Peer Abuse or "Bullying" and Its Impact on Adolescents, Especially in Relation to Depression

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PEER ABUSE OR "BULLYING" AND ITS IMPACT ON ADOLESCENTS, ESPECIALLY IN RELATION TO DEPRESSION

BY

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Submitted in partial fulfillment of the requirements for the Degree of Doctor of Philosophy
Seton Hall University

2002
ACKNOWLEDGMENTS

The completion of this project would never have been possible without the assistance of many individuals. I would like to express my heartfelt thanks to the members of my dissertation committee, Dr. Cheryl Thompson, mentor, chairperson, friend and role model; Dr. Arnold De Rosa, cultivator of “pearls of wisdom;” Dr. Lynn A. Tackaberry, colleague and confidante; and Dr. Henry Schreitmuller, editor for excellence. Your time, effort, and never ending support made this journey enjoyable!

Many friends, in a variety of arenas, have encouraged and assisted me. In my academic life, I would like to thank my dear friends from my Ed. S. program who have clearly demonstrated time and time again that friendships can last eternally. I have always been touched by our continued support of one another during good times and bad.

A doctoral program presents serious challenges. Those challenges could have felt insurmountable had it not been for my close friends in the Ph. D. program. I would like to extend a personal thank you to a special member of that group, Dr. Celeste Maher. Her gentle encouragement and ever present support enabled me to surmount this final hurdle.

In my professional life, I would like to thank my colleagues, Ms. Michelle Bryen, Ms. Susan Heinis, Ms. Dana Bartello, Mrs. Patricia Moseley, Mrs. Donna Procopio, Ms. Kelly La Riccia, Dr. Beverly Crifasi, Ms. Deborah Monahan, Dr. Judy Moran, Ms. Sherrie Galofaro, and Dr. Frances Truncelitto for assisting me with research, data collection, creative work schedules, brainstorming, formatting, proof reading and faith in my ability to bring this to fruition. I would like to offer a special thank you to my dearest friend, Ms. Tina Lane, whose incisive intellect and abundant spirit have always provided
me with priceless gifts which have carried me through times of struggle, loss, and accomplishment.

Certainly, this doctoral research would never have been possible without the support, mentoring, and inspiration of Dr. Patrick Pelosi, Superintendent of Schools. His faith, encouragement and nurturance have enabled me to grow in more ways than I ever envisioned. Additionally, I would like to thank the West Essex Regional Board of Education for their consistent support through three graduate programs.

My deepest gratitude is extended to my family whose sacrifices have been many. I would like to thank my sister, Mrs. Sharon Perriello, and brother, Ed Riedinger, and their respective families for their encouragement and heartfelt pride in a sister who forever was a student. I would also like to thank my stepsons, Kevin and Jason Moore, for their genuine interest and willingness to help in any way possible. Thanks are also in order to my mother-in-law, Mrs. Marcella Moore, whose wish for a college education needed to be sacrificed in order to help her family during the depression years. Your encouragement and inspiration have been treasured.

I express my sincerest thanks to my daughter, Michelle Mazzucco, and son, Robert Mazzucco, who believed in me and encouraged me throughout this journey. Everything from report cards hung on the refrigerator to threats of buying me a “pocket protector” for my pens—you have demonstrated your love, understanding, and pride in a mom whose wish was to model the motto “Believe in yourself and never say ‘can’t!’” I love you and am immensely proud of your accomplishments and who you are as individuals.
I must express my deepest thanks to my “dream-chaser” husband, Dr. Ted Moore. Your infinite faith, unconditional love, and relentless assistance made this dream possible. I couldn’t help but succeed with you at my side! Now we can discover what our life can be like without graduate school! Thank you from the bottom of my heart!

Lastly, I would like to thank the adolescents with whom I have worked who have willingly shared their lives, ideas, problems, and dreams. For over 23 years you have opened up your hearts and your minds. You have always been a source of inspiration and gratification. I thank you for your candor, trust, affection, and willingness to help others. As always, I believe together we can make a difference!
DEDICATION

This manuscript is dedicated to the memory of my parents, Mr. and Mrs. Edward Lawrence Riedinger. As a mother, Lucy Riedinger’s gifts to me were a desire to do one’s best, curiosity, intelligence and a love for learning. As a father, Edward Riedinger’s gifts to me were support, nurturance, love and acceptance of others, and pride in one’s accomplishments. Without these gifts, my life’s course and choices would have been very different. Thank you, Mom and Dad!
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Chapter I

INTRODUCTION

Most parents across America share a common concern and/or fear for the safety of their children. In the past, a phone call from school requesting that a mother come to school because her son or daughter was hurt out on the playground brought images of falls off swings or bleachers. Today however, a similar call can instill terror in a mother’s heart. “Child’s play,” “rite of passage,” “pecking order,” and “teasing” are euphemisms often used by parents in the 50's, 60's, 70's and 80's to describe the peer abuse or “bullying” which took place on the typical playground during those decades. Most parents of school aged children today would hesitate to use such benign terminology to describe behavior that can end in serious or sometimes even fatal events. Violence and peer abuse in schools have become issues of much concern both nationally and internationally.

Recent violent acts at U. S. schools are mounting. On February 2, 1996 in Moses Lake, Washington, 14 year old Barry Loukaitis opened fire on his algebra class, killing two students, one teacher, and wounding another (TIME.COM, 2002 [On-line serial]). On February 19, 1997 in Bethel, Alaska, 16 year old Evan Ramsey killed one student, the principal, and wounded two others (TIME.COM, 2002 [On-line serial]). On October 1, 1997 in Pearl, Mississippi, 16 year old Luke Woodham killed two students and wounded seven others after allegedly killing his mother. His friends and he were described as outcasts who worshipped Satan (TIME.COM, 2002 [On-line serial]). On December 1, 1997 in West Paducah, Kentucky, 14 year old Michael Carneal killed three students and wounded five others as they participated in a prayer circle at Heath High School (Recent
school violence, 2000). On December 15, 1997 in Stamps, Arkansas, 14 year old Colt Todd was hiding in the woods when he shot students as they stood in the parking lot of Stamps High School. Authorities said other students had picked on him (Recent school violence, 2000). On March 24, 1998 in Jonesboro, Arkansas, 13 year old Mitchell Johnson, and 11 year old Andrew Golden pulled a fire alarm and opened fire as teachers and students exited Westside Middle School, killing four female students, a teacher, and wounding 10 others. According to officials, Johnson had been rejected by a female classmate (Recent school violence, 2000). On April 24, 1998 in Edinboro, Pennsylvania, 14 year old Andrew Wurst killed teacher, John Gillette, and wounded two students with his father’s 25-caliber handgun which he took to an eighth grade dance at James W. Parker Middle School (Recent school violence, 2000). On May 19, 1998 in Fayetteville, Tennessee, 18 year old honor student, Jacob Davis, killed a student in the parking lot of Lincoln County High School three days before he was to graduate. The victim was dating the ex-girlfriend of the perpetrator (TIME.COM, 2002 [On-line serial]). On May 21, 1998 in Springfield, Oregon, 15 year old Kip Kinkel killed two students and wounded 22 others when he opened fire in the cafeteria at Thurston High School. Kinkel had been arrested and released a day earlier for bringing a gun to school. Before going to school, he fatally shot his parents (Recent school violence, 2000). On June 15, 1998 in Richmond, Virginia, a 14 year old boy opened fire in the school hallway wounding one teacher and a guidance counselor (TIME.COM, 2002 [On-line serial]). On April 20, 1999 in Littleton, Colorado, 18 year old Eric Harris and 17 year old Dylan Klebold killed 12 students, one teacher and wounded 23 others at Columbine High School in the nation’s deadliest school shooting. Harris and Klebold had plotted for a year to kill at
least 500 and blow up their school. At the end of their hour-long rampage, they turned their guns on themselves bringing the total death toll to 14. Both young men had been bullied and ostracized by other students (Recent school violence, 2000). On May 20, 1999 in Conyers, Georgia, 15 year old Thomas Solomon opened fire with two guns injuring six students at Heritage High School. He was reportedly depressed after breaking up with his girlfriend. A letter Solomon wrote suggested he identified with the perpetrators of the Columbine massacre. (Recent school violence, 2000). On November 19, 1999 in Deming, New Mexico, 12 year old Victor Cordova, Jr. shot and killed 13 year old Araceli Tena in the lobby of Deming Middle School (TIME.COM, 2002 [On-line serial]). On December 6, 1999 in Fort Gibson, Oklahoma, 13 year old Seth Trickey opened fire with a 9mm semiautomatic handgun at Fort Gibson Middle School (TIME.COM, 2002 [On-line serial]). On February 23, 2000 in College Park, Georgia, a diminutive seventh grader who brandished a loaded gun in her school cafeteria may have been trying to stop two classmates from bullying her (Reid, 2000). On March 7, 2000 in Flint, Michigan, six year old Kayla Rolland was shot in the chest by a 6 year old classmate. The 6 year old boy settled a school yard score by taking a .32 semiautomatic gun and fatally shooting his first-grade classmate (Naughton & Thomas, 2000). On May 26, 2000 in Lake Worth, Florida, 13 year old Nate Brazill shot and killed teacher, Barry Grunow, with a .25-caliber semiautomatic pistol on the last day of classes (TIME.COM, 2002 [On-line serial]). On March 5, 2001 in Santee, California, 15 year old Charles Andrew Williams killed two and wounded 13 after firing from a bathroom at Santana High School (TIME.COM, 2002 [On-line serial]). On March 7, 2001 in Williamsport, Pennsylvania, 14 year old Elizabeth Catherine Bush wounded student Kimberly
Marchese in the cafeteria of Bishop Neumann High School. She was depressed and frequently teased (TIME.COM, 2002 [On-line serial]).

Rejection, isolation, and abuse are often the experiences of the youth who commit acts of violence in school. In many instances the violent actions committed by American youth have their genesis in peer abuse or "bullying."

Background of the Problem

In the not too distant past, schools were once believed to be safety zones in virtually all communities (Elliot, Hamburg, & Williams, 1998). Truth is, violence is such a problem in schools today that students as well as teachers are victimized. Research indicates that one in every six teachers becomes a victim of school violence. Even teachers are targets of bullying by their own students (Carney, Hazler, & Higgins 1999; Terry, 1998). Research indicates that over a quarter of a million students per month are physically attacked (Carney et al., 1999; "Shocking violence...", 1988) and nearly three-quarters of a million students have knowledge of incidents of physical attack, robbery, or bullying in their schools (Carney et al., 1999; National Center for Education Statistics, 1995).

Bullying in schools is a worldwide problem. Although much of the formal research on bullying has taken place in Scandinavian countries, Great Britain, and Japan, the problems associated with bullying have been noted and discussed wherever formal schooling environments exist (Banks, 1997). According to Olweus (1993), various reports and studies have established that approximately 15% of students are either bullied regularly or are initiators of bullying behavior. Direct bullying (teasing, taunting, threatening, hitting, stealing) seems to increase through the elementary years, peak in the
middle school/junior high school years, and decline during the high school years. However, while direct physical assault seems to decrease with age, verbal abuse appears to remain constant (Banks, 1997). School size, racial composition, and school setting (rural, suburban, or urban) do not seem to be distinguishing factors in predicting the occurrence of bullying (Banks, 1997). Research likewise indicates that boys engage in bullying behavior and are victims of bullying more frequently than girls (Batsche & Knoff, 1994; Nolin, Davies, & Chandler, 1995; Olweus, 1993; Whitney & Smith, 1993). While boys typically engage in direct bullying methods such as teasing, taunting, threatening, or hitting, girls who bully are more likely to use more subtle indirect strategies, such as spreading rumors and enforcing social isolation (Ahmad & Smith, 1994; Smith & Sharp, 1994). Whether the bullying is direct or indirect, the key component in bullying is that the physical or psychological intimidation occurs repeatedly over time to create an ongoing pattern of harassment and abuse (Batsche & Knoff, 1994; Olweus, 1993). The impact of this kind of experience is often significant and long-lasting, affecting mental health, academic achievement, and overall socialization and adaptation (Flannery & Singer, 1999).

Bullying in the United States is a matter of grave concern. A national study found that 1 out of every 20 students missed school in a month because they did not feel safe during or on their way to school (Centers for Disease Control, 1995). In national surveys, most school districts, located in both urban and non-urban settings, report that violence at school has gotten worse in the past several years (Flannery & Singer, 1999). Presently, schools are settings where rates of exposure to violence are high. In most regional and national studies, 70%-80% of students report that they have witnessed
violence at school in the past year. Students also report they witness more violence at school than they do at home or in their neighborhoods (Singer, Anglin, Song, & Lunghofer, 1995). The rate of victimization varies depending upon what is being surveyed. The rates range from 1 out of 3 students reporting having been hit or punched at school, to about 1 in 10 reporting being beaten up or assaulted. According to Kaufman, Chen, Choy, Chandler, Chapma, Rand, and Ringel (1998), the fear of victimization is high: about 1 in 5 students report they have taken a weapon to school out of fear for their safety.

For most students, schools are relatively safe places with respect to victimization; however, schools are environments where students are likely to observe students abusive other students. It appears that even bystanders/observers are affected by bullying. According to Elliott, Hamburg, and Williams (1998), some students may be impacted if they are involved in or witness even a single physical fight, especially if it results in injury, or if they are threatened by someone. Any of these experiences can induce fear and anxiety in children, affecting their perceptions of safety and their ability to learn. Pressure is placed on the bystanders/observers of bullying. Research indicates that the act of being bullied tends to increase some students' isolation because their peers (bystanders/observers) do not want to lose status by associating with them or because they do not want to increase the risks of being bullied themselves (Batsche & Knoff, 1994; Olweus, 1993). According to Hazler (1996b), bystanders/observers who witness peer abuse without intervening are impacted in that they may be left with a feeling of powerlessness to prevent another's pain. Although bystanders/observers of peer abuse have not received much attention historically, several researchers (e.g., Hazler, 1996b;
Olweus, 1993) have recently cited bystanders/observers as an integral component in situations of peer abuse (Carney, 1997). One must keep in mind that bystanders/observers include more than other students; teachers, counselors, parents, and everyone who turns their backs on abuse are also a part of this group (Carney, 1997).

On the extreme end of the continuum, young people who are subjected to relentless abuse at the hands of their peers often resort to serious violence themselves. These incidents frequently end with the victims-perpetrators taking their own lives as was the case with the Columbine massacre. Others, feeling there is no other alternative, decide to take a more direct route to end their torment through self-inflicted destruction without the destruction of others; namely, suicide. Suicide rates among adolescents have continued to rise (O’Carroll, Mercy, Hersey, Boudreau, & O’Dell-Butler, 1992). The rate of suicide in the United States, for 15 to 19 year olds in 1950 was 2.7 per 100,000. Two generations later, in 1990, the rate had increased to 11.1; a jump of greater than 300% (Berman & Jobes, 1995). Adolescents driven to suicide because of peer abuse are appearing in the headlines all too often (Head, 1996; Mandak, 1997; Napsha, 1996a, 1996b). According to Hazler (1994), adolescents committing suicide because of peer abuse may represent a scenario that is played out all too often. Olweus (1994) states that victimization may be an important causal factor in adolescent suicidal behavior. This connection has been observed to the degree that a nationwide campaign against peer abuse in Norwegian schools was launched after it had been discovered that three boys, in three separate incidents, committed suicide as a consequence of severe bullying (Carney, 1997; Olweus, 1993).
The work of many researchers indicates that being bullied leads to depression and low self-esteem, problems that can carry into adulthood (Batsche & Knoff, 1994; Olweus, 1993). Flannery and Singer (1999) agree stating that victims of bullies tend to be anxious, insecure, and lonely compared to other students. Their victimization appears to persist, as targets of bullies tend to have poorer self-esteem and higher levels of depression, even as young adults, compared to students who were not bullied. According to Cillessen (1992), there appears to be a pathway from consistent peer rejection to loneliness and subsequent depression. It should be noted that suicidal ideation and gesture are features of depression in its more serious form. Depression has been linked to adolescent suicide (Brage & Meredith, 1994; Carlson & Cantwell, 1982; Simons & Murphy, 1985).

Adolescent depression is frequently associated with peer abuse. Students subjected over time to an ongoing pattern of abuse often suffer with depression. Recent research has shown that depression among children and adolescents is more common than previously thought (Kovacs, 1989). Adolescent depression may be one of the most prevalent yet overlooked and undertreated mental health problems (Nolen-Hoeksema, 1990). Depression stands out among psychological problems of adolescence for its impact on adjustment during the adolescent years and its long-term effects on adult functioning (Peterson, Compas, Brooks-Gunn, Stemmler, Ey, & Grant, 1993). Estimates of the prevalence of depression in adolescents in the United States range from 6% to 30% (Schichor, Bernstein, & King, 1994). Depression in children and adolescents tends to be more enduring than in adults; the probability of a second or third episode is high (Finch, Casat, & Carey, 1990). The number of reported incidents of adolescent depression is
significantly greater than the rate reported for children (Sands, 1998). Depression in children and adolescents is associated with an increased risk of suicidal behaviors (Shaffer, Gould, & Fisher, 1996). Researchers have found that among adolescents who develop major depressive disorder, as many as 7% may commit suicide in the young adult years (Shaffer et al., 1996). Based upon recent research, it is important to investigate the link between peer abuse and depression.

Peer abuse in American schools today is a prevalent problem. Adolescents, parents, teachers, counselors, and administrators deal with it on a daily basis. Continued research in this area is very much needed so that this problem can be ameliorated. A considerable amount of research has begun on peer abuse. Carney (1997) was the first researcher to examine both peer abuse and adolescent suicidal behavior. The purpose of her study was to explore the potential connections between being an adolescent victim of peer abuse and suicidal feelings and behaviors by examining the perceptions of adolescent victims and bystanders/observers. Bystanders/observers are often overlooked in discussions of peer abuse despite their being an important component in the overall situation (Hazler, 1996b; Olweus, 1993). Carney (1997) included bystanders/observers in her study in order to obtain greater understanding into this group's reactions to a bullying situation. The present research is a continuation of Carney's original research.

Statement of the Problem

It has been established that adolescents deal with peer abuse in their schools on a daily basis. Approximately 80% of high school students and 90% of middle school students indicated through self-report that they had been bullied during their school careers with 20% feeling that they were severely traumatized by this peer abuse (Hoover,
Oliver, & Hazler, 1992). Research on bullied adolescents has identified typical characteristics such as negative self-evaluation, poor social skills, and ineffective verbal skills (Besag, 1989; Farrington, 1993; Hazler, 1996a; Olweus, 1993; Skinner, 1992). Through the use of these characteristics, teachers, counselors, and other professionals can identify students at high risk. Efficacious intervention strategies can likewise be developed. Interestingly enough, there are similarities in the profiles of potential victims of peer abuse, depression, and possible suicidal ideation and action. Carney’s (1997) research empirically examined the commonalities in the areas of peer abuse and suicidal behavior. This project expands upon Carney’s work by broadening the study through research on depressive behavior rather than solely suicidal behavior.

Carney (1997) examined three groups of adolescents: victims of peer abuse, bystanders/observers of peer abuse, and non-bystanders/non-observers/non-victims. All participants answered a questionnaire which included demographic items and also contained questions on peer abuse or “bullying.” This questionnaire allowed for categorization by group as well as provided additional information on peer abuse. Upon completion of the questionnaire, adolescents were then asked to read a fictitious scenario of a student being bullied by another. Upon completion of the reading, participants were asked to respond to a series of 36 questions (The Suicide Probability Scale) which tapped into how they would feel if they were the victim of the bullying which took place in the scenario.

The present study used Carney’s (1997) work as a foundation. It used the same three groups, the same questionnaire, but used three fictitious scenarios rather than one. The three scenarios varied by degree of severity in regard to the bullying taking place in
each. It should be noted that the scenario with the most severe peer abuse was the scenario used by Carney in her research. Since the focus of this project was the examination of peer abuse and depression, Carney’s choice of instrument, the Suicide Probability Scale (SPS), was eliminated and the Beck Depression Index-II (BDI-II) was put in its place. Therefore, upon completion of the reading of one of the three scenarios, participants were then asked to respond to a series of 21 questions (BDI-II) which tapped into how they would feel if they were the victim of the bullying which took place in the scenario.

