

A Dissertation

entitled

Parental Factors Contributing to Bullying and the Effects of the ACT Parents Raising
Safe Kids Program on the Reduction of Bullying

by

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Submitted to the Graduate Faculty as partial fulfillment of the requirements for the
Doctor of Philosophy Degree in Psychology

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This study examines how parental hostility, parental depression, and overall parenting skills contribute to child bullying and the effectiveness of the ACT Parents Raising Safe Kids (ACT-PRSK) program at reducing child bullying. Seventy-two parent participants completed a parent symptom inventory, parenting skills measure, and child symptom inventory, which evaluated the presence of child bullying behaviors. Of the 72 parent participants, twenty-five participated in the ACT-PRSK program and 27 parent participants served as comparisons. Results indicate that parental hostility is the only significant predictor of child bullying for the entire sample. Data suggests, however, that there may be a difference in the relationship between parental factors and child bullying by child gender. Furthermore, results show that the ACT-PRSK group evidenced a significant reduction in bullying behaviors, suggesting this intervention can make an important contribution to the prevention of bullying and that parental hostility should be a significant component addressed in bullying prevention.

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Table of Contents

Abstract	iii
Acknowledgements	iv
Table of Contents	v
List of Tables	viii
I. Introduction	1
II. Literature Review	5
A. Defining Bullying	5
B. Gender Differences in Bullying Behavior	7
C. Prevalence of Bullying	9
D. Parent Role in Propensity for Child Bullying	11
a. Ecology	11
b. Parental Hostility and Depression	15
c. Parental Empathy, Moral Internalization and Use of Corporal Punishment	18
E. Exposure to Media Violence	23
F. Measuring Bullying	25
G. Bullying Invention Programs	27
H. The ACT-PRSK Program	37
I. Hypotheses	42
III. Method	44
A. Participants	44
B. Procedure	50

C. The ACT-PRSK Program	52
D. Materials	54
a. <i>The ACT Parents Raising Safe Kids Scale</i>	54
b. <i>Brief Symptom Inventory</i>	55
c. <i>Early Childhood Bullying Questionnaire</i>	56
IV. Results	59
A. Preliminary Analyses	59
B. Primary Analyses	63
a. The Relationship between Parental Factors and Child Bullying	63
b. Evaluation of the ACT-PRSK Program in Reducing Child Bullying	64
c. Gender Differences in the Relationship between Parental Factors and Child Bullying	67
V. Discussion	70
A. The Relationship among Parental Hostility, Parenting Skills, and Child Bullying	70
B. Parental Hostility and Child Bullying	70
C. Parenting Skills and Child Bullying	73
D. Gender Differences in the Relationship between Parental Factors and Child Bullying	74
E. The Efficacy of the ACT-PRSK Program in Reducing Child Bullying	77
F. Limitations and Future Research	81
G. Implications of the ACT-PRSK Program	84

H. Conclusion	86
References	89
Appendices	
A. <i>ACT Parents Raising Safe Kids 8-Week Program</i> for Parents	113
B. <i>Early Childhood Bullying Questionnaire</i>	115

List of Tables

Table 1	Demographics of the Total Sample	47
Table 2	Means and Standard Deviations of the Demographic Variables for the Total Sample	48
Table 3	Demographics of the Subsample – ACT-PRSK Program Completers.....	49
Table 4	Means and Standard Deviations for Demographic Variables of the ACT-PRSK Program Sample	59
Table 5	Means, Standard Deviations, and Confidence Intervals of Parent Characteristics and Child Bullying at Time 1	60
Table 6	Correlations among Hostility, Depression, Parenting Skills, and Child Bullying	62
Table 7	Correlations among Hostility, Depression, Parenting Skills, and Child Bullying for Girls	62
Table 8	Correlations among Hostility, Depression, Parenting Skills, and Child Bullying for Boys	63
Table 9	Regression Analysis for the Prediction of Child Bullying	64
Table 10	Comparison of Mean Time 1 and Time 2 Scores on the <i>Early Childhood Bullying Questionnaire</i>	65
Table 11	Analysis of Variance for Child Bullying	66
Table 12	Analysis of Covariance for Time 2 <i>Early Childhood Bullying Questionnaire</i> Scores by Time 1 Scores and Condition	67
Table 13	Regression Analysis for the Prediction of Child Bullying for Girls.....	68
Table 14	Regression Analysis for the Prediction of Child Bullying for Boys	69

Chapter One

Introduction

Bullying is a relationship-based form of aggressive behavior, which involves the use of repeated intentional acts to humiliate, dominate, and oppress others (Olweus, 2010). Bullying was once viewed as an expected part of the school environment. However, in recent years, educators and mental health professionals have become increasingly concerned about the negative effects of bully-victim problems on individuals' self concept, self-esteem, emotions, academic performance, and interpersonal relationships. There are both short-term and long-term adverse consequences for children who bully. Children who bully are less happy than most other children (Rigby & Slee, 1993), dislike school, experience symptoms of depression (O'Moore & Kirkham, 2001), and are much more likely to be involved in delinquent acts in both youth and adulthood (Farrington & West, 1993; Olweus, 1991).

Much research has focused on the bully-victim relationship, investigating person characteristics and the mental health and interpersonal effects of being both a bully and a victim. However, relatively few studies have investigated the parenting characteristics of parents of children who bully, and no study to date has investigated whether the parenting characteristics that predict early childhood bullying differ for boys and girls. Studies have linked parental depression, parental hostility, and poor parenting skills with child bullying (Cutner-Smith et al., 2006; Eron & Huesmann, 1990; Kandel & Wu, 1995; Loeber, Farrington, Stouthamer-Loeber, & Van Kammen, 1998; Loeber & Stouthamer-Loeber, 1986; Renk, Phares, & Epps, 1999). However, no study to date has made use of an assessment of parenting that is designed to measure overall quality of parenting by

evaluating parents' hostile attributions and beliefs about spanking, a crying/screaming child, the importance of teaching social skills, media literacy, and family communication and affection. Instead, studies typically use correlations to measure the relationship between parental factors and child bullying (e.g., parental anger and child bullying, parental discipline and child bullying, and maternal warmth and child externalizing behaviors, etc.; Cummings, Keller, & Davis, 2005; Cutner-Smith et al. 2006; Olweus, 1980). Therefore, an objective of the current study was to use a parenting measure that assesses overall quality of parenting in order to determine which parental characteristic (depression, hostility, or poor parenting skills) is the best predictor of child bullying, as well as how much of the variance in child bullying can be explained by all of these variables.

An additional objective of the study was to determine whether the parental characteristics that predict early childhood bullying differ for boys and girls as parents socialize males and females differently. In addition, males and females aggress differently amongst their peers (Björkqvist, Lagerspetz, & Kaukiainen, 1992; Lagerspetz, Björkqvist, & Peltonen, 1988; Leaper, Leve, Strasser, & Schwartz, 1995), suggesting that parental characteristics related to child bullying may differ for boys and girls. Greater understanding of parental contribution to child bullying will aid in the development of bullying prevention/intervention programs. At present, the more successful bullying programs include a parent component, suggesting that the role of parents in reducing bullying is crucial (Craig, Pepler, Murphy, & McCuaig-Edge, 2010).

Therefore, an additional objective for the current study was to investigate whether the ACT-PRSK program (www.actagainstviolence.org) is effective at reducing bullying

as it provides parent education on child development, nonviolent discipline, the effects of media on children, anger management, and prosocial problem-solving. The program emphasizes the importance of parents' involvement to advocate for their children and to prevent children's exposure to violence both in the home and in the community. One component of the program focuses on encouraging parents to use positive discipline as opposed to corporal punishment or punitive disciplinary techniques. Corporal punishment is defined as "the use of physical force with the intention of causing a child pain, but not injury, for the purposes of correction or control of the child's behavior" (Straus, 2001, p. 4).

Some research has indicated that corporal punishment encourages immediate compliance (Newsom, Flavell, & Rincover, 1983); however, meta-analytic research has indicated that corporal punishment is related to poorer long-term compliance and internalization of parental values and rules, as well as decreased empathy. Parents' use of punitive disciplinary techniques in childhood is associated with increased adult aggression and criminal behavior, decreased adult mental health, and increased risk of abusing others (Gershoff, 2002). Past research has suggested that family intervention programs specifically target corporal punishment and appropriate parenting behaviors, as a reduction in the use of physical force for compliance has the potential to improve children's mental health and decrease the incidence of children's externalizing behavior problems (Gershoff, 2002).

In the present study, parent characteristics were measured to examine their relationship with child bullying behaviors and to determine which parental characteristics are most important in predicting child bullying. Child bullying behaviors were measured

pre-intervention and post-intervention to determine whether the ACT-PRSK program is effective at reducing child bullying. The ACT-PRSK program has shown to be effective in changing the familial environment by promoting positive parenting practices and parent-child interaction (e.g., Knox, Burkhart, & Hunter, 2011; Porter & Howe, 2008; Weymouth & Howe, 2011), as well as by reducing conduct problems and aggressive behavior in children whose parents participated in the program (Knox, Burkhart, & Howe, 2011). Positive changes in the home could potentially lead to positive social change in peer relationships.

Chapter Two

Literature Review

Defining Bullying

Bullying is a relationship-based form of aggression, which involves repeatedly exposing an individual to negative acts (Olweus, 2010). Bullying can be classified as either overt or relational, as well as by the type of aggression being perpetrated (direct physical, direct verbal, and indirect). Overt bullying is defined as physical aggression directed at peers with the intent of causing physical harm to others or making threats of physical harm (Olweus, 2010). Overt bullying behaviors include hitting, kicking, pushing, or threatening to engage in such acts. Relational bullying, in contrast, includes the intent of causing harm to peer relationships by relying on verbal aggression and social exclusion (Olweus, 2010). Direct physical aggression includes hitting, shoving, kicking, and stealing, and direct verbal aggression involves teasing. Indirect aggression involves spreading rumors, ostracizing, getting others to dislike someone as a form of revenge, as well as other behaviors which show a lack of empathy and prosocial nature (Verberg & Biggs, 2010). Research has suggested that boys are more likely to be involved in direct physical and direct verbal bullying, while girls are more likely to be involved in indirect or relational bullying (Björkqvist et al., 1992).

Some researchers, such as Olweus (1993), have suggested that bullying can be differentiated from other types of aggression because bullying occurs in situations in which there is an imbalance of physical or social power between the bully and the victim and because it involves an ongoing relationship of oppression, domination, and humiliation. While there is overlap in the definition of bullying cross-culturally, there are

also some differences (Murray-Harvey, Slee, & Taki, 2010). Research has suggested that China defines bullying similarly to that of Western nations and focuses on direct physical and direct verbal aggression. Western nations, as well as China have traditionally conceptualized bullying as violent and intimidatory behavior against school pupils that is an individual activity. According to Cassidy (2000), this conceptualization of bullying includes only psychological and behavioral constructs, ignoring the social construction of relationships. In Japan, when defining bullying, socially manipulative behavior within a group interaction process is emphasized. Bullying behaviors are exhibited by “typical” children who cause mental/emotional anguish over and above physical force, which occurs in the context of group processes and interactions. Research in non-Western cultures has influenced a shift in conceptualizing bullying. Bullying was once perceived as the manifestation of deviant behavior; a problem inherent in the individual. Bullying is now being conceptualized as a social systems problem with each individual system making contributions to its perpetuation (Murray-Harvey et al., 2010).

It is possible that the United States could see more significant reductions in bullying if more bullying prevention programs would take a complete systems perspective. For example, many intervention programs do not include parental or community involvement above and beyond making individuals aware of the definition of bullying and that bullying intervention programs are being implemented (Craig et al., 2010). It is possible then that a successful bullying prevention/intervention program would target parents and teach behavior modification techniques.

Gender Differences in Bullying Behavior

Gender differences in bullying can be attributed, at least in part, to the gender socialization process which begins in infancy (Blakemore, Larue, & Olejnik, 1979). Children's physical and social environments are often highly gendered with parents being more likely to give their sons vehicles, sports equipment, and toys which may encourage aggression; whereas, parents are more likely to give their daughters dolls and domestic items, which encourage caretaking and nurturing. Gender-linked play materials channel play into 'traditionally feminine' or 'traditionally masculine' roles (Etaugh & Liss, 1992). Parents often reinforce traditional roles by instructing children in the kinds of behavior expected for their gender and by providing evaluative feedback (Leaper et al., 1995). Parental influences such as parental modeling, conditioning, and coaching of children's social interactions affect children's acquisition of stereotypes and scripts typically associated with each gender (Ruble & Martin, 1998).

There is considerable evidence that the peer groups formed by girls differ from the peer groups formed by boys (Maccoby, 1998). The themes that commonly appear in boys' play involve danger, conflict, destruction, heroic actions, and physical strength; whereas, themes in girls' play more often involve domestic or romantic scripts, portraying characters who are involved in social relationships. Furthermore, interactions amongst boys often involve rough-and-tumble play, competition, conflict, and striving for dominance (Maccoby, 1998; Ruble & Martin, 1998). In contrast, girls are more likely to develop scripts involving cooperation, as they tend to be motivated to maintain group harmony (Sheldon, 1992). Beginning at age 4, boys tend to display more enjoyment when

involved in coordinated group activities; whereas, girls display more enjoyment when engaged in dyadic interaction (Benenson, Apostolaris, & Parnass, 1997).

Studies have shown that beginning in preschool, relational aggression is common in peer interaction and is associated with social-psychological adjustment problems (Ostrov & Keating, 2004; Ostrov, Woods, Jansen, Casas, & Crick, 2004). Overtly aggressive and relationally aggressive behavioral repertoires have been documented in preschool with girls being significantly more relationally aggressive and less overtly aggressive than boys (Crick, Casas, & Mosher, 1997). It is commonly accepted that within mainstream peer groups, boys are more physically aggressive than females; however, it is important to note that gender differences in relational aggression may be observed depending upon method of assessment and informant. For example, with the use of some measures, mothers and fathers rate girls to be more relationally aggressive than males, while findings based on other measures indicate that males and females engage in equivalent rates of relational aggression (Tackett & Ostrov, 2010).

Authoritarian parents' use of power assertive disciplinary techniques has been associated with physically aggressive behavior with peers (Olweus, 1980); whereas, parents' use of love withdrawal as a disciplinary technique has been related to relationally aggressive behavior with peers (Laible, Carlo, Torquati, & Ontai, 2004). It remains to be seen whether the type of disciplinary technique used differs by child gender or whether the discipline is interpreted and processed differently based on the gender of the child.

It is believed that females are more likely to engage in indirect aggression (Bjorkqvist et al., 1992; Crick & Grotpeter, 1995) because dyadic relationships are highly

valued by females. Femininity is traditionally associated with an emphasis on interpersonal relationships, sensitivity, and nurturing (Block, 1983, Gilligan, 1982, Josephs, Markus, & Tafarodi, 1992). Therefore, hurting 'traditionally feminine' females may be most effective when relational status and functioning are damaged. Purposeful manipulation and damage of peer relationships, therefore, may be the methods of aggression that are commonly used by 'traditionally feminine' individuals. In addition, females' verbal and social-perspective taking skills develop more quickly in comparison to males, which allow females to engage earlier in more subtle forms of aggression. With less direct forms of aggression, the perpetrator may escape from direct confrontation with the victim, leading to less physical risk (Crick et al., 1999).

