Experiencing Peer Victimization in Secondary School: Are We Missing The Mental Health Effects in College Students?

Giovanna Eisberg

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EXPERIENCING PEER VICTIMIZATION IN SECONDARY SCHOOL:
ARE WE MISSING THE MENTAL HEALTH EFFECTS IN COLLEGE STUDENTS?

By

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DISSERTATION

Submitted in Partial Fulfillment of the
Requirements for the Degree of

Doctor of Philosophy
Family Studies

The University of New Mexico
Albuquerque, New Mexico

May, 2017
DEDICATION

This dissertation is dedicated to the five most important people in my life: my parents, my husband George, and my two beautiful daughters, Stefani and Alex. Each of you have played an instrumental role in helping me achieve this lifetime goal. Without your love and support, this would have never happened. I love you more than you’ll ever know.

To my mother and father, who I wish with all my heart, could be here to watch me defend my dissertation and to watch me walk across that stage in May. I know how happy and proud you would have been, and I have to believe you’ll be watching as I am hooded and receive my doctoral degree. You both believed in me when I didn’t believe in myself. There are so many times I think about you and wish I could have just one more chance to tell you both how very much I love you. I miss you so very much. Considering I didn’t graduate high school, at least not the traditional way, I never thought I would make it in college (remember Papa’? when you asked me to try going to the university, and I said “if I can’t make it in high school, how can I ever make it in college? And you said, “why don’t you just try?”), much less graduate with three masters and a doctorate degree. It is because neither of you ever gave up on me, even when I did. You always encouraged me to pursue my education, so that I could have more opportunities in life than either of you had. Also, in light of the topic of my dissertation, I will also NEVER forget the time I was in elementary school and my friends wouldn’t let me eat lunch with them, and you Papa`, left your taxi cab route to come and eat lunch with me, among all the students in the cafeteria, so I wouldn’t eat alone. You were an AMAZING father! Thank you for your selflessness, limitless love and faith in me.

To my husband George; you are my rock babe, my very best friend and soul mate, and I don't know what I would do without you. It was because of your relentless love and
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Experiencing Peer Victimization in Secondary School: Are We Missing the Mental Health Effects in College Students?

By

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Ph.D. Family Studies, University of New Mexico, 2017

ABSTRACT

Every day in the United States, hundreds of thousands of students are absent from school because of fear of being bullied (Chen & Huang, 2015; Goldstein, 2012). Although bullying among school children in the United States has been declining since the 1990s (Finkelhor, 2013; Perlus, Brooks-Russell, Wang, & Iannotti, 2014), it is still a major social and mental health issue that has severe negative consequences on victims. Most of the existing literature has documented the short-term negative consequences of peer victimization in school children (Jantzer, Haffner, Parker, Resch, & Kaess, 2015; Landoll, LaGreca, Lai, Chan, & Herge, 2015; Rueger & Jenkins, 2014; Schwartz, Lansford, Dodge, Pettit, & Bates, 2015; Sumter, Valkenburg, Baumgartner, Peter, & van der Hof, 2015; Troop-Gordon, Rudolph, Sugimura, & Little, 2015) and although a recent five decade study demonstrated that long term mental health effects such as anxiety, depression and suicidal ideation continues into adulthood (Takizawa, Maughan, & Arseneault, 2014), research on the long term mental health effects such as anxiety and depressive symptoms in adults, related to
a history of peer victimization is limited (Bowes, Joinson, Wolke, & Lewis; 2016; McDougall & Vaillancourt, 2015; Ttofi, 2015).

In view of the existing literature and its limitation, I designed the current study to explore the following objectives: explore the degree to which college students report being bullied in secondary school; identify if long term mental health effects such as anxiety and depression exist in college students who have a history of being victimized by peers in secondary school; and understand college students’ perceptions of coping resources including mothers and fathers helpfulness and availability as well as community resources during the time they were bullied. Two hundred and thirty undergraduate college students participated in the study. It was a convenience sample and the participants were recruited from select Family and Child Studies courses at a university located in the Southwestern part of the United States. The participants filled out the following instruments: Demographic Questionnaire, Bullying Questionnaire, the State-Trait Anxiety Instrument (STAI), the Center of Epidemiological Studies Depression Scale-Revised (CESD-R), and Coping Resources Questionnaire. Analyses suggested that the study participants reported low to moderate level of bulling (relational, verbal, and physical) experiences when they attended secondary school. Levels of bullying experiences did not vary as a function of participants’ ethnicity and GPA. However, female participants reported greater experiences of relational bullying than male participants. Bullying experiences were found to be positively linked to participants’ reports of depressive symptoms and state anxiety. Also, depression, state anxiety, and trait anxiety were positively correlated. School teachers and peers appeared to be some possible sources of support to cope with bullying experiences. Also, a noticeable proportion of the participants reported no plausible support networks to get help. Although
the bullying victims perceived that both the mother and the father were available to help, the mother’s availability appeared to more pronounced that the father’s availability to help. The findings are discussed within the context of the human ecological systems model and future research and policy implications.
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Chapter 1

Introduction

It is difficult to imagine that school bullying continues to be a major problem in the United States of America today. Not only is it prevalent in schools across the country, but bullying behaviors continue to occur in after school programs, athletic events and more recently, through electronic devices, such as cell phones and the internet. The bullying behaviors have a devastating impact on millions of children, their families and communities everywhere. A plethora of research has identified many social, physical and mental health effects, such as anxiety and depression, on school-age children during the time bullying takes place (Beeri & Lev-Wiesel, 2012). Also, few studies have been conducted about the possible perpetual effects as a result of being bullied are continuing into adulthood (Takizawa, Maughan, & Arseneault, 2014). For example, prior findings have demonstrated that social support reduced the negative effects of stress and illness (Rawson, Bloomer, & Kendall, 2001), and that parent and familial support helped children who experienced peer victimization (Karyn & Healy, 2015). However, it is unclear if the scars and effects of bullying experiences continue after the victims have moved on to college. In particular, research specifically studying mental health effects in university students related to a history of bullying in secondary school have not been adequately explored. Furthermore, studies on perceptions of parental support and helpfulness from college students are hardly available. In view of the above mentioned assertions, the primary focus of the current study was first, to explore whether experiencing bullying during the secondary school years impacts mental health of the victims who are now in college, and second, to what degree college students
perceived their mothers, fathers and community resources to be helpful during the time they were victimized by peers.

The 21st century has incurred some of the most life changing events in U.S. History. Just after the turn of the century, Google became the largest search engine in the world, and the infamous social media site, Facebook, followed shortly thereafter. In 2001, the United States experienced the first foreign terrorist attack ever with the tragedy of 9-11, and in 2003, scientists successfully mapped the human genome, potentially unlocking the etiological mysteries to many serious and life-threatening diseases. In 2005, the internet site YouTube was launched which permitted people all over the world to upload and share informational videos on every topic imaginable (Kowalski, Limber, & Agatston, 2012), and in 2008, Americans voted into office the first African American President in U.S. History. Whereas some of these events were positive and enrich many of our daily life experiences, others have had significantly negative consequences in our lives and society. Arguably, the attacks of 9-11 were the most horrifying and tragic events to occur on American soil since the turn of the century, as the event challenged the very fabric of the values this country stands for. Although America was built on principles of fairness, equality, justice, and democracy, and as a country we take pride in its cultural tapestry, internal blights remain. As Americans, we have a responsibility to pay close attention to those difficult internal issues (i.e., poverty, gun violence), especially when they affect some of our most vulnerable citizens – our children.

As all of the aforementioned events were unfolding, Americans either didn’t realize, or paid little attention to, another brutal attack that was underway against hundreds of thousands of children across this country. Undoubtedly, it is extremely frightening when any radical group inflicts a terror attack upon innocent people anywhere in the world, but it is
even more horrific when as citizens, we are blinded from the acts of terror that are perpetrated against our own children. Shockingly, they are inflicted at the hands of their own peers, many of which parents, teachers and coaches interact with on a daily basis in their homes or their school environments. Just as the 9-11 terrorist attack affected millions of American lives, in fact, so does hundreds of thousands of peer victimization acts that occur in this country every year. School children are being traumatized and terrorized by their peers on a daily basis and every day across America. It is estimated that one hundred sixty thousand children are afraid to attend school out of fear of being bullied (Chen & Huang, 2015; Goldstein, 2012). Terrorism and bullying have similar consequences, as both deeply affect their victims emotionally, mentally and/or physically. Sadly, both terrorism and bullying sometimes have fatal outcomes, leaving families devastated and communities paralyzed.

Although many Americans conceptualize terrorism as relatively new phenomenon, human acts of terror have existed since the beginning of time. Likewise, the evolution of American civilization has been far from perfect; Native Americans have suffered the atrocity of genocide, African citizens were ripped away from their families and forced into slavery with subsequent lynching. Also, thousands of Jewish families faced their deaths in gas chambers during World War II, in an effort to ethnically cleanse and create a so-called master race. More recently, Muslim citizens are being tormented and killed because of their country of origin, sustaining accusations that they are all terrorists and should be deported to their American homes. These examples depict how human beings historically and presently, continue to experience terror and torture as a result of their ethnicity, race or religion. Instead of embracing individual differences that serve to dignify and enhance all human experience,
some people choose to attack anyone who differs from their own culture, group, or belief system.

In the same way that these deplorable human acts including bullying have and continue to occur. It is estimated that 20.8% of school children experience some forms of bullying in the United States (National Center for Educational Statistics, 2016). It is clearly evident that thousands of students continue to prey on their fellow peers with vicious and destructive insults, physical attacks and social isolation, which is premeditated to inflict harm, pain and suffering on their victims. In the field of behavioral sciences, we commonly call these terrorist-style student behaviors as peer victimization or bullying.

**Statement of the Problem**

Although many people believe bullying is part of the 'growing up' process, and far from political or armed terrorism, a plethora of research illustrates otherwise. The horrific peer victimization acts continue to occur daily in this country, have been demonstrated in the literature to not only cause significant physical, mental and emotional health problems at the time the bullying takes place, but they have been implicated in altering the neuroendocrine response to stress, (Hamilton, Newman, Delville, & Delville, 2008; Knack, Jensen-Campbell, & Baum, 2011; Ouellet-Morin, Bowes, Shakoor, Ambler, Pariente, Papadopoulos, Caspi, Moffitt, & Arseneault, 2011) having detrimental consequences, including but not limited to, decreased physiological health and mental instability. These studies demonstrated that the deleterious health effects many children suffer are directly related to the tormenting events they experience when they are victimized by peers. Furthermore, mental health effects, such as anxiety and depression, not only occur during the time a child experiences the victimization, but there is evidence that these effects are continuing into their adult years
(Bond, Carlin, Thomas, Rubin, & Patton, 2001; Hamilton et al., 2008; Jacobson & Newman, 2016; Sesar, Barišić, Pandža, Dodaj, 2012), including, but not limited to, suicidal ideation (Takizawa et al., 2014).

As the advent of Google revolutionized the world’s information system, it forever changed the process in which individuals exchange information. Along with this significant breakthrough, the birth of social media sites became commonplace such as the increasingly popular Facebook and YouTube internet sites. Twitter, MySpace, Instagram and Snapchat followed shortly after and this social media frenzy continues to grow exponentially, beyond anyone’s previous expectations. As social media unfolded, children and adults everywhere wanted to be a part of this new and exciting way of communicating, and in a very short time, millions of people created personal accounts at no cost to them. Today, it is difficult, although not impossible, to find an individual who does not participate in at least one of these sites, and most belong to three, four and sometimes, many more. Although the initial concept behind these popular sites was probably well intentioned, as they were easy avenues to stay in touch with friends and family, what began to unfold was beyond anyone’s expectation.

The problem with many of these social media sites is that within seconds, individuals can post pictures or messages about another person, at any time, without requiring his or her knowledge or consent. Because the vast majority of cell phones are equipped with cameras with excellent digital capabilities, unfitting photographs, with or without messages attached, are posted on the internet, devastating thousands of children each day. Consequently, this new so-called exciting way to share and keep in touch with friends and family, has also become a major avenue for planned, intentional, and implicit attacks against innocent children, most of which are inflicted by the peers they know and attend school with every
day (Cunningham, Chen, Vaillancourt, Rimas, Deal, Cunningham, & Ratcliffe, 2015). In addition to being targeted with the traditional forms of bullying such as verbal, physical and social ostracism, many of these children are now vulnerable to an even more devastating form of peer victimization called cyberbullying, also referred to in the literature as electronic or cyber victimization (Kraft & Wang, 2009; Landoll, LaGreca, & Lai, 2013; Landoll, LaGreca, Lai, Chan, & Herge, 2015). The reality is that along with technology, these new and exciting social media sites have revolutionized the world’s communication system, is the same technology that in the wrong hands has the capability of ruining thousands of children’s reputations and lives. In other words, along with the major resources that computers, software and cell phones bring to all of us every day, they can and have, become a major curse to some children, as they are being used as a catalyst for the destruction of their characters, and unfortunately, for hundreds of thousands of children, they already have (Cunningham et al., 2015; Kowalski et al., 2012; Kraft, 2006; Litwiller & Brausch, 2013; Ozdemir, 2014).

Between the years of 2000 and 2005, there was a significant increase in cyberbullying (Ybarra & Mitchell, 2007) and in the span of only one decade, between 2000 and 2010, online harassment and bullying nearly doubled, rising from 6% to 11% respectively (Jones, Mitchell, & Finkelhor, 2013; Kowalski et al., 2012). A study sought to differentiate the forms of cyberbullying cross-culturally found that while cell phones were the most frequently utilized form of cyberbullying in Australia and the United Kingdom, in the United States and Canada, the internet was by far the most popular technology used to harass and bully peers (Kraft, 2006; Kraft & Wang, 2009). More recent studies have found that texting and social media are the most common avenues in which cyberbullying occurs (Landoll et al., 2015;
Whittaker & Kowalski, 2015). What is even more disturbing is newer research has identified adults in the workplace (Hansen, Hogh, Persson, Karlson, Garde, & Orbaek, 2006; Hogh, Gomes-Carneiro, Giver, & Rugulies, 2011), and college students as perpetrators of bullying, while many others are victims (Cunningham et al., 2015; Doane, Kelley, & Pearson, 2016; Tennant, Demaray, Coyle, & Malecki, 2015).

The research evidence on bullying brings to the forefront that behaviors that used to be thought of as a normal part of the growing up process, is not only erroneous for healthy child development, but it is now suspected that the trauma a child experiences when bullied may cause health problems that could possibly last a lifetime (Ouellet-Morin et al., 2011; Shier, Butler, & Lewis, 2010; Vaillancourt, Hymel, & McDougal, 2013). Based on the existing studies, while the short term negative mental and physical health effects are extremely concerning, the implications of these deleterious effects may affect the mental and social well-being of its victims, long after the bullying is over. This should be of utmost concern to family studies and health professionals, as these findings not only have the potential to significantly lower victim's quality of life, but they have striking social and economic implications as well. Overall, bullying is a serious problem in our society and it has adverse health impact on the victims. Therefore, it was of critical importance that the current research be conducted, specifically in the college population, as the data begin to fill the gap in the existing literature.

**Theoretical Framework**

Theories provide a conceptual framework for the researcher to describe, explain, and predict why certain phenomena is likely to occur and also provides valuable information that can be used to develop appropriate interventions to help improve the quality of life for
specific populations (Thomas, 2005). For example, the current study includes college students as a specific group of people who were victimized by peers at some point during their secondary education experience. There is a growing consensus within the field of family studies and other social science disciplines, that new research should utilize an ecological framework for studies such as this one, because it helps explain the reciprocal interrelationships of different environments, at both the micro (personal) and macro (societal) levels which determines the degree of resilience or risk during the course of their development (Farnfield, 2008). Furthermore, when studying community violence, such as peer victimization, researchers have suggested that these phenomena can be best understood from an ecological context (Haltigan & Vaillancourt, 2014). A plethora of research has suggested incorporating a social-ecological framework because it considers and includes characteristics of the individual, peer group, family and the school setting (Bronfenbrenner, 1994; Brooks, 2013; Espelage, 2014; Foster & Brooks-Gunn, 2013; Goldstein, 2012; Harcourt, Jasperse, & Green, 2014; Low & Espelage, 2014; Mishna, 2004; Sawyer, Mishna, Pepler, & Wiener, 2011; Swearer-Napolitano & Espelage, 2011; Swearer, Peugh, Espelage, Siebecker, Kingsbury, & Bevins, 2006; Voydanoff, 2007). All of the core and peripheral components of ecological theory are directly related to peer victimization. Although this framework was developed and applied to child development, the characteristics of the theory have been expanded upon and can be applied to the adult population as well (Farnfield, 2008; McGuckin & Minton, 2014; Voydanoff, 2007). Therefore, the present study was couched within the tenets of the bioecological theory.
Overview of Bioecological Theory and Applicability to this Study

Urie Bronfenbrenner, a renowned child psychologist is credited with the development of the bioecological theory, also commonly known as The Ecological Model. In the 1970s when it was first introduced, the model was designed in part, because of Bronfenbrenner’s position that there was a needed change in the restricted views of developmental theories at that time (Bronfenbrenner, 1994). The following quote clearly depicts his sentiment: “It can be said that much of developmental psychology is the science of the strange behavior of children in strange situations with strange adults for the briefest possible periods of time” (Bronfenbrenner, 1977, p. 513). In his opinion, developmental psychology needed to be expanded to include all areas which directly and indirectly, influenced human development. Although he knew acceptance of his framework would be challenging because the study of children and adults in their true real life environments was rare, he knew there were important implications that could affect family policy as well as the educational system (Bronfenbrenner, 1974, 1976). He asserted that the time had come in which the field of developmental psychology and the process by which investigators conducted their studies had to be challenged, which is exactly what he did. Within ten years, his ideas, with respect to his ecological framework had been well received and research was underway within the field of child and/or human development, reflecting the diverse and ecological perspectives toward human interactions and growth he envisioned (Bronfenbrenner, 1993).

The Five Embedded Systems of Bioecological Theory

The first level Bronfenbrenner proposed was the microsystem, which includes the developing individual and the people and settings, they interact with and in, and the symbols within their immediate environment. The relationships within this level have to occur on a
regular basis and for an extended period of time. The interactions which occur within this environment have been referred to as proximal processes that include child-child and parent-child relationships. For a child, the three primary microsystems are the family, school, and the peer group (Brooks, 2013; Thomas, 2005). The interactions between the developing individual and the microsystems occur at an interpersonal level in a variety of activities and roles, occurring in a face to face manner (Bronfenbrenner, 1979; McGuckin & Minton, 2014). Fourteen years later, he refined and further elaborated upon the description of the microsystem adding that it occurs in a "face-to-face setting with particular physical, social, and symbolic features that invite, permit, or inhibit engagement in sustained, progressively more complex interaction with, and activity in, the immediate environment" (Bronfenbrenner, 1993, p.15).