Carney’s (1997) research resulted in the participants identifying the victim in her scenario as a high suicide risk, regardless of group identification (e.g. victims, observers or nonvictims/nonobservers). There were no significant differences among Carney’s groups. Carney eliminated her nonvictim/nonobserver group because its sample size was 1. Her hypotheses indicated there would be significance between the victims and observers on a variety of measures. As previously mentioned, there were no significant differences. Victims and observers equally rated the victim in her scenario as a high suicide risk. In her discussion she ponders the possible reasons for this. Carney discovered after her research that a suicide had taken place a little over a year prior to her project. Interventions had taken place in the school system after the suicide. Carney wondered to what degree these interventions influenced the outcome of her study. Although depression, rather than suicide, is the focus of this study, it should be noted that this research took place in a district without a history of a serious event such as homicide or suicide. No interventions have taken place.
The majority of Carney’s participants (N=201) were 13-14 years of age and there were twice as many females (135 females and 65 males). How would 16 and 17 year old male adolescents feel about the same scenario? The present study therefore attempted to expand on Carney’s original work with an anticipated sample size of 400-500 13-18 year old adolescents, hopefully somewhat more balanced in regard to gender. Research questions were altered considerably.

Research Questions

1. **Status.** Will participants who have been victims of peer abuse demonstrate significantly higher levels of depression than participants who have observed peer abuse and participants who were neither victims nor observers?

2. **Level of abuse.** Will participants exposed to the high abuse scenario demonstrate significantly higher levels of depression than participants exposed to the medium abuse and low abuse scenarios?

3. **Age.** Will younger participants demonstrate significantly higher levels of depression than older participants?

4. **Grade.** Will participants in lower grades demonstrate significantly higher levels of depression than participants in higher grades?

5. **Gender.** Will female participants demonstrate significantly higher levels of depression than male participants?

6. **Frequency of bullying.** Will participants who have been bullied more frequently demonstrate significantly higher levels of depression than participants who have been bullied less frequently?
7. **Status and attitudes.** Will status as victim, observer, or neither victim nor observer be related to attitudes toward bullying?

**Definition of Terms**

Although the terms used in the present study are very much a part of the vernacular, the following conceptual definitions are given in order to clarify and therefore unify meaning. Terms and definitions, with the exception of “Depressive behavior,” are taken from Carney’s (1997) research.

1. **Bullying.** Currently, there is no universally accepted definition of bullying. There is however some agreement that bullying includes several key elements (Besag, 1993; Farrington, 1993; Hazler, 1996a; Olweus, 1996; Smith, 1994). According to Hazler (1996a), these elements are: (a) Repeated (not just once) harming of others by hurting feelings through words or by attacking and physically hurting others, (b) May be done by one person or by a group, (c) Happens on the school grounds or on the way to or from school, and (d) Is an unfair match since the bully is either physically stronger and/or more verbally skilled than the victim.

2. **Mobbing** is a related term that refers to repeated harm by a group of people. It is group bullying that allows members to avoid personal responsibility for their negative behaviors by giving responsibility to the group (Hazler, 1996a).

3. **Peer abuse** is a term that is used interchangeably in current literature to refer to bully/victim problems (e.g., Hodges & Perry, 1996; Perry, Kusel, & Perry, 1988).

4. **Peer-on-peer abuse** is a related term gaining in acceptance that is descriptive of bullying, sexual harassment, and violence by one peer against another (Hazler, 1996a).
5. Peer rejection refers to students who are clearly rejected by their peers (e.g., a child nominated by his peers as someone with whom they would definitely NOT want to spend time versus peer neglect (e.g., when the child isn’t nominated by their peers at all) (Schuster, 1996). Peer rejection is linked to bullying in that the victim may be bullied by being socially isolated or rejected by his/her peers (Olweus, 1994).

5. Depressive behavior refers to common features of adolescent depression exhibited in the following categories: mood, cognition, behavior, and somatization. Although the features are many, some of the more frequently observed are: Mood-Feeling sad, blue, unhappy, empty, worried, irritable; Cognition-Loss of interest, difficulty concentrating, low self-esteem, negative thoughts, indecisiveness, guilt, suicidal ideation, worthlessness, helplessness; Behavior- psychomotor retardation or agitation, crying, social withdrawal, dependency, and suicidal acts; Somatic (Physical)-Sleep disturbance, fatigue, appetite disturbance, weight loss or gain, pain, gastrointestinal upset, decreased libido (Essau, Hakim-Larson, Crocker & Petermann, 1999).

Limitations of the Study

1. The current study focused on adolescent perceptions of peer abuse and depressive behavior through the use of fictitious scenarios. While this allowed for a considerable amount of control via uniformity, because of the fact that the participant is asked to imagine how he or she might feel, the response is an indirect rather than a direct measure of self reaction to an experience of bullying (Carney, 1997).

2. The current study used self-report measures which have been criticized for the accuracy of the information obtained (Carney, 1997). The self-report measure (BDI-II) is however one of the most widely used research tools.
3. Only students who were granted parental permission were allowed to participate in this study. If there was a difference between those students granted permission and those students not, that difference could not be examined (Carney, 1997).

4. Participants for this study were the students who attended school the day of the survey. There is evidence that bullies and victims are disproportionately truant, and therefore may be disproportionately absent from the sample. This is an unavoidable limitation with which researchers of bullying must contend (Carney, 1997; Reid, 1989).

5. Participants for this study were limited to a selected volunteer school district in northern New Jersey and not a randomly selected subject pool from across the United States. Generalizability of the results is therefore limited.

Significance of the Study

One does not require another headline to emphasize the prevalence of peer abuse, its impact and of course the need for interventions to ameliorate an extremely serious problem. Research in this area is much needed in order to clarify and develop an understanding into this profoundly complex phenomenon. The present study may assist in the development of more effective and cost efficient prevention and intervention strategies.

Knowledge of the prevalence, degree of victimization, and effects may assist with decisions on the depth and comprehensiveness of prevention and intervention efforts needed within our schools and communities. The results may also positively influence the assessment and treatment of adolescents.

Lastly, enhanced continuing education for teachers, mental health professionals, and parents would allow each of these groups to be more effective in handling peer abuse
and its aftermath. Our immediate need is to identify problems before they escalate so that action can be taken to defuse a potential crisis. Ideally and ultimately prevention strategies must be developed so that the need for intervention will lessen.
Chapter II

REVIEW OF RELATED LITERATURE

Introduction

The purpose of this chapter is to review related literature pertaining to peer abuse or "bullying" and adolescent depressive behavior. In order to accomplish this task, this chapter will be divided into two major topics: peer abuse and adolescent depression. Within peer abuse literature, the following issues will be examined: the prevalence of peer abuse, the patterns of peer abuse, the impact of peer abuse, adolescent victim risk factors, adolescent bully risk factors and the importance of bystanders/observers. Within the adolescent depression literature, the following issues will be examined: the prevalence of adolescent depression, the impact of adolescent depression, and adolescent risk factors of adolescent depression. The chapter will end with a brief examination of the interface between aggression and depression.

Prevalence of Peer Abuse

The prevalence of peer abuse is remarkable. It is in fact a universal problem faced by numerous countries. International research confirms that peer abuse in school is global in scope (Carney et al., 1999; Smith, Morita, Junger-Tas, Olweus, Catalano, & Siee, 1999). According to Carney et al (1999), peers abusing other peers at school is an international phenomenon in that research in many countries has confirmed similar data: Australia (Rigby, Cox, & Black, 1997), Canada (Charach, Pepler, & Ziegler, 1995), England (Arora, 1996; Sharp, 1995; Smith, 1997), Finland (Salmivalli, Karhunen, & Lagerspetz, 1996), Germany (Schuster, 1996), Ireland (Byrne, 1997; O'Moore, & Hillery, 1989), Italy (Menesini, Eslea, Smith, & Genta, 1997), Japan, (Hiruta, 1996;
Matsui, Kakuyama, Tsuzuki, & Onglatco, 1996), Norway (Olweus, 1995), and Scotland (Mellor, 1997). This worldwide scope of peer abuse allows for many common experiences among countries. In addition, it is clearly evident that the problem of peer abuse brings with it serious concerns which go far beyond the shock and fear which are the aftermath of the headline stories of students killing or harassing other students (Carney, 2000).

The prevalence of peer abuse varies slightly by country. In Norway (Olweus, 1989), Ireland (O’Moore & Hillery, 1989), and Australia (Rigby & Slee, 1991; Slee, 1993), international statistics indicate that approximately 10% of all school aged children report having been bullied. The frequency of bullying in Germany is cited as 13% of surveyed students indicating that they had been bullied within the last three months and 6% stating the bullying had been more than once a week (Carney, 1997; M. Schaefer, personal communication with R. Hazler, September 12, 1996). According to Hiruta (1996), research indicates that rates of victimization in Japanese schools are 22% of primary, 13% of middle school, and 6% of high school students report being bullied during the school year (Hiruta, 1996). Statistics for the United Kingdom (Boulton & Underwood, 1992; Stephenson & Smith, 1989; Whitney, Nabuzoka, & Smith, 1992) and Canada (Charach, Pepler, & Ziegler, 1995; Ziegler & Rosenstein-Manner, 1991) report victimization rates as approximately 20% of students being bullied.

Research in the United States on peer abuse has been minimal (Farrington, 1993; Hazler, 1996a). Many articles on bullying in North America have not been based on empirical research but have been vehicles through which to voice one’s opinion (Hoover & Hazler, 1991). To date, there have been very few studies which demonstrate the
extent, nature, and impact of bullying in the United States (Hazler, 1996a). Harachi, Catalano, and Hawkins (1999) attribute the lack of empirical research in this area to be due to the challenge of adherence to a standardized definition of bullying. Many national large-scale studies have contained related items such as frequency of threatening or injuring another student with a weapon on school property in the past year. While such items certainly assess aggressive behavior, they do not specifically address the critical components of bullying (Harachi, Catalano, & Hawkins, 1999).

In a study involving a sample of 165 third through sixth grade students, 10% reported being chronically abused by peers (Perry, Kusel & Perry, 1988). This rate of victimization has been further confirmed by additional studies done by Hodges and Perry (1996) and Perry, Willard and Perry (1990). According to Bosworth, Espelage, and Simon (1999), 558 middle school students were surveyed as part of a violence prevention program. Twenty-nine percent of the students reported engaging in high amounts of bullying behavior in the past 30 days. Hazler, Hoover, and Oliver (1991) surveyed 207 students in grades 7 to 12 and found that 75% of the students reported being bullied by their peers at some time over the course of their schooling. Additional studies indicate that nearly 80% of high school students and 90% of elementary and middle school students felt that they had been bullied during their school careers (Hoover, Oliver, & Hazler, 1992). Bullying appears to be widespread in that even the safest, small town environments find that more than three out of four students report being bullied (Hazler, 1996a; Hazler, Hoover, & Oliver, 1991).

As previously mentioned, there is no universally accepted operational definition of bullying. The development of a universal definition of bullying was a source of
dissension among researchers (Ross, 1996). Yet if exchanges of prevalence data and other findings are to have validity, it is essential that they be based on one definition acceptable to the research and clinical communities. Because the formal study of bullying is a relatively recent phenomenon, the field has lost cumulative benefits that could have accrued from many excellent investigations had their researchers shared a common viewpoint (Ross, 1996). By the early 1990’s the field was in a state of disarray in terms of definitional accord with at least 7 different definitions recorded and implemented by researchers (Ross, 1996). Therefore, estimates of the prevalence of bullying may vary considerably due to definitions, sample selection, and data collection procedures (Hoover & Juul, 1993). One of the greatest challenges in establishing a universal definition involves determining where teasing ends and bullying begins (Carney, 1997). Additional areas of dispute are frequency of bullying and length of time over which peer abuse occurs (Ross, 1996). In addition, depending on the questionnaire, bullying may be defined as physical and verbal abuse only or may be expanded to include social isolation, stealing of possessions, spreading of rumors, and so forth (Carney, 1997). As one can see, many important issues are involved in the defining of what may appear to be an uncomplicated behavior such as bullying.

The Patterns of Peer Abuse

According to Olweus (1993), students who are bullied at a certain period of time tend to be bullied several years later. There is a tremendously high stability indicating that once a student becomes a victim of peer abuse, this victimization continues for a considerable length of time during his or her school career (Hodges & Perry, 1996; Olweus, 1993). In other words, once a victim, always a victim year after year (Carney,
1997). For the victims of peer abuse, this stability requires that they learn early in their school careers to fear playgrounds, hallways, lunchrooms, and restrooms (Smith & Sharp, 1994). In his longitudinal study, Olweus (1993) found this pattern of stability to also be true for bullies; namely, students who are aggressive toward their peers at a certain point in time tend to be aggressive also at a much later point. It appears that the character traits which lead to victimization and aggressive behavior are fairly stable. The research results justify the conclusion that being a bully or a victim is something that can last for a long time, often for several years (Olweus, 1993).

Gender differences indicate that boys generally bully more than girls, but boys and girls are equally victimized. While boys are overwhelmingly bullied by boys, it appears that girls are bullied by both boys and girls (Farrington, 1993; Hazler, 1996a; Hodges & Perry, 1996, Olweus, 1996). Gender differences also are apparent in the types of bullying typically employed by males and females. Direct bullying, such as physical hitting, stealing, threatening, and so forth is most often employed by males. Girls do exhibit direct physical and verbal bullying although to a lesser degree (Olweus, 1993; Smith & Sharp, 1994), but most of their bullying behaviors are far more subtle. Subtle forms of abuse, or indirect bullying, such as social isolation and rumor spreading, are most frequently employed by females (Hazler, 1996a; Hazler, Hoover, & Oliver, 1991; Olweus, 1996; Smith & Sharp, 1994).

According to Ross (1996), two kinds of bullying warrant special consideration: racial bullying and sexual harassment. The reactions of these victims to the abuse they receive differ from reactions to other forms of bullying because when race or gender is the reason for bullying, the victims feel not only that they are being attacked, but also that
their whole race or gender are the targets (Ross, 1996). Although international research indicates that racial and ethnic bullying appears to vary by country (Farrington, 1993; Smith & Sharp, 1994), small scale studies from other countries demonstrate that ethnic minority children are at risk (Ross, 1996). Interestingly, in the ethnically homogeneous Scandinavian countries, researchers do not even gather data on the ethnicity of bullies or victims in their studies (Farrington, 1993).

Name calling continues to be one of the most painful and pervasive forms of racial bullying (Ross, 1996). The critical difference between racist name calling and other forms of name calling is that the latter are individualized taunts directed specifically toward the individual victim; however racist name calling involves not only the individual victim but his or her entire family and whole race (Ross, 1996). The results from two studies done in the United Kingdom found that Asian children experienced more racist name-calling (though not other forms of bullying) than did White children of the same age and gender (Moran, Smith, Thompson, & Whitney, 1993). Ross (1996) indicates that Black and Asian children have a long-standing history of being victims of racist bullying. According to Junger (1990), victims of ethnic or racist bullying frequently attribute their victimization to their ethnic and racial differences.

Bullying in the form of sexual harassment is rampant in elementary and secondary schools (Cheevers, 1995; Colino, 1993). Sexual harassment is defined as unwanted and unwelcome sexual behavior that interferes with an individual’s life (Ross, 1996). Its pervasiveness was unequivocally demonstrated by the results of a survey sponsored by the American Association of University Women (AAUW, 1993). This study involved 1,632 students ranging from grade 8 through grade 11 in 79 public schools across the
continental United States. Eighty-one percent of the respondents reported some experience of sexual harassment in school. One in three girls and one in five boys had experienced it frequently. Peers were responsible for four out of five incidents, but adult school personnel harassed one in four girls and 1 in 10 boys (AAUW, 1993). Another issue involved in sexual harassment is homophobia.

Lesbian and gay students may be especially at risk for victimization because of the high degree of homophobia in the general American culture (Hetrick & Martin, 1987). Hoover and Juul's study (1993) of rural and small midwestern schools clearly indicated that students received much abuse either because they were homosexual or because it was rumored that they were. Of particular importance to Carney's study is the fact that current research on suicide indicates an increased risk for suicidal behavior of gay and lesbian individuals (McBee & Rogers, 1998). According to Gibson (1989), research indicates that gay and lesbian adolescents may be two to three times more likely to commit suicide than heterosexual adolescents. Harassment accelerates if students are thought to be gay or lesbian, possibly because this belief may invoke an element of fear mixed in with the rage that fuels the attack (Ross, 1996). This group of students appears to be particularly vulnerable.

Impact of Peer Abuse

The impact of peer abuse is considerable and long-lasting. There is much evidence that continued or severe bullying can contribute to long-term problems as well as immediate unhappiness (Smith & Sharp, 1994). School bullying may be common; however, it is not child's play (Hazler, 1996a). Children who are bullied at school risk continuing misery and loss of self-esteem; while those who bully others are learning that
they can get their own way by abusing power in their relationships with others (Smith & Sharp, 1994). The impact on victims is immediate. Fear becomes so ingrained a response in their everyday lives that victims adopt fugitive like routines to avoid areas in and around the school likely to be frequented by the bully. Avoidance is the most common tactic, unfortunately with its effect being to deprive them of essential formal and informal social experiences so critical to social development (Ross, 1996). Many victims experience active rejection (Perry, Kusel, & Perry, 1988) by peers who formerly were friends or at least friendly toward them. These students experience peer rejection, social isolation, psychological and physical distress (Coie, 1990; Farrington, 1993; Hazler, 1996a). As bullying continues, often intensifying, the victims begin to see themselves as unworthy and inferior, and in some cases, as deserving of the punishment (Ross, 1996). The damaged feelings of self-worth make it impossible for the victims to reach their academic and social potential. Research indicates that students, who report being bullied, overwhelmingly believe that it caused them problems with 20% feeling that it caused them severe difficulties (Hazler, 1996a; Hazler, Hoover, & Oliver, 1991). Children’s exposure to violence has been linked to numerous emotional and behavioral consequences including: anxiety, depression, posttraumatic stress, low self-esteem, self-destructive behaviors, anger, and aggression, which are often manifested during the school day (Flannery & Singer, 1999). Many victims are caught in a downward spiral leading to low morale and acute despair that manifests itself in truancy (Reid, 1990), chronic illnesses such as recurrent abdominal pain of unknown origin (Ross & Ross, 1988), sleeping difficulties (Sharp & Thompson, 1992), running away, and in extreme
cases, suicide (Batsche & Knoff, 1994; Beck, 1986; Besag, 1989; Elliott, 1991; Hazler, 1994; Head, 1996; Lane, 1989; Olweus, 1994; Smith & Sharp, 1994).

Long-term effects of bullying are erosion of self-confidence and self-esteem that is so severe that in adulthood their social interactions are adversely affected. Gilmartin’s research (1987) supports this position with results indicating that difficulty with trust and intimacy in close relationships with the opposite sex was found in 80% of heterosexual men who had experienced bullying. Olweus (1993) has shown that boys who were victims at school between the ages of 13 and 16 were, at age 23, more likely to show depressive tendencies and continued to have poor self-esteem. These participants were not especially likely to still be experiencing victimization at this age, so these effects are probably long-lasting effects of earlier bullying (Smith & Sharp, 1994).

Bullies are also impacted by their aggressive acts toward their peers. Continued patterns of aggressive behavior throughout their school careers are clearly indicated (Olweus, 1994). These patterns of aggressive behavior often escalate into more serious criminal acts as adults (Eron, Huesmann, Dubow, Romanoff, & Yarmel, 1987; Olweus, 1991).

The aggressive behavior seen in adolescent bullies is often observed in these same individuals as adults. According to Farrington (1993), adolescent bullies become adult bullies and then tend to have children who are bullies. There appears to be an intragenerational continuity in bullying as indicated by this longitudinal study of boys in London. The adolescent bully becomes the adult bully who parents children who are also bullies. This same intragenerational component exists for victims. Adolescent victims become adult victims who parent children who are victims (Farrington, 1993).
A finding of considerable significance and interest is the fact that bullies are also victims, and vice versa, either simultaneously, being abused at home, or sequentially, being victims of bullies at young ages and becoming bullies as they grow older (Farrington, 1993; Hazler, 1996a; Roland, 1989; Stephenson & Smith, 1989). Olweus (1994) indicates that interventions and strategies to ameliorate the bully/victim problems are important, not only to stop the current suffering, but also to curtail long-term consequences for victims and bullies alike. Many researchers have now established that victims and bullies have typical characteristics that are recognizable and these characteristics can be used to identify high risk students and therefore guide intervention strategies.

Adolescent Victim Risk Factors

Researchers have identified a number of risk factors which predispose a youngster to being a victim of peer abuse. The risk factors encompass the following fives categories: biological, psychological, cognitive, environmental, and social.

