

Bullying victimization and mental health essay sample

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Abstract

Bullying victimization can have long term negative mental health repercussions later on in life to those who are bullied in childhood and early adolescence. The outcomes of the study would be to investigate whether the predictor (independent) variables of gender, social isolation, depression, low self-esteem are correlated to the outcome (dependent) of bullying victimization upon negative mental health trajectories later on in life.

The goal of this study is to find out whether each of several middle and high school students had been bullied prior to the implementation of an anti-bully program in their school and then measure again in the end to test if the program had positive or negative results in preventing bullying in primary school systems. The sampling method used would be a non-probability convenience sampling consisting of adolescent children between the 6th grade and 12th grade of different genders, ethnic, economic, and social populations.

Introduction

Is bullying in schools really becoming a serious public mental health issue? Does pre-adolescent and adolescent bullying cause significant social and psychological problems that can lead to serious negative mental health trajectories later on in life? Do anti-bullying programs work in our school systems to extinguish or prevent bully occurrences? “ Relative to children who are not bullied, the children who are bullied are significantly more likely to grow up to have serious mental health issues, including

depression, low self-esteem, social and cognitive deficit issues without an anti-bullying program implemented in their school's environment." Literature Review

Bullying victimization can have long term negative mental health repercussions later on in life to those who are bullied in childhood and early adolescence. The outcomes of the proposed study would be to investigate whether the predictor (independent) variables of gender, social isolation, depression and low self-esteem are correlated to the outcome (dependent) of bullying victimization upon negative mental health trajectories later on in life. The United States Center for Disease Control publishes a compendium of government assessment tool publication scales that were used in the comparative assessment and analysis of the potential bully victims and perpetrators to identify the ages, education levels and frequency of bullying and bullying victimizations (A. U. 2013).

This gave much needed insight into the Bullying Victim and Victimization Page4 reviews of high risk bullying factors such as gender, age, low self-esteem, low achievement scores, lack of empathy and aggressiveness in children. The results of the 411 school aged boys in this particular study, were used to provide information for anti-aggressive behavior modification for cognitive and behavioral treatment programs (Farrington, Baldry, & Costanza, 2010). Another peer reviewed article highlighted findings from a mixed-methods study of school bullying that included 14 focus groups with 115 elementary, middle and high school students to show the connection between mental health and academic perspectives, as provided by the

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adolescents themselves to assess potential implications of anti-bullying preventions (Guerra, Williamson & Sadek, 2012).

Further research examined the relationship between levels of perceived threats of bullying and the respect level of the victims in the 5th - 12th grades. The study's results aimed to show that increases in age and grade levels also showed increases in intensity and occurrences of bullying and bullying victimizations (Langdon & Preble, 2008).

For example, in Ledley, Storch, Coles, Heimberg, Moser & Bravata (2006) the literature used shows the inferential correlations of childhood teasing and its effect on interpersonal relationship as the child and adolescent develops into early adulthood. The statistics used were inferential and showed indirect causations of the negative long term effects that bullying had on the studies participants.

A long time analyzer of Bullying and Bullying victimizations, Dr. John Olweus's article used in the literature review showed the predictors of why certain children and adolescents are targeted as being the recipients as bullied victims, due to their lack of self-esteem, socialization, Bullying Victim and Victimization Page5 economic background, sexuality issues and social status among their own peers (Olweus, 2001). This study provided the predictor signs of bullying victims and why these negative behaviors are potentially produced into bullying incidences that include physical, verbal and relationship manifestations (Olweus). This meta-research analysis attempted to define the prevalent characteristics of victims and their

perpetrators in bullying occurrences based upon their age, genders, social and economic status, and emotional status in children in the Rio School systems (Rech, Halpern, Tedesco, & Santos , 2006).

Along with the Reynolds Teacher's Bullying and Victimization scales, which are used in many schools and organizations to assess the potential for bullying and bullying victimizations in and around academic environments (Reynolds, 2003) consisted of questionnaires designed to assess the level of bullying, the level of aggression in the bully perpetrator, and the level of self-esteem and empathy of the victims own feelings. The results were then used to assess the need for anti-bullying prevention measures to be implemented into educational school systems (Reynolds).

To show the correlation and need for this scales usage comes from the literature used from Sapouna & Wolkes, (2013) study which cited recent comparisons of other longitudinal studies in over 40 countries that showed the average percentages of bullying and victim participants in the act of bullying (Sapouna & Wolke) and the consequential effects bullying has, and the long term effects it can have on deficit mental health trajectories (Sapouna & Wolke). The purpose of using this longitudinal study was to discover and report on the processes used in the resilience factors of bullying and to determine whether predictor factors were influential in Bullying Victim and Victimization Page6 the resiliency, post bullying victimization experiences of adolescents.

The study purposely reports on the outcomes of relationships and whether they can or cannot predict resiliency to bullying above individual characteristics (Sapouna & Wolke). The questions examined were to gain knowledge on the process of resiliency to bullying by identifying individual, family and peer factors and whether or not these predictors showed fewer than expected levels of depression and delinquency in adolescents following bullying victimization experiences (Sapouna & Wolke). The study also tested whether positive relationships with family and peers provide any possibility of prevention and protection against bullying victimizations (Sapouna & Wolke).