The second level, the mesosystem, includes the above mentioned three microsystems; however, it encompasses the reciprocal interplay of what Bronfenbrenner (1993, p.22) calls "the synergistic effects created by the interaction", which occurs between two or more of these subsystems. For example, there are a number of interpersonal interactions which take place between the peer group and the school, the peer group and the individual, the home and the school and the school and the peer group. A scenario between any two of these contexts is likely to affect students’ interactions at school and its subsequent impact on their interaction with parents at home. For example, the current study sought to investigate if mental health effects, specifically, anxiety and depressive symptoms, related to being bullied during the secondary school years, continue to be experienced in college. Furthermore, the current study identified college students’ perceptions of available coping resources from mothers, fathers, and the community. These questions delineate the interactions between the
three microsystems. Does past experience of being bullied (the peer group microsystem) have spill-over effects on mental health in college, evidenced by symptoms of anxiety and/or depressive symptoms (the school microsystem)? Do college students perceive they had adequate coping resources from their mothers, fathers or both (the home microsystem)? The college student who was victimized by peers experienced anxiety and possibly depressive symptoms and may continue to experience these mental health effects in college which can affect them personally during school, their familial relationships and with their colleagues which can further intensify existing problems. Educators and possibly university administrators may be involved, and time and energy which should be spent on educating students is rerouted to managing the mental health effects of their students (Kitzrow, 2003) who experienced prior victimization. This reciprocal interplay between the student, colleagues (peers), school and their families are vivid examples of how the three microsystems interact and affect each other in multiple ways (Brooks, 2013; McGuckin & Minton, 2014; Swearer et al., 2006; Voydanoff, 2007).

The third system, termed the exosystem, includes relationships which occur between two or more environments, where at least one does not directly include the individual, but decisions are made or policies are enacted which have direct effects on the developing individual or others around them (McGuckin & Minton, 2014; Thomas, 2005). For example, school board decisions and laws which are passed, such as anti-bullying legislation, directly affect students and their families, yet parents and children have little or no say in the policies which are passed much less how these regulations and statutes will be implemented. Another example which is more closely aligned with the population of this study includes college students who are experiencing anxiety and depression as a result of the stress they endured
during their victimization. These students are likely to have higher absenteeism, missed assignments and more than likely, perform poorly on their exams. Consequently, they enlist the help of their professors by e-mailing doctors notes, asking for concessions such as make-up exams or needing extra time to turn in assignments. These requests in turn affect professors by requiring extra time and energy on their part to meet these concessions (Kitzrow, 2003). This can create undue stress as the educators try to meet many other obligations and can ultimately affect their productivity in the workplace.

The fourth system, the macrosystem or sociocultural milieu, encompasses the three inner subsystems, the microsystem, mesosystem and exosystem. This systemic level comprises expectations, views, beliefs, attitudes, customs, traditions and convictions held by society, and often, the unspoken rules which all individuals are expected to abide by (Bronfenbrenner, 1994; Thomas, 2005). Because this larger system involves more of the social, economic, political, and psychological aspects of society than what is captured by general terms such as class and culture, it is imperative that both of these constructs be included in social science research. The organizational patterns that are woven into the social fabric of society which take place at the macrosystem level directly affect and influence the reciprocal relationships and interactions which occur within the microsystem (Bronfenbrenner & Ceci, 1994). Scholars (e.g., Boxer, Huesmann, Dubow, Landau, Dvir Gvirsman, Shikaki, & Ginges, in press) tested this relationship in their research and reported that ethno political violence impacted human development which was evidenced by increased violence in their communities, families and schools, and furthermore, increased children's aggression. This finding supported Bronfenbrenner's claim that actions, behaviors and expectations at the
macrosystem level (higher order social ecosystems) have profound effects on the actions and behaviors of individuals within microsystems (lower order social ecosystems).

The fifth and final system is called the chronosystem, which Bronfenbrenner added to his theory in approximately 1989. It includes events that occur between the individual and their environments in a reciprocal manner, and evolve throughout the course of an individual's development. The events can range from celebrating birthdays, anniversaries or family reunions to experiencing a divorce, significant death in the family, loss of employment or change in family structure that happen over time (Bronfenbrenner, 1994; McGuckin & Minton, 2014), as well as, historical events such as 9-11, or voting into office the first African American President in U.S. History. The chronosystem encompasses the interplay between the individual, their experiences and their environment, which take place over the course of their entire lifetime (Bronfenbrenner, 1994). This makes Bioecological Theory unique, because unlike most other human development theories, it encompasses individual developmental interactions from birth through death within diverse and evolving contexts.

**Additional Considerations of Bioecological Theory**

According to Bioecological Theory, human development cannot be studied at one point in time but has to occur as a continuous process. Bronfenbrenner describes development occurring as a process-person-context-time framework. The process portion of the equation is the child’s involvement in routine activities, interactions and events such as playing, being fed by a mom or dad or learning the skills necessary to play soccer, and which occur across time. The person includes characteristics such as the individual's temperament, their abilities, age and sex, but taken together, affect their behavior and how they respond to
those around them. Context refers to the setting in which these interactions occur, for example, socioeconomic status and time refers to the developmental period the child is in at the time the activities and events take place. For example, a three year-old and an adolescent in the same family will view and interpret the meaning of their parents’ divorce very differently (Bronfenbrenner, 1994; Brooks, 2013). This supports the premise that individual perception of stressors and not the stressors themselves correlate with mental health problems such as anxiety and depression, not the actual stress which accompanies the event (Beck & Clark, 1997).

Another concept Bronfenbrenner constructed to validate and explain how the model applies to real life situations, and one which supports the premise of individual perception, is what he called ecological validity. He criticized past research conducted with children because the studies took place in laboratories or other settings, which were unlike the environments the child was a part of on a daily basis. He argued that researchers were generalizing the results from their data without taking into consideration the child's perceptions and views, which in his opinion, were likely to differ depending on their individual experiences within and between their actual environments (Bronfenbrenner, 1994).

Developmental validity has been yet another important concept which he added to his Bioecological Theory. In essence, the only way the observed change in a child's perception could be considered developmentally valid is if the same change was demonstrated in other environments at different times (Thomas, 2005). Although Bronfenbrenner has recommended that studies be conducted in natural environments such as children's hospitals
and day care centers, however, he claims that as of yet, it is difficult to find well designed ecologically based experiments (Bronfenbrenner, 1979).

Today, the tenets and concepts of Bioecological Theory have become widely accepted by social scientists because of its applicability to parent-child interactions in diverse contexts (Farnfield, 2008), as well as, the interactions between the child and their environments. Specifically, in studies where a child is victimized by peers, Bioecological Theory can describe, explain and predict why children with certain characteristics are likely to be targets of bullying (Foster & Brooks-Gunn, 2013; McGuckin & Minton, 2014; Pryce & Frederickson, 2013).

Finally, the recent paradigm extended his theoretical views as it reconceptualized the role genetics play in human development, and therefore, influenced him to change the name from the ecological model to bioecological theory. It has been argued both theoretically, as well as empirically, that inherited traits are highly related to the events and the environmental conditions in which they take place. According to Bronfenbrenner (1994, p. 41), "Specifically, it is proposed that heritability can be shown to vary substantially as a direct function of the magnitude of proximal processes and the quality of the environments in which they occur, potentially yielding values of heritability that, at their extremes, are both appreciably higher and lower than those hitherto reported in the research literature". He believes that if Bioecological Framework stands up to vigorous testing, the implications could be life altering. If the evidence for this relationship is supported, not only is it plausible that the actual potentials of human beings have not been realized, but their actual abilities may be significantly greater than what is currently being manifested, which would change the quality of life for hundreds of millions of children and adults across the world.
This evidence could be the missing link needed to argue for the development of social policies and programs so that all human potential can be maximized, especially in the formative years (Bronfenbrenner, 1994). Although there has been considerable argument over how humans develop, for example, the well-known nature vs. nurture debate (Bronfenbrenner & Ceci, 1994), some scientists such as G. Stanley Hall have taken the position which sides with the genetic view, believing that human development is biologically determined (Steinberg, 2017). On the other hand, anthropologists such as Margaret Mead, have taken the opposite position, stating that human growth and development is primarily defined by the socio-cultural factors associated with their environments (Santrock, 2014; Steinberg, 2017).

Today, there is strong consensus among social scientists that human development is influenced by both biological and environmental factors and as a result it is one of the main reasons that bioecological theory has been identified as one of the most inclusive theories researchers can use when studying many different aspects of child development (Brooks, 2013; Boxer et al., 2013; Farnfield, 2008; Foster & Brooks-Gunn, 2013; Harcourt, Jasperse, & Green, 2014; McGuckin & Minton, 2014; Mishna, 2004; Swearer et al., 2006), adolescent development (Santrock, 2014; Steinberg, 2017) and adult development (Mason, 2011). Bioecological theory includes the developing child, the parent-child relationship within the home, as well as, how these relationships interact with surrounding environments such as schools, community centers, and larger entities, such as state and federal governments. All of these organizations interact to influence outcomes for both children and their families.

In sum, the current study was based on bioecological theory because it emphasizes the interplay each of these environmental considerations have and how reciprocal
interactions within these embedded systems can affect human development from a bioregulatory, psychological and sociological standpoint. As the literature review for this study will show, children who have been victims of bullying frequently experience problems with biological regulation such as sleep problems (Tu, Erath, & El-Sheikh, 2015), telomere erosion (Shier, Butler, & Lewis, 2010), irregularities in the neuroendocrine response to stress (Vaillancourt, Hymel, & McDougal, 2013), and psychological health issues (Kowalski et al., 2012). Additionally, peer victimization has significant sociological implications which is discussed in further detail later in this work.

**Justification of the Present Study**

After an extensive review of the literature, several poignant findings were identified in deciding the topic for the current study. First, an overwhelming majority of prior studies on bullying has been conducted in children during the elementary school years. Although studies on adolescent bullying are rising, no studies have sought to identify college student's experiences with being bullied in secondary school, and the different forms of bullying they may have experienced. This is important in light of the evidence that students who have a history of being bullied are at increased risk of being bullied in college, as well as, in the workplace.

Second, existing research evidence demonstrated an association between experiencing chronic stress in childhood, including the stress a child experiences when they are bullied, and long-term physical health effects (Hamilton et al., 2008; Knack et al., 2011; Ouellet-Morin et al., 2011; Shalev, Moffitt, Sugden, Williams, Houts, Danese, Mill, Arseneault, & Caspi, 2013), which have significant implications. The literature revealed that individuals who are bullied have a significantly higher risk of experiencing anxiety and
depression both during the time they are bullied, as well as, later in their adult years, as a five-decade study revealed (Takizawa et al., 2014). Therefore, it was of critical importance that the process of filling the gap in the research begins, specifically in the college student population. Numerous studies have already demonstrated that when uncontrolled anxiety is left untreated, it almost always leads to depression (Jacobson & Newman, 2016), which can lead to suicidal ideation, suicidal attempts (Gini & Espelage, 2014) and completed suicide (Kowlaski et al., 2012). However, studies seeking information about whether or not a relationship exists between a history of being bullied and mental health issues in college students are scant (Chambless, 2010).

Furthermore, uncontrolled anxiety and depression can also lead individuals feeling hopeless which can further increase risk of murder-suicides, which have been steadily increasing on school and college campuses (Kennedy, Russom, & Kevorkian, 2012; Lester & Stockton, 2011). The recent University of California at Los Angeles (UCLA) murder-suicide of a professor and his student in June, 2016 sent shock waves throughout the country and the world and provides continued evidence for this argument. Cases like these continue to mount upon current evidence of this national growing problem and it is all of our responsibility to keep our students and each other safe. New research on college student’s mental health issues will help us understand the warning signs and knowing how to intervene, perhaps by referring them to the university counseling center, could make a difference between life and death for hundreds of students currently attending university campuses across the United States.

Finally, we need research to examine college students’ perceptions of their father's and mother's helpfulness associated with being bullied, and in what ways their parent's
helpfulness increased their ability to cope with being victimized by peers. The findings from the current study are expected to improve our understanding in this area. Additionally, community resources such as teachers, coaches and other school personnel may be able to offer greater help to students being bullied if they had a better understanding of college students’ perceptions of these resources. This is important because prevention and intervention programs cannot be successfully developed and implemented if it is unknown what types of resources students find helpful in reducing or eliminating bullying behaviors. With this information, programs can be initiated not only to involve parents in their child's peer victimization problems, but also workshops could be developed and provided to teachers to help them understand what types of help and skills have demonstrated the most success in helping victimized children. It is plausible that more parents and teachers would become more involved if they knew what to do, but to date, studies are limited with this population and their perceptions of this specific information. While many schools and states have initiated anti-bullying programs based on mandated anti-bullying statutes, the problems and consequences surrounding this critical health and social issue continue to mount. This study began the process of identifying which familial and community resources have been most beneficial in helping bullied students cope with the stress of being peer victimized in secondary school.

As indicated earlier, studies have documented the negative consequences of peer victimization in the short term (Jantzer, Haffner, Parzer, Resch, & Kaess, 2015; Rueger & Jenkins, 2014; Schwartz et al., 2015; Sumter, Valkenburg, Baumgartner, Peter, & van der Hof, 2015; Troop-Gordon, Rudolph, Sugimura, & Little, 2015); However, research on the long term mental health effects such as anxiety and depressive symptoms in adults, related to
a history of peer victimization is limited (Bowes, Joinson, Wolke, & Lewis, 2016; McDougall & Vaillancourt, 2015; Takizawa et al., 2014; Ttofi, 2015). Additionally, the current study is expected to make two other contributions. Several studies have illustrated that strong social support (Krause-Parello, 2008), specifically individual perception of social support increases positive health outcomes, even when those perceptions may be inaccurate (Newman, Holden, & Delville, 2005). In light of this evidence, it was important to identify college student's perceptions of not only available resources, but resources which they perceived as helpful in coping with bullying, both from a parental standpoint, as well as, from within their schools and communities. Data are limited with respect to mother's helpfulness in children who are victimized by peers (Flouri & Buchanan, 2003; Georgiou, 2008; Papadaki & Giovazolias, 2015) and data on father involvement with their children who are bullied are scant at best.

In sum, the importance of conducting this research is two-fold: first, identify if college students are still battling the repercussions of earlier peer victimization, and second, if the victims have parental resources to cope with bullying experiences. Also, the current findings are expected to strengthen the literature on the long-term effects among college students who were victims of bullying in school.

The Present Study

After a thorough and extensive review of the literature, several poignant findings were identified in deciding the topic for the current study. First, even though thousands of studies have been published on bullying, a large number of them have been conducted in children during the elementary school years, although studies on adolescent bullying are rising. To the best of my knowledge, there are no studies which have sought to identify
college student's experiences with being bullied in secondary school, and the different forms of bullying they may have experienced. This is important in light of the evidence that students who have a history of being bullied are at increased risk of being bullied in college, as well as, in the workplace.

Second, convincing evidence demonstrated an association between experiencing chronic stress in childhood, including the stress a child experiences when they are bullied, and long-term physical health effects (Hamilton et al., 2008; Knack et al., 2011; Ouellet-Morin et al., 2011; Shalev et al., 2013), which have significant implications. Furthermore, studies seeking information about whether or not a relationship exists between a history of being bullied and mental health issues in college students are scant (Chambless, 2010). A recent five-decade study revealed that individuals who are bullied have a significantly higher risk of experiencing anxiety and depression both during the time they are bullied, as well as, later in their adult years (Takizawa et al., 2014). Therefore, it was of critical importance that we began the process of filling the gap, specifically in the college student population.

Numerous studies have already demonstrated that when uncontrolled anxiety is left untreated, it almost always leads to depression (Jacobson & Newman, 2016), which can lead to suicidal ideation, suicidal attempts (Gini & Espelage, 2014) and completed suicide (Kowlaski et al., 2012).

Furthermore, uncontrolled anxiety and depression can also lead individuals feeling hopeless which can further increase risk of murder-suicides, which have been steadily increasing on school and college campuses (Kennedy et al., 2012; Lester & Stockton, 2011). The recent University of California at Los Angeles (UCLA) murder-suicide of a professor and his student in June, 2016 sent shock waves throughout the country and the world and
provides continued evidence for this argument. Cases like these continue to mount upon current evidence of this national growing problem and it is all of our responsibility to keep our students and each other safe. Even though it is not the scope of a Family Studies professor, or any other professor for that matter, to identify and diagnose a college students’ mental health issues, understanding the warning signs and knowing how to intervene, perhaps by referring them to the university counseling center, could make a difference between life and death for hundreds of students currently attending university campuses across the United States.

Finally, this extensive literature review failed to identify research about college students’ perceptions of their father's and mother's helpfulness associated with being bullied, and in what ways their parent's helpfulness increased their ability to cope with being victimized by peers. The findings from this study have begun to improve our understanding in this area. Additionally, community resources such as teachers, coaches and other school personnel may be able to offer greater help to students being bullied if they had a better understanding of college students’ perceptions of these resources. This is important because prevention and intervention programs cannot be successfully developed and implemented if it is unknown what types of resources students find helpful in reducing or eliminating bullying behaviors. With this information, programs can be initiated, not only to involve parents in their child's peer victimization problems, but also workshops could be developed and provided to teachers to help them understand what types of help and skills have demonstrated the most success in helping victimized children. It is plausible that more parents and teachers would become more involved if they knew what to do. To date, studies are limited with this population and their perceptions of this specific information. While
many schools and states have initiated anti-bullying programs based on mandated anti-bullying statutes, most failed to achieve goals in helping students to feel safe (Kowalski et al., 2012) and consequently, problems and consequences surrounding this critical health and social issue continue. This study began the process of identifying which familial and community resources have been most beneficial in helping bullied students cope with the stress of being peer victimized in secondary school.

Studies have documented the negative consequences of peer victimization in the short term (Jantzer et al., 2015; Rueger & Jenkins, 2014; Schwartz et al., 2015; Sumter et al., 2015; Troop-Gordon et al., 2015); however, research on the long term mental health effects such as anxiety and depressive symptoms in adults, related to a history of peer victimization is limited (Bowes et al., 2016; McDougall & Vaillancourt, 2015; Takizawa et al., 2014; Ttofi, 2015). Additionally, there were two other contributions conducting this study provided. Several studies have illustrated that strong social support (Krause-Parello, 2008), specifically individual perception of social support increases positive health outcomes, even when those perceptions may be inaccurate (Newman et al., 2005). In light of this evidence, it was important to identify college student's perceptions of not only available resources, but resources which they perceived as helpful in coping with bullying, both from a parental standpoint, as well as, from within their schools and communities. Data is limited with respect to mother's helpfulness in children who are victimized by peers (Flouri & Buchanan, 2003; Georgiou, 2008; Papadaki & Giovazolias, 2015) and data on father involvement with their children who are bullied are scant at best.