Biological Risk Factors

Age and physical strength are both significant factors in that victims are typically younger and/or physically inferior to their tormentors. Hazler, Hoover, and Oliver (1991) attribute the varied maturational levels of puberty to be significant. Puberty seems to be a particularly difficult time for victims. With this in mind and based upon their maturational stage of development, victims are often seen as smaller and weaker than their peers (Besag, 1993; Hazler, 1996a; Hodges & Perry, 1996; Olweus, 1996). This quality was seen as a significant identifying characteristic for victims in a survey of world-wide experts on bullying (Hazler, Carney, Green, Powell, & Jolly, 1997). The
importance of this factor is especially significant for boys who are more often victims of direct physical bullying where size and strength would be issues.

**Psychological Risk Factors**

Children who are bullied typically have shy or weak temperaments. They exhibit higher levels of anxiety and insecurity than their peers (Olweus, 1993). They are often more cautious, sensitive and quiet. Victims often feel as though they have no way to control or escape the situation. They feel that they cannot control their environments (Besag, 1993; Hazler, 1996b; Hazler et al., 1997). Victims exhibit an external locus of control in that they feel as though they are being controlled by outside forces. This external locus of control coupled with feeling helpless and powerless leads to what Seligman and Peterson (1986) refer to as “learned helplessness.” When attacked by others, these children commonly react by crying (especially in the lower grades), and withdrawal (Olweus, 1993). Low self-esteem, poor self-concepts, and feelings and fears of personal inadequacy are the hallmarks of victims of peer abuse (Boulton and Smith, 1994; Hazler, 1996a; Hazler et al., 1997; Olweus, 1996, Smith, 1991). Earlier markers of depression become evident in that victims of peer abuse often exhibit physical mannerisms associated with depression (Farrington, 1993; Hazler, 1996a; Hazler et al., 1997; Olweus, 1994).

Victims of peer abuse rarely retaliate or defend themselves. These children often have a negative attitude toward violence and the use of violent means. This attitude is telegraphed to their peers through the victim’s mannerisms and behavior (Olweus, 1993). They reward their attackers by handing over prized possessions and by showing signs of pain and suffering (Perry, Willard, & Perry, 1990). They often look upon themselves as
failures and feel stupid, ashamed, and unattractive. It is not surprising that with each additional incident of peer abuse and each perceived failure, the victim puts forth less effort in resolving the conflict (Hazler et al., 1997). Escape seems impossible and extreme hopelessness sets in.

Cognitive Risk Factors

According to Olweus (1996) typical schema for victims include a negative attribution of self; in other words, they have a negative view of themselves and their situation. They blame themselves for their problems and punish themselves through the use of negative self-talk. Since they view themselves as failures, victims believe that others are always more capable of handling various situations. Hazler et al. (1997) surveyed experts in the field on the perceptions of victims and bullies. This characteristic of victims perceiving others as more capable of handling situations was rated by experts as indicative of an extreme contrast between victims and bullies. Bullies perceived themselves as having control over their environments. For victims suffering continued abuse at the hands of the bullies, this creates a vicious cycle which leads to even lower self-esteem (Hazler, 1996a; Smith, 1991). This cycle also leads to fear in regard to going to school (Hazler, 1996a; Stephens, Greenbaum, & Garrison, 1988), which likewise leads to high levels of absenteeism. Victims of peer abuse have a higher than average rate for truancy than their non-victim peers (Reid, 1989).

Olweus (1996) generally refers to the type of victim exhibiting the characteristics described above as passive/submissive versus a small subgroup of victims that seem to prompt the peer abuse by their own behavior. Olweus refers to this smaller group as provocative victims. Hyperactivity and aggression are the hallmarks of the provocative
victims. High levels of hyperactivity and aggression provoke their classmates (Olweus, 1996). The provocative victims employ externalizing behaviors. According to Hodges and Perry (1996), they are ready to blame, argue, and lie. A higher level of hostility is apparent in the interpersonal interactions of provocative victims (Hodges & Perry, 1996).

Environmental Risk Factors

Family environment and parent styles are believed to be important influences on victims (Finnegan & Perry, 1995; Finnegan, Hodges & Perry, 1996; Hodges & Perry, 1996; Olweus, 1978; Troy & Sroufe, 1987). The key issue focuses on the adolescent’s bid for independence which is hampered by an over-involvement of the family. Enmeshment in these families contributes to the adolescent being overly dependent on the parent(s) thus impeding the development of autonomy and assertiveness (Bowers, Smith, & Binney, 1994; Hazler, 1996a; Hazler et al., 1997; Hodges and Perry, 1996).

A common assertion in the victimization literature is that maternal overprotection, particularly of boys, spawns victims (Olweus, 1978). In general, victimized students, both males and females, were found to perceive their parents as over-protective (Bowers et al., 1994). Finnegan and Perry (1995) studied 184 fourth through seventh graders. Their results showed gender differences in the patterns of mother-child interaction associated with victimization. Maternal overprotectiveness was associated with victimization only for boys who reported they felt afraid and compelled to submit to their mothers during conflicts. In the case of girls, victimization was predicted by maternal hostility, especially for those girls who were assessed by their peers as lacking in physical strength.
Social Risk Factors

Victims exhibit poor social skills and consequently, poor peer relations (Besag, 1993; Hazler, 1996a; Hazler et al., 1997). Olweus (1993) describes them as lonely and abandoned at school as a rule, not having a single good friend in the class. Olweus (1996) sees this difficulty in relating to their peers as a combination of ineffectual engaging behaviors, difficulty asserting themselves with peers, and expressed dislike by their classmates. Low popularity, social isolation, and peer rejection are key factors leading to victimization (Hazler, 1996; Hazler et al., 1997; Hodges & Perry, 1996; Olweus, 1996). These issues are particularly poignant because friends are very important and research has indicated that having friends is a protective factor against peer abuse (Hazler, 1996a; Hodges & Perry, 1996). Peer rejection plays a significant role in victimization because bullies learn that attacks against rejected students will in all probability go unpunished (Hazler, 1996a; Hodges and Perry, 1996). Unfortunately and alarmingly, Perry, Perry, and Kennedy (1992) found that these rejected students elicit little empathy from their peers even when they are openly attacked.

Victims of peer abuse exhibit deficits in verbal skills. This paucity of communication skills is especially taxed when victims experience high levels of stress. Hazler (1996a) found the verbal skills of victims were rapidly depleted during high stress incidents, limiting their ability to verbally negotiate or defuse the situation. These students are unable to defend themselves against the verbal attacks which emphasize their inadequacy and worthlessness (Hazler, 1996a). Olweus (1996) found that in general these students have limited skills for gaining success and acceptance from their peer groups.
Adolescent Bully Risk Factors

Although the study of bullies is not a part of this research project, a brief overview of the risk factors and characteristics of bullies may be helpful and certainly completes the overall picture. Just as researchers have identified a number of risk factors which predisposes a youngster to being a victim of peer abuse, researchers have also identified risk factors which predispose a youngster to being a bully. These factors encompass the following five categories: biological, psychological, cognitive, environmental, and social.

Biological Risk Factors

Among boys, physical strength or weakness plays an important part in bullying. Bullies are often physically stronger than the average boy and in particular than victims (Olweus, 1978). This was found to be true in other studies as well (Lagerspetz, Bjorkqvist, Berts, & King, 1982). Physical strength is not likely to play the same role in bullying among girls (Olweus, 1993). Research suggests that for some youth with early onset behavior problems, genetic factors strongly influence temperament, particularly oppositional temperament, which can affect experiences negatively (National Institute of Mental Health, 2000).

Psychological Risk Factors

A distinctive characteristic of typical bullies is their aggression toward peers. Bullies are often aggressive toward adults as well. They are often characterized by impulsivity and a strong need to dominate others (Olweus, 1999). Empathy for victims is practically non-existent. Bullies have a strong need for power and dominance. They seem to enjoy being “in control” and subduing others (Olweus, 1999). Many
preadolescent bullies do not feel remorse when inflicting pain. Instead they may escalate the attack to elicit the evidence of pain and submission that confirms that domination and control have been achieved (Perry, Willard, & Perry, 1990).

A commonly held view among psychologists and psychiatrists is that beneath the surface, bullies are actually anxious and insecure. Numerous studies have not supported that belief (Olweus, 1981; Olweus, 1984; Pulkkinen & Tremblay, 1992). In general, they do not suffer from poor self-esteem (Olweus, 1999). A smaller, separate group of bullies which Olweus labels “passive bullies,” versus the typical “aggressive bullies,” is likely to be fairly mixed and may also contain insecure and anxious students (Olweus, 1978).

**Cognitive Risk Factors**

Unlike victims, bullies perceive themselves as having control over their environments (Hazler et al., 1997). The credo for the aggressive bully group is that of the macho aggressor who believes there are two kinds of people, those who dominate and those who submit (Miedzian, 1992). Bullies view their behavior from an egocentric stance. Often they feel the victim deserved the bullying, claiming “he asked for it” (Ross, 1996). Some distortion exists in the thinking patterns of bullies in that they tend to presume that others have hostile intentions toward them (Dodge & Coie, 1987). Another aspect of the thinking patterns of bullies has been examined. The thinking style of bullies has been described as immature and labeled “unilateral in nature.” These children tend to think in terms of simple one-way directives and commands to others. They lack a more mature approach which would permit the reciprocity of ideas and collaboration (Fried & Fried, 1996). Bullies possess more positive self-concepts. Higher levels of self-
confidence and a more positive attitude toward violence are components of their profiles (Olweus, 1978).

Environmental Risk Factors

Family factors and environments are important predictors of bullying behavior. Bullies come from a troubled family situation and have parents who use erratic and harsh discipline methods (Junger-Tas, 1999). They are often rejected by their parents and disciplined by physical punishment. Moreover, violence (fighting, hitting, and kicking) is often encouraged by parents. Bullying is related to a lack of affective relationship with parents (Junger-Tas, 1999). Farrington (1993) found in his longitudinal study that the most important predictors of bullying were physical neglect by the age of 8, convicted parents by the age of 10, low school attainment at the age of 11, and low interest of the father in the boys' leisure activities at the age of 12.

Olweus (1993) found a negative basic attitude on part of the primary caregiver (usually the mother), characterized by a lack of warmth and involvement, clearly increases the risk that the child will later become aggressive and hostile toward others. Another factor Olweus (1993) believes important involves the permissiveness of the primary caregiver. If the parent is permissive and allows aggressive behavior on part of the child without setting clear limits, the child's level of aggression is likely to increase. The parents' use of "power-assertive" child-rearing methods such as physical punishment and emotional outbursts leads to higher levels of aggression. Olweus (1993) indicates that this finding supports the notion that "violence begets violence." It appears that often times the home life experience of bullies is a violent one.
Social Risk Factors

Bullies do not suffer serious losses of popularity as do victims. They are popular in the early school years, but their popularity diminishes in the upper grades, along with their academic performance (Olweus, 1993). They are typically surrounded by a small group of two to three friends who support them and seem to like them (Cairns, Cairns, Neckerman, Gest, & Gariepy, 1988). There is some debate about whether children who bully may lack social skills (Smith, 1991); some of them seem actually quite socially skilled in manipulating situations to their advantage (Smith & Sharp, 1994). It appears that a certain amount of prestige is associated with bullying. Bullies often coerce their victims to provide them with money, cigarettes, beer and other things of value. In these situations, their aggressive behavior is rewarded with elevated status for their accomplishments (Olweus, 1993).

The Importance of Bystanders/Observers

Probably the most overlooked group in peer abuse literature is the bystanders (Hazler, 1996b; Olweus, 1993), those individuals who do not get involved, who choose to ignore situations of peer abuse, and who seem immune to the suffering of their peers. Ross (1996) believes bystanders/observers can be deeply affected. Elliott (1993) reports students’ feelings of anger and helplessness at not knowing how to help the victim. Nightmares, anxiety, guilt, and worries as to whether or not they will be next are experienced bystanders/observers (Elliott, 1993).

Olweus (1993) feels bystanders/observers have a group responsibility to intervene, be they students, parents or teachers. Bullies are to a great extent protected by their victims, peers, parents of bullies and victims, teachers, and in some instances, the
legal system (Ross, 1996). Olweus strongly encourages a position of non-tolerance of bullying for all individuals, adults and children alike. Bystanders/observers pay a personal price every time they choose not to become involved in the plight of their peers, the bullies as well as the victims (Carney, 1997). Elliott, Hamburg and Williams (1998) and Flannery (1997) indicate that witnessing even a single fight can impact on students inducing fear and anxiety and affecting their perceptions of safety, thereby impeding their ability to learn. Bystanders/observers also end up feeling powerless, impacting on their own self-respect and self-confidence when they idly stand by and watch as someone else gets hurt (Hazler, 1996b).

Carney (1997) believes that our American individualism may play a role. She feels our American culture teaches and endorses the ability to be able to work things out for yourself without the assistance of others. Obviously, the position of “just leave me out of it” is a much safer posture. Hazler (1996b) feels that not getting involved allows bystanders/observers to avoid direct confrontation themselves and thus potential failure is avoided.

**Adolescent Depression**

Depression is a major psychiatric illness in the United States and has long been the focus of psychiatric intervention with adults. Researchers and clinicians now acknowledge that depression occurs in adolescents (Friedrich, Reams, & Jacobs, 1982; Siegel & Griffin, 1984; Teri, 1982); however, this acknowledgment is a rather recent one. Until about three decades ago, the prevailing assumption was that depression rarely occurred in children and adolescents despite the fact that descriptions of melancholia in children can be traced back to the mid-eighteenth century (Essau & Petermann, 1999).
This view of depression has its genesis in psychoanalytical theory which postulated that children were too developmentally immature to have developed the superego needed for the onset of depression.

Some authors believed that depressive symptoms represent transient experiences associated with the normal developmental process of childhood and adolescence (Essau & Petermann, 1999). When the possibility of depressive disorders in children and adolescents was considered in the late 60’s and early 70’s, the concept of “masked depression” was proposed. According to this concept, depressive disorders do and can occur in children, but depressive symptoms are exhibited as primarily somatic symptoms, conduct disturbances, enuresis, and encopresis (Essau & Petermann, 1999). It is now widely accepted that depression in childhood and adulthood is phenomenologically equivalent, with some age-appropriate symptoms. This change in viewpoint is evident by virtue of the use of the same adult criteria for depressive disorders in children and adolescents since the introduction of the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) (Essau & Petermann, 1999).

Current interest in the study of depression among adolescents stems from recent findings among adults: (a) depression’s age of onset is in adolescence; (b) depression is not only increasing among the younger generation, but is also emerging at an earlier age; (c) the presence of depression in adolescence tends to increase the risk for developing comorbid disorders in adulthood; and (d) depression that has an early onset tends to be chronic and associated with long-term psychosocial impairment (Essau & Petermann, 1999). These findings have motivated many researchers to study depressive disorders in children and adolescents. Research literature on this topic is growing rapidly. In addition
to the study of depression in children and adolescents, there has likewise been strong
research and clinical interest in depression in infants and preschool-age children
(Reynolds & Johnston, 1994).

Depressive disorders, which include major depressive disorder, dysthymic
disorder, and bipolar disorder, can have far reaching effects on the functioning and
adjustment of young people. Among both children and adolescents, depressive disorders
confer an increased risk for illness and interpersonal and psychosocial difficulties that
persist long after the depressive episode is resolved; in adolescents there is also an
increased risk for substance abuse and suicidal behavior (Birmaher, Brent, & Benson,
1998; Essau & Petermann, 1999). Unfortunately, these disorders often go unrecognized
by families and physicians alike. Signs of depressive disorders in young people often are
viewed as normal mood swings typical of a particular developmental stage.

Prevalence of Adolescent Depression

The high level of attention researchers are presently directing toward depression
in children and adolescents is well warranted when one considers that epidemiological
studies suggest that as many as 5% of children and between 10% and 20% of adolescents
from the general population have experienced a depressive disorder (Reynolds, 1992;
Reynolds, 1994). A cohort trend for increasing rates of depression among young people
appears to be evident (Klerman & Weissman, 1989). This finding suggests that there
may be greater numbers of depressed children and adolescents in the future. Research
suggests that the prevalence of depression in children and adolescents follows a
developmental trajectory in its prevalence among youngsters, with higher rates of
depression found in adolescents (Reynolds & Johnston, 1994). Recent studies of
depression among adolescents suggest a lifetime prevalence of 15%-20% (Garrison, Addy, Jackson, McKeown, & Waller, 1992; Lewinsohn, Rohde, Seeley, & Fischer, 1993). These data indicate that between 1 of 6 and 1 of 5 youngsters from the general population experience depression at some time in their childhood or adolescence (Reynolds & Johnston, 1994).

Gender differences in the prevalence of childhood and adolescent depression are issues presented in the current literature. The prevalence of depression during childhood is fairly equally divided between the sexes, but by mid-adolescence the similarity of rates changes significantly (Nolen-Hoeksema, 1990). Studies consistently find that beginning at about age 14, females report at least twice as many symptoms of depression than males (Nolen-Hoeksema, 1995; Nolen-Hoeksema & Girgus, 1994). In addition, there is increasing evidence to suggest that the prevalence of depression among adolescent females increases with age (Hamilton & Jensvold, 1995). Researchers in Great Britain administered surveys to 375 females between the ages of 11 and 16 and found that depressive symptoms increased significantly with age. Results indicated that 3% of the 11 year olds, 20% of the 14 year olds, and 43% of the 16 year olds who were evaluated met the criteria for Major Depressive Disorder. An additional 21% of the participants met the criteria for Dysthymia (Cooper and Goodyear, 1993; Sands, 1998).

Impact of Adolescent Depression

Research indicates that depression impacts on youngsters in a variety of ways. Depressed children and adolescents are not only at risk of having recurrent and continuing mood disorders in adulthood, but they can have long term difficulties in various life domains such as work, social activities, academic functioning, and
interpersonal relationships (Essau, Conradt, & Petermann, 1999). Increased risk for attempted and completed suicide, anxiety disorders, and substance use disorders is also probable for adolescents suffering with depression (Essau et al., 1999; Kovacs, Goldston, & Gatsonis, 1993). Numerous studies have found that depressed youngsters frequently have comorbid disorders at follow-up with anxiety, conduct, and substance use disorders being the most common (Anderson & McGee, 1994; Hammen & Goodman-Brown, 1990).

Psychosocial impairment appears to be a result of depression in adolescence. Depressed adolescents have more problems in social and leisure activities and in marital or significant relationships at follow-up investigations than do adolescents who do not suffer with depression (Essau et al., 1999; Garber, Kriss, Koch, & Lindholm, 1988). Depressed children and adolescents are also at increased risk of being hospitalized for mental illness, being prescribed psychotropic medication, and attending psychiatric services (Essau et al., 1999). The impact of adolescent depression can be serious and long-lasting.

Adolescent Risk Factors

Adolescent females are at a higher risk of depression than adolescent males. No significant sex differences have been reported among preadolescents (Anderson, Williams, McGee, & Silva, 1987; Fleming, Offord, & Boyle, 1989); however, studies of adolescents have reported gender differences similar to the adult population, with rates of depressive disorders two to three times higher in adolescent females than in adolescent males (Essau & Petermann, 1997). This change in sex ratio appears to occur around
puberty (Petersen, Sarigiani, & Kennedy, 1991). The level of severity of depression is also higher in females than in males (Essau & Petermann, 1997).

Research surrounding socioeconomic status presents conflicting data. Some researchers report higher rates of depressive disorders for adolescents from families of lower socioeconomic status (Kaplan, Hong, & Weinhold, 1984). However, Berney, Bhate, and Kolvin (1991) found that depressed children come from a higher social class.

Family and psychological factors likewise play a role in risk for depression. The prevalence of depression among children of depressed parents has been shown to be about six times higher than control children (Essau et al., 1999; Orvaschel, Walsh-Allis, & Ye, 1988). On the basis of the findings of several studies, a number of psychosocial factors may be involved in the transmission of depression from parents to children. These factors include dysfunctional parent-child interactions, marital conflict, and emotional unavailability of parents (Essau & Dobson, 1999). High rates of adverse parenting experiences, stressful family life, low family cohesion and noncaring overprotective parents are also factors found to be significant in adolescent depression (Essau & Petermann, 1999). Other studies have found that the parent-child relationship of depressed children is characterized by hostility, rejection, less secure attachment, anger, detachment, punitiveness, or even abuse or neglect (Essau et al., 1999; Puig-Antich, Ryan, & Rabinovich, 1985).

