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# Effect of Bullying on Emotional Distress in a Fourth and Fifth Grade Sample

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EFFECT OF BULLYING ON EMOTIONAL DISTRESS IN A FOURTH AND FIFTH  
GRADE SAMPLE

A Specialist Project  
Presented to  
The Faculty of the Department of Psychology  
Western Kentucky University  
Bowling Green, Kentucky

In Partial Fulfillment  
Of the Requirements for the Degree  
Specialist in Education

By  
Katherine Marcum

August 2018

EFFECT OF BULLYING ON EMOTIONAL DISTRESS IN A FOURTH AND  
FIFTH GRADE SAMPLE

Date Recommended July 12, 2018

  
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# EFFECT OF BULLYING ON EMOTIONAL DISTRESS IN A FOURTH AND FIFTH GRADE SAMPLE

Katherine Marcum

August 2018

42 Pages

Directed by: Dr. Ryan Farmer, Dr. Carl Myers, and Dr. Sarah Ochs

Department of Psychology

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The purpose of this study was to examine the difference of self-reported emotional problems between low levels and high levels of victimization. Participants included 214 fourth and fifth grade students from a southcentral county in Kentucky. Students answered demographic questions and completed a series of surveys including the Personal Experiences Checklist and the Strengths and Difficulties Questionnaire. The study was completed via computer-based questionnaire and focused on victimization within the last month. Results show that students who reported higher levels of victimization reported higher levels of emotional problems when compared to students who reported lower levels of victimization. The current study focused on short-term effects of bullying behavior as compared to the more traditional assessment of long-term outcomes. The study focused on a younger population (i.e., late elementary) than the majority of previous research. The findings of the study support the need for higher ratios of mental health professionals in school systems. With continued research into bullying and its prevalence, more comprehensive and effective bullying prevention programs can be developed and implemented.



## **Literature Review**

Peer victimization in early education can lead to negative impacts on students' mental health and may lead to depressive symptoms and/or aggressive behavior (Rudolph, Troop-Gordon, Hessel, & Schmidt, 2011). Additionally, researchers have shown that victimization within educational settings over an extended period can negatively affect social-emotional growth. These adverse effects include, but are not limited to, internalizing and externalizing disorders (Houchins, Oakes, & Johnson, 2016). Internalizing issues may include higher rates of depression and anxiety, low self-esteem, and loneliness. Externalizing issues may include physical violence, attentional concerns, and defiant tendencies (Houchins et al., 2016). Therefore, if early learners are lacking quality relationships with peers, their social-emotional status and age-appropriate development may be hindered (DeRosier, 2004).

### **Bullying**

There are various definitions used within society to define bullying. For example, Olweus (1994, p. 1173) posited that “a person is being bullied or victimized when he or she is exposed, repeatedly and over time, to negative actions on the part of one or more other students.” Similarly, Smith and Sharp (1994, p. 2) defined bullying as “the systematic abuse of power.” However, one of the most modern and accepted definitions of bullying is described as “repeated and unwanted aggression where there is a power differential that results in physical, emotional, social, or educational harm” (Houchins et al., 2016, p. 260). One of the key details of this definition is the imbalance of power, indicating that the victim is likely unable to defend themselves.

## **Types of Bullying**

Bullying may manifest in several forms and can be observed in different settings. While direct (or overt) forms of bullying, such as physical, verbal, or property damage are often easier to observe, indirect (covert) forms of bullying can be equally damaging to students' social and emotional growth (Houchins et al., 2016). Indirect forms of bullying can be observed in students who try to harm others' reputations (e.g., relational), write false notes about another student and distribute them (i.e., verbal), or post demeaning and hurtful comments on the internet (i.e., cyber-bullying). Male students will often engage in different forms of bullying than female students. For example, several studies have found that boys will engage in more overt forms of bullying (i.e., physical or verbal) and girls will engage in more relational forms of bullying such as social exclusion or social manipulation (Rudolph et al., 2011). Wang, Iannotti, and Nansel (2009) conducted a study of 7,182 students in grades 6-10 and found that boys were more likely to participate in physical or verbal victimization, while females were more likely to participate in relational victimization. Further, Guerra, Williams, and Sadek (2011) found that the increased male physical aggression is evident from an early age.

Similarly, victimization is used as an interchangeable term to define bullying. Typically, peer victimization has been defined as being repeatedly exposed to negative actions from one or more peers (Holt & Keyes, 2004). To be considered victimization these negative actions must be intended to inflict discomfort and reflect the inherent power imbalances between the aggressor and victim such that it is difficult for the victim to effectively stop the interaction (Grills & Ollendick, 2002; Solberg & Olweus, 2003). Peer victimization is often present in an early education setting and is likely associated

with emotional and behavioral problems (Hanish & Guerra, 2002). Self-reported data has shown that between 10-15% of students in grades three through six experience peer victimization at least once a week (Nansel et al., 2001).

Victimization can be broken down into either direct or indirect forms. Specific forms of peer victimization include: (a) physical, (b) relational, and (c) reputational. Physical victimization, which is a direct form of victimization, includes being the target (by threats or in actuality) of physically aggressive behaviors, such as hitting, kicking, pushing, or chasing when the two students are not of the same strength or power. Relational and reputational victimization are indirect forms of victimization. Relational victimization includes attempts to harm a peer by excluding them from social events, activities, or conversations. Reputational victimization includes attempts to damage a peer's social standing by behaviors, such as rumor spreading and gossiping (Grills & Ollendick, 2002; Nansel et al., 2001).

### **Bully Characteristics**

According to Houchins et al. (2016), children are divided into three categories: (a) pure bullies, (b) victims, and (c) bully-victims. Characteristically, children will fall along a bully-victim continuum (Cook, Williams, Guerra, Kim, & Sadek, 2010; Olweus, 1994). Pure bullies are described as “students who consistently cause emotional, physical, or social harm to peers” (Houchins et al., 2016, p. 260). Pure bullies often utilize domineering and aggressive actions to obtain their influence. These students will likely have complete control over the situation. Cook et al. (2010) conducted a meta-analytic study of bullying and found that the strongest singular predictor of being a bully was externalizing behavior ( $r = .34$ ). Externalizing behaviors are actions that are “under-

controlled in nature and characterized by a host of defiant, aggressive, disruptive, and noncompliant responses” (Cook et al., 2010, p. 67). Bullies experience a higher risk for psychiatric problems, failed romantic relationships, and substance abuse difficulties (Cook et al., 2010).

