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Psychosocial Responses by Adolescent Male Victims to Peer Bullying

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PSYCHOSOCIAL RESPONSES BY ADOLESCENT MALE VICTIMS TO PEER BULLYING

by

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Abstract

Bullying remains a pervasive problem in most schools throughout the nation. Peer-bullied victims report higher levels of depression, suicidal ideation, anxiety, and concerns regarding their safety in school. Reactions of victims to peer bullying have been extreme, as in the cases of the rampage school shooters. Primarily, current research has not focused on the high school adolescent, although most school shooters arise from that age group.

The overall purpose of this study was to examine the psychosocial responses by adolescent male victims to peer bullying. Research questions addressed the frequency and severity of peer-victimization, distress, anxiety, and their perception of school violence.

This quantitative analysis comprised a convenience sample of males in Grades 9 and 10 from six suburban Southern California high schools. Each participant completed the Reynolds Bullying Victimization Scales for Schools (RBVS). The RBVS includes three instruments; the Bully Victimization Scale (BVS), Bully Victimization Distress Scale (BVDS), and the School Violence Anxiety Scale (SVAS). Only those who self reported being victims on the BVS were analyzed as to their levels of distress, anxiety, and perception of school violence.

In total, 1,697 students completed the RBVS; 43.1% ninth grade (n = 732), 43.8% tenth grade (n = 743), and 13.1% (n = 222) of ninth and tenth graders choosing not to declare their grade. Of the total respondents 1,487 participants completed the BVS, of which 25.5% (n = 379) reported being a victim of bullying within the past month. Of those, 57.2% reported being victimized by a peer five or more times within the past month. Victims consistently reported significantly higher scores on the BVDS when compared to their non-victim counterparts. Of victims, 70.5% reported severe anxiety and concern of school violence within the past month. African American teens consistently reported the highest scores of all races/ethnicities on all three instruments.

Adolescent male victims of peer bullying experienced markedly elevated levels of distress and anxiety. They perceived their school environment to be unsafe and reported concern of possible school violence. Future study of adolescent peer victimization should consider examining race/ethnicity as a contributing factor in peer bullying.

I have come to realize more and more

that the greatest disease and the greatest suffering

is to be unwanted, unloved, uncared for,

to be shunned by everybody,

to be just nobody [to no one]

Mother Teresa, *My Life for the Poor*

This dissertation is dedicated to:

Ron, Nicholas, and Alexander,
my beautiful family,
for their unwavering love and encouragement

and

To all those who have experienced being bullied by a peer

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CHAPTER 1

The Problem

Introduction

Violence by children and adolescents is a growing threat to child health. In 2002, more than 877,700 ten to 24-year-olds were injured from violent acts, with one in 13 requiring hospitalization (U.S. Centers for Disease Control and Prevention, 2004). Homicide is the second leading cause of death in adolescents in the U.S. and the first in African-American adolescent males (Anderson & Smith, 2003). According to the most recent Youth Risk Behavior survey in 2003, 26.9% of adolescent males report having carried a weapon to school, and for 10.2% of those males, the weapon of choice was a gun (Grunbaum, Kann, Kinchen, Ross, Hawkins, Lowry et al., 2004). Primary care providers have a unique opportunity to assist families in assessing their level of exposure to violence and their child's risk for violent behavior. The U.S. Centers for Disease Control and Prevention (2004), *Healthy People 2010* along with several other health-related branches of the U.S. Department of Health and Human Services (2000, 2001), the American Medical Association (Fleming & Towey, 2002), the National Association of Pediatric Nurse Practitioners (Melnyk, Moldenhauer, Veenema, Gullo, McMurtrie, O'Leary, et al., 2001), and the American Academy of Pediatrics (2000) have all identified violence as a serious health problem in youths because it disproportionately affects children and adolescents.

Previous research has identified environmental factors that are common among adolescents who kill with guns. The National Centers for Disease Prevention (2004) has identified four risk factor categories for teen violence. These include individual, family, peer/school, and neighborhood/community factors pointing toward exposure to violence and aggressive behavior, poor parent-child attachment and supervision, and poverty or lack of economic opportunity.

It has become apparent in recent research/investigations of school shootings that the lack of a profile of adolescents who killed with guns (i.e., rampage school shooters) in school settings was partly due to a perplexing range of behavioral backgrounds. Many of the individuals were apparently youths who were victimized by peer bullying in the school setting. They tended to be cautious and quiet, lonely, insecure, and low in self-esteem. As a rule, they did not have many, if any, good friends in the school setting. They reacted to victimization by anxiously withdrawing from peers and had difficulty asserting themselves in the peer group (O'Toole, 2000; Vossekuil, Fein, Reddy, Borum, & Modezeleski, 2002). Apparently many victimized youth appear to suffer in silence.

Background of the Problem

The World Health Organization has declared that violence by children and adolescents is a growing threat to child health and well-being across the world (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). A series of rampage school shootings occurring throughout the United States from 1992 through 2002 prompted a heightened interest in youth-related violence and attracted nationwide media attention. These high-profile shootings increased fear among educators, parents, and students.

Multiple federal and state institutions conducted investigations into the factors that contributed to violence in and around schools in the United States. In a collaborative study of the school-based lethal attacks occurring over 25 years, the Secret Service Agency and Department of Education identified 37 incidents carried out by 41 male individuals ages 11-21 years, with 85% of the shooters being 14-16 years of age at the time of the attack (Vossekuil et al., 2002). In an attempt to profile the school shooters, the Federal Bureau of Investigation performed a threat assessment and determined that there were too many individual variations to proclaim a distinctive profile of a school shooter (O'Toole, 2000). The only commonalities identified by Secret Service Agency and the Department of Education were that each of these male adolescents had access to guns and had told someone about their intent prior to their lethal attack (Vossekuil et al., 2002).

Despite their inability to profile the school shooters, the Secret Service Agency and Department of Education discovered that 29 of 41 (71%) of the school shooters were being bullied, persecuted, threatened, or injured by peers prior to the attack. In some of these individuals, the experience of being bullied appeared to be a direct link to their decision to shoot at school. Additionally, 39 of 41 (95%) had a plan to harm the individual(s) with whom they had a grievance prior to the attack (Vossekuil et al., 2002). The Federal Bureau of Investigation described the school shooter's personality, family, school, and social dynamics, and observed that adolescent personality development was crucial in the assessment of these adolescents (O'Toole, 2000). Despite these observations, the contextual analysis of the events did not include essential components of adolescent development, in particular the way in which peer relationships influence psychosocial development and the stress associated with being a victim of peer bullying.

Importance of the Study

Most of the bullied-victim research focuses on the elementary school and middle school child. The studies conducted with high school victims of peer bullying have had a specific focus, thereby providing us with scattered glimpses into a problem commonly seen in the lower grade schools. What is known about the victims of peer bullying in high school is that the bullying becomes more physically violent then in elementary and middle school (Ahmad & Smith, 1994, Isernhagen & Harris, 2003; Rigby, 2000). Peer-bullied high school victims were found to carry a weapon, be involved in physical fights, and/or be injured in those physical fights compared to younger victims (Cleary, 2000). Victims also stayed away from their high school to prevent further victimization (Grunbaum et al., 2004; Isernhagen & Harris). High school victims also reported a high incidence of suicidal behavior and depression (Cleary; Kaltiala-Heino & Rimplea, 1999). Examining victims of peer bullying in high school and specifically measuring their responses to the victimization and their perceptions about school safety and violence could provide a clearer picture of how these experiences affect victims, their family, schools, and communities at large.

Peer relationships are essential to adolescents. These relationships help formulate the day-to-day negotiation into adult relationships and solidification of the adolescent's own sense of self. When adolescent peers victimize each other, they have the potential for numerous social and mental health-related problems. Therefore, examining the responses by peer bullied victimized adolescent males is important because of the way it affects their current and future social interactions with their peer groups and their overall health.

Studying the perplexities of these two dynamics may identify strategies for successful interventions.

Curious as to what became of victims of bullying from Grade 6 through Grade 9, Olweus (1993) examined the two groups. He found that out of the two groups of boys who had and had not been victimized in school by their peers, the victims at age 23 years reported they were more depressed and had poorer self-esteem than those who had not been bullied. More recently, Roth, Coles, and Heimberg (2002) found childhood peer victimization to be associated with various forms of anxiety and depression in adults. Ambert (1994) reported that adults who were bullied as children experienced recurring memories of the events. However, more importantly, youths who were frequently victimized by their peers were known to experience more difficult emotional and social adjustments and had a difficult time remaining engaged in school. These victims frequently became disengaged from learning and from their school environment (Cleary, 2000; Nansel, Overpeck, Pilla, Ruan, & Simon-Morton, 2001; Reynolds, 2003a). Although these few studies speak to the long-term effects of peer victimization, one can postulate the lasting negative sequelae to being peer victimized.

Screening adolescents who demonstrate warning signs (e.g., somatic and behavioral complaints) during school, well teen, acute illness, and/or treatments for injuries is a community health responsibility. Practicing holistic patient care requires gathering sufficient information concerning the family unit. Therefore, assessing the victim of bullying and his level of internalizing and externalizing distress becomes crucial in providing preventative care. Determining whether the victim of peer bullying

well-being was threatened in or around school becomes an important part of preventing life-threatening health and safety situations.

Purpose of the Study

The overall purpose of this study was to examine the psychosocial responses by adolescent male victims to peer bullying. From this point forward the adolescent male victim of peer bullying was referred to as a *victim*. Although there is a tendency in the victimization literature to refer to victims as *survivors* or *recipients* of a form of victimization, this researcher chose the word victims to remain consistent with the current terminology used in the bully-victim literature. The researcher also considered that these victims were not yet survivors as they still had contact with their victimizers (bullies), the victimizing environment (school), and the experience of being victimized. Adolescence is considered to be from the ages of 10 to 20 years (Behrman, Kliegman, & Jenson, 2000). Yet, for the purpose of this study, the ages of 14-16 years were the focus of exploration as these were the most prevalent ages of high school shooters.

It was the intent of the researcher to consider the impact peer bullying had on the self-identified peer bullied victim's psychosocial development, and build on the characteristics identified in the peer bullying literature. To date, a developmental perspective on the peer-bullied adolescent and the relationship between being a victim of peer bullying and the psychosocial responses, such as their level of emotional distress, anxiety, and anger have been limited. This research intends to contribute to a void in the research literature regarding the factors that promoted distress, anxiety, anger, and aggression in the victims of peer bullying.

Research Questions

The research questions addressed in this study were:

1) *What are the characteristics of adolescent males who self-reported being a victim of peer bullying?* Of the 1,697 participants, 367 (21.6%) adolescent boys identified themselves as victims of peer bullying on the Bully Victimization Scale. By determining the number and clinical severity of peer-victimization, and by discerning the demographics related to grade and ethnic/racial categories, a clearer picture would emerge describing the high school bullied victim. If the victims in this study compare with the prevailing research on peer-bullying, then features of this group can be generalized for a better understanding of peer bullying in adolescents and may help uncover potential barriers to the prevention of peer bullying. If this group differs from previously studied victims of peer bullying, then differences may help uncover characteristics and possible factors that may influence becoming a victim.

2) *What level and type of distress did peer-bullied adolescent male victims experience?* The self-identified victim's responses to the Bully Victimization Distress Scale allowed for the analysis of data related to the clinical severity level and type of internal, external, and total distress experienced while being peer-bullied. By establishing the relationship to level and type of distress, a comparison maybe made to existing research. Victims who report a high level of internal distress (e.g., depression, anxiety, loneliness, worthlessness, hopelessness, suicidal thoughts, somatic complaints, social withdrawal) would be more of a risk to themselves than the victim who reported a high level of external symptoms of distress (e.g., anger, aggression, loss of temper, acting out). Victims who report a higher level of externalizing symptoms of distress have a

propensity for outward aggression and violence. Relating the level and type of distress of the victim's experiences would add to an evolving description of the high school bullied-victim.

3) *What were the levels of anxiety in adolescent male victims of peer bullying in relation to perceived school safety and violence?* The victim participants' responses to the School Violence Anxiety Scale measured their level of anxiety associated with being a victim of peer bullying and their perceptions of their school's environment. It is known that victims of peer bullying experienced harassment and/or physical harm at school, they perceived their school as having a potential for further violence. Studies also indicated that victims of bullying did not see school as a safe place and they often avoided attending school for fear of further victimization (Grunbaum et al., 2004; Isernhagen & Harris, 2003; Nansel et al., 2001). The anxiety associated with feeling unsafe at school interfered with victims attending and engaging themselves academically at school. Feeling unsafe at school could also result in carrying weapons to protect themselves or prevent future bullying (Grunbaum et al.; Cleary, 2000). In determining the victim's level of anxiety and perception of school, new information could be brought to light regarding the high school males' anxiety and perceptions of school violence. As few studies have addressed the high school male victims' perception of school violence, the data may potentially influence the future treatment of high school bullied males and school safety.

Assumptions Related to the Study

- Successful adolescent psychosocial development involved positive peer relationships. These relationships allowed the adolescent to develop and attain a sense of self and sense of fit with the world.

- The adolescent male who was the victim of peer bullying might live in constant anxiety and/or fear, and this would contribute to his level of internalizing and externalizing distress.
- There were varieties of reasons why adolescents refused to participate in the study: reluctance to disclose their victimized status, lack of interest in bullying as a topic, peer pressure not to participate, family or teacher reluctance to allow student participation, and cultural interpretations regarding participation in research.
- The site of the study was within the school system. Therefore, only those students who attended school the day of the study were participants; there might have been peer-bullied adolescent males who were absent, opted out of physical education, or dropped out of school and not involved in the study.
- Ninth and tenth graders were 14 to 16 years of age at the time of the survey.
- Participants honestly answered all instrument items.
- Varieties of factors interrelated with adolescent psychosocial development and these might have influenced the peer-bullied adolescent males' responses to these behaviors.

CHAPTER 2

Review of the Literature

Introduction

Bullying is strongly associated with health problems and safety concerns. Researchers in the fields of education, psychology, and sociology have largely studied the evolution of what is involved in being bullied: the act, the players, and the outcomes. Their study findings were often consistent among the samples of children studied, but they illuminate differences between children and adolescents. Study variables were selected based on an extensive review of the literature regarding psychosocial development in the adolescent male, adolescent male victim of peer bullying, violence in schools, and rampage school shooters. Following the review of the literature, the synthesis of findings illuminated the state of this vast, but largely unexplored topic.

Historical Perspective of the Problem

A majority of the research conducted on bullying came from Sweden and the United Kingdom with little national data found in the United States. Olweus (1993), recognized as the founding father of the peer-bullying literature, began his work in Norway in the late 1960s and early 1970s when bullying was first becoming a problem in the Scandinavian countries. However, it wasn't until 1982, when three 10 to 14 year-old boys committed suicide as the consequence of severe peer bullying in Norway, that a national investigation was launched to look at the common characteristics of bullying in

elementary and middle school. In this national study, Olweus found 15% of the primary and secondary students were involved in bullying problems as bullies or victims. Olweus found that 9% of those students were actually the victims of bullying. The trend and characteristics of victims of peer bullying found by Olweus in the Scandinavian countries were later confirmed in England. It became evident that peer bullying was a problem that crossed many oceans (Olweus; Whitney & Smith, 1993).

Most of the studies conducted in the early 1970s used smaller sample sizes (e.g. schools versus school districts) and often did not include a standard definition of bullying. In the 1980s and early 1990s, little data existed as to the tendency of bully/victim problems (Olweus, 1993). Since that time, several indirect signs suggest that bullying is more prevalent now than 10 to 15 years ago and that bullying has become more serious than previously believed (Grunbaum et al., 2004; Nansel et al., 2001, Olweus, 1993, 2003).

In April 1999, two teenage boys attending Columbine High School in Littleton, Colorado killed 14 students and one teacher. It alarmed the nation and was the impetus for the U.S. Department Health and Human Services Surgeon General's Report on Youth Violence (2001). This report supported intervening in the social context of a school's environment to promote healthy peer relationships. Yet, it was not until Nansel and her colleagues (2001) performed the largest United States' survey of early and middle adolescents' behaviors that bullying was found to be a significant problem in high schools. The Nansel et al. study provoked discussion among educators, policy makers, and health care providers to examine the astonishingly unhealthy peer relationship dynamics occurring within schools in the United States.

Definitions of Peer Bullying

Webster's New World Dictionary (1988) defines bullying as "hurting, frightening, or tyrannizing over, as a bully does; browbeating" (p.184). *The Oxford English Dictionary Online* (2004) defines bullying as "overbearing insolence; personal intimidation; petty tyranny. Often used in reference to schoolboy life." (para. 1).