Cognitive factors implicated in the risk of depression are diversified. Depressed children and adolescents have been reported to have low self-esteem, negative self-perceptions, and negative views of their competence in social, academic, and conduct areas (Allgood-Merten, Lewinsohn, & Hops, 1990; Essau & Petermann, 1997; Harter,
Depressed adolescents have lower scores on the behavior and social subscales of the Perceived Control Scale, on the Self-Perception Profile, global self-worth, and social and academic competence (Essau & Dobson, 1999). Additional cognitive factors such as hopelessness cognitions, depressive attribution styles, external locus of control, and perceived lack of control are also common in depressed children and adolescents (Asarnow, Carlson, & Guthrie, 1987; Benfield, Palmer, Pfefferbaum, & Stowe, 1988; Essau et al., 1999; McCauley, Mitchell, Burke, & Moss, 1988; McGee, Anderson, Williams, & Silva, 1986; Weisz, Weiss, Wasserman, & Rintoul, 1987).

Depressed adolescents report more negative life events before the onset of depression (Essau et al., 1999; Nolen-Hoeksema, Girgus, & Seligman, 1986). These life events are often chronic in nature (Siegel & Brown, 1988) which subsequently increases the likelihood of persistent or recurring depression. Children who are exposed to high levels of stress are especially likely to become depressed particularly if their mothers are symptomatic (Essau et al., 1999; Hammen & Goodman-Brown, 1990).

Relationship problems are prevalent among depressed adolescents. Depressed preadolescents have significant problems in social relations with siblings and friends, have less contact with friends, undergo more experiences with peer rejection, and have low peer popularity (Jacobsen, Lahey, & Straus, 1983; Vernberg, 1990). Poor peer relationships constitute a risk for depression in early adolescence; good peer relationships at this age do not provide a protective influence. However, it should be noted that in later adolescence, close peer relationships have a positive impact in that they provide protection from depression, particularly when the parent-child relationship is impaired.

Aggression and Depression

Of noteworthy interest is the co-occurrence of adolescent depression and various types of antisocial behavior of which bullying can be a component. Numerous studies have established a relationship between adolescent depression and antisocial behavior. Several recent studies confirm that the relationship is neither chance nor a result of the symptom orientation of the American Psychiatric Association’s (1980, 1987 as cited in Ben-Amos, 1992) diagnostic manual. According to Ben-Amos (1992), researchers have estimated that the prevalence of comorbidity for depression and conduct disorders in children and adolescents varies from 23% (Kovacs, Paulauskas, Gatsonis, & Richards, 1988) to between 32% and 37% in other studies (Carlson & Cantwell, 1980; Kashani, Carlson, Beck, & Hoeper, 1987; Marriage, Fine, Moretti, & Haley, 1986; Puig-Antich, 1982). According to Kovacs et al. (1988), these two disorders occurring together constitute a separate diagnostic group (Ben-Amos, 1992). Additional research supports this conclusion (Akiskal & Weller, 1989; Puig-Antich, 1982).

Initial explanations regarding the co-occurrence of the two childhood disorders perceived the youngster’s antisocial behavior as a defense against a depressive core, low self-esteem, rejection, helplessness, and hopelessness (Ben-Amos, 1992). It was believed that the antisocial behavior was caused by the depression by virtue of its chronology, that is the delinquency following the depression. The delinquency functioned as a defense mechanism.
The family characteristics of depressed adolescents with antisocial symptoms were the focus of two empirical studies (Ben-Amos, 1992; Cytryn & McKnew, 1972). These adolescents frequently came from families with depressed relatives (Ben-Amos, 1992), or had parents with characterological disorders (Ben-Amos, 1992; Cytryn & McKnew, 1972).

There is considerable discussion as to which occurs first, depression or conduct disorder. Akiskal and Weller (1989) postulated that when conduct disorder is primary and depression is secondary, treatment of the depression may not influence the conduct disorder. Conversely, when the depression is primary, treating it will alleviate the secondary conduct disorder. Puig-Antich’s (1982) research on prepubertal boys with major depression and conduct disorder indicated that the onset of major depression preceded the onset of the conduct disorder. When treated pharmaceutically, the major depression was relieved before the conduct disorder. When, as in some cases, a relapse occurred, the depression reoccurred first, followed by the conduct disorder. The same order occurred after a second treatment cycle (Ben-Amos, 1992).

Like Puig-Antich, Kovacs, Paulauskas, Gatsonis, and Richards (1988) found that conduct disorder behavior was secondary to depressive disorder. But contrary to Puig-Antich’s findings, Kovacs et al. (1988) observed that the conduct disorder behavior did not generally remit with alleviation of depression. Long-term behavioral problems such as rule violations, fighting, truancy, stealing, setting fires, and drug and alcohol abuse, which eventually led to suspension from school and involvement with the police and the juvenile courts, were all associated with conduct disorder. The researchers ultimately
concluded that sequence alone does not convey the complex relationship between comorbid conduct and depressive disorders in youth (Ben-Amos, 1992).

It has been demonstrated that depression and antisocial behavior do coexist. In cases where depression precedes the conduct disorder and the depression has its origin in peer abuse, interventions and preventive strategies would be of tremendous assistance in order to break the cycle of aggression and depression which may very likely proliferate.

Summary and Conclusions

From the review of the literature it is apparent that: (a) thousands of adolescents suffer daily from peer abuse and (b) adolescent depression, with increased rates of prevalence and severity, is a very serious concern. There is an indication (mostly anecdotal) that some adolescent suicides may be directly related to chronic peer abuse (Carney, 1997). An important aspect in examining this possible connection is a consideration of the characteristics identified as risk factors for bullied adolescents and depressed adolescents. This review of risk factors reveals much overlap.

Research indicates that puberty plays a significant role in its status of biological risk factor for both groups (abused and depressed). The overwhelming, rapid physical and psychological changes of this developmental stage make it a particularly crucial time during the life span. The moodiness of this age group is related to the hormonal fluctuations.

Adolescent depression is linked to hopelessness, low self-esteem, and negative self-evaluation. The adolescent does not seem to believe that he or she has the resources for successful resolution of current situations. Level of hostility is another important component when considering characteristics of these adolescents.
Environmental risk factors, especially family factors, influence both peer abuse and adolescent depression. Families often exhibit (a) patterns of interpersonal interactions that do not readily foster independence or appropriate assertiveness, and (b) family environments are often reflections of conflict, stress, noncaring overprotective parents, hostility, rejection, negative life events, low parental support and poor problem solving abilities. Positive growth and adaptation to difficult situations are hampered by the family’s non-conducive patterns (Carney, 1997).

Peer abuse risk factors include a social categorization of characteristics. Poor peer relations, a characteristic that falls within this category, is a significant contributor to bullying. Adolescent depression literature also identifies poor peer relations as an important factor, but places this characteristic under the environmental category. This lack of friendly peers isolates the individual robbing him/her of vital support during a most difficult stage in the life span (Carney, 1997).

The current study investigates the relationship between being a victim of peer abuse and depression. It may provide additional insight into the possible links among these factors.
Chapter III

METHODOLOGY

Research Design

The methodology for the study is as follows. The study is descriptive in nature and will use the survey method as its primary research modality. The survey method will be used to gain insight into the perceptions of adolescents and possible interrelationships between the characteristics of peer abuse and depression. The design of the study is a classic 3 X 3 group design using multiple regression analysis and Chi$^2$ as the statistical tests for significance. This chapter also includes a description of participants, instruments, procedures for data collection, and tests of statistical analysis. A pilot study was done beforehand in order to validate three scenarios which varied in levels of abuse. The pilot study will be discussed first.

Pilot Study

The pilot study for this project was basic. Five fictitious scenarios were written beforehand based on input from the previous researcher, JoLynn Carney, Ph. D. One of the five scenarios, “Ricki and Shannon,” was in fact the scenario used by Carney (1997) in her dissertation research.

Identification of the Population

The participants for the pilot study were sophomores attending a local public senior high school (grades 10-12) in northern New Jersey. The subject pool was drawn from a total population of approximately 60 students. Three sophomore English classes were visited by the researcher a week prior to data collection. This particular age group was selected because they represented the mid-range of the adolescents who would
participate in the primary research project involving students in grades 7-12. Each class was informed of the nature of the research project, its purpose, and its future use. All students were asked to voluntarily participate in the study. A copy of an explanation of the study, including what participants would be asked to perform, was read and distributed to students. Students took home a letter to parents and a letter to students explaining the research project in detail, as well as parental and student consent/assent forms (see Appendix A for Parental and Student Consent/Assent Forms). In order to participate in the study, students needed to return the parental and student consent/assent forms to be signed by his/her parent as well as himself/herself. Students returned the signed parental and student consent/assent forms to their English teachers the next day. The signed consent forms were collected by the researcher. Only those students who returned signed parental and student consent/assent forms participated in the pilot study. Total number of students who participated in the pilot study was 26.

Instrumentation

Selection and Development of Instruments

The five scenarios used in the pilot study were designed to represent actual cases of direct bullying. They were written to reflect varying levels of severity of peer abuse. The goal was to select three scenarios from the five which would depict least serious peer abuse, moderately serious peer abuse, and extremely serious peer abuse. Although an attempt was earnestly made to create characters and situations which would be gender neutral, the prevalent use of indirect bullying employed by female adolescents and the reasons for its use presented a serious challenge. Ultimately, the researcher felt that reality-based universal scenarios were of greater value than gender neutral scenarios.
Data Collection Procedures

On the day of data collection, participants reported to an all purpose room where the researcher awaited their arrival. Each participant received a packet containing a cover sheet with directions and five scenarios depicting peer abuse. They were instructed both verbally and in writing that no names were to be written on the packets. Age and gender were requested. Upon completion of the research, students returned to class.

As previously stated, research was conducted during the students' scheduled English class period. The importance of research in the area of peer abuse was acknowledged by the superintendent, board of education members, supervisors and teachers of the district. Information obtained through this project would allow the district to gain insight into the prevalence and severity of peer abuse among their students. In light of this, the 45 minutes devoted to the collection of data for the pilot study was considered worthwhile. No compensation for missed class time was developed. Students not participating in the study continued to work on assignments previously given. In other words, participants did not miss any new material.

Data Analysis Procedures

Data analysis for the pilot study was basic. Frequency distribution analysis was used to determine the results. The results of the pilot study indicated that Story 1, "Ricki and Shannon," would be used in the primary dissertation research as the scenario representing extremely serious peer abuse. This was significant because this was the scenario used by Carney (1997) in her dissertation research. Story 1 is an example of direct bullying which is used predominantly by males. Story 2, "Peggy and Rebecca," would be used as the moderately serious scenario. This scenario depicts indirect bullying
which is the pattern of bullying most frequently employed by females. Story 4, "Jaime and Gerry," would be used as the least serious scenario. Story 3 and Story 5 were not used in the primary research project.

Dissertation Research

Identification of the Population

The participants for this study were adolescents ranging in age from 12 to 19 years attending a local public junior high school (grades 7-9) and a local public senior high school (grades 10-12) in northern New Jersey. The subject pool was drawn from a total population of approximately 1300 students. All students were asked to voluntarily participate in the study. Parental and student consent/assent forms were distributed in order to obtain consent via parental and student signatures (see Appendix B for Parental and Student Consent/Assent Forms). Only those students who returned signed parental and student consent/assent forms participated in the study.

Sampling Plan

All available participants were surveyed through their English classes. Demographics of the participants were examined to determine the extent to which this sample could be used to generalize to a broader population. The projected sample size was 600 participants. The actual number of participants was 412 students. Participants were divided into three groups based on their response to a bullying questionnaire (Carney, 1997). The questionnaire asked participants to identify themselves as either victims of peer abuse, observers of peer abuse, or neither victims nor observers of peer abuse. Upon completion of the questionnaire, participants then responded to one of three scenarios depicting peer abuse. Each of these scenarios depicted a bullying situation;
however, the abuse varied by degree. The scenarios were randomly distributed. Upon completion of the reading of the scenarios, participants were asked to complete a depression inventory, answering the items as though they were the victim in the scenario.

**Instrumentation**

**Selection and Development of Instruments**

A survey packet was assembled which contained (a) a bullying questionnaire, (b) one of three fictitious scenarios, and (c) Beck Depression Inventory-Second Edition (BDI-II).

A bullying questionnaire (Carney, 1997), which included demographic information (e.g., age, sex, grade, & race), was used to collect data on the specifics related to being (a) a non-observer of bullying, (b) a victim of bullying, and/or, (c) An observer of bullying in the last two years. It should be noted that the questions related to bullying were from a survey used in previous research on peer-on-peer abuse (Hazler, Hoover, & Oliver, 1991; Hoover, Oliver, & Hazler, 1992) which were adapted by Carney (1997) for her study.

One of three fictitious scenarios followed the bullying questionnaire. These scenarios were designed to represent actual cases of bullying. The three scenarios used in this research project depicted bullying situations which varied in severity (least serious, moderately serious, and extremely serious). “Ricki and Shannon” represented extremely serious peer abuse; “Peggy and Rebecca” represented moderately serious peer abuse; and “Jaime and Gerry” represented least serious peer abuse.

Beck Depression Inventory-Second Edition (BDI-II) (Beck, Steer, & Brown, 1996): According to the Beck Depression Inventory’s Manual (Beck et al., 1996), the
BDI-II is a 21-item self report instrument for measuring the severity of depression in adults and adolescents aged 13 and older. Although standardization for the BDI-II has been done with participants aged 13 and older, it should be noted that the BDI-II has been used for research purposes with 12 year old adolescents (Baron & Campbell, 1993). This version of the inventory (BDI-II) was developed for the assessment of symptoms corresponding to criteria for diagnosing depressive disorders listed in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM-IV, 1994).

During the last 35 years, the Beck Depression Inventory (BDI) has become one of the most widely accepted instruments for assessing the severity of depression in diagnosed patients and detecting possible depression in normal populations (Archer, Maruish, Imhof, & Piotrowski, 1991; Piotrowski & Keller, 1992; Piotrowski, Sherry, & Keller, 1985). Two comprehensive reviews concerning the BDI’s applications and psychometric properties across a broad spectrum of both clinical and nonclinical populations have reported its high reliability, regardless of clinical population (Beck, Steer, & Garbin, 1988; Steer, Beck, & Garrison, 1986). For example, the average coefficient alpha of the BDI for psychiatric patients falls in the high .80s. Similarly, the concurrent and construct validity of the BDI with respect to a variety of psychological measures has been established (Beck & Steer, 1987). In addition, the BDI differentiated patients with clinical depression from nondepressed psychiatric patients (Steer et al., 1986).

According to the BDI-II manual (Beck et al., 1996), the original BDI was based on the typical descriptive statements regarding symptoms that had been reported
frequently by psychiatric patients with depression and only infrequently by nondepressed psychiatric patients (Beck et al., 1996). The clinical observations and patient descriptions were consolidated into 21 items consisting of representative symptoms and attitudes. These items were organized according to the severity of the content of the alternative statements, and each item was rated on a 4-point scale ranging from 0 to 3 in terms of severity (0=lowest; 3=highest). The original version was designed to be administered by trained interviewers, who read aloud the symptom statements to the patients. Interviewers took 10-15 minutes to administer the instrument and derived scores by summing the ratings that the patients endorsed for each of the 21 items (highest possible score=63).

The BDI-II is a self-administered questionnaire consisting of 21 groups of statements: It is user friendly and typically takes 5-10 minutes to complete. The BDI-II is scored by summing the ratings for the 21 items. Each item is rated on a 4-point scale ranging from 0-3. If an examinee has made multiple endorsements for an item, the alternative with the highest rating is used. The maximum score is 63. The 21 descriptive symptoms assessed in the BDI-II are: sadness, pessimism, past failure, loss of pleasure, guilty feelings, punishment feelings, self-dislike, self-criticalness, suicidal ideation, crying, agitation, loss of interest, indecisiveness, worthlessness, loss of energy, changes in sleeping pattern, irritability, changes in appetite, concentration difficulty, tiredness or fatigue, and loss of interest in sex.

The BDI has been refined over the past 35 years for a variety of reasons: enhancement of statement groups (e.g. elimination of alternative wordings for the same symptoms and avoidance of double negatives); alignment with several refinements in the

The BDI-II builds on 35 years of accumulated psychometric data and clinical experience with its predecessors, the BDI and BDI-IA. Initial information about the psychometric characteristics of the BDI-II has been collected from 500 psychiatric outpatients. Test validation continues to be an on-going process.

Interpretation of Scores

The BDI-II Manual suggests that cut scores for the BDI-II should be based on the clinical considerations for which the instrument is being administered. According to Beck et al. (1996), the BDI-II was developed as an indicator of the presence and degree of depressive symptoms consistent with DSM-IV, not as an instrument for specifying a clinical diagnosis. Since its primary purpose was for use as a screening instrument for major depression for clinical purposes, sensitivity of the test was considered to be more important than specificity. Therefore, the clinician would want to adopt a relatively lower threshold for detecting depression in order to decrease the probability of any false negatives. If being used for research where obtaining the purest sample of depressed participants is important, raising the cut scores is recommended in order to avoid false positives. For the purpose of this research project, the following suggested cut score guidelines from the BDI-II Manual for total scores of patients diagnosed with major depression were used: 0-13 represented minimal depression; 14-19 represented mild
depression; 20-28 represented moderate depression; and 29-63 represented severe depression (Beck et al., 1996).

The decision to use different cut scores for the BDI-II must be based on the unique characteristics of the sample and the purpose for using the BDI-II. If the purpose is to detect the maximum number of persons with depression, then the cut score threshold should be lowered to minimize the false negatives (Beck et al., 1996).

In evaluating BDI-II, one must keep in mind that all self-report inventories are subject to response bias. That is, some individuals may endorse more symptoms than they actually have and thus produce spuriously high scores; others might deny symptoms and receive spuriously low scores (Beck et al., 1996). For the purposes of this study the BDI-II suggested cut scores as presented in the manual were used.

Reliability Issues

Research on the reliability of the BDI-II is based on four psychiatric outpatient subsamples which were combined to create a total sample of 500. A sample of 120 college students enrolled in an introductory psychology course at the University of New Brunswick in Fredericton, Canada, was also administered the BDI-II to serve as a comparative normal group. Internal consistency was examined resulting in coefficient alpha scores of .92 for the 500 outpatients and .93 for the 120 college students (Beck et al., 1996).

Test-retest stability was likewise explored. An estimate of the stability of the BDI-II over time was based on the responses of a subsample of 26 Philadelphia outpatients who were administered the BDI-II at the times of their first and second
therapy sessions, approximately one week apart. The test-retest correlation of .93 was significant ($p<.001$) (Beck et al., 1996).

Validity Issues

As previously noted, test validity research on the BDI-II is done on an on-going basis. Content validity is believed to be strong in the BDI-II since it was specifically developed to assess depressive symptoms listed as criteria for depressive disorders in the DSM-IV. Items were reworded and new items added to assess more fully the DSM-IV criteria for depression.

Construct validity for the BDI-II was examined through several types of analyses conducted to estimate the convergent validity of the BDI-II. First, 191 of the outpatients were administered the BDI-IA and the BDI-II during their initial evaluations. The order of the presentations was counterbalanced, and at least one other instrument was given between administrations of the two versions of the BDI. The correlation between the BDI-IA and the BDI-II was .93 ($p<.001$). The mean BDI-IA and the BDI-II scores were 18.92 ($SD=11.32$) and 21.88 ($SD=12.69$), respectively. The mean BDI-II score was 2.96 points greater than that of the BDI-IA (Beck et al., 1996).

In summary, the data for the BDI-II suggests that patients with mood disorders obtain higher BDI-II scores on average than patients with anxiety, adjustment, or other disorders. Further, patients with more serious depressive disorders obtain higher BDI-II scores on average than patients with less serious depressive disorders (Beck et al., 1996).

Data Collection Procedures

The researcher visited each school 1 week prior to the administration of the survey. At that time she met with teachers and students in order to familiarize them with
the study. Students were informed that their participation in this study was on a strictly voluntary basis. A copy of an explanation of the study, including what participants would be asked to perform, was read and distributed to teachers and students. Students took home a letter to parents and a letter to students explaining the research project in detail, as well as parental and student consent/assent forms. In order to participate in the study, students needed to return the parental and student consent/assent forms to be signed by his/her parent as well as himself/herself. Students returned the signed parental and student consent/assent forms to their English teachers the next day. The signed consent forms were collected by the researcher.