Before this study was conducted, to the best of my knowledge, data identifying college students’ perceptions of their mothers’ and fathers’ helpfulness, as well as, their
perceptions on community resources during the time they were victimized by peers, remained relatively unexplored. A significant number of programs have been developed and initiated to eradicate bullying behaviors, but unfortunately, few have shown positive results in reaching their goals. This is important because the idea that we can completely prevent peer victimization and bullying is unrealistic due to many uncontrollable factors, for example, personality traits, lack of parental availability and/or support, and possible ongoing conflict in the home and schools. However, developing interventional programs which can help victims learn healthier coping skills are not only possible, it is well within reach of many family and community education programs.

The major goals of this study were to first, explore the degree that college students report being bullied in secondary school, regardless of the type of bullying; second, to identify if long term mental health effects exist in college students, specifically anxiety and depressive symptoms, who have a history of being victimized by peers while attending secondary school; and third, to understand college students perceptions of coping resources including mothers and fathers helpfulness and availability, as well as, community resources during the time they were bullied. The results of this study contributed to the current literature by beginning the process of identifying appropriate and helpful resources, for professionals in the field of family studies, as well as, other social science professions so program interventions can be developed and implemented to assist all students in overcoming the debilitating effects of anxiety and depression (Pritchard, Wilson, & Yamnitz, 2007; Kitzrow, 2003; Saber Raja Mahmoud, Staten, Hall, & Lennie, 2012), including but not limited to, how it relates to peer victimization. In doing so, we may help contribute to college
student's success while attending the university, help them earn their degrees and at the same time, contribute to safety among college campuses.

**Research Questions**

After conducting an extensive review of literature, it was evident that research conducted with college students who had a history of being bullied during secondary school was limited, and specifically, to the best of my knowledge, it is unknown if college students who may have suffered mental health effects, such as anxiety and depression when they were bullied continue to experience anxiety and depression in college as a result of those experiences. Additionally, one of the goals of the current study was to identify if college students received support from their mother, father or both and to what extent they received parental support when they were being bullied. Additionally, the present study sought to identify if college students perceived they could turn to a teacher or other school staff to get help with being bullied.

The overarching goals of this study was to focus on college students who have a history of being bullied in secondary school, whether they have mental health effects in college, specifically anxiety and depression, and what their perceptions of available coping resources were during the time they were victimized by their peers. Currently, each of these questions remain relatively unexplored in the literature. The specific research questions for this study were as follows:

1. To what extent do college students report they were victimized by peers during secondary school?
2. Did college students differ in their bullying experiences as a function of ethnicity, sex, level of college, and grade point average (GPA)?
3. Is there a relationship between being bullied in secondary school and levels of anxiety and depression in college students who were victims of peer victimization; and to what extent did their experiences with being bullied impact levels of anxiety and depression now that they are in college?

4. Do college students who were victimized by peers in secondary school perceive they had necessary resources at school such as teachers, school staff or friends to cope with being bullied?

5. Did college students have available support from their fathers and mothers to help ameliorate their experiences when they were victimized by peers in secondary school?

**Definition of Terms**

There appears to be a consensus among scholars about key words which identify bullying behaviors. However, there is no definitive agreement in definitions for peer victimization verses bullying. Some studies treat the terms as being analogous, while others separate the two utilizing examples to differentiate what types of behaviors constitute peer victimization and which identify bullying. However, for the purposes of this study, peer victimization will be used interchangeably with victimized or bullied by peers. The major terms to be used in this study will be operationally defined as follows:

- **Secondary School** – defined as any time between when the adolescent first entered middle school (typically 6th or 7th grade) and when they graduated high school

- **College Student** – an undergraduate student attending the University of New Mexico

- **Mother or Father** – defined as either a biological parent or step-parent, whether married or unmarried, may be living with the child or living at a separate residence
Peer Support – defined as having a peer that the student feels is available to him/her and/or shows support by accessing help for the victimized peer by calling a teacher, educational aid, coach or parent

Victim – a student who was bullied either verbally, physically, socially or electronically (also known as cyberbullying or cyber victimization), as an adolescent (during their secondary school years) which occurred a minimum of once per week, in one or more forms of the bullying behaviors listed below in the New Mexico State Statute for Bullying prevention.

Secondary School – Any grade between 6th and 12th grade.

Anxiety – defined according to the State-Trait Anxiety Inventory (STAI), an assessment designed to measure state and trait anxiety where anxiety symptoms. Depressive Symptoms will be defined according to the Center for Epidemiologic Studies Depression Scale-Revised (CESD-R) which is based on criteria set forth in the DSM-IV-TR (American Psychiatric Association, 2000).

Coping Resources – defined as college students’ perception of resources necessary to help them alleviate or overcome their physical and mental health symptoms associated with bullying, for example, they had access to supportive peers, a teacher, coach, pastor, a school counselor or social worker, or an individual counselor

Mother and/or Father Resources – defined as college students perceptions of their mother and father’s helpfulness, evidenced by their willingness to spend extra time to talk to them about how to overcome the bullying, spending time engaging in activities that are comforting including, but not limited, going to a park, watching a movie together, going out for ice cream or any other activity which the student identified as comforting and helpful in
their effort to cope with being bullied, willingness to give advice about being bullied and/or willing to speak to a teacher or school personnel, for example, the principle about their child being bullied

**Violence** – defined as any act which involves a physical threat or actual altercation, with or without a weapon (such as a knife or gun), against the student or against a student's personal property (such as their backpack, car, home etc.)

**Peer Victimization aka Bullying** – victimizing a peer either verbally, physically, socially or electronically (cyberbullying, aka cyber victimization), utilizing definitions set forth by the Primary and Secondary Education Public School Administration – Health and Safety Bullying Prevention, New Mexico State Statute, Title 6, Chapter 12, part 7, section 6.12.7.7 (2002):

Indented definitions are directly taken from the states statute and are as follows:

A. “Bullying” means any repeated and pervasive written, verbal, or electronic expression, physical act or gesture, or a pattern thereof, that is intended to cause distress upon one or more students in the school, on school grounds, in school vehicles, at designated bus stop, or at school activities or sanctioned events. Bullying includes, but is not limited to, hazing, harassment, intimidation or menacing acts of a student which may, but need not be based on the student’s race, color, sex, ethnicity, national origin, religion, disability, age or sexual orientation.

B. “Cyberbullying" means electronic communication that:

(1) targets a specific student;

(2) is published with the intention that the communication will be seen by or disclosed to the targeted student;
(3) is in fact seen by or disclosed to the targeted student; and

(4) creates or is certain to create, a hostile environment on the school campus that is so severe or pervasive as to substantially interfere with the targeted student’s educational benefits, opportunities or performance.

C. “Department” means the public education department

D. “Harassment” means knowingly pursuing a pattern of conduct that is intended to annoy, alarm or terrorize another person.

E. “IDEA” means the federal Individuals with Disabilities Education Act, 20 USC Secs.
Chapter 2
Review of Literature

Although there has been a decline in bullying in the United States in recent years (Finkelhor, 2013; Olweus & Limber, 2010b), peer victimization continues to be a significant health and social problem. A review of literature demonstrates that the majority of the research on peer victimization has been conducted with the elementary school population although studies are continuing to grow among the adolescent population. Additionally, other studies have been conducted with older students such as bullying and coping with the stress of being bullied in college (Newman et al., 2005), the dangers of cybervictimization and depression (Tennant et al., 2015), reducing cyberbullying (Doane et al., 2016), bullying and health-related quality of life (Chen & Huang, 2015), characteristics of college cyberbullies (Schenk, Fremouw, & Keelan, 2013), and preferences of anti-cyberbullying programs (Cunningham et al., 2015), however, studies establishing if a relationship exists between a history of peer victimization in adolescence, specifically secondary school, and anxiety and depressive symptoms in college students have been relatively unexplored.

Surprisingly, data within the last three years has revealed that a substantial amount of bullying and peer victimization, especially cybervictimization, is occurring within the college student population (Chen & Huang, 2015; Cunningham et al., 2015; Doane et al., 2016; Schenk et al., 2013; Tennant et al., 2015) as well as, among adults in the workplace (Hansen et al., 2006; Newman, Holden, Delville, & Delville, 2010). These are important findings as the majority of the population consider bullying behavior, as a childhood issue, one that they will grow out of, but unfortunately, the research demonstrates that this idea is not only erroneous, it is far from the reality of peer victimization in our society today (Knack et al.,
2011). This literature review will give an overview and history of peer victimization, offering a plethora of research which will speak to the consequences of bullying in our society.

**Peer Victimization: History of Bullying Research, Overview and Definitions**

Although problems between peers have existed for centuries, it wasn't until 1983 when a psychologist, by the name of Dr. Dan Olweus, was prompted to conduct the first research ever conducted on peer victimization when he heard of three boys from Norway who took their own lives, which was suspected to have resulted from significant bullying. It was through his research that he realized how prevalent bullying was and that the effects were so devastating to victims and could even be fatal. Dr. Olweus was the first to advocate for the enactment of laws against school bullying and did so from the standpoint of human rights, as he argued that children have the right to feel safe in their school environment and that their rights were repeatedly violated by their humiliating experiences at the hands of their peers (American Psychological Association, 2012; Hazelden Foundation, 2007). As the result of his efforts, legislation was first passed against school bullying in Swedish and Norwegian schools and exist today in the majority of schools across the United States (Olweus & Limber, 2010a).

A significant number of studies have established that bullying is not a normal part of growing up. In fact, there are immediate, and perhaps long-term mental health effects, including but not limited to, anxiety and depressive symptoms, which a child and adolescent experiences when they are bullied by peers. These health problems go far beyond normal childhood experiences and often cause physical, emotional and/or mental consequences for the victims (American Psychological Association, 2012; Bishop-Mills & Muckleroy-Carwile, 2009; Cohen & Wills, 1985; Finkelhor, Ormrod, Turner & Hamby, 2005; Healy, Sanders, &
Peer victimization in the 21st century continues to cause significant health and social problems (Bellmore, Calvin, Xu, & Zhu, 2015; Haltigan & Vaillancourt, 2014; Fekkes, Pijpers, & Verloove-Vanhorick, 2005; Kennedy et al., 2012) for thousands of students across America (Bellmore et al., 2015; Goldstein, 2012). It is estimated that each day in the United States, 160,000 children are afraid to go to school or participate in extra-curricular activities because of blatant, purposeful victimization occurring at the hands of their peers (Garlow, Rosenberg, Moore, Haas, Koestner, Hendin, & Nemeroff, 2008; Centers for Disease Control & Prevention, 2014; Chen & Huang, 2015; Goldstein, 2012, Kennedy et al., 2012; Kim & Leventhal, 2008; Olweus & Limber, 2010b; Nansel, Overpeck, Pila, Ruan, Simons-Morton, & Scheidt, 2001).

There is a lack of consensus in the literature about what constitutes peer victimization and if it is, or isn't, the same as bullying, and although the Center for Disease Control is in the process of developing a standard definition, it is unclear whether researchers will be able to agree on one definition, as there are as many opinions as researchers (Finkelhor, Turner, & Hamby, 2012). Furthermore, a significant issue is the lack of standardization among the instruments used to survey children about bullying. Many instruments lack sound psychometric properties and instead develop their own instruments to apply to the individual samples they are testing (Furlong, Sharkey, Felix, Tanigawa, & Greif-Green, 2010).
Regardless of individual opinion, there is considerable overlap between bullying and peer victimization, and researchers have described a variety of behaviors utilizing many different adjectives to identify bully perpetrator behaviors. Some researchers use similar words and phrases while others do not. A significant number describe peer victimization as overt, intentional and repetitive behavior inflicted to cause pain, harm or suffering upon a victim (Bishop-Mills & Muckleroy-Carwile, 2009; Centers for Disease Control & Prevention, 2014; Harcourt, Jasperse, & Green, 2014; Hymel & Swearer, 2015; Olweus & Limber, 2010b; Rothon, Head, Klineberg, & Stansfeld, 2011; Shaw, Dooley, Cross, Zubrick, & Waters, 2013), which includes engaging in one or more of four behaviors repetitively, which are perceived by victims as unwanted, taunting and unsafe (Flouri & Buchanan, 2003; Graham, 2006; Kennedy et al., 2012; Kowalski et al., 2012; Nansel et al., 2001; Nikiforou, Georgiou, & Stavrinides, 2013; Pryce & Frederickson, 2013). One defining characteristic which is agreed upon by most researchers involves a power differential or imbalance between the bully and the victim (Craig & Pepler, 2007; Fekkes et al., 2004; Fekkes et al., 2005; Flouri & Buchanan, 2002; Hymel & Swearer, 2015; Kowalski et al., 2012; Mishna, 2004; Nansel et al., 2001; Nikiforou et al., 2013; Olweus, 1996; Pryce & Frederickson, 2013; Rothon et al., 2011; Shetgiri, Lin, & Flores, 2013; Tippett & Wolke, 2014).

Although differences in definitions continue to exist, there is a general consensus that certain key words are important in identifying bullying behaviors, and these terms have been accepted by the majority of scholars, including the American Psychological Association (VandenBos, 2007) and the United States Centers for Disease Control (Gladden, Vivolo-Kantor, Hamburger, & Lumpkin, 2014). These key words and phrases include the perpetrator (bully) utilizing intention to cause harm, repetition, and identification with having greater.
power or a power imbalance over the victim which he/she chooses to abuse (Hymel & Swearer, 2015).

**Prevalence of Bullying**

An extensive review of literature among seven major search engines, PsycINFO, Google Scholar, PsycArticles, ProQuest DataBases, Sociological Abstracts, and ProQuest Dissertation & Theses Global Full Text, identified that the act of bullying does not discriminate with respect to sex, as perpetrators of bullying, as well as their victims, are both boys and girls (Hymel & Swearer, 2015) and exists across cultures, permeating children and families from all races, ethnicities and socioeconomic status households (Albdour & Krouse, 2014; Foster & Brooks-Gunn, 2013; Hong, Peguero, Choi, Lanesskog, Espelage, & Lee, 2014; Kowalski et al., 2012; Kraft & Wang, 2009; Mendez, Bauman, Sulkowski, Davis, & Nixon, 2016; Rothon et al., 2011; Schacter, White, Chang, & Juvonen, 2015; Tippett & Wolke, 2014; Williams & Mohammed, 2009). Research concerning peer victimization due to sexual orientation is not as common, and by far, there are more studies for heterosexual populations (Poteat, Mereish, DiGiovanni, & Koenig, 2011; Rosenthal, Earnshaw, Carroll-Scott, Henderson, Peters, McCaslin, & Ickovics, 2015). Furthermore, studies on peer victimization specifically due to religious membership and non-white countries are virtually non-existent (Kowalski et al., 2012; Russell, Sinclair, Poteat, & Koenig, 2012). Of the thousands of studies which have been conducted on bullying, almost all have been done with the majority culture. Studies on peer victimization among Mexican children (Mendez et al., 2016) and Asian and Indian culture are virtually non-existent (Malhi, Bharti, & Sidhu, 2014).

According to Chen and Huang (2015), the American Public Health Association estimates that 3.2 million students in the United States are victims of bullying every year.
however, there is considerable variability in prevalence rates depending on which
organization is reporting. The majority of estimates illustrate that about thirty percent of
children report being bullied or peer victimized at some point in their schooling and another
five to ten percent report being peer victimized regularly (Newman et al., 2005). Overall,
rates for children bullied by peers, range between ten to thirty-three percent. The wide
prevalence range has been attributed, in part, to a lack of agreement of what exactly defines
bullying behavior (Finkelhor et al., 2012), whether or not a definition of bullying is provided
to participants when studies are conducted, the multitude of assessment tools available and
the use of non-standard techniques to collect peer victimization data (Hansen et al., 2006,
Shalev et al., 2013), contexts in which the data is captured (Hymel & Swearer, 2015), and
individual differences, for example, sex, age and cultural factors.

Although the research is clear that a need exists for the development of instruments
with sound psychometric properties to collect prevalence data on traditional forms of
bullying, and newer forms such as cyberbullying, (Betts, Houston, & Steer, 2015; Landoll et
al., 2013; Shaw et al., 2013; Sumter et al., 2015), currently no gold standard exists as the
definitions and the behaviors involved in peer victimization and bullying are multi-faceted
and therefore, the development of an agreed upon standard may not be possible (Hymel &
Swearer, 2015). However, regardless of whether one definition is developed which would
meet all social scientists’ approval, it is likely that the data will continue to have
discrepancies with respect to incidence and prevalence, but the seriousness of these behaviors
remains unchanged.
Forms of Peer Victimization

The first of the four types of bullying occurs through verbal attacks, such as name calling, which is used to label, ridicule or humiliate a victim either alone or in front of others. Bullies will justify a multitude of reasons to verbally attack their victims, however, commonly reported topics surround the issue of weight (Rosenthal et al., 2015), having a disability, (Kowalski et al., 2012), whether physical or intellectual, or appearing to be a social misfit (Bishop-Mills & Muckleroy, 2009), for example, many victims of bullying have a mild or passive temperament. Bullying with discrimination as an underlying factor such as victimization due to race, ethnicity, national origin, disabilities and/or sexual orientation (Rosenthal et al., 2015; Russell et al., 2012) has been suspected to be one of the many reasons bullies attack certain targets (Kowalski et al., 2012) but currently, research in this area is scant. This is another major gap in the literature which needs to be addressed. Although the current study does ask for race/ethnicity in the demographics questionnaire, there are no questions that directly asked if experiencing peer victimization was directed at the student's race or ethnicity. Research on peer victimization in cultures other than the majority culture appears to be virtually invisible (Malhi et al., 2014; Mendez et al., 2016). As researchers we must begin to broaden our interest to include individuals of color, if we expect to grow our knowledge as a field. The United States is made up of so many different cultures and ethnicities, that it is time we stop ignoring the many diverse individuals and families which this country was built on and embrace the very reasons that make this country great. We have an ethical responsibility as individuals and as a field to protect all who live here, or victimization of all types will continue to escalate and ultimately, will have
significant social, economic and political consequences which will affect each and every one of us, as well as, our families.

