr>
<td>Neither</td>
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<td>1.97</td>
</tr>
<tr>
<td>Bully</td>
<td>11.11</td>
<td>1.98</td>
</tr>
<tr>
<td>Victim</td>
<td>10.67</td>
<td>2.37</td>
</tr>
<tr>
<td>Bully-Victim</td>
<td>10.67</td>
<td>2.46</td>
</tr>
</tbody>
</table>
Table 7

Percentages of Children in Groups at Pretest and Posttest

<table>
<thead>
<tr>
<th>Test</th>
<th>Pretest (N = 270)</th>
<th>Posttest (N = 270)</th>
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</thead>
<tbody>
<tr>
<td>Group</td>
<td></td>
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</tr>
<tr>
<td>Neither</td>
<td>64.4</td>
<td>60.3</td>
</tr>
<tr>
<td>Bully</td>
<td>25.2</td>
<td>32.6</td>
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<tr>
<td>Victim</td>
<td>6.7</td>
<td>3.3</td>
</tr>
<tr>
<td>Bully-Victim</td>
<td>3.7</td>
<td>3.7</td>
</tr>
</tbody>
</table>