

Bully/Victim Status and Internalizing Symptomatology: A Longitudinal Analysis

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INTRODUCTION

- Depression has been found to be a common experience among male and female victims of bullying (Callagan & Joseph, 1995; Craig, 1998; Slee, 1995).
 - Bullying is most commonly defined as mean, negative behavior that takes place repeatedly over time and is characterized by an imbalance of power between individuals (Olweus, 1993).
 - Chronic victims of bullying are more likely to experience negative short and long term effects, including depression (Perry, Hodges, Egan, 2001).
 - Browning, Cohen, and Warmen (2003) grouped victims based on victimization status across time, including *stable victims* (i.e., victimized at all time points), *discontinued victims* (i.e., no longer victims after time one), *never victims* (i.e., no victimization at any time point), and *became victims* (i.e., not victimized at time one, but later reported victimization).
 - According to Beck's (1967) cognitive theory, stressful and negative life events lead individuals to hold negative and stable views about themselves, their world, and their future (i.e., cognitive triad). Thus, they develop maladaptive thinking, a biased processing, and a self-schema which seeks to confirm their negative beliefs.
 - Cognitive diathesis-stress models suggest that negative and maladaptive cognitions as well as vulnerabilities or exposure to stress lead to the development of depressive symptomatology (Stark et al., 1999).
 - Multiple cross-sectional studies on victimization and psychological distress have been conducted; however, this study seeks to investigate the longitudinal effects of victimization status and depressive symptoms.
- Study hypotheses:**
- It is hypothesized that *stable victims* will report higher depression across time, compared to *discontinued victims* and *never victims*.
 - Discontinued victims* will report higher depression scores at Time 3 than *never victims*, demonstrating the negative effect of one-time victimization on future depressive symptomatology.

PARTICIPANTS

- Participants for this study were recruited as part of a larger longitudinal investigation examining school experiences across cultures.
- Participants were students from two elementary schools, three middle schools, and two high schools in the Midwest.
- Participants were in grades 5 - 9 at Time 1 and Time 2 and in grades 6 - 10 at Time 3.
- Time 1: 621 girls, 547 boys (1168 total)
- Time 2: 582 girls, 518 boys (1100 total)
- Time 3: 522 girls, 465 boys (987 total)
- Ethnicity of the participants was mainly European American: 74%, 76%, and 75.5% at each time point, respectively.

PROCEDURES

- Data were collected in the Fall of 2005, the Spring of 2006, and the Fall of 2006.
- Active parental consent and youth assents were obtained for each student participant.
- Student participants completed a series of instruments which were administered during the school day.
- Victimization Groups were created based on a study by Browning et al. (2003): *Stable victim* (victim at all 3 time points), *discontinued victim* (Victim only at Time 1), and *never victim* (never reported being victimized). All other possible victim categories were not included in this analysis.
- Only participants with 3 data points were utilized. This resulted in 137 *stable victims*, 81 *discontinued victims*, and 313 *never victims*, with 531 total participants utilized for analysis.

MEASURES

Bully Survey – Short (BS-S; Swearer, 2001)

- The Bully Survey – Short is a 6-item self-report measure designed to assess the occurrence and frequency of bullying behavior, victimization, and observation of bullying. This measure has been modified from the Bully Survey-Student Version (Swearer, 2001). Bully/victim status is derived by participants reported involvement in bullying. Participants are classified as bullies, victims, bully/victims, bystanders, or not involved. Bullying is defined as: "Bullying happens when someone hurts or scares another person on purpose and the person being bullied has a hard time defending himself or herself. Usually, bullying happens over and over."
 - Punching, shoving and other acts that hurt people physically
 - Spreading bad rumors about people
 - Keeping certain people out of a "group"
 - Teasing people in a mean way
 - Getting certain people to "gang up on others"

Children's Depression Inventory-Short (CDI-S; Kovacs, 1992)