Second, physical bullying can take the form of direct assaults, such as slapping, kicking, beating, punching, tripping, spitting or hitting (Foster & Brooks-Gunn, 2013; Kowalski et al., 2012; Olweus, 1996). Although physical peer victimization occurs among both boys and girls, it continues to be higher among boys. This type of bullying is also evidenced by physically damaging, destroying or stealing a victim's property such as their books, lunchbox or backpack. Frequently, a bully and his or her group will participate in several of these behaviors and will engage in them repeatedly, for example, the bully may steal the victim's backpack one day, his lunch the second, and perhaps inflict damage by keying the paint of the victim's car, carving messages of hate, and/or slashing their tires or breaking a window. These violent behaviors are consistent with the criteria utilized in determining conduct disorder (American Psychiatric Association Diagnostic and Statistical Manual Fifth Edition (DSM-V), 2013; Young & Yun-Joo, 2006) a very serious diagnosis given to adolescents who repeatedly violate the rights of others and behave in ways that our not consistent with social norms. By the time adolescents reach eighteen years of age, if their behaviors continue to meet criteria for conduct disorder the diagnosis is changed to antisocial personality disorder, one of the worst diagnoses an individual can receive.

Social ostracizing, also known as, relational rejection, is the third form of abuse where bullying behaviors include attacking their victim through socially isolating them through exclusion (Bauman & Del Rio, 2006; Kowalski et al., 2012), and happens during school, for example, shunning them from eating lunch with a group or participating in games during recess, and also occurs during after school sports, as well as, community after school
programs. Although it can occur with boys and girls, this form of victimization occurs more frequently with girls. Additional ways that bullies inflict harm on their victims socially is to solicit other peers to exclude their victims from social activities outside of school, usually those which take place on weekends such as birthday parties, sleepovers, and/or going to the mall or movies. Bullies will intentionally instruct their peer group to give out birthday invitations in front of everyone, especially the victim who is not being invited so that he or she will feel ostracized and deeply saddened when it is clear that they are being excluded from a party that is going to be so exciting which everyone is looking forward to.

Furthermore, a newer form of social rejection, cyber-ostracism, is a calculated and deliberate behavior by a bully to isolate a peer by purposefully disallowing them into particular groups communications, specifically using technology such as the internet. They use passwords and codes to select certain individuals into 'their circle' while excluding others. The perpetrator [bully] will solicit other peers and instruct them to ostracize or leave the victim out of internet communications and other social chat conversations. Ask anyone who has been unfriended on social media sites like Facebook, and they will explain how extremely isolated and painful it was when peers rejected them and wouldn't accept their invitation to friend them.

This is significant because inclusion and connection to others, also referred to as 'the need to belong', as well as, the need for intimacy, are basic human needs and individuals regularly engage in behaviors that they deem necessary to avoid being ostracized or excluded (Kowalski et al., 2012; Krause-Parello, 2008; Miller, 2015). It is deeply painful when someone excludes any one of us from being part of an activity or an event, but it is even more degrading when someone we know asks others to join them in disconnecting and
disassociating us from our peers, colleagues or circle of friends. This is occurring more and more frequently, as bully perpetrators find it isn't enough to attack their victims individually, but rather, they solicit other peers to exclude their victims as well creating greater pain and suffering for the child being bullied. Bullies also tell their 'circle' not to invite them to social gatherings such as weekend outings, birthday celebrations and sleepovers. As friendships and peers become increasingly important during adolescence, they replace more than half of the time they used to spend with parents, with their friends (Knack et al., 2011; Santrock, 2014; Steinberg, 2017), so it should come as no surprise this behavior and form of abuse is not only devastating to the child being excluded, it can potentially lead to chronic life-long mental health problems such as anxiety and depression (Jacobson & Newman, 2016; Krause-Parello, 2008).

The fourth type of peer victimization, called cyberbullying, also known as electronic or cyber-victimization, has caused unprecedented damage, as victims are attacked by spreading vicious rumors and lies, leaving them feeling helpless and in a state of complete and total disarray. The embarrassment and humiliation which victims experience leaves them so defenseless, that many teens visualize committing suicide or in diagnostic terms, suicidal ideation (Gini & Espelage, 2014; Leventhal, 2008). According to Ybarra and Mitchell (2007), a study conducted by the University of New Hampshire demonstrated a significant increase in the prevalence of cyberbullying between the years of 2000 and 2005. When one considers the staggering availability of cell phones, computers and other electronic devices, which have become an integral part of the lives of most children and adolescents, it becomes exceedingly clear that when readily available and accessible technology, is paired with the speed in which communications can be sent (Keith & Martin, 2005; Smith, 2009), bullies are
able to inflict irreparable damage within a fraction of a second (Kowalski et al., 2012).

Unfortunately, these electronic attacks can occur twenty-four hours a day, seven days a week, (Beran & Li, 2005; Kowalski et al., 2012; Patchin & Hinduja, 2006; Shariff & Hoff, 2007), because, as we all know, the internet 'never sleeps'.

One major reason that this form of victimization is highly destructive is because it affords bullies the ability to use basic every day technology to significantly harm their victims, without ever having to confront them, a very different venue than verbal or physical bullying where there is visible, person to person contact. Threats and hideous messages including vicious rumors and lies can potentially be sent to hundreds of thousands of individuals (Beran & Li, 2005; Keith & Martin, 2005). The consequences have been so severe that they have resulted in the destruction of a child's reputation, frequently maiming their character for life (Kowalski et al., 2012).

Access to the internet, specifically social media, including but not limited to, Facebook, Twitter, MySpace, YouTube and Instagram are all commonly used sites which bullies use to post deceptive messages and altered pictures of their victims, leaving them completely defenseless (Centers for Disease Control and Prevention, 2014; Kowalski et al., 2012). For example, digital technology affords individuals the ability to take a peers face and place their picture on some random nude models body, making it appear like the victim posed naked and that they are participating in pornography. Tragically, according to thousands of notes written by distraught victims prior to their deaths, reasons for taking their own life included statements such as "…I can't take it anymore…dying is the only way to escape the pain". Fifteen-year old Phoebe Prince of Massachusetts and twelve-year old Ronin Shimizu of Folsum, California are only two of the thousands who put an end to their
suffering. In 2010, eighteen-year old Tyler Clementi took his own life by jumping from the George Washington Bridge when he found out that his roommate had posted information on the internet about a relationship he had with another man (Schenk et al., 2013). All three of these victims, along with thousands of others, believed that they had no other option but to commit the final, ultimate act of suicide, as a means of ending the torment and suffering they had endured for so long. As a result, families, schools, communities, and especially parents, are left devastated, empty and destroyed. There has been discussion among some state councilors and representatives about holding parents of bullies legally responsible for damages they cause, however, it is unclear which states, if any may have enacted this type of legislation.

Thousands of studies have demonstrated that all of these forms of abuse are not only detrimental from a physical standpoint, but victims suffer on a much deeper level. They are torn apart both emotionally and mentally, as their spirit and the very core of their being is compromised. It is difficult, both from a parent, as well as, an educator’s standpoint to comprehend how any human being could choose to purposefully and intentionally inflict these types of destructive behaviors upon another human being, with the implicit intention of causing harm, pain and suffering. However, when one looks at the atrocities of human behavior which have occurred since the beginning of time, it should come as no surprise that as individuals, we learn from the reciprocal interactions we have within our families, school personnel and communities, who in turn, also learned from their environments. This is yet another example of how families interact with each other and affect their children’s development (Bronfenbrenner, 1986).
Experiencing these forms of abuse creates a cascade of physical and mental health problems (Hamilton et al., 2008; Hansen et al., 2006; Knack et al., 2011; Krause-Parello, 2008) and relatively recently, the data is substantiating that the damage which has taken place in victims’ lives is continuing far after the bullying ends (Bowes, Maughan, Ball, Shakoor, Ouellet-Morin, Caspi, Moffitt & Arseneault, 2013; McDougall & Vaillancourt, 2015; Jacobson & Newman, 2016; Takizawa et al., 2014; Ttofi, 2015). A research report from the Child Trauma Academy suggests that "roughly one third of children who are abused will have some clear psychological problems as a result—and research continues to show how even seemingly purely 'physical' problems like heart disease, obesity and cancer can be more likely to affect traumatized children later in their lives" (Perry & Szalavitz, 2006, p. 3).

**Additional Effects of Peer Victimization**

The detrimental physical and mental health effects of peer victimization at the time bullying takes place cannot be disputed. However, other consequences of childhood bullying are now beginning to surface, years after the bullying is over (Jacobson & Newman, 2016; McDougall & Vaillancourt, 2015; Stapinski, Bowes, Wolke, Pearson, Mahedy, Button, Lewis, & Araya, 2014; Takizawa et al., 2014; Vaillancourt, Hymel, & Sweare, 2015). In addition to the somatic and psychological effects victims face, other negative consequences include problems with interpersonal relationships (Chambless, 2010; Jacobson & Newman, 2016; Nikiforou et al., 2013) and issues with unemployment (Rothon et al., 2011). Moreover, a longitudinal study conducted in London, spanning over fifty years, identified that negative effects of childhood victimization were evident many years later in adulthood with participants reporting anxiety disorders, major depression and suicidal ideation, and although
the effect size was small, the authors maintain that it was similar to other forms of hardship experienced by children during their development (Takizawa et al., 2014).

According to researchers, the suffering due to peer victimization has grown to epic proportions and underscores the reality that being bullied in childhood is unlike most other negative experiences (Foster et al., 2013; Russell et al., 2012; Stapinski et al., 2014) and research has documented that adverse mental health effects carry forward from childhood to adolescence (Bogart et al., 2014; Schwartz et al., 2015) and into adulthood (Bowes et al., 2015; Jacobson & Newman, 2016; Takizawa et al., 2014; Ttofi, 2015). Studies to date have also demonstrated that the anxiety and depression many victims face have lead them to experience suicidal ideation, while others have engaged in overt behaviors of self-harm and completed suicide (Gini & Espelage, 2014; Jantzer et al., 2015; Klitzing, 2004; Mark, Samm, Tooding, Sisask, Aasvee, Zaborskis, Zemaitiene, & Varnik, 2013; Sampasa-Kanyinga, Roumeliotis, & Xu, 2014; Takizawa et al., 2014, van Geel et al., 2014).

Unfortunately, intervention programs have not been implemented effectively and therefore, have had little, if any effect, in reducing these tragic statistics (American Psychological Association Zero Tolerance Task Force, 2008). Furthermore, even though some studies report that bullying has decreased in recent years, the issue continues to be significant for many victims who continue to be bullied by peers. It is an overwhelming reality that it is impossible to eradicate all bullying behaviors, however, professionals in family studies, as well as other helping professions, must continue to identify resources and develop interventions which show some promise in helping peer victimized students cope, because in doing so, the strategies we incorporate may contribute to reversing the alarming trends, including but not limited to, suicidal ideation and completed suicides.
Personality Characteristics of Bullied Children and the Possible Role of Attachment

Many researchers have sought to identify if certain children are more vulnerable to being victimized by peers and if so, which ones may be in need of greater protection. Although children and adolescent victims of bullying can have any myriad of personality characteristics, there appears to be some common traits that bullied children share. According to (Olweus, 1993), children who are targets of bullying exhibit one or several of characteristics such as:

- A very quiet and passive personality, tearing up or crying easily,
- Bullied children tend to be somewhat insecure, displaying significantly lower levels of self-confidence, self-esteem and self-worth,
- Unlike their non-bullied counterparts, they seem more comfortable spending time with adults such as teachers and coaches, rather than with peers their own age,
- Bullied children also exhibit mental health issues such as anxiety and depression,
- Boys in particular, do not possess the same level of physical strength that their peer counterparts exhibit,
- Bullied children appear very timid and frequently fear getting hurt, and
- Sometimes, they exhibit more of the traits consistent with the 'loner' personality, such as having few or no friends.

Furthermore, while anxiety, depression, low self-esteem and self-confidence are common consequences among children who are victimized by peers, it has been suggested that some of these issues are present prior to the bullying, and data has demonstrated that it is these traits that make them more susceptible to being bullied (Kowalski et al., 2012).
It has been well established that individuals have a certain number of personality characteristics which they inherit from their parents just like they inherit phenotypic characteristics such as eye color, hair texture and skin color. It has also been demonstrated that environment and the interactive processes within a child's environment also plays a significant role in their development (Bronfenbrenner, 1986; Bronfenbrenner & Ceci, 1994) and can significantly contribute to whether or not certain personality traits are ever expressed. This aligns with the fundamental underpinnings of Bioecological Theory, where human development occurs from a nature and nurture interplay (Bronfenbrenner & Ceci, 1994).

The concept of attachment was first identified and developed by a British psychologist and psychiatrist, John Bowlby whose basic premise was that infancy attachment evolved from a biologically driven and instinctive need mothers and babies have for each other (Berk, 2012; Bigner & Gerhardt, 2014; Bowlby, 1988). There are several definitions which have been given for attachment, but in general, it is an enduring affection which ties an infant to another individual, (Brooks, 2013), usually their primary caretaker, such as their mother, father or both. When the primary caretaker offers a baby a sense of security and trust, such as the knowledge that their needs for food, shelter, love and safety will be met by the people in their world (Bowlby, 1988), they form a positive internal working model which contributes to their sense of value and worth as an individual (Bowlby, 1988). On the other hand, when their primary caretakers do not respond in a loving, caring and timely manner, for example, when babies are hungry or have a need for love and affection, they adopt a negative sense of self, and their personal schema or view of themselves, becomes deficient in healthy human development characteristics such as high self-esteem, self-worth and feelings,
of security (O'Dougherty-Wright, Crawford, & Del Castillo, 2009) as they grow to believe they are not worthy of love or having their needs met. Depression in mothers has been associated with insecure attachment styles in infants, which in and of itself, could create a cascade of effects, such as low self-esteem, low self-confidence and low self-worth, all of which have been implicated in children who are victimized by peers (Olweus, 1993a).

There are many possible factors which can affect a parent's ability to be responsive and nurturing, including, but not limited to, depressive symptoms and parental problematic sleep cycles (El-Sheikh, Kelly, Bagley, & Wetter, 2012) and marital and family conflict disrupting sleep-wake cycles (El-Sheikh et al., 2012; Kelly & El-Sheikh, 2011), all of which have been consistently shown to wreak havoc on children (Miller, 2015; Steinberg, 2017). Additionally, emotional maltreatment and emotional neglect contributes to insecure attachment styles. The literature has demonstrated that children who experience emotional maltreatment, evidenced for example, by verbal conflict such as yelling, screaming or calling the child names (Kelly, Marks, & El-Sheikh, 2014), and emotional neglect, for example, ignoring the child or not attending to their emotional needs for love and nurturance, will frequently exhibit anxiety and depression in young adulthood (O'Dougherty-Wright et al., 2009), two mental health issues which frequently precipitates peer victimization (Kowalski et al., 2012).

There are four categories of attachment styles: secure and three forms of insecure attachment (Miller, 2015), including anxious-avoidant, anxious-resistant and disorganized attachment (Brooks, 2013). The question is, does an infant's attachment style, which has been demonstrated to transcend into child, adolescent and adult relationships (Miller, 2015), play a role in children and adolescents who have a higher propensity of being bullied? Because data
has identified that some of the characteristics of bullied children are present prior to being bullied, such as, feelings of insecurity, anxiety and depression (Olweus, 1993), it is plausible that a child's attachment style, may contribute to higher levels of peer victimization. If this is true, this may have significant implications for parents and the role their relationship has to their child susceptibility to being bullied. Furthermore, the literature has demonstrated that certain attachment styles, such as the insecure style which is manifested by high levels of anxiety and attachment avoidance frequently plays a role in college student's levels of loneliness and depression (Wei, Russell, & Zakalik, 2005). In light of this evidence, family studies educators and licensed therapists should consider including attachment education for new parents and in early childhood programs.

**Importance of Friendships in Adolescence, Peer Rejection and Loneliness**

The research has clearly established that 'the need to belong', as well as, the need for close, intimate connections with others is a basic human need, which significantly contributes to healthy physiological and psychological functioning (Knack et al., 2011; Matthews, Danese, Wertz, Odgers, Ambler, Moffitt, & Arseneault, 2016; Miller, 2015). The first important connection that is made when an infant first enters the world is usually to their mother and father, or perhaps, to another primary caregiver when parents are unavailable. It is through this first connection that an infant first learns whether or not they can trust the world around them to satisfy their most basic needs, and most of the time, they come to realize that through these close connections, their basic needs will be met. This secure attachment that is established becomes the basis for their future friendships and romantic relationships later in life (Miller, 2015; Siegel & Hartzell, 2014).
Several studies have demonstrated that friendships have significant importance in the lives of children, and that social support from peer friendships and intimate relationships become exceedingly important during adolescence (Beeri & Lev-Wiesel, 2012; Brooks, 2013; Miller, 2015; Steinberg, 2017; Santrock, 2014). In fact, connection to, and social support from peers, replaces the companionship and support which was previously provided by parents (Brooks, 2013; Healy & Sanders, 2014; Knack et al., 2011; Miller, 2015; Santrock, 2014; Steinberg, 2017).

Most any parent who has experienced their child's transition from childhood into adolescence would probably agree how difficult the change is for them personally as a parent's position in their child's life shifts from being the most important figure in their life to one of what feels like, relative unimportance. An analogy describing this transition is how a parent shifts from feeling like to their child, the sun rises and sets on them, to becoming a tiny distant and fading star, way down in the galaxy, replaced by a multitude of bigger, brighter, closer stars, identified as their peers. This transition which is part of a normal trajectory of adolescent growth and development is a time where friendships, if they are healthy and secure, are forged with a sense of deep commitment, trust and pleasure. Unfortunately, for a significant number of adolescents in this country, peer friendships are everything but pleasurable.

Research has demonstrated that positive peer relationships may serve as a protective buffer against negative outcomes, as well as, lowering risk of peer victimization (Storch, Brassard, & Masia-Warner, 2003) and the inverse of this relationship is also true. Problems or deficits in interpersonal relationships, such as best friends and group relationships, such as those found in school settings, have served as a source of anxiety, and sometimes subsequent
depression for many children (Jacobson & Newman, 2016). The literature suggests that children who are not accepted by their peers are on a continuum ranging from socially excluded to complete social rejection (Beeri & Lev-Wiesel, 2012). These students report increased risk of peer victimization (Lafko et al., 2015) greater feelings of loneliness (Asher & Paquette, 2003; Krause-Parello, 2008) and social avoidance (Storch et al., 2003), with feelings of loneliness playing a significant role.