Olweus (1993) first defined bullying as: "A student 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" (p. 9). There is agreement in the research literature that the definition of bullying is as follows: "Bullying is a specific type of aggression in which (1) the behavior is intended to harm or disturb, (2) the behavior occurs repeatedly over time, and (3) there is an imbalance of power, with a more powerful person or group attacking a less powerful one" (Nansel et al., 2001, p. 2094).

Webster's New World Dictionary (1988) defines victim as the following:

> A person or animal killed as a sacrifice to a god or religious rite; someone or something killed, destroyed, injured, or otherwise harmed by, or suffering from, some act, condition, or circumstance; a person who suffers some loss, especially by being swindled. (p. 1487)

This definition of victim is supported by the *Oxford English Dictionary Online 2004* as:

> A living creature killed and offered as a sacrifice to some deity or supernatural power; applied to Christ as an offering for mankind; a person who is put to death or subjected to torture by another; one who suffers severely in body or property through cruel or oppressive treatment; one who is reduced or destined to suffer under some oppressive or destructive agency; one who perishes or suffers in

> health, etc., from some enterprise or pursuit voluntarily undertaken; in weaker sense: one who suffers some injury, hardship, or loss, is badly treated or taken advantage of, etc. (para. 1).

Generally, the bullying literature has used the term "victim" as the individual, target, or object of the bully or the one being bullied (Nansel et al., 2001; Olweus, 1993, 2003; Piskin, 2002; Rigby, 2000). Although, it has been ascertained that most victims of bullying do not resort to violent retaliation, it is pertinent to note that most victims of bullying were described as school-age males and that a group mechanism most often existed to create the bullying event (Nansel et al., 2001; Olweus, 1993; Twemlow & Sacco, 1996).

Twemlow and Sacco (1996) first wrote about the existence of a bully-victim-bystander triad often seen in school violence. They defined the different roles bullies and victims played and the eventual roles they predicted each would play once an adult intervened. The question that they did not address was which of the victims had the potential for violent behavior? A similar observer-participant model was reported in the bullying literature, where non-active observers urge the bully to continue to victimize the bullied. The following triad often existed in order for the victim to be bullied: an observing audience to the humiliation with each individual in the audience assuming a role in the bullying situation (Olweus, 2003; Twemlow & Sacco, 1996). Olweus expanded upon the bully-victim-bystander scenario by defining various bystander roles. In this paradigm, the bully/bullies start the bullying against the exposed victim. There are six potential roles for bystanders in this scenario: the followers/henchmen, the supporters/passive bully/bullies, the passive supporters/possible bully/bullies, the

disengaged onlookers, the possible defenders, and the defenders of the victim. Each of these bystanders participated in an indirect or potentially direct role in the bully-victim interaction. The followers/henchmen take a dynamic part in the interaction, but do not initiate the bullying: The supporters, passive bully/bullies support the bullying, but do not participate in it. The passive supporters, possible bully/bullies enjoy the bullying, but do not show obvious support. The disengaged onlookers observe the interaction but do not take a position. The possible defenders have an aversion to the bullying and believe they should assist the victim, but they do not. The defenders of the victim detest the bullying and assist or attempt to assist the victim. Olweus defined these roles in an attempt to propose interventions to decrease bullying incidents in the school system.

Olweus (1993) attempted to clarify discrepancies in bullying behaviors by distinguishing between direct and indirect forms of bullying. Direct bullying was defined as "relatively open attacks on the victim" while indirect bullying was defined as "social isolation or exclusion from a group" (p. 87). In their longitudinal study of middle school adolescents, Pellegrini and Long (2002) proposed that the finding of direct bullying behavior predominates in young males and represents possible dominance behaviors between young males to establish their social position. This study utilized a variety of tools in studying the phenomenon of bullying including self-report, peer nominations, direct observations, diary, and teacher measures. Bjorkqvist, Lagerspetz, and Kaukiainen (1992) refined this discrepancy by looking at age and gender differences, using a peer nomination process of study. Studies also found that girls participate more in indirect bullying and boys more in direct bullying (Ahmad & Smith, 1994; Bjorkqvist et al.). Indirect bullying was delineated as gossiping, suggested shunning of another person,

spreading vicious rumors as revenge, and becoming friends with someone else as revenge (Bjorkqvist et al.). More recently cyber bullying with its unique ability to gossip, threaten, and humiliate with the use of information and communication technologies has become an area of great concern (Keith & Martin, 2005; Sparling, 2004). In Boulton, Trueman, and Flemington's (2002) study, a self-report questionnaire was administered to children from seventh through tenth grades regarding their involvement in different types of bullying, behaviors they regarded as bullying, and attitudes with respect to bullying, bullies, and victims. They did not find a decrease in bullying behaviors over time. They also found that fewer than half of the students thought "laughing at people" were bullying behavior, and only one out of five respondents thought social exclusion constituted bullying.

The Peer-Bullied Victim

Male Gender

It is clear through a review of the literature that boys bully differently than girls (Ahmad & Smith, 1994; Bjorkqvist et al., 1992; Boulton et al, 2002; Nansel et al, 2001; Olweus, 1993; Pellegrini & Long, 2002). Male peer bullying typically is physical (i.e., direct) in nature. Olweus found that more than 80% of boys bullied other boys. Admad and Smith determined that boys at the secondary school level were more likely to engage in physical acts (e.g., kicking, hitting, pushing, and shoving) of bullying than were girls. There are, to date, no studies investigating indirect bullying among adolescent boys. The largest study inquiring about bullying behavior performed in the United States involved 15,686 students from grades six to tenth; the male participants reported being pushed, slapped, or hit more frequently than the females (Nansel et al., 2001). When 1,522 male

adolescents responded to questionnaires pertaining to bullying and support, those males who reported mutual dislike of one or more peers reported a higher incidence of peer bullying and less peer support than those who had intact peer relationships (Abecassis, Hartup, Haselager, Scholte, & Lieshout, 2002).

Addressing one specific topic of bullying relates to the socialization of adolescent males in the school setting in regards to their sexuality. The National Mental Health Association's (2002) telephone survey of 760 adolescents aged 12-17 noted that 78% of teens that were thought to be gay or were gay were teased or bullied in school. Phoenix, Frosh, and Pattman (2003) performed a qualitative study of masculinity in 11-14 year-old boys in twelve London schools. This study noted that boys experienced their schools as threatening places and that it was necessary to act tough and not display emotion in order to avoid being labeled gay. Additionally, it was revealed that homophobic name-calling was not identified by teachers as bullying and therefore carried no consequences of punishment. In interviewing these young men, the researchers found that being labeled gay placed the individual at risk for bullying. Pollack (2000) confirmed these findings in his qualitative research published in *Real Boys' Voices,* noting several case studies of gay teens that reported experiences of direct and indirect bullying.

Age/Grade

The research supports that bullying behavior changes with age (Abecassis et al, 2002; Boulton et al, 2002; Salmivalli, 2002; Seals & Young, 2003). Early bullying behavior has been described in the elementary school setting as mostly teasing (Vessey, Duffy, O'Sullivan, & Swanson, 2003). Seals and Young noted that seventh graders bullied more frequently than eighth graders, which was supported in Nansel et al's (2001)

study of children in sixth through tenth grade. Nansel et al.'s study indicated that there were steady decreases in the frequency of bullying acts through the elementary grades into middle school and high school, but the behavior became more aggressive and serious. These studies were based upon self-report and were unconfirmed by teacher or peer report of victimization (Boulton et al, 2002; Nansel, 2001; Salmivalli, 2002). Despite these findings, Pellegrini and Long (2002) reported that although bullying behavior decreased with age, the aggressiveness of the bullying behavior increased. These findings were consistent with Whitney and Smith's (1993) findings that the incidence of bullying decreases with age, but the intensity of it increases.

Ethnic/Racial Categories

Interestingly, researchers found that youth from urban, suburban, and rural areas of the U.S. were bullied at the same frequency regardless of their community location and ethnicity (Nansel et al., 2001). Although most studies had multiple racial groups and ethnicities in their sample, they did not specifically address the effects of ethnicity/racial categories on bullying behavior and victimization. Seals and Young (2003) found that there were no statistically significant differences across races and ethnicities when they studied 454 seventh and eight graders in northern Mississippi. They found that African American and Caucasian students did not report differences in bullying behaviors. Contrary to these findings, Zhang and Johnson (2005), in their review of the Mississippi Youth Risk Behavior Surveillance System, 1993 through 2003, found that non-Hispanic black students were more likely to report being threatened or injured than non-Hispanic white students.

Victim Typologies

The four types of victims, as described by Twemlow and Sacco (1996), were the submissive victim, the provocative victim, the masochistic victim, and the rescuer. The submissive victim was described as passive, withdrawn, physically weak, unsure of himself, shy, sensitive to criticism, not depressed but submitting readily to the attack, and may be reliant on the bully for protection. In the school culture, this victim was an unpopular loner. The provocative victim, also known more commonly as the bully-victim, was the most common victim typology. This victim was irritating and unpopular with his peers, with outbursts of submission and aggression. This victim was often ostracized and humiliated; he often argued with and embarrassed the bullying peers in particular. The masochistic victim while described within the high school context was considered a martyr, often attempting to rescue the sadistic bully. Masochistic victims were also described as preoccupied, distracted, and often truant. Finally, the rescuer victim, also described in the high school setting, carried out his role in a submissive relationship to a sadistic bully. This individual viewed the bully as capable of reform and was personally described as being preoccupied and distracted (Olweus, 1978; Perry, Kusel, & Perry, 1988; Twemlow & Sacco, 1996).

Family Factors

Few researchers have targeted the family of the bully or the victim of bullying as a means of understanding their dynamics. Olweus (1978) noted a closer and more positive relationship with the mother in boys who were victims of peer bullying. He later identified that peer-bullied victims were exposed to paternal negativism and maternal

over-protectiveness (Olweus, 1993). In Rigby's (1994) early work, he also linked a negative father /child relationship with characteristics found in peer-bullied children.

The family socialization of aggressive or provocative victims has been studied and research suggests that there were several common factors: negative emotional attitude toward the boy by the primary caretaker in his earlier years; a permissive attitude toward aggressive behavior; physical punishment techniques; inconsistent discipline; emotional outbursts; and a negative relationship between the parents (Olweus, 1978, 1993; Schwartz, Dodge, Petit, & Bates, 1997).

Twemlow and Sacco (1996) postulated on family dynamics attached to each victim typology based on extensive review of the bullying literature. They based these typologies on an interactional and psychodynamic perspective. The submissive victim's family was described as overprotective or devaluing of the child and possibly physically or sexually abusing the child. The provocative victim's family was noted to be an aggressive home with victim/attacker dynamics between the parents. The masochistic victim's family dynamics were also dominant/submissive, and the rescuer victim's family was observed to be the model for the rescuer's behavior (Twemlow & Sacco, 1996).

Peer Relationship Factors

While parents are still the influential referent group during the transition into adolescence, the sociology and psychology literature are replete with studies investigating the importance of peer relationships in early adolescent development and adjustment (Colorossi, & Eccles, 2000; Crosnoe, 2000; Giordano, Cemkovich, Groat, Pugh & Swinford, 1998; Hartup, 1996; Muuss, 1996; Newman & Newman, 2001). The most influential psychosocial theorist guiding these studies has been Erikson (Muuss;

Newman & Newman). Only a few studies have actually investigated the impact of peer victimization to the development of self-identity during early adolescence (Newman & Newman; Pellegrini, 2002; Storch, Brassard & Masia-Warner, 2003). In their study, the relationship of peer victimization to social anxiety and loneliness in adolescence, Storch et al. found that boys in ninth and tenth grades in a parochial school reported more experiences of blatant victimization than girls reported. Natvig, Albrektsten, and Qvarnstrøm (2001) confirmed these findings in boys aged 13 to 15 years who self-reported the experience of victimization by bullying significantly more than girls. These and other researchers ascertained that friendships did decrease the loneliness in adolescents who reported being victimized (Colarossi & Eccles, 2000; Storch et al.).

Juvonen and Gross (2005) propose that overt bullying is included in a broader category termed peer rejection. In their review and comparison of the developmental and social psychology literature, Juvonen and Gross proposed a developmental model that described the interpersonal and intrapersonal dynamics that impelled the adolescent who did not belong to his or her peer group to display deviant behavior and have less adaptive interactions with their referent peer group. Additional research on bullied adolescents reveals the importance of the peer group in mediating the victim's sense of anxiety, alienation, and humiliation (Storch et al.). Social influences of peers during adolescence are integral to developing an intact sense of self, a developmental milestone for adolescence, and that the lack of these positive peer relationships negatively influences the success of attaining this milestone (Crosnoe; Giordano, 2003; Hartup, 1996; Muuss, 1996; Newman & Newman).

Psychosocial Factors

Pollack (2000) identified what he called the *boy code*, a silent convention of rules and expectations placed upon boys in adolescence. Pollack believed that the *boy code* is potentially one of the central explanations for the continued aggressiveness of boys. He noted that this social context excused aggressive behavior such as teasing and bullying as child's play that hardened boys to become men. Therefore, one can only reflect on how this societal message easily develops into the behaviors associated with peer bullying.

As bullying became more aggressive and violent in adolescence, it resulted in poorer psychological outcomes (Nansel et al., 2001). The victims of bullying often exhibited somatic symptoms including headache, stomachache, sleeplessness, depression, threatened or attempted suicide, and desire to carry a weapon (e.g., gun, knife) for protection (DeHann, 1997; Garrity & Baris, 1996; Glew, Raviara, & Feudtner, 2000; Muscari, 2002). Graham and Juvonen (1998) confirmed that the intrapersonal consequences of victimization resulted in self-blame, loneliness, anxiety, and low self-esteem. Further validation of peer victimization resulting in loneliness and emotional distress was found by Crick and Bigbee (1998) in their study of 383 self-reporting fourth and fifth graders in Illinois. Persons who were involved in bullying were more likely to exhibit other risk behaviors such as drinking alcohol or smoking.

Nansel and colleagues (2001) identified children who were bullied demonstrated poorer social and emotional adjustment and reported greater difficulty making friends, poorer relationships with classmates, and greater loneliness. Concomitantly, children who were isolated and lacked social skills were more likely to be targets for bullies. Thus, the combination of isolation and poorer social skills made them ready victims, while their

assailants tended to be socially adaptable and able to entice others to participate in or observe the bullying.

Bond, Carlin, Thomas, Rubin, & Patton (2001) performed a study of 2,680 young teenagers over eight years who self reported more symptoms of anxiety and depression in children from age eight years to 16 years. In their study cohort, they noted that females who were recurrently victimized self reported symptoms of anxiety and depression while the males rarely reported symptoms. The authors proposed that these findings might have been due to the fact that male victims just failed to self report the symptoms although they might have indeed been depressed or anxious. The researchers also suggested that the male victims might have suppressed their depression and anxiety, which they may have expressed by other means. Similar findings in both genders were reported in Sourander, Helstela, Helenius, & Piha's (2000) work indicated children bullied at eight years of age continued to be victimized at 16 years of age with associated psychological problems as measured by a depression inventory.

Resnick, Bearman, Blum, Bauman, Harris, and Jones, et al., (1997); Cleary (2000); Kaltiala-Heino and Rimpela (1999); Bond et al.; and Graham and Juvonen (1998) confirmed that peer victimization led to internalizing problems such as depression, dissociation, or suicidal behavior. Through a meta-analytic review of cross sectional studies from 1978 to 1998, associated peer victimization with psychosocial maladjustment correlated victimization most strongly with depression and weakly with anxiety (Hawker & Boulton, 2000). The Finnish study in two secondary schools confirmed that there was an increased prevalence of depression and severe suicidal

ideation in both the bullied and the bullies, with bully-victims demonstrating the most serious suicidal ideation (Kaltiala-Heino & Rimpela, 1999).

Health Concerns

The focus of the health care practice and educational literature stresses the importance in identifying the bully, reporting the events surrounding the bullying episode, and the establishment of bullying intervention programs (Besag, 1989; Coloroso, 2003; Fleming & Towey, 2002; Garbarino, 1999; Muscari, 2002; Olweus, 2003; Pearce & Thompson, 1998; Scott, Hague-Armstrong, & Downes, 2003; Selekman & Vessey, 2004). More recently, realization that victims often remain silent and that they experience a number of somatic and mental health symptoms has prompted commentaries in the pediatric health care provider literature (Estévez, Musitu & Herrero, 2005; Juvonen, Graham & Shuster, 2003; Muscari, 2002; Nansel et al., 2001, Natvig, Albrektsen, Anderssen, & Qvarnstrøm, 1999; Scott et al., 2003). Health care providers in the community and within the school systems are becoming increasingly aware of the many chasms through which victims of peer bullying fall into on any given day at school.