In order to insure maximum participation, teachers had additional consent/assent forms for any students who may have misplaced them. Teachers informed their students of this. In addition, morning announcements also reminded and informed the students of this. One week was devoted to the collection of the consent/assent forms. Upon completion of the collection of parental consent forms and student assent forms, a list of students who would be participating in the study was generated. This list was submitted to English teachers and school administrators.

As previously stated, research was conducted during the students' scheduled English class period. The importance of research in the area of peer abuse was acknowledged by the superintendent, board of education members, supervisors and teachers of the district. Information obtained through this project would allow the district to gain insight into the prevalence and severity of peer abuse among their students. In light of this, the 30 minutes devoted to the collection of data for this study was considered worthwhile. No compensation for missed class time was developed.
Students not participating in the study continued to work on assignments previously given. In other words, participants did not miss any new material.

The researcher met with all personnel involved in assisting with the research in order to establish uniformity and consistency within the study. Instructions, procedural concerns, standard ways of answering students’ questions, as well as general questions from personnel were addressed. On the day of the administration, packets and pencils were distributed. All packets contained identical questionnaires, instructions, and the BDI-II. They did however vary by the fictitious scenario contained therein. One-third of the packets contained the bullying scenario which was rated as least serious in the pilot study. One-third of the packets contained the bullying scenario which was rated as moderately serious in the pilot study. One-third of the packets contained the bullying scenario which was rated as extremely serious in the pilot study [Carney’s (1997) scenario]. These packets were randomly distributed. The study took approximately 30 minutes to complete. In the event that a high risk student was identified, his or her counselor was immediately available for assistance. If any student became upset or had difficulty of any kind during the study, his or her counselor was immediately available for assistance. As noted in the cover letter to parents and students, a student could end his or her participation at any time during the process. No student was identified as a high risk student; no student became upset or experienced difficulty; and no student ended his/her participation in the project before completion of all tasks.

Data Analysis Procedures

This study was descriptive in nature and employed the survey method as its primary research modality. It utilized a questionnaire, a bullying scenario and a
depression assessment instrument in an attempt to gain insight into the perceptions of 
adolescents and the possible interrelationships between the characteristics of peer abuse 
and depression. The design of the study was a classic 3 X 3 group design. Despite the 
fact that surveys yield quasi-metric data because of the use of Likert scales, they are 
nonetheless often analyzed using parametric statistics. The primary tests of statistical 
significance for this study were multiple regression analysis and Chi².

Independent Variables

The survey packet was given to the entire sample. The initial group division was 
determined by self-placement or assignment by condition into the following groups: 
Group 1-Victims of Peer Abuse; Group 2-Observers of Peer Abuse; and Group 3- 
Nonvictims/Nonobservers of Peer Abuse during the last 2 years. Although participants 
could place themselves in more than one group (e.g. Group 1-Victim and Group 2- 
Observer), if a participant had been a victim of peer abuse over the last 2 years, that 
identification took priority over that of an observer of peer abuse. The participant was 
therefore placed in Group 1.

The second division in this 3 X 3 design occurred by virtue of the scenario each 
participant received. This second division was represented by the following categories: 
Scenario 1-Least serious bullying, Scenario 2-Moderately serious bullying, and Scenario 
3-Extremely serious bullying.

Dependent Variable

The dependent variable in this study was level of depression. Scores on the BDI- 
II were used as indicators of level of depression. The suggested cut score guidelines as 
they appear in the BDI-II Manual (Beck et al., 1996, p. 11) were used for categorization
of the severity of depression. All participants (victims, observers, and nonvictims/nonobservers) were asked to complete the BDI-II as though they were the victim in the scenario read.

**Statistical Analyses**

As previously stated, multiple regression analysis and $\text{Chi}^2$ were used to explore the between and within group differences emerging in this study in regard to the seven hypotheses tested. Level of significance was set at the standard alpha=.05. Frequency distributions were likewise used in the determination of results.
Chapter IV

ANALYSIS OF THE DATA

The purpose of this chapter is to present the results of the statistical analyses conducted to analyze the data collected in this study. In addition, basic descriptive statistics are presented on the demographic variables as well as the dependent and independent variables. This is followed by the results of hypothesis testing.

Demographic Variables

Four hundred twelve adolescents participated in the study. Frequency distributions on demographic variables of gender, grade, age, ethnicity, and status as either victim, observer, or neither victim or observer are presented in Table 1.

Table 1

Frequency Distributions on Demographic Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Victims</th>
<th>Observers</th>
<th>Controls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>male</td>
<td>89 (50.6%)</td>
<td>80 (45.5%)</td>
<td>7 (4.0%)</td>
<td>176 (42.7%)</td>
</tr>
<tr>
<td>female</td>
<td>108 (45.8%)</td>
<td>121 (51.3%)</td>
<td>7 (3.0%)</td>
<td>236 (57.3%)</td>
</tr>
<tr>
<td>Grade</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7th</td>
<td>28 (49.1%)</td>
<td>25 (43.9%)</td>
<td>4 (7.0%)</td>
<td>57 (13.8%)</td>
</tr>
<tr>
<td>8th</td>
<td>50 (53.2%)</td>
<td>42 (44.7%)</td>
<td>2 (2.1%)</td>
<td>94 (22.8%)</td>
</tr>
<tr>
<td>9th</td>
<td>29 (46.0%)</td>
<td>32 (50.8%)</td>
<td>2 (3.2%)</td>
<td>63 (15.3%)</td>
</tr>
<tr>
<td>10th</td>
<td>36 (51.4%)</td>
<td>32 (45.7%)</td>
<td>2 (2.9%)</td>
<td>70 (17.0%)</td>
</tr>
<tr>
<td>11th</td>
<td>27 (44.3%)</td>
<td>33 (54.1%)</td>
<td>1 (1.6%)</td>
<td>61 (14.8%)</td>
</tr>
<tr>
<td>12th</td>
<td>27 (40.3%)</td>
<td>37 (55.2%)</td>
<td>3 (4.5%)</td>
<td>67 (16.3%)</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>8 (42.1%)</td>
<td>7 (36.8%)</td>
<td>4 (21.1%)</td>
<td>19 (4.6%)</td>
</tr>
<tr>
<td>13</td>
<td>33 (54.1%)</td>
<td>27 (44.3%)</td>
<td>1 (1.6%)</td>
<td>61 (14.8%)</td>
</tr>
<tr>
<td>14</td>
<td>48 (54.5%)</td>
<td>39 (44.3%)</td>
<td>1 (1.1%)</td>
<td>88 (21.4%)</td>
</tr>
<tr>
<td>15</td>
<td>31 (39.7%)</td>
<td>44 (56.4%)</td>
<td>3 (3.8%)</td>
<td>78 (18.9%)</td>
</tr>
<tr>
<td>16</td>
<td>39 (54.9%)</td>
<td>31 (43.7%)</td>
<td>1 (1.4%)</td>
<td>71 (17.2%)</td>
</tr>
<tr>
<td>17</td>
<td>20 (39.2%)</td>
<td>29 (56.9%)</td>
<td>2 (3.9%)</td>
<td>51 (12.4%)</td>
</tr>
<tr>
<td>18</td>
<td>17 (40.5%)</td>
<td>23 (54.8%)</td>
<td>2 (4.8%)</td>
<td>42 (10.2%)</td>
</tr>
<tr>
<td>19</td>
<td>1 (50%)</td>
<td>1 (50.0%)</td>
<td></td>
<td>2 (.5%)</td>
</tr>
</tbody>
</table>

(table continues)
The participants included 197 students (47.8%) who identified themselves as victims of bullying (over the past 2 years); 201 students (48.8%) who indicated they had observed bullying (over the past 2 years); and 14 students (3.4%) who were not bullied and had not observed bullying (over the past 2 years). The participants included 176 males (42.7%) and 236 females (57.3%). The grade range was from 7th (13.8%) to 12th (16.3%) and ages were 12 (4.6%) to 19 (.5%). The mean age was 15.09 years old with a standard deviation of 1.69 years. Participants were primarily Caucasian (83.2%).

**About Being Bullied**

Table 2 presents a frequency distribution on how often the participants had been bullied in school in the past 2 years. A key finding is 52.2% of the participants indicated they have not been bullied, which means close to one half (47.8%) of the participants have been bullied at least once or more in the past 2 years. More than half (54.1%) of the participants had been bullied when the 2 year qualifying clause was removed.

Table 2

**Frequency Distribution on Bullying in Past 2 Years**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>n</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have not been bullied</td>
<td>215</td>
<td>52.2%</td>
</tr>
<tr>
<td>Once or twice</td>
<td>103</td>
<td>25.0%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>60</td>
<td>14.6%</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>-----</td>
<td>---</td>
</tr>
<tr>
<td><strong>Type</strong></td>
<td>n</td>
<td>p</td>
</tr>
<tr>
<td>Nasty names about my race/ethnicity</td>
<td>32</td>
<td>14.3</td>
</tr>
<tr>
<td>Nasty names about other things</td>
<td>138</td>
<td>61.9</td>
</tr>
<tr>
<td>Kicked or hit</td>
<td>35</td>
<td>15.7</td>
</tr>
<tr>
<td>Scare me, threaten to hurt me</td>
<td>39</td>
<td>17.5</td>
</tr>
<tr>
<td>No one would talk to me</td>
<td>22</td>
<td>9.9</td>
</tr>
<tr>
<td>Rumors spread about me</td>
<td>73</td>
<td>32.7</td>
</tr>
<tr>
<td>Had my belongings taken</td>
<td>31</td>
<td>13.9</td>
</tr>
<tr>
<td>Teased</td>
<td>152</td>
<td>68.2</td>
</tr>
<tr>
<td>Bullied in another way</td>
<td>21</td>
<td>9.4</td>
</tr>
</tbody>
</table>

Table 4 presents a frequency distribution on the participants’ perceptions as to why they thought they were bullied. For clarification purposes, it should be noted that this item, Question 7: “If you were bullied in the past two years, why do you think you were?,” presented participants with 12 specific reasons and as a last option “Some other reason (TELL WHAT)” as response choices. Participants were asked to prioritize their
responses by placing a #1 in front of the “BIGGEST REASON”; a #2 in front of the “NEXT BIGGEST REASON”; and a #3 in front of the “NEXT BIGGEST REASON.” The most frequent responses utilized the last choice option “Some other reason (TELL WHAT),” with 46.8% of the participants selecting this option. The second most frequent response was the subject didn’t fit in (34.5%); and the third most frequent response was one’s friends (27.4%). Table 4 presents the results of this item in three categories: 1st Biggest Reason; 2nd Biggest Reason; and 3rd Biggest Reason for being bullied. In the first frequency set, the reasons most frequently cited as the first biggest reason were: some other reason (28.7%); didn’t fit in (13.9%); and the clothes worn (11.7%). In the second frequency set, the second biggest reasons most frequently cited included: didn’t fit in (13.5%); my friends (7.6%); and good grades (7.2%). In the third frequency set, the third biggest reasons most frequently cited were: my friends (8.5%); didn’t fit in (5.8%); and good grades (5.4%). Percentages were based on number of responses. Upon closer examination of the “Some other reason (TELL WHAT)” response, participants cited many additional reasons for being bullied. The most frequently cited were popularity, jealousy, ethnicity, race, religion, coming from another school or town, and “no special reason.” Although many of these reasons may appear similar to “didn’t fit in,” it is noteworthy that the participants did not perceive this similarity.

Table 4

<table>
<thead>
<tr>
<th>Reason</th>
<th>1st Biggest Reason</th>
<th>2nd Biggest Reason</th>
<th>3rd Biggest Reason</th>
<th>Not a Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clothes I wore</td>
<td>n=26 p=11.7</td>
<td>n=12 p=5.4</td>
<td>n=11 p=4.9</td>
<td>n=173 p=77.6</td>
</tr>
</tbody>
</table>

(table continues)
A frequency distribution on the problems caused by being bullied is presented in Table 5. Of the participants who indicated that they had been bullied, 50.7% indicated that it sometimes made them feel very sad. 24.7% indicated that bullying made it hard to get along with others, and 22.0% indicated that it made them feel sick. In addition, 31.4% indicated that it did not cause them any problems. Percentages were based on number of responses.

Table 5

Frequency Distribution on Problems Caused by Bullying

<table>
<thead>
<tr>
<th>Problems</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>P</td>
</tr>
<tr>
<td>Made me feel sick</td>
<td>49</td>
<td>22.0</td>
</tr>
<tr>
<td>Made it hard for me to get along w/others</td>
<td>55</td>
<td>24.7</td>
</tr>
<tr>
<td>Sometimes made me feel very sad</td>
<td>113</td>
<td>50.7</td>
</tr>
<tr>
<td>Caused problems with my learning</td>
<td>40</td>
<td>17.9</td>
</tr>
<tr>
<td>Caused problems with my teachers</td>
<td>19</td>
<td>8.5</td>
</tr>
<tr>
<td>Caused problems with my parents</td>
<td>27</td>
<td>12.1</td>
</tr>
<tr>
<td>Did not cause me any problems</td>
<td>70</td>
<td>31.4</td>
</tr>
<tr>
<td>Caused some other problem</td>
<td>39</td>
<td>17.5</td>
</tr>
</tbody>
</table>

A frequency distribution on the current problems caused by bullying is presented in Table 6. Interestingly, more than one half of the participants who had been bullied
indicated that they were stronger because of it (53.4%) and 26.5% indicated that it did not cause them any current problems. However, 22.9% of the participants who had been bullied indicated that they still hurt emotionally because of it and 15.2% indicated that they don’t get along with others as well as they could. Percentages were based on number of responses.

Table 6

Frequency Distribution on Current Problems Caused by Bullying

<table>
<thead>
<tr>
<th>Problem</th>
<th>Yes</th>
<th></th>
<th>No</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I’m stronger because of it</td>
<td>119</td>
<td>53.4</td>
<td>103</td>
<td>46.2</td>
</tr>
<tr>
<td>I don’t get along w/others as well as I could</td>
<td>34</td>
<td>15.2</td>
<td>188</td>
<td>84.3</td>
</tr>
<tr>
<td>I still hurt emotionally because of it</td>
<td>51</td>
<td>22.9</td>
<td>171</td>
<td>76.7</td>
</tr>
<tr>
<td>Academic achievement suffered</td>
<td>15</td>
<td>6.7</td>
<td>207</td>
<td>92.8</td>
</tr>
<tr>
<td>Problems with parents or other family members</td>
<td>17</td>
<td>7.6</td>
<td>205</td>
<td>91.9</td>
</tr>
<tr>
<td>Caused me no problems</td>
<td>59</td>
<td>26.5</td>
<td>163</td>
<td>73.1</td>
</tr>
<tr>
<td>Other effects</td>
<td>24</td>
<td>10.8</td>
<td>198</td>
<td>88.8</td>
</tr>
</tbody>
</table>

Table 7 presents a frequency distribution on the gender of the bullies. Males were bullied mostly by males (81.0%). Females were bullied by males and females (50.9%).

Table 7

Frequency Distribution on Gender of Bullies

<table>
<thead>
<tr>
<th>Gender of Bully</th>
<th>Males</th>
<th></th>
<th>Females</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>p</td>
<td>n</td>
<td>p</td>
<td>n</td>
<td>p</td>
</tr>
<tr>
<td>Males only</td>
<td>85</td>
<td>81.0</td>
<td>29</td>
<td>25.0</td>
<td>114</td>
<td>51.6</td>
</tr>
<tr>
<td>Females only</td>
<td>1</td>
<td>1.0</td>
<td>28</td>
<td>24.1</td>
<td>29</td>
<td>13.1</td>
</tr>
<tr>
<td>Males and Females</td>
<td>19</td>
<td>18.1</td>
<td>59</td>
<td>50.9</td>
<td>78</td>
<td>35.3</td>
</tr>
</tbody>
</table>
About Observing Bullying

Table 8 presents a frequency distribution on how often the participants have seen other students being bullied in the past 2 years. Only 2.1% of the participants indicated that they did not see bullying. Nearly ninety-eight percent (97.9%) of the participants had seen bullying ranging from sometimes to every day. Percentages were based on number of responses.

Table 8

Frequency Distribution on Observing Bullying in the Past 2 Years

<table>
<thead>
<tr>
<th>Frequency</th>
<th>n</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have not seen other students bullied</td>
<td>9</td>
<td>2.1</td>
</tr>
<tr>
<td>Have seen bullying sometimes</td>
<td>142</td>
<td>34.5</td>
</tr>
<tr>
<td>Have seen bullying a lot</td>
<td>164</td>
<td>39.8</td>
</tr>
<tr>
<td>Have seen bullying every day</td>
<td>97</td>
<td>23.6</td>
</tr>
<tr>
<td>Total</td>
<td>412</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 9 presents a frequency distribution on how often other students tried to stop a student from bullying another student. Percentages were based on number of responses.

Table 9

Frequency Distribution on Participants' Attempts to Stop Bullying

<table>
<thead>
<tr>
<th>Frequency</th>
<th>n</th>
<th>p</th>
<th>Cumulative p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>33</td>
<td>8.0</td>
<td>8.0</td>
</tr>
<tr>
<td>Rarely</td>
<td>204</td>
<td>49.5</td>
<td>57.8</td>
</tr>
<tr>
<td>Sometimes</td>
<td>146</td>
<td>35.4</td>
<td>93.4</td>
</tr>
<tr>
<td>Frequently</td>
<td>21</td>
<td>5.1</td>
<td>98.5</td>
</tr>
<tr>
<td>Almost always</td>
<td>6</td>
<td>1.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>410</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
The participants indicated that students’ attempts to stop bullying are not widespread, as 57.8% indicated that they rarely or never observe other students trying to stop bullying. Only 5.1% of the participants indicated that they frequently see other students try to stop bullying, and only 1.5% indicated that they always see students try to stop bullying.

Table 10 presents a frequency distribution on the participants’ responses when they observed bullying. Nearly one half of the participants did nothing when they observed bullying. A little over thirty-one percent (31.1%) of the participants tried to help but were unsuccessful. Approximately fourteen percent (14.2%) indicated that they tried to help and were successful. Percentages were based on number of responses.

Table 10

<table>
<thead>
<tr>
<th>Responses</th>
<th>n</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>I never saw anyone being bullied</td>
<td>6</td>
<td>1.5</td>
</tr>
<tr>
<td>Nothing, it was none of my business</td>
<td>87</td>
<td>21.3</td>
</tr>
<tr>
<td>Nothing, I wanted to but didn’t know how to help</td>
<td>106</td>
<td>25.9</td>
</tr>
<tr>
<td>Nothing, I was afraid</td>
<td>25</td>
<td>6.1</td>
</tr>
<tr>
<td>I tried to help in some way but was rarely successful</td>
<td>127</td>
<td>31.1</td>
</tr>
<tr>
<td>I tried to help in some way and was often successful</td>
<td>58</td>
<td>14.2</td>
</tr>
<tr>
<td>Total</td>
<td>409</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Participants’ Perceptions About Bullying

Table 11 presents the participants’ perceptions about bullying. Percentages were based on number of responses.
Table 11

Participants’ Perceptions about Bullying

<table>
<thead>
<tr>
<th>Issue</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullying is a problem in my school.</td>
<td>291</td>
<td>121</td>
</tr>
<tr>
<td>Bullies have fewer friends than students who are victims.</td>
<td>102</td>
<td>309</td>
</tr>
<tr>
<td>Bullying often helps the victims by making them stronger.</td>
<td>119</td>
<td>292</td>
</tr>
<tr>
<td>Bullies ought to be hurt by others.</td>
<td>163</td>
<td>249</td>
</tr>
<tr>
<td>If I were friendly to a student being bullied, other students would not like me as much.</td>
<td>189</td>
<td>223</td>
</tr>
<tr>
<td>Students who get bullied have it coming most of the time.</td>
<td>108</td>
<td>304</td>
</tr>
<tr>
<td>Students who get bullied have as many friends as anyone else.</td>
<td>151</td>
<td>261</td>
</tr>
<tr>
<td>My teachers stopped the bullying.</td>
<td>129</td>
<td>283</td>
</tr>
</tbody>
</table>

Bullying is clearly viewed as a problem by most students, with 70.6% responding as such. Nearly twenty-nine percent (28.9%) of the participants indicated that bullying helps the victims; 26.2% indicated that victims have it coming most of the time. Nearly one half of the participants, 45.9%, indicated that they would not be liked by other students if their friends were being bullied. And less than one third of the participants (31.3%) indicated that their teachers stopped the bullying.

Table 12 presents the BDI-II scores for the participants by status.