Loneliness has been linked to several negative outcomes such as poor academic functioning, psychological problems (Krause-Parello, 2008; Rueger & Jenkins, 2014) such as anxiety and depression (Beeri & Lev-Wiesel, 2012; Bond et al., 2001; Krause-Parello, 2008), and chronic somatic issues such as stomach and headaches (Asher & Paquette, 2003; Krause-Parello, 2008). These findings are consistent with the notable effects of loneliness in the U.S. adult population evidenced by decreased general well-being and lower quality of life (Luo, Hawkley, Waite, & Cacioppo, 2012; Miller, 2015). A positive correlation exists between chronic loneliness and social isolation in adults, and people who report feeling lonely have also demonstrated problems with social skills and interpersonal relationships (Wei et al., 2005). Physiological health problems such as high blood pressure, cardiovascular disease (Hamilton et al., 2008; Miller, 2015) and increased morbidity and mortality (Miller, 2015; Newman et al., 2005) have also been identified in individuals who are lonely. On the other hand, the inverse of this relationship has also been demonstrated, for example, social connection and social support has been shown to strengthen individual's immune responses, and as a result, can decrease health related problems. For example, women with breast cancer who had strong social support lived longer than women who did not have social support (Spiegel, 1993).
Although, not all children who are rejected by peers are victims of bullying, it appears that lack of acceptance, complete rejection and peer victimization occurs on a continuum (Beeri & Lev-Wiesel, 2012). The effects of chronic stress, such as the type of stressor the child experiences when they are a victim of bullying, has been linked in the research with health related consequences, however, the pathway in which this relationship occurs has not been determined (Bond et al., 2001).

Recent scientific evidence has demonstrated that the specific chronic stress experienced with peer victimization has an effect in the body which appears to be the same as the stress response seen in children who have been abused and in individuals who suffer from post-traumatic stress disorder (PTSD). PTSD is diagnosed when an individual meets a specified number of criteria associated with experiencing a traumatic event including, but not limited to, feelings of extreme fear, horror or helplessness (Knack et al., 2011), avoidance of certain people or environments, flashbacks, and/or persistent distortions in cognitions of oneself or others which occur for at least one month or more after a traumatic event (DSM-V, 2013). This new evidence may explain how this form of chronic stress can create a cascade of physical health problems and the development of psychological mental health issues, such as a general anxiety and major depression in adulthood.

**Effects of Chronic Stress and Long-Term Impact on Physical Health**

The negative effects of chronic stress on the human body, has become a major topic of interest in recent literature. However, few research studies in the social sciences have examined the effects of chronic stress on health and development, specifically as it relates to being bullied. Research has documented that high levels of stress especially when it occurs in relatively short periods of time, can lead to a domino effect of physiological problems such
as a decrease in cognitive functioning (Cohen & Wills, 1985; Skowron, Wester & Azen, 2004; Takizawa et al., 2014), psychological problems such as anxiety and depression (American Psychological Association, 2012; Bishop-Mills & Muckleroy-Carwile, 2009; Bogart et al., 2014; Cohen & Wills, 1985; Healy & Sanders, 2014; Healy, Sanders & Iyer, 2015; Karisson et al., 2014; Lafko et al., 2015; Landoll et al., 2015; Lereya et al., 2013; Stapinski et al., 2015; Troop-Gordon et al., 2015), aggression (Cassidy, 2000), suicidal ideation and completed suicide (Gini & Espelage, 2014; Jantzer et al., 2015; Klitzing, 2004; Mark et al., 2013; Sampasa-Kanyinga et al., 2014; Takizawa et al., 2014).

A review conducted by Vaillancourt, Hymel & McDougal (2013) found that being victimized by peers was significantly related to irregularities in victim's neuroendocrine response to stress. Further investigation into this finding revealed that when an individual is exposed to high levels of chronic stress, cortisol, a stress hormone, is released which is the end product of the Hypothalmus-Pituitary Axis (HPA). Cortisol release can be helpful when a person is presented with an acute stressor because it helps to energize the body in an effort to deal effectively with the stressor. It is similar to a gas pedal on a car; if a driver sees a truck coming toward them, by pressing the gas pedal quickly, he will be able to move out of the way from the oncoming vehicle to avoid being hit. On the other hand, if he keeps his foot on the gas pedal for an extended period of time, he would not be able to stop the vehicle and could crash into another car or he could ultimately, run out of gas. Similarly, chronically high levels of cortisol are detrimental to health, and play a maladaptive role (Knack et al., 2011).

One would expect that an adolescent who is experiencing peer victimization would have higher than normal levels of daily cortisol, however, consistent with children who are abused and in individuals with PTSD, adolescents show lower daily levels of cortisol than
their peers who have not been bullied (Hansen et al., 2006; Knack et al., 2011). This may seem to be counter-intuitive to what appears to actually be happening but one explanation for this phenomenon is to look at the cortisol awakening response theory (CAR). For most individuals, CAR peaks around twenty to thirty minutes after they awake in the morning and steadily decreases throughout the day. Why is this important when reviewing peer victimization and chronic stress? In an adolescent who is a victim of bullying, their lower or blunted CAR levels would be an indicator that their immune system is working less than optimally, and as a result, these children may be at a disadvantage when exposed to a physical threat such as a virus or bacteria, leaving them vulnerable to a series of physical health problems. This finding not only supports the bullying and poorer health outcome hypothesis, but offers evidence as to why this relationship occurs in bullied children. Furthermore, it may explain that when a student is frequently absent from school because they feel ill, they may in reality very well be sick, and not just trying to avoid going to school (Knack et al., 2011).

Another study which investigated adolescent monozygotic twins demonstrated clear differences in their individual responses to stress when one twin who was bullied was compared to the twin that was not. The twin who was bullied by peers showed changes in their neuroendocrine response to stress, compared to the twin who was not victimized by peers (Ouellet-Morin et al., 2011). Furthermore, research conducted with 236 five-year old children, who experienced two or more forms of violence, including frequent bullying, demonstrated telomere erosion, at age ten compared to when they were five, a biomarker used to assess chronic stress exposure (Shalev et al., 2012).
Additionally, according to Shier, Butler, & Lewis (2010), several studies have demonstrated that significant psychological or emotional stress can speed up telomere shortening also known as telomere erosion. These data demonstrate that chronic stress exposure, experienced early in life can mediate the risk of developing diseases later in life, as well as, increase morbidity and mortality. Furthermore, these studies suggest and provide evidence of how chronic stress exposure, including peer victimization, can affect brain development and subsequent stress responses which could impact health over an individual's life span (Shalev et al., 2013).

**Economic Implications of Peer Victimization**

These findings have potential economic, ethical, public-health and social-welfare consequences (Harcourt et al., 2014; Humphrey & Crisp, 2008; Sawyer et al., 2011; Shalev et al., 2013). First, as family studies professionals we must become involved and develop interventions to reduce and/or prevent the debilitating effects of peer victimization. Unless children and families learn healthy coping skills, physical and mental illness will continue to rise and their ability to access an already overburdened healthcare system could be blunted because finding primary care and mental health providers is becoming increasingly more difficult.

Second, decreased productivity and absenteeism in the workplace of parents of children who are bullied could escalate, as many parents may have to stay home to care for their ailing children. Furthermore, college administrators may experience decreased productivity as they find themselves having to spend more of their time effectively dealing with students who have mental health issues (Kitzrow, 2003), as well as, professors who need to make accommodations, such as make-up exams, for students who have emotional
and mental disabilities. School administrators, as well as faculty, will continue to be held at
higher standards and accountable for students who are bullied, unless they too, become
involved and help contribute to the reduction of peer victimization behaviors.

Finally, law enforcement agencies and families, along with school and university
campuses have been tragically affected by school shootings. Most of the reports from school
shootings identified chronic stress from several forms of peer victimization, as a significant
contributing factor to a student's decision to shoot their peers, teachers and staff at schools
and within their communities (Bishop-Mills & Muckleroy-Carwile, 2009; Kennedy et al.,

A national report analyzing school shootings which was compiled by the United
information. The analysis showed that "nearly two-thirds of the attackers had never been in
trouble or rarely were in trouble at school (63 percent, n=26), yet "almost three-quarters of
the attackers felt persecuted, bullied, threatened, attacked or injured by others (71 percent,
n=29)," prior to the shooting (United States Secret Service and United States Department of

Several school shootings which have occurred since this report was issued, support
the findings of the government analysis. First, the 2006 Wisconsin 9th grader who shot his
principal claimed that the principal knew of the verbal abuse he student was experiencing
and did nothing to intervene. Second, the twelve year old Roswell, New Mexico student who
shot two of his peers in a gym full of students waiting to go to class (Newcomb, Nikias, &
Sandell, 2014) and third, the gunman who took his own life after going on a rampage, killing
thirty-two people at Virginia Tech claimed he was picked on, pushed and laughed at over his
shyness, being accused of talking in a strange way when he was in school in the Washington suburbs (Bishop-Mills & Muckleroy-Carwile, 2009).

Tragically, murder-suicides are becoming more common on secondary school and college campuses. Unlike school age students, college students are more difficult to monitor, or to try interventions with. Two top warning signs of a student who may potentially consider a murder-suicide plot are depression and being a target of bullying (Lester & Stockton, 2011). Without the development and implementation of specialized interventions, children who experience chronic anxiety, may also develop major depressive disorder, which may lead not only to suicidal ideation and suicide (Gini & Espelage, 2014; Hymel & Swearer, 2015; Jantzer et al., 2015; Klitzing, 2004; Mark et al., 2013; Sampasa-Kanyinga et al., 2014; Takizawa et al., 2014), also referred to in the literature as 'bullycide' (Marr & Field, 2001), but may also choose to take the lives of innocent bystanders, such as students and faculty members, as a result of their inability to access the help they need or because they lack of knowledge of adequate coping skills which they could learn if appropriate and timely interventions were offered.

**Anxiety Disorders, Fear and Prevalence Rates**

There is considerable overlap, between anxiety and fear and as a result, some individuals erroneously believe that anxiety and fear are one in the same, however, there is a difference. Fear is an emotion an individual experience when confronted with an actual or perceived threat or they are faced with imminent danger. They actually feel physiological changes in their body because it is associated with the arousal of the autonomic nervous system, a sensation typically referred to as the flight or fight syndrome. It is this physiological stimulation that makes an individual feel like they must 'escape' or they will be
harmed. Anxiety, on the other hand, is a condition which is associated with feeling that one must be in a constant state of awareness, vigilant, and be ready for imminent danger, which can occur at any time, now or in the future. Muscle tension is a significant feature along with the need to be cautious and/or avoid situations to stay safe. Individuals who experience anxiety often complain of muscle soreness, whether it is local tension, or throughout their musculature, and sleep-wake cyclical issues (DSM-V, 2013).

Anxiety can take on many different forms and can be extremely debilitating for the individuals who experience them. Symptoms for these disorders are significantly above and beyond what one would consider to be usual and customary for the specific stimulus associated with each disorder. They usually originate during childhood, and will continue indefinitely if left untreated. Most anxiety disorders occur almost twice as often in females than in males, at a ratio of 2:1. Some of the major anxiety disorders include: separation anxiety, specific phobia, panic disorder, social anxiety disorder and general anxiety disorder.

Separation Anxiety occurs when a child or adult becomes immobilized with fear when they are separated from their primary caretaker or another individual who plays a significant role in their lives. This disorder has a prevalence rate of between 0.9%-1.9% in adults and approximately 4% in children, and although it decreases between childhood and adolescence, it is the most frequently diagnosed anxiety disorder in children under the age of twelve (DSM-V, 2013). An important consideration for family studies educators, as well as, other social science professionals is to take into account the culture of the populations they work with because many individuals from diverse ethnic backgrounds come from families which historically place a high value on familial interdependence, unlike the overall culture in the United States, which emphasizes independence. As a result, certain people may not
have had opportunities to be separated from their families, which could partially explain why individuals from different cultures might have greater issues with separation anxiety (DSM-V, 2013).

Specific phobia is a type of anxiety which is associated with a specific stimulus, such as a fear of spiders, or perhaps fear of heights or enclosed places, where ability to escape appears to be impossible to the individual such as in an elevator. This disorder has a prevalence of 7%-9% in adults and estimates for children and adolescents, are 5% and 16% respectively. It tends to occur less in Asian, African and Latin American countries compared to Americans and people from European countries. Social anxiety disorder, also known as social phobia, has a prevalence of approximately 7% and is similar for children and adolescents. American Indians have higher prevalence rates, while reports are lower in Asian, Latino and African American people compared to non-Hispanic Whites.

A third type of anxiety disorder which can be extremely debilitating is Panic Disorder. It occurs in most individuals without warning, and symptoms are physiologically and internally driven, usually mimicking signs of a heart attack. Symptoms include shortness of breath, chest pain and dizziness. Panic disorder has a prevalence of 2%-3% in adults and adolescents, and in children is relatively low, occurring less than 0.4% before the age of fourteen. However, panic attacks begin to gradually escalate in adolescence, perhaps due to pubertal changes, and tends to peak in adulthood. Similar to specific phobia, lower prevalence rates have been reported in Asian, African and Latino Americans, however, they are significantly higher in American Indian populations compared to Non-Latino Whites (DSM-V, 2013).
Social Anxiety Disorder, also known as, social phobia, occurs in individuals who have significant fear of being in social situations where they will be evaluated and/or scrutinized in a negative way by others. These individuals fear that they will behave in a substandard way or that they will exhibit signs of anxiety which would be disapproving by others. Repeated avoidance occurs in important settings, such as school or work, and causes significant impairment which may interfere with being in these settings. An actual diagnosis requires that the fear occurs in peer settings and not only when they are interacting with adults. The prevalence of this disorder in the United States is estimated to be 7% which is more than triple of the numbers seen in other parts of the world where social anxiety is approximately 0.5%-2.3%. As with the other forms of anxiety disorders, prevalence is higher in American Indians and lower for Asian Americans, Latinos and African Americans, compared to the non-Hispanic White population (DSM-V, 2013).

General Anxiety Disorder (GAD), is characterized by excessive anxiety and worry about almost anything from routine daily activities such as finances, job expectations, individual health or that of a family member to fearing the loss of a child or parent. The reasons for the anxiety are not the same from person to person. In children, GAD can present as being excessively worried about their performance in school or afraid of not meeting parents’ expectations to losing friends. GAD has a prevalence of 2.9% in adults and 0.9% in adolescents in the United States compared to percentages in other countries, where estimates range from 0.4% to 3.6%. European Americans experience GAD more frequently than Asian Americans, African Americans, Native Americans and Pacific Islanders. The other forms of anxiety, for example, separation anxiety, panic disorder and social anxiety disorder (social phobia) are exacerbations of untreated general anxiety and are common in many children and
adults. A diagnosis in an adult requires three of several criteria for a diagnosis of general anxiety disorder to be met, and these criteria must occur on most days than days they don’t experience symptoms. Additionally, the symptoms must occur for a minimum of six months. In children, only one criterion is necessary for the same amount of time. Examples include: feeling restless or wound up, getting tired easily, have difficulty focusing or concentrating, feeling irritable, muscle tension and soreness or sleep problems such as sleeping too much or not sleeping at all (DSM-V, 2013).

It isn’t difficult to imagine a child who is being bullied, experiencing several, if not all, of the list of symptoms. This speaks to the severity of how being victimized by peers can significantly affect a child's quality of life. Furthermore, anxiety and depression often co-occur, and when they do not, they usually occur on a continuum. Hundreds of studies have demonstrated that individuals, who suffer from chronic anxiety, if left untreated will develop depression sometime during their lifetime (Jacobson & Newman, 2016; Kessler, Berglund, Borges, Nock, & Wang, 2005).

**Depression and Major Depressive Disorder**

The term ‘depression’ is frequently used incorrectly by both the general public and some professionals. When most individuals speak about a person who is depressed they are usually describing someone who is experiencing feelings of sadness which is actually depressed mood (Steinberg, 2017). Undoubtedly, if depressive symptoms continue and are not treated, an individual can, and often does, escalate from ‘depressed mood’ to experiencing enough of the symptoms which meet criteria for a diagnosis of major depressive disorder. Astoundingly, individuals between eighteen and twenty-nine years of age have a three-fold increased prevalence of major depression that people sixty years of age and over. This is
important as older individuals typically have a higher than average incidence of major depression than those who are middle age. This has important implications for college students as most are between eighteen and twenty-nine years of age.

As with an anxiety disorder, the differentiating factors between depressed mood and full depression are length of time the person has experienced symptoms, and the number of criteria which must be met. Unlike an anxiety disorder which requires symptoms to be present for six months or more, symptoms of depressed mood such as feeling sad, appearing tearful by others, feelings of hopelessness or feeling empty inside, only need to be present for a two-week period of time and must occur most of the day, almost every day, whether observed by others or reported by the individual. For children and adolescents’, symptoms only need to fit characteristics of irritable mood.

**Anxiety and Depression in College Students**

Going away to college can be one of the most exciting and stressful times, of a young person's life. Recently earned independence, along with new friends and new directions, all come with high hopes of a life, full of opportunities and possibilities. It is the time in life where young people can explore new horizons and for some, begin to pursue fields of study, some of which they had been dreaming about since they were little children. Anyone who has attended a university to pursue a higher degree would probably attest that this new road of newfound freedom and independence was for some, one of the best things that ever happened to them, while for others it was the most grueling and challenging times of their lives. For a large number of young adults who leave home to attend college, many will end up quitting school before they ever had a chance to succeed (Pritchard et al., 2007). There are many reasons which contribute to varying differences in college experiences; however, for
many new students attending universities, the underlying issues are far too common. Many
suffer from mental health disorders such as uncontrolled anxiety, and even more serious
mental health problems such as major depression.