School Factors

Since the spring of 1990, the Centers for Disease Control have used the Youth Risk Behavior Surveys to interview students in school systems with regard to behaviors related to violence. In 2003, 5.4% of high school students missed at least one day of school during the preceding 30 days due to a perception that going to or from school or attending school was unsafe. During this same thirty-day period, 17.1% carried a weapon to school; males were four times more likely to carry a weapon to school than females. Nationwide, 9.2 % of students had been threatened or injured with a weapon at school

within the year of the survey (Grunbaum, et al., 2004). In Nansel and colleague's (2004) study of 15,686 public and private school students; 30% reported they had been involved in bullying, 16% reported that they had been bullied at least occasionally over the last school year, and 8% reported being bullied at least once a week.

In the Josephson Institute of Ethics' (2001) 8-year biennial national survey of 15,877 middle school and high school students, the survey found that one in five high school-age males took a weapon to school, 39% of middle school students and 36% of high school students did not feel safe at school, and 37% of middle school male students and 43% of high school males students believed it was acceptable to hit someone with whom they were angry. An even larger number of male students surveyed reported actually engaging in violence as a solution to being angry with someone with 75% of them admitting to hitting someone with whom they were angry in the last year. Even more concerning in this survey was the ability to access a gun, with 31% of middle school boys and 60% of high school boys reporting they could obtain a gun if they so desired.

According to the 2001 National Crime Prevention Study, 42% (n = 513) of adolescent's aged 12 to 17 years reported being a witness of bullying or taunting at least once a day at school. More than one-half of these students (53%) reported witnessing such incidents several times a day. In addition to these reports, another 26% of teens reported witnessing bullying at least once a week. Boys (44%) were more likely than girls (32%) to report witnessing these incidents (National Crime Prevention Council, 2002).

One very interesting finding in the course of reviewing national data on school-associated violence was the National School Safety Center's Report (2000) on School-Associated Violent Deaths. There is ongoing testimony regarding school-associated violent deaths since 1992. Of note, since the school year 1999-2000, the report ceased to separate bully-related and hate crime-related deaths, combining them into a category of interpersonal disputes. It is unclear if this was in any way related to rampage school shootings and national mandates prompted by the National Association of Attorneys General (2000) report, called *Protecting our children*, regarding bullying and harassment plans in schools.

It is clear based upon many national surveys, that students do not perceive school to be a safe environment, that weapons are easily accessed and brought onto school grounds, that bullying occurs on a regular basis on school grounds, and that aggressive behavior is an acceptable means of settling disputes at school (Grunbaum et al., 2004; Josephson Institute of Ethics, 2001; Nansel et al., 2001; National Crime Prevention Study, 2002). Ongoing documentation by the National School Safety Center (2000) in *School Associated Violent Deaths* confirmed students' negative perceptions of adequate protection from violence on school grounds.

Students in ninth and tenth grade ($n = 250$) were asked to answer questionnaires concerning bullying and victimization and report whom they had told about the event. Twelve percent of the boys ($n = 112$) said they did not tell while 11% reported that if they told someone there was no change in the victimization. Of those boys that did tell, 91% told their mother; no one told a teacher or counselor. Students reported that they did not feel that the school faculty was interested in intervening with bullying behavior on school

grounds (Isernhagen & Harris, 2003). In Rigby and Barnes' (2002) study of 38,000 middle and high school students, they found that 25% of students said, even if they were bullied every day, they would not tell anyone about the victimization. They also found that the older students were less likely to tell anyone; if they did tell someone, it would be a friend. What was striking in this study was that these students also did not choose the school authorities as someone to tell.

Bullying Prevention Programs

Based upon findings after the fatal outcomes of the Columbine High School shooting, the federal government supported initiatives for schools to implement anti-bullying curricula. The Bullying Prevention for School Safety and Crime Reduction Act of 2003 authorizes funds to be distributed to programs under the Department of Education's Safe and Drug-Free Schools and Communities Act and the Department of Justice's Juvenile Accountability Block Grant (U.S. Congress, 2003). With these funds in place, schools are enabled to develop and implement bullying prevention programs, few of which to date have been evaluated.

Olweus (1993) was the first to design the Olweus Bullying Prevention Program, which was implemented in 42 elementary and junior high schools in Norway from 1983 to 1985. The first evaluation of this program documented marked reductions by 50% of bullying problems and associated behaviors after 8 and 20 months of implementation. The program was deemed successful as it incorporated principles supporting positive relationships and behaviors in the student population, their families, and the school (Olweus, 1993, 2003).

From 1991 to 1993, the Sheffield Anti-Bullying project in England was implemented in 23 schools (16 primary and 7 secondary) with 6,500 students aged 8 to 16 years. Bullying was found to decrease in elementary school with less success in secondary schools. Although the secondary schools saw an increase in the number of students never bullied (4% on average) per year, they did not see a decline in the amount of bullying frequency or severity. The authors attributed these findings to building racial tension in the community (Smith, Ananiadou, & Cowie, 2003).

The anti-bullying program implemented in Toronto, Canada with 1,000 students aged 8 to 14 years revealed an increase in bullying behavior after the 18-month program despite behavior modification, school supervision, and peer conflict mediation (Smith et al., 2003). Belgium found similar lack of success when they had 1,104 students aged 10 to 16 years participate in a bullying intervention and control-type study. The schools were either designated as having an intervention with support, intervention only, or control. Post-tests at eight and 20 months revealed that there were no significant findings in any of the schools and that all schools reported increases in bullying over time. In Spain, ten schools with 910 students aged eight to 18 years participated in the Sevilla Anti-Violencia Escolar project from 1995 to 1996 and 1999-2000. The schools fostered democratic management of interpersonal relationships, cooperative work groups, behavior training, and direct interventions for those students that were at risk of victimization or those who were bullies. Post-intervention surveys of five schools documented a 57% reduction in victimization and a 16% drop in bully behavior. Overall, most projects demonstrated a more positive outcome among primary school students than

secondary school students did. In terms of gender, girls were more receptive to anti-bullying interventions than boys were.

In general, most anti-bullying programs did not use an experimental design and thus are not meticulously evaluated in terms of their effectiveness. There has been a recommendation by Forgatch (2003) that anti-bullying curricula be designed in such a fashion that they may be replicated and follow the rigors of experimental research.

Community Factors

Nansel and colleagues (2001) reported bullying behavior did not vary among rural, urban and suburban communities and that bullying behaviors among adolescents are a common phenomena. Few researchers have investigated community factors that may directly support bullying behavior. There is a global supposition that overall social constructs in the community contribute to supporting bullying behavior and its outcomes, but no quantitative studies investigating contributing community factors have been reported.

Newman, Fox, Harding, Mehta, & Roth (2004), a sociologist and her students, were hired by the National Academy of Sciences to study American communities affected by school shootings. They identified five factors in the community that contributed to the rampage school shootings: (a) marginality, (b) individual vulnerabilities, (c) cultural scripts, (d) under the radar programs, and (e) access to guns. Pharris (2002) found certain community similarities in 12 adolescent males who were convicted of various random murders. In her research she identified a community pattern in which these young men were (a) loosely connected to the school environment, (b) yearned for an friendly place in the community, and (c) depressed, numbing their pain

with drugs and alcohol. Sullivan (2002) identified three factors that were significant in the rampage school shootings: (a) the violence was severe, (b) the offenders had little history of prior violence, and (c) their schools, surrounded by communities that had low crime rates, had a history of being orderly and safe.

Undoubtedly, the availability of guns and the amount of indirect exposure of youth to violence in the United States can not be overlooked as a contributing factor to violence as an outcome to bullying. There is a large body of work addressing the impact of exposure to media violence, which may directly effect youth and adolescent development and response to stressors (Bar-on, Broughton, Buttross, Corrigan, Gedissman, Gonzalez de Rivas, et al., 2001; Rich, 2003; Strasburger & Grossman, 2001; Vessey & Lee, 2000; Villani, 2001; Willis & Strasburger, 1998). The volume of this work has yet to be studied as it relates to bullying behavior. For the purpose of this research, the effects of media exposure on victims will not be addressed.

Adolescent Development

Erikson's Psychosocial Development

Erikson's theory of psychosocial development stemmed from Freud's theory of psychosexual development. Psychosocial development divides life into stages. Each stage of psychosocial development was represented by a specific crisis that had to be resolved in order to move into the next stage of development successfully. Self-identity versus role diffusion was the crisis resolution for the period of development represented by adolescence. Erikson's work was extensive, spanning the course of fifty years. His theory of human psychosocial development was based upon his empiric practice as an ego psychologist and psychoanalyst (Hopkins, 2000).

Erikson (1968) coined the term *self-identity* in developmental psychology in his work, *Identity: Youth and crisis.* In this work, he combined the two separate concepts of self and identity noting that the task of identity formation had two components: the self-aspect and the ego-aspect. Self-identity, initially called ego-identity, was noted as the state which emerged from experiences in which the individual in crisis was successful at reintegrating roles at a maturational level, serving as secured social recognition for the individual. This was the successful accomplishment of identity formation versus role confusion. Erikson (1968, 1980) spent a great deal of time defining identity in his works *Identity: Youth and crisis* and *Identity and the life cycle*, noting that identity was an essential core aspect of who a person is. He expanded upon this concept to view it from many different aspects and levels to include a conscious sense of self, an unconscious internal striving, synthesis of the ego's desires, and maintenance of an inner sense of belonging to the group and maintaining its ideals and identity (Erikson, 1968). Despite his focus on the individual, Erikson did not neglect the importance of peers and social forces, which influenced a time in development that he described as confusing and illusory (Erikson, 1997). Erikson (1963, 1993) supported the notion that anxiety and fear interfere with the developmental tasks, and they can promote reactions that can best be describe as internal and external distress. Erikson (1993) said:

> We have nothing to fear but anxiety. For it is not the fear of a danger (which we might be well able to meet with judicious action), but the fear of the associated state of aimless anxiety which drives us into irrational *action*, irrational *flight*- or, indeed, irrational *denial* of danger. (p. 407)

Psychosocial Development and the Peer-Bullied Adolescent Male

In exploring the concept of self-identity in the peer-bullied adolescent male, many similar themes have emerged. It is clear that self-identity is the psychosocial developmental milestone for the adolescent (Erikson, 1968). Empirical research attempting to measure self-identity has clarified that positive family and social influences are essential in the development of an intact self-identity in the adolescent. It is evident that peer bullying has profound personal and interpersonal effects on the victim, leading to (a) low self-worth, (b) poorer interpersonal relationships, (c) poorer social adjustment, (d) depression, and (e) suicidal ideation and isolation (Abecassis et al., 2002; Bond et al., 2001; Cleary, 2000; Crick & Bigby, 1998; Forero, McLellan, Rissel, Bauman, 1999; Gofin, Palti, & Gordon, 2002; Graham & Juvonen, 1998; Kaltiala-Heino, Rimpela, Rantanen, & Rimpela, 2000; Nansel et al., 2001; Resnick et al., 1997; Salmon, James & Smith, 1998). "Many a late adolescent, if faced with continuing diffusion, would rather be nobody or somebody bad, or indeed, dead...than be not-quite-somebody" (Erikson, as quoted in Muuss, 1996, p. 55).

Peer Relationships and Psychosocial Development

Given the importance of the social context of peer relationships in the development of self-identity, it is evident that peer bullying has powerful negative implications for the peer-bullied adolescent. The triad of the bully-victim-bystander described by Twemlow and Sacco (1996) and expanded by Olweus (2003) supports the developmental impact of bullying on the adolescent whose most important reference group is his peers. The socialization of males in adolescence demands that they adhere to

the illusive *boy code* that may in fact reinforce aggressive behavior and enforce silence in communicating the effects of peer bullying (Pollack, 2000).

Family and Psychosocial Development

The family is the initial referent group in the development of self-identity in the adolescent. It is clear that there are dysfunctional family factors that may contribute to various victim behaviors. The most notable socialization attributes identified are those of the aggressive victim. These include negative primary caretaker attitudes toward the child, a permissive attitude toward aggressive behavior, physical punishment techniques, inconsistent discipline, emotional outbursts, and a negative inter-parental relationship (Olweus, 1978, 1993; Schwartz et al., 1997; Twemlow & Sacco, 1996). Twemlow and Sacco (1996) attempted to describe the family dynamics of specific victim typologies, their dialectical framework suggested that the submissive victim was often devalued by the family and although there was also a overprotective parent, there was the possibility of child abuse. The other three victim typologies (i.e., provocative, masochistic, rescuer) all repeated parental patterns. Based on these family dynamics, peer-bullied victims' would likely respond to any bullying event by mimicking the interactions they were familiar with at home. Erikson's (1993) work reaffirmed the theory that the loss of sense of self is inherently tied to anxiety and distress.

> We concluded that only a gradually accruing sense of identity, based upon the experience of social health and cultural solidarity at the end of each major childhood crisis, promises that periodically balance in human life, which - in integration of the ego stages makes for sense of humanity. But where this sense is lost...identity to confusion, an array of associated infantile fears are apt to

become mobilized: for only an identity safely anchored in the 'patrimony' of a cultural identity can produce a workable psychosocial equilibrium. (p. 412).

Psychosocial Responses to Peer Bullying

Internalizing Distress

Graham and Juvonen (1998) examined the self-perceptions of middle school victims and found there was an association between self-perceived victimization and feelings of self-blame, loneliness, anxiety and low self-worth. Although the population studied was early adolescents, other studies have supported an association between self-reported victimization and low self-esteem, depression and anxiety in older adolescence (Estévez et al., 2005; Hawker & Boulton, 2000; Hyman & Snook, 2001; Mazza & Reynolds, 1999; Nansel et al., 2001; Natvig et al., 1999; Salmon et al., 1998).

In the development of the *My Worst School Experience Scale (MWSES)* and the later version titled *Student Alienation and Trauma Scale (SATS),* Hyman and Snook (2001) noted that there were specific internalizing symptoms that were associated with what they coined *Student Alienation Syndrome*. Three factors were described by these researchers that were represented by the way these students perceived themselves in relationship to their peers. These three aspects were: oppositionality, hypervigilance and hopelessness (Hyman & Snook). The oppositional youth made statements that indicated that they had adversarial affiliations with peers and individuals in positions of authority over them. The hypervigilance in these youth was translated through statements about how safe the students felt at school. Finally, hopelessness was seen as an indicator that the students no longer valued life or the lives of others. These three factors could provoke the students to make possible violent choices to resolve their feelings of alienation.

Bond and colleagues (2001) performed a prospective study of young teenagers over eight years who self reported increased symptoms of anxiety and depression in children as they aged from eight to sixteen years. In their study cohort, they noted that females who were recurrently victimized self reported symptoms of anxiety and depression while the males did not. It was not clear if these males, who did not self-report these symptoms, might have indeed been depressed or had suppressed anger that was expressed by other means. Similar findings in both genders were reported on in Sourander and colleague's (2000) work, indicating that children bullied at eight years of age continued to be victimized at sixteen years of age with associated psychological problems as measured by a depression inventory. Resknik et al. (1997) confirmed that peer victimization led to internalizing problems such as depression, dissociation, or suicidal behavior. Kaltiala-Heino and Rimpela (1999) performed a school-based study of 16, 410 adolescents, ages 14 through 16, and noted an increased prevalence of depression and severe suicidal ideation in those adolescents who were bullied. A meta-analytic review of cross- sectional studies from 1978 to 1998 associated peer victimization with psychosocial maladjustment and correlated victimization most strongly with depression and weakly with anxiety (Hawker & Boulton, 2000). The Finnish study in two secondary schools published in the British Medical Journal confirmed that there was an increased prevalence of depression and severe suicidal ideation in both the bullied and bullies, with bullies who were also bullied demonstrating the most serious suicidal ideation (Kaltiala-Heino & Rimpela).

Externalizing Distress

Few studies have investigated the behavioral responses of peer-bullied victims. The National Institute of Child Health and Human Development funded the study of 15,686 students in grades six through 10 in private and public schools in the U.S. The study revealed that children who bullied and their victims were more likely to engage in violent behaviors than children who had never been involved in bullying behavior (Nansel et al., 2001). Borg (1998) noted that boys felt more vengeful than girls after being bullied. Rigby (1998) found, in a study of 819 secondary school students, that 39% of the male victims responded to weekly victimization with feelings of anger. Cleary (2000) studied the relationship between victimization and suicidal and violent behaviors among 1,569 high school students. Males reported being victimized more frequently than females and reported less suicidal behavior and more violent behavior than victimized females (Cleary). In the landmark investigation of 37 rampage school shootings involving 41 attackers, O'Toole (2000) reported that 71% of the shooters felt they were bullied, persecuted or injured prior to their attack.