Table 12

Beck Depression Inventory-II Scores by Status

<table>
<thead>
<tr>
<th>Variable</th>
<th>Victims</th>
<th>Observers</th>
<th>Controls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>X</td>
<td>SD</td>
<td>n</td>
</tr>
<tr>
<td>Scenario</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>68</td>
<td>15.41</td>
<td>10.87</td>
<td>64</td>
</tr>
<tr>
<td>Medium</td>
<td>67</td>
<td>20.94</td>
<td>13.70</td>
<td>64</td>
</tr>
<tr>
<td>High</td>
<td>62</td>
<td>25.30</td>
<td>14.85</td>
<td>73</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>male</td>
<td>89</td>
<td>19.20</td>
<td>14.6</td>
<td>80</td>
</tr>
</tbody>
</table>

(table continues)
<table>
<thead>
<tr>
<th>Grade</th>
<th>7th</th>
<th>8th</th>
<th>9th</th>
<th>10th</th>
<th>11th</th>
<th>12th</th>
<th>13th</th>
<th>14th</th>
<th>15th</th>
<th>16th</th>
<th>17th</th>
<th>18th</th>
<th>19th</th>
<th>20th</th>
<th>21st</th>
<th>22st</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>28</td>
<td>17.71</td>
<td>12.15</td>
<td>25</td>
<td>12.88</td>
<td>13.68</td>
<td>4</td>
<td>9.25</td>
<td>8.65</td>
<td>57</td>
<td>15.00</td>
<td>12.78</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8th</td>
<td>50</td>
<td>15.98</td>
<td>12.10</td>
<td>42</td>
<td>17.69</td>
<td>13.71</td>
<td>2</td>
<td>14.50</td>
<td>19.09</td>
<td>94</td>
<td>16.71</td>
<td>12.83</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9th</td>
<td>29</td>
<td>24.03</td>
<td>15.98</td>
<td>32</td>
<td>22.56</td>
<td>14.02</td>
<td>2</td>
<td>25.00</td>
<td>35.55</td>
<td>63</td>
<td>23.31</td>
<td>15.31</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10th</td>
<td>36</td>
<td>21.80</td>
<td>16.28</td>
<td>32</td>
<td>18.78</td>
<td>12.48</td>
<td>2</td>
<td>1.00</td>
<td>1.41</td>
<td>70</td>
<td>19.82</td>
<td>14.74</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11th</td>
<td>27</td>
<td>24.00</td>
<td>12.71</td>
<td>33</td>
<td>25.21</td>
<td>11.70</td>
<td>2</td>
<td>1.00</td>
<td>1.41</td>
<td>70</td>
<td>19.82</td>
<td>14.74</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12th</td>
<td>27</td>
<td>22.03</td>
<td>10.96</td>
<td>37</td>
<td>21.16</td>
<td>12.81</td>
<td>2</td>
<td>11.66</td>
<td>4.04</td>
<td>67</td>
<td>21.08</td>
<td>11.90</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-13</td>
<td>41</td>
<td>18.56</td>
<td>13.10</td>
<td>34</td>
<td>13.73</td>
<td>13.48</td>
<td>5</td>
<td>13.00</td>
<td>11.24</td>
<td>80</td>
<td>16.16</td>
<td>13.24</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>16-17</td>
<td>59</td>
<td>22.15</td>
<td>14.90</td>
<td>60</td>
<td>22.33</td>
<td>13.70</td>
<td>3</td>
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<td>6.92</td>
<td>122</td>
<td>21.94</td>
<td>14.23</td>
<td></td>
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<tr>
<td>Ethnicity</td>
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<td></td>
</tr>
<tr>
<td>AfrAmer</td>
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<td></td>
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<td></td>
<td></td>
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<td></td>
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<tr>
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<td>1</td>
<td>10.00</td>
<td>0.00</td>
<td>2</td>
<td>16.50</td>
<td>21.92</td>
<td>2</td>
<td>16.50</td>
<td>21.92</td>
<td>2</td>
<td>16.50</td>
<td>21.92</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>11</td>
<td>20.18</td>
<td>13.99</td>
<td>7</td>
<td>22.42</td>
<td>14.54</td>
<td>1</td>
<td>7.00</td>
<td>0.00</td>
<td>19</td>
<td>20.31</td>
<td>13.81</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hispanic</td>
<td>3</td>
<td>11.66</td>
<td>9.45</td>
<td>5</td>
<td>23.20</td>
<td>17.28</td>
<td>2</td>
<td>23.50</td>
<td>6.36</td>
<td>10</td>
<td>19.80</td>
<td>13.73</td>
<td></td>
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</tr>
<tr>
<td>Other</td>
<td>14</td>
<td>27.42</td>
<td>18.74</td>
<td>21</td>
<td>14.71</td>
<td>13.17</td>
<td>1</td>
<td>0.00</td>
<td>0.00</td>
<td>36</td>
<td>19.25</td>
<td>16.71</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>197</td>
<td>20.40</td>
<td>13.73</td>
<td>201</td>
<td>19.91</td>
<td>13.43</td>
<td>14</td>
<td>11.92</td>
<td>13.87</td>
<td>412</td>
<td>19.87</td>
<td>13.64</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Analysis of Hypotheses

Hypotheses 1 through 6 were analyzed with multiple regression. In these analyses, the participants who were neither victims nor observers were withheld due to the small number (n=14). Hypothesis 7 was analyzed with Chi², and again the participants who were neither victims nor observers were withheld.

The projected hypotheses were as follows:

**Hypothesis 1.** Significant mean differences in depression will be found based on status. Participants who have been victims of peer abuse will demonstrate higher levels of depression than participants who observe peer abuse and participants who were neither victims nor observers of peer abuse.
**Hypothesis 2.** Significant differences in depression will be found based on the level of abuse displayed in the scenario. Participants in the high abuse scenario will demonstrate a significantly higher level of depression than the medium and low abuse scenarios. Participants in the medium abuse scenario will demonstrate a significantly higher level of depression than participants in the low abuse scenario.

**Hypothesis 3.** Significant differences in depression will be found based on age. Younger participants will demonstrate higher levels of depression than older participants.

**Hypothesis 4.** Significant differences in depression will be found based on grade. Participants in lower grades will demonstrate higher levels of depression than participants in higher grades.

**Hypothesis 5.** Significant differences in depression will be found based on gender. Female participants will demonstrate significantly higher levels of depression than male participants.

**Hypothesis 6.** The frequency of bullying is related to depression. Participants who have been bullied more frequently will demonstrate significantly higher levels of depression than participants who have been bullied less frequently.

**Results**

**Hypotheses 1 through 6.** In this analysis, BDI-II scores were utilized as the dependent variable and the independent variables were: status (victim/observer), level of scenario abuse (high/medium/low), student age in years, gender (male/female), and frequency of bullying (not bullied/once or twice/sometimes/once a week/ several times a week). The multiple regression analyses results are presented in Table 13.
Table 13

Multiple Regression Analysis Results—BDI-II Scores with Status, Scenario, Age, Gender, and Frequency

<table>
<thead>
<tr>
<th>Variable</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficient</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$\beta$</td>
<td>SE</td>
<td>$\beta$</td>
</tr>
<tr>
<td>Constant</td>
<td>-4.84</td>
<td>8.66</td>
<td></td>
</tr>
<tr>
<td>Status</td>
<td>2.13</td>
<td>3.74</td>
<td>.07</td>
</tr>
<tr>
<td>Scenario</td>
<td>4.18</td>
<td>.84</td>
<td>.25</td>
</tr>
<tr>
<td>Age</td>
<td>.13</td>
<td>1.19</td>
<td>.01</td>
</tr>
<tr>
<td>Sex</td>
<td>4.35</td>
<td>1.32</td>
<td>.15</td>
</tr>
<tr>
<td>Grade</td>
<td>1.32</td>
<td>1.20</td>
<td>.16</td>
</tr>
<tr>
<td>Frequency</td>
<td>-1.17</td>
<td>1.03</td>
<td>-.09</td>
</tr>
<tr>
<td>Status by Scenario</td>
<td>6.54</td>
<td>3.89</td>
<td>1.04</td>
</tr>
<tr>
<td>Age by Status by Scenario</td>
<td>-.45</td>
<td>.48</td>
<td>-.11</td>
</tr>
<tr>
<td>Sex by Status by Scenario</td>
<td>-1.52</td>
<td>.60</td>
<td>-.39</td>
</tr>
<tr>
<td>Grade by Status by Scenario</td>
<td>.23</td>
<td>.50</td>
<td>.36</td>
</tr>
<tr>
<td>Frequency by Status by Scenario</td>
<td>.41</td>
<td>.49</td>
<td>.14</td>
</tr>
</tbody>
</table>

Multiple regression analyses were used to examine multivariate relationships between the dependent variable and the independent variables. These analyses were conducted to assess the multivariate relationships between BDI scores and the independent variables including status, scenario, sex, age, grade, as well as the interaction between these variables and BDI. The result of multiple regression analysis is the development of an equation that demonstrates the best prediction of the dependent variable from more than 1 independent variable (Tabachnick & Fidell, 1989, p. 123). The regression model is presented as follows: $Y' = A + B_1X_1 + B_2X_2 + B_3X_3 + \ldots + B_kX_k$; where $Y'$ is the predicted value of the outcome variable. $A$ is the intercept, the value of $Y$ when all values of $X$ are 0. $X_1, X_2, X_3\ldots X_k$ are the various independent variables. $B$ is the regression coefficients developed for each independent variable.
For the independent variables that are continuous (i.e. age, scenario, grade, frequency) significant beta coefficients indicate significant relationships with BDI scores. For the dichotomous variables (sex, status), significant beta coefficients indicate significant mean differences between the groups on mean BDI-II scores.

The multiple regression analyses results indicate the following:

1. A significant relationship was found between BDI-II scores and the level of abuse displayed in the scenario. High levels of abuse were associated with high BDI-II scores.

2. A significant relationship was found between BDI-II scores and sex. The mean BDI-II score for the females was significantly higher than the mean for the males.

3. A significant sex by status by scenario interaction was found. The BDI-II means in Table 14 indicate that for the victims, the BDI-II means for males in the high abuse scenario were greater than the means in the medium scenario, and the medium scenario means were greater than the low scenario means. For the victim females, the BDI-II means for the high and medium abuse scenarios were greater than the means for the low abuse scenario. For the observers, the means for the males were similar. But for the females, the BDI-II means for the high abuse scenario were greater than the means for the medium and low abuse scenarios.

The findings indicate that Hypothesis 1 was confirmed as a part of the interaction. Hypothesis 2 was likewise confirmed. Hypotheses 3 and 4 were not confirmed. Hypothesis 5 was confirmed and Hypothesis 6 was not.

Table 14 presents the BDI-II means by status, gender, and scenario.
Table 14

*Beck Depression Inventory-II Means by Status, Gender, and Scenario*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Males</th>
<th></th>
<th>Females</th>
<th></th>
<th></th>
<th>Males</th>
<th></th>
<th>Females</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>x</td>
<td>SD</td>
<td>n</td>
<td>x</td>
<td>SD</td>
<td>n</td>
<td>x</td>
<td>SD</td>
<td>n</td>
</tr>
<tr>
<td>Medium</td>
<td>32</td>
<td>17.81</td>
<td>13.75</td>
<td>35</td>
<td>23.80</td>
<td>13.21</td>
<td>27</td>
<td>15.74</td>
<td>11.19</td>
<td>37</td>
</tr>
<tr>
<td>Low</td>
<td>28</td>
<td>13.96</td>
<td>12.26</td>
<td>40</td>
<td>16.42</td>
<td>9.81</td>
<td>23</td>
<td>16.65</td>
<td>9.56</td>
<td>41</td>
</tr>
</tbody>
</table>

**Hypothesis 7.** Status as victim, observer, or neither victim nor observer will be related to attitudes toward bullying.

Chi² analyses were used to examine the relationship between status, either victim or observer, and attitudes toward bullying. The participants who were controls (neither victims nor observers) were withheld from analyses as their inclusion resulted in multiple cells with expected values of less than 5 (Downie & Heath, 1974). The Chi² analysis is used to determine if a distribution of responses differs from what would be obtained if chance alone were operating. If a significant Chi² is found, a relationship exists between variables. Results are presented below.

Table 15

*Chi² Analysis on Attitudes toward Bullying by Status*

<table>
<thead>
<tr>
<th>Issue</th>
<th>True</th>
<th>False</th>
<th>χ²</th>
<th>df</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullying is a problem in my school.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victims</td>
<td>155 (141.6)</td>
<td>42 (55.4)</td>
<td>8.97</td>
<td>1</td>
<td>.003</td>
</tr>
<tr>
<td>Observers</td>
<td>131 (144.4)</td>
<td>70 (56.6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total %</td>
<td>70.6%</td>
<td>29.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bullies have fewer friends than students who are victims.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victims</td>
<td>45 (48.1)</td>
<td>152 (148.9)</td>
<td>.53</td>
<td>1</td>
<td>.46</td>
</tr>
<tr>
<td>Observers</td>
<td>52 (48.9)</td>
<td>148 (151.1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total %</td>
<td>24.8%</td>
<td>75.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bullying often helps the victims by making them stronger.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victims</td>
<td>66 (57.1)</td>
<td>131 (139.9)</td>
<td>3.90</td>
<td>1</td>
<td>.04</td>
</tr>
<tr>
<td>Observers</td>
<td>49 (57.9)</td>
<td>151 (142.1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total %</td>
<td>28.9%</td>
<td>71.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(table continues)
<table>
<thead>
<tr>
<th>Statement</th>
<th>Victims</th>
<th>Observers</th>
<th>Total %</th>
<th>z</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullies ought to be hurt by others.</td>
<td>81 (77.7%)</td>
<td>76 (79.3%)</td>
<td>39.6%</td>
<td>.45</td>
<td>.50</td>
</tr>
<tr>
<td>If I were friendly to a student being bullied, other students would not like me as much.</td>
<td>99 (90.1%)</td>
<td>83 (91.9%)</td>
<td>45.9%</td>
<td>3.21</td>
<td>.07</td>
</tr>
<tr>
<td>Students who get bullied have it coming most of the time.</td>
<td>52 (53.0%)</td>
<td>55 (54.0%)</td>
<td>26.2%</td>
<td>.04</td>
<td>.82</td>
</tr>
<tr>
<td>Students who get bullied have as many friends as anyone else.</td>
<td>79 (71.8%)</td>
<td>66 (73.2%)</td>
<td>36.7%</td>
<td>2.26</td>
<td>.13</td>
</tr>
<tr>
<td>My teachers stopped the bullying.</td>
<td>48 (61.9%)</td>
<td>77 (63.1%)</td>
<td>31.3%</td>
<td>8.97</td>
<td>.003</td>
</tr>
</tbody>
</table>

The results indicate the following significant findings:

1. A significant result was found on the statement “Bullying is a problem in my school.” The results indicate that more victims than expected agreed and fewer observers than expected agreed.

2. A significant result was found for the statement “Bullying often helps the victims by making them stronger.” The results indicate that more victims than expected agreed and fewer observers than expected agreed.

3. A significant result was found for the statement “My teachers stopped the bullying.” The results indicate that fewer victims than expected agreed and more observers than expected agreed.
Chapter V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

The purpose of this chapter is two-fold. Its primary focus is to discuss the results of the study. This discussion will take place using the research questions and the hypotheses generated from those questions as vehicles. Upon completion of the discussion resulting from the research queries, discussion will then move to the additional data generated from the questionnaire, specifically, adolescents' attitudes and perceptions of peer abuse. Chapter V will culminate with recommendations for future study.

Research on peer abuse has confirmed its prevalence and severity. All individuals involved in peer abuse, be they victim, bully, observer, child, adolescent, or adult, are impacted by this problem. Peer abuse is a worldwide concern of significant proportions (Smith, Morita, Junger-Tas, Olweus, Catalano, & Slee, 1999). Research done by various individuals indicates that prevalence rates range from 15% (Olweus, 1993) to 80%-90% (Hoover, Oliver, & Hazler, 1992) depending upon such variables as grade and time period. The results of the present study likewise confirm its high level of prevalence with 47.8% of the participants reporting victimization over the past 2 years. It is important to note that if time parameters are removed, as in the Hoover, Oliver, and Hazler study (1992), the prevalence of peer abuse reaches extremely high proportions, for example 80%-90% versus 15%.

Observers of peer abuse are likewise high in number with rates of exposure reaching 70%-80% (Flannery & Singer, 1999). Although not quite as high, the results of this study indicate that 48.8% of the participants involved reported observing peer abuse
over the past 2 years. One must take into account that it is highly probable that this number is exceptionally low since victimization in this study automatically removed the subject from the observer category. Obviously it is possible to be both a victim and an observer of peer abuse. It is particularly noteworthy that only 3.4% of the participants involved in this project had no exposure to peer abuse of any kind over the past 2 years. Therefore 96.4% of the adolescents participating in this study had either been abused or had witnessed peer abuse over the past 2 years. Another interesting result in response to the questionnaire item focusing on frequency was that 97.9% of the participants reported having seen bullying ranging from sometimes to every day. It appears that some students responded to this question outside of the "past two years" stipulation.

The primary purpose of this study was to examine the following research questions:

1. Will participants who have been victims of peer abuse demonstrate significantly higher levels of depression than participants who have observed peer abuse and participants who were neither victims nor observers of peer abuse?

2. Will participants exposed to the high abuse scenario demonstrate significantly higher levels of depression than participants exposed to the medium abuse and low abuse scenarios?

3. Will younger participants demonstrate significantly higher levels of depression than older participants?

4. Will participants in lower grades demonstrate significantly higher levels of depression than participants in higher grades?
5. Will female participants demonstrate significantly higher levels of depression than male participants?

6. Will participants who have been bullied more frequently demonstrate significantly higher levels of depression than participants who have been bullied less frequently?

7. Will status as victim, observer, or neither victim nor observer be related to attitudes toward bullying?

These research questions translated into the following projected hypotheses:

**Hypothesis 1.** Significant mean differences in depression will be found based on status. Participants who have been victims of peer abuse will demonstrate higher levels of depression than participants who observe peer abuse and participants who were neither victims nor observers of peer abuse.

**Hypothesis 2.** Significant differences in depression will be found based on the level of abuse displayed in the scenario. Participants in the high abuse scenario will demonstrate a significantly higher level of depression than the medium and low abuse scenarios. Participants in the medium abuse scenario will demonstrate a significantly higher level of depression than participants in the low abuse scenario.

**Hypothesis 3.** Significant differences in depression will be found based on age. Younger participants will demonstrate higher levels of depression than older participants.

**Hypothesis 4.** Significant differences in depression will be found based on grade. Participants in lower grades will demonstrate higher levels of depression than participants in higher grades.
Hypothesis 5. Significant differences in depression will be found based on gender. Female participants will demonstrate significantly higher levels of depression than male participants.

Hypothesis 6. The frequency of bullying is related to depression. Participants who have been bullied more frequently will demonstrate significantly higher levels of depression than participants who have been bullied less frequently.

Hypothesis 7. Status as victim, observer, or neither victim nor observer will be related to attitudes toward bullying.

Status of victim, observer or nonvictim/nonobserver significantly impacted on level of depression. Victims of peer abuse rated the victim of their scenario higher in depressive behavior than observers and nonvictims/nonobservers; observers of peer abuse rated the victim of their scenario higher in depressive behavior than nonvictims/nonobservers. One’s level of exposure to peer abuse is positively correlated to the depressive symptomatology projected upon the victims in the scenarios.

Level of abuse also significantly impacted upon level of depression. Participants in the high abuse scenario demonstrated a significantly higher level of depression than the medium and low abuse scenarios; participants in the medium abuse scenario subsequently demonstrated a significantly higher level of depression than participants in the low abuse scenario. Therefore, level of abuse was positively correlated to the depressive behavior projected upon the victims in the scenarios.

Hypotheses 3 and 4 did not produce any significant differences. Hypothesis 3 focused on age postulating that younger participants would exhibit significantly higher levels of depression than older participants. And similarly, Hypothesis 4, which focused
on grade, postulated that lower grade participants would exhibit significantly higher levels of depression than upper grade participants. It is not surprising that no significant differences resulted in these two categories since adolescent depression typically does not become an issue until approximately age 14, the onset of puberty. However, it was this researcher’s belief that such a difference might exist because the severity and prevalence of peer abuse is at its peak during the middle school years. In addition, when one takes into account the developmental immaturity of this younger age group with less developed social skills and self-concepts, these variables appeared worthy of investigation.