### **Victim Characteristics**

Victims, on the other hand, are described as “those who are repeatedly bullied by their peers and encounter the negative effects of bullying behaviors” (Houchins et al., 2016, p. 260). Victims are more likely to experience depression, social isolation, and/or anxiety as symptoms (Houchins et al., 2016). Additionally, victims are at an increased risk for suicidal ideations and attempts, dropping out of school, and incarceration (Cook et al., 2010). Cook et al. (2010) conducted a meta-analysis over 153 bullying studies from 1970-2006 in order to determine predictors of bullying types. The researchers attempted to account for the moderators of age and how bullying was measured through the types of studies selected. Participants ranged from 3-years-old to 18-years-old. With a focus on victims, the study found that peer status ( $r = -.35$ ) and social competence ( $r = -.30$ ) were the two concepts most likely to predict being the victim of bullying. Peer status was based on concepts such as isolation, likeability, rejection, and popularity. Social competence involves the skill to interact effectively while simultaneously suppressing socially unacceptable behaviors. Students who exhibit low peer status and ineffective social competence are at a higher risk to experience victimization.

### **Bully-Victim Characteristics**

Lastly, bully-victims are described as “those who both bully and are bullied” (Houchins et al., 2016, p. 260). Bully-victims are likely to exhibit the highest

predispositions for psychological distress, as they exhibit characteristics of bullies and victims (Houchins et al., 2016). Such characteristics may include poor social skills, peer rejections, and behavioral outbursts. In Cook et al.'s (2010) meta-analysis, researchers found that self-related cognitions ( $r = -.40$ ) and social competence ( $r = -.36$ ) are the highest predictors for bully-victims. Self-related cognitions refer to an individual's thoughts or beliefs about themselves and social competence involves the skill to interact effectively while simultaneously suppressing socially unacceptable behaviors. This includes concepts such as self-respect, self-esteem, and self-efficacy. Bully-victims involve a combination of bully and victim traits. Cook et al. (2010) found that the lack of social competence is found in victims and bully-victims alike.

### **Prevalence of Bullying**

It is difficult to pinpoint an exact amount of bullying that occurs in schools due to how bullying is measured (Cook et al., 2010; Espelage & Swearer, 2003). However, there is no doubt that bullying and/or peer victimization is a universal issue. The amount of bullying taking place in schools varies, but research has demonstrated a consensus that approximately 30% of all students are involved in some form of bullying behaviors (Blake, Lund, Zhou, Kwok, & Benz, 2012; Cook et al., 2010; Nansel et al., 2001). The Center for Disease Control conducted a 2016 nationwide survey of bullying prevalence and found that 20% of high school students reported being bullied on school property within the past calendar year. An anonymous online survey of elementary, middle, and high school students conducted by Bradshaw, Sawyer, and O'Brennan (2007) found that approximately 41% of students were "frequently" involved in bullying. Frequently involved in bullying was defined as "occurring two or more times within the past month"

(Bradshaw et al., 2007, p. 368). The study found that 23% identified as a frequent victim, 8% identified as a frequent bully, and 9% identified as a frequent bully or victim. As mentioned earlier, an exact amount of bullying is difficult to calculate. It is possible that the prevalence of frequent bullying is higher than current data.

The prevalence of frequent involvement in bullying appears to increase in late elementary school and peak during middle school (Cook et al., 2010; Olweus, 1994; Wang et al., 2009). Williams and Guerra (2007) conducted a study over 3,339 students in the 5<sup>th</sup>, 8<sup>th</sup>, and 11<sup>th</sup> grades. Results indicated that the highest prevalence rates were found for verbal victimization, followed by physical, and then cyber. Physical and cyber victimization peaked in middle school and declined in high school, while verbal remained high throughout middle and high school (Williams & Guerra, 2007). Williams and Guerra (2007) found no gender differences for internet or verbal bullying but found that males were more likely to report physical bullying when compared to females.

In recent years, education and the media have become increasingly aware of bullying rates and the potential negative associated effects. The Youth Risk Behavior Surveillance System conducts surveys every two years in the spring to assess priority health risk behaviors in 9<sup>th</sup> through 12<sup>th</sup> graders through the Center for Disease Control (YRBSS; Centers for Disease Control and Prevention, 2016). The YRBSS includes national, state, territorial, tribal government, and local school-based surveys in order to have a representative sample. Participants complete self-administered questionnaires and record responses on a computer-scannable booklet. The standard questionnaire asks participants two yes or no questions about bullying. The survey asked U.S. youth to self-report if they had been “bullied on school property” and yielded the following results:

19.9% - 2009, 20.1% - 2011, 19.6% - 2013, and 20.2% - 2015. More recently, greater awareness and energy has been placed on cyberbullying and its effects on students. When looking at cyberbullying from the YRBSS, U.S. participants were asked if they “were electronically bullied?” The questionnaire yielded the following results: 16.2% - 2011, 14.8% - 2013, and 15.5% - 2015. Results of the YRBSS seem to fluctuate between survey years and according to *t*-test analyses with a  $p < 0.05$ , no change was noted for either question between the years of 2011 to 2015. Wang, Nansel, and Iannotti (2011) assessed whether depressive symptoms were reported higher for traditional bullying or cyberbullying. While depressive symptoms were observed with all forms of bullying (e.g., physical, verbal, relational, and cyber), cyber victims reported higher levels of symptoms than bullies or bully-victims (Wang et al., 2011). This may indicate that cyberbullying can lead to similar, if not more intense, levels of depression when compared to traditional bullying.