According to Mahmoud, Staten, Hall and Lennie (2012), an estimated forty million
adults struggle with anxiety continuously, and more than seventy-five percent of these report
their first episode before the age of twenty-two. It is well documented that untreated anxiety
leads to depression (Jacobson & Newman, 2016; Kessler et al., 2005) and the World Health
Organization reported that in the United States, mental health disorders are responsible for
almost one half of disease which occur in young adults (Eisenberg, Gollust, Golberstein, &
Hefner, 2007). Several studies have revealed that there is a substantial increase in the severity
of psychological health issues facing college students today (Gallagher, 2005), leading them
to seek counseling services (Andrews & Wilding, 2004; Kitzrow, 2003), and the numbers
continue to escalate (Eisenberg et al., 2007; Saber Raja Mahmoud et al., 2012). Reports from
university counseling centers indicate that the numbers of college students who have
scheduled appointments to see a counselor or therapist are occurring in record breaking
percentages. For example, between the years of 2000 and 2005, a 40% increase was reported
by Columbia University, University of Cincinnati reported a 55% increase and University of
New York had a 48% increase in requests for counseling services (Kitzrow, 2003). However,
there are several challenges which these numbers represent, first and foremost that 63% of
the campus counseling centers surveyed reported that there was not a reciprocal number of
resources, such as counselors or therapists to meet these demands which poses significant
problems for students who need services, as well as, for the universities who may not be able
to meet the demand (Gallagher, Gill, & Sysko, 2000).
Although a significant number of students with mental health disorders experience their first occurrence just before they enroll or shortly after they enter college (Eisenberg et al., 2007; Kessler et al., 2005), others have been diagnosed with mental health problems well in advance to enrolling in school and many of these students enter college on a variety of psychotropic medications. According to Kitzrow (2003), the number of students prescribed medications for mental health problems nearly doubled from 9% to 17% between the years of 1994 and 1999. Today, according to a national survey of counseling center directors conducted in 2010, 44% of the clients who have been seen at counseling centers on college campuses, have severe psychological problems, an astounding increase from 16% in 2000 (Eisenberg et al., 2007) and many have been prescribed a myriad of medications, many of which are used to treat anxiety and major depression.

There are several explanations for why this phenomenon is occurring, however, ongoing changes in social factors such as significant familial conflict, turmoil, acts of violence, earlier utilization of drugs and alcohol, and inadequate parenting skills are among some of the most frequently reported issues. Additionally, with the development of newer and more effective psychotropic medications, students with serious mental health diagnosis' such as major depressive disorder, bipolar disorder and schizophrenia, who could not function well enough to attend college in the past, are now able to do so (Kitzrow, 2003). However, high discontinuance rates in patients who use these classes of medications due to a high side effect profile, is not uncommon. For example, medications prescribed for anxiety and major depression may cause increased sedation, or may be accompanied by side effects such as sexual dysfunction, postural hypotension and cardiac arrhythmias, while others used to treat Bipolar I and II Disorder have side effects such as nausea, vomiting, trembling and
weight gain. Medications used to treat Schizophrenia frequently cause a syndrome called tardive dyskinesia, an uncontrollable movement disorder (Haddard, Brain, & Scott, 2014; Muench & Hamer, 2010). Most of the side effects of these medications cease when discontinued and therefore, many patients abruptly stop taking them, most of the time, without the knowledge of their healthcare providers.

Discontinuance of medications for severe mental health issues can have major consequences for individuals, their families and society because people who are not receiving or following their treatment regimen are frequently a danger to both themselves, and others. Medications which are prescribed for anxiety, depression and other serious mental health disorders have high levels of success in treating mental health problems and there can be severe emotional and behavioral consequences such as suicidal ideation, completed suicide and possibly homicide, for individuals who medically need these medications but choose not to take them. On the other hand, it shouldn't be difficult to understand that experiencing severe side effects provides a valid rationale for many individuals to stop taking their medications, and also offers an explanation as to why many students on college campuses with serious psychological issues are not receiving treatment. It is a significant social, ethical and economic dilemma; one that has no easy answers. People have a right to decide for themselves what benefits and risks they are willing to take. On the other hand, the rights of others also need to be protected, especially when individual treatment decisions can be a matter of life and death?

**Depression, Suicidal Ideation and Completed Suicide**

Emotions such as happiness and feelings of satisfaction often come from an individual's perceptions that they have fulfilled important goals and certain needs have been
met. On the other hand, individuals who experience anxiety and depression are often dissatisfied with life, perhaps because important needs have not been met and because they are unable to reach the goals they deeply value (Frisch, 2006). Although the last thirty years has shown a significant increase in the amount of stressors college students are experiencing (Pritchard et al., 2007), anxiety and depression are not direct derivatives of stress but instead, they are the products of how an individual perceives and reacts to certain stressors (Beck & Clark, 1997).

For many students, the start of a new chapter in life as they enter college, begins with overwhelming feelings of anxiety, fear and sadness, as many aren't ready to face the challenges their new lives have to offer, especially when they are consumed by personal relationship problems, family dysfunction, financial difficulties, and feelings of inadequacy and self-doubt. Additionally, many students have low levels of social self-efficacy which is an individual's personal belief of their ability to initiate social contact and form new friendships which can lead to loneliness (Wei et al., 2005). A positive association has been demonstrated between loneliness and depression and seventy-five percent of incoming freshman report feeling lonely (Wei et al., 2005). College expectations, along with life's problems are difficult enough; however, when a mental illness is involved, this can overtax anyone's ability to cope which can lead to maladaptive coping skills such as self-medicating with alcohol, illicit substances or both. Some studies have reported that when college students are faced with significant amounts of stress, they utilize maladaptive coping skills such as drinking, smoking (Pritchard et al., 2007) or other drugs, while other studies indicate that students engaging in negative health behaviors report much higher levels of anxiety and depression (Saber Raja Mahmoud et al., 2012). This can have dire consequences on student's
abilities to succeed academically, which can be already compromised by debilitating mental health issues such as anxiety and depression.

Prevalence rates for depression in college students have increased 56% in the last six years and a large number of depressed these students remain undiagnosed (Gallagher, 2007; Hunt & Eisenberg, 2010). Depression is a common correlate in individuals who report suicidal ideation (Garlow et al., 2008), as well as, those who have engaged in completed suicide (Eisenberg et al., 2007; Garlow et al., 2008; Kitzrow, 2003). Adverse life events such as loss of a relationship or loved one, a family history of mental health issues, and suicide of an immediate family member, have all been reported as significant factors that increase risk of suicide (Garlow et al., 2008). Suicide is the second leading cause of death among the college population and as a result, approximately eleven hundred lives are lost every year (Saber Raja Mahmoud et al., 2012). It seems incomprehensible that so many of our young students across the country are experiencing such agonizing emotional and mental pain that they see no other way but to end their lives.

These mental health statistics have profound implications for victims, as well as, many other individuals on college campuses, including but not limited to, faculty, staff, roommates and other fellow students. For example, it is not uncommon for students with mental health problems to disrupt and disturb professors and colleagues during class (Kitzrow, 2003), as well as, engage in overt dangerous behaviors such as suicidal ideation, attempted suicide (Garlow et al., 2008) and in more severe cases, have been implicated in potentially endangering fellow colleagues and faculty by engaged in acts of murder-suicide. One of the more recent cases involved the shocking murder-suicide which began with a UCLA graduate student killing his girlfriend in the eastern part of the country, driving to
UCLA and gunning down one of his professors before turning the gun on himself. This scenario illuminates the grave reality that on any given day, an individual suffering from mental illness has the capability of ending the lives of hundreds of innocent people, as well as, taking their own life.

Several university institutions, such as Brown University, University of California and Harvard, have had significant legal charges brought against them, as families of students who committed suicide and/or murdered other students, claimed that the institution did not do enough to protect students from harm (Kitzrow, 2003). The universities counselors claimed that they did not have to warn others about threats to themselves or others because that would breach patient confidentiality, which is taken very seriously in the therapeutic field. However, because of legislation resulting from significant law suits, it is now required that all licensed therapists, counselors and psychologists report threats of violence to those individuals who clients have purported to hurt or kill. To the best of my knowledge, no laws currently exist requiring lay individuals, such as professors or other staff members to report threats of violence.

In 1976, Tarasoff v. Regents of the University of California involved a client who relayed to his therapist that he had plans to kill a woman the therapist could identify. The therapist did not warn the woman and he subsequently followed through and killed her. In a lawsuit which was brought against the therapist and the university claimed that he did not owe a warning to the woman because she wasn't his client and because it would have breached the confidentiality agreement he had with his client. The Supreme Court of California disagreed with his claim because he should have known that the client posed a reasonably serious risk and that he had an obligation to warn the woman. As a result of this
highly publicized case, psychotherapists throughout the United States must abide by the Tarasoff Rule, which is a 'duty to warn' statute. It requires that psychotherapists warn a third party when a client threatens violence toward another individual if he/she believes that the client does in fact, pose a serious threat on an individual in which the therapist could identify (Ewing, 2005).

Recently, two lawsuits resulting from a murder-suicide, led the California Court of Appeals to broaden the Tarasoff rule which not extends to family members meaning that family members must also be taken seriously if they tell a therapist or other health professional, that someone in their family has threatened to kill someone. Some argue that this ruling continues to chip away at patient confidentiality (Ewing, 2005), while others take the stand that patient confidentiality stops when they make implicit threats and/or pose a serious risk on another individual who does not know of their intentions. These people contend that it is the right of the individual being threatened to have the opportunity to protect themselves which they cannot do if they are not aware of their risk. Regardless of which point of view one agrees with, it is clear that universities along with administrators and college therapists are being held to a higher standard than ever before and may be held more accountable, depending on the circumstances, for deaths of students, whether it occurs by suicide, homicide or both.

Although these families may be awarded damages and large monetary settlements, nothing can ever be done to bring back the innocent young lives that were lost. As a profession, family studies educators, along with other university administrators and staff, must take responsibility for promoting or developing programs which can help our students learn healthy coping skills when confronted with stress, as well as, disseminate information
about mental health counseling services in order to reduce the staggering statistics on suicide and murder-suicides among college students (Garlow et al., 2008).

A survey conducted among college students who were able to access counseling at their universities reported that 77% of the students stated that participating in counseling sessions on campus, helped their academic performance and that without it, they would have been more likely to drop out of school (Kitzrow, 2003). This finding aligns with other evidence where an estimated twenty-five percent of first year college students do not re-enroll the following year and shockingly, approximately 50% had made their decisions to quit school within their first six weeks of their first semester (Pritchard et al., 2007).

The cultural milieu which surrounds teaching at universities has changed drastically compared to forty or fifty years ago. Never before have we seen the staggering numbers of mental health problems like we do today. In order to advance the field of family studies, we must be willing to understand what students are up against and in doing so, we can take a more active role in helping them attain their degrees, which will not only increase their chances of being successful when they graduate from the university, but it will also afford families the opportunity to live a higher quality of lives.

The link between educational attainment and wage-earnings has been clearly established (Steinberg, 2017) and it is part of the Family Studies mission statement to help promote health and opportunity to all families. Maybe part of our role in realizing this goal begins with our students. The ones we come into contact with each and every day. It isn't enough to go to work each day, participate in our part of the teaching and spend thousands of hours conducting research which identifies the issues confronting families today, and then sit back and do nothing. We must spend a portion of our time helping to better the lives of our
students so that thousands stay in school. The alternative is to pretend there is nothing we can do, allow them to drop-out, and continue to conduct more research often yielding results of issues with families that we already know. Low educational attainment often equates to lower quality of lives and/or families living in abject poverty. This is not to say that new research is not important, but rather, we must balance data collection with taking an active role in helping our students succeed so that we can make strides toward changing the negative outcomes associated with low educational attainments, which are often associated with dropping out of college.
Chapter 3

Methods

Participants

The University of New Mexico’s (UNM) student body is represented by a multi-ethnic group of individuals and therefore, it was expected that participants for this study would be diverse. In view of my research objectives, number of variables, and types of statistical tests, I determined that a sample of 200 would be adequate for the current study. Also, the utilization of Cohens D of .50 with a medium effect size calculation resulted in a similar sample size for this study. Eventually, the sample for this study included 230 multiethnic students, specifically, Hispanic/Latino, African Americans, Native Americans, Asian American students, along with non-Hispanic Caucasian, from several socioeconomic backgrounds. However, because there was not a considerable number of African American, Native American and Asian American students, these three groups were collapsed into one group (as others).

Participants consisted of undergraduate students, both male (n= 38) and female (n= 192). There was no age cut-off for participation and the average age was 23.4 years. The sample included: 6 freshman, 48 sophomores, 63 juniors, and 112 seniors. Ethnic backgrounds of the college students included: 60 Non-Hispanic Caucasian, 121 Hispanic, 25 African American, 13 Native American, 8 Asian American and 2 did not indicate ethnicity. The African Americans, Native Americans, Asian Americans and unreported ethnic students were combined for data analysis to form one group called ‘Others’ because of the low numbers of these minority students. Grade point average ranged from 1.60 to 4.26 with an average of 3.3. Reported marital status was as follows: 201 college students were single, 17
were married, 1 reported being separated, 7 were divorced, and 4 were widowed. Students reported their mothers’ highest educational level attained in school as follows: 10 ‘grade school’, 57 ‘high school’, 77 ‘some college’, 83 ‘had a college degree’ and 3 reported ‘not knowing’. For fathers’ educational level, 19 had completed grade school, 64 high school, 59 had some college, 74 had a college degree and 14 reported not knowing. College students reported parents’ marital status at the time they were in secondary school as follows: 34 were ‘never married’, 134 were ‘married’, 10 were ‘separated’, 46 were ‘divorced’ and 6 were ‘widowed. Reported siblings in the household at the time they were in secondary school were as follows: 37 had ‘no siblings’, 132 had between ‘1 and 2’ siblings, 45 had ‘3-4’ siblings, 11 had ‘5-6’ siblings, and 4 reported having ‘7 or more’. Average number of siblings per household at the time students were bullied was 1.6. The reported annual family income ranged from $0 to $500,000 with a median family income of $50,000.00. Of the 230 participants, 162 reported family income, 68 participants left it blank.

Participant students were enrolled in eight Family and Child Studies undergraduate courses at UNM for the spring semester 2017. The courses were as follows: Introduction to Family and Child Studies (FCS 105), Growth and Development of Middle Childhood (FCS 304); Research and Evaluation of Family and Child Studies (FCS 305); Friendships and Intimate Relationships (FCS 310); Adolescent Development in the Family (FCS 315), Ecological Aspects of Housing (FCS 343), Family Management Theories (FCS 343) and Family Policy, (FCS 481).

Data Collection Procedures

After permission was granted by the UNM’s Institutional Review Board (IRB), the researcher contacted Family Studies instructors and professors and asked if they would allow
their students to participate in the study. A brief explanation of the study was given along with the time which would be required to fill out the five surveys. For those professors who agreed, the researcher made arrangements to attend the class on the day that was best for the professor. Student surveys were administered during the second and third week of the spring semester, 2017. At the beginning of a regularly scheduled class, the researcher introduced herself to undergraduate students, they were given an overview, including the purpose of the study, an explanation about participation being voluntary and that their individual responses will be completely confidential, as there was no identifying information. Students were explained what informed consent included and were given the approved consent form, with the IRB stamp of approval, along with the student researchers name, chief investigators name, contact information and resources should students feel they wanted to talk to a professional to help them cope with emotions that may be evoked as a result of participating in the study. Resources included Manzanita Counseling Center, a graduate counseling program which is offered to students at no charge, the student health center, mental health department at the University of New Mexico, and AGORA, a student crisis hotline available twenty-four hours a day, seven days a week which is run by a group of trained students to help other students who may be feeling overwhelmed or just needing someone to talk to.

Students who elected not to participate in the study were given an in-class activity consisting of reading a peer reviewed article on *Trends in Peer Victimization* and writing a summary of the article, which was due at the same time the surveys were completed. No names or identifying information was permitted on the summaries to maintain confidentiality of all students. For students who agreed to participate, a manila envelope was handed to each student and contained five questionnaires in the following order: 1. a general demographics
survey developed by the researcher, 2. the Forms of Bullying Scale (FBS), adapted for college students and partially developed by the researcher, 3. the State-Trait Anxiety Inventory (STAI), 4. the Center for Epidemiological Studies Depression Scale-Revised (CESD-R), and a researcher developed coping resources survey which included statements about community resources ad mother and father helpfulness and availability. Each participant was explained the informed consent process, and asked to keep the IRB approved form when they had completed and turned in the surveys. The total estimated time allocated to complete the surveys or class activity was approximately 20-30 minutes. Upon completion, students who participated in the study were asked to place their completed surveys back in the original envelope, clasp the envelope and hand the completed packet back to the researcher. For students who participated in reading the article and wrote a summary, they were asked to place their articles and summaries in the envelopes provided. It took about two weeks to arrive at a sample of size of 230. 28 students elected to do the article review because they had already participated in a previous class and 4 chose the article because they didn’t want to participate.

**Instruments**

A total of five instruments were utilized to collect the data for this study. The first was a general demographics questionnaire developed by the researcher, followed by the Forms of Bullying Scale-Victimization Version (FBS-V) which was adapted by the researcher for college students. The third instrument to measure anxiety was the State-Trait Anxiety Inventory (STAI), followed by the Center for Epidemiologic Studies Depression Scale-Revised (CESD-R), which was utilized to identify depressive symptoms. Finally, a 10-item coping resources questionnaire developed by the researcher was developed to identify
student's perceptions of mothers and fathers’ helpfulness and community resources anytime during their secondary school years when they were bullied by peers.

**Demographics Questionnaire.** I developed a ten item questionnaire to collect demographic information including: students age, sex, race/ethnicity, student's current marital status, the level of college the student is currently registered as (freshman, sophomore, junior or senior), their current grade point average (GPA), number of siblings in the household at the time they attended secondary school, the highest educational attainment of their mother and father, and marital status of their parents along with approximate family income (SES) at the time they were in secondary school and/or the time the bullying took place.

**Bullying Questionnaire.** I developed a 20 item Likert instrument combining and/or adapting statements from the Retrospective Bullying Scale (Chambless, 2010) and the Forms of Bullying Scale-Victimization version (FBS-V), (Shaw et al., 2013), which was formulated to fit the college student population. The instrument which was handed out had 20 items, where 1 through 10 were taken from the FBS-V and items 11-15 came from the Retrospective Bullying Questionnaire. I developed items 16, 17, 18, and 19. Although students were instructed to answer all twenty questions, only 11 items were used in the analyses of this study. In view of my research inquiries, the 11 items I chose to analyze my data were categorized into three groups: relational bullying (items 2, 3, 7, 9 and 10), verbal bullying (items 1, 4, 6, and 19, and physical bullying (items 5 and 8). This is a 4-point scale to measure the intensity of bullying as follows: 0 = no, never, 1= very little, 2 = sometimes, 3 = a lot, and 4 = a great deal. The FBS was developed and adapted based on items originally found in the revised version of the Olweus Bully/Victim Questionnaire (OBVQ) and the Peer
Relations Questionnaire (PRQ), (Olweus, 1996 & Rigby, 1998, in Shaw et al., 2013). The wording of items which were taken from these two instruments and were changed so they were structurally and developmentally appropriate for students in secondary school. They were also formulated to reflect the general types of bullying which have been widely accepted as forms of peer victimization by most social science researchers. The following five categories were directly quoted from Shaw et al., 2013, p.1047:

- **Verbal** - nasty teasing and name calling;
- **Threatening** - made afraid, intimidated, or made to do what others want;
- **Physical** - physically hurt, property damaged or stolen;
- **Relational** - damage to social relationships through exclusion or having friendships broken; and **Social** - lies told, false rumors spread to damage social standing.