- The CDI is the most commonly used self-report measure of depression for children 7 to 17 years of age. The CDI-S was adapted from the CDI and consists of 10 items designed as a screening measure to assess the overt symptoms of childhood depression. The CDI-S sums items to reach a total score measure of depression. Participants are asked to rate the severity of each item on a three-point scale of 0 to 2 during the two weeks prior to testing. The CDI has demonstrated acceptable internal consistency, including a total score coefficient alpha of .80 (Kovacs, 1992). The CDI-S correlates $r = .89$ with the full inventory. Its alpha reliability coefficient is .80 (Kovacs, 2001). In the present study, the internal consistency using coefficient alpha was .84, .87, and .85 for Time 1, 2, and 3, respectively.

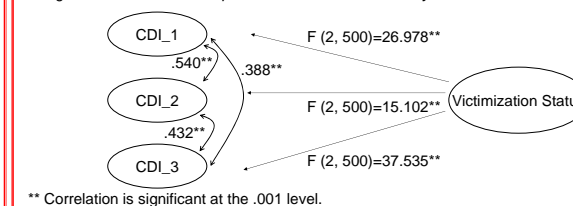
RESULTS

- Multivariate Analysis of Variance (MANOVA) was utilized to determine the main effects of categorical variables on multiple dependent interval variables.
- Post hoc comparisons were also performed to determine group differences.
- Hypothesis 1:** It is hypothesized that *stable victims* will report higher depression across time, compared to *discontinued victims* and *never victims*.
 - This hypothesis was confirmed. Victimization status (i.e., stable victim, discontinued victim, never victim) showed significant differences for depressive symptoms at all 3 time points, $F(2, 500) = 26.978, p < .001$; $F(2, 500) = 15.102, p < .001$; $F(2, 500) = 37.535, p < .001$, respectively.

RESULTS (continued)

- Tukey's post hoc showed the relationship of the significant differences between groups.
 - At Time 1, *never victims* reported significantly lower depression scores than *stable victims* and *discontinued victims*, $p < .001$.
 - At Time 2 and Time 3, *stable victims* reported significantly higher depression scores than *discontinued victims* and *never victims*, $p < .001$.
- Hypothesis 2:** *Discontinued victims* will report higher depression scores at Time 3 than *never victims*, demonstrating an effect of one-time victimization on future depressive symptomatology.
 - The results were not significant and this hypothesis was not confirmed.
 - At Time 3, *discontinued victims* and *never victims* did not significantly differ from *stable victims* in their self-reported depressive symptomatology.

Figure 1. Differences in depression scores determined by victimization status across time.



** Correlation is significant at the .001 level.

DISCUSSION

- Hypothesis 1** was confirmed as expected, demonstrating that depressive symptoms vary across victim subtypes.
 - This supports the findings of Perry et al., (2001) that those youth who are chronically victimized are at an increased risk for negative short and long term consequences, including depressive symptoms.
- Hypothesis 2** was not confirmed, demonstrating that experience with stress (i.e., victimization) does not have significant lasting effects on depressive symptoms, during the absence of the stress.
 - However, this supports Browning et al.(2003) who found that discontinued victims significantly improved their attributions of withdrawn behavior.
 - Additional support was found by Smith, Shu, and Madsen (2001) who claim that youth who acquire socially competent skills (i.e., social skills and coping strategies) move out of their victimization group (i.e., discontinued victims), but those who do not develop those skills may be continuously victimized.
 - While there is no measure of socially competent behavior in this study, it is reasonable to postulate that those students who moved out of their victimization status no longer suffered from symptoms of depression due to increased social skills and coping strategies.

LIMITATIONS & FUTURE DIRECTIONS

- Limitations include the use of self report data and a mostly European American sample which does not allow generalizations across all ethnic groups.
- The use of the CDI limits the results as the shortened version may not fully capture the participants depressive symptomatology.
- Developmental and gender differences in each hypothesis are areas for future research.
- Future research should also examine the reasons youth move in and out of victimization groups.