Nansel and colleagues (2001) used self-report measures to assess the prevalence of bullying behaviors of 15,686 American students in grade six through 10. Results of the study found that 29.9% of youth self-reported moderate or frequent levels of bullying while in school. Further, the authors found that 70.1% of the national population identified as uninvolved, 13% identified as bully only, 10.6% identified as victim only, and 6.3% identified as bully-victims. Nansel et al. (2001) created his classifications by using student responses to two items on the self-report. The first question asked about victimization (“How often have you been bullied at school in the last couple months?”) and the second asked about perpetration (“How often have you bullied others at school in the last couple months?”).

Since Nansel et al.'s (2001) seminal research, several studies have looked at prevalence rates of bullying. Since then, bullying rates have typically been assessed based on types of bullying. Wang et al. (2009) analyzed a national sample of 7,182 students in grades 6-10 from the Health Behavior in School-Age Children 2005 Survey to determine population rates of physical bullying, verbal bullying, relational bullying, and electronic/cyber-bullying. Their results indicated that 20.8% reported involvement in physical bullying, 53.6% reported involvement in verbal bullying, 51.4% reported involvement in relational bullying, and 13.6% reported involvement in cyberbullying (Wang et al., 2009). The prevalence rates of bullying have been steadily increasing as they continue to be studied. Thankfully, as awareness of bullying increases, more accurate measurements of bullying behaviors are being obtained.

While the process of identifying bullying rates is imperfect, the increasing rates of children who receive special education services and are involved in some form of bullying behaviors is alarming. Recent research determined that "rates of bullying victimization for students with disabilities in elementary, middle, and high school are one to one and a half times (24.5% to 34.1%) the national averages estimated for students without disabilities" (Blake et al., 2012, p. 217). Hartley, Bauman, Nixon, and Davis (2015) noted that students receiving special education services are approximately two to four times more likely to be bullied. Essentially, twice as many students who receive special education services are recipients of peer victimization compared to their non-disabled peers (Rose & Espelage, 2012). Blake et al. (2012) found that one of the greatest predictors of victimization for students with disabilities is a history of victimization.



Research has attempted to provide some possible hypotheses to this topic. First, students who receive services for externalizing disorders, such as emotional-behavioral disability (EBD) or Attention Deficit Hyperactivity Disorder (ADHD), are more likely to exhibit bully-victim characteristics and experience victimization (Blake et al., 2016; Farmer, Wike, Alexander, Rodkin, & Mehtaji, 2015; O'Brennan, Waasdorp, Pas, & Bradshaw, 2015). Characteristics of this behavior may include when one student picks on, harasses, or pesters another student (Olweus, 1994). On the other hand, students who are diagnosed with intellectual or physical disabilities are more likely to experience victimization (Farmer et al., 2015; O'Brennan et al., 2015). This is likely due to the fact that these students are unable to physically defend themselves or use effective communication or social skills. Therefore, students with disabilities may be at an increased risk for victimization.

Historically, bullying may have been viewed as a normative and characteristic aspect of development, but current research has shown that frequent bullying can lead to social and emotional problems. The different types of social-emotional problems experienced can depend on the type of bullying they were involved in, such as bully, victim, or bully/victim (Nansel, Craig, Overpeck, Saluja, & Ruan, 2004).

### **Emotional Problems**

Emotional problems encompass a wide variety of negative outcomes, such as personal adjustment, internalizing problems, and school problems. Children experiencing victimization will likely experience difficulties with maladjustment; which may include anxiety, depression, low self-esteem, and loneliness (Arseneault, Bowes, & Shakoor, 2010; Boulton, Trueman, & Murray, 2008; Eslea et al., 2004; Hawker & Boulton, 2000;

Rigby & Slee, 1993; Troop-Gordon, & Ladd, 2005). The results of several studies have found that bullies and bully-victims experience emotional problems. For example, Card, Stucky, Sawalani, and Little (2008) found that indirect aggression (e.g., relational aggression) had a greater association with emotional difficulties compared to direct aggression (e.g., physical and verbal aggression). Victims tend to exhibit higher levels of depression, anxiety, loneliness, and difficulties with self-esteem when compared to non-victims (Hawker & Boulton, 2000). Emotional problems are typically observed as internalizing problems – therefore, they are difficult to observe in a naturalistic environment. If students experience emotional problems, it is likely to be pervasive in their daily functioning and limit their social interactions. If a student does not develop appropriate social skills, they are less likely to develop these skills later in life. Without social interaction, young students will resort to ineffective and inappropriate forms of contact.

The more frequent the victimization, the more likely students will experience internalizing symptoms such as depression and anxiety (Bond, Carlin, Thomas, Rubin, & Patton, 2001; Hawker & Boulton, 2000). Juvonen, Graham, and Schuster (2003) and Kaltiala-Heino, Rimpela, Marttunen, Rimpela, and Rantanen (1999) found that victims of bullying have reported elevated levels of internalizing problems along with feelings of insecurity and loneliness. Bullies tend to evidence fewer symptoms of depression or anxiety (Juvonen et al., 2003; Nansel et al., 2004). Unfortunately, bully/victims appear to be at the greatest risk for displaying a multitude of emotional problems including internalizing and psychosomatic symptoms (Kaltiala-Heino, Rimpela, Rantanen, & Rimpela, 2000). Psychosomatic symptoms appear when a student reports feeling physical

ailments, likely due to stress or anxiety. Examples of psychosomatic symptoms may include chest pain or headache.

Students who experience high levels of victimization tend to have poor relationships with their peers. This can create a vicious cycle, as these students increase their likelihood of being rejected or victimized (Dill, Vernberg, Fonagy, Twemlow, & Gamm, 2004; Hodges & Perry, 1999). Victims are more likely to experience strained relationships than are students classified as bullies (Nansel et al. 2004). Andreou (2001) and Juvonen et al. (2003) found that bully/victims tend to initiate negative interactions with their peers. This will likely lead to these students being perceived as social outcasts.

An often-forgotten component of emotional problems and school success is the perception of belongingness or feeling as a part of the environment. Elementary-aged students spend, at minimum, 1,110 hours at their school during one calendar year. If a student feels disconnected from this environment, their school year could be filled with difficult periods of time. Baumeister and Leary's (1995) theory concludes that without a sense of belongingness, students can experience physical and psychological distress. If a student does not feel safe or connected to their school, further emotional problems may develop. Wilson (2004) found that youth who are aggressively victimized and perpetrate violent behaviors are less likely to feel connected to others at their school.