In contrast, males are more likely to engage in direct aggression and other acts that undermine the perceived dominance of individuals as these targets of male aggression have traditionally been associated with masculinity (Crick & Grotpeter, 1995). For males, self-esteem and self-concept are often rooted in masculinity and achievement (Dusek & Flaherty, 1981). Furthermore, masculinity is traditionally associated with characteristics such as agency, individuation or independence, and competition (Block, 1983, Gilligan, 1982, Josephs et al., 1992, Nicholls, Licht, & Pearls, 1982). Therefore, males' attacks on others may be more likely to center on weakening the physical power of their victims.

Prevalence of Bullying

Prevalence rates suggest that child bullying is a systemic problem occurring internationally. However, reported prevalence rates for bullying vary greatly. In a nationally representative study of middle school/high school students in the United

States, Nansel and colleagues (2001) found that 19% of students reported being bullied with some regularity (several times or more within the semester) and 17% had bullied others. One of the largest surveys of bullying in the United States, which included 15,600 children in grades 6 through 10 found that 30% of youth had moderate or frequent involvement with bullying (Nansel et al., 2001). Hoover, Oliver, and Hazler (1992) found in a study of middle/high school students that 88% had observed bullying, 77% had at one time been the victim of school bullying, and 25% had bullied other children. These findings suggest that bullying is a pervasive problem and that bullying prevention/intervention programs should be instituted prior to middle school when behaviors to humiliate, dominate, and oppress are already widespread.

Some of the most extensive prevalence studies have been conducted in Australia and Japan (Murray-Harvey et al., 2010). In Australia, approximately 37% of children reported that they sometimes engage in isolating, ignoring, or calling others names and 9% reported engaging in the above-mentioned behaviors often. Twenty eight percent reported picking on others sometimes and 7% reported picking on others often. Twenty eight percent reported sometimes pushing, hitting, and kicking others on purpose jokingly and 12% reported engaging in those behaviors on purpose often. Additionally, 6% reported stealing, kicking, and hitting harshly on accident and 3% reported stealing, kicking, and hitting harshly on purpose (Murray-Harvey et al., 2010). In Japan, approximately 32% of children reported sometimes isolating, ignoring, or calling others names and 17% reported engaging in the above-mentioned behaviors often. Eleven percent of children reported picking on others sometimes and 4% reported picking on others often. Eleven percent reported sometimes pushing, hitting, and kicking others on

purpose jokingly and 6% reported engaging in those behaviors on purpose often. Furthermore, 3% reported stealing, kicking, and hitting harshly on accident and 2% reported engaging in the above-mentioned behaviors on purpose often. Prevalence rates vary according to report type (i.e. self, teacher, parent, and peer nomination), age of child and type of aggression being measured, as well as the location of the school (Murray-Harvey et al., 2010). In sum, these studies confirm that bullying is a pervasive problem affecting hundreds of thousands of students each year across the world (Murray-Harvey et al., 2010).

Parent Role in Propensity for Child Bullying

Ecology. Kurt Lewin (1936 in Schwartz, Kelly, Duong, & Badaly, 2010) developed a social-ecological framework that states that behavior is the function of the individual's interactions with his or her environment. Adaptive behavior is a result of positive interactions with key figures in the environment, and maladaptive behavior is a result of negative interactions. For younger children, environment is largely shaped by parents, and therefore, behavior is primarily based upon the interaction that occurs in the parent-child dyad. Research has indicated, however, that a predisposition to aggression is heritable (Moeller, 2001), suggesting that genes may predispose children toward or away from aggression. Environmental experiences then can alter a child's genetically predisposed aggressive tendencies either by increasing or decreasing the likelihood for externalizing behaviors.

Based upon Bronfenbrenner's (1979) bioecological framework, development is shaped by a series of transactions within and between layers of a child's environment. Bronfenbrenner (1979) divided influencing social structures into systems. The

microsystem is the closest in proximity to the individual and is comprised of the immediate social environment (e.g., roles, relationships, and activities). The mesosystem is comprised of the social environment that impacts development indirectly (e.g., parental employment, school environment, and peer groups in the school). The exosystem refers to the events that affect the individual (e.g. parents' friends), and the macrosystem refers to consistencies in the micro-, meso-, and exo-systems (e.g. socioeconomic status). According to Bronfenbrenner (2006), proximal processes are the primary engines of development. Proximal processes encompass the interaction within the parent-child dyad. The influence of proximal processes begins in infancy when the infant begins to develop a sense of self that mirrors the content conveyed through patterns of interaction between the mother and child (Sroufe, 1990). According to attachment theory, patterns of interaction between the infant and primary caregiver become internalized in the form of a working model. The working model is then generalized to interactions outside the home (Bowlby, 1973).

Following the work of Bronfenbrenner (1979), Bowlby (1973), and Sroufe (1990), researchers began investigating early developmental processes, such as family socialization, that could contribute to and perpetuate externalizing behaviors. Putallaz and Heflin (1990) suggested that it is both direct and indirect parental influences that impact the development of children's peer relationships. Direct parental influences include parental modeling, conditioning, and coaching of children's social interactions, which in turn, affect children's acquisition of social skills and social behaviors. Indirect parental influences include maternal characteristics, family processes, neighborhood, school, day-care program, and how parents arrange children's social contacts by

scheduling parties, allowing visits with friends, and facilitating participation in extracurricular activities.

Parental modeling is perhaps the most important direct parental influence on the development of the child. An example of the importance of direct parental interaction cited in support of Bronfenbrenner's bioecology model (1979) was demonstrated in a study conducted by Riksen-Walraven (1978). Mothers were randomly assigned to either a "responsiveness" group and received a workbook stressing the idea that the infant learns the most from the effects of its own behavior or a "stimulation" group and received a workbook emphasizing the importance of providing the infant with a variety of perceptual experiences. In a follow-up assessment conducted three months later, infants of mothers who were in the "stimulation" group exhibited higher levels of exploratory behavior and learned more quickly in a learning contingency task than did infants who were in the "responsiveness group." This finding suggests that how the primary caregiver interacts with an infant influences how the infant interacts with his/her environment. Moreover, a child who has an insecure attachment to his/her parent, which is fostered by a parent's inconsistency in responding to the child, is being taught to expect inconsistent and insensitive interactions with others. In contrast, a child with secure attachment is being taught to expect consistent and sensitive interactions (Bowlby, 1969).

Furthermore, Troye and Sroufe (1987) compared children who had secure, insecure, anxious-avoidant, or anxious-resistant attachments at 18 months of age. They found that at ages 4 and 5, children with maladaptive attachments displayed more aggressive behavior than those who had adaptive or secure attachments. This suggests that interaction occurring in the context of the parent-child dyad serves as a model for

how children interact within and among various systems. Furthermore, in a seminal study conducted by Drillien (1957 cited in Brofenbrenner, 2006) when investigating effects of low birth weight, maternal responsiveness and socioeconomic status, maternal responsiveness was the most potent force influencing the frequency of problematic behaviors in children 4 years of age.

Parents model how to engage in and form interpersonal relationships throughout the child's development. In comparison to mothers of nonaggressive children, mothers of aggressive children are more likely to model incompetence in relationships, show more anger, and engage in more physical aggression (Eron & Huesmann, 1990; Kandel & Wu, 1995). The affective quality of children's relationships with their parents influences whether children develop positive or negative peer relationships. Essentially, children are conditioned to behave in particular ways in interpersonal relationships. Children who spend more time with their parents engaging in positive activities are more likely to generalize the positive feelings that arise to social interactions with nonfamily members (Loeber et al., 1998; Loeber & Stouthamer-Loeber, 1986; Sutton, Smith, & Swettenham, 1999). Laird, Pettit, Mize, Brown, and Lindsey (1994) found that mothers who speak with their children regarding how to initiate friendships or deal with bullying have children who are less aggressive than mothers who do not speak with their children regarding friendships or bullying. Mize and Pettit (1997) also found that mothers who teach their children prosocial strategies for dealing with peer aggression are rated by teachers as less aggressive.

Patterson (1982) suggested that families train children to engage in antisocial behavior by being non-contingent in the use of positive reinforcement for prosocial

behavior and by being inconsistent in providing age-appropriate punishment for undesirable behavior. Patterson, Reid, and Dishion (1992) proposed that families reinforce aggressive behavior by laughing at or approving aggression and then ignoring positive behavior. Furthermore, according to Loeber and Tengs (1986), aggressive children live in an environment that is characterized by frequent attacks by parents and siblings, with mothers who are inconsistent with interventions when behavior is aggressive and/or who are inappropriate and less effective in ending conflict. In sum, angry, hostile parent-child interactions, low parental involvement, warmth, and affection, and use of harsh power-assertive discipline that is sometimes lax and inconsistent are associated with aggressive, bullying behavior in children (Cutner-Smith et al., 2006).

Parental hostility and depression. Parental hostility and parental depression are also associated with childhood behavior problems. Knox, Burkhart, and Khuder (2011) examined the relationships among parental hostility, depression, childhood aggression, and conduct problems. They found that parental hostility predicted children's current and future (two months later) aggression and conduct problems. In this sample, hostility was a better predictor of present and future childhood aggression and conduct problems than parental depression, independent of the child's prior behavior problems. Parents who are hostile have negative beliefs and attitudes about others (Smith, 1994), experience anger, resentment, irritation, and engage in argumentative and oppositional behavior (Houston & Vavak, 1991; Matthews, Woodall, Kenyon, & Jacob, 1996; McGonigle, Smith, Benjamin, & Turner, 1993; Woodall & Matthews, 1989). Parents who have hostility-related schemas tend to interpret their child's behavior as hostile (Farc, Crouch, Skowronski, & Miller, 2008) and believe that the child is the cause of the maladaptive

relationship (Farc et al., 2008; Todorov & Bargh, 2002). The relationship between parental hostility and externalizing behaviors in children may be explained in part by behavioral theory. Such parents tend to see themselves as victims of their children's misbehavior and have "threat-sensitive caregiving schemas" (Bradley & Peters, 1991; Bugental, Blue, & Cruzcosa, 1989; Martorell & Bugental, 2006). These parents may overreact to their children, which leads to negative and maladaptive parenting, which in turn leads to the development and maintenance of childhood behavior problems.

The results from the study conducted by Knox, Burkhart, and Khuder (2011) indicates that a child has a reaction to recent hostile parental behavior, as well as experiences enduring behavioral changes that relate to parental hostility. One way this can be explained is by Patterson and colleagues (1992) who identified a "coercive family process" which may perpetuate and maintain child externalizing problems. The parent's hostility and coercion is negatively reinforced when children respond by discontinuing negative behaviors. Through this process, child aggression and maladaptive behaviors are inadvertently promoted and maintained (Patterson et al., 1992).

Studies have also established associations between parental depression and children's externalizing symptoms (Cummings et al., 2005; Kane & Garber, 2009). Depressed mothers, in comparison to mothers who are not depressed, display lower levels of parental warmth, engage in less positive parenting behaviors (e.g., reading, cuddling, playing, and establishing rules and routines), more negative parenting behaviors (physical and verbal aggression and criticism), and greater use of psychological control methods (Cummings & Davies, 1999; Cummings et al., 2005; Lyons-Ruth, Lyulhik, & Wolfe, 2002). Furthermore, Field, Healy, Goldstein, and Guthertz (1990) found that depressed

mothers spent more time in an “anger/poke state,” which involved speaking to or handling their infants more angrily than mothers who were not depressed.

A longitudinal study conducted by Hay, Pawlby, Angold, Harold, and Sharp (2003) found that postnatal depression (i.e., depression reported when the child was 3 months old) was related to more maladaptive mother-infant interactions and poor infant self-regulation. Eleven years later, maternal depression during the child’s infancy was related to more aggressive, violent child behavior. In addition, Patterson and Forgatch (1990) found that depressed mothers were more likely to be poor monitors of their children’s activities and peer associations than non-depressed mothers. Furthermore, a literature review of the research on parental depression and aggressive child behavior concluded that children who are exposed to parenting that is critical, rejecting, and low in warmth internalize their parent’s view into negative self-schemas (Cutner-Smith, Smith, & Porter, 2010).

Some research suggests that there may be a hostility/negativity component present in some parents with depression that is driving the relationship between depression and aggressive behaviors. McKee, Colletti, Rakow, Jones, and Forehand (2008) identified parental hostility as an important construct in the identification of childhood externalizing behaviors. A meta-analysis conducted by Lovejoy, Graczyk, O’Hare, and Neuman (2000) concluded that “depression appeared to be associated most strongly with irritability and hostility toward the child” (p. 583). Characteristics of hostility such as irritability, anger, and resentment toward children may be more important predictors of conduct problems and future aggression than depression. It may be specifically negativity towards the child that leads to the most negative outcomes for children. Such

negativity is found in parents who display a hostile interpersonal style, as well as in parents who are exhibiting hostility as a byproduct of depression. Moreover, parents' tendency to be physiologically and/or behaviorally over-reactive to children's perceived misbehavior may contribute to negative parenting practices and maladaptive parent/child interactions, which leads to conduct problems in children.

Lyons-Ruth and colleagues (2002) described two types of parent/child interactional patterns characteristic of depressed parents. These include a "hostile, self-referential pattern," (Lyons-Ruth et al., 2002; p. 113) which is characterized by negative and intrusive behaviors by the depressed parent, and a "helpless, fearful pattern" (p. 113), which is characterized by reduced rates of positive parenting behaviors. The "hostile, self-referential pattern" (p. 113) is associated with disorganized, insecure, avoidant, and/or ambivalent infant behavior; whereas, a "helpless, fearful pattern" (p. 113) is associated with disorganized secure approach behaviors. The negative, hostile interactions characteristic of the hostile, self-referential parenting style of some depressed parents link parental depression to children's aggressive and conduct behavior problems. Therefore, it is believed that both parental depression and parental hostility are related to child bullying, but that hostility is a stronger, more important predictor, and therefore, should be targeted specifically in bullying prevention efforts.

Parental empathy, moral internalization, and use of corporal punishment. It is believed by many researchers that parental warmth and nurturance are the most important dimensions in parenting (e.g., Skinner, Johnson, & Synder, 2005). Rublin, Burgess, Dwyer, and Hastings (2003) conducted a longitudinal study examining preschool children's externalizing behaviors based upon toddler temperament and

maternal negativity. They found that low maternal warmth and high maternal negativity (irritability and annoyance) were related to observations of aggressive behavior towards peers at ages 4 and 5. Similarly, Dodge, Pettit, and Bates (1994) found that low maternal warmth or affection was a significant predictor of children's peer nominations for aggression. In addition, Deater-Deckard, Ivy, and Petrill (2006), when assessing 3-to 8-year old children found that harsh parenting, i.e., punitive disciplinary strategies, was strongly related to child externalizing disorders, especially when mothers reported a lack of warm feelings for their child.

Research has suggested that parental empathy is a protective factor and inhibitor of children's aggression (e.g., Hubbs-Tait, Culp, Culp, & Miller, 2002; Zhou et al., 2002). Parents reporting high levels of warmth and empathy toward their child have children who display higher levels of empathy in peer relationships (Zhou et al., 2002). Hubbs-Tait and colleagues (2002) assessed mothers' degree of empathy by taping their reactions to child distress on computer-presented parenting dilemmas. Mothers who lacked warmth and empathy were more likely to have children who were observed bullying on the playground. Similarly, Cutner-Smith and colleagues (2006) found in a sample of mothers of 4- to 5-year old children that a lack of maternal empathy was the strongest predictor of children's overt and relational bullying.