Rampage School Shooter

According to the majority of the research regarding adolescent male rampage school-shooters, there was no obvious profile (Heide, 1999; O'Toole, 2000; Twemlow, Fonagy, Sacco, O'Toole, & Vernberg, 2002; Vossekuil et al., 2002). McGee and DeBernardo (1999) hypothesized in their study of 14 adolescent mass murders that there was a profile for what they termed the *classroom avenger*. This adolescent male individual was described as a Caucasian, raised in a middle class suburban or rural family with no history of any mental illness, disability, or retardation. His peers described him as

a loner who did not belong to any particular group. He appeared normal but had an interest in violence, although he had not participated in any violent acts. He fantasized about revenge and mass murders. His final exploit, the rampage school shooting, was in response to peer rejection or school disciplinary action. Meloy, Hempel, Mohandie, Shiva, and Gray (2001) conducted a descriptive, archival study of 27 adolescent mass murderers (i.e., defined as killing at least three people). Of these 27, four were classified as classroom avengers. All of the classroom avengers had been bullied. Interesting enough, of the entire study population, 43% self reported having been bullied in the past. In another qualitative study (Pharris, 2002), of 12 male adolescents convicted of random acts of murder, it was found that there was a dynamic process among experiencing aloneness, abuse or bullying, separation from family leading to social isolation, and school disconnectedness that preceded them becoming a murderer.

Two additional qualitative studies have examined specific school shooters. Harding, Fox, and Mehta (2002) compared two separate school shooting events involving Caucasian adolescent males from middle class families. They noted the following similarities: guns were readily available in both cases; each shooter had constructed a lethal problem-solving plan that involved using the gun at school; they each perceived themselves as peer-rejected; they had a personal loss which magnified their perception of being ostracized from their peers; and the social constructs which should have supported them within the school setting failed. In this qualitative study, these five factors were identified from the data to describe and compare these two separate yet similar events and all five factors were in place prior to the school shooting to occur.

Sullivan (2002) examined two incidents of school violence in two separate schools. One of these incidents was a copycat school shooting that occurred in 1999 shortly after the rampage school shooting in Littleton, Colorado. A 15-year-old male entered the high school he attended and shot and wounded six fellow students after he was found to be depressed and suicidal over familial disconnectedness, a recent move to a new community, social isolation at school, and extreme susceptibility to media violence. Sullivan noted the following factors that were presumed to be similar to other rampage school shootings by an male adolescent who had not previously committed a violent crime: social isolation within his family and peer group, a history of depression and suicidal ideation, multiple relocations to new communities and schools, parental divorce and remarriage, a history of firearm use and access to firearms, and an inciting incident preceding the school shooting.

O'Toole (2000) noted the following regarding the families of the school shooters: a turbulent parent-child relationship including recent or multiple moves, loss of a parent, addition of a step-parent, and violence occurring in the home; acceptance of pathological behavior with minimization by the parent of the child's misconduct; lack of intimacy in the parent-child relationship; the student *ruling the roost*; and, no restrictions or scrutinizing of TV and Internet use.

In examining the qualitative research on rampage school shooters, no profile has been identified regarding the student who resorted to rampage school shootings (Harding et al., 2002; O'Toole, 2000; Sullivan, 2002; Vossekuil et al., 2002). The identified similarities are: they were all male adolescents; they all had access to guns; they all had experienced a recent loss or grievance that was the inciting event; they were socially

isolated; they had experienced a changing family structure; and they had a history of depression or suicidal ideation.

Size and Scope of Typical Research Studies

There have been limited studies conducted on the referent research group. Most studies have targeted the elementary and middle school populations. In order to better identify what studies have focused on the peer-bullied high school adolescent, a table outlining the following was created (see Table 1). This table includes the author, year published, participant numbers and location, ages and genders of subjects, instruments used to perform the study, and the results have been placed in a table for review. After completing such an exercise, the lack of research involving victims in a high school population becomes obvious. In addition, the majority of these studies were performed outside of the United States. Thus, this study was undertaken to increase knowledge related to high school victims, specifically their characteristics and psychosocial responses to being victimized.

Table 1

Pertinent Research on Bully Victimization

Author(s)	**Year published**	**Sample Characteristics**	**Age (x) + range (years)**	**Tools**	**Subject of study**
Boulton, Trueman & Flemington	2002	*n* = 170 pupils in England	11/12 through 14/15 years	Self-designed questionnaire	The most positive attitudes towards bullying self-reported that they engaged in the most bullying
Cleary	2000	*n* = 1,569 public high school students in New York state (excluding NYC) 49% female 51% male	28% -9th grade 26% -10th grade 24% - 11th grade 23% - 12th grade	NY State YRBS	35% reported being victimized 23% reported suicidal behavior 39% reported violence-related behavior
Kaltiala-Heino & Rimpela	1999	*n* = 16,410 students 2 regions in Finland	14-16 years	WHO study on Youth Health	5% if girls and 6% boys bullied weekly during the current school term 2% of girls and 9% of boys reported they had bullied others at least weekly
Nansel, Overpeck, Pilla, Ruan, Simons-Morton & Scheidt	2001	*n* = 15,686 Grades 6-10 Males & females In US		Self report Questionnaire Containing 102 items as part of the international study HBSC	29.9% reported moderate or frequent involvement in bullying 13% bullies 10.6% victims 6.3% both
Rigby	1999	*n* = 276 First two years of high school in 1994 126 attending the last 2 years of high school in 1997 68 males 58 females In So. Australia	Mean age 16.7 years	Self-report	Victimization was positively correlated with relatively poor physical and mental health
Rigby	2000	*n* = 845 Secondary school 450 males 395 females In So. Australia	12 -16 yrs Mean age males– 14.01 yrs Mean age females – 13.92 yrs	Self-report questionnaires Well-being scale Victim scale	Mental health of adolescents is related independently to the degree of bullying and their perception of support by others

Author(s)	Year published	Sample Characteristics	Age (x) + range (years)	Tools	Subject of study
Salmon et al.	1998	*n* = 904 One school was in a socially disadvantaged urban area The other school was in a rural area Males & females In England	12 - 17 years	Olweus bull/victim Short mood/feelings Revised children's manifest anxiety incorporating a lie Rosenberg self esteem questionnaire	Boys in year 8 in school A with high anxiety and lying scores were most likely to be bullied Girls in grade 9 in school B with low anxiety and lying scores were least likely to be bullied Boys in year 10 with lov anxiety and lying scores were most likely to be bullies Girls in year 8 with high anxiety and lying scores and low depression scores were least likely to be bullies
Sourander & Helenius	2000	*n* = 898 8 year longitudinal study of children victimized at 8 years with follow-up at 16 years Males & females In Finland	8 years and16 years	Child Depression Inventory Parent and child reported	Bullying and victimization are often persistent and associated with severe emotional and behavior problems
Zhang & Johnson	2005	*n* = 9,058 10 year review of the Youth Risk Behavior Surveillance System (YRBSS) findings of high school students Males & females In Mississippi	$9^{th} - 12^{th}$ grade	YRBSS 1993-2003	Non-Hispanic Black students were more likely to be threatened or injured at school than non-Hispanic white students

CHAPTER 3

Methodology

Introduction

This chapter addressed the research methodology used to obtain important data from high school boys in Grades 9 and 10 regarding their psychosocial responses to peer bullying. This study specifically focused on the types of distress and anxiety teen boys experienced when involved with peer bullying and their perceptions of school safety.

Methodological Overview

The selection of study variables was guided by an extensive review of the literature and by examining the most prevalently reported demographics of age/grade and racial/ethnic categories. No one study or framework investigated the bullied adolescent (Victim) with regard to his potential for violent behavior in relationship to internalizing and externalizing symptoms of distress. While the profile of the typical bully and typical victim was defined, no profile had been defined for the victim who turned shooter (Twemlow & Sacco, 1996; Vossekuil et al., 2002). In limited mixed-gender studies of peer bullying in high school, researchers found that bullying became more physically violent among boys (Ahmad & Smith, 1994, Isernhagen & Harris, 2003; Kaltiala-Heino & Rimplea; 1999; Rigby, 2000), and that victimized males reported a higher incidence of emotional and behavioral problems (Cleary, 2000; Sourander et al., 2000). In order to understand more fully the specific experiences of male adolescent victimization, this

study included *only* males. This population was also chosen to more closely examine boys that were more demographically similar to the mean age, defined as ninth and tenth graders, of most of the school shooters. This particular group appeared to be one of the least studied (O'Toole, 2000; Vossekuil et al, 2002).

Research Design

This non-experimental correlative descriptive study titled the *Teen Boys Bullying Survey* (TBBS) used a cross sectional between-subjects design of 1,760 adolescent male participants from seven Southern California suburban high schools from May 16 through May 26, 2005. One of the seven high schools was a continuing education school where students went into this non-traditional setting because they had various issues that prevented them from successfully attending and/or completing their high school diploma. The data collected from this group of students was at the request of the individual school, but as these participants constituted a different group of students in terms of age and psychosocial development from students in traditional mainstream high schools, these participants were excluded from the study. By excluding this group of participants, the revised data represented a sample of 1,697 ninth and tenth grade boys from six Southern California suburban high schools.

The Reynolds Bully Victimization Scales for Schools™ (RBVS), and most recently retitled *Reynolds Scales for Schools*® on the Scantron booklet cover, were the instruments used in this study (Reynolds, 2003b, Harcourt, 2005).The RBVS, a seven-page perforated booklet containing a demographic cover page followed by three multiple choice instruments, may be administered independently of one another or as a group. The instruments included the Bully Victimization Scale (BVS), Bully-Victimization Distress

Scale (BVDS), and School Violence Anxiety Scale (SVAS). The BVS differentiated between victims and bullies. The BVSD measured the extent of internal, external, and total distress in the study participants. The SVAS assessed the participants' levels of anxiety and perceptions of school safety and violence.

The only demographic data approved for collection by the school district was the information on the instrument's cover page. Participants responded by only reporting their grade and ethnic/racial categories. After data collection, the researcher recorded the class period and the schools in which all instruments were administered.

Analysis for this study involved descriptive and inferential statistics. Descriptive statistics were used to describe the study population and summarize the researcher's findings. Inferential statistics were used to draw conclusions about the characteristics of the boys and the schools studied (see Table 2). The demographic variables in this study were grade and ethnic/racial categories. The study variables were the level of internal and external distress, the level of anxiety and perceived safety/violence of the participants' schools. The analysis techniques utilized in this study consisted of descriptive statistics, and analysis of variance (ANOVA). Frequency distributions were used to determine the percentiles of ethnic/racial categories and grade. Frequency also determined the number of reported victims based on BVS scores for victimization. The number of victim participants and their levels of clinical significance for internalizing, externalizing, and total distress were also assessed by running frequencies. Lastly, frequency also reported on the number of victim participants and their level of clinical significant for anxiety and perceptions of school violence. ANOVA's determined the relationship between victimization and the demographics, as well as it looked at comparison of victimization to

the three instrument results. Descriptive analyses and ANOVAs were run to examine the level of response to individual items of distress, anxiety, and perceptions of school violence. As described in the sample section, 80% probability was used to judge the significance of the findings. The study data was calculated by using SPSS® 13.0 for Windows.

Table 2

Study Variables, Statistics, and Purpose

Variables	**Type of Statistics**	**Purpose or Sample Questions**
Grade in years	Continuous, Ratio	Is grade a factor?
Ethnic/Racial Category	Discrete, Nominal	Is ethnicity/racial category a factor?
BVS – Victim vs. Bully	Continuous, Ratio	Indicates victims status
BVSD – Internal distress	Continuous, Ratio	Indicates level of internal distress experienced by victims Do victims experience high levels of internal distress? How significant are these levels? How do these levels correlate with their SVAS score?
BVSD - External distress	Continuous, Ratio	Indicates level of external distress experienced by victims Do victims experience high levels of external distress? How significant are these levels? How do these levels correlate with their SVAS score?
BVSD – Total distress	Continuous, Ratio	Indicates total distress score of victims
SVAS – School Violence Anxiety Scale	Continuous, Ratio	Indicates total anxiety/safety score of victims profile.

Gaining Access into the Population

This researcher contacted the coordinator of the Safe School Programs for the high school district. This individual received an e-mail with a description of the proposal and a request to study the male adolescents in that high school district. The researcher was directed to meet with the Systems and Support Personnel to introduce and coordinate the study. The study was described to the district administrator and then individual high school administrators to gather their support and approval. The intent of the researcher was to offer a partnership with the school district by providing them with the study findings relevant to their school community as a way of gaining access.

Protection of Participants

Prior to collecting any data, this researcher received human subjects' research approval from two sources: the University of San Diego's Institutional Review Board (see Appendix A) and the high school district. The high school district had conducted numerous health and behavior-related studies/surveys within their district, and therefore they had an established policy entitled, *Guidelines Regarding Surveys and Student Research*. Within this policy, the district had established guidelines for obtaining parental and student consent. For this particular study, the high school district department of Student Support Services requested the use of *Passive Parental Consent* (i.e., *waiver of active consent*) in which parents/guardians or students receive consent/assent forms, and then communicate with the district only if they do *not* wish to participate. As the school district services a largely Hispanic or Latino community, the waiver of active consent was translated into Spanish by a native Spanish speaker (Appendix B). Therefore, all

parents/guardians were sent waiver of active consents in both English and Spanish (Appendix C & D).

An adolescent assent form (Appendix E) was developed by the researcher and approved by the University's Institutional Review Board. The assent, written in English only outlined the study and the participant's role and options. The assent form required a printed name, signature, and date if the participant opted not to participate in the study.

Both consent/assent forms were mailed to parents/guardians and students in which it was clearly stated that the student did not have to participate in the study. If they chose *not* to participate, they were given instructions in the waiver of active consent and assent forms for communicating their wishes to the district by telephone, fax, mail, and/or by contacting administrators, the researcher, and the researcher's dissertation supervisor (Dr. Georges). These individuals and their contact information was available so that parents/guardians and students could ask questions at any time before, during, or after the study. If they did choose to participate, no further action was necessary. The instrument booklet was available at the systems of support office for parents to review at any time.

On the study day, participants were provided with an additional copy of the assent form just prior to data collection. Participants were instructed that they were free to withdraw from the study at any time without penalty or consequences to his school standing or grades, and were verbally reminded of this just prior to data collection.

Site Description

The high school district encompassed the southeast area of San Diego County. The school district had 11 high schools with a total student body of 28,007 for the 2004-2005 school year (Education Data Partnership, 2005). The average grade enrollment for

2005 was as follows: Grade 9 (n = 7,357), Grade 10 (n = 7,210), Grade 11 (n = 6, 791), and Grade 12 (n = 6,649).

Administrators in the high school district were extremely receptive to the study proposal and were highly motivated to support the fruition of the study within their district. Although the high school district did not report any school shootings or any publicized school bullying events, they acknowledged that they were interested in preventing any future bullying events and in providing a safe and secure school environment for their students. At a meeting on February 23, 2005, the researcher presented the study to the high school district department of Student Services, which functions in the capacity of an Internal Review Board in reviewing, supporting, implementing, and monitoring all programs of research within the district. The study was approved by the department, and during a subsequent informational meeting on March 5, 2005, faculty representatives, school counselors, physical education (PE) teachers, and administrators from the 12 schools, gave unanimous support for its implementation.

The Systems of Support Programs Manager for the high school district agreed to support this research and approached the principals at each of the 12 high schools for permission to utilize their school as a study site. Only schools at which the principal agreed to participate were enrolled in the study. Arrangements were made with the principal and faculty at each participating school to recruit participants and perform data collection during students' physical education (PE) classes.

Selection of Participants

Participants

The targeted population for this study was adolescent males in the ninth and tenth grade that self-identified themselves as being victims of peer bullying on the BVS. The age of each participant was not solicited on the demographic page due to restrictions placed on the data gathered by the Systems of Support representing the interest of the school district. The school district's own data reflected that ninth and tenth grade students were consistently aged from 14 to 16 years of age. This convenience sample was comprised of adolescent males attending six urban public high schools in the same school district in Southern California. The participants were all enrolled in and attended PE at the school on the day of the study. It should be noted, that all participants belonged to a protected group as defined in 45 CFR 46.111 (b): minors (persons under age 18).

The school district's Systems of Support Personnel identified students based on course enrollment records. In order to promote participant anonymity, the district mailed the families and students the study's parental waiver of active consent and adolescent assent forms. The district mailed out 2,150 parental waiver of active consent for their son along with a separate adolescent assent form for the student.

Sampling and Recruitment

Due to the interest and enthusiasm shown by the high school district the study, the number of participants was well over the needed predicted number to allow for effect size. The resulting sample allowed for an alpha of 0.05, a power of 0.80, and a medium effect size for the correlation coefficient to be performed for this study (Hinkle, Wiersma, & Jurs, 2003; Polit & Hungler, 1999). An additional advantage of having a large cluster

sample of teen boys meant that the study would more accurately reflect the typical male Southern California high school student. This also, then allowed, for better representation of the target population (Vogt, 1999).