Additionally, the authors further describe how the FBS distinguishes each of the categories and further delineates between name calling which is teasing, from behaviors that are more threatening in nature, such as using intimidation and manipulation tactics. Moreover, threatening behaviors are considered dissimilar from behaviors where they physically act out toward a peer or their personal property. The aforementioned forms of bullying are distinctly separate, along with relational bullying, where the bully aims to damage one or several relationships and social victimization, where the bully’s goal is to destroy an individual's character or reputation.

Definitions of **bullying**, and **cyberbullying** were the same definitions stated in the FBS. Two adaptations which were made from the FBS are as follows: The FBS begins the questionnaire identifying "last term, how often were you bullied (including cyberbullying) by one or more young people in the following ways?" For the present study, the wording was as
follows: "at some point during your secondary school experience how often were you bullied including cyberbullying) by one or more peers in the following ways?" The second adaptation for this study included the ten-item victimization portion of the instrument, not the ten-item perpetrator portion because the present study did not ask questions of students who may have been the perpetrators. Finally, two studies were conducted for validity and reliability estimates for the FBS. Cronbach’s alpha values for the victimization items were .87 and for the perpetration items reliability was .85. Cronbach’s alpha for items 1-10 and 19, which were used for the analyses of this study, is .903. After developing the Bully Questionnaire, I discussed the items with Family Studies researchers to gage the face validity of the items.

**State-Trait Anxiety Inventory (STAI).** The STAI is the instrument of choice for this study to measure anxiety. Permission to reproduce 230 copies was granted by Mind Garden, Inc. (2017). Spielberger and his colleagues (1983) developed the STAI - a brief anxiety measure. The STAI has been widely utilized in the literature and was the first instrument developed to separate 'state anxiety', occurring as a result of specific environmental condition(s), from 'trait anxiety', a form of anxiety related to personality characteristics which are more aligned with an individual's genetics. The state anxiety portion of the STAI is a 20 item, 4 point Likert scale and the trait portion of the instrument has an additional 20 items utilized to differentiate state from trait anxiety (items 21 through 40); Together, the STAI is a 40 item, 4 point Likert scale. Items for the State portion of the instrument had responses ranging from 1, 'Not at all' to 4, 'Very much so', and the Trait portion had responses ranging from 1, ‘Almost Never’ to 4, ‘Almost Always’ (Barnes, Harp, & Jung, 2002; Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983). The inventory was
revised in the 1970's because of issues with psychometric properties and because many of the items were criticized and deemed to be inappropriate for participants with lower educational attainment (McDowell, 2006). Nonetheless, reports for the score reliability averages for both portions of the State-Trait instrument have been high, ranging from .83-.94 for state anxiety and .86-.92 for trait anxiety, and the STAI has been used across diverse cultures and groups (Gros, Antony, Simms, & McCabe, 2007). Cronbach’s alphas for the current sample were as follows: State Anxiety (0.93) and Trait Anxiety (.93). After reversing 19 of the positive statements in the STAI, the literature has recommended a cut-off score of 39-40 indicating clinical anxiety and therefore, the cut-off score for anxiety for the current study was set at ≥39.

**Center for Epidemiologic Studies Depression Scale-Revised (CESD-R).** Although the original Center for Epidemiologic Studies Depression inventory (CESD) continues to be widely utilized in the research, the original assessment does not reflect current criteria for diagnosing depression (Eaton, 2004; Van Dam & Earleywine, 2011). Instead, the CESD published in 1976 assesses depressive symptomology based on the Diagnostic and Statistical Manual of Mental Disorders, second edition, which was published in 1968.

The Center for Epidemiologic Studies Depression Scale-Revised (CESD-R) inventory reflects the most current diagnostic criteria for depression (Van Dam & Earleywine, 2011). It is a 20-item Likert scale as follows: 0 = not at all or less than 1 day, 1 = 1-2 days, 2 = 3-4 days, 3 = 5-7 days and 4 = nearly every day for 2 weeks. Among several changes from the original CESD, the updated CESD-R includes two items which were simplified for clearer understanding, and the addition of a new response category, ‘nearly every day for two weeks’, can help to differentiate depressive symptoms even further than the original CESD. Two
examples include "I had trouble keeping my mind on what I was doing" and "I lost interest in what I was doing". Other important items which are now part of the revised measure, not previously included in the original CESD, is the addition of anhedonia (inability to feel happiness), psychomotor issues, both reduced and increased agitation, and suicidal ideation (Van Dam & Earleywine, 2011). Another change in the revised edition was that positive statements did not need to be reversed which simplified scoring. The CESD-R was tested for sound psychometric properties in a community sample of over seven thousand and a student sample of two hundred forty-five. Utilizing Cronbach's alpha in a sample of 6971 participants, the CESD-R showed an internal consistency (reliability) of .92 (Van Dam & Earleywine, 2011). The Cronbach’s alpha of the CESD-R for the current sample was 0.93. In line with the existing literature, I used a CESD-R score of ≥ 16 as a cut-off score for depressive symptoms.

Although a recent revision of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) was published in 2013, the CESD-R inventory is based on the Diagnostic and Statistical Manual of Mental Disorders IV-Text Revision (DSM-IV-TR, 2000), which was the most current version at the time the instrument was developed. It should be noted that with respect to the criteria for depression, there are minimal differences between the two diagnostic versions. Most research professionals agree that data which is collected on anxiety, depression or any other construct, should reflect the most recent published criteria, especially for identifying symptoms for such important and possibly life threatening disorders.

**Coping Resources Questionnaire.** I developed the coping instrument which was utilized to assess student's perceptions of coping resources, specifically, a teacher, other
school personnel, mothers and fathers, who the student felt acted as a resource during the time they were victimized by peers. It is a 20-item Likert scale questionnaire with responses ranging from: $1 = \text{strongly agree}$ to $4 = \text{strongly disagree}$. Items 1 through 6 were statements about community resources, items 7 through 13 were statements relating to mother’s helpfulness and availability and items 14 through 20 were related to father’s helpfulness and availability during the time the student was bullied. Examples include 1. I felt I could go to a teacher for help. 2. I felt like I could go to my mom for advice, and 3. I felt like I could go to my father for advice. Not all items on the questionnaire were used for analyses in this study. Items which were included were categorized into three groups: community coping [items 4, 5, and 6], mom coping [items 7, 8, 9, 10, 11, 12, 13] and dad coping [items 14, 15, 16, 17, 18, 19 and 20]. Cronbach’s alpha for father’s availability was 0.68, for mother’s availability was 0.61, and for community resources was 0.52.
Chapter 4

Results

Reported Levels of Bullying Among College Students

The first research objective was to examine levels of college students’ report of bullying experiences in secondary school and for those who were victimized by peers. Also, I wanted to explore if they experienced certain forms of bullying more than others, or if they experienced each type relatively equally during the time they attended secondary school. Descriptive statistics showed that college students reported more experiences with relational bullying, and they reported the least amount of experience with physical bullying (Table 1). Bullying items were rated on a scale from 0 to 4. Since subcategories of bullying (relational, verbal, physical) contained different numbers of items, a mean score was calculated for each subgroup of bullying and for overall bullying. This is also consistent with the literature using the FBS-V where mean scores were used for each of the FBS-V bullying categories (Shaw et al., 2013). The overall mean suggests that level of reported bullying experience was low to moderate. Table 1 shows means and standard deviations for different types of bullying.
Table 1

*Average for Reported Forms of Bullying Experiences among Research Participant.*

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relational Bullying</td>
<td>230</td>
<td>1.34</td>
<td>0.96</td>
</tr>
<tr>
<td>Verbal Bullying</td>
<td>230</td>
<td>1.07</td>
<td>0.81</td>
</tr>
<tr>
<td>Physical Bullying</td>
<td>230</td>
<td>0.52</td>
<td>0.85</td>
</tr>
<tr>
<td>Overall Bullying</td>
<td>230</td>
<td>1.09</td>
<td>0.78</td>
</tr>
</tbody>
</table>

**Levels of Reported Bullying by Ethnicity, Sex, College Level and Grade Point Average**

The second research objective was to assess if college students differ in their bullying experiences as a function of ethnicity, sex, level of college, and grade point average (GPA). ANOVAs and t-tests were used to test for group differences. It appeared from the average scores that reported forms of bullying by ethnicity revealed that Non-Hispanic Caucasian (NHC) and Hispanic (H) students experienced relational bullying the most, and students in the Other group (O) experienced verbal bullying only slightly more than relational bullying. Physical bullying was experienced the least across all three groups (Table 2). However, a series of ANOVA analyses demonstrated that there were no statistically significant differences for levels of reported bullying by ethnic groups (Table 2). In other words, participants in this study across ethnic groups reported similar level of bullying experiences when in secondary school.
Table 2

One Way ANOVA for College Students Reported Forms of Bullying Experiences by Ethnicity (n = 230).

<table>
<thead>
<tr>
<th>Variable</th>
<th>NHC</th>
<th>H</th>
<th>O</th>
<th>df</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relational Bullying</td>
<td>1.45</td>
<td>1.24</td>
<td>1.42</td>
<td>2, 227</td>
<td>1.22</td>
<td>0.30</td>
</tr>
<tr>
<td>Verbal</td>
<td>1.14</td>
<td>1.02</td>
<td>1.14</td>
<td>2, 227</td>
<td>0.64</td>
<td>0.53</td>
</tr>
<tr>
<td>Physical</td>
<td>0.58</td>
<td>0.43</td>
<td>0.65</td>
<td>2, 227</td>
<td>1.40</td>
<td>0.25</td>
</tr>
<tr>
<td>Overall</td>
<td>1.18</td>
<td>1.01</td>
<td>1.18</td>
<td>2, 227</td>
<td>1.30</td>
<td>0.28</td>
</tr>
</tbody>
</table>

However, a series of t-tests demonstrated that there was a statistically significant difference between male and female participants’ responses with respect to their experiences with relational bullying in secondary school, \( t (228) = -2.79, p < .01 \) (Table 3). The results show that female participants experienced significantly higher levels of relational bullying than male participants. Reported levels of verbal, physical, and the overall bullying did not differ as a function of participants’ biological sex.
Table 3

Differences in Types of Reported Bullying Experiences by Participants’ Sex (n = 230).

<table>
<thead>
<tr>
<th>Types of Bullying</th>
<th>Male (n = 38)</th>
<th>Female (n = 192)</th>
<th>t</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relational</td>
<td>0.96</td>
<td>1.41</td>
<td>-2.69</td>
<td>228</td>
<td>0.01</td>
</tr>
<tr>
<td>Verbal</td>
<td>1.08</td>
<td>1.07</td>
<td>0.04</td>
<td>228</td>
<td>0.97</td>
</tr>
<tr>
<td>Physical</td>
<td>0.72</td>
<td>0.47</td>
<td>1.66</td>
<td>228</td>
<td>0.10</td>
</tr>
<tr>
<td>Overall</td>
<td>0.96</td>
<td>1.12</td>
<td>-1.14</td>
<td>228</td>
<td>0.26</td>
</tr>
</tbody>
</table>

Furthermore, a series of t-tests were employed to examine whether experiences of bullying varied by participants’ level of college year (that is, between Freshmen and Sophomore - FS versus Junior and Senior – JS) and GPA (low: <3.0 versus high: ≥ 3.0). There were no statistically significant differences in participants’ reported levels of bullying by college year (Table 4) or GPA (Table 5). Regardless of academic year in college year and students current GPA standing, participants reported similar level of bullying experiences when they attended secondary school.
Table 4

*Differences in Reported Bullying Experiences by Participants’ College Year (n = 230).*

<table>
<thead>
<tr>
<th>Types of Bullying</th>
<th>FS (n=54) Mean</th>
<th>JS (n=175) Mean</th>
<th>t</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relational</td>
<td>1.38</td>
<td>1.32</td>
<td>0.39</td>
<td>227</td>
<td>0.70</td>
</tr>
<tr>
<td>Verbal</td>
<td>1.05</td>
<td>1.08</td>
<td>-0.22</td>
<td>227</td>
<td>0.83</td>
</tr>
<tr>
<td>Physical</td>
<td>0.56</td>
<td>0.50</td>
<td>0.49</td>
<td>227</td>
<td>0.63</td>
</tr>
<tr>
<td>Overall</td>
<td>1.11</td>
<td>1.08</td>
<td>0.23</td>
<td>227</td>
<td>0.82</td>
</tr>
</tbody>
</table>

Table 5

*Reported Bullying Experiences by Participants’ Grade Point Average (n = 230).*

<table>
<thead>
<tr>
<th>Types of Bullying</th>
<th>Low GPA (&lt;3.0) Mean</th>
<th>High GPA (≥ 3.0) Mean</th>
<th>t</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relational</td>
<td>1.38</td>
<td>1.32</td>
<td>0.45</td>
<td>228</td>
<td>0.65</td>
</tr>
<tr>
<td>Verbal</td>
<td>1.15</td>
<td>1.04</td>
<td>0.91</td>
<td>228</td>
<td>0.37</td>
</tr>
<tr>
<td>Physical</td>
<td>0.60</td>
<td>0.48</td>
<td>0.95</td>
<td>228</td>
<td>0.35</td>
</tr>
<tr>
<td>Overall</td>
<td>1.16</td>
<td>1.07</td>
<td>0.78</td>
<td>228</td>
<td>0.44</td>
</tr>
</tbody>
</table>

**Relationships among Bullying, State Anxiety, Trait Anxiety, and Depression**

The third research question aimed to identify anxiety and depression levels in college students who had a history of being victimized by peers in secondary school and whether
their reported levels peer victimization in secondary school predict current levels of anxiety and depressive symptoms as college students. The cut-off score for the depressive symptom is CESD-R ≥16 and the cut-off score for the state anxiety measure is STAI-S ≥39. There are no recommended cut-off scores for trait anxiety. Overall, descriptive analyses showed that college students reported symptoms of depression \((M = 16.62, SD = 13.78)\), state anxiety \((M = 40.03, SD = 11.97)\), and trait anxiety \((M = 43.95, SD = 11.11)\) (Table 6).

Table 6

*Means and Standard Deviations for Reported Depression, State Anxiety, and Trait Anxiety among all College Student Participants.*

<table>
<thead>
<tr>
<th>Variable</th>
<th>(n)</th>
<th>(M)</th>
<th>(SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>229</td>
<td>16.62</td>
<td>13.78</td>
</tr>
<tr>
<td>State Anxiety</td>
<td>228</td>
<td>40.03</td>
<td>11.97</td>
</tr>
<tr>
<td>Trait Anxiety</td>
<td>228</td>
<td>43.95</td>
<td>11.11</td>
</tr>
</tbody>
</table>

Simple bivariate correlational analyses revealed a statistically significant positive relationship between state anxiety and depression \((r = .60, p < 0.001)\), trait anxiety and depression \((r = .68, p < 0.001)\) and trait anxiety and state anxiety \((r = .79, p < 0.001)\) (Table 7). It means that high depression is linked to high levels of state and trait anxieties.
Furthermore, partial correlation analyses revealed a statistically significant positive relationship between the following types of bullying and depression, while controlling for state and trait anxiety: depression and relational bullying \((r = 0.24, p < 0.001)\), depression and verbal bullying \((r = 0.22, p < 0.001)\), depression and physical bullying \((r = 0.23, p < 0.001)\), and depression and overall bullying \((r = 0.26, p < 0.001)\) (Table 8). The level of depression increases with the increased levels of relational, verbal, and physical bullying experiences.
Table 8

*Partial Correlation for Types of Bullying and Depression, Controlling for State & Trait Anxiety.*

<table>
<thead>
<tr>
<th>Variable</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Relational</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Verbal</td>
<td>0.70***</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Physical</td>
<td>0.44***</td>
<td>0.56***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Overall</td>
<td>0.92***</td>
<td>0.89***</td>
<td>0.67***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Depression</td>
<td>0.24***</td>
<td>0.22***</td>
<td>0.23***</td>
<td>0.26***</td>
<td></td>
</tr>
</tbody>
</table>

*p<0.05.  **p<0.01.  *** p<0.001.

Partial correlation analyses, however, did not show a statistically significant relationship between different types of bullying and state anxiety, while controlling for depression and trait anxiety (Table 9). Further, partial correlation analyses did not show a statistically significant relationship between different types of bullying and trait anxiety, while controlling for depression and state anxiety (Table 10). These findings suggest that the bullying experience is primarily linked to depressive symptoms but not to state and trait anxieties.
Table 9

*Partial Correlation for Bullying and State Anxiety, Controlling for Depression & Trait Anxiety.*

<table>
<thead>
<tr>
<th>Variable</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Relational Bullying</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Verbal Bullying</td>
<td>0.68***</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Physical Bullying</td>
<td>0.41***</td>
<td>0.54***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Overall Bullying</td>
<td>0.92***</td>
<td>0.89***</td>
<td>0.66***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. State Anxiety</td>
<td>0.11</td>
<td>0.07</td>
<td>0.10</td>
<td>0.11</td>
<td></td>
</tr>
</tbody>
</table>

*p<0.05.  **p<0.01.  *** p<0.001.

Table 10

*Partial correlations for Types of Bullying and Trait Anxiety, Controlling for Depression and State Anxiety.*

<table>
<thead>
<tr>
<th>Variable</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Relational Bullying</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Verbal Bullying</td>
<td>0.68***</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Physical Bullying</td>
<td>0.40***</td>
<td>0.54***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Overall Bullying</td>
<td>0.92***</td>
<td>0.89***</td>
<td>0.65***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Trait</td>
<td>0.07</td>
<td>0.05</td>
<td>-0.02</td>
<td>0.06</td>
<td></td>
</tr>
</tbody>
</table>

*p<0.05.  **p<0.01.  *** p<0.001.
I conducted further analyses to examine whether college students who scored low and high bullying experiences reported different levels of depression and state anxiety. Participants were classified into two groups based on levels of bullying experience. The bullying questionnaire used a Likert scale of 0-4. Students indicated their degree of bullying experience, where 0 was not at all and 1 was very little. Based on this, cut off scores were developed where students with a mean score of 1 or lower for overall bullying were categorized as having lower levels of bullying experience and students with a mean score of 1.01 or higher for overall bullying were categorized as having higher levels of bullying experience.