Based upon Hoffman's theory of moral internalization (2000), children learn the moral message of not hurting others through their parents' disciplinary actions. Hoffman (2000) identified three types of disciplinary encounters: inductive reasoning, power assertion, and love withdrawal. Inductive reasoning occurs when parents emphasize the effects of a child's behavior on others. This type of discipline is strongly linked to

children's empathy and internalization of prosocial norms. Power assertive techniques are punitive and rely on the status differential between the parent and child. With this technique the parent takes away a possession, causes the loss of a privilege that is unrelated to the behavior, or administers a physical consequence. Finally, love withdrawal techniques involve the withdrawal of parental affection and the expression of anger or disapproval.

Cornell and Flick (2007) found that when parents of preschool age children used more power-assertive disciplinary encounters their children displayed lower levels of empathy and less behavioral inhibition at school. In addition, Olweus (1993) found that boys who display aggressive behaviors are more likely to come from families that lack involvement and warmth, use "power assertive" practices such as physical punishment, display emotional outbursts, and allow their children to engage in aggressive behaviors. Straus, Sugarman, and Giles-Sims (1997) believe that a causal link exists between corporal punishment and an increase in child aggression, as well as increased depression and psychological distress.

Corporal punishment is often the first step in the cycle of physical abuse. Some research has suggested (Coontz & Martin, 1988; Dussich & Maekoya, 2007) that corporal punishment and physical abuse are not distinct constructs, but are varying degrees on a continuum. Patterson and colleagues' (1992) coercion theory provides an explanation as to the connection between the development of children's externalizing behavior problems and parents' use of harsh discipline. They (Patterson et al., 1992) hypothesized that a multistep family process called coercion training is common in families with aggressive children. The first step in coercion training is when a parent attempts to alter the child's

ongoing activity (e.g., telling a child watching television to go to bed). The second step is a counterattack by the child in the form of whining, shouting, or complaining about the parent's directive. The third step is the parent's response to the counterattack, typically providing negative reinforcement in the form of not enforcing the directive. Finally, in the fourth step, the child yields, and the parent is reinforced for backing off from the directive. Through the use of these coercive tactics both the parent and the child reinforce each other's maladaptive behaviors. Not only is the exchange repeated in the future, but quite often escalates as the interaction increases in length and hostility. For example, a parent's actions may become increasingly harsh in the form of yelling, threatening, and providing physical strikes in his/her attempt to gain compliance. The child's attempt to resist may then become increasingly more aversive taking the form of screaming, throwing temper tantrums, and hitting.

Research has indicated that clinical interviewers' ratings of parents' harsh discipline of 5-year-old children are predictive of later aggressive behavior observed on the playground, in peer nominations, and externalizing problems as rated by teachers (Dodge, Bates, & Pettit, 1990; Dodge, Bates, Pettit, & Valente, 1995). Mulvaney and Mebert (2007), using data from the National Institute of Child Health and Human Development Study of Early Child Care and Youth Development examined the impact of corporal punishment on children's behavior problems. Their results suggest a negative impact of corporal punishment with increased internalizing behaviors during toddlerhood (measured at 36 months of age) and increased externalizing behavior problems both in toddlerhood (36 months of age) and in first grade. They (Mulvaney & Mebert, 2007) suggest that intervention efforts to reduce the use of corporal punishment would have

potential for reducing children's noncompliant and aggressive behavior as well as improving overall mental health.

It was suggested that an effective intervention may simply be to disseminate information about the negative effects of corporal punishment as fewer than 50% of mothers are advised against spanking by their primary sources of parenting information (Walsh, 2002). A meta-analysis of 88 studies consisting of research with children ages 4 to 16 over the last 62 years found that corporal punishment was related to decreased moral internalization, increased child aggression, increased child delinquent and antisocial behavior, decreased quality of relationship between parent and child, decreased child mental health, increased risk of being a victim of physical abuse, increased adult aggression, increased adult criminal and antisocial behavior, decreased mental health, and increased risk of abusing one's own child or spouse (Gershoff, 2002).

Research suggests that parents' use of aggression is associated with increased child aggression (e.g., Dodge et al., 1994; Pakaslahti, Asplund-Peltola, & Keltikangas-Jarvinen, 1996). Mothers who have indicated that they value the use of aggression tend to have boys whose peers and teachers report as having increased bullying behaviors in comparison to children whose mothers do not value aggression (Olweus, 1980). Dodge and colleagues (1994) found that kindergarten mothers' values of aggression correlated with teacher reports of externalizing behaviors, including bullying. Ohene, Ireland, McNeely, and Borowsky (2006) also found that children's perception of parental approval regarding aggressive behavior was positively related to children's bullying. Moreover, when measuring parents' social problem-solving strategies, Pakaslahti and colleagues (1996) found that aggressive boys had mothers and fathers who were more

likely to punish and deny responsibility for their sons' aggressive behaviors; whereas, nonaggressive boys had mothers and fathers more willing to discuss and coach their sons through problem-solving. Generational transmission of the acceptance of aggression was also demonstrated by Farrington (1993) who found that of 87 fathers who bullied, 16% also had children who bullied. In comparison, of 73 fathers who did not bully, only 5.5% had children who bullied. Furthermore, of the 20 fathers who had been convicted for violent offenses, 35% had children who bullied. Of the 140 remaining fathers, only 7.9% had children who bullied.

Exposure to Media Violence

The relationship between viewing violent behavior and acting aggressively was first suggested by Bandura (1961; 1963) and later by Liebert and Brown (1972) who found that children who viewed a violent television program evidenced more coercive behavior than children who viewed a neutral video of a track race. More recently, Coyne and colleagues (2008) found that children who viewed violent media were more likely to act aggressively, both in terms of relational and physical aggression. One longitudinal study indicated that viewing violent media in early childhood was associated with increased aggressive tendencies 15 years later (Huesmann, Moise-Titus, Podolski, & Eron, 2003).

Anderson and Bushman (2002) compared findings from Paik and Comstock's (1994) meta-analysis with other health-related effect sizes and found that the effect size of the correlation between media violence exposure and aggression is stronger than the effect sizes for condom use and sexually transmitted HIV, passive smoking and lung cancer, exposure to lead and IQ scores in children, nicotine patch and smoking cessation,

and calcium intake and bone mass. What is more, a meta-analysis conducted by Anderson and colleagues (2010) indicated that exposure to violent video games was positively associated with aggressive behavior, aggressive cognition, aggressive affect, desensitization, lack of empathy, and lack of prosocial behavior.

The American Psychological Association and the American Academy of Pediatrics along with four other leading professional societies have signed a statement affirming the causal relationship between violent media and elevated aggressive behavior (Joint Statement, 2000). Whether shown on TV, played on a video game, or read in a comic book, violent media provides opportunity for observational learning. Video games are a contemporary and potent source of media violence as the individual creates the action. Most violent video games include reinforcement for good behavior (e.g. killing the right people) in the form of bonus points and punishment for bad behavior (e.g. failing to kill particular characters) in the form of lost points or lives. Research on media violence has shown that the consequences that the media-based player experiences influence the likelihood that the player will act aggressively. Reinforcement of aggressive behavior during play increases the relative risk of aggressive behavior outside of play (Kirsh, 2006). Based upon Bandura's (1977) arousal theory and Zillman's (1983) theory of excitation transfer, arousal stimulated by media violence increases the likelihood that aggressive actions will follow temporally close to events involving frustration or provocation due to a transfer of arousal from the first event to the second event (Kirsh, 2006). Negative affect and physiological arousal associated with playing negative video games is likely to dissipate shortly after the cessation of game play. However, cognitive learning and overlearning of aggression-related social schemas that

are rehearsed with each violent video game play can be activated in real-world encounters (Anderson et al., 2010). When frustrated or angry in social situations, aggression scripts may be primed leading to the exhibition of bullying behaviors.

Measuring Bullying

One reason prevalence rates for bullying vary is due to the instrument/questions being used to measure bullying. The following are examples of how some recent, well-known studies have measured bullying:

- The National Institute of Child Health and Human Development (NICHD) measured bullying using the following statement: “We say a student is BEING BULLIED when another student, or a group of students, say or do nasty and unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she doesn’t like. But it is NOT BULLYING when two students of about the same strength quarrel or fight” (Murray-Harvey et al., 2010).
- The Crimes Against Children Research Center of the University of New Hampshire used the following questions to measure bullying/victimization:
 - (1) “In the last year, did any kid, even a brother or sister, pick on you by chasing you or grabbing your hair or clothes, or by making you do something you didn’t want to do?” (Murray-Harvey et al., 2010)
 - (2) “In the last year, did you get scared or feel really bad because kids were calling you names, saying mean things to you, or saying they didn’t want you around?” (Murray-Harvey et al., 2010)
- *The Revised Olweus Bullying Questionnaire* (Olweus, 2007) measures bullying/the effectiveness of bullying prevention programs by asking a general or

global question about being bullied or being the bully within the last couple of months. Students are then asked to respond to questions about specific forms of bullying, which reflect direct physical, direct verbal, and indirect aggression.

With few exceptions (e.g. the *Revised Olweus Bullying Questionnaire* described above), it is common for researchers to design study-specific questions to classify students as bullies or victims. These measures typically include approximately three items (e.g. Cassidy, 2009; Rigby, 1994). The most common methods are self-report and some form of peer report, typically in the form of peer nominations. Juvonen and Graham (2001) have argued that each type of report alone is insufficient. They stated that the two methods tap different constructs: subjective self view and social reputation. Juvonen and Graham (2001) found that the average correlation between self-report and peer nominations across 21 studies is 0.37, suggesting that bullying behavior is something easily observed. It could be due to the painful nature of self-report, however, that the correlation is not stronger. Therefore, parent report, teacher report, and peer nomination may provide more reliable estimates of the prevalence of bullying behavior (Juvonen & Graham, 2001).

Roseth and Pellegrini (2010) recommend that bullying be measured using a Likert type format. These response options represent a range of trait levels ordered from low to high. This format is consistent with the definition of bullying as a “continuous” construct with a “normal” curve. Roseth and Pellegrini (2010) also suggested that the informant be chosen based on the research question.

Bullying Intervention Programs

Two decades of research (Kandel & Wu, 1995; Loeber et al., 1998; Loeber & Stouthamer-Loeber, 1986) indicates that parental factors, such as hostility, depression, poor parenting skills, and inappropriate developmental expectations (Cutner-Smith et al., 2006) play a critical role in the development of bullying. This research suggests that the home environment influences the shaping of the personality of the bully. Such personality characteristics often include aggression (Olweus, 1993), lack of empathy, the need to dominate others, and a positive attitude toward violence (Olweus, 1980).

Studies evaluating intervention programs have shown that bullying can be reduced, though no intervention program to date has been successful at eradicating bullying. This may be explained, in part, by the fact that bullying has its origins in parenting and the home environment. Most bullying intervention programs have their foundation in school policy and/or class-based rules about bullying, which is reinforced by curriculum work, playground interventions, and procedures aimed at dealing with bullies and victims (Olweus, 2010).

Craig and colleagues (2010) conducted a thorough review of all bullying intervention programs for which results have been reported. The review consisted of 48 evaluated interventions; the majority of programs reported being successful at reducing bullying and victimization in school. Of the 48 interventions, 73% reported some positive results, 48% showed a significant reduction in bullying, 33% showed a positive outcome for victimization, and 25% showed a positive result on school climate.

The top 10 programs based on scientific merit and effectiveness of the program as rated by Craig and colleagues (2010) are as follows: FAST Track, Bully Proofing Your

School, Olweus Bullying Prevention Program, the Seville Study, DFE Sheffield Anti-Bullying Project, Social Systems Psychodynamic Antiviolence Intervention, Australian Initiatives, Toronto Anti-Bullying Intervention Program, Salmivalli Group Intervention Group, and Steps to Respect. The following provides a brief summary of each program and the main interventions currently being used to target bullying:

- FAST Track- This program uses a multimodal approach for grades 1 through 10 and makes use of parent training groups providing education on bullying policies. Home visits, friendship groups, tutoring for reading, and peer pairing are also interventions that are utilized.
- Bully Proofing Your School- This is an interactional program for grades 1 through 8, providing classroom education on bullying, discussing topics through role playing, puppet shows, and peer mediation.
- Olweus Bullying Prevention Program- This program is a multilevel, multicomponent, systems approach used in primary schools in which all school staff participate for a half day/full day of training, read a teacher handbook, and hold weekly classroom meetings. Parental involvement is also a key component as caregivers are encouraged to prevent and intervene in bullying by serving on coordinating committees, attending kick-off events, attending school-wide parenting meetings, and receiving regular information about bullying.
- Seville Study- This program is a universal, community approach used with children ages 8 to 18. The program provides an educational program

about interpersonal relationships and promotes democratic values, reinforces cooperative group work, and empathy and concern for others.

- DFE Sheffield Anti-Bullying Project- This program is based on Olweus' principles for primary and secondary school studies. The program makes use of whole-school policies, raising awareness, consultation, playground intervention, videos and books on bullying, quality circles, and lunch hour supervision. Parents are also provided information about bullying and invited to attend school-wide parent meetings.
- Social Systems Psychodynamic Antiviolence Intervention- This program is used in primary schools and consists of four components: zero-tolerance policy for behavioral disturbances (i.e. exhibiting any behavior that goes against school policies), a discipline plan designed to encourage appropriate behavior, a physical education plan designed to teach self-regulation, and a mentoring program.
- Intervention programs in Australian schools- These programs are designed predominantly for high school age students. Parents are introduced to preventing bullying and to promoting a peaceful school environment through dramas, safe and happy playground policies, and whole school policies on addressing and providing consequences for bullying.
- Toronto Anti-Bullying Intervention- This program is designed for elementary school age children and uses education initiatives and school policies to reduce bullying.

- Salmivalli Group Intervention- This program makes use of a social-cognitive-emotional approach, focusing on participant roles in elementary school children. This intervention targets the roles peers play in bully-victim interventions. The program raises awareness, encourages self-reflection, and provides opportunities to commit to anti-bullying behavior.
- Steps to Respect- This program makes use of a social-emotional approach, education for adults, and cognitive behavioral modeling of prosocial behavior. Steps to Respect is used in grades 3 through 6 and provides whole-school components, such as classroom lessons and parent engagement. The program entails training school staff and administering school curriculum that focuses on skill building and emotional regulation.

Of the aforementioned programs, the Olweus Bullying Prevention Program is the longest running intervention program and has been the most thoroughly evaluated both nationally and internationally. The Olweus Bullying Prevention Program is based on four key principles:

“Adults at school should (a) show warmth and positive interest and be involved in the students’ lives; (b) set firm limits to unacceptable behavior; (c) consistently use nonphysical, nonhostile negative consequences when rules are broken; and (d) function as authorities and positive role models” (Olweus & Limber, 2010; p. 377).”