Gender differences were the focus of Hypothesis 5 which postulated that female participants would demonstrate significantly higher levels of depression than male participants. Research has consistently indicated that levels of depression are higher in females than males. Therefore, females demonstrating significantly higher levels of depression was anticipated and further confirms previous research.

Hypothesis 6 stated that frequency of bullying would be related to depression. Specifically, participants who have been bullied more frequently will demonstrate higher levels of depression than participants who have been bullied less frequently. This hypothesis was not confirmed in that there were no significant differences among the participants.

Hypothesis 7 examined the relationship of status, either victim or observer, and attitudes toward bullying. The results indicated the following significant findings:

1. A significant result was found on the statement “Bullying is a problem in my school.” The results indicate that more victims than expected agreed and fewer observers than expected agreed. Bullying is obviously a more profound problem to victims than
observers. Over 70% (70.6%) of the participants involved in the study indicated that bullying in their school was a problem.

2. A significant result was found for the statement “Bullying often helps the victims by making them stronger.” The results indicate that more victims than expected agreed and fewer observers than expected agreed. It appears that victims of peer abuse believe the experience of peer abuse has made them stronger, while observers definitely believe it does not make victims stronger. Despite this opinion on part of the victims, it is noteworthy that 50.7% of those participants who had been bullied indicated that it sometimes made them feel sad, 24.7% indicated that bullying made it hard to get along with others, and 22.0% indicated that it made them feel sick. These responses were in relation to how they were feeling at the time of the bullying. When asked about current problems, 22.9% indicated that they still hurt emotionally because of it and once again the ability to get along with others was impacted with 15.2% indicating that they had difficulty in this area.

3. A significant result was found for the statement “My teachers stopped the bullying.” The results indicate that fewer victims than expected agreed and more observers than expected agreed. This finding seems to indicate that teachers are doing something to stop the bullying based on the responses of the observers, but in the eyes of the victim, their attempts are clearly inadequate and amount to next to nothing. Alarmingly, less than 1/3 of the participants (31.3%) indicated that their teachers stopped the bullying.

Some additional findings of a noteworthy nature are as follows. Most students do not attempt to try to stop bullying: 57% of the participants rarely or never
observe other students trying to stop bullying and nearly 50% of the participants did nothing when they observed bullying. There appears to be serious concern about befriending a youngster who is being bullied. Nearly one half of the participants, 45.9% indicated they would not be liked by other students if their friend were being bullied. The most frequent forms of bullying were teasing (68.2%), calling nasty names (61.9%), and spreading rumors (32.7%). Males were bullied mostly by males (81.0%) and females were bullied by both males and females (50.9%) which is consistent with current research.

Generalizability

It should be noted that gender and age/grade were more equally distributed in the present study. In Carney's study (1997), more than half the participants were female (135 females and 65 males). Participants in the present study (N=412) included 176 males (42.7%) and 236 females (57.3%). Participants in Carney's study (N=201) were predominantly middle school students with a mean age of 13.8 from an age range of 13-17. The present study resulted in a mean age of 15.09 from an age range of 12-19. The participants were primarily Caucasian (83.2%) from a suburban school in northwestern New Jersey which clearly limits the generalizability of this study.

Recommendations for Future Research

Peer abuse and adolescent depression are serious problems our young people deal with in today's world. The interface between these two issues is considerable. They are closely connected in that risk factors for victimization for peer abuse and depression tremendously overlap. Often times the rejection, isolation, loneliness, and trauma of peer abuse lead to depression. At other times, a depressed youngster may appear to be easy
prey to an aggressive schoolmate. Each of these scenarios brings long lasting negative results. Continued research in these areas is very much needed in order to further our understanding and to develop effective interventions to ameliorate and/or ideally curtail this torment which may lead to violence.

Although the present study has produced results which are of significance to the study of peer abuse and depression, some aspects of it may have been done differently. Ross (1996) indicated that the lack of a universal definition of peer abuse posed a significant challenge to researchers in this area. The survey used in the present study placed a time limitation on the peer abuse experienced by the adolescent. In order to be placed in the victim category, the participant needed to have experienced peer abuse within the past 2 years. Participants had difficulty with this stipulation. It is questionable as to whether this limitation is productive or relevant. If one is doing research on adolescent peer abuse why not explore this topic throughout the entire developmental period of adolescence rather than the past 2 years. Participants in many cases abided by the stipulation and identified themselves appropriately, but when they moved further into the questionnaire, if they had been victimized, they lost sight of this stipulation and responded in regard to their personal experiences with bullying.

The survey employed in this study explored many important aspects of peer abuse. At times however the choices in the response categories were extremely broad based and numerous, resulting in an opportunity for misinterpretation. A more narrow focus in each of the categories through further refinement of the questions may be helpful.
Research among teachers, counselors, and other school staff would be extremely beneficial. What do teachers, counselors, and other school staff do when they observe peer abuse? Perhaps the scenarios used in the present study could be presented to school personnel with the goal of ascertaining what these adults would do in each of these situations. It is possible that these adults are in fact doing something, but what they are choosing to do is ineffective or unperceived by the victims of peer abuse. Perceptions of peer abuse from teachers, counselors, and other school staff would be relevant and informative.

Research which specifically focuses on the perceptions of victims is needed. Victims certainly indicate that little is done to assist them when they are faced with the trauma of peer abuse. Perhaps each of these scenarios could be presented to victims of peer abuse with the goal of determining what these youngsters would perceive to be helpful and/or supportive on part of teachers, counselors and other school personnel. The victims in the present study indicated that teachers did very little if nothing at all to stop the bullying they experienced; yet, observers indicated that some teachers did attempt to stop the bullying. What do the victims of peer abuse need in order for them to feel supported by their teachers?

Research on sexual peer abuse is very scant. This topic appears to be almost too controversial to address. The limited research that exists however indicates that this is a problem of significant proportions. It also is more damaging in its effects. Research on adolescent and adult perceptions of sexual peer abuse is very much needed. Questionnaires, surveys and other research tools sorely need to be developed for implementation in this area.
Carney (1997) investigated the interface of peer abuse and suicidal behavior. Research in this area continues to be minimal. Controversy surrounds this area of study in that research on adolescent suicide often places young participants at risk. Although this may be the case, it is important that research in this area still progress because of the serious consequences connected to peer abuse and suicidal behavior.

Research conducted among all individuals involved in this issue is of vital importance. Teachers, counselors, administrators, other school personnel, parents, victims, bullies, and observers all play significant roles. With continued research, strategies and workshops could be developed in order to assist these individuals through a more in-depth understanding of peer abuse and its results. One does not require another headline similar to the tragedy of Columbine High School to emphasize the tremendous need for continued work in this area. Peer abuse brings with it serious results. Depression; long standing impact on future relationships; erosion of self-confidence and self-esteem; suicide and homicide are significant prices for our youngsters to pay.


**Statistics in brief.** Washington, DC: U.S. Department of Education.

National Institute of Mental Health. (2000). *Child and adolescent violence research at the National Institute of Mental Health.* Bethesda, MD.


Reid, K. (1989). Bullying and persistent school absenteeism. In D. Tatum & D. Lane (Eds.), *Bullying in schools* (pp. 89-94), Stoke-on-Trent: Trentham.


Roland, E. (1989). Bullying: The Scandinavian research tradition. In D. Tatum & D. Lane (Eds.), *Bullying in schools* (pp. 21-32), Stoke-on-Trent: Trentham.


Appendix A

Pilot Study Forms
Standard Statement for Students and Teachers

The following instructions will be read to students and teachers when the study is first introduced and parental permission and student assent forms are distributed.

Standard Statement

My name is Jacqueline Moore and I am seeking your assistance today in helping me conduct a study on adolescent peer abuse, a problem that many adolescents commonly face. As a guidance counselor here at West Essex Regional, I frequently help students deal with peer abuse and its aftermath. Your cooperation and participation in this study are important because the information obtained from this study may help us develop a better understanding of peer abuse and its impact on teenagers. Like you, I am also a student. I am presently enrolled as a doctoral student in the Clinical Psychology Doctoral Program at Seton Hall University in South Orange, New Jersey. I am conducting this study for my doctoral dissertation. This study has been approved by our school administrators.

Your participation in this study is voluntary and anonymous. Your grade or school standing will not be influenced in any way whether or not you choose to participate in this project. You will be asked to respond to two questionnaires. Your responses will be anonymous. You will not put your names on any forms. School personnel and your parents will not see any of your answers.

If you agree to participate and then later feel uncomfortable about answering any of the questions, you may stop at any time. You will be asked to complete the questionnaires here at school. It will take approximately 30-40 minutes to complete.
I will distribute Parental Consent Forms and Student Assent Forms for you to take home to your parents. An explanation of the study will be included. Those students who have been granted parental permission and wish to participate are to return the signed permission form and student assent form to their English teachers tomorrow. Your involvement in this research project is important so I hope you will agree to participate. Thank you in advance for your assistance and cooperation.
Pilot Study Parental Permission Cover Letter

Dear Parents,

My name is Jacqueline Moore. I am a doctoral student enrolled in the School of Education and Human Services' Clinical Psychology Doctoral Program at Seton Hall University in South Orange, New Jersey. I am conducting a study for use in my doctoral dissertation. The focus of this study is peer abuse or "bullying" and its impact on adolescents, especially in relation to depression.

As a guidance counselor here at West Essex Regional, I frequently help students deal with peer abuse and its aftermath. Peer abuse has become a serious concern. It has become an ever present issue in our society today. Our school administrators agree and have granted their permission for this study to be conducted. In order to conduct this study, I need the cooperation and participation of students from the junior and senior high schools. The purpose of this letter is to provide you with information and to request that you give your son or daughter permission to participate. Your cooperation and assistance are important because the more we know about what really troubles our young people, the more parents, schools, mental health professionals, and community organizations can develop programs to help our youth.

Prior to conducting the actual research project, a pilot study needs to be conducted in order to validate materials used in the project. Your son/daughter is being asked to participate in this preliminary aspect of the research. Each participating student will receive a direction sheet containing basic questions about age and sex as well as five fictitious scenarios depicting a student being bullied at school. They will also be asked some questions about the fictitious stories. Participation in this study is strictly voluntary and anonymous. In other words, your child's grade or school standing will not be influenced in any way whether or not he/she chooses to be a part of this research endeavor. In order to guarantee anonymity, students will be requested NOT TO PUT THEIR NAMES ON THE QUESTIONNAIRE. Your child may withdraw from answering the questions at any time. Responses will not be shared with school personnel or parents. Information obtained from the study will be reported only as grouped data in order to maintain confidentiality of the students and district. Participation in the pilot study will take 30-40 minutes.

School personnel and I will be available to answer any questions that your child might have about the study, as well as to discuss their feelings about the issues. Once again, the information obtained will be anonymous, strictly confidential, and will be reported as aggregate data in order to protect the identities of the students and the school district. School counselors will be available and students may end their participation at any time.
If you have any questions, please feel free to contact me: Jacqueline Moore, West Essex Regional Senior High School Guidance Department, (973) 228-1200, Ext. 220 during the hours of 8:00 AM to 3:00 PM. I sincerely hope you will take this opportunity to allow your son or daughter to contribute to this important research endeavor. Thank you very much in advance for your assistance and cooperation. Those students who have been granted parental permission and who wish to participate are to return the signed Parental Consent Form and Student Assent Form to their English teachers tomorrow.

Please do not hesitate to contact me should you have any questions or concerns.

Sincerely,

Jacqueline Moore, Ed. S.

Parental Permission Form

Please read, fill in child’s name and sign below. Return to your child’s English teacher.

I give ______________________ (child’s name) permission to participate in the study.

I do not give ______________________ (child’s name) permission to participate in the study.

This project has been reviewed and approved by the Seton Hall University Institutional Review Board for Human Subjects Research. The IRB believes that the research procedures adequately safeguard the subject’s privacy, welfare, civil liberties, and rights. The Chairperson of the IRB may be reached through the Office of Grants and Research Services. The telephone number of the Office is (973) 378-9809.

I have read the letter and statement above, and any questions I asked have been answered to my satisfaction. I give/do not give (please circle one) my child permission to participate in this activity, realizing that he/she may withdraw without prejudice at any time.

X ___________________________ __________________________
Parent’s Signature Date
Pilot Study Student Assent Cover Letter

Dear Students,

My name is Jacqueline Moore. I am a doctoral student enrolled in the School of Education and Human Services’ Clinical Psychology Doctoral Program at Seton Hall University in South Orange, New Jersey. I am conducting a study for use in my doctoral dissertation. The focus of this study is peer abuse or “bullying” and its impact on adolescents, especially in relation to depression.

As a guidance counselor here at West Essex Regional, I frequently help students deal with peer abuse and its aftermath. Peer abuse has become a serious concern. It has become an ever present issue in our society today. Our school administrators agree and have granted their permission for this study to be conducted. In order to conduct this study, I need the cooperation and participation of students from the junior and senior high schools. The purpose of this letter is to provide you with information and to request that you participate. Your cooperation and assistance are important because the more we know about what really troubles our young people, the more parents, schools, mental health professionals, and community organizations can develop programs to help our youth.

Prior to conducting the actual research project, a pilot study needs to be conducted in order to validate materials used in the project. You are being asked to participate in this preliminary aspect of the research. Each participating student will receive a direction sheet containing basic questions about age and sex as well as five fictitious scenarios depicting a student being bullied at school. You will also be asked some questions about the fictitious stories. Participation in this study is strictly voluntary and anonymous. In other words, your grade or school standing will not be influenced in any way whether or not you choose to be a part of this research endeavor. In order to guarantee anonymity, students will be requested NOT TO PUT THEIR NAMES ON THE QUESTIONNAIRE. You may withdraw from answering the questions at any time. Responses will not be shared with school personnel or parents. Information obtained from the study will be reported only as grouped data in order to maintain confidentiality of the students and district. Participation in the pilot study will take 30-40 minutes.

School personnel and I will be available to answer any questions you might have about the study, as well as to discuss your feelings about the issues. Once again, the information obtained will be anonymous, strictly confidential, and will be reported as aggregate data in order to protect the identities of the students and the school district. School counselors will be available and you may end your participation at any time.

If you have any questions, please feel free to contact me: Jacqueline Moore, West Essex Regional Senior High School Guidance Department, (973) 228-1200, Ext. 220 during the hours of 8:00 AM to 3:00 PM. I sincerely hope you will take this opportunity to contribute to this research endeavor. Thank you very much in advance for your assistance and cooperation. If you have been granted parental permission and wish to
participate return the signed Parental Consent Form and Student Assent Form to your English teacher tomorrow.

Please do not hesitate to contact me should you have any questions or concerns.

Sincerely,

Jacqueline Moore, Ed. S.

Student Assent Form

Please read, fill in and sign below. Return to your English teacher.

I, _____________________, (your name) wish to participate in the study.

I, _____________________, (your name) do not wish to participate in the study.

This project has been reviewed and approved by the Seton Hall University Institutional Review Board for Human Participants Research. The IRB believes that the research procedures adequately safeguard the subject’s privacy, welfare, civil liberties and rights. The Chairperson of the IRB may be reached through the Office of Grants and Research Services. The telephone number of the office is (973)378-9809.

I have read the letter and statement above, and any questions I asked have been answered to my satisfaction. I agree/do not agree (please circle one) to participate in this activity, realizing that I may withdraw without prejudice at any time.

X ________________________________
Student’s/Participant’s Signature       Date
PLEASE DO NOT PUT YOUR NAME ON THIS PACKET.

Age_______

Sex_______

Directions: Read each of the five fictitious scenarios. After you have finished reading, categorize them according to severity using 1 = least serious, 2 = slightly serious, 3 = moderately serious, 4 = very serious, and 5 = extremely serious. Please place the number 1, 2, 3, 4, or 5 on each sheet. You may not use a number twice. In a sentence or two, please explain why you numbered each story as you did. Lastly, transfer your numbered choices to the bottom of this sheet in the spaces provided. Upon completion, please turn in and remain quiet.

Thank you so much for your help today. I very much appreciate it!

STORY 1_______
STORY 2_______
STORY 3_______
STORY 4_______
STORY 5_______
STORY 1

RICKI AND SHANNON

Shannon confronts Ricki on the sidewalk when they arrive at school in the morning. "Hey, Fat Stuff, how much money did mommy give you today? I think you need to be on a diet."

The kids hanging around with Shannon laugh, make noises and call Ricki names. Ricki tries to walk past the gang of kids as quickly as possible. "I'll just keep my head down and hope no one pays attention to me." For Ricki, the embarrassment is as bad as the actual confrontation.

Shannon leaves the gang of friends in order to catch up with Ricki. Shannon gets in Ricki's face grabbing both arms and pushing hard. "Let's go over here where we can be alone and talk about sharing that money."

Around the corner Shannon hits Ricki hard in the stomach. Ricki is doubled over and gasping for breath. So Ricki does not resist when Shannon takes the money from a pants pocket. This has happened to Ricki many times before. Shannon embarrasses Ricki like this or takes Ricki's money often. Ricki worries about it every day.
STORY 2

PEGGY AND REBECCA

Peggy and Rebecca have been friends since third grade. They spend a great deal of time together. They like the same music, the same clothes, and share the same circle of close friends. Unfortunately, they also both like the same guy. Good looking, athletic, and well-liked, Pete is the kind of guy any girl would be crazy about. All the girls give him special attention—especially lately with the school dance only a month away.

Despite their close friendship, Peggy has always felt she’s had an edge over Rebecca. Taller, funnier, and prettier, Peggy believes there’s just no contest between the two of them. Peggy gets more attention and is generally more popular.

Well, three weeks before the dance, Rebecca gets a call from Pete. “Hi, Rebecca. I was wondering if you might be interested in going to the school dance with me.” Rebecca can’t believe this is happening. She starts to stutter but somehow manages to get out the words “Oh, sure, I’d really like that.” A conversation begins and they make their initial plans.

Rebecca can’t wait to tell Peggy. She calls her as soon as she hangs up with Pete. Peggy is silent after Rebecca shares the news. Eventually she manages to make some small talk. She then tells Rebecca she has to go because dinner is ready and promises to call Rebecca back. She never does. Rebecca tries to reach Peggy, but the phone is constantly busy. The next day at school Rebecca finally gets the picture.

All of the girls in Rebecca’s circle of friends give her the cold shoulder. Peggy confronts her in homeroom in front of most of them and tells her their friendship is over. “I can’t believe you told Pete you would go to the dance with him. John told me last
week that Pete was asking questions about me. John said he thought Pete was thinking about asking me to the dance. I can’t believe you did this to me. Our friendship is over---you’re a loser anyway. I can’t believe I’ve hung around with you all this time. I guess I just felt sorry for you!” Rebecca is shocked. She thought Peggy would be happy for her. Boy, was she wrong!

At lunch, none of the girls would speak to her. They made plans together so she could hear and purposely excluded her. Rebecca got up to go to the girls’ room. When she returned, everyone’s garbage was now on her lunch tray and the girls had left. She had seen this happen before, but always to someone else. She knew what was to follow, but she didn’t know how much it would hurt her.

Rebecca couldn’t wait for the day to end—and it was only Tuesday! She had no idea how she’d make it through the rest of the day, never mind the whole week. She didn’t know what to do and she didn’t have anyone to go to. She knew it would get worse, much worse! It took all of her self-control to keep from bursting out in tears right there in the cafeteria.
STORY 3

JOHNNY AND MIKE

Johnny dreaded the end of the holiday break. When Johnny entered Central High last year, he hoped he would have a new beginning, but unfortunately that was not the case. Here he was once again terrified to go back to school.

Johnny wondered why he wasn’t used to it by now. Always smaller than the other boys, Johnny couldn’t remember a grade when he wasn’t bullied. Thin and quiet, Johnny was the primary target for Mike, captain of the wrestling team, and his cronies. Every day they mercilessly teased and abused him. In almost every class “Wimp, Homo, Loser,” the names went on and on. In the cafeteria they’d cut in on him while on line. They’d push him, step on his toes or his heels, depending on where they were in line. Sometimes one guy would be in front of him and another behind. They’d knock his tray over so he’d spill his food. Then they would draw everyone’s attention by calling him a “klutz.” Mike, of course, was the worst and he lived for gym class. Johnny was most terrified while in the locker room. Anything could happen, and almost everything imaginable did. He didn’t know what to do.

Johnny tried telling his parents, but his father’s reaction was “Stop being such a sissy! Stand up for yourself.” Johnny’s mother suggested that Johnny tell his teachers when trouble was beginning. Johnny had tried that, but it only made matters worse. The locker room would become a torture chamber. He knew he couldn’t make it through another episode like that.