The relation for this study's results to the review of the literature were by showing the correlation of how measures correlated to the predictors of peer, family, and individual influences on the resiliency of bullying victimization. These results are related to the hypothesis by the validity of the measures used to assess and test the hypothesis by testing how strongly they correlated to other outcomes that were negatively reported such as depression, alcohol consumption and truancy occurrences (Sapouna & Wolke). It can be directly correlated to the outcomes that this research proposal is attempting to measure. The results would demonstrate that several dimensions of bullying victims and perpetrators have similar characteristics such as low self-esteem, depression, social isolation, lack of similar economic or social status among peers and low empathy, which can show positive correlations associated with bullying and victimization behaviors (Olweus, 2001).

Proposed Method

Participants

The participants that I would want to include in my research hypothesis would be students from public and private school institutions consisting of adolescent children between 6th graders (11-12 year olds) and up to 12th graders (16, 17, 18 years old) of different characteristics of gender, ethnic, economic, and social populations to provide a total study population of about 300 students. The population would have an equal amount of female to male ratio, and an equal amount of suburban and urban school participants. These students would be initially pre-selected by teachers, school psychologist, and administrators by their own observations of students in their classrooms and school environments as potential or at high risk candidates for bullying victimizations.

After the informed consent (Appendix A) and assent form (Appendix B) are signed by parents and students, the students can participate in the strictly voluntary research study. For the focus of this study, not everyone would work for this study, meaning adults and other children under the 6th grade level, as bullying is mostly predominant in early childhood and later adolescent years, where developing factors of personality self-esteem, depression, and peer influences seem to be at their peaks. The sampling method would be a non-probability quota sampling on a voluntary basis, once the initial screening has identified potential test subjects.

Method

The method of data collection would be a pre-test and post-test questionnaire to see if the factors of low self-esteem, economic background, depression and other psycho-social factors show relevance to bullying victimizations after an anti-bullying program course has been initiated and completed in a six week course requirement for all participant members.

The questionnaire survey used would be to gather student's data based upon their own observations and thoughts of the effectiveness of the anti-bullying program and whether key identified factors of low self-esteem, depression, and other social and economic factors were significant contributors to bullying victimizations.

The proposed method procedure for administering this questionnaire would be conducted at the school, during one class period (40 minutes) and collected before the student's departure from class. The questionnaire would ask questions about their bullying or bullying victimization history as well as current feelings about bullying and bullying victimizations. The chosen responses would consist of a gradual escalation scale of 1-being normal, 2-being moderate, 3-neutral, 4-being moderately severe, and 5-being highly severe. The questionnaire would also ask about whether the individual had ever bullied or been victimized by bullying. Descriptive statistics will be used in the questionnaires and a summary of the results would be demonstrated and published in a graph or table form indicating the ages, sex, and bullying or bullying victimizations and frequency distributions. Inferential statistics will be used to determine the correlation in proving the hypothesis. The type of inferential statistics that would be used is a dependent t-test.

In this case, the dependent variable is the number of bullying occurrences, and the independent variables are the type of predictors the individual has experienced that may contribute to bullying victimization. The null hypothesis would be that there is no significant difference after the installation of the anti-bullying programs implementation in the occurrences of bullying victimizations and the alternative hypothesis would be that there is at least one predictor that is significantly different from the other predictors in terms of social, gender, economic, or psychological factors of bullying victimization incidences. I would expect to find conclusive evidence linking bullying victimizations before the anti-bullying programs implementation and significant decreases after the anti-bullying programs conclusion with the children and adolescents questioned. Results

By doing these processes and comparing them with an evaluation of the Center for Disease Control's (CDC) Bully-Victimization Scales (BVS) and the Reynold's Bullying Scales, used for schools to provide written manuals on three self-reporting norm-referenced measures designed to estimate children, grades 3-12, with various dimensions of school-related bullying, victimization, and psychological distress factors (A. U., 2013, Reynolds, 2003), these Bully Victimization scales appraise behavior and victimization among children and adolescents and their peers in and around their school environments (A. U., Reynolds,). The CDC Bully-Victimization Scales (BVS) and the Reynold's Bullying Scales are both used in a pre-test and post-test application as well with all subject participants. The BVS and the Reynolds's

Bullying Victimization scale focuses on overt peer aggression and relational aggression and contains items Bullying Victim and Victimization Page10

related to both experiencing and doing bullying behavior (A. U., Reynolds). The tests consist of a self-reporting method in which students indicate their level of anger and behavior over the past month. The test covers both male and female patterns of bullying and ranks scores on a range from normal to moderately severe to highly severe (A. U., Reynolds). These tests are appropriate for students in grades 3 through 12 and directly correlate to the outcomes that our research team is attempting to measure i. e. the propensity of students to bully or feel bullied in a school and or a non-school environment (A. U., Reynolds). Procedure

To perform the necessary procedures the principal researcher, myself and colleagues, would visit the middle and high schools and explain to the administrators the purpose of the study and ask for their support. After getting their support, the research team would visit the designated classrooms and instruct the participating students about the purpose of the study and how to fill out each instrument in the self-administered questionnaire. The volunteer students would fill out the surveys during one class period (40 minutes), after the anti-bullying program course is completed in the prior six weeks. A few weeks later, the research team will revisit the schools and administer the post questionnaire instruments to the study subjected participants. The data collected will be analyzed from the results of the pre-questionnaire and then compared to the post questionnaire results to show correlations on the effectiveness or non-

effectiveness of the anti-bullying program course during the six week enrollment of the participants.