Results from more than 20 years of research on the Olweus Bullying Prevention Program, primarily instituted in the United States and Scandinavia, confirms that bullying can be reduced. In a study conducted in the state of Washington, researchers assessed

relational and physical victimization using four questions from the *Olweus Bullying Questionnaire*. Results indicated that relational victimization reduced by approximately 28% and physical victimization decreased by 37% relative to a control group who did not receive/participate in a bullying prevention/intervention program. Other schools have reported similar outcomes with many schools finding that self-reported rates of being bullied among students decreased approximately 20% after instituting the program for one year and approximately 15% after two years (Olweus, 2010).

The key feature of most programs is that they take a developmental-systemic approach to developing interventions. The majority of these programs are tailored to the child's developmental level (i.e., elementary school, middle school, or high school) and involve a comprehensive model that includes teachers, peers, and administrators. In addition, one of the main differences between some of the top 10 bullying intervention programs and the less successful programs was the involvement of parents. Five of the top 10 programs involved a parent component in the execution of their intervention (Olweus & Limber, 2010).

The parenting component of these interventions (FAST Track, Olweus Bullying Prevention Program, DFE Sheffield Anti-Bullying Project, Intervention programs in Australian schools, and Steps to Respect) involved education on bullying. One of the topics addressed is explaining to parents that bullying is a significant childhood problem. A second topic addressed is explaining that bullying involves a power differential that develops over time, and the third component teaches parents how to advocate for their children in response to reports of bullying.

In addition to parental involvement, more successful bullying intervention programs promote community involvement. These programs connect at-risk children with resources in the community to cope with victimization. In addition, these programs also involve the community by increasing bullying awareness in the neighborhoods surrounding their schools. More successful programs are also more likely to include cognitive, emotional, and social components (Craig et al., 2010).

In addition to bullying prevention/intervention programs, numerous violence prevention programs are available. Violence prevention programs differ from bullying prevention programs. The focus of these programs is not solely based on bullying as are the programs mentioned above. Violence prevention programs address all acts of violence, whether public or private, reactive (in response to previous events such as provocation), proactive (instrumental for or anticipating more self-serving outcomes), or criminal or noncriminal. Therefore, in relation to bullying, violence prevention programs focus on physical bullying. Little attention is devoted to nonphysical acts, such as name-calling, intimidation, and cyberbullying. Examples of widely used violence prevention programs include the Bully Busters Program, Bullying Prevention Program, Target Bullying Program, and the Peaceful Schools Project. The following provides a brief summary of each program and the main interventions used to target bullying:

- Bully Busters Program- This program has three different components; one for elementary schools, middle schools, and for families. The school is instructed to complete class exercises to increase teachers' and students' knowledge about bullying, methods students can use to address bullying, and information about victimization in the classroom and school setting.

The parents' manual is designed to increase parents' awareness of bullying and approaches for reducing it.

- Bullying Prevention Program- This program involves students, teachers, and families in reducing bullying in kindergarten through 12th grade. The program is designed to modify the whole school, using prevention activities at the school, class, and individual levels.
- Target Bullying Program- This program involves students, families, teachers, and administrators in grades 5 through 9 in bullying reduction efforts. The program emphasizes the use of assessment data to develop intervention strategies and makes use of an ecological model for prevention and encourages participation of the community.
- Peaceful Schools Project- This program focuses on the school as a whole to reduce bullying in grades kindergarten through 5th grade. The program uses manuals to organize a school-wide bullying prevention program and focuses on the role of bystanders.

All four programs involve families and include curriculum on bullying prevention. The curriculum only involves parents to the extent that they are informed about what bullying prevention exercises their children are completing, as well as provided explanation on the bully-victim relationship. Parents are also informed about signs that their child may be a bully, victim, or bully-victim (Singh, Orpinas, & Horne, 2010).

In a handbook for educators and parents on bullying intervention programs, Rivers, Besag, and Besag (2007) recommended that, at the very least, schools should be

implementing an introductory program on bullying that consists of one session per week, lasting for four weeks. It is recommended that these sessions last for two hours and be comprised of a lecture/question and answer format. The first week, parents are introduced to the definition of bullies and victims. The second week, institutional factors are reviewed, as are sexuality and homophobia. The third week, special needs are addressed and parents are educated on how to challenge bullying. The fourth week, immediate and long-term effects of bullying are addressed as is how to work with educators and administrative staff to resolve specific instances of bullying.

While this allows for parents to be educated on main components of bullying, this type of program does not address generational transmission of aggression or behavior modification techniques parents can use to shape their child's maladaptive behaviors. The program also does not address how to protect your child against violence or the importance of teaching children prosocial behaviors. Furthermore, emphasis is not placed on appropriate child development and positive parenting. This is inconsistent with violence prevention specialists' and bullying experts' recommendation that parental monitoring and disciplining, as well as parent training in behavior management (i.e., teaching parents appropriate ways to handle child externalizing behavior and in how to teach and promote conflict management strategies) should be addressed in bullying prevention/intervention programs (Rivers et al., 2007).

As previously mentioned, the Olweus Bullying Prevention Program (Murray-Harvey et al., 2010) is one of the most well-researched and longest standing bullying intervention programs. The program consists of eight sessions and addresses the following topics: What is bullying, types of bullying, understanding bullies and victims,

different types of bullies and victims, the socio-cultural perspective on bullying, student attributes the school rewards, creating a school climate where bullying cannot thrive, sexual bullying, homophobic bullying, disability harassment, district and school liability, supporting victims, working with bullies on a graded response, long-term effects of victimization, and signs that your child may be a victim or a bully.

Similar to other bullying prevention/intervention programs, the focus is not placed on instructing parents on how to teach their children prosocial behaviors, anger management, and/or how to resolve conflict (Rivers et al., 2007). The focus of the program is on the bully, victim, bully-victim, school policy, and creating a positive school climate. The importance of the parent-child interaction is not included as a main tenet of the program. Therefore, parents are not being instructed on the importance of displaying positive affective quality and engaging in positive activities with their child nor being provided psychoeducation on how children generalize the feelings they experience in the parent-child interaction to social interactions with non-family members (Loeber et al., 1998; Loeber & Stouthamer-Loeber, 1986; Sutton et al., 1999).

According to behavioral theory, children model the behaviors of important others and model behaviors that are successful in achieving a desired outcome (i.e., if parents can use coercion, manipulation, and domination to gain compliance from the child, the child is being taught to use those same tactics to gain compliance from peers; Bandura, 1977; Bandura, 1961). Therefore, if parents value aggression (i.e., engaging in aggressive behavior themselves, encouraging their children to resolve interpersonal conflict aggressively, and endorsing the viewing of violent media), it is going to be challenging to deter bullying behaviors by only providing consequences at school.

Furthermore, for there to be a cessation in bullying behaviors, psychoeducation is needed on how to replace maladaptive behaviors with more adaptive behaviors.

It seems possible that two of the primary reasons many bullying intervention programs have struggled with observing more significant and longer lasting reductions in bullying are (1) because a significant number of programs are punitive in focus rather than preventative and (2) once a child has been identified as a bully, the child is not taught positive, adaptive behaviors to replace the negative, maladaptive behaviors. It is important to note that bullying prevention/intervention programs typically embrace a graded response when working with bullies (Rivers et al., 2007). The schools' response usually consists of four stages. In the first stage, school staff raises awareness of what constitutes unacceptable behavior. Stage two consists of giving the perpetrator an opportunity to explain what she/he thought she/he was doing. Stage three consists of trying to teach empathy and reciprocity skills (e.g., turn-taking and debating rather arguing). Stage four then consists of the school considering specialist programs/sanctions (Rivers et al., 2007).

There are four potential problems with this model. The first potential problem is that after bullying is initially identified, it must continue and progress for the school to take an active approach. This means that time elapses and the victims experience more acts of indirect and direct aggression. The second potential problem is that in the third stage, school staff attempt to teach prosocial behaviors. However, if the child is receiving messages at home that aggression is valued, but receiving messages at school that aggression is devalued, the child may experience cognitive dissonance, meaning that she/he may feel uncomfortable with holding two conflicting messages or thoughts

(Festinger, 1957). The child may then justify his/her aggressive behavior in order to align with parents, media, and aggressive peers. The third potential problem is that bullying prevention/intervention programs are not designed to target indirect aggression. Indirect aggression is difficult to observe, and therefore, difficult to address. The fourth potential problem with this model is that it lacks a systems perspective. This model is intended to provide a prototype for how bullying prevention/intervention programs should be implemented, but it lacks parental and community involvement above and beyond making individuals aware of the definition of bullying and the consequences for people who violate school policies.

The ACT-PRSK Program

In addition to existing bullying prevention/intervention programs (e.g., Olweus Bullying Prevention Program, FAST Track, and Bullying Proofing Your School) and violence prevention programs used to prevent bullying (e.g. Bully Busters Program), it is possible that the ACT-PRSK program (www.actagainstviolence.org) may be used as a prevention/intervention program for child bullying. Its tenets are consistent with Bronfenbrenner's (1979) bioecology theory and the three primary principles of family therapy: relational patterns are learned and passed down from generation to generation; current individual behavior and family behavior are a result of these patterns; and the family system is homeostatic, meaning that a change in one part of the system will cause a change in another part of the system (Nickerson, Mele, & Osborne-Oliver, 2010). Based on these principles, it appears that a different approach should be taken to prevent bullying, one in which there is a greater emphasis on intervention for early parenting behaviors and the influence of the environment. To date, intervention programs are not

being implemented until children begin elementary school. It is proposed that intervention programs should be instituted in early childhood, as research indicates that bullying behaviors are occurring in children by age 4 and in preschool classrooms (Crick, Casas, & Mosher, 1997; Culp et al., 2003).

Early childhood is a critical period in life when children learn basic interpersonal skills and self-control. During the second and third years of life, social difficulties with peers begin to emerge. At this age, quarrels are often possession-instigated. By the end of preschool, however, there is a decrease in straightforward instrumental aggression and an increase in person-directed, retaliatory, and hostile outbursts. Tantrums occurring in early childhood elicit reactions from the environment (Hartup, 1974). Based upon feedback contingencies, children may learn the efficacy of aggressive action (Hartup, 1974). Parents who are authoritarian often use harsh punishment with their children, lack closeness, and have households characterized by frequent conflict (Pepler, Craig, Jiang, & Connelly, 2008). These parents transfer lessons of power, dominance, and aggression to their children, who may then transfer these lessons to their peers. As the child begins exploring social roles, the child may begin using aggression to obtain a position of power, as well as status in the peer group (Pepler et al., 2008). In other words, the social competence a child demonstrates later in life, as well as self-regulation skills and cognitive functioning depends in large extent on the parenting practices to which he/she was exposed to in early childhood (Masten & Coatsworth, 1998). The ACT-PRSK program, developed by the American Psychological Association (APA), specifically targets these parenting practices and, thereby, should reduce bullying behavior.

“The ACT-PRSK program is a national research-based initiative designed to educate communities and families to create safe, healthy environments that protect children and youth from violence” (www.actagainstviolence.org). The ACT-PRSK program was originally developed by the American Psychological Association and the National Association for the Education of Young Children (NAEYC), based on empirically supported methods in youth violence prevention. ACT-PRSK is based on the Centers for Disease Control (CDC) and Prevention’s Best Practices of Youth Violence Prevention (Thornton, Craft, Dahlberg, Lynch, & Baer, 2002). These practices include social-cognitive interventions, such as didactic instruction, modeling, and role-playing to help the child to master positive social skills and social problem-solving and to promote nonviolence attitudes and beliefs. The CDC’s suggested best practices also promote parent-and family-based interventions involving training in parenting skills, teaching about child development and factors that predispose children to violence, and activities to improve effective communication between parents and children.

The ACT-PRSK program is cost-effective and time-limited, consisting of eight weekly sessions. The research-based curriculum provides information on child development, risk factors for violence and its consequences, protective factors and skills for effective parenting such as anger management, peaceful conflict resolution, discipline, and media violence education, and participating in community efforts on prevention. The ACT-PRSK program makes use of a “train the trainer” model to disseminate research-based knowledge. Training is delivered to a mental health professional, teacher, or other professional working with children. These individuals then implement the program to parents in diverse settings such as childcare centers, family

support organizations, hospitals, public libraries, churches, schools, community agencies, and shelters. Program materials are available in both English and Spanish.

The ACT-PRSK program is not only more affordable than other violence prevention programs, but it also addresses a broader scope of influences in children's lives. The ACT-PRSK program is similar to the Incredible Years Parent Training Program (www.incredibleyears.com) in that both programs educate parents in hopes that maladaptive parenting and child conduct problems will be avoided. However, the Incredible Years Parenting Program is much more expensive (approximately \$10,000 to implement) and does not educate parents about media violence or violence in the community. Another program, PeaceBuilders (www.peacebuilders.com) attempts to prevent violence by involving teachers and students, as well as parents, in a school-wide effort. However, this program requires training the entire school, making this universal approach impractical for many communities. The ACT-PRSK program is much more practical as it is more easily implemented. The program's low cost and flexibility allow it to reach populations in poor and rural areas where expensive training programs and school-wide interventions are rarely an option (Weymouth & Howe, 2011).

The ACT-PRSK program instructs parents how to teach children to control and express anger in appropriate ways. Social learning theory suggests that one of the primary ways of teaching young children is through modeling (Bandura, 1977; Bandura, 1978). Parents are taught to help their children learn anger management, perspective taking, and social problem-solving skills by modeling appropriate behaviors, and also by providing direct instruction. The program also addresses age-appropriate, positive discipline techniques by teaching parents the detrimental effects of violent punishment

and by teaching how to establish simple household rules, what to do when rules are broken, and alternative ways to resolve the conflict with appropriate sanctions for behavior. The ACT-PRSK program also teaches parents how to limit children's access to violent media as extensive research has shown that increased levels of children's exposure to media violence correlates with increased acceptance of aggressive attitudes and aggressive behavior (Anderson et al., 2010).

Research has shown that the ACT-PRSK program is effective in improving parents' anger management skills, social problem-solving abilities, non-aggressive discipline, and media violence literacy (Porter & Howe, 2008). Knox, Burkhart, and Hunter (2011) also found that, in comparison to a control group, the intervention group who received the ACT-PRSK program demonstrated improved knowledge, behaviors, and beliefs regarding parenting. Participants also reported reductions in spanking and hitting children with objects.

In the most comprehensive evaluation of the ACT-PRSK program, 616 parent participants from nine different sites across the United States completed the program. Overall, these parents evidenced improved violence prevention knowledge and skills, improved prosocial parenting practices, learned how to manage their anger through using logical discipline and speaking calmly to their children, minimized their arguments, and ceased to use physical punishment. Participants also improved their social problem solving, indicating that they increased their knowledge of how to effectively manage a stressful situation with their child. Participants also evidenced improved media literacy and improved ability to adequately assign appropriate discipline strategies to difficult child behavior. Rather than simply providing punishment, parents provided positive,

logical consequences that teach children to effectively resolve conflicts (Weymouth & Howe, 2011). Furthermore, Knox, Burkhart, and Howe (2011) found that, in comparison to a control group, the children of parents who received the ACT-PRSK program evidenced a reduction in conduct problems and aggressive behavior from pre-intervention to post-intervention.