Instruments

Reynolds Bully Victimization Scales for Schools

The Reynolds Bully Victimization Scales for Schools™ (RBVS) is comprised of three scales; the Bully Victimization Scale (BVS), the Bully-Victimization Distress Scale (BVDS), and the School Violence Anxiety Scale (SVAS). The RBVS, developed by Reynolds, a well-known psychologist and reputable behavioral researcher who developed the Reynolds Adolescent Depression Scale, the Suicide Ideation Questionnaire, and the Reynolds Adolescent Adjustment Screening Inventory. The RBVS was nationally tested and standardized on male and female students in grades 3-12. The RBVS has been sold through PsychCorp™, Inc., a subsidiary of Harcourt Assessment, since 2003. Used together, the RBVS forms a comprehensive representation of a student's experience within the past month with peer bullying and his or her associated level of distress and anxiety related to school safety. The RBVS also has national recognition as effectively evaluating schools where bullying prevention programs exist (Reynolds, 2003a). Historically, self-report research methodology has been a recognized method for over seven decades with children and adolescents (Reynolds, 1993).

The RBVS scales were tested on more than 3,000 students in grades 3-12 from 37 schools across the United States. These scales were initially developed by Reynolds in 1996 when he became involved in a study of depression and the effects of violent behavior on 350 adolescent victims of school bullying in Grades 7 to 12. The RBVS was

been created as a screening instrument for the school environment and the clinical setting, with a recent Scantron version created and entitled the *Reynolds Scales for Schools*™ (Harcourt Assessment, 2005).

Reynolds (2003b) defined the term *victims* as "a student who has experienced a clinically relevant amount of bullying by another student or students" (p. 5). The definition, although brief, contained the same components as other definitions found in the bully victim literature. Reynolds' definition for *bully victimization* was

> When physical, psychological, or verbal actions by student or students, either directly or indirectly, causes physical or psychological distress to the recipient. Frequently the perpetrator or perpetrators have greater power over the victim, whether it be physical power, social or peer-related power that are used inappropriately to cause distress or otherwise limit the physical or social environment of the victim. (p. 5-6)

Students participating in instrument testing were described as developmentally appropriate for age (Reynolds, 2003a). No significant relationships to parental educational level or socioeconomic status were found of those students that tested the instruments. RBVS was retested on an additional 2,000 children and found to be reliable. All scales underwent readability analysis using the Flesch-Kincaid reading formulas in Microsoft Word® XP for Windows® (2002) software. Final version of RBVS was administered again to a national sample of over 2,000 students in Grades 3-12. A Spanish version of each scale was developed but not used in this study. Used in combination, the RBVS forms a comprehensive representation of a child's experience of peer-related threat, level of distress, and anxiety related to school safety. The administration

guidelines denote the use in individual or group settings, with adapted guidelines for students with reading problems or for those in special education. The instruments maybe administered in schools where bullying prevention programs are in place to evaluate their efficacy (Reynolds, 2003a).

The RBVS is a copyrighted B - Level secure test, it requires that the individual purchasing and utilizing the test must either belong to an organization recognized by Harcourt Assessment, Inc. or have a master's degree in psychology, education, or related field with relevant training in test assessment. Therefore, due to the secure nature of the instruments and the availability of dissertations to the general-public, photocopying or duplicating the RBVS and its items for this dissertation were deemed illegal by the Legal Department of Harcourt Assessments (C. Doebbler, personal communication, November 3, 2005). The RBVS may be purchased through PsychCorp, Incorporated™ (Reynolds, 2003a; 2003b; Harcourt Assessment, 2005).

Bully Victimization Scale (BVS)

The Bully Victimization Scale (BVS) was developed to assess separate domains in the bully-victim event among peers within the school environment. The Bullying Scale, designed to measure various bullying behaviors, identifies symptoms of overt peer aggression such as intimidating other students to do things they do not want to do, throwing objects at other students, hitting and fighting with other students, being with a group that assaults others, and stealing things from other students. The scale also measures relational aggression and harassment such as teasing, ridicule, name-calling, and verbal threats at other students. (Reynolds, 2003a).

The final version of the BVS was administered in a test sample of 2,405 (1,100 males and 1,305 females) students from grade 3-12. It has a reading ease of 96.5% at a reading level of grade 2.1 and can be completed in five to ten minutes (Reynolds, 2003a). The BVS contained two subscales: the Bullying Scale and the Victimization Scale, each consisting of 23 items (for a total of 46 items). Due to the individual characteristics of the two scales, no total scores are calculated. Each item on the scale is scored on the basis of a four-point scale with responses ranging from "Never" (scored as 0 points) to "Five or More Times" (scored as 3 points).

The descriptions of the clinical severity levels (see Table 3) reflect various characteristics consistent with being a bully. A description of "clinically significant" represents a meaningful degree of bullying. An interpretation of "moderately significant" or "severe" is indicative of frequent bullying behavior, either as an individual bully and/or part of a group. Students with a severe level of bullying have achieved this level by selecting a large number of high-scored items (Reynolds, 2003a).

Table 3

Clinical Severity Levels of the BVS Bullying Scale Scores

Raw Score Range	Percentage Range	*T* Score Range	Description/ Interpretation
0-12	86 and below	57 and below	Normal
13-19	87-93	58-65	Clinically Significant
20-27	94-97	66-74	Moderately Severe
28-69	97 and above	75 and above	Severe

The Victimization Scale, designed to measure overt and relational peer aggression directed at the respondent examines various types of peer victimization. These behaviors reflect a student being forced to do things they do not want to do; being threatened with physical harm; having things thrown at them; being spat on, teased, called names, chased, intimidated, made to feel bad by peers; and having their property destroyed. The total score reflects the extent and degree to which the student may be a victim of peer bullying (Reynolds, 2003a).

The victimization scores (see Table 4) that correlates with a result of clinically significant data indicates that the student is experiencing more than teasing and often is dealing with overt aggression. The level of moderately significant indicates that the respondent has had frequent encounters with overt and relational aggression within the

past month. A description of severe denotes a victim who has selected a number of items that correlate with weekly or more frequent bullying (Reynolds, 2003a).

Table 4

Clinical Severity Levels of BVS Victimization Scale Scores

Raw Score Range	Percentage Range	*T* Score Range	Description/ Interpretation
0-15	80 and below	55 and below	Normal
16-23	81-90	56-63	Clinically Significant
24-29	90-94	64-68	Moderately Significant
30-69	95 and above	69 and above	Severe

On a standardized sample of 2,000 students, the BVS Bullying and Victimization Scales were uniformly high across gender and grade level with internal consistency reliability (Cronbach's alpha) of .93 for both the bullying and victimization subscales (Reynolds, 2003a). However, modest inter-correlations between the two scales could be expected, as some students report bullying and victimization experiences. These students fit the bully-victim typology; however, a subset scale that would identify these bully-victims does not exist (Reynolds, 2003a).

The BVS showed good convergent validity in both scales, demonstrating that the scales are reflective of the observable data (Reynolds, 2003a). The results of factor analysis found that "strong item-with-primary factor loadings were found for all items

with minimal shared variance with other factors" (Reynolds, 2003a, p. 75). Lastly, no significant differences were found between ethnic groups on the BVS Victimization Scale, yet relatively small differences were found on the BVS Bullying Scale between Black or African American and Asian, Hispanic or Latino and White, with the Black or African American students reporting higher scores (Reynolds, 2003a).

Bully-Victimization Distress Scale (BVDS)

The Bully-Victimization Scale (BVDS) has two subscales that measure internal distress and external distress. The scales assess the dimensions of a student's psychological distress specific to being the victim of bullying. It identifies respondents who experience mild, transient discomfort to severe distress. Victims of peer bullying may respond by feeling fearful or angry and those feelings are the symptoms the BVDS captures. The BVDS contains 35 items rated on a four points scale from "Never or Almost Never" (scored as 0 points), and "Almost all of the Time" (score as 3 points). Administered in approximately ten minutes to Grades 3-12 , with a reading ease of 94% at a reading level of 3.4 (Reynolds, 2003a).

Internalizing distress distinguishes psychological expressions of depression, sadness, loneliness, anxiety, misery, despondency, feelings of worthlessness, hopelessness, and somatic complaints. These emotions are covert, and therefore they are hard to recognize in victims by others. The internalizing distress scale consists of 21 of the 35 BVDS items, and the items are worded to indicate emotions in response to being bullied. The items evaluate feelings of dysphasia, crying, school avoidance, social withdrawal, anxiety, fearfulness, nightmares, insomnia, self-harm, and additional internalizing emotions (Reynolds, 2003a).

The internalizing distress clinical severity levels reflect the respondent's selection as to the frequency of the events (see Table 5). A level of clinically significant reflects a total score of items chosen along with the frequency of their occurrence. Students who report a significant number of symptoms occurring with regularity (2-3 points) typically fall within the moderately significant score range. The importance of identifying patterns of responses may reveal a victim who is anxious or depressed. An interpretation of a severe score must be considered severely distressed; the respondent is likely experiencing these emotions on a daily or continuous basis (Reynolds, 2003a).

Table 5

Clinical Severity Levels of the BVDS Internalizing Distress Scale Scores

Raw Score Range	Percentage Range	*T* Score Range	Description/ Interpretation
0-15	87 and below	59 and below	Normal
16-21	88-92	60-64	Clinically Significant
22-31	93-96	65-74	Moderately Significant
32-63	96 and above	75 and above	Severe

Externalizing distress involves overt symptoms most commonly associated with anger: aggression, acting out, physical violence, and various other antisocial behaviors. Some peer-bullied victims respond to being victimized by these overt symptoms (Rigby, 1998; Reynolds, 2003a). On the BVDS, externalizing distress subscale is measured by responding to 14 out the 35 items, and they are designed in the same format as the

internalizing distress subscale. For some students these emotions can be volatile and have the potential for violence (Reynolds, 2003a).

BVDS externalizing distress scores correlating with clinically significant data should be evaluated for the frequency and type of distress expressed (see Table 6). Scores in that range typically reveal victims with feelings of anger at their peers, and in some cases, some of them may engage in some level of overt aggression. A respondent who selects and scores items to be interpreted as "moderately significant" or "severe" distress, frequently report anger, retribution, specific desire and plans for violence (Reynolds, 2003a).

Table 6

Clinical Severity Levels of the BVDS Externalizing Distress Scale Scores

Raw Score Range	Percentage Range	*T* Score Range	Description/ Interpretation
0-14	88 and below	61 and below	Normal
15-19	89-93	62-67	Clinically Significant
20-25	94-96	68-75	Moderately Significant
26-42	97 and above	76 and above	Severe

One last measure in the BVDS is the Total Distress Score, which provides various levels of description to overall distress. It is known that victims of peer bullying may exhibit a mixture of internal and external distress, which may not interpret into a moderately significant or severe result (see Table 7). However, based on a total score the

student may actually fit into one of those descriptions, and require further investigation and possible mental health intervention (Reynolds, 2003a).

Table 7

Clinical Severity Levels of the BVDS Total Distress Scale Scores

Raw Score Range	Percentage Range	*T* Score Range	Description/ Interpretation
0-22	81 and below	56 and below	Normal
23-33	82-89	57-63	Clinically Significant
34-45	90-94	64-70	Moderately Significant
46-105	95 and above	71 and above	Severe

BVDS internal consistency reliability reported an internal consistency reliability coefficient (i.e., Cronbach's alpha) of .95 for the Internalizing Scale. The Externalizing Scale has a reliability coefficient of .92, while the BVDS Total Scale demonstrated an internal consistency of .96 (Reynolds, 2003a, p. 62). The BVDS reliabilities were uniformly high across gender and grade level (r_α from .89 to .96).

The BVDS convergent validity had strong correlations between the BVDS Internalizing Distress Scale and *Beck's Youth Inventories of Emotional and Social Impairment (BYI)* - BYI Anxiety Scale ($r = .72$, $p < .001$), BYI Depression Scale ($r = .60$, $p < .001$), and BYI Disruptive Scale ($r = .24$, $p < .05$). The BVDS Externalizing Distress Scale had moderately strong correlations with BYI Anxiety Scale ($r = .66$, $p < .001$) and Disruptive Behavior Scale ($r = .55$, $p < .001$). Moderate correlations were also found

between the BVDS internalizing ($r = .35$, $p < .001$) and externalizing distress ($r = .17$, $p < .001$) and the *Reynolds Adolescent Adjustment Inventory (RAAI)* Emotional Distress. Intercorrelations among RBVS found the BVDS Internalizing and Externalizing Distress scales demonstrated a convergent validity as shown by strong correlations ($r = .70$, $p < .001$) with the School Violence Anxiety Scale (Reynolds, 2003a).

School Violence Anxiety Scale (SVAS))

This instrument assesses the student's anxiety regarding school as an unsafe or threatening environment. This includes the act of bullying, but can also include interpersonal and individual violence. The interpersonal and individual violence may occur when a student brings a weapon to school, compromising school safety in the case of a school shooting (Reynolds, 2003a). The items in the SVAS evaluate physiologic, cognitive, and emotional components of anxiety. The SVAS consists of 29 items and was standardized on 1,850 (840 males and 1,010 females) students from grades 5-12. The reading ease calculated at 85%, with a reading level of grade 4.6, and should take 10 minutes to complete. A four-point response format ranges from Almost Never to Almost Always. Although three meaningful factors were found on the SVAS (i.e., anxiety related to personal injury, fear of harassment, , worry about safety in school), it was not designed to provide scores on the factorally-derived subscales, but rather to present a total score representing a student's school violence anxiety (Reynolds, 2003a).

Clinically significant scores indicate a level of perceived anxiety about the respondent's safety at school (see Table 8). The student's worry can be related to potential threats of violence from other students (i.e., bullying) or a possible catastrophic event. Evaluation of the respondent's individual item score can also provide insights to

his/her fears. Moderately significant scores are indicative of frequent anxiety about being bullied, either individually and/or in groups. Students who score in the severe range report they frequently experience symptoms of anxiety due to school violence. Descriptions of severe scores include somatic complaints and fears that they will be harmed at school (Reynolds, 2003a).

Table 8

Clinical Severity Levels of the SVAS Scale Scores

Raw Score Range	Percentage Range	*T* Score Range	Description/ Interpretation
0-15	88 and below	57 and below	Normal
16-22	89-92	58-63	Clinically Significant
23-30	93-95	64-70	Moderately Significant
31-87	96 and above	71 and above	Severe

Internal consistency for the SVAS was high at .96 for males and .95 for females, "with median internal consistency reliability coefficient of .95 across grades 5-12" (Reynolds, 2003, p. 63). Intercorrelations with the BVDS have already been addressed. The SVAS demonstrated a high correlation ($r = .70$, $p < .001$) with the BYI-Anxiety Scale, supporting its use as a measure of anxiety. Discriminant validity was evidenced by little, if any, correlation ($r = .23$, $p < .001$) with the BYI Disruptive Behavior Scale.

Study Materials and Expenses

Upon contacting PsychCorp, Inc.™ and discussing my research proposal with their Product Line Manager and Director of Research, PsychCorp, Inc.™ graciously provided all instrument booklets and scanned all data generated from this study free of charge. In return, this researcher provided them with a report evaluating usability of the instrument booklet and will share study findings upon the completion and publication of this dissertation. The high school district paid for all printing waiver of active consent and assent forms along with the postage costs of mailing these in order to maintain anonymity. In return, the high school district would receive study findings relating to the participating schools. Pencils were generously donated by Vanderbilt University, School of Nursing, where the researcher was a faculty member. SPSS® 13.0 for Windows (2002) was purchased by the researcher in order to analyze the data. All other equipment, copying and travel were funded by the researcher.

Procedures

On the day of the study, the researcher arrived at the designated high school, signed in, and with one of the school administrators set up the study materials in the gymnasium. In only one high school did was the study conducted in a cafeteria, as they gym was under repair. Study materials included 200 clipboards, extra pencils, and a manila envelope containing one Reynolds Bully Victimization Scales for Schools™ (RBVS) instrument booklet, one #2 mechanical pencil, and a copy of the assent form. An enlarged copy (poster size) of the cover page of the RBVS that highlighted the two demographic areas of grade and ethnic/racial categories. The gymnasiums were equipped with bleachers where the boys could sit and work. The researcher was also provided a

microphone, table, and chairs to facilitate communication and organization of the student materials. The cafeteria had tables and chairs where the students could work. Physical Education (PE) instructors took roll call outside of the gym/cafeteria and then ushered students into the study environment. Students were then handed a clipboard with a manila envelope on it. All materials were contained within the manila envelope. Upon receivingthe study materials, students were instructed to spread out, find a comfortable place to sit, and not to open the materials until instructions were given. Instructions for the study were initiated after all participants were seated. Instructions were scripted to maintain the consistency of the information and to ensure reliability and validity of the study data (Appendix F).