Discussion

In the proposed research study, the hypothetical test of whether or not there exists a correlation between bullying victimization and bullying through the characteristics of a child or adolescent having variable predictor factors such as low self-esteem, depression, and other psycho-social factors which may affect their future mental health trajectories was proposed and analyzed in my research. The focus of this research study is to attempt to further understand why the phenomenon of bullying/victimization happens in some schools and doesn't happen as often in others based upon these children and adolescents psychological and environmental characteristics.

The results would demonstrate that several dimensions of bullying victims and perpetrators have similar characteristics such as low self-esteem, depression, social isolation, lack of similar economic or social status among peers and low empathy which showed positive correlations associated with bullying and victimization behaviors, while other dimensions of a victim's lack of belonging in a school climate or their fear of school violence, lack of discipline, and low self-worth are also predictive of a students' victimization in a school's environment (Olweus, 2001). The Reynolds Bully Victimization Scale and the CDC Bullying Scale results from other studies were used for both the pre-tests and post-tests as comparison of whether the proposed and implemented anti-bullying program proved effective or ineffective in reducing the occurrences of bullying incidences, after the participant's

voluntary involvement in the 6 week anti-bullying program at their appropriated schools.

The pros to using the Reynolds and the CDC Bullying Scales as comparisons were that these tests can provide reliable and valid students psychological distress factors as a result of being bullied compared to the research participants. The cons are that these results are limited in the assessment of relational aspects of bullying, specifically underestimating the female genders role in bullying and victimizations and overestimating the physical forms of bullying (Reynolds, 2003). Despite these limitations these chosen Bullying Victimization Scales are good self-reporting tools used by other school administrators and personnel to assess bullying and implement proposes to bully prevention programs.

Furthermore, the immediate reaction of peers and teachers, as witnesses and bystanders in order to stop every form of violence among students could be an important protective factor against bullying victimizations. Also, whether increasing the authoritarian role of the teachers and administrators could decrease or increase the bullying victimization incidences (Rech, et al, 2006). Further research could be suggested to study these and other factors of bullying prevention in order to explore the internal school characteristics and increasing the protective possibilities that are available in the schools setting. That is the objective purpose of this research proposal, as an attempt to provide teachers, parents, administrators some predictor characteristics of the bully and the victim to prevent and eliminate bullying in our primary and secondary schools.

The results of this study could potentially focus on the bully-victim relationship and techniques for changing individuals through a systemic change in the school's climate and social interactions among the members of the school community, by ways of creating a comprehensive Bullying Victimization and Victimization Page13 anti-bullying program that can empower children and adolescents and one that does not make the victims retain all the responsibility of eliminating the problem themselves or from achieving positive mental health trajectories in their futures.

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Appendix A

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Dear (Parents Name),

I am an undergraduate student under the direction of Dr. J. H., at Baker College of Baker College Online Program in the Psychology Department. I am conducting a research study entitled Predictor variables of Bullying Victimization. The purpose of the research is to investigate whether variables such as social isolation, depression, gender, and low self-esteem serve as predictors of bullying victimizations. You are being asked to participate in this study. Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, it will not affect your [or your child's] grade (treatment/care, etc.). The results of the research study may be published, but your [or your child's] name will not be used. Your participation will involve your child completing an anonymous pre-anti bullying program questionnaire and at the end of the program another anonymous exit anti-bullying program questionnaire to obtain the success or failure of an anti-bullying program installed in the public school system after a 6 week anti-bullying course.

Although there may be no direct benefit to you (or your child), the possible benefit of your participation is vital and significant to exterminate the growing problem and potential long term effects of bullying in schools on a child's mental and physical well-being. There is no anticipated discomfort or risk to your child's physical or mental health in participating in this survey. The survey is anonymous and confidential and no other information is needed except their age, gender, and grade when completing the task survey at the two designated and appropriated times in the upcoming

designated semester. If you have any questions concerning the research study [or your child's participation in this study], please contact myself, If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Institutional Review Board. Sincerely, D. C., Undergraduate Student Psychology Department at Baker College Online

I hereby acknowledge and have read the above request for participation of my child and give consent for my child/ward (Insert child's name) to participate in the above study by assigning the paper, I agree to let my child participate in the above mentioned study, giving them the right to discontinue their participation for any reason if need be without any repercussion or penalty.