In sum, previous research has indicated that parent participants evidenced improved parenting skills (Porter & Howe, 2008; Knox, Burkhart, & Hunter, 2010; Weymouth & Howe, 2011), but only one study (Knox, Burkhart, and Howe, 2011) to date has investigated whether children evidenced improved behavior as a result of their parents modeling and teaching appropriate anger management, perspective-taking, and social problem solving skills. While Knox, Burkhart, and Howe's study (2011) showed that children whose parents participated in the ACT-PRSK program evidenced a reduction in aggression and conduct problems, their study did not use measures that isolated improvements in children's peer relationships or bullying behaviors. The present study investigates whether the ACT-PRSK program is effective at reducing child bullying behaviors as many of the parental factors believed to be correlated with child bullying are addressed in the program.

Hypotheses

The purpose of the present study is two-fold. First, the present study will investigate the value of specific predictors for child bullying (parental depression, parental hostility, and poor parenting skills, i.e. hostile attributions and incorrect beliefs about spanking, poor media literacy, inaccurate beliefs about a crying/screaming child, perceived low importance of teaching social skills, poor quality of family

communication, and lack of affection), determine how much of the variance in child bullying can be explained by the aforementioned parental factors, as well as investigate whether the relationship between parental factors that predict child bullying differs for boys and girls. Second, the present study will investigate whether the ACT-PRSK program (www.actagainstviolence.org) is effective in reducing child bullying.

The following hypotheses concerning parental hostility and parental depression as measured by the *Brief Symptoms Inventory* (Derogatis, 1983), parenting skills as measured by the *ACT Parents Raising Safe Kids Scale*, and bullying as measured by the *Early Childhood Bullying Questionnaire* (derived from the *Child Behavior Checklist*; Achenbach & Edelbrock, 1983 and *Strengths and Difficulties Questionnaire*; Goodman, 2001) were examined:

Hypothesis 1: All parent variables (hostility, depression, and parenting skills) will contribute to the variance in bullying behaviors.

1a. Parental hostility will be a stronger predictor for child bullying than parental depression.

Hypothesis 2: In comparison to a control group, parents who receive education in the ACT-PRSK program will have children who evidence a reduction in bullying behaviors from Time 1 (prior to parents receiving the intervention) to Time 2 (immediately after the cessation of the program, eight weeks after the completion of the pre-intervention measures).

Exploratory Research Question: Is the relationship between parental factors (depression, hostility, and overall parenting skills) and child bullying different for girls and boys?

Chapter Three

Method

Participants

A literature review and power analysis (Cohen, 2003) was conducted to determine the number of participants needed for this study. In Porter and Howe's study (2008), they found that effect sizes for the ACT-PRSK program (www.actagainstviolence.org) ranged from .27 to .79 in terms of improvements in anger management, social problem-solving, non-aggressive discipline, media violence literacy, and parents' perceived decrease in children's aggression. Because the correlations and effect sizes of the aforementioned studies indicate moderate relationships, 76 participants would be needed to conduct a multiple regression equation with three predictors to obtain a medium effect at an alpha level of .05 (parental hostility, depression, and poor parenting skills). In addition, to evaluate pre-tests and post-tests of an intervention group in comparison to a control group, 64 participants (including both experimental and control participants) would be needed to obtain a medium effect at an alpha level of .05.

Participants consisted of caregivers recruited from an urban community center, a mental health agency for children, and a Court of Common Pleas. Parents/caregivers involved at all three sites were approached by members of the research team or agency staff, informed about the study, and asked to participate. Recruitment took place over the course of two years by the same staff members at each agency. Over this period of time, standard recruitment procedures were followed. During the course of these two years, every parent who visited the community center was given a flyer asking them to participate in the study. Similarly, every parent who brought a child 10 years of age or

younger to the mental health agency for any outpatient service was given a flyer asking him/her to participate in the research. For the Court of Common Pleas, every parent who was mandated by the magistrate to participate in parent training during the recruitment period was asked by court staff to participate in the research. A total of 117 caregivers consented to participate at the aforementioned recruitment locations. Caregivers who were recruited from the urban community center had children enrolled in child care or recreational activities at the center. Caregivers recruited at the mental health agency had children who were involved in educational or mental health services at the agency.

Inclusion criteria included living with and regularly caring for a newborn to 10-year-old child. Exclusion criteria included severe or incapacitating mental illness (e.g. psychosis) or mental retardation in parent or child. Each participant was instructed to answer all study questions about only one of their children aged birth to 10 years. Of the 117 individuals who consented to participate, 25 failed to complete the eight week program or the post-test measures, leaving a final sample of 92 participants. Of the 92 participants, only 72 participants had children ages 4 to 10. The younger age limit of 4 was chosen, as the literature begins documenting bullying as occurring and being observed regularly on the playground in preschool age children, with samples consisting of children ages 4 and 5 (Culp et al., 2003). An age limit of 10 was chosen because the ACT-PRSK program is designed to work with parents of children aged birth to 10-years-old.

Therefore, the final sample for the present study consisted of 72 caregivers (58 biological mothers, 5 biological fathers, 2 adoptive mothers, 1 adoptive father, 1 stepmother, 2 stepfathers, 1 foster mother, 1 grandmother, and 1 aunt) with a mean age of

33.25 (range SD = 7.26). Forty-four caregivers reported being Caucasian, 19 African American, 4 Biracial, and 5 reported that they were Latino/a. Participants were caregivers for 43 boys and 28 girls, ages 4 to 10, with a mean age of 6.64 (range SD = 1.90). Thirty-seven children were Caucasian, 17 were African American, 15 reported being Biracial, and 3 children were Latino/a.

Of the 72 caregivers, 32 were assigned to the intervention group and 40 were assigned to the control group. Of the 32 intervention group participants, 25 participants completed the pre-test, participated in all eight training sessions, and completed the post-test. Twenty-seven participants from the comparison group completed the pre-test, participated in all eight training sessions, and completed the post-test. Table 1 lists the demographic information of the total sample. Table 2 lists the means and standard deviations of the demographic variables for the total sample. Table 3 lists the demographics of the ACT-PRSK program completers.

Table 1

Demographics of the Total Sample

Variable	<u>Intervention</u>		<u>Comparison</u>	
	<i>N</i>	<i>Percent</i>	<i>N</i>	<i>Percent</i>
Place of Recruitment				
Common pleas court	8	25%	6	15%
Community center	7	22%	18	45%
Mental health agency	17	53%	16	40%
Participant gender				
Male	6	19%	2	5%
Female	26	81%	38	95%
Participant ethnicity				
White	20	63%	24	60%
African American	9	28%	10	25%
Latino/a	1	3%	4	10%
Biracial	2	6%	2	5%
Child gender				
Male	19	59%	24	60%
Female	13	41%	16	40%

Child ethnicity

White	17	53%	20	50%
African American	7	22%	10	25%
Latino/a	1	3%	2	5%
Biracial	7	22%	8	20%

Note. $N = 72$.

Table 2

Means and Standard Deviations of the Demographic Variables for the Total Sample

Variable	<u>Intervention</u>		<u>Comparison</u>	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Participant age in years	34.31	7.28	32.40	7.22
Child age in years	6.78	2.00	6.53	1.84
Household income	\$49,829	\$56,345	\$42,255	\$62,983

Note. $N = 72$.

Table 3

Demographics of the Subsample - ACT-PRSK Program Completers

Variable	<u>Intervention</u>		<u>Comparison</u>	
	<i>N</i>	<i>Percent</i>	<i>N</i>	<i>Percent</i>
Place of Recruitment				
Common pleas court	7	28%	6	22%
Community center	2	8%	7	26%
Mental health agency	16	64%	14	52%
Participant gender				
Male	4	16%	2	7%
Female	21	84%	25	93%
Participant ethnicity				
White	15	60%	14	52%
African American	7	28%	7	26%
Latino/a	1	4%	4	15%
Biracial	2	8%	2	7%
Child gender				
Male	14	56%	17	63%
Female	11	44%	10	37%

Child ethnicity

White	13	52%	12	44%
African American	5	20%	8	30%
Latino/a	1	4%	2	7%
Biracial	6	24%	5	19%

Note. $N = 52$.

Procedure

Participants were recruited from an urban community center, mental health agency for children, and a Court of Common Pleas in a Midwestern metropolitan area. Participants recruited from the community center were receiving a variety of services, such as financial education, play groups for children, center-based child care, and food and transportation assistance. Participants who were recruited from the mental health agency were receiving outpatient psychological and psychiatric services for a member in their family. Participants who were recruited from the Court of Common Pleas were referred to receive parent training due to current or past substance abuse problems.

The present study was reviewed and approved by the investigators' Institutional Review Board. After consenting to participate, caregivers were assigned to either the intervention group or the comparison group. Intervention and comparison groups were recruited sequentially, with the first 32 participants being assigned to the intervention group, and the next 40 participants to the comparison group. The choice not to use random assignment was based on concerns about sufficient recruitment. However, once the program was established, there was high demand for the ACT-PRSK program (www.actagainstviolence.org). Therefore, the program was extended to allow for the

collection of data from a comparison group. After the completion of the study, the comparison group was given the option to take part in the ACT-PRSK groups that were being conducted in their community.

Participants in the intervention group completed pre-tests, attended the eight-week parent training sessions, and completed post-tests immediately after the completion of sessions. Participants in the control group completed post-tests eight weeks after completion of pre-tests. Intervention group participants received one \$50 gift certificate to a local grocery store after completing pre-test questionnaires, eight parent group meetings (which were held in the evening at three different community agencies), and post-test questionnaires. Small incentives, such as snacks and books, were provided during the training sessions. Child care was also provided. Comparison group participants received one \$25 gift certificate to a local grocery store after completion of pre-test questionnaires and completion of post-test questionnaires. Funding was provided by local auto dealers. Comparison group participants were informed that, 3 months after completing pre-test measures, they would be eligible to receive training in the ACT-PRSK program.

Caregivers in the intervention group received training in the ACT-PRSK program for eight weeks. Training was delivered by mental health professionals with graduate degrees who received two-day trainings conducted by ACT-PRSK- trained professionals who were currently working with families with young children.

Parent training was conducted using a hands-on discussion and activity-based format. Parents were given assignments each week to help them achieve better understanding of concepts and to practice reinforcement of prosocial behavior, use of

developmentally appropriate consequences for maladaptive problematic child behavior, and modeling appropriate anger management and social problem solving skills.

Experiences with home-based assignments were discussed in subsequent sessions. For more detailed information on the topics addressed in each session see *Appendix A*.

The ACT-PRSK program. The primary components of ACT-PRSK (www.actagainstviolence.org) were chosen based on empirical evidence supporting the role of the constructs in family violence prevention. Detailed below are the primary components of the ACT-PRSK program and how they are postulated to achieve program objectives.

Child development. The ACT-PRSK program instructs parents on what to expect from children at various developmental levels and how to guide children's behavior based on their cognitive, emotional, and social development. Parents who have unrealistic and developmentally inappropriate expectations for their children may become easily frustrated when expectations are not met, increasing the potential for negative parent-child interactions (Culp, Culp, Dengler, & Maisano, 1999). The ACT-PRSK program helps parents to challenge misattributions about child behavior and to understand why children misbehave.

Nonviolent discipline. The ACT-PRSK program teaches parents nonviolent discipline techniques, such as positive reinforcement of prosocial and compliant behavior, limit-setting, and the use of developmentally-appropriate consequences.

Effects of media on children. The ACT-PRSK program educates parents about the negative effects of violent media exposure and on how to reduce children's

involvement with inappropriate media. Parents are also taught how to analyze media content with their children.

Anger management and social problem-solving skills. The ACT-PRSK program teaches anger management and social problem-solving skills. Parents are taught to manage their own anger, model anger management techniques, and guide children in developmentally appropriate strategies to increase the likelihood that children will better manage their anger and thus decrease aggression. Parents learn to manage and express their anger through the acronym “RETHINK,” which is based on the work of Fetsch, Schultz, and Wahler (1999). “RETHINK” helps parents *Recognize* when they are angry, *Empathize* with their child, *Think* about the problem in a new way, *Hear* what the other person is saying, *Include* personal “I” statements, *Notice* their body’s reaction to anger, and *Keep* the conversation in the present (Porter & Howe, 2008). Studies evaluating the “RETHINK” program have found significant decreases in family conflict and physical aggression (Fetsch, Yaney, & Pettit, 2008).

Parents learn social problem-solving through the acronym “IDEAL.” This method helps parents *Identify* the problem, *Determine* positive solutions, *Evaluate* each possible solution, *Act* on a solution, and *Learn* from their problem-solving (Miguel & Howe, 2006). Parents model positive nonviolent behavior when they have been instructed on how to control anger and to effectively solve problems. Improved problem-solving skills allow parents to use more inductive, positive discipline strategies. In addition, children demonstrate improved, less aggressive behavior when they have been taught effective methods for managing strong feelings and solving difficult social problems (Lochman & Wells, 2004; Webster-Stratton, Reid, & Hammons, 2001).

Methods to protect children from exposure to violence. The ACT-PRSK program educates about the impact of violence on children and how to protect children from violence in the home and in the community. When children are protected from violence, they are able to develop positive coping skills and more effectively meet developmental milestones (Holt, Buckley, & Whelan, 2008). For more detailed information on the topics addressed in each session see *Appendix A*.

Materials

The ACT Parents Raising Safe Kids Scale (*ACT-PRSK Scale*; Porter & Howe, 2008). Participants reported their place of recruitment, gender, relationship to the child, age, ethnicity, highest level of education, as well as the child's gender, age, and ethnicity. This scale measures several concepts addressed in the ACT-PRSK program (www.actagainstviolence.org) including: Hostile Attributions and Beliefs about Spanking (nine items including "Spanking is a normal part of parenting"), Media Literacy (five items assessing how much the parent limits exposure to media violence including "How often do you switch channels from inappropriate programs"), Beliefs About a Crying/Screaming Child (seven items including "Parents will spoil their children by picking them up and comforting them when they cry"), Teaching Social Skills (nine items including "How important is it for parents to teach children how to compromise"), and Family Communication and Affection (seven items including "How important is it for parents to express affection toward children?"). With the exception of the Media Literacy subscale in which participants rated items on a four-point Likert scale, participants were asked to respond to items on all other subscales using a five-point Likert scale. Lower scores indicated worse parenting skills/less knowledge about the

following: developmentally appropriate child behavior, nonviolent discipline, modeling anger management, teaching social problem-solving, the importance of facilitating family communication, and showing affection. Scores on all subscales were combined to form the ACT total score. The internal consistency of this scale for the present sample was $\alpha = 0.73$.

Brief Symptom Inventory (BSI; Derogatis, 1993). This scale consists of 53 items covering nine symptom dimensions: Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, Somatization, Obsession-Compulsion, and Psychoticism. Participants report symptoms experienced in the past seven days. Responses are made on a five-point Likert scale ranging from 0 (not at all) to 4 (extremely). In past research, internal consistency reliability for the nine dimensions ranged from 0.71 to 0.85 and two-week test-retest reliability ranged from 0.68 (Somatization) to 0.91 (Phobic Anxiety; Derogatis, 1993). Correlations between the *Brief Symptom Inventory* and relevant scores on the *Minnesota Multiphasic Personality Inventory* were found to be above 0.50 (Derogatis, 1993). Because they were the constructs of interest, two subscales were used for the present study: Depression and Hostility

The Depression subscale of the *Brief Symptom Inventory* includes five items: “Thoughts of ending your life,” “Feeling lonely,” “Feeling no interest in things,” “Feeling hopeless about the future,” and “Feelings of worthlessness.” The *Brief Symptom Inventory* manual states that “the Depression dimension reflects a representative range of the indications of clinical depression. Symptoms of dysphoric mood and affect are represented as are lack of motivation and loss of interest in life” (Derogatis, 1993; p. 8).