### **Anxiety**

Anxiety disorders have become the most common mental health problems in the United States. In reference to U.S. adolescents aged 13-18, approximately 31.9% have been diagnosed with any type of anxiety disorder (Kessler, Chiu, Demler, Merikangas, & Walters, 2005). Of that percent, 8.3% were noted as having severe impairment as

diagnosed by the DSM-IV (Kessler et al., 2005). When comparing prevalence of any type of anxiety disorder amongst males and females, females exhibited a higher rate than males; 38.0% versus 26.1% respectively (Kessler et al., 2005). Anxiety is commonly seen as co-morbid with depression, behavioral problems, eating disorders, and/or Attention Deficit Hyperactivity Disorder (National Institute of Mental Health, 2016). Nearly one-half of those diagnosed with depression are also diagnosed with an anxiety disorder (National Institute of Mental Health, 2016). When compared to depressive or behavior disorders, anxiety disorders appear to be more common for pre-adolescents (Creswell & Cartwright-Hatton, 2007).

Unfortunately, large numbers of students struggling with anxiety and/depression go un-diagnosed or un-treated. Therefore, young students continue to struggle with high anxiety levels without receiving proper help. These students are at a higher risk to perform poorly in school, miss out on important social experiences, and engage in substance abuse. Generally-speaking, anxiety affects more girls than boys. According to Anxiety and Depression Association of America (2016), women are twice as likely to be affected by generalized anxiety disorder, panic disorder, and specific phobias as compared to men.

With students, significant concern and research is placed on test anxiety. Research has found that 25-40% of students experience test anxiety (Salend, 2011). Higher prevalence rates are seen with students who are diagnosed with educational disabilities or who come from linguistically and culturally diverse backgrounds (Salend, 2011).

Levels of anxiety occur on a spectrum, ranging from mild and controllable to pervasive and debilitating. For example, preschoolers may experience stretches of anxiety

that stem from nervousness about attending school for the first time. Some children and adolescences experience accounts of anxiety that greatly interfere with their daily activities of life. These students are likely unable to independently function and may require therapy. Anxiety, similar to indirect bullying, may be difficult to observe. Therefore, many students who are struggling with anxiety can be over-looked or missed.

With the covertness of anxiety, it is imperative to be familiar with general behaviors that are symptomatic: excessive worry about a variety of things, sudden and unapparent fit of losing control or “going crazy,” refusing to go to school/camp/sleepover, demanding that someone stays with them at bedtime, intense fear of being called on in class or starting a conversation with a peer (National Institute of Mental Health, 2016). The above-mentioned list is not exhaustive, and it is worth noting that the aforementioned traits can be symptomatic of various other issues such as depression. Anxiety is a complex disorder and presents uniquely to each person.

Anxiety disorders can manifest in a multitude of forms. The more common forms of anxiety are generalized anxiety disorder (GAD), social anxiety, specific phobias, and panic disorder. Other areas anxiety can manifest in include obsessive compulsive disorder (OCD), post-traumatic stress disorder (PTSD), and test anxiety. According to the National Institute of Mental Health (2016), approximately 8.7% of the U.S. population is affected by specific phobias and approximately 6.8% of the U.S. population is affected by social anxiety disorder (SAD). For the pre-adolescent population, Separation Anxiety Disorder appears to be the most common (Creswell & Cartwright-Hatton, 2007). With an emphasis on younger students, the typical concern is with social phobias. Social phobias can be observed with students who have experienced victimization, as the victims are

often attempting to escape or avoid the feared environment/situation. Students with high levels of anxiety may go to great lengths to avoid attending school with the sole goal of avoiding bullies. In a study by Peleg (2011), researchers hypothesized that seventh-grade Israeli students diagnosed with a learning disability (LD) would report higher levels of social anxiety than non-LD students. The results supported the article's hypothesis that LD students would report higher levels of anxiety across the three different areas assessed: social avoidance and distress – new situations, fear of negative evaluations, and generalized social avoidance and distress categories.

Anxiety disorders are comprehensive and will affect several, if not all parts of a developing student. Within education, anxiety may make the student more easily frustrated, have greater difficulty finishing their assignments, require more time to finish their assignment or out-right refuse to do their work. Socially, anxiety may affect their ability to engage in successful interpersonal interactions, meet new friends, and experience new environments. Anxiety may present itself in some facets of life and not be experienced in others. Not all students will experience the same symptoms or intensity of anxiety in their daily life.

### **Depression**

Depression is a widespread and rapidly increasing mental health concern. Similar to anxiety, research has found that within the age range of 15-44, depression is the leading cause of disability in the United States (National Institute of Mental Health, 2018). This makes depression one of the most common emotional problems experienced. Like anxiety, various treatment options are available to individuals struggling with

depression, but less than half receive treatment (National Institute of Mental Health, 2018).

Depression is an umbrella term that can describe a multitude of symptoms and disorders. For example, the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) includes several depressive disorders such as, but not limited to, disruptive mood dysregulation disorder, major depressive disorder, persistent depressive disorder, and so on. One of the most critical components of depressive disorders includes persistent irritability. This is most commonly communicated as having symptoms for a minimum of two weeks. Other symptoms may include difficulty sleeping, changes in school performance, refusal to attend previously enjoyable activities, changes in eating habits, mood swings, low self-esteem, and a sense of being withdrawn (National Institute of Mental Health, 2018). Mental health disorders may present differently in children, therefore, making it more difficult for adults to recognize the issues. Children may experience small bouts of these feelings during various parts of their day or year. At times, it can be difficult to decipher if the child is simply going through a “phase” or if they are suffering from depression. However, if these behaviors begin to impede the individual's normal functioning or last an extended period of time, professional assistance may need to be pursued. Depression can advance in various ways. Depression may develop with the introduction of medical issues (e.g., cancer, heart disease), depression may develop during the winter months (i.e., seasonal affective disorder), or depression may develop during and/or after pregnancy (e.g. postpartum depression). As a general rule, the following three situations are key risk factors for depression: (a) personal/family

history of depression, (b) major life changes, trauma, or stress, and (c) certain physical illnesses and medications (National Institute of Mental Health, 2018).