The researcher, giving central importance to the potential risks of discovering emotional distress in the participants, used all available various safety procedures to support students during the study-time period. These procedures had been carefully developed by the school district, and had been used as standard operating procedure whenever any research study was conducted within the school district. The researcher had the full support of the high school district in implementing the following:

1) On all study collection days, school counselors and school psychologists were available all day for any immediate students needs. Also, the counselors were highly visible during lunch and break times should any student want to see them.
2) All data collection instruments were coded after data collection by a randomly-generated number. A prefix code number preceded this random code, which served as a "global address" for the school study site. This global address

provided the researcher with the ability to identify immediately the school location of a participant with emotional distress.

3) San Diego Youth Crisis Hotline 800-448-4663 and California Youth Crisis Line 1-800-843-5200 or www.dontbullyhotline.com, and the school counselors' and psychologists' contact information were posted at approved sites throughout the school (Appendix G). In addition, this information was included as part of the waiver of active consent and assent forms.

Upon completion of the study in each school period, the students returned all the study materials to the manila envelope and sealed the envelope, with the exception of the pencil, which they were allowed to keep. The envelopes were placed in a drop box in the gym/cafeteria. The envelopes were batched by periods and by school at the end of each period. That evening of the study, the researcher reviewed all the instrument booklets for high scores and any unusual or stray comments. A chart indicating the number of high scores and unusual comments was e-mail and/or phone to the school principals, School Systems and Support Personnel and the school counselor, who was the study liaison. The Systems and Support Personnel department decided that a visit by the school counselor would occur the day after the study to acknowledge and thank the students for their participation and to offer any assistance to students or groups of student who may have had thoughts or concerns raised by the items in the study booklets. Counselors were sensitive to maintaining study participant confidentiality, so no individual or group of individuals were isolated or approached.

All data were coded using numbers. No participant names appeared on any of the data collection items and findings were reported as an aggregate, with no individual

identifiers. Data were secured in a locked file cabinet in the researcher's office, with the only access being to the researcher. Data will be kept for a minimum of 5 years before being destroyed.

CHAPTER 4

Data Analysis

Introduction

The families of 2,150 teen boys received waiver of active consent forms and each teen received an assent form in the mail from the school district. In addition, assent forms were included in the survey packet. Thirty-two parents (1.5%) chose to opt out their sons by written request, 229 teens (10.7%) opted-out by written request on the day of the study, and 77 teens (3.6%) abstained by returning blank instrument booklets on the study day. The remaining 52 missing students (2.4%): (a) dropped out of the PE class, (b) moved away from the school, or (c) missed school, or at least that particular period, on the day the study took place (see Table 9). Therefore, students excluded from the study were those whose parents had opted them out, those who chose to opt out themselves, those who were absent during the testing period, and those who chose to abstain.

Table 9

Study Participation by School

	Parental Waiver of Active Consent Declining Son's Participation	Adolescent Assent Forms Declining Participation	Adolescent Participants Absent or Abstained on Study Day	Total Number of Declines per School
School 1	0	13	34	47
School 2	9	18	21	48
School 3	8	18	9	35
School 4	10	168	0	178
School 5	0	3	2	5
School 6	5	9	11	25
Total	32	229	77	338

Instrumentation booklets included the three RBVS instruments and a demographic cover page. Due to constraints imposed by the Systems of Support (i.e., Institutional Review Board) for the school district, the only demographic data (i.e., characteristics) collected were grade and ethnic/racial categories.

Scoring of the BVS, BVDS, and SVAS was first tabulated as a numeric score, and then ranked into one of the four categories as outlined by the instrument's author. These groupings included (a) Category 1, normal; (b) Category 2, clinically significant; (c) Category 3, moderately significant; and (d) Category 4, severe (Reynolds, 2003a).

One-thousand seven-hundred sixty male adolescents totally or partially completed the instrument booklets. As previously discussed, participants from the non-traditional high school were excluded ($n = 63$), thereby making 1,697 the total participants sample. The researcher instructed students to skip any question that they did not understand or that made them uncomfortable. Because three distinct inventories were incorporated into the booklets, partial questionnaires were included in the database as a student could theoretically complete at least one scale. Only those participants who completed all questions in any one tool were included in the results. As such, the total number of participants is different for each instrument.

Evaluation and Analysis of the Data

The researcher manually reviewed all instrument pages to ensure successful scanning. Eight instruments contained written comments. These documents were photocopied prior to comment removal so that the scanning of those instruments would not be affected. Stray markings and graphic designs were removed only to the extent that they would not interfere with the accurate scoring of the data. Instruments were only enhanced by darkening the bubbles when necessary. This procedure was part of the instructions that the researcher received by the testing company (D. Shafer, personal communication, April 12, 2005).

After signing the Data Processing Disclosure Statement (Appendix H), PsychCorp processed all of the questionnaires and delivered the resulting database in Excel and SPSS formats. The data was then quality controlled by generating a table of random participant numbers utilizing SPSS® 13.0 for Windows (2004). The researcher then manually checked the selected surveys against the processed data. In 17 questionnaires

with 112 items each, 1,904 items were checked with only one miscoded item identified, indicating an error rate of 0.0005.

Demographics of Participants

Grade

Two grade levels were examined in this study; freshmen and sophomore boys. Survey participants included 732 (43.14%) in Grade 9, 743 (43.78%) in Grade 10, and the remaining 222 boys (13.08%) did not indicate their grade level. The assumption was that these ninth and tenth grade males were aged 14 to 16 years; however, age was not a demographic variable in this study. The school districts age per grade data supported the typical ages for Grades 9 and 10 were 14 to 16 years of age.

Ethnic/Racial Categories

Seven ethnic/racial categories were preprinted as part of the publisher's standard demographic page (i.e., American Indian or Alaskan Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander, White, Other) on the RBVS instrument booklet (Reynolds, 2005). Table 10 shows the distribution of ethnic/racial categories from the completed questionnaires as well as the district-wide distribution of ethnic/racial categories (Education Data Partnership, 2005) for comparison purposes. These demographic findings were consistent with the overall demographics of this school district; the largest race/ethnic group in the school district was Hispanic in 26 of the 28 high schools and middle schools.

Table 10

Participant Ethnic/Racial Categories

Ethnic/Racial Categories	District Percent	Frequency (*n*)	Percent	Valid Percent	Cumulative Percent
		Ethnic Category			
Hispanic or Latino	70.0	998	58.8	68.4	68.4
Not Hispanic or Latino	30.0	461	27.2	31.6	100.0
Missing	0.0	238	14.0	100.0	
Total	100.0	1,697	100.0		
		Racial Categories			
American Indian or Alaskan Native	0.5	22	1.3	1.5	1.5
Asian	11.1	180	10.6	12.3	13.8
Black or African American	4.8	98	5.8	6.7	20.5
Native Hawaiian or Pacific Islander	0.8	42	2.5	2.9	23.4
White, non-Hispanic	12.8	119	7.0	8.1	31.5
Hispanic or Latino	70.0	998	58.8	68.5	100.0
Missing		238	14.0	100.0	
Total	100.0	1,697	100.0		

To allow for a more focused approached to the ethnicity/racial categories in this study; to address the major race/ethnicities in the literature, which do not necessarily

track with the 1997 Office of Management and Budget race and ethnicity standards (NIH, 2001); and to limit the number of categories for more effective analyses, smaller and more defined ethnic/racial categories were recoded into one descriptor. In addition, the Office of Management and Budget standards apply specifically to NIH funded projects and thereby did not apply to this research study. As such, American Indian or Alaskan Native, Asian, Native Hawaiian or Pacific Islander, and missing entries were renamed *Others or Undeclared* (see Table 11).

Table 11

Ethnic/Racial Categories Recoded

Ethnic/Racial Categories	District Percent	Frequency (*n*)	Percent	Valid Percent
Black/African American	4.8	98	5.8	5.8
Hispanic or Latino	70.0	998	58.8	64.6
White, non-Hispanic	12.8	119	7.0	71.6
Others or Undeclared	12.4	482	28.4	100.0
Total	100.0	1697	100.0	

BVS Victimization Scale Results

A statistical examination of the data was performed on all responding participants to the RBVS to globally examine overall reports of victimization, distress, and anxiety in relationship to school violence. The following results speak to the significant findings in those participants. These data are the results of each scale.

Of 1,697 participants, 1,487 responded to all the items on the BVS. Categories of respondents to this scale were selected based upon 23 items identified as the construct of

victimization (Reynolds, 2003a). Using SPSS® 13.0 syntax programming of these 23 items, Reynolds' bully victimization victim (BVV) category was created. Statistical frequencies to these items indicated that 25.5% of participants (n = 379) reported being victims of bullying within the past month in or out of school. A second categorical variable was created to reflect the clinical severity levels of the BVS victimization scale scores as outlined by Reynolds (see Table 12).

Table 12

BVS Victimization Scores

Raw Score	Classification	Category	Frequency (n)	Percent
0-15	Normal	I	1,108	74.5
16-23	Clinically Significant	II	149	10.0
24-29	Moderately Significant	III	51	3.5
30-69	Severe	IV	179	12.0

Research Question 1

What are the characteristics of adolescent males who self-report being a victim of peer bullying?

BVS victimization and grade. Of the 379 bully victim responses, only 328 (86.6%) participants indicated their grade level. When victimization scores were compared to the participants' grade level, no significant findings were found (t [326] = .677, $p > 0.05$).

BVS victimization and ethnic/racial categories. When an ANOVA was calculated on the participants reporting victimization, significant findings were reported based upon

ethnic/racial categories (F [3, 375] = 10.307, $p < 0.001$). A Scheffé post hoc test was used as it provides a complex comparison among the four ethnic/racial categories groupings. Since the contrast here is more than mere differences among pairs of means, this robust test is flexible and allows the researcher to make comparisons when the size of the groupings are dissimilar (Hinkle et al., 2003). The results of the post hoc testing are shown in Table 13 below and demonstrate that African-American participants reported significantly higher victimization scores; however, they were not significantly different from White, non-Hispanic respondents.

Table 13

BVS Victimization by Ethnic/Racial Categories – Post Hoc Test (Scheffé [a,b])

Ethnic/Racial Categories	N	Subset for Alpha = .05	
		1	2
Hispanic or Latino	171	29.31	
Others or Undeclared	135	34.98	
White, non-Hispanic	38	37.42	37.42
Black or African American	35		43.97
Sig.		.053	.171

Means for groups in homogeneous subsets are displayed.
a. Uses Harmonic Mean Sample Size = 58.700
b. The groups sizes are unequal. The Harmonic Mean of the group sizes is used. Type 1 error levels are not guaranteed.

Research Question 2

What level and type of distress do peer-bullied adolescent male victims experience?

BVDS internalizing distress scale results. Of the 1,697 participants, 1,467 responded to internalizing distress items on the BVDS. Categories of respondents to this scale were selected based upon 21 items identified with internalizing distress (Reynolds, 2003a). Using SPSS® 13.0 syntax programming of these 21 items, a category was created called BVDS Internal Distress (VDI). Statistical frequencies of respondents to these items indicated that 17.3% of students (n = 253) reported internalized distress related to bullying within the past month in or out of school. Per Reynolds' instructions, a second category was created, called the Clinical Severity Levels of the BVDS Internal Distress category (CATVDI; see Table 14).

Table 14

BVDS Internalizing Distress Scores for All Participants

Raw Score	Classification	Category	Frequency (n)	Percent
0-15	Normal	I	1,214	82.7
16-21	Clinically Significant	II	51	3.5
22-31	Moderately Significant	III	57	3.9
32-63	Severe	IV	145	9.9

Of the respondents reporting internalized distress (n = 253), 20.2 % reported clinically significant internalized distress, 22.5% reported moderately significant

internalized distress, and 57.3% reported severe internalized distress within the past month.

Looking solely at the self-reported victims of bullying ($n = 379$), 323 victimized participants (85.2%) completed all of the questions needed to measure internalized distress. Those participants reported internalized distress more frequently (52.3% vs. 17.3%) and demonstrated significantly higher internal distress scores than their non-victimized counterparts (t [715.742] = -11.686, $p < 0.001$). Table 15 shows the distribution in the VDI scores by category for victims of bullying.

Table 15

BVDS Internalizing Distress Scores for Self-Reported Victims

Raw Score	Classification	Category	Frequency (n)	Percent
0-15	Normal	I	154	47.7
16-21	Clinically Significant	II	29	9.0
22-31	Moderately Significant	III	32	9.9
32-63	Severe	IV	108	33.4

BVDS internalizing distress and grade. When internal distress scores were compared to the participants' grade level for all students completing that part of the survey, significant findings were demonstrated (t [1220.553] = 2.604, $p < 0.01$). These findings revealed that ninth graders reported significantly higher internalized distress than tenth graders (9.05 vs. 6.88). Conversely, the frequency of occurrence in the four CATVDI was no different ($\chi^2 = 4.546$, $p > 0.05$).

However, to see if any difference could be detected between ninth and tenth grade victimized boys on the VDI, a *t*-test was used to compare the raw scores. In addition, a chi-square test was used to check the frequency of occurrence within the four CATVDI categories. No significant differences were found (t [281.888] = .426, $p > 0.05$; χ^2 = 2.123, $p > 0.05$).

BVDS internalizing distress and ethnic/racial categories. An ANOVA examining the relationship between internal distress and ethnic/racial categories demonstrated significant findings (F [3, 319] = 7.735, $p < 0.001$). A post hoc Scheffé analysis revealed significantly lower internal distress scores in Hispanic or Latino participants and Others or Undeclared when compared to African-Americans. However, differences between Hispanic or Latino participants, Others or Undeclared participants, and White, non-Hispanic participants were not significant. White, non-Hispanic and Black or African American participants were also not significantly different (see Table 16). Similar results were seen when all 1,467 participants were examined (F [3, 1463] = 22.496, $p < 0.001$).

Table 16

BVDS Internalizing Distress Categories by Ethnic/Racial Categories

Ethnic/Racial Categories	N	Subset for Alpha = .05	
		1	2
Hispanic or Latino	149	18.99	
Others or Undeclared	112	23.78	
White, non-Hispanic	31	28.81	28.81
Black or African American	31		37.65
Sig.		.140	.217

Means for groups in homogeneous subsets are displayed.
a. Uses Harmonic Mean Sample Size = 49.903
b. The groups sizes are unequal. The Harmonic Mean of the group sizes is used. Type 1 error levels are not guaranteed.

BVDS externalizing distress scale results. Of the 1,697 participants, 1,480 participants responded to the externalizing distress items on the BVDS. Categories of respondents to this scale were selected based upon 14 items identified with externalizing distress (Reynolds, 2003a). Using SPSS® 13.0 syntax programming of these 14 items, a category was created that Reynolds called BVDS External Distress (VDE). Statistical frequencies of respondents to these items indicated that 22% (n = 326) reported externalized distress related to bullying within the past month in or out of school. A second category was created called Clinical Severity Levels of the BVDS External Distress category (CATVDE) in accordance to Reynolds' work (see Table 17).

Table 17

BVDS Externalizing Distress Scores for All Participants

Raw Score	Classification	Category	Frequency (*n*)	Percent
0-14	Normal	I	1,154	78.0
15-19	Clinically Significant	II	107	7.2
20-25	Moderately Significant	III	80	5.4
26-42	Severe	IV	139	9.4

Of the respondents reporting externalized distress ($n = 326$), 32.7 % reported clinically significant externalized distress, 24.5% reported moderately significant externalized distress and 42.7% reported severe externalized distress within the past month.

Looking solely at the self-reported victims of bullying ($n = 379$), 331 victimized participants (87.3%) completed all of the questions needed to measure externalized distress. Those participants reported externalized distress more frequently (54.4% vs. 22.0%) and demonstrated significantly higher external distress scores than their non-victimized counterparts (t [774.507] = -15.353, $p < 0.001$). Table 18 shows the distribution in the VDE scores by category for victims of bullying.

Table 18

BVDS Externalizing Distress Scores for Self-Reported Victims

Raw Score	Classification	Category	Frequency (*n*)	Percent
0-14	Normal	I	151	45.6
15-19	Clinically Significant	II	50	15.1
20-25	Moderately Significant	III	39	11.8
26-42	Severe	IV	91	27.5

BVDS externalizing distress and grade. When external distress scores were compared to the participants' grade level for all students completing that part of the survey, significant findings were not demonstrated (t [1254.246] = 1.585, $p > 0.05$). These findings also failed to revealed differences in externalized distress scores in tenth graders (8.83 vs. 7.88), and their frequency of occurrence in the four CATVDI was no different ($\chi^2 = 3.479$, $p > 0.05$).