The internal consistency (alpha coefficient) for the five-item scale was reported to be 0.85 and two-week test-retest reliability was 0.84.

The Hostility subscale of the *Brief Symptom Inventory* includes five items: “Feeling easily annoyed or irritated,” “Temper outbursts that you could not control,” “Having urges to beat, injure, or harm someone,” “Having urges to break or smash things,” and “Getting into frequent arguments.” The *Brief Symptom Inventory* manual states that “the Hostility dimension includes thoughts, feelings, or actions that are characteristic of the negative affect state of anger” (Derogatis, 1993; p. 8). The internal consistency (alpha coefficient) for the five-item scale was 0.78 and two-week test-retest reliability was 0.81.

Early Childhood Bullying Questionnaire. The primary investigator created the *Early Childhood Bullying Questionnaire* from items taken from the *Child Behavior Checklist (CBCL) - Parent Form* (Achenbach & Edelbrock, 1983) and the *Strengths and Difficulties Questionnaire (SDQ)* (Goodman, 2001). It was necessary to develop this measure for the present study, as there is no consistent way that parent report of early childhood aggression/bullying has been measured. Observation systems are typically used to measure aggression in early childhood (Ostrov & Keating, 2004). There are many potential problems with relying on observation rather than using valid and reliable measures. Potential problems to this method is that observation is subject to experimenter biases and such systems only reflect behavior during the period of observation and may not reflect behavior that occurs when the experimenter is not present.

Studies have used various measures to assess the social behavior of preschoolers. The *Preschool Social Behavior Scale* (Crick et al., 1997) is a teacher report that has been used to measure aggressive and prosocial behaviors of children in early childhood. Casas and colleagues (2006) and Ostrov and Bishop (2008) adapted the *Preschool Social Behavior Scale* (Crick et al., 1997) to be used for parent report. However, in Casas and colleagues' study (2006), the scale consisted of only four items and in Ostrov and Bishop's study (2008) 13 items were used (four questions were the same as those items used in Casas and colleagues' study). Ostrov and Bishop reported an internal consistency (alpha coefficient) of 0.67.

In 2011, the Center for Disease Control and Prevention created a compendium of assessment measures for researchers to assess the presence of bullying behaviors. However, a standardized parent report measure for early childhood bullying was not included (www.cdc.gov/violenceprevention). Therefore, the investigator and two experienced doctoral level clinical child psychologists assessed items listed on the *CBCL* (Achenbach & Edelbrock, 1993) and *SDQ* (Goodman, 2001) and chose those characteristic of bullying (Cornell & Frick, 2007; Zhou et al., 2002) for the purpose of the present study. All items that were originally chosen were retained and reflected verbal aggression, direct aggression, and indirect/relational aggression, as well as lack of empathy and prosocial behavior. The primary investigator presented the items to four clinical professionals who were naïve to the purpose of the study and asked a free response question. The clinical professionals were instructed to indicate the construct the measure was designed to assess. The members of the panel indicated that the construct

under investigation is childhood bullying, suggesting that the measure has good content validity.

Because the *CBCL* (Achenbach & Edelbrock, 1993) is divided into two parent forms based upon age (*CBCL* for children ages 4 to 5 ½ and *CBCL* for children ages 6 to 18), two question forms were developed. *Appendix B* lists the questions in each form of the *Early Childhood Bullying Questionnaire*.

Eleven questions were included in the *Early Childhood Bullying Questionnaire* for parents who have children ages 4 and 5 years and twelve questions were included for parents who have children ages 6 to 10 years. Item responses are made on a three-point scale with lower scores indicating the parent's perception of the child's use of verbal aggression, direct aggression, and indirect aggression, as well as lack of empathy and prosocial behaviors. An average score was computed for each participant's report of his/her child's behavior. The total score for the measure could range from 0 to 33 for children ages 4 and 5 years and 0 to 36 for children ages 6 to 10 years. The internal consistency (alpha coefficient) of the pre-test for the present study's sample of 4 to 5 ½-year-old children was 0.94. The internal consistency (alpha coefficient) of the pre-test for the present study's sample of 6- to 10-year-old children was 0.93. The internal consistency (alpha coefficient) of the post-test for the present sample of 4 to 5 ½-year-old children was 0.88. The internal consistency (alpha coefficient) of the post-test for the present sample of 6- to 10-year-old children was 0.92.

Chapter Four

Results

Preliminary Analyses

To determine if there were significant differences between the intervention group and the comparison group on demographic variables, independent-samples t-tests were computed. There were no significant differences between the intervention group and the comparison group on the following demographic variables: Child age $t(52) = .100, p = .921$, parent age $t(52) = .128, p = .899$, parent education $t(52) = 1.9, p = .063$, and income $t(38) = -.254, p = .801$. Table 4 presents the means and standard deviations for the intervention and comparison group on demographic variables.

Table 4

Means and Standard Deviations for Demographic Variables of the ACT-PRSK Program Sample

Variable	<u>Intervention</u>		<u>Comparison</u>	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Participant age in years	34.48	6.13	33.82	8.47
Child age in years	6.88	2.26	6.69	1.93
Household income	\$43,339	\$51,445	\$46,211	\$58,453
Education	13.98	2.31	12.68	2.09

Note. $N = 52$.

Summary scores were computed for parent reports on the *BSI Hostility* subscale, *BSI Depression* subscale, *ACT Parents Raising Safe Kids Scale*, and the *Early Childhood Bullying Questionnaire*. Summary scores were normally distributed, linear, and no outliers were present. Table 5 presents the means, standard deviations, and confidence

intervals of participants' scores on key study variables by group at Time 1. Forty-five caregivers fell in the average range (T-score of 59 or below) on the *BSI Hostility* subscale; 16 fell in the mildly elevated range (T-score of 69 or below), and 10 fell in the clinically elevated range (T-score of 80 or below). Forty-four participants fell in the average range on the *BSI Depression* subscale (T-score of 59 or below); 18 fell in the mildly elevated range (T-score of 69 or below), and 13 fell in the clinically elevated range (T-score of 79 or below).

Table 5

Means, Standard Deviations, and Confidence Intervals of Parent Characteristics and Child Bullying at Time 1

Variable	Intervention			Comparison		
	<i>M</i>	(<i>SD</i>)	95% CI	<i>M</i>	(<i>SD</i>)	95% CI
<i>BSI Hostility</i>	58.05	(7.87)	[54.56, 61.54]	54.12	(11.54)	[49.35, 58.89]
<i>BSI Depression</i>	56.86	(10.30)	[52.30, 61.43]	55.40	(11.26)	[50.75, 60.05]
<i>ACT Parents Raising Safe Kids Scale</i>	137.77	(10.42)	[133.15, 142.40]	142.36	(12.38)	[137.25, 147.47]
<i>Early Childhood Bullying Questionnaire</i>	1.31	(.53)	[1.07, 1.54]	1.35	(.57)	[1.11, 1.60]

Note. *N* = 52.

To determine if the two groups were comparable at Time 1 on parent and child study variables, independent-samples t-tests were computed. There were no significant differences on the following key study variables: *BSI Hostility* subscale $t(52) = 1.2$, $p = .236$, *BSI Depression* subscale $t(52) = .771$, $p = .444$, *ACT Parents Raising Safe Kids Scale* $t(48) = -1.365$, $p = .179$, and the *Early Childhood Bullying Questionnaire* $t(53) =$

-128, $p = 0.9$. There was also not a significant difference between boys and girls on the *Early Childhood Bullying Questionnaire* $t(69) = -1.27, p = 0.21$, suggesting that, in the present sample, boys and girls exhibit bullying behaviors with similar frequency.

Independent samples t-tests on key study variables were also computed to determine if there were significant differences between completers of the ACT-PRSK program and required questionnaires and noncompleters of the program and/or required questionnaires. There were no significant differences on the following key study variables: *BSI Hostility subscale* $t(68) = .133, p = .894$, *BSI Depression subscale* $t(68) = 1.52, p = .133$, *ACT Parents Raising Safe Kids Scale* $t(61) = -.681, p = .498$, and Time 1 scores on the *Early Childhood Bullying Questionnaire* $t(69) = -.775, p = .441$.

Bivariate correlations were computed for key study variables for the entire sample (Table 6). Separate bivariate correlations were computed for girls (Table 7) and for boys (Table 8). Several significant relationships were identified. For the entire sample, child bullying was correlated with parental hostility, parental depression, and parenting skills. For girls alone, child bullying was correlated with parental hostility and parenting skills. For boys alone, child bullying was correlated with parental hostility.

Table 6

Correlations among Hostility, Depression, Parenting Skills, and Child Bullying

Variable	1	2	3	4
1. Hostility		.70**	-.29**	-.50**
2. Depression			-.22	-.25*
3. Parenting Skills				.33**
4. Child Bullying				

Note. $N = 72$.

** $p < .01$.

* $p < .05$.

Table 7

Correlations among Hostility, Depression, Parenting Skills, and Child Bullying for Girls

Variable	1	2	3	4
1. Hostility		.70**	-.30	-.44*
2. Depression			-.28	-.23
3. Parenting Skills				.47*
4. Child Bullying				

Note. $N = 29$.

** $p < .01$.

* $p < .05$.

Table 8

Correlations among Hostility, Depression, Parenting Skills, and Child Bullying for Boys

Variable	1	2	3	4
1. Hostility	.71**			
2. Depression			-.30	-.56**
3. Parenting Skills				-.15
4. Child Bullying				

Note. $N = 43$.

** $p < .01$.

Primary Analyses

The relationship between parental factors and child bullying. Linear multiple regression analyses were performed to examine the relationships among parental hostility, parental depression, parenting skills, and child bullying, as indicated by scores on the *BSI Hostility* subscale, *BSI Depression* subscale, *ACT Parents Raising Safe Kids Scale*, and the *Early Childhood Bullying Questionnaire*. Scores for parental depression and parental hostility were entered in the first step and the parenting skills score was entered in the second step. In the first model, the multiple R for regression was statistically significant, $F(2, 62) = 8.45, p = .001, R^2$ adjusted = .19. The full model accounted for 19% of the variance in scores of child bullying. Parental hostility was the only significant predictor. In the second model, the multiple R for regression was statistically significant, $F(3, 62) = 6.97, p < .001, R^2$ adjusted = .22. The full model accounted for 22% of the variance in scores of child bullying. Parental hostility and parenting skills were the only significant predictors, with increased parental hostility and

poorer parenting skills related to increased child bullying. See Table 9 for the results of the linear multiple regression.

Table 9

Regression Analysis for the Prediction of Child Bullying

Model	Criterion	Predictor	ΔR^2	<i>B</i>	<i>SE B</i>	β
1	Child Bullying	Hostility		-.03	.01	-.59**
		Depression	.19	.01	.01	.19
2	Child Bullying	Hostility		-.03	.01	-.59**
		Depression		.01	.01	.19
		Parenting Skills	.22	.11	.01	.25*

Note. All predictors are based on parent responses. *N* = 72.

** *p* < .01.

* *p* < .05.

Evaluation of the ACT-PRSK program in reducing child bullying. At Time 1, 17 of the 52 parents responded *certainly true* to their child often fights with or bullies other children. Eight of those parents were assigned to the intervention group and nine were assigned to the comparison group. Eighteen parents responded *somewhat true* to their child often fights with or bullies other children. Twelve of these parents were assigned to the intervention group and 6 were assigned to the comparison group. In total, 20 parents in the intervention group and 15 parents in the comparison group indicated that their children exhibited bullying behaviors at Time 1.

A repeated measures ANOVA was conducted to examine the effects of time (Time 1 and Time 2) and group (intervention and comparison) as well as the interaction of these variables on child bullying scores from the *Early Childhood Bullying*

Questionnaire. The Time X Condition interaction was significant, indicating a moderate effect, $F(1, 51) = 4.477, p = .039, \eta^2 = .08$. There was not a significant difference between the intervention group and the comparison group on bullying measured at Time 1, $t(46.775) = 1.725, p = .091$. There was a significant difference for the intervention group between Time 1 and Time 2, $t(24) = -2.664, p = .014$, Cohen's $d = .58$, with scores at Time 2 reflecting a significant reduction in child bullying with a moderate effect. See Table 10 for changes in the *Early Childhood Bullying Questionnaire* total score for the intervention group from pre-test to post-test. There was not a significant difference for the comparison group between Time 1 and Time 2, $t(27) = .045, p = .965$. See Table 11 for the results of the repeated measures ANOVA.

Table 10

Comparison of Mean Time 1 and Time 2 Scores on the Early Childhood Bullying Questionnaire

Condition	N	Time 1 Score	SD	Time 2 Score	SD
Intervention	25	1.35	.53	1.61*	.36
Comparison	27	1.47	.54	1.40	.56

Note. $N = 52$.

* $p < .05$.

Table 11

Analysis of Variance for Child Bullying

Source of Variance	df	Sum of Squares	Mean Sum of Squares	F-ratio	η^2
Between Groups	1	.26	.26	.60	.01
Within Groups	1	.36	.36	4.24*	.07
Between x Within	1	.38	.38	4.48*	.08

Note. $N = 52$.

* $p < .05$.

Reliable change was assessed. To calculate the standard error of the difference of the two measurements, the formula for SEM was utilized (Reliable Change Index (in SE_{meas} units): $RCI = \frac{(x_{post} - x_{pre})}{SEM_D}$ where: x_{post} = a participant's post-test score and x_{pre} = a participant's pre-test score and SEM_D = the standard error of the difference of two measurements, assuming equal standard errors).

Based upon parents' responses, 13 children evidenced reliable change, meaning that there was a near certain reduction in their bullying behaviors. Seven parents indicated at pre-treatment that their children evidenced little or no bullying behaviors; three parents indicated that their children evidenced no change, and two parents indicated that their children were engaging in reliably more bullying behaviors. The three parents who reported that their children evidenced no change indicated at pre-treatment that their children were not frequently engaging in bullying behaviors (based upon two parents' responses, only 25% of the sample engaged in more prosocial behaviors, and based upon how the third parent responded, approximately half of the children engaged in more frequent bullying behaviors). One of the two parents who indicated that her child engaged in more frequent bullying behaviors reported at pre-treatment that her child

engaged in no bullying behaviors, suggesting that this may reflect regression toward the mean. The other parent indicated that her child has been diagnosed with attention-deficit/hyperactivity disorder, suggesting the child may have behavioral difficulties needing to be individually addressed.

A one-way ANCOVA was conducted with condition as the independent variable and Time 2 scores on the *Early Childhood Bullying Questionnaire* as the dependent variable. The covariate was Time 1 scores on the *Early Childhood Bullying Questionnaire*. The ANCOVA was significant, $F(1, 53) = 5.85, p = .02$, adjusted $R^2 = .49, \eta^2 = .12$. The relationship between condition and Time 2 scores on the *Early Childhood Bullying Questionnaire* was very strong, with condition accounting for 49% of the variance of Time 2 scores on the *Early Childhood Bullying Questionnaire*, holding constant Time 1 scores. See Table 12 for the results of the ANCOVA.