Depression affects all ages and genders. For the 12-17 age range, approximately 12.8% of the U.S. population experienced at least one major depressive episode within 2016 (National Institute of Mental Health, 2018). The National Institute of Mental Health (2018) found that there is a higher prevalence rate for a major depressive episode amongst females (19.4%) compared to males (6.4%). Depression and anxiety are consistently linked as co-morbid diagnoses. The Anxiety and Depression Association of America (2016) posited that approximately half of people diagnosed with depression are also diagnosed with an anxiety disorder. In the United States, an estimated 2-3% of students aged 6-12 experienced serious depression (Anxiety and Depression Association of America, 2016). Depressive symptoms have been linked as a risk factor for suicide. For Kentucky alone, 776 students died by suicide in 2017 (American Foundation for Suicide Prevention, 2017).

Similar to anxiety, depression can function on a spectrum. Students may experience irritating, but manageable forms of depression while other students are burdened by their depression and are unable to function. For example, some students may experience such high levels of depression and anxiety that they are unable to go to school, leave their house, or enjoy previously pleasurable tasks. A study completed by Fekkes, Pijpers, and Verloove-Vanhorick (2004) found that depressive symptoms and psychosomatic complaints are observed in students being bullied. Amongst the 2,766 elementary school children assessed, bully-victims were determined to have an increased



risk of headaches, sleeping problems, abdominal pain, bed-wetting, feeling tired, and depression compared to children not involved in bullying behaviors.

A study conducted by Roland (2002) involving 2,088 8<sup>th</sup> grade students found that victims of bullying yielded a higher mean score for depressive symptoms when compared to bullies and neutral students. Additionally, victims yielded higher overall scores for suicidal ideations (although not significant). The study found that females indicated higher depressive symptoms and suicidal ideations when compared to males (Roland, 2002). More commonly, internet-use or cyber-bullying is being used a vessel for bullying. Depressive symptoms continue to be observed in students who are cyber-bullied. Perren, Dooley, Shaw, and Cross (2010) completed a study of 374 and 1,320 students from Switzerland and Australia, respectively and found that victims of cyber-bullying reported significantly higher levels of depressive symptoms when compared to traditional forms of bullying.

Depression can mentally, emotionally, and physically shut down an individual. There is no “one-size-fits-all” presentation of depression and each individual will experience unique symptoms during depression. However, depressive symptoms can be treated. The earlier we work with depressed individuals, the more likely we are to observe growth and change. Within education, if an individual is depressed, the less likely we are to observe an emotional and mental presence, let alone, physical presence from the student. Similar to anxiety, the process of academic failure commences.

### **Purpose of Study**

The purpose of the study is to assess the difference amongst emotional distress between students who report high levels of victimization and low level of victimization.

Victimization is described as being repeatedly exposed to negative actions from one or more peers (Holt & Keyes, 2004). If there is a difference in self-reported emotional distress, educators and parents can use the information to promote and implement healthy social and emotional growth in order to deter emotional distress. This study is unique in that it assesses the short-term impact of bullying on children's mental health, whereas most research looking at the impact of bullying have assessed long-term outcomes. By better understanding the short-term impacts of bullying, responsive interventions can be employed to modulate long-term outcomes. The current research looked at self-reported levels of emotional difficulties between two distinct groups. Essentially, will 4<sup>th</sup> and 5<sup>th</sup> grade students who report higher levels of victimization report higher levels of emotional difficulties? The null hypothesis is that there will be no difference in emotional distress between the two groups, whereas the alternative hypothesis is that students who experience more bullying will be more likely to experience internalizing symptoms. It is hypothesized that students who report higher levels of victimization, will report higher levels of emotional distress.

## Method

### Participants

This research involves an analysis of an existing dataset consisting of 214 fourth and fifth grade students from four elementary schools in a southcentral county in Kentucky. The schools participating in the study had population sizes ranging from 211 to 466 students and had a free-reduced lunch rate which ranged between 28.5% and 100%. There was a total of 96 fourth graders and 118 fifth graders who completed the survey. Table 1 outlines the demographics of participants. Of the 214 students, 8.9% did not provide an ethnic identification.

Table 1. Demographics

Characteristic	<i>n</i> , Percentage
Female	109, 51%
Race/Ethnicity	
White	120, 56.1%
African American	30, 14.0%
Hispanic/Latino	20, 9.3%
Mixed Race	11, 5.1%
Asian/Pacific Islander	8, 3.7%
Middle Eastern/North African	6, 2.8%

Consent was obtained from each student's parent and assent was obtained from each child, pursuant to the IRB file for that study. An IRB application was submitted and

approved on May 15<sup>th</sup>, 2018 through Western Kentucky University. A copy of the IRB approval form is included in Appendix A.

### **Procedure**

Data collection took place in the spring of 2017. Students who had a returned consent form on file and who assented to completing the survey did so in the schools' computer lab during the school day. Research assistants provided an explanation of the study, obtained student assent, introduced students to the survey software, and briefly taught students how to answer questions. The survey was written at a 4.4 reading level. The survey was administered via the Qualtrics survey software system and took approximately 30 minutes to complete (median = 30.7; mean = 32.7). The survey consisted of four individual measures; however, this analysis only uses two of those measures. Once the survey was completed, the student was instructed to raise their hand. A researcher completed additional de-identified demographic information provided by the students' teachers, such as ethnicity, class size, school size, and special education status. Upon completion, each student was thanked for their participation and returned to their classrooms.

### **Measures**

The questionnaire completed by the students assessed a number of different areas related to bullying, victimization, and emotional problems. In particular, students completed the Personal Experiences Checklist (Hunt, Peters, & Rapee, 2012) which assessed the students' level of bullying victimization. Additionally, students completed the Strengths and Difficulties Questionnaire (Goodman & Goodman, 2009; Goodman,

Meltzer, & Bailey, 1998) which includes the Emotional Symptoms subscale, which was used as a measure of student's emotional distress.