However, to see if any difference could be detected between ninth and tenth grade victimized boys on the VDI, a t-test was used to compare the raw scores. In addition, a chi-square test checked the frequency of occurrence within the four CATVDI categories. No significant differences were found (t [285.129] = .696, $p > 0.05$; $\chi^2 = 1.826$, $p > 0.05$).

BVDS externalizing distress and ethnic/racial categories. An ANOVA examining the relationship between external distress and ethnic/racial categories demonstrated significant findings (F [3, 327] = 5.134, $p < 0.01$). A post hoc Scheffé analysis revealed significantly lower external distress scores in Hispanic or Latino participants when compared to African-Americans. However, differences between Hispanic or Latino

participants, Others or Undeclared participants, and White, non-Hispanic participants were not significant. White, non-Hispanic, Others or Undeclared, and Black or African American participants were also not significantly different (see Table 19). Similar results were seen when all 1,467 participants were examined (F [3, 1476] = 18.852, $p < 0.001$).

Table 19

BVDS Externalizing Categories by Ethnic/Racial Categories

Ethnic/Racial Categories	N	Subset for Alpha = .05	
		1	2
Hispanic or Latino	150	15.85	
Others or Undeclared	118	18.57	
White, non-Hispanic	33	20.48	20.48
Black or African American	30		25.20
Sig.		.338	.077

Means for groups in homogeneous subsets are displayed.
a. Uses Harmonic Mean Sample Size = 50.776
b. The groups sizes are unequal. The Harmonic Mean of the group sizes is used. Type 1 error levels are not guaranteed.

BVDS total distress scale results. Of the 1,697 participants, 1,424 responded to total distress items on the BVDS. Categories of respondents to this scale were selected based upon all 35 items in the BVDS (Reynolds, 2003a). Using SPSS® 13.0 syntax programming, all 35 items were summed-up to create the BVDS Total Distress Scale. Statistical frequencies of respondents to these items indicated that 22.5% of students (n = 321) reported distress related to bullying within the past month in or out of school. Per Reynolds' instructions, a second category was created, called the Clinical Severity Levels of the BVDS Total Distress category (CATVDT; see Table 20).

Table 20

BVDS Total Distress Scores for All Participants

Raw Score	Classification	Category	Frequency (*n*)	Percent
0-22	Normal	I	1,103	77.5
23-33	Clinically Significant	II	93	6.5
34-45	Moderately Significant	III	64	4.5
46-105	Severe	IV	164	11.5

Of the respondents reporting total distress ($n = 321$), 28.9% reported clinically significant total distress, 20% reported moderately significant total distress, and 51.1% reported severe total distress within the past month.

Looking solely at the self-reported victims of bullying ($n = 379$), 312 victimized participants (82.3%) completed all of the questions needed to measure total distress. Those participants reported total distress more frequently (61.5% vs. 22.5%) and demonstrated significantly higher total distress scores than their non-victimized counterparts (t [342.199] = -17.348, $p < 0.001$). Table 21 shows the distribution in the VDT scores by category for victims of bullying.

Table 21

BVDS Total Distress Scores for Self-Reported Victims

Raw Score	Classification	Category	Frequency (*n*)	Percent
0-22	Normal	I	120	38.5
21-33	Clinically Significant	II	48	15.4
34-45	Moderately Significant	III	28	9.0
46-105	Severe	IV	116	37.1

BVDS total distress and grade. When total distress scores were compared to the participants' grade level for all students completing that part of the survey, significant findings were demonstrated (t [1186.770] = 2.039, $p < 0.05$). These findings revealed that ninth graders reported significantly higher total distress than tenth graders (17.36 vs. 14.54). Likewise, the frequency of occurrence in the four CATVDT was significantly different ($\chi^2 = 434.123, p < 0.001$).

However, to see if any difference could be detected between ninth and tenth grade victimized boys on the VDT, a t-test was used to compare the raw scores. In addition, a chi-square test was used to check the frequency of occurrence within the four CATVDT categories. No significant differences were found (t [271.556] = .616, $p > 0.05$; $\chi^2 = .846$, $p > 0.05$).

BVDS total distress and ethnic/racial categories. An ANOVA examining the relationship between total distress and ethnic/racial categories demonstrated significant findings (F [3, 308] = 7.143, $p < 0.001$). A post hoc Scheffé analysis revealed significantly lower total distress scores in Hispanic or Latino participants and Others or

Undeclared when compared to African-Americans. However, differences between Hispanic or Latino participants, Others or Undeclared participants, and White, non-Hispanic participants were not significant. White, non-Hispanic and Black or African American participants also were not significantly different (see Table 22). Similar results were seen when all 1,423 participants were examined (F [3, 1420] = 22.076, $p < 0.001$).

Table 22

BVDS Total Distress Categories by Ethnic/Racial Categories

Ethnic/Racial Categories	N	Subset for Alpha = .05	
		1	2
Hispanic or Latino	143	34.20	
Others or Undeclared	110	42.24	
White, non-Hispanic	30	48.33	48.33
Black or African American	29		63.21
Sig.		.215	.176

Means for groups in homogeneous subsets are displayed.
a. Uses Harmonic Mean Sample Size = 47.676
b. The groups sizes are unequal. The Harmonic Mean of the group sizes is used. Type 1 error levels are not guaranteed.

Research Question 3

What are the levels of anxiety in adolescent male victims of peer bullying in relation to perceived school safety and violence?

Of the 1,697 participants, 1,337 responded to items on the SVAS. Categories of respondents to this scale were selected based upon 29 items identified with anxiety and the perception of school violence (Reynolds, 2003a). Using SPSS® 13.0 syntax programming of these 29 items, a category was created called SVAS. Statistical

frequencies of respondents to these items indicated that 21.1% (n = 282) reported anxiety and perceptions of school violence while being victims of bullying within the past month in or out of school. A second category was created determining Clinical Severity Levels of the SVAS Scale scores (CATSVAS). Of categories two through four, respondents (n = 282), 16.2 % reported clinically significant anxiety and perceptions of school violence, 13.8% reported moderately significant anxiety and perceptions of school violence and 70.5 % reported severe anxiety and perceptions of school violence within the past month (see Table 23).

Table 23

SVAS Clinical Severity Scores for All Participants

Raw Score	Classification	Category	Frequency (n)	Percent
0-15	Normal	I	1,055	78.9
16-22	Clinically Significant	II	46	3.4
23-30	Moderately Significant	III	38	2.9
31-87	Severe	IV	198	14.8

Looking solely at the self-reported victims of bullying (n = 379), 298 victimized participants (78.6%) completed all of the questions needed to measure school violence and anxiety. Those participants reported school violence and anxiety more frequently (57.4% vs. 21.1%) and demonstrated significantly higher school violence and anxiety scores than their non-victimized counterparts (t [323.732] = -14.879, $p < 0.001$). Table 24 shows the distribution in the school violence and anxiety scores by category for victims of bullying.

Table 24

SVAS Clinical Severity Scores for Self-Reported Victims

Raw Score	Classification	Category	Frequency (*n*)	Percent
0-15	Normal	I	127	42.6
16-22	Clinically Significant	II	26	8.7
23-30	Moderately Significant	III	17	5.7
31-87	Severe	IV	128	43.0

SVAS and grade. When school violence and anxiety scores were compared to the participants' grade level for all students completing that part of the survey, no significant findings were demonstrated (t [1117.605] = 1.900, $p > 0.05$). These findings revealed that ninth graders reported similar school violence and anxiety scores as tenth graders (13.23 vs. 10.80). Likewise, the frequency of occurrence in the four CATSVAS was not significantly different ($\chi^2 = 3.413, p > 0.05$).

To see if any difference could be detected between ninth and tenth grade victimized boys on the SVAS, a t-test was used to compare the raw scores. In addition, a chi-square test was used to check the frequency of occurrence within the four CATSVAS categories. No significant differences were found (t [260.971] = .327, $p > 0.05$; $\chi^2 = 2.605, p > 0.05$)

SVAS and ethnic/racial categories. An ANOVA examining the relationship between total distress and ethnic/racial categories demonstrated significant findings (F [3, 294] = 4.155, $p < 0.01$). A post hoc Scheffé analysis revealed significantly lower total distress scores in Hispanic or Latino participants when compared to African-Americans.

However, differences between Hispanic or Latino participants, Others or Undeclared participants, and White, non-Hispanic participants were not significant. Others or Undeclared, White, non-Hispanic, and Black or African American participants were also not significantly different (see Table 25). When all 1,337 participants were examined, Black or African-American participants scored significantly higher than all other ethnicities (F [3, 1333] = 18.709, $p < 0.001$).

Table 25

SVAS Categories by Ethnic/Racial Categories

Ethnic/Racial Categories	N	Subset for Alpha = .05	
		1	2
Hispanic or Latino	132	28.11	
Others or Undeclared	106	32.74	32.74
White, non-Hispanic	30	34.23	34.23
Black or African American	30		50.10
Sig.		.817	.059

CHAPTER 5

Discussion of Findings

Introduction

The data from this study provides insight into the psychosocial responses of adolescent male victims in ninth and tenth grades attending six urban southern California high schools. It is clear from the data collected that victimization by peers plays a significant role in the lives of many adolescent males and affects their lives mentally and physically. The data also supports former research on peer-bullied victimization in and around school.

Given the study's large sample size and substantial data set, this researcher chose to examine only those males who self-reported peer-victimization as these individuals spoke to the research questions. All remaining data, will be analyzed in the future and are beyond the scope of this dissertation. Additionally, all data from this study focused on aspects unique to victimization as the instruments were specifically designed to measure responses to peer victimization. The participant responses represent a comprehensive self-report of the types and levels of distress, anxiety, and perceptions of school violence that they experienced within the past month. The study findings illuminated the incidence and sequelae of peer victimization by adolescent teens, and more significantly that these youths perceived their school environment as being unsafe.

Discussion of Research Question 1

What are the characteristics of adolescent males who self-report being a victim of peer bullying?

This study specifically narrowed the population to be gender and grade specific in order to determine the frequency and effects of bully victimization in ninth and tenth grade adolescent males. This population was also chosen to more closely examine boys who were more demographically similar to the mean age (i.e. ninth and tenth graders) of most of the recent school shooters. This age group appeared to be one of the least studied (O'Toole, 2000, Vossekuil et al., 2002). The school settings examined were six urban high schools with demographic profiles similar to other public schools in Southern California.

Of the 1,487 students that responded to the BVS, 25.5% (n = 379) reported being victims of peer bullying. This report rate is higher than what has been cited in the research literature, with the exception of Cleary's (2000) study where he reported 35% of the participants were peer victimized. Yet on closer examination, the demographic profile of Cleary's study was 49% female and 51% male adolescents and he did not report the frequency of male victimization. The BVS, designed to identify victims versus bullies, provided for identification and statistical analyses to determine the report rate of victims only.

One-third of the studies shown in Table 1 reporting peer victimization rates were large-scale surveys. These studies often identified high-risk behaviors with a subset of questions referring to peer-bullied victimization. These surveys could potentially avoid identifying the peer-bullied victim participant if he did not answer all of the survey

questions. One such study, conducted in the United States, addressed high school students of both genders (Nansel et al., 2001). This study used the International Health Behavior of School-Aged Children (HBSC) study data. Nansel and colleagues reported the findings based upon answers obtained on the self-report questionnaire that contained 102 items. However, in this questionnaire, only two parallel items addressed the frequency by which participants self-reported being bullied in and around school. Then, those two parallel items were collapsed into one response from which data was reported. Despite the large national sample size, this study only reported a 10.2% victimization rate. Interestingly, Nansel et al.'s results have been used to substantiate victimization by bullying on a national level and it remains the most frequently cited source since its publication. The HBSC was perhaps a less sensitive instrument and might have inaccurately captured the actual victimization rate that this study identified.

Grade was not found to be significant when compared with victimization rate Therefore, studies (see Table 1) that indicated a lower victimization rate as the students' progressed academically was not substantiated in this study. One other study specifically examined only ninth and tenth grade students. This quantitative study of 250 male and female students in two separate high schools in Texas and Nebraska reported a 12% victimization rate. However, this study's main objective was to determine whether victimized peers would tell someone about their victimization and, if so, whom might they tell (Isernhagen & Harris, 2003). These authors' findings did not address whether victimization rates changed with grade level.

It is unclear why this study population did not demonstrate a decline in peer-bullied victimization. One explanation might be that the timing and method of this study

could have provided an opportunity for participants to answer honestly. Conducting this study just before summer break could have provided those who were victimized a possible sense of justification as they anticipated a reprieve from the school bully. The study procedure assured students that their classmates, teachers, and school officials would not see their responses at any time. This, too, could have allowed for more honesty when completing the BVS. Often large-scale surveys are administered in schools by school officials and may prevent students from being completely honest for fear of identification and retribution.

This study revealed that Hispanic or Latino and Other or Undeclared participants reported significantly lower victimization scores on the BVS than the Black or African American males. This finding could be a reflection that the Hispanic or Latino participants have more cultural influence or the simple fact that they were the majority population in all schools. The Hispanic or Latino culture has been recognized for its familial strength and *machismo*. As noted in the literature, families that lack cohesion, mothers who often overprotect their sons and poor paternal interactions have been found to contribute to potential victim characteristics (Olweus, 1993; Rigby, 1994). The fact that Hispanic or Latino participants were also the dominant culture within the school district might have made them less vulnerable to higher victimization rates. By being the dominant culture, a sense of security at school is likely more prevalent. On potential explanation could be the increased likelihood that a number of family members attend the same school in various grades. Whereas one must consider that the possibility exists that Black or African American participants struggle with being a minority within a minority. These findings are supported in part by Zhang and Johnson's (2005) study, which found

that non-Hispanic Black students were more likely to be threatened or injured at school than non-Hispanic white students. An additional consideration may be that, within the Black or African American culture, there may be a higher numbers of single mothers raising sons. As indicated earlier, the propensity for becoming a victim of peer bullying increases when there are absent or negative paternal influences (Olweus, 1993; Rigby, 1994).

Discussion of Research Question 2

What level and type of distress do peer-bullied adolescent male victims experience?

Victimized males reported internalizing distress 52.3% (n = 323) more frequently than the non-victimized counterparts. Of those that reported being internally distressed, 33.4% of the students (n = 108) reported experiencing severe victimization five or more times within the past month (see Table 15). Findings on the externalizing distress subscale (see Table 18) identified that over half of the victims reported a significantly higher response rate than their non-victimized peers, and they experienced these symptoms almost all of the time with in the past month. Total distress was the combined score of the internal and external items. Of these victimized participants, 61.5% reported a total sense of distress, with 37.1% (n = 116) feeling distressed almost all of the time within the past month. Limited studies have reported symptoms of depression, emotional problems, and poor physical health associated with peer bullying (Rigby, 1999, 2000; Salmon et al., 1998). Additionally, researchers reported that persistent victimization over time could lead to severe emotional and behavioral problems (Bond et al., 2001; Sourander et al., 2000).

Grade, internal, external, and total distress findings were interesting as the level of distress was significantly lower for all tenth graders surveyed. However, when only the self-reported victims were analyzed, there was no difference between the grades. The level of internalizing distress remained constant, which likely affected the significance of the total distress score. One might reflect on the fact that those participants who reported being victimized may have been unable to alleviate their internal distress, thereby elevating their total distress responses.

The more threatening peer relationships are, the more distressed adolescent peer-bullied victims appear to become. The struggle to find their sense of self in a time of crisis appears to force developmental confusion and frustration. Their overall health becomes jeopardized by risk taking behaviors (Erikson, 1993). Erikson (1963, 1997), in his work spoke about the importance of peer relationships and that the feelings of anxiety and fear can interfere with developmental tasks. By arresting the psychosocial development as a response to fear and crisis, Erikson (1993) noted that the adolescent might demonstrate irrational actions, irrational fight-or-flight, and/or irrational denial of danger. This arresting development and irrational response could also explain why the peer-bullied adolescent victims choose to hurt themselves or others. They could fail to potentially mature developmentally, allowing for an inappropriate emotional and social response, and a rational reaction. They may begin to lack the basic social skills to maneuver out of becoming a target for continued victimization. Sourander and colleagues (2000) longitudinal study in Finland demonstrated that the severe emotional and behavioral problems associated with peer victimization persisted over time; however, their study did not address long-term effects as it was a one-time measure. Olweus (1993)

followed by Bond and colleagues (2001) later study asserted that victims had mental health-related issues well into their early 20s and that male victims may express their internal distress and anxiety by other means. At this time, the researcher cannot corroborate either of these findings due to the limited nature of this study. The concern is that these lasting emotional, behavioral, and physical responses will further perpetuate the developmental stagnation in the victim's ability to develop a sense of self that is robust and self-assured.