Table 12

Analysis of Covariance for Time 2 Early Childhood Bullying Questionnaire Scores by Time 1 Scores and Condition

Source	<i>df</i>	<i>F</i>	η^2
Time 1 Bullying Scores	1	45.03*	.46
Condition	1	5.85*	.12

Note. $N = 52$.

* $p < .01$.

Gender differences in the relationship between parental factors and child bullying. Separate multiple regression analyses were performed by child gender to examine the relationships among parental hostility, parental depression, parenting skills, and child bullying, as indicated by scores on the *BSI Hostility* subscale, *BSI Depression*

subscale, *ACT Parents Raising Safe Kids Scale*, and the *Early Childhood Bullying Questionnaire*. The following predictors were entered simultaneously in multiple regression equations separately by gender: Parental depression, parental hostility, and parenting skills. For girls, parenting skills was the only significant predictor, with lower parenting skills related to increased child bullying, $F(1, 23) = 6.16, p = .02, R^2$ adjusted = .20. Parenting skills accounted for 20% of the variance in child bullying for girls. Results are shown in Table 13. For boys, parental hostility was the only significant predictor, with higher parental hostility related to increased child bullying, $F(1, 37) = 11.05, p < .01, R^2$ adjusted = .22. Parental hostility accounted for 22% of the variance in child bullying for boys. Results are presented in Table 14.

Table 13

Regression Analysis for the Prediction of Child Bullying for Girls

Criterion	Predictor	ΔR^2	<i>B</i>	<i>SE B</i>	β
Child Bullying	Parenting Skills	.20	.02	.01	.48*

Note. $N = 29$.

* $p < .05$.

Table 14

Regression Analysis for the Prediction of Child Bullying for Boys

Criterion	Predictor	ΔR^2	<i>B</i>	<i>SE B</i>	β
Child Bullying	Hostility	.21	-.02	.01	-.49*

Note. $N = 43$.

* $p < .05$.

Chapter Five

Discussion

The Relationship among Parental Hostility, Parenting Skills, and Child Bullying

Relatively few studies have investigated parenting characteristics of children who bully. Some studies have shown that parental depression, parental hostility, and aspects of poor parenting, such as lack of maternal warmth, and excessive use of discipline are related to bullying (e.g., Cutner-Smith et al., 2006; Kandel & Wu, 1995; Olweus, 1980). However, no study to date has examined the relative contributions of parental depression, parental hostility, and overall parenting skills (as measured by parental hostile attributions and beliefs about spanking, media literacy, beliefs about a crying/screaming child, teaching social skills, and family communication and affection). The purpose of the present study was to examine the relationship among parental hostility, parental depression, overall parenting skills (as assessed with a single measure), and child bullying. Findings indicate that parental hostility, parental depression, and parenting skills are all significantly related to child bullying, and make different relative contributions.

Parental Hostility and Child Bullying

As hypothesized, parental hostility is a better predictor of child bullying than parental depression. In fact, when entered simultaneously, parental hostility and parenting skills are the only significant predictors of child bullying. This finding is consistent with research by Knox, Burkhart, and Khuder (2011), who found that parental hostility is a better predictor of young children's aggression and conduct problems both currently and prospectively (two months in the future) than parental depression. Present

findings are also consistent with McKee and colleagues (2008) who identified parental hostility as an important contributing factor in the identification of childhood externalizing behaviors. Characteristics of hostility such as irritability, anger, and resentment may be present in both hostile and depressed parents at times, but it may be specifically the hostile parent's negativity towards the child that leads to the most negative outcomes. In addition, hostile parents have more of a tendency to be physiologically and/or behaviorally over-reactive than those who are depressed. These parents may misperceive their child's behavior, which may lead to negative parenting practices and maladaptive parent/child interactions (Knox, Burkhart, & Khuder, 2011). Negative parenting practices may include behaviors that reflect lack of empathy, the use of power assertive parenting techniques, and love withdrawal. These negative parenting practices and maladaptive interactions could lead to externalizing behavior in children (Knox, Burkhart, & Khuder, 2011).

Hostility-related schemas are highly accessible for parents who have had past experiences of violence-exposure, victimization, and/or who have exhibited perpetuation of aggressive behavior (Milner, 2003). Parents who have higher levels of hostility tend to have chronically accessible hostility-related schemas, which are believed to exert a continuous influence on information processing (Farc et al., 2006; Milner, 2003). Chronically accessible hostility-related schemas may result in interpreting ambiguous cues by the child as signs of hostility (Farc et al., 2006). More hostile parents tend to believe that the child is the cause of the maladaptive parent-child relationship (Farc et al., 2008; Todorov & Bargh, 2002). Patterson and colleagues (1992) identified a "coercive family process" which may perpetuate and maintain child externalizing problems. A

parent attempts to alter a child's behavior with the child responding with a counterattack. In response, a parent typically provides negative reinforcement by not enforcing the directive. The child yields and the parent is reinforced for backing off from the directive. Through the use of these coercive tactics, both the parent and the child reinforce each other's maladaptive behaviors. Each time the exchange is repeated in the future, it escalates in length and hostility.

Through this process, child aggression and maladaptive behaviors are inadvertently promoted and maintained (Patterson et al., 1992). Not only do these types of parents interpret their child's behavior as hostile, they also model hostility in their relationships with other people, acting with anger, resentment, irritation, and engaging in argumentative and oppositional behavior (Houston & Vavak, 1991; Matthews et al., 1996; McGonigle et al., 1993; Woodall & Matthews, 1989). Based on theories of behaviorism (Bandura, 1977; Bandura, 1978), children learn how to solve interpersonal conflict by modeling their parents. Hence, if children see their parents using direct and indirect aggression in their interactions, it is likely that they may be more inclined to engage in bullying behaviors in an attempt to dominate others and solve conflict.

According to Brofenbrenner's (1979) bioecological framework, proximal processes that occur within the parent-child dyad are the primary engines for development (Brofenbrenner, 2006). Generational transmission of chronically accessible hostility-related schemas (Farrington et al., 2008) and aggressive behaviors may occur (Farrington, 1993) when parents are hostile. As previously noted, high levels of hostility in parents are related to externalizing child behaviors (Dodge et al., 1994; McKee et al., 2008; Patterson et al., 1992; Williams, Conger, & Blozis, 2007) and increased youth

aggression (Williams et al., 2007) and level or frequency of interpersonal and social conflicts in adolescence and adulthood (Berkman & Orth-Gomer, 1996).

Parenting Skills and Child Bullying

As mentioned above, in addition to parental hostility, overall parenting skills (as measured by hostile attributions and beliefs about spanking, media literacy, beliefs about a crying/screaming child, the importance of teaching social skills, and family communication and affection) was also a significant predictor of child bullying. Parents who have unrealistic and developmentally inappropriate expectations for their children may become easily frustrated when expectations are not met, increasing the potential for negative parent-child interactions (Culp et al., 1999). Moreover, it is believed that children develop positive or negative peer relationships based upon the affective quality of their relationship with their parents.

Children who spend less time with their parents engaging in positive activities are more likely to generalize the negative feelings that arise to social interactions with nonfamily members (Loeber et al., 1998; Loeber & Stouthamer-Loeber, 1986; Sutton et al., 1999). Studies have also found that low maternal warmth, affection (Dodge et al., 1994), and empathy (Zhou et al., 2002) are related to peer nominations for aggression and lower levels of peer empathy. Laird and colleagues (1994) also found that mothers who teach their children social skills have less aggressive children than mothers who do not. In addition, increased use of power assertive disciplining techniques, such as corporal punishment was found to be related to decreased moral internalization, increased child aggression, increased child delinquent and antisocial behavior, decreased quality of relationship between parent and child, decreased child mental health, increased risk of

being a victim of physical abuse, increased adult aggression, increased adult criminal and antisocial behavior, decreased mental health, and increased risk of abusing one's own child or spouse (Gershoff, 2002).

Furthermore, parents who use verbal and/or physical aggression at home are more likely to promote their children to use aggression to resolve conflict in their own interpersonal relationships (Dodge et al., 1994). It is believed that the same parents who value aggression are also allowing their children to have exposure to violent media, which is associated with aggressive child behavior, aggressive cognitions, aggressive affect, desensitization, lack of empathy, and lack of prosocial behaviors (Anderson et al., 2010). The findings of the present study indicate that a critical factor to reducing child bullying is an intervention program that targets parenting, specifically addressing techniques that would decrease hostility and aggression and promote prosocial conflict resolution and parental nurturance and warmth.

Gender Differences in the Relationship between Parental Factors and Child

Bullying

To better understand the relationship between parental factors and child bullying, an exploratory question asked whether there would be a gender difference between boy and girl bullies in terms of parental factors that predict child bullying. To date, no study has addressed this question. Studies linking parental hostility and child bullying have predominantly consisted of boys (e.g., Matthews et al., 1996; Olweus, 1980; Pakaslahti et al., 1996; Patterson et al., 1992), which calls to question whether this same finding would hold for a sample consisting of girls. The findings of the present study indicate that there may be a gender difference in parental factors that predict bullying in boys and girls.

Multiple regression analyses completed in the present study indicate that for girls, parenting skills is the only significant predictor, and for boys, the only significant predictor is hostility. It is important to note, however, that these are preliminary findings and a larger sample size would be needed to substantiate such findings. Additionally, several constructs are being measured and defined as parenting skills (i.e., parental hostile attributions and beliefs about spanking, media literacy, beliefs about a crying/screaming child, teaching social skills, and family communication and affection). Therefore, the importance of each construct and its relative contribution to predicting child bullying in females cannot be determined. The results of the present study suggest, however, that in early childhood, boys and girls exhibit bullying behaviors with similar frequency. This finding highlights the necessity for researchers investigating bullying in early childhood to include more indirect forms of aggression in their evaluation and intervention.

Gender socialization sets the values and goals stereotypically held by members of the same-gender peer group and influences the type of aggression perpetrated. Boys are traditionally socialized to value characteristics such as agency (Block, 1983), instrumentality (Block, 1983; Wilson & Cairns, 1988), individuation or independence (Gilligan, 1982; Josephs, Markus, & Tafari, 1992; Nicholls, Licht, & Pearls, 1982), and competition (Nichols et al., 1982). In contrast, girls are traditionally socialized to value interpersonal relationships (Block, 1983; Gilligan, 1982; Josephs et al., 1992), sensitivity (Block, 1983), and nurturing (Block, 1983). When youths attempt to victimize their same-gender peers, they may produce the most impact by targeting highly valued domains of functioning. Thus, when girls victimize other girls, they may target their

relational functioning, while boys target the power, autonomy and superiority of other boys (Lagerspetz et al., 1988). In other words, girls are more likely to engage in indirect aggression; whereas, boys are more likely to engage in direct aggression (Lagerspetz et al., 1988). These differences in aggression can be readily observed in preschool age children (Crick et al., 1997), which highlights the need for early intervention programs to focus on the reduction of both overt and relational forms of aggression.

Furthermore, boys and girls may be living in similar maladaptive environments, but for boys, they may be more likely to generalize to their peer relationships, their parents' hostility as it relates to direct aggression; whereas, girls may be more likely to generalize lack of appropriate social skills and nurturance. Along with the activation of hostility-related schemas come the use of greater power assertive disciplining techniques and the use of corporal punishment (e.g., Bradley & Peters, 1991; Bugental et al., 1989; Martorell & Bugental, 2006). Through behavioral modeling, boys learn to use direct aggression as it promotes their masculinity and is a successful method of gaining dominance and control (Gershoff, 2002; Lagerspetz et al., 1988). For girls, they learn to use indirect aggression as a means to gain control by threatening characteristics valued in dyadic relationships (i.e., affection, communication, and nurturance). For boys, direct aggression involves using physical and verbal means; whereas, for girls indirect aggression involves using social manipulation (Lagerspetz et al., 1988), such as encouraging others to dislike someone, befriending another as a form of revenge, telling a person's secrets to another, making insidious remarks about a person behind her back, and telling others to avoid someone. At its core, indirect aggression involves not being considerate of another's feelings, and not sharing or being kind (Lagerspetz et al., 1988).

In sum, a successful bullying prevention/intervention program should take into account how boys and girls are socialized, the impact of generational transmission of aggression, and how aggression may manifest itself differently in males and females.

The Efficacy of the ACT-PRSK Program in Reducing Child Bullying

The ACT-PRSK program (www.actagainstviolence.org) is an empirically-supported early violence prevention program aimed at caregivers of young children and early childhood professionals. The ACT-PRSK program has two primary goals: to educate caregivers to be positive role models and to make early violence prevention part of a collaborative community effort to prevent violence. The efficacy of the ACT-PRSK program has been evaluated by its success at improving parents' knowledge about child development and decreasing parents' use of corporal punishment and child externalizing behaviors (Knox, Burkhart, & Hunter; 2010; Knox, Burkhart, & Howe, 2011; Porter & Howe, 2008; Weymouth & Howe, 2011). To date, no study has investigated the efficacy of the ACT-PRSK program in reducing child bullying.

The findings of the present study indicate a significant Time by Condition effect with a moderate effect size, meaning that the children of parents who received the ACT-PRSK training evidenced a significant reduction in Time 2 scores on the *Early Childhood Bullying Questionnaire* in comparison to the control group. There was a moderate effect for change between Time 1 and Time 2 total scores on the *Early Childhood Bullying Questionnaire*. Based upon their responses, 13 of the 25 parents indicated that their child exhibited a reliable and noticeable reduction in bullying behaviors. Three parents reported no change. These parents, however, did not indicate that their child exhibited frequent bullying behaviors at pre-treatment. Two parents reported that their child

exhibited more bullying behaviors at Time 2 than at Time 1. Because one of these parents indicated no bullying behaviors at Time 1, it is possible that the increase in bullying behaviors can be explained by regression to the mean. The other parent indicated that her child had been diagnosed with attention-deficit/hyperactivity disorder, suggesting that individual intervention may be needed. Since seven parents indicated that their child engaged in little or no bullying at Time 1 and Time 2, reliable change was assessed for 18 parents. Thirteen of the 18 parents reported reliable change, indicating that 72% of these parent respondents indicated a clinically significant change in their child's bullying behaviors.

The findings of the present study suggest that (1) parents of young children endorse the presence of bullying behaviors as occurring regularly in young children and (2) that the ACT-PRSK program is effective at reducing child bullying. This study indicates that children may generalize the positive interactions with their parents to their own peer interactions. This is consistent with Loeber and colleagues' (1998), Loeber and Stouthamer-Loeber's (1986), and Sutton and colleagues' (1999) findings that children who spend more time with their parents engaging in positive activities are more likely to generalize the positive feelings that arise to social interactions with nonfamily members.