Johnny knew things had never really been worse. He was doing poorly in school. He just couldn’t concentrate. He felt threatened constantly and was always on guard. He
would often have nightmares waking up in the middle of the night in a cold sweat. He was also getting sick sometimes suffering with nausea or stomach cramps. He didn’t know how he’d make it to the end of the year. It was only January!
STORY 4

JAIME AND GERRY

Jaime and Gerry have been friends for three years. They really got to know one another while on the cross-country track team. Now they both hang out with the same group of friends. Truth is Jaime and Gerry are opposites. Jaime is short and Gerry is tall. Jaime is quiet and Gerry is loud. Jaime is shy and Gerry is popular. Despite Jaime’s height, he’s much faster on the track team than Gerry. Sometimes Gerry has a hard time accepting this.

Gerry gets angry and starts to tease Jaime. Sometimes the other kids in their group join in. Jaime doesn’t like being called “shrimp” and “peewee”, but overall his relations with the group are pretty decent. Yeah, once the teasing starts, it’s hard for Jaime. Often times it can go on for quite a while because Gerry’s influence in the group is pretty powerful.

Most of the kids think “it’s just plain funny” and they say they’re not really teasing Jaime out of meanness. They’re “just having fun.” Nonetheless, Jaime hates it when it happens, but he keeps in mind that his friends include him in all they do. He does have a lot in common with them. And it sure beats being by himself. He simply wishes they’d choose somebody else to pick on some of the time.
STORY 5

ANTHONY AND THOMAS

Thomas was waving his hand at the teacher again, frantic for her to call on him. When Thomas knew the answer to a question, he became very excited. Anthony, a classmate who sat behind him, whispered something just loud enough for Thomas to hear, “Not you again, you geek! Put your hand down and keep quiet for once.”

Thomas is a shy boy who pretty much stays by himself. He is scared of Anthony, but loves to answer questions in class. When Anthony starts to give Thomas a hard time, Thomas always wishes he had the courage to say or do something to Anthony in return. Most of the time, Anthony’s bullying is successful and Thomas slowly lowers his hand and places it at his side. Then Thomas thinks about all of the things he wants to say to Anthony. Thomas usually doesn’t participate any more that day. He really wishes Anthony would leave him alone.

The next day, the trouble starts all over again. The only time Thomas has peace is when Anthony is absent from school.
Appendix B

Research Study Forms
Research Study Parental Permission Cover Letter

Dear Parents,

My name is Jacqueline Moore. I am a doctoral student enrolled in the School of Education and Human Services’ Clinical Psychology Doctoral Program at Seton Hall University in South Orange, New Jersey. I am conducting a study for use in my doctoral dissertation. The focus of this study is peer abuse or “bullying” and its impact on adolescents, especially in relation to depression.

As a guidance counselor at West Essex Regional, I frequently help students deal with peer abuse and its aftermath. Peer abuse has become a serious concern. It has become an ever present issue in our society today. School administrators have granted their permission for this study to be conducted. In order to conduct this study, I need the cooperation and participation of students from the junior and senior high schools. The purpose of this letter is to provide you with information and to request that you give your son or daughter permission to participate. Your cooperation and assistance are important because the more we know about what really troubles our young people, the more parents, schools, mental health professionals, and community organizations can develop programs to help our youth.

Each participating student will receive a questionnaire. Participation in this study is strictly voluntary and anonymous. In other words, your child’s grade or school standing will not be influenced in any way whether or not he/she chooses to be a part of this research endeavor. In order to guarantee anonymity, students will be requested NOT TO PUT THEIR NAMES ON THE QUESTIONNAIRE. Your child may withdraw from answering the questions at any time. Responses will not be shared with school personnel or parents. Information obtained from the study will be reported only as grouped data in order to maintain confidentiality.

All students who have been granted parental permission and wish to participate in this study will be given a questionnaire that should take no longer than 30-40 minutes to complete. The students will be asked to provide the following demographic data: age, sex, grade level, and race. They will also be asked questions about their experiences with peer abuse over the past 2 years. They will then read a fictitious story about a student bullied at school. Upon completion of the reading of the story, students will be asked to respond to several questions concerning how the “fictitious student” might feel in the situation described. This questionnaire will be used to measure emotional response to the story.

School personnel and I will be available to answer any questions that your child might have about the questionnaire, as well as to discuss his/her feelings about the issues. Once again, the information obtained will be anonymous, strictly confidential, and will be reported as aggregate data in order to protect the identities of the students and the school district. School counselors and I will be available and students may end their participation at any time.
If you have any questions, please feel free to contact me: Jacqueline Moore, West Essex Regional Senior High School Guidance Department, (973) 228-1200, Ext. 220 during the hours of 8:00 AM to 3:00 PM. I sincerely hope you will take this opportunity to allow your son or daughter to contribute to this research endeavor. Thank you very much in advance for your assistance and cooperation. Those students who have been granted parental permission and who wish to participate are to return the signed Parental Consent Form and Student Assent Form to their English teachers tomorrow.

Please do not hesitate to contact me should you have any questions or concerns.

Sincerely,

Jacqueline Moore, Ed. S.

Parental Permission Form
Please read, fill in child’s name and sign below. Return to your child’s English teacher.
I give ____________________ (child’s name) permission to participate in the study.
I do not give ____________________ (child’s name) permission to participate in the study.

This project has been reviewed and approved by the Seton Hall University Institutional Review Board for Human Participants Research. The IRB believes that the research procedures adequately safeguard the subject’s privacy, welfare, civil liberties, and rights. The Chairperson of the IRB may be reached through the Office of Grants and Research Services. The telephone number of the Office is (973)378-9809.

I have read the letter and statement above, and any questions I asked have been answered to my satisfaction. I give/do not give (please circle one) my child permission to participate in this activity, realizing that he/she may withdraw without prejudice at any time.

X__________________________________________
Parent’s Signature     Date
Research Study Student Assent Cover Letter

Dear Students,

My name is Jacqueline Moore. I am a doctoral student enrolled in the School of Education and Human Services' Clinical Psychology Doctoral Program at Seton Hall University in South Orange, New Jersey. I am conducting a study for use in my doctoral dissertation. The focus of this study is peer abuse or “bullying” and its impact on adolescents, especially in relation to depression.

As a guidance counselor at West Essex Regional, I frequently help students deal with peer abuse and its aftermath. Peer abuse has become a serious concern. It has become an ever present issue in our society today. School administrators have granted their permission for this study to be conducted. In order to conduct this study, I need the cooperation and participation of students from the junior and senior high schools. The purpose of this letter is to provide you with information and to request that you participate. Your cooperation and assistance are important because the more we know about what really troubles our young people, the more parents, schools, mental health professionals, and community organizations can develop programs to help our youth.

Each participating student will receive a questionnaire. Participation in this study is strictly voluntary and anonymous. In other words, your grade or school standing will not be influenced in any way whether or not you choose to be a part of this research endeavor. In order to guarantee anonymity, you will be requested NOT TO PUT YOUR NAME ON THE QUESTIONNAIRE. You may withdraw from answering the questions at any time. Responses will not be shared with school personnel or parents. Information obtained from the study will be reported only as grouped data in order to maintain confidentiality of the students and district.

All students who have been granted parental permission and wish to participate in this study will be given a questionnaire that should take no longer than 30-40 minutes to complete. You will be asked to provide the following demographic data: age, sex, grade level, and race. You will also be asked questions about your experiences with peer abuse over the past 2 years. You will then read a fictitious story about a student bullied at school. Upon completion of the reading of the story, you will be asked to respond to several questions concerning how the “fictitious student” might feel in the situation described. This questionnaire will be used to measure emotional response to the story.

School personnel and I will be available to answer any questions that you might have about the questionnaire, as well as to discuss your feelings about the issues. Once again, the information obtained will be anonymous, strictly confidential, and will be reported as aggregate data in order to protect the identities of the students and the school district. School counselors and I will be available and you may end your participation at any time.
If you have any questions, please feel free to contact me: Jacqueline Moore, West Essex Regional Senior High School Guidance Department, (973) 228-1200, Ext. 220 during the hours of 8:00 AM to 3:00 PM. I sincerely hope you will take this opportunity to contribute to this research endeavor. Thank you very much in advance for your assistance and cooperation. If you have been granted parental permission and wish to participate, please return the signed Parental Consent Form and Student Assent Form to your English teacher tomorrow.

Please do not hesitate to contact me should you have any questions or concerns.

Sincerely,

Jacqueline Moore, Ed. S.

Student Assent Form

Please read, fill in and sign below. Return to your English teacher.

I, ___________________________,(your name) wish to participate in the study.

I, ___________________________,(your name) do not wish to participate in the study.

This project has been reviewed and Approved by the Seton Hall University Institutional Review Board for Human Participants Research. The IRB believes that the research procedures adequately safeguard the subject’s privacy, welfare, civil liberties and rights. The Chairperson of the IRB may be reached through the Office of Grants and Research Services. The telephone number of the office is (973)378-9809.

I have read the letter and statement above, and any questions I asked have been answered to my satisfaction. I agree/do not agree (please circle one) to participate in this activity, realizing that I may withdraw without prejudice at any time.

X

Student’s/Participant’s Signature ___________________________ Date ___________________________
PEER ABUSE RESEARCH PACKET

DO NOT WRITE YOUR NAME ON ANY OF THE FOLLOWING DOCUMENTS.
Cover Letter on Research Packet

My name is Jacqueline Moore and I am seeking your assistance today in helping me conduct a study on adolescent peer abuse, a problem that many adolescents commonly face. As a guidance counselor at West Essex Regional, I frequently help students deal with peer abuse and its aftermath. Your cooperation and participation in this study are important because the information obtained from this study may help us develop a better understanding of peer abuse and its impact on teenagers. I am a doctoral student enrolled in the School of Education and Human Services’ Clinical Psychology Doctoral Program at Seton Hall University in South Orange, New Jersey. This study is being conducted by me for use in my doctoral dissertation.

Your participation in this study is voluntary and anonymous. In other words, your grade or school standing will not be influenced in any way whether or not you choose to participate in this project. Your participation in this study involves responding to two questionnaires. Your responses to the questionnaires will be completely anonymous. School personnel and your parents will not see any of your answers. Please do not write your name on any of the pages. If at any time during this session you don’t feel comfortable responding to the questions, you may stop. Your counselors are available should you need to speak with them.

Your cooperation and participation in this study are greatly appreciated. Thank you.

PLEASE DO NOT PUT YOUR NAMES ON THE QUESTIONNAIRES.
Research Questionnaire

SCHOOL BULLYING SURVEY

THIS SURVEY IS VOLUNTARY. YOU MAY STOP AT ANY TIME YOU DESIRE IF YOU DO NOT LIKE THE SURVEY.

INSTRUCTIONS: In this survey you will be asked questions about being bullied and about observing other students being bullied. Most of the questions are about your experiences in school during the past two years. By the word “bullying” we mean:

(1) repeated (not just once) harm to others by hurting others’ feelings through words or by attacking and physically hurting others;
(2) it may be done by one person or by a group;
(3) it happens on the school grounds or on the way to and from school;
(4) and it is an unfair match (for example: the person doing the bullying is physically stronger or better with words or making friends than the person being bullied).

DO NOT PUT YOUR NAME ON THIS SURVEY. No one will know how you answered these questions. It is important that you answer carefully and tell how you really feel. Sometimes it is hard to decide what to answer. Just give your best answer.

Please answer the following two questions by checking the correct response.

I. Based on the above definition of bullying, during the past two years, I have been a victim of a bully or bullies. _____ YES _____ NO

II. Based on the definition above, during the past two years I have observed others being bullied. _____ YES _____ NO

Research Questionnaire

1. Age: _____

2. Grade: _____

3. Sex: Male Female (Circle one)

4. Racial/Ethnic Identity
   A. African American
   B. American Indian
   C. Asian/Pacific Islander
   D. Hispanic
   E. Caucasian
   F. Other _____ (specify)

About Being Bullied Yourself

5. How often have you been bullied in school in the past two years? (Circle one)
   A. I have not been bullied in school in the past two years.
   B. It has only happened once or twice.
   C. Sometimes
   D. About once a week
   E. Several times a week

If you answered “A” I have not been bullied in the past two years, GO TO QUESTION 11. If you answered B, C, D, or E, please continue with question 6.
6. In what way(s) have you been bullied at school in the past two years? (Circle all the things that have happened to you.)
   A. I have not been bullied in school in the past two years.
   B. I was called nasty names about my race/ethnic background.
   C. I was called nasty names about other things.
   D. I was kicked or hit.
   E. They tried to scare me and tell me that they would hurt me.
   F. No one would talk to me.
   G. I had rumors spread about me.
   H. I had my belongings taken away from me.
   I. I was teased.
   J. I was bullied in another way. (TELL HOW) ________________________

7. If you were bullied in the past two years, why do you think you were? (PUT #1 BY THE BIGGEST REASON YOU WERE BULLIED; PUT #2 BY THE NEXT BIGGEST REASON; AND #3 BY THE NEXT BIGGEST REASON.)
   The clothes I wore ______
   I didn't fit in ______
   I was too heavy ______
   I was too weak ______
   I made good grades ______
   I made bad grades ______
   Who my friends were ______
   The way my face looked ______
   I was short tempered ______
   I cried or was too emotional ______
   My family was too poor/too rich ______
   I was in special education ______
   Some other reason (TELL WHAT) ________________________

8. If you were bullied during the past two years, what problems, if any, did it cause? (Circle as many letters as are correct for you.)
   A. I was not bullied in the past two years.
   B. It made me feel sick sometimes.
   C. It made it hard for me to get along with others or caused me to lose friends.
   D. It sometimes made me feel very sad.
   E. It caused problems with my learning.
   F. It caused problems with my teachers.
   G. It caused problems with my parents.
   H. It did not cause me any problems.
   I. Some other problem ________________________

9. What effect has being bullied had on your current life? (Circle as many as appropriate.)
   A. I'm stronger because of it.
   B. I still don't get along with others as well as I could.
   C. I still hurt emotionally because of it.
   D. My academic achievement has suffered because of it.
   E. I still have problems with parents or other family members because of it.
   F. It has caused me no problems that continue until today.
   G. Other effects ________________________

10. If you have been bullied, were you bullied by a female or female?
    A. Male
    B. Female
    C. Both males and females
About Observing Bullying

11. How often did you see other students being bullied in school in the past two years? (CIRCLE ONE)
   A. I have not seen other students being bullied in the past two years.
   B. I have seen bullying sometimes in the past two years.
   C. I have seen bullying a lot in the past two years.
   D. I have seen bullying every day in the past two years.

12. How often did other students try to stop a student from bullying another student at school? (CIRCLE ONE)
   A. Never
   B. Rarely
   C. Sometimes
   D. Frequently
   E. Almost always

13. What did you usually do when you saw someone your age being bullied at school? (CIRCLE ONE)
   A. I never saw anyone being bullied.
   B. Nothing, it was none of my business.
   C. Nothing, I wanted to but didn’t know how to help.
   D. Nothing, I was afraid.
   E. I tried to help in some way but was rarely successful.
   F. I tried to help in some way and was often successful.

What Do You Think About Bullying? (CIRCLE TRUE OR FALSE)

14. Bullying is a problem in my school.
   A. True
   B. False

15. Bullies have fewer friends than students who are victims.
   A. True
   B. False

16. Bullying often helps the victims by making them “tougher.”
   A. True
   B. False

17. Bullies ought to be hurt by others.
   A. True
   B. False

18. If I were friendly with a student who was often bullied, other kids would not like me as much.
   A. True
   B. False

19. Students who get bullied have it coming most of the time.
   A. True
   B. False

20. Students who get bullied have as many friends as anyone else.
   A. True
   B. False

21. My teachers stopped the bullying.
   A. True
   B. False

(Survey adapted by JoLynn V. Carney from Richard J. Hazler, Hazler, Hoover & Oliver, 1991.
This survey is voluntary.)
SCHOOL BULLYING SCENARIO SURVEY INSTRUCTIONS

SCHOOL BULLYING SCENARIO SURVEY

This survey asks you to read a short story and then respond to some questions about how you would feel IF YOU WERE THE STUDENT in the story. Thank you in advance for your support of this effort.

SAMPLE STORY

Mary has just gotten off the school bus and sees her mother running down the sidewalk towards her. Mary’s mom is laughing. She hugs Mary saying that her dad just won the lottery for $5,000,000.

SAMPLE QUESTIONS AND RESPONSES

DIRECTIONS: Answer the “I” statements below as though YOU WERE MARY. T=True

Example: 1. How would Mary feel or behave if she JUST found out that her dad won the lottery?

<table>
<thead>
<tr>
<th>None or a little of the time</th>
<th>Some of the time</th>
<th>Good part of the time</th>
<th>Most of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I “Mary” feel happy.</td>
<td>T</td>
<td>T</td>
<td>T</td>
</tr>
</tbody>
</table>

Example: 2. Notice “Mary’s” name is not written in example 2, but remember, you are still responding as though you are Mary.

<table>
<thead>
<tr>
<th>None or a little of the time</th>
<th>Some of the time</th>
<th>Good part of the time</th>
<th>Most of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. I feel anxious.</td>
<td>T</td>
<td>T</td>
<td>T</td>
</tr>
</tbody>
</table>
PEGGY AND REBECCA

Peggy and Rebecca have been friends since third grade. They spend a great deal of time together. They like the same music, the same clothes, and share the same circle of close friends. Unfortunately, they also both like the same guy. Good looking, athletic, and well-liked, Pete is the kind of guy any girl would be crazy about. All the girls give him special attention—especially lately with the school dance only a month away.

Despite their close friendship, Peggy has always felt she’s had an edge over Rebecca. Taller, funnier, and prettier, Peggy believes there’s just no contest between the two of them. Peggy gets more attention and is generally more popular.

Well, three weeks before the dance, Rebecca gets a call from Pete. “Hi, Rebecca. I was wondering if you might be interested in going to the school dance with me.” Rebecca can’t believe this is happening. She starts to stutter but somehow manages to get out the words “Oh, sure, I’d really like that.” A conversation begins and they make their initial plans.

Rebecca can’t wait to tell Peggy. She calls her as soon as she hangs up with Pete. Peggy is silent after Rebecca shares the news. Eventually she manages to make some small talk. She then tells Rebecca she has to go because dinner is ready and promises to call Rebecca back. She never does. Rebecca tries to reach Peggy, but the phone is constantly busy. The next day at school Rebecca finally gets the picture.

All of the girls in Rebecca’s circle of friends give her the cold shoulder. Peggy confronts her in homeroom in front of most of them and tells her their friendship is over. “I can’t believe you told Pete you would go to the dance with him. John told me last week that Pete was asking questions about me. John said he thought Pete was thinking about asking me to the dance. I can’t believe you did this to me. Our friendship is over—-you’re a loser anyway. I can’t believe I’ve hung around with you all this time. I guess I just felt sorry for you!” Rebecca is shocked. She thought Peggy would be happy for her. Boy, was she wrong!

At lunch, none of the girls would speak to her. They made plans together so she could hear and purposely excluded her. Rebecca got up to go to the girls’ room. When she returned, everyone’s garbage was now on her lunch tray and the girls had left. She had seen this happen before, but always to someone else. She knew what was to follow, but she didn’t know how much it would hurt her.

Rebecca couldn’t wait for the day to end—and it was only Tuesday! She had no idea how she’d make it through the rest of the day, never mind the whole week. She didn’t know what to do and she didn’t have anyone to go to. She knew it would get worse, much worse! It took all of her self-control to keep from bursting out in tears right there in the cafeteria.
Appendix C

School District Approval
March 22, 2000

Institutional Review Board
Seton Hall University
South Orange, NJ

To Whom It May Concern:

It is my pleasure to confirm that Jacqueline Moore, a doctoral student in your Clinical Psychology program, has the support of the West Essex Regional School District in the conducting of her dissertation research on “Adolescent Perceptions on Peer Abuse and Depressive Behavior”.

Her study will include students from both our junior and senior high schools.

Mrs. Moore is a valued and trusted guidance counselor and has always demonstrated the highest quality of work. I am, without reservation, certain her dissertation will result in the same high quality and very proud that she would chose to conduct her research in our school.

I wish her the best and will assist her in any way possible as she pursues her doctorate from Seton Hall University.

Sincerely,

Patrick J. Pelosi, Ed.D.
Superintendent of Schools

M: Jacqueline Moore Reference Letter