The findings for ethnic/racial categories are once again significant with Hispanic or Latino, and Others or Undeclared participants reporting lower victimization rates than the Black or African American male victims. Once again, the same conclusion can be drawn, and consideration of the victim's family or community support systems may determine the method of dealing with distress and responses victims have to peer bullying. As adolescent male teens are less likely to access psychiatric, mental health, or health services, the difficulties encountered with providing appropriate support becomes an immense challenge.

Discussion of Research Question 3

What are the levels of anxiety in adolescent male victims of peer bullying in relation to perceived school safety and violence?

Victimized males reported 57.4% (n = 298) more physiologic, cognitive, and emotional components of anxiety and fear of the potential for school violence than the total sample. Of those victims, 43% (n = 128) reported experiencing these symptoms almost all of the time within the past month. No differences were found in grade, as anxiety levels stayed the same for both the total number of respondents to the SVAS and

self-identified victims that completed the SVAS. The likelihood that once victimized, the teen experiences persistent feelings associated with anxiety. Theses symptoms may prevail until either the bullying stops or the support systems quell the fear. For non-victimized teens, there is an undiscovered reason for their anxiety and concern for their safety at school. One can only extrapolate that, due to the historical school shootings, expansive media coverage of the slayings, teens are more aware of the lethality and unpredictability of their classmates. Therefore, one would have expected the teens to be more responsive to items on the SVAS that target those key issues.

Ethnic/racial categories once again identified the Hispanic or Latino as the lowest scoring participants to the SVAS whereas the Black or African American teens reported the highest scores of anxiety and perception of school violence. As stated above, the researchers earlier comments regarding culture and societal factors may be the very reason these victims consistently remain both the lowest and highest scoring population on all instrument items. Being restricted from obtaining more robust demographic data prevented further exploration and description of the victimized participants' socioeconomic and cultural environment.

Implications of Findings

Theoretical Implications

Erikson's (1968) theory of psychosocial development identified peers as one of the most important components of successfully developing a sense of self-identity and fit with the world. School is the adolescent's world, it is the place they spend the majority of their teen years. In addition, school is the place where they have the most contact with their peer referent group and where they define their success as they prepare to move into

adulthood. It is clear from this study's findings that peer victimization in adolescent males negatively influenced their ability to freely explore their identity. The findings of this study support that there is significant distress and anxiety in peer-bullied males victims. Explorations of developmental responses are addressed in the discussion of the research findings, yet persistent underlying anxiety can obviously interfered with normal development and more seriously, had the potential to lead to risk-taking behaviors. The thoughts of these peer-victimized young men spoke to this resonantly by self-report. Pollack (2000) noted through his interviews with adolescent boys that they did not want to adhere to the *boy code*; that indeed they wanted to have a voice whether what they had to say was good or bad. However, more research is needed to identify whether the elusive boy code seems to be maintained out of fear of retribution in telling. Psychosocially and culturally, the elusive boy code appears to prevail as is indicated by the significant findings of victimization, distress, perception of school, violence, and anxiety.

Research Implications

This study revealed that adolescent males who are peer-victimized suffer real symptoms of psychological distress and anxiety and perceive their school environment to be unsafe with the potential for violence. Additionally, this study revealed that peer victimized males had thoughts and feelings about acting out violently in response to being bullied. Future research should try to capture the nature of these feelings in reference to the adolescent's developmental stage. In addition, further study could help determine whether irrational responses to victimization were a direct result of stymied psychosocial development or whether males are taught to use violence as a societal response. Ethnicity appeared to play a role in this study. Minority victims, specifically

Black or African American males, reported higher victimization rates with associated distress and anxiety. Although White, non-Hispanic students were also statistically a minority, one may speculate whether their identity with the dominant societal culture made them feel less victimized. Hispanic or Latinos, who are typically a minority culture, were the majority in the school culture and responded with the least amount of victimization. Six published research studies examining peer-bullied adolescents were conducted outside of the United States (Boulton et al., 2002; Kaltiala-Heino & Rimpela, 1999; Rigby, 1999, 2000; Salmon et al., 1998; Sourander et al., 2000). As the bulk of this literature was conducted in England, Australia, and Scandinavian countries, one might question whether their findings could be applied to youth in the United States. Also, all studies, whether in the U.S. or abroad, were mixed gender studies, so adolescent males were not the exclusive subjects of the research (Boulton, et al.; Cleary, 2000; Isernhagen & Harris, 2003; Kaltiala-Heino & Rimpela; Nansel et al., 2001; Rigby; Salmon et al.; Sourander et al.; Zhang & Johnson, 2005)

Adolescent males suffer in silence due to peer victimization. This suffering has clear health implications and needs further investigation. Adolescent males are one of the most vulnerable populations when considering their health maintenance and the prevention of injury. Risk-taking behaviors are still the leading cause of death in this population. Research has shown that psychological distress has lasting implications on overall health and well-being. Health care providers still need information to meet the guidelines of *Healthy People 2010* in the prevention of violence in youth. Nursing researchers have the opportunity to direct further studies into peer victimization and its effects on psychosocial development and adolescent health.

This study identified ethnic/racial categories as a factor in adolescent male peer victimization. Further studies in minority cultures are essential. Replicating this study in ethnically diverse and minority-concentrated communities using the RBVS would allow for a better understanding of the influence of ethnic/racial categories in peer victimization. The research to date indicates ethnicity might play a role in violence among adolescents, and in particular adolescent males (Zhang & Johnson, 2005). The high response of externalizing distress in the Black or African American study participants and Anderson & Smith's 2003 study that supported homicide as the leading cause of death in Black or African American males, begs for replication of this study in that ethnic group.

Lastly, demographic data is needed to determine participants' developmental stage, family structure, health maintenance practices, stress relief measures, socioeconomic status, and community support. This study did not collect demographic data on health information, culture, school culture, family structure, or community factors. It is apparent that these may all influence adolescent psychosocial well-being. The high schools in the study had populations exceeding 2,000 students, each making them communities unto themselves, therefore, other factors within the school environment that could have influenced student responses to the RBVS. Some of these factors could be the inherent school culture promoted by administration, faculty, support staff, and students. However, schools cannot be viewed in isolation as family factors and the community at large directly and indirectly impact schools. None of the schools had anti-bullying programs; however, they all had health services, counselor support, and available school psychologists. Despite these services, students still felt victimized by

peers and did not perceive their school as a safe place. Other demographic data in a replication of this study could reveal other influencing factors or safeguards in peer victimization and the prevention of school violence.

As mentioned earlier in this dissertation, the phenomenon of the school-shooter is of particular interest to this researcher. The report by O'Toole (2000) spoke to the high incidence of victimization by peers in school in 71% of the school shooters. It is clear from this research that there is significant self-report of externalizing distress manifested by peer bullied adolescent males. It is concerning that the victimized participants had high frequencies of externalizing distress responses and high levels of anxiety. These participants did not feel safe about reporting their victimization, as is common with the school shooter reports. Future research may provide insight into the dynamics of externalizing distress, anxiety, and peer victimization.

Applied Implications

From this study, this researcher comes away with a sense of wonder about the rate of victimization in adolescent male youth and its subsequent effects on the health and welfare of this vulnerable population. It is the intent of this researcher to share the study findings with the school district and the participating schools. Implications of these findings indicate that services in these schools are not meeting the safety needs of the students. Additionally, peer bullying is an active component of the studied school culture. Bullying awareness, prevention, and intervention would be the next logical step to address . School administrators, armed with study findings, could implement a wide variety of support services. Gathering information regarding possible victimization, including a description of the events, and involving parents, health care providers, and

school administration becomes essential in promoting partnerships to diffuse the possibility of a life-threatening school event (Marr & Field, 2001; Muscari, 2002; Roberts & Coursol, 1996; Scott et al., 2003).

Limitations of the Study

Design and Internal Validity

This descriptive study had limited demographic descriptors that prevented the researcher from identifying contributing factors. The lack of information prevents a more detailed description of the peer-bullied victim. The inability of the researcher to obtain the actual age of these ninth and tenth grade boys presented a significant flaw in this study. Future design considerations should incorporate age along with grade to verify that the target population is being accurately represented in the sample.

Although participants actively chose to participate, self-report is dependent upon honesty in the reporter. Additionally, although the participant schools were receptive to the researcher and the study topic, school administrators could not be accountable for how faculty and support staff valued the study. In one school, it was obvious that one physical education teacher swayed students from participating. In this particular school, the school counselor identified this teacher as having control over the participants' assent. This one school had 168 participants actively refuse to be part of the research. The study environment appeared to be conducive to this study by the researcher, but may have been viewed by one of the PE teachers as less than ideal, and this teacher had power over his students. One can only speculate as to the teacher's motives, his prior experiences with bullying, and/or whether he might have bullying characteristics.

External Validity and Generalizability

The RBVS is a reliable and valid, well-used instrument in schools throughout the United States; however, this is the first study that has used this instrument booklet for pure research. Although this study had a large sample size, the participant sample was unique to southern California, particularly to a city neighboring Mexico. This geographic location influenced the study racial/ethnic demographics, therefore making the study only generalizable to similar geographic urban areas. This was a study that was conducted in a school district and schools that were interested in participating. For this reason, although it was not measured, administrative paradigms may have been similar in these schools. Additionally, faculty interest in taking their class time for the researcher to administer the study could have affected data collection. Waiver of active consent and participant assent were necessary for participation in the study. Therefore, any and all data obtained could be biased by individuals who had particular interests in the topic.

Future Directions

The study findings reveal health care providers, educators, parents, and the community need to actively listen to and explore the world of male adolescents. Specifically schools need a heightened awareness of peer victims. Only after identifying peer victims can those with power intercede. It is imperative that research be driven by health care providers to look at the global health of adolescent males in and out of school.

Programs of research designed to identify those most at risk for peer victimization, replicating studies such as this one, conducted in a variety of communities with different male adolescent populations may validate this study's findings.

Although this study identified limited demographic descriptors, the significance of the findings support future program of research that could identify greater cultural and socioeconomic factors that may contribute to or prevent peer victimization.

School safety is paramount in providing an environment conducive to learning and to developing an intact sense of self. Peer relationships are essential in fostering this development and success in school. Nurses and health care providers are in a unique position to interface with this at-risk population to identify, prevent, and intervene in facilitating healthy development of adolescents. Peer-victimized adolescents may feel they are *just nobody – to no one,* which can lead to vulnerability and violence. Silence can be deadly. Creating environments that are free of peer victimization are essential if we are to promote adolescent health and well-being.

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Appendix B

Letter of Translation by Spanish Speaker

SDSU
San Diego State University

School of Nursing
College of Health and Human Services
San Diego State University
5500 Campanile Drive
San Diego CA 92182-4158
TEL: 619-594-5357
FAX: 619-594-2765

April 19, 2005

University of San Diego
Internal Review Board
Re: Karin Reuter-Rice, RN, Doctoral Candidate in Nursing
Title of Research: Psychosocial Responses
of Adolescent Males to Peer Bullying

To: IRB Committee and Mr. Herrington

This letter is to confirm that I, Nancy Coffin-Romig, DNSc, CNS APRN, BC translated the attached consent form into Spanish. I am a native Spanish speaker, a graduate of USD, Hahn School of Nursing and Health Science doctoral program, and a lecturer at San Diego State University, School of Nursing. My work experience includes being a bilingual Spanish/English translator and conducting research with a Spanish speaking population.

If you have any questions regarding this consent form translation, please do not hesitate to contact me at ncoffinr @mail.sdsu.edu or by phone at 619-729-6089 or Karin Reuter-Rice (760-804-5840 or Karin@sandiego.edu).

Sincerely,

Nancy Coffin-Romig, DNSc, CNS, APRN, BC
Clinical Nurse Specialist Psychiatric Mental Health
Lecturer, SDSU School of Nursing

Appendix C

Study Instructions

Hi! My name is Karin Reuter-Rice and I am a student at the University of San Diego. I am also a pediatric nurse practitioner. I am here to survey teen boys in High Schools about bullying as part of my research study. I would also like to introduce Dr. Donna Agan, who is one of my teachers. This survey will help us learn more about your thoughts and experiences with bullying in and around your school campus within the past month.

There is one booklet with three surveys. The booklet questions ask about bullying, distress you might experience when you are bullied, and if you feel your school is a safe place, and if not what might you be anxious about.

I want to start by saying that adults have rights when they participate in surveys or studies, and so do teenagers. You have the right to participate and you have the right to choose not to. It is totally up to you. Let me tell you more about the survey and then you can decide if you want to participate today.

First, No one will know who you are. The only thing you have to bubble in is the grade you are in and your ethnicity. There are about 2000 students who will be asked to participate in the study, so even if you bubble in your grade and whether you are white, black, Hispanic/Latino, or Asian or any of the others listed - I will NOT know who you are. You will not have to write in or bubble any other areas on the front page.

Second, I am the only one who will look at the information you give me in this survey. The school, teachers, and counselors will NOT know who you are and will not see these surveys. The answers you give will not be a part of your grade or affect any part of you graduating from high school. The only information the school gets when I finish my project is a big picture about bullying in their school. They will never know who you are or what your answers were.

Third, before we begin you will get another "ASSENT" form. This is the same assent form you have already received. It's written for kids and teens and tells you about the survey. This form only needs your name and signature if you DO NOT want to be part of the survey. If you want to be part of the survey, you DO NOT need to write and sign your name.

Fourth, if you decide to take the survey you have the choices. You can answer all of the questions or you can choose to answer only the questions that you are comfortable with and/or make sense to you. Once again, this is your chance to have a voice in what is going on in and around your school but I want you to feel comfortable and safe at all times taking the survey.

Fifth, sometimes when people are asked about things that are sad or difficult, they feel upset. You may or may not feel upset by some of the questions. If the survey does make you upset, don't hesitate to talk to a counselor or psychologist at your high school. They know about this study and are standing by in case you need them. The school has posted signs with information of people or places you can contact if you want to talk to someone after school hours. *Hold up copy of posted sign.* Does any one have any questions before we begin?

Okay – open your packets. You should all have a pencil (check if it works); a white Assent form; and a survey booklet. Raise your hand if you are missing any piece or your mechanical pencil doesn't work.

Let's start by looking at the white sheet of paper called the ASSENT form. This is the sheet that if you choose not to participate, you will need to write your name, signature, and date and place all materials back in the envelope. You may then work quietly on your own work. You may keep the pencil. For those of you who have chosen to participate we will now begin.

Please use the clipboard to put the booklet on so you have something solid to write on.

Let's begin:

a) ONLY bubble in your grade and ethnicity/race **see these 2 areas HOLD UP POSTER OF COVER PAGE with HIGHLIGHTED AREAS*
b) Now turn to page 2 (top left is says BVS) **read instruction to instrument* please begin answering the questions on pages 2 & 3 (give ~10 minutes)
c) Now turn to page 4 (top left says BVDS) **read instruction to instrument* please begin answering the questions on pages 4 & 5 (give ~10 minutes)
d) Now turn to page 6 (top left says SVAS) **read instruction to instrument* please begin answering the questions on pages 6 & 7 (give ~10 minutes)
e) When you have completed the survey, keep the pencil and put the survey booklet back into the envelope.
f) REMEMBER if you would like me to use your answers for my study please make sure you did NOT sign the white paper (assent form) but if you decided that you DO NOT want your answers to be used then make sure you wrote your name, signed your name, and dated the white form.
g) Now seal the packet and come up and drop the packet and clipboards in the boxes up front.

Thank you for being a part of the study.

Appendix D

Data Disclosure Letter

Harcourt Assessment, Inc.
PsychCorp, Inc.
P.O. Box 708912
San Antonio, TX 78270-8912
1-800-211-8373

Attn: Dr. Sandra Prince-Embry, Director of Research

July 8, 2005

Enclosed please find 1765 completed Reynolds Scales for Schools™ assessment booklets. As you are aware, the assessment booklets contain unpublished data and represent the main research focus of a dissertation to be submitted to the University of San Diego by Karin Reuter-Rice. For this reason, Harcourt Assessment and PsychCorp Incorporated agree not to copy, disclose, or share any information obtained from the processing or analysis of the enclosed data without the written consent of the primary researcher. Harcourt Assessment and PsychCorp Incorporated agree to maintain the strictest confidentiality and not to alter/manipulate the assessment booklets while in their possession.

As per our agreement, the date of processing starts July 11, 2005 with expected completion by July 29, 2005. Following completion of data processing, all assessment booklets and an electronic file (compact disk) containing the processed data will be returned to the primary researcher. The primary researcher agrees to share all assessment booklets for reprocessing by Harcourt Assessment and PsychCorp Incorporated upon the development of their Reynolds Scales for Schools™ scanning software. In addition, the researcher agrees to share the data following submission and acceptance of the dissertation, and publication of the data.

Product Line Manager
Signature of Harcourt/PsychCorp, Inc. Representative

7.11.05
Print Name & Date

7-12-05
Signature of Primary Researcher & Date