Based upon both the findings of this study, as well as research conducted over the last two decades (Cutner-Smith et al., 2006; Eron & Huesmann, 1990; Kandel & Wu, 1995; Loeber et al., 1998; Loeber & Stouthamer-Loeber, 1986; Renk et al., 1999), significant correlates of child bullying are parental hostility and components of parenting, such as a lack of empathy, affection, communication, and the absence of teaching appropriate social skills. These are components that are specifically addressed in the

ACT-PRSK program. The ACT-PRSK program was designed based upon social learning theory (Bandura, 1977), as it strives to prevent generational transmission of aggression and violence by teaching caregivers of young children appropriate child rearing techniques in order to better model non-violence. As such, the ACT-PRSK program is a social-cognitive program built on the assumption that aggressive and violent behaviors are learned (Bandura, 1978; Silva & Randall, 2005). This program seeks to teach caregivers problem-solving techniques, help them acquire social skills needed to make better conflict resolution choices, and to increase their child development knowledge. Even though previous studies have indicated that child externalizing behaviors significantly decrease in children whose parents completed the ACT-PRSK program (Knox, Burkhart, & Howe, 2011), no study to date has specifically addressed whether children generalize their parents' modeling of anger management and social problem solving to their own peer relationships. The present study provides preliminary evidence, suggesting that children whose parents complete the program exhibit less direct and indirect bullying behaviors.

Programs are most effective at reducing violence and aggression when the attendees are parents of young children (Brestan & Eyberg, 1998). Early childhood is a time when developmental milestones include secure attachment, emotion regulation, and expansion of peer relations (Cicchetti & Toth, 1997). Also emerging during the formative early years of life are a child's cognitive functioning and interpersonal skills (Masten & Coatsworth, 1998). Central to violence prevention in both the home and with peers is having an understanding of one's feelings and possessing a repertoire of appropriate non-violent responses. These components are specifically addressed in the

ACT-PRSK program, as it is believed that it is easier to teach young children adaptive behaviors rather than to teach children to unlearn maladaptive behaviors (Bandura, 1977). It is believed that the success of this intervention in reducing bullying is due to parental involvement and early attention to problematic parenting behavior and violence prevention. Bullying intervention programs are primarily targeted at children in middle school and beyond, with only two of the top ten intervention programs including children in first grade (Craig et al., 2010). This is surprising given the fact that bullying has been observed to occur regularly in Head Start programs in children as young as 4-years-old (e.g. Belacchi & Farina, 2010; Culp et al., 2003).

Studies also have indicated that bullying occurs at approximately the same rate in kindergarten as in elementary school (Alsaker & Nagele, 2008; Stassen Berger, 2007). The finding that bullying occurs in early childhood is supported by the social development and emotion understanding of young children. The understanding of external features of emotion, such as facial expressions and situational cues emerges at around 4 to 5 years of age (e.g., Harris, 2000; Tenenbaum, Visscher, Pons, Harris, 2004). Around age 4, children are able to understand that if two or more individuals have different desires they can feel diverse emotions even when facing the same situation (Hadwin & Perner, 1991; Harris, 1989). At around 5 to 6 years of age, children are able to understand that intensity of emotion decreases with time and that some elements of an actual situation can function as prompts to reactivate a past emotion (Lagattuta & Wellman, 2001). The understanding of mental aspects of emotions, such as desires, beliefs, and the distinction between real and apparent emotions appears at around 6 to 7 years of age (e.g., Harris, 2000; Tenenbaum et al., 2004). Based upon the typical social

and emotional development of young children, it is possible that by providing parent training in behavior management, parents then model appropriate conflict management and interpersonal effectiveness that would assist children in emotion regulation and solving interpersonal problems effectively.

Limitations and Future Research

There are several limitations to the current study. First, both parent symptoms and children's problems were identified with parent report. Therefore, the relationship between parent psychopathology and children's behavior problems may be inflated due to shared informant and method variance. In addition to parent report, future research would benefit from the use of other sources of information such as direct observation, teacher report, and/or peer nomination, which would allow for assessment of inter-rater reliability. Future research would also benefit from the use of random assignment to condition rather than sequential assignment.

Second, although the dependent variable as measured by the *Early Childhood Bullying Questionnaire* is derived from valid and reliable measures, the *Child Behavior Checklist* (Achenbach & Edelbrock, 1983) and the *Strengths and Difficulties Questionnaire* (Goodman, 2001), it is not a measure that has been used in previous studies. It was necessary to create this measure, as no standardized, reliable, consistently used parent-report measure reflecting early childhood experiences with bullying was found. Researchers measure early childhood bullying typically through observation, checking off items developed for their study (Murray-Harvey et al., 2010). Throughout the bullying literature, how bullying experiences are defined and measured varies greatly. Some studies do make use of valid and reliable measures (e.g. *Revised Olweus Bullying*

Questionnaire). However, the vast majority of studies simply dichotomize participants into bullies or victims based on few questions in which participants are asked to indicate the frequency of occurrence of bullying behaviors (Murray-Harvey et al., 2010). Only within the last year has the Center for Disease Control and Prevention developed a compendium of behavioral measures for researchers to measure bullying, victimization, perpetration, and bystander experiences (www.cdc.gov/violenceprevention). However, the measures included can only be administered to individuals between the ages of 12 and 20.

Therefore, it is believed that one strength of the present study was the development of a measure assessing early childhood bullying as a continuous variable that has good content validity and internal consistency. An additional strength is that this study made use of questions from two valid and reliable measures from which questions were drawn from the prosocial, conduct, aggressive behavior, and social problems subscales. Future research needs to be devoted to refining this measure to assess for early childhood bullying.

Third, the sample was recruited from family-serving agencies and findings may not represent families who are not receiving mental health services or services offered by community centers. It is possible that effect sizes may have been larger if families were not already involved in such services, as it is possible that participants may have already been familiar with some of the concepts addressed in the program. Therefore, the reduction in bullying may be reflecting only those changes in behavior above and beyond changes that could be occurring due to receiving services. Parents who have not been exposed to education on child development and positive parenting may experience even

greater benefits from the ACT-PRSK program (www.actagainstviolence.org). Future studies would benefit from gathering specific data about other services received by participants during the study. This would allow for analyses that better separate the effects of other services from those that occur directly as a result of the ACT-PRSK program.

Fourth, the sample consisted of primarily female caregivers (89% of the sample). Therefore, the findings may not be generalizable to male caregivers. Generational transmission of the acceptance of aggression from father to child has been demonstrated (Farrington, 1993), suggesting the need for fathers to receive training in behavior modification, anger management, and prosocial conflict resolution. In an ACT-PRSK program multi-site study (Weymouth & Howe, 2011) consisting of over 100 males and 200 females, the results indicated that females benefited more from the program. Females demonstrated increased internalized knowledge about anger management and positive discipline practices to a greater extent than males. In comparison to males, females learned more information about violent media and its effect on children. Females also showed increased improvement on cumulative violence prevention messages while males' knowledge of violence prevention remained approximately the same. It is important to note, however, that males do evidence improved parenting practices after participating in the ACT-PRSK program (Weymouth & Howe, 2011). Future research should focus on ways to improve male caregivers' exposure to and retention of program tenets.

Future research should also assess longer-term outcomes. It is possible that children's bullying behavior improves only temporarily and then returns to previous

levels. It could also be possible that behavior continues to improve significantly over time. Six month or longer follow-up measurements would be needed to examine this possibility. Additionally, the sample was largely European American (51 %), so findings may be most applicable to this ethnic group. Future research would benefit from gathering more diverse community samples, as well as a larger sample size. Lastly, future research should devote resources to ensure that waiting list comparison participants receive the ACT-PRSK program, if interested. While some comparison participants in the present study did receive training, many others could not be contacted as the contact information provided at the beginning of the study was no longer current or the location and/or time of the next program were not conducive to their participation.

It would also be beneficial if future development of the ACT-PRSK program involves having parents practice the skills they are learning in vivo with their children. Having parents practice the skills they are learning during parenting programs has been associated with decreases in coercive behaviors (Kaminski, Valle, Filene, & Boyle, 2008). Standardized observation of the parent-child interaction could serve as an objective measure for assessing anger management and internalization of child development knowledge and positive discipline.

Implications of the ACT-PRSK Program

Behavioral, emotional, and social causes are viewed as major contributors to the world's health problems (Institute for the Future, 2000). Pollack (2004), an expert in youth violence, suggests that the family plays a central role in sustaining societal health and reducing violence.

He stated, "...it is the family that can make all the difference in this society as to whether our youths grow into happy, well-adjusted adults or become depressed, dysfunctional, or even violent and hateful. Beneath targeted school violence lurks all too much pain, heartache, and potential crime and violence that, I believe, the emotional glue of family love can ameliorate or eradicate" (Pollack, 2004; p. 39).

Pollack (2004) recommends that, to combat youth violence, parents must create an emotionally supportive environment early in their child's development and to have open communication with neighbors, parents, and schools.

Violence prevention specialists recommend that prevention programs should be aimed at improving parental monitoring and discipline for families with 5- to 12-year old children, as well as providing programs that teach prosocial and cognitive skills that are incompatible with violence (Thornton et al., 2002). The ACT-PRSK program (www.actagainstviolence.org) meets these criteria and can be implemented in child mental health facilities, community health centers, schools, and community centers. The last session of the ACT-PRSK program focuses on how caregivers can participate in their community and schools, and generally how to be an advocate for their children. Its low-cost, train-the-trainer model allows practical implementation. In addition to the standard eight-week sessions, the program has also been implemented in the format of a four-day workshop and can be adjusted to flexibly fit the structure of the environment. Furthermore, the ACT-PRSK program has effect sizes (prosocial parenting practices, social problem solving, positive discipline/child development, and media violence literacy) that are compatible with the two most well-known and widely used parenting

programs, Incredible Years (www.incredibleyears.com) and Triple P (www.triplep.net). However, the ACT-PRSK program can be implemented for a fraction of their cost.

It would be important to determine whether booster sessions or ongoing support for parents are needed to solidify changes that are seen immediately after the end of the program. It seems likely that such an addition to the core program would be helpful. Specific topics that may be particularly relevant to the reduction in child bullying include the RETHINK model and the IDEAL model, as group discussion around these models would facilitate appropriate anger management and conflict resolution, skills essential to interpersonal interaction. Booster sessions may be particularly helpful in cases where parents leave the supportive, prosocial environment of the group and return to stressful or less supportive situations or social influences that may engender harsh parenting and negative child attributions.

Conclusion

The results of the present study make several significant contributions to the bullying literature. First, this study substantiates that bullying occurs in early childhood, highlighting the drawbacks of current bullying prevention/intervention programs, which predominantly target children older than 7 years of age (Craig et al., 2010). Second, the present study provides greater understanding of parental contribution to child bullying. As predicted, parental hostility, parental depression, and parenting skills all contribute to the variance in child bullying. This is the first study to investigate simultaneously parental hostility, parental depression, and overall parenting skills (as assessed by a single measure) to determine their relationship with child bullying.

Third, the results of the exploratory research question indicate that the relationship between parental factors and child bullying may be different for boys and girls. Previous studies investigating parental factors that contribute to child bullying have either been comprised predominantly of boys (e.g. Olweus, 1980) or findings have not been evaluated by child gender. In the present study, for boys, the only significant predictor is parental hostility, and for girls, the only significant predictor is parenting skills. These preliminary findings are consistent with the way boys and girls are traditionally socialized. Based upon the findings of the present study, boys and girls may be living in similar maladaptive environments, but for boys, they may generalize their parents' hostility by displaying direct aggression in peer relationships; whereas for girls, they may be more likely to generalize their parents' lack of teaching appropriate social skills and lack of nurturance by displaying indirect aggression in peer relationships. The findings of the present study support the necessity for further investigating the relationship among child gender, parent gender, and bullying behavior.

The fourth contribution of this study is that it is the first to evaluate the efficacy of the ACT-PRSK program (www.actagainstviolence.org) as a bullying prevention/intervention program. It is believed that the program is effective because it provides parent education on child development, nonviolent discipline, the effects of media on children, anger management, and prosocial problem-solving, constructs that research has shown to be related to child externalizing behaviors (Anderson et al., 2003; Culp et al., 1999; Fennell & Fishel, 1998; Fetsch et al., 2008; Lochman & Wells, 2004; Tucker, Gross, Fogg, Delaney, & Lapporte, 1988; Webster-Stratton et al., 2001). The

findings of the present study are consistent with previous research, which indicates that the more successful bullying programs include a parent component (Craig et al., 2010).

The implementation of the ACT-PRSK program as a prevention/intervention program for child bullying aligns with violence prevention specialists and bullying experts' recommendations that parent training in behavior management should be addressed in bullying programs as this leads to a reduction in child externalizing behaviors (Rivers et al., 2007). The present study provides support that relational patterns exhibited by parents may be modeled by their children and generalized to peer relationships. The efficacy of the ACT-PRSK program in reducing child bullying highlights the homeostatic nature of the family; creating a change in parents' behavior may cause a positive change in their children's behavior.

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Appendix A

ACT Parents Raising Safe Kids 8-Week Program for Parents

Week 1: Understanding your child's behaviors

- What is the definition of child development?
 - Children need to have their basic needs met in order to behave well.
 - Adults who understand child development know what a child can do and understand at different ages.
 - Adults who understand child development know what to expect from their children and treat their children like children.
 - Adults who understand child development become less frustrated or anxious about their children's behavior and are less likely to use verbal and physical abuse.
-

Week 2: Children and violence

- The first years are very important learning years. They are when children learn basic lessons that will last for life.
 - Children learn by observing and imitating those around them.
 - Adults need to be positive examples and pay attention to what they do and say to and in front of children.
 - A combination of individual and societal factors makes a child become involved with violence.
 - Violence in a child's life can have long-term effects.
-

Week 3: Understanding and controlling anger

- Conflicts with other people are part of our life.
 - Anger is a normal emotion.
 - It is OK to feel angry, but is not OK to use violence.
 - Adults can learn to control their angry feelings.
 - It is important to learn how to resolve conflicts without violence.
-

Week 4: Resolving conflicts in a positive way

- Anger is a normal emotion.
 - Children can learn to control their angry feelings, calm down, and resolve conflicts without using violence.
 - How parents can help children deal with anger.
-

Week 5: Positive Discipline

- It is normal for children to misbehave because they are learning how to understand their world and how to relate to others.
 - Discipline involves calming down and teaching children how they should behave at different ages and in different situations.
 - Parenting styles have an important impact on children's behavior.
-

Week 6: Positive Discipline

- It is possible to prevent challenging behaviors by promoting positive behaviors and avoiding problematic situations.
 - Parents need to use discipline methods that fit the situation and the children's age and stage of development.
-

Week 7: Reducing the influence of media on children

- High exposure to violence in the media can lead to an increase in aggressive attitudes and behaviors.
 - Parents can learn ways to reduce children's exposure to violence in the media and its negative impact.
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Week 8: Review of adults' role in raising safe kids

- Review of major points covered
 - Adults' role in raising safe kids at home and in the community.
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Appendix B

Early Childhood Bullying Questionnaire

Age	Questions
Children ages 4 to 5 ½	<ol style="list-style-type: none">1. Considerate of other people's feelings.2. Shares readily with other children.3. Helpful if someone is hurt or ill.4. Often fights with other children or bullies them.5. Kind to younger children.6. Often offers help.7. Doesn't get along well with other children.8. Gets in many fights.9. Hits others.10. Physically attacks people.11. Selfish or won't share.
Children ages 6 to 10	<ol style="list-style-type: none">1. Considerate of other people's feelings.2. Shares readily with other children.3. Helpful if someone is hurt or ill.4. Often fights with other children or bullies them.5. Kind to younger children.6. Often offers help.7. Cruelty, bullying, or meanness to others.8. Doesn't get along well with other children.9. Gets in many fights.10. Physically attacks people.11. Teases a lot.12. Threatens people.