**Personal Experiences Checklist.** The Personal Experiences Checklist (Hunt et al., 2012) is a brief questionnaire comprised of 32 questions that assess a range of bullying behaviors experienced in children aged 8 or older. The typical administration time is approximately 5-10 minutes. The questionnaire was automatically scored within the Qualtrics software. The questionnaire consists of four areas, including covert/relational forms of bullying (11 items), cyber bullying (8 items), physical forms of bullying (9 items), and culturally-specific forms of bullying (4 items). Respondents answer based on a 5-point Likert scale format (0-never, 1-rarely, 2-sometimes, 3-most days, 4-every day). Examples of questions asked include: "other kids try to turn my friends against me," "other kids punch me," and "other kids threaten me over the phone." Hunt et al. (2012) found good to excellent internal consistency (Cronbach's  $\alpha$  range = .78 - .91) and adequate test-retest reliability (range  $r = .61 - .86$ ).

The PECK provides a continuous measure of victim experiences, Total Victimization. Jamovi was used to create a cut score that separates the sample into two equal groups: low experiences and high experiences. Cases will then be defined by a grouping variable where individuals with a Total Victimization score equal to and above the identified cut score will be included in the High Victimization group and other cases will be included in the Low Victimization group.

**Strengths and Difficulties Questionnaire.** The Strengths and Difficulties Questionnaire (SDQ) is a widely-used brief behavioral screening questionnaire that is used for children between 4-17 years old to assess various positive and negative

attributes. The typical administration time is approximately 5-10 minutes. The SDQ was automatically scored within the Qualtrics software. The SDQ is available in over 80 different languages. It was designed to be used for typically developing children but has shown to be applicable for young students identified with an Intellectual Disability (Rice et al., 2018). It is used to assess several behavioral attributes through self-report. The questionnaire is comprised of 25 questions, with each being rated on a 3-point Likert scale (“not true,” “somewhat true,” and “certainly true”). The questionnaire divides the items into 5 scales: emotional symptoms, conduct problems hyperactivity/inattention, peer relationship problems, and prosocial behavior. Each subscale consists of five questions. Examples of questions asked for the Emotional Symptoms scale include: “often complains of head-aches, stomach-ache or sickness,” “many worries, often seems worried,” “often unhappy, down-hearted or tearful,” “nervous or clingy in new situations, easily loses confidence,” and “many fears, easily scared.”

Goodman et al. (1998) found good internal consistency (Cronbach’s  $\alpha = .82$ ) for Total Difficulties on self-report version of the SDQ. Additionally, Goodman et al. (1998) found good internal consistency for the Emotional Symptoms subscale (Cronbach’s  $\alpha = .75$ ). Muris, Meesters, Elijekelenboom, and Vincken (2004) assessed the internal consistency of the Emotional Symptoms subscale for the 8-13 age range on the self-report and found Cronbach’s  $\alpha$  as .63.

### **Data Analysis**

Descriptive statistics were calculated to determine the mean, standard deviation, median, and 95% confidence interval of the low victimization group, high victimization group, and internalizing problems. Results are listed in Table 2. Prior to the analysis of

the data using inferential statistics, Shapiro-Wilk's Test of Normality and Levene's Test of Equality of Variances were calculated to ensure that the data met the assumptions for parametric inferential statistics. If the data met the assumptions for normality and equal variances, a one-way independent *t*-test would have been used to determine whether students with more bullying experience higher levels of emotional distress, as measured by the SDQ Internalizing subscale (Goodman & Goodman, 2009). Since the assumption of normality was violated, the Mann-Whitney U was calculated. The Mann-Whitney U is a nonparametric *t*-test. A result was considered significant only if the *p* value was equal to or lower than .05.

## **Results**

Of the 214 students who completed the survey, a total of 182 students (85%) reported experiencing at least one instance of bullying in the 12 months preceding the survey. The data set was divided into two groups representing those who experienced below average (50% or below) and above average (51% and above) bullying experiences, based on ratings from the PECK. The PECK does not provide a cut-off score; therefore, the researchers set the cut-off score at the 50<sup>th</sup> percentile. These groups consist of students who experience below average and above average victimization. Group 1 consisted of 100 participants and is considered the low victimization group. Group 2 consisted of 114 participants and is considered the high victimization group. Any response on the PECK with a score of 12 or below fell within the low victimization group. Any response on the PECK with a score of 13 or above fell within the high victimization group. Descriptive data of the measures are listed in Table 2.

Table 2. Descriptive Statistics.

Measure	Low Victimization	High Victimization	Total Sample
	( <i>n</i> = 100)	( <i>n</i> = 114)	( <i>n</i> =214)
	Mean (SD), Median [95% CI]	Mean (SD), Median [95% CI]	Mean (SD), Median [95% CI]
SDQ Internalizing	3.58 (2.69), 3 [3.05, 4.11]	6.73 (3.25), 7 [6.13, 7.33]	5.26 (3.82), 5 [4.80, 5.71]
PECK	9.45 (1.67), 10 [9.12, 9.78]	16.82 (3.21), 16 [16.23, 17.42]	13.38 (4.51), 13 [12.77, 13.99]

Note. CI, Confidence interval; SD, standard deviation; SDQ, Strengths and Difficulties Questionnaire

The Shapiro-Wilk test was used to assess if the sample produced a normal distribution ( $W = 0.94, p < .001$ ). This indicates that the sample is non-parametric. Levene's Test for Equality of Variances was conducted to determine if the two PECK groups have equal variances. Due to the skewedness of the data, the median of the two groups was used for the statistic. Results concluded that the variances are approximately equal ( $F = 0.04, p = .85$ ). It is concluded that there is no or minimal difference between the variances in the two groups despite the non-parametric shape of the externalizing problems variable.



The average internalizing score from the SDQ for the low group was 3.58 (95% CI = 3.05-4.11;  $SD = 2.69$ ) while the average internalizing score from the SDQ for the high group was 6.73 (95% CI = 6.13-7.33;  $SD = 3.25$ ). Because these data are likely non-parametric, group differences were analyzed using a one-tailed Mann-Whitney U test. For these data, it can be concluded that internalizing problems were statistically significantly higher in the high victimization group than in the low victimization group ( $U = 2597, p < .001$ ); experiencing above average levels of victimization had a large effect ( $d = 1.06$ ) on SDQ internalizing score. Group means and their respective 95% confidence intervals are presented in Figure 1.

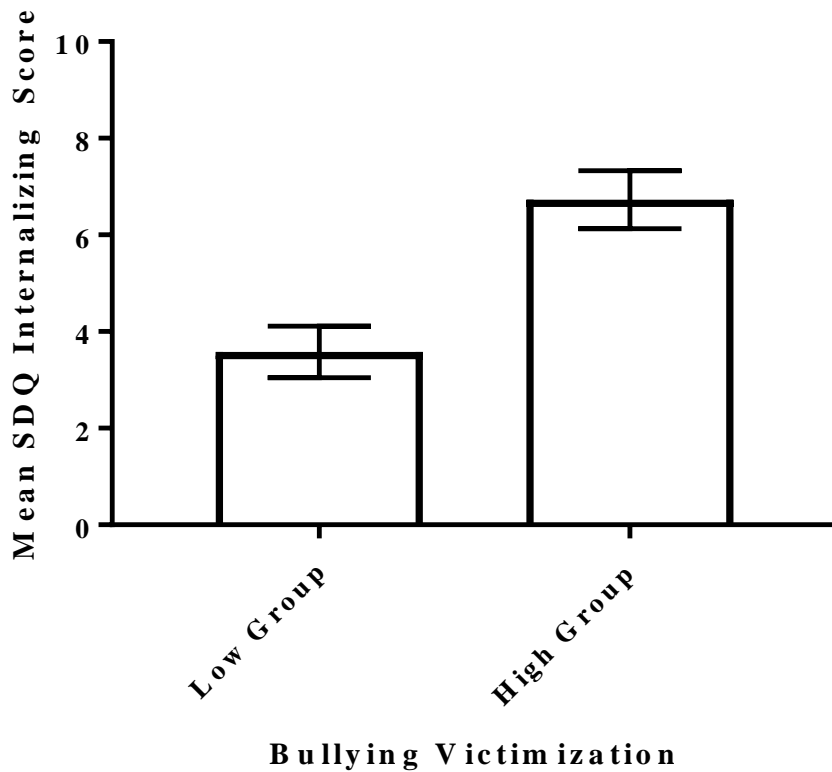


Figure 1. Bar graph of the mean SDQ Internalizing score by Low and High Bullying victimization groups presented with 95% confidence interval.

## Discussion

The purpose of the present thesis was to evaluate whether 4<sup>th</sup> and 5<sup>th</sup> graders who experienced above average bullying experienced higher rates of self-reported emotional problems than those who experience below average bullying. Previous research has identified that traditional forms of bullying can lead to difficulties with appropriate social and emotional development (Houchins et al., 2016; Rudolph et al., 2011). However, less research has been conducted with a late elementary school population. The research base with middle school and high school students experiencing victimization and its related difficulties is more expansive. Previous research has found that the presence of bullying can lead to negative short-term and long-term emotional problems (Bond et al., 2001; Grills & Ollendick, 2002; Rigby & Slee, 1993). The level and intensity of victimization students receive in their early education may result in emotional problems in their adult life.

These data support the notion that experiencing above average bullying (i.e., those in the high PECK group) also reported higher rates of emotional problems; furthermore, the effect of bullying victimization had a large effect on emotional well-being. These results support the primary hypothesis that students who report higher levels of victimization report higher levels of emotional problems when compared to students who report lower levels of victimization. This research expands on the previous bullying literature (Hanish & Guerra, 2002; Hawker & Boulton, 2000) and indicates that experiencing increased bullying has a negative effect on emotional well-being as early as elementary school. While this is likely no surprise, establishing the developmental continuity of this relationship is crucial to further research and to support the need for

prevention and intervention research at the elementary school level.

### **Implications**

Given the detrimental effects of bullying on emotional well-being, the necessity to implement bullying prevention programs (Espelage & Swearer, 2003; Olweus, 1994) and socio-emotional health programs (DeRosier, 2004) is evident at the middle school (Nansel et al., 2001; Nansel et al., 2004), high school (Wang et al., 2011), and – based on the results of this study and a handful of others (Andreou, 2001; Rudolph et al., 2011) — at the elementary school levels. With the increase in school violence, a nationwide conversation has begun about the need for more mental health counselors and/or service providers. This study adds further support to claims of mental health and socio-emotional health proponents that school-based violence continues to exist and students in this sample who experienced victimization were at a heightened risk for emotional problems. Often, schools focus on the externalizing behaviors as they are easier to observe, but concern for the students' emotional well-being is needed as well. By understanding the impact of bullying, responsive interventions and guidelines can be employed in schools to modulate the negative long-term effects of consistent and continuous victimization.

The current study is unique in the sense that it assessed the short-term impact of victimization on student's emotional wellbeing. The majority of previous research focused on the long-term effects of victimization within older populations. The previous information was needed and valuable, but a more short-term assessment of bullying allows researchers to look at early warning signs of emotional problems and help to create strategies and plans in the attempt to alleviate bullying tendencies.

The current study is also unique in that it assessed a late elementary aged

population. At this time, the elementary-age population has not been explored as fully in the literature. Even in the high victimization group, students did not rate emotional problems near the upper extreme. This indicates that while significant levels of victimization and emotional problems are occurring, the scores reflect a regression toward the mean. Therefore, it is best to implement strategies and supports at a younger level before emotional problems and internalizing disorders reach a severe point.

### **Limitations**

Despite the contributions of these findings, this study also has limitations. The age and/or grade of the participants is listed as a potential limitation of the current study. The participants consisted of fourth and fifth grade students. With the age and/or grade of participants, the participants may be unable to accurately report accounts of bullying. Additionally, since students were asked about both traditional and cyber bullying, it should be noted that they may not have personal electronic devices; social media use was not assessed. However, the age and/or grade population is also seen as a strength since less bullying research is conducted with this population.

Since the PECK did not provide a cut-off score between high and low levels of victimization, the intentional cut-off score is considered a limitation of the study. The cut-off was set at the 50<sup>th</sup> percentile due to the assumption of a normal distribution. While this method permits us to think of each group as experiencing “less than average” or “more than average” bullying within our sample, a population-based cut score would permit greater generalization.

### **Future Research**

It will likely be beneficial for researchers to continue the assessment of

bullying/victimization so comprehensive and inclusive bullying prevention programs can be developed and successfully implemented into schools. These programs should focus on the prevention of direct and indirect bullying and fostering effective social-emotional skills. More research should be conducted over the assessment of students with disabilities and how bullying/victimization affects their social-emotional growth. The focus of future research could concentrate on students diagnosed with ADHD and/or ED, as this population has been shown to have an increased risk of becoming bully-victims (Blake et al., 2016; Farmer et al., 2015; O'Brennan et al., 2015).

Understanding the effects of bullying victimization on emotional well-being is crucial for appropriate prevention and intervention strategies. While bullying prevention strategies are generally considered good ideas by professionals and policy-makers, this evidence suggests that prevention programs at the middle and high school levels are potentially missing valuable targets: socio-emotional skills and emotional well-being. Bullying happens in elementary school, and programs at middle and high school levels should address the related emotional problems appropriately. To accomplish this task, we must better understand the short-term and long-term effects of traditional and cyber bullying during elementary school.

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APPENDIX A: IRB APPROVAL DOCUMENT



*INSTITUTIONAL REVIEW BOARD  
OFFICE OF RESEARCH INTEGRITY*

DATE: May 15, 2018

TO: Katie Marcum  
FROM: Western Kentucky University (WKU) IRB

PROJECT TITLE: [1242577-1] Effect Of Bullying On Emotional Distress In A Fourth and Fifth Grade Sample

REFERENCE #: IRB 18-414

SUBMISSION TYPE: New Project

ACTION: APPROVED

APPROVAL DATE: May 15, 2018

REVIEW TYPE: Exempt from Full Board Review

Thank you for your submission of New Project materials for this project. The Western Kentucky University (WKU) IRB has APPROVED your submission analysis of de-identified existing data. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Exempt from Full Board Review based on the applicable federal regulation.

Please note that any revision to previously approved materials must be approved by this office prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office. Please use the appropriate reporting forms for this procedure. All FDA and sponsor reporting requirements should also be followed.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

This project has been determined to be a Minimal Risk project.

Please note that all research records must be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact Paul Mooney at (270) 745-2129 or [irb@wku.edu](mailto:irb@wku.edu). Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Western Kentucky University (WKU) IRB's records.

## APPENDIX B: PERSONAL EXPERIENCES CHECKLIST

### The Personal Experiences Checklist

<b>Name:</b>	<b>Date:</b>
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Thinking about the last month or so at school, how often do the following things happen? Please circle the best response.

1. Other kids play nasty jokes on me where I might get hurt or injured	Never	Rarely	Some-times	Most days	Every day
2. The other kids ignore me on purpose.	Never	Rarely	Some-times	Most days	Every day
3. Other kids try to turn my friends against me.	Never	Rarely	Some-times	Most days	Every day
4. Other kids say nasty things to me on an instant messenger, chat room or bulletin board.	Never	Rarely	Some-times	Most days	Every day
5. Other kids make fun of my language.	Never	Rarely	Some-times	Most days	Every day
6. Other kid tease me about things that aren't true.	Never	Rarely	Some-times	Most days	Every day
7. Other kids punch me.	Never	Rarely	Some-times	Most days	Every day
8. Other kids make fun of my culture.	Never	Rarely	Some-times	Most days	Every day
9. Other kids make prank calls to me.	Never	Rarely	Some-times	Most days	Every day
10. Other kids threaten me over the phone.	Never	Rarely	Some-times	Most days	Every day
11. Other kids tell people not to hand around with me.	Never	Rarely	Some-times	Most days	Every day
12. Other kids won't talk to me because of where I'm from	Never	Rarely	Some-times	Most days	Every day
13. Other kids make death stares at me.	Never	Rarely	Some-times	Most days	Every day
14. Others kids say nasty things to me by SMS.	Never	Rarely	Some-times	Most days	Every day
15. Other kids tell people to hit me.	Never	Rarely	Some-times	Most days	Every day
16. Other kids send me nasty emails	Never	Rarely	Some-times	Most days	Every day
17. Other kids kick me.	Never	Rarely	Some-times	Most days	Every day
18. Other kids say mean things about me behind my back.	Never	Rarely	Some-times	Most days	Every day
19. Other kids make rude gestures at me.	Never	Rarely	Some-times	Most days	Every day



### The Personal Experiences Checklist

<b>Name:</b>	<b>Date:</b>
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Thinking about the last month or so at school, how often do the following things happen? Please circle the best response.

20. Other kids say they'll hurt me if I don't do things for them.	Never	Rarely	Some-times	Most days	Every day
21. Other kids shove me.	Never	Rarely	Some-times	Most days	Every day
22. Other kids say nasty things about me on websites.	Never	Rarely	Some-times	Most days	Every day
23. Other kids wreck my things.	Never	Rarely	Some-times	Most days	Every day
24. Other kids send me computer viruses on purpose.	Never	Rarely	Some-times	Most days	Every day
25. Other kids ease me about my voice.	Never	Rarely	Some-times	Most days	Every day
26. Other kids trip me over.	Never	Rarely	Some-times	Most days	Every day
27. Other kids tell people to make fun of me.	Never	Rarely	Some-times	Most days	Every day
28. Other kids call me names because I'm a bit different.	Never	Rarely	Some-times	Most days	Every day
29. Other kids hit me.	Never	Rarely	Some-times	Most days	Every day
30. Other kids harass me over the phone.	Never	Rarely	Some-times	Most days	Every day
31. Other kids make fun of my friends.	Never	Rarely	Some-times	Most days	Every day
32. Other kids call me names because I can't do something.	Never	Rarely	Some-times	Most days	Every day

## APPENDIX C: STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

### Strengths and Difficulties Questionnaire

**P or T 4-10**

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months or this school year.

Child's name .....

Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often offers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature .....

Date .....

Parent / Teacher / Other (Please specify):

**Thank you very much for your help**

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