The participants who experienced higher levels of bullying experiences reported higher levels of depression (low bullying: $M=12.62$, $SD=11.82$; high bullying $M=21.60$, $SD=14.47$), state anxiety (low bullying: $M=36.67$, $SD=11.37$; high bullying $M=44.32$, $SD=11.39$), and trait anxiety scores (xx) than the participants who reported low bullying experience (Table 11). ANOVA analyses revealed that the differences in mean scores of these two groups were significantly different for depression, $F(1, 227) = 26.70$, $p<0.001$, state anxiety $F(1, 226) = 25.30$, $p<0.001$, and trait anxiety (xx). These findings are reported in Table 11.
Table 11

*Differences in Reported Means for Students Who Experienced Lower and Higher Levels of Bullying and Depression, State Anxiety and Trait Anxiety.*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Low Bullying</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>M</td>
<td>SD</td>
<td>n</td>
<td>M</td>
<td>SD</td>
<td>F</td>
<td>df</td>
<td>p</td>
</tr>
<tr>
<td>Depression</td>
<td>127</td>
<td>12.62</td>
<td>11.82</td>
<td>102</td>
<td>21.60</td>
<td>14.47</td>
<td>26.70</td>
<td>1, 227</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>State Anxiety</td>
<td>128</td>
<td>36.67</td>
<td>11.37</td>
<td>100</td>
<td>44.32</td>
<td>11.39</td>
<td>25.30</td>
<td>1, 226</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Trait Anxiety</td>
<td>127</td>
<td>40.39</td>
<td>10.50</td>
<td>101</td>
<td>43.95</td>
<td>10.24</td>
<td>33.78</td>
<td>1, 226</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

Furthermore, I employed simple linear regression analyses to identify the extent to which college students’ bullying experiences in secondary school predicted levels of state anxiety and depression now that they are in college. A series of regression analyses demonstrated that overall bullying in secondary school positively predicted college students’ reported levels of depression, \( \beta = 0.45, p < 0.001 \) and state anxiety \( \beta = 0.41, p < 0.001 \) (Table 12). This means that high levels of bullying were positively associated with high levels of depressive symptoms and state anxiety among the participants. Additional regression analyses showed trait anxiety positively significantly predicted overall bullying \( \beta = 0.43, p < 0.001 \). The latter results showed that high levels of trait anxiety were positively linked to high levels of bullying experiences. The depression regression analysis is consistent with the results from the partial correlation analysis which also showed a significant relationship between depression and all forms of bullying experiences, even when state and
trait anxiety were controlled for. However, although we found significant relationships in the regression analyses between types of anxiety and bullying experiences, these relationships were found to not be statistically significant in the partial correlation analyses when the other anxiety and depression variables were controlled for. These findings are consistent with the fact that depression, state anxiety, and trait anxiety have high collinearity as shown in Table 7. Nevertheless, the relationships between types of anxiety and bullying experiences were no longer significant when depression was controlled for.

Table 12

*Simple Linear Regression Predicting the Influence of Bullying Experiences on the Current Levels of Depression and State Anxiety.*

<table>
<thead>
<tr>
<th>Dependent Variables</th>
<th>$R^2$</th>
<th>$F$</th>
<th>$B$</th>
<th>$SEB$</th>
<th>$\beta$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>0.20</td>
<td>57.74</td>
<td>7.92</td>
<td>1.04</td>
<td>0.45</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>State Anxiety</td>
<td>0.17</td>
<td>46.05</td>
<td>6.31</td>
<td>0.93</td>
<td>0.41</td>
<td>&lt; 0.001</td>
</tr>
</tbody>
</table>

**College Students Perceptions of Community Resources to Cope with Bullying**

The fourth research question sought to identify college students’ perceptions of available community resources that might have helped them cope with bullying experiences. Specifically, the amount of support bullied students perceived to have received, if any, from teachers, school personnel, and friends. Descriptive analyses suggest that approximately 38% of the participants felt they could go to a teacher for help, 29% felt they could get help from a teacher, 58% could have received help from friends, and 40% felt they had no one to turn to
at the time they were bullied (Figure 1). These findings suggest that whereas the majority of the participants had access to both friends and institutional support, about 40% did not have access to any type of support systems.

![Figure 1. College Students Perceptions of Community Resources.](image)

**College Students’ Perceptions of Mother’s and Father’s Availability during Bullying Experiences**

Finally, the fifth research question aimed to identify college students’ perceptions of their mothers’ and fathers’ levels of availability and helpfulness at the time they were bullied in secondary school, and if fathers and mothers differed in their levels of support. T-test results demonstrated that there was a statistically significant difference between fathers’ and mothers’ availability and support, $t (187) = 5.72, p< 0.001$, revealing that mothers were more available in helping them cope with bullying experiences than fathers were (Table 13).
Table 13

*Paired Samples Test for College Students’ Perceptions of Mothers’ and Fathers’ Helpfulness in Coping during Students’ Bullying Experiences in Secondary School.*

<table>
<thead>
<tr>
<th></th>
<th>Mothers (n=188)</th>
<th>Fathers (n=188)</th>
<th>t</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability and Helpfulness</td>
<td>M=2.17</td>
<td>M=1.96</td>
<td>5.72</td>
<td>187</td>
<td>&lt; 0.001</td>
</tr>
</tbody>
</table>

Furthermore, bar graphs show differences in mothers’ and fathers’ support (n=189) for a host of support areas. A summary of these findings are as follows: students reported they could go to mothers more than fathers for advice (Figure 2), students asked their mothers for help more than fathers (Figure 3), although the majority students reported that both the mother and the father were available when needed, students reported their mothers to be more available than fathers (Figure 4), they felt their mothers knew more what to do than their fathers (Figure 5), mothers offered more advice than fathers did (Figure 6), mothers spent more time with them than fathers did (Figure 7), and mothers spoke to school personnel more frequently than fathers did (Figure 8).
Figure 2. “I could go to my Mom and Dad for advice”

Figure 3. “I asked my Mom and Dad for advice”
Figure 4. “My mom and Dad weren’t available to help me...”

Figure 5. “My mom and dad didn’t know what to do”
Figure 6. “My mom and dad helped me cope with the bullying by giving me advice”

Figure 7. “My mom and dad spent more time with me when I was bullied”
Figure 8. “My mom and dad spoke to a teacher or principle when I was bullied”
Chapter 5

Discussion

Based on the existing literature, the present study appears to be the first to examine the relationship between experiencing peer victimization in secondary school and mental health effects in college students. Although peer victimization has been declining in recent years, bullying continues to be a significant public health problem, affecting approximately 11 million children (Kowalski et al., 2012) and their families (Greef & Van den Berg, 2013) annually. The current study was grounded in the bioecological theory, a framework which has become widely accepted among social scientists because of its broad and inclusive premise that children develop as a result of reciprocal interactions that occur over time, between the child and his/her environment. Specifically, development of a child occurs in the context of the home, school and peer group. It encompasses all of the interplays within these environments, both positive and negative, as well as, the societal climate and cultural milieu throughout their developmental processes (Ferguson, Kasser, & Jahng, 2010). Additionally, the bioecological theory has been identified as a culturally sensitive framework and applicable to a variety of diverse and multi-ethnic groups (Farnfield, 2008).

I thought it would be useful to revisit some of the major existing findings in the field before I discuss the findings from the current study. This approach will help understand the context, relevance, and importance of the current findings. Research has demonstrated that peer victimization has physical (Knack et al., 2011) as well as mental health consequences especially in the areas of anxiety, depression, and suicidal ideation. Recent literature suggests that many of the mental health effects that occur at the time a child is bullied are continuing into adulthood (Takizawa et al., 2014). Researchers suspect that these long-term health
problems could be due in part, to the irregularities in neuroendocrine responses that victims experience when exposed to high levels of cortisol, a by-product of the stress process (Hansen et al., 2006; Knack 2011; Vaillancourt et al., 2013). Some researchers have suggested that these responses are similar to those experienced by individuals who have PTSD (Knack et al., 2011).

As the literature review demonstrated, peer victimization does not discriminate since males and females (Hymel & Swearer, 2015) as well as individuals from diverse SES, ethnicities, and cultural backgrounds have reported experiences with peer victimization (Albdour & Krouse, 2014; Malhi et al., 2014; Mendez et al., 2016). When children are singled out by peers like when they are bullied, their mental representation or schema of themselves is that they are unworthy, lack value and are meaningless to the people in the world, especially their peers. This can have profound implications, especially during the critical stage of adolescence, when identity formation is just starting to develop (Steinberg, 2017; Santrock, 2014). All human beings have an array of basic needs which are necessary to survive, and among these, is the need to belong (Kowalski et al., 2012; Miller, 2015).

The current study addressed several questions regarding bullying experience and its influence on mental health such as anxiety and depression. First, I wanted to explore the extent to which college students reported experiences of peer victimization during secondary school; and second, if their experiences differed with respect to ethnicity, sex, college level, and GPA. The third research question investigated whether college students were presently experiencing anxiety and depression in college, and if so, if these mental health issues were related to their bullying experiences that happened in secondary school. Additionally, I wanted to know what college students’ perceptions were about available community
resources, to help them cope with the bullying, specifically, if teachers, other school personnel, and friends played a role during the time they were victimized by peers, or if they felt they had no one to turn to. Finally, I wanted to explore college students’ perceptions of their mothers’ and fathers’ availability and helpfulness, and if their parents differed in their levels of helpfulness and support at the time they were bullied by peers.

Most of the current results were expected and there were a few interesting findings that were not expected. Although the sample for this study included 230 college students, the majority were from diverse backgrounds (N=170), and almost half of the sample (N=100) reported they were bullied at some point during the time they attended secondary school. The overall findings suggest that almost all the participants reported bullying experience and that the intensity of bullying experience of the current sample was somewhat low to moderate. Even this level of bullying experience is a concern when it comes to safe and productive school environment for school children.

The current results support previous studies which have demonstrated that peer victimization is indiscriminate as it affects children from a variety of different cultural groups. However, research on ethnic minority groups such as Mexican, American Indian, and Asian American heritages are virtually unexplored (Albdour & Krouse, 2014; Kowalski et al., 2012; Malhi et al., 2014; Mendez et al., 2016). With respect to ethnic differences, the current results indicated that there were no statistically significant differences between ethnicities, as the participants’ experiences with peer victimization in secondary school were similar. This finding is somewhat different than what we know from prior findings suggesting that students from ethnic minority groups experience more bullying than the non-minority students (Mendez et al., 2016). This could be due to the “spatial context” that the
state of New Mexico has a population of diverse backgrounds, and therefore, school children are diverse. The lack of ethnic differences in student bullying experiences could be due to such diversity.

Results also revealed differences among males and females when we looked at different types of bullying which are worth mentioning. When comparing reports of verbal, physical and relational bullying, females were more likely than males to experience relational bullying, which has been represented frequently in the literature. Males, on the other hand, were more likely to be victims of physical bullying. This is consistent with prior research which has demonstrated that girls and boys usually choose different avenues to bully their peers. Girls are much more likely to shun other girls, (Kowalski et al., 2012; Nansel et al., 2001; Olweus & Limber, 2010c; Steinberg, 2017), tend to gossip, spread rumors and attempt to ruin relationships between their victims and friends (Nansel et al., 2001; Olweus & Limber, 2010b; Steinberg, 2017), whereas boys tend to get more physical with their victims (Finkelhor et al, 2005; Nansel et al, 2001; Steinberg, 2017). The interpretation of these findings can be linked to the theoretical notions that I have employed in this study. Specifically, the sex-specific interactions are consistent with the bidirectional relationships expressed in bioecological theory and are represented by the theory’s microsystem that includes the individual and peer group (e.g., same-sex or cross-sex socialization and interactions) and the mesosystem (e.g., students and the school environment), where the interplay between the peer group and the child or individual occurs.

Furthermore, results revealed no statistically significant differences in types of bullying and college student’s level in college (i.e., lower classman: freshman and sophomore and upper classman: juniors and seniors) or grade point average. Although some
studies have demonstrated academic difficulties and failure in some children who are bullied (Kowlaski et al., 2012), none to very little research has been conducted looking at college level or GPA in relationship to a history of being victimized by peers. The current findings suggest that bullying experiences are similar across the levels of college year and students’ academic standing. Perhaps future in-depth research is needed to examine this topic.

The results from the depression analyses demonstrated that victims who had a history of being bullied had statistically significant higher rates of depression across all three forms of peer victimization (i.e., relational, verbal, and physical). This finding adds to the growing body of literature that has demonstrated that there can be long-term consequences of prior peer victimization (Takizawa et al., 2014). Depression continues to be a major factor for a large number of individuals who have been bullied, many years after the bullying took place (Kowalski et al., 2012; Olweus, 1993). Furthermore, it was evident through correlational analyses, that there were no significant relationships between state and trait anxiety and any form of bullying when depression wasn’t entered into the equation. Findings suggest that college students are experiencing significant levels of anxiety only when depression is entered into the equation. When depression is controlled for, both state and trait anxiety were not significant which is contrary to results from previous studies on bullying (Fekkes et al., 2004; Juvonen, Graham, & Schuster, 2003). However, this may be the first study to examine these relationships in college students. The results of this study does support a plethora of research which has demonstrated that anxiety and depression occur on a continuum and when anxiety is left untreated, depression frequently ensues (Jacobson & Newman, 2016).

Although research has demonstrated anxiety and depression co-occur in victims of bullying, data on depressive symptoms controlling for state and trait anxiety are scant at best.
Although this study did not examine physical effects of peer victimizations, the research has demonstrated that there is evidence of detrimental physical effects of being bullied, including but not limited to, telomere erosion and irregularities in neuroendocrine responses. Therefore, it is plausible that in the same way individuals may experience subsequent physical health problems in adulthood, as a result of being bullied, (Hansen et al., 2006; Knack et al., 2011; Vaillancourt et al., 2013), they may also suffer mental health issues because of their experience with peer victimization. To that end, it is not surprising that college students who were victimized by peers in secondary school have significant levels of depressive symptoms in college. Additionally, because anxiety and depression occur on a continuum we could hypothesize that the college students in this study may have developed depression as a result of untreated anxiety which may have started at the time they were bullied. Further research is needed to test this hypothesis.

The results from college students’ perceptions of community resources were grim, as about 40\% reported no place to seek help and only 38\% of college students reported they could get help from a teacher to cope when they were bullied. Also, it appears that friends or peers could be an important source of support for the bullying victims. Schools and the interactions which occur daily in this environment, also play a significant role in students’ ability to feel safe and permit an environment conducive to learning. Most schools across the United States have adopted anti-bullying statutes such as zero tolerance policies, however, some of these laws unintentionally have created more problems than they ever anticipated. A report reviewing zero tolerance policies which spanned twenty years revealed that these policies failed to reach the goals which the zero tolerance policies were designed to do (American Psychological Association Zero Tolerance Task Force, 2008; Kowalski et al.,
The results of this study with respect to community resources further support the findings of this review.

The parenting relationship is part of the ecological framework (Farnfield, 2008; Ferguson et al., 2010) and the data from the current study supports the importance of the reciprocal interplay that occurs between parents and their children, as an integral part of development and the part of the microsystem identified as the ‘home.’ This second system, includes mothers, fathers or both, and the bidirectional behaviors which occur between parents and their children when bullying takes place. This offered the theoretical basis for identifying mothers’ and fathers’ degree of involvement when their child was victimized by peers. The current results demonstrated that college students felt they received more help from their mothers and that they were more available when they were being bullied than their fathers were. This particular finding is in line with the existing literature that suggests that mothers are more involved with children than fathers (Lamb, 2010). In particular, mothers spent more time in school-age children’s academic socialization and therefore, are expected to be more aware of their school experience than fathers are. In line of these findings, the current findings are expected that mothers would be a well sought support system for the children who experience bullying. It is also remarkable from the current findings that fathers were not totally out of the picture when the bullied children needed the family support. This finding shows that fathers have been increasing in their support, getting more involved in their children’s lives (Hossain & Shipman, 2009; Roopnarine & Hossain, 2013). However, it is also important to keep in mind that the coping instrument did not offer options such as “my father was deceased”, “my father was in the military and deployed” or “my father was the only income earner”. For example, one student wrote on her coping questionnaire “I don’t
know if this matters, but my dad died when I was five” while another student said “My dad was in the military, but I think he would have helped if he was around.” Any one of these options could offer further explanation as to why their fathers were less involved, which might help explain the statistically significant difference in parental availability.

Furthermore, results from previous research are mixed with respect to the effects of mother and father helpfulness and involvement. Protective factors associated with father involvement have been shown in previous research to be higher when mother involvement is lower (Flouri & Buchanan, 2003) or when mothers are more rejecting (Papadaki & Giovazolias, 2015). Furthermore, these results with respect to mother and father availability are consistent with previous research indicating that it is more common for children to go to their mothers for help with personal matters during adolescence, while fathers are more likely to help with homework and gain ‘inside information’ about their teens from moms (Steinberg, 2017).

Finally, it is important to realize that many children do not tell their parents about the peer victimization they are experiencing because they are afraid of further retaliation. It is unrealistic to believe that this study, or any other one for that matter can ascertain all of the reasons why mothers or fathers are not helpful or unavailable. However, this study is expected to prompt researchers to explore even further how to encourage and engage mothers and fathers to help their children and adolescents cope with the problems associated with being bullied so that all children can feel safe as they travel to and from school.

In sum, the current findings suggest that bullying experiences among the participants are present and these experiences have negative implications for their mental health. The current findings of this study also underscore the importance of developing anti-bullying
programs that do not create more harm than good, and although consequences are unintentional, previous programs have demonstrated the problems related to anti-bullying curriculum which are not evidence based. Communication between parents, teachers and children who are bullied is key if efforts to reduce the detrimental effects associated with bullying behaviors are to be realized (Fekkes et al., 2005). Research has shown that when parents are aware of bullying behaviors and understand what they can do to help, peer victimization is reduced (Malm, 2013).
Chapter 6

Conclusion and Implications

The current findings on the bullying experiences of secondary school students have several important family and policy implications. First, anxiety and depression often present as co-morbid conditions and both of these mental health problems, especially depression, create issues in irregular sleep-wake patterns (Lund, Reider, Whiting, & Prichard, 2010) and eating patterns, directly influencing energy levels which can cause fatigue and decreased motivation, all of which can lead to academic failure. When students spend most of their days feeling tired, anxious and sad, they are unable to complete assignments, are frequently absent from class and subsequently perform poorly on exams. The current findings alert family members, researchers, and policymakers that students’ bullying experience has a long term health impact that ultimately can impact their school performance.

Although students who are victims of bullying may manage to attend classes, many of them waver in their ability to cope with their unstable emotions from day to day. When they are unsuccessful in meeting the expectations required to pass their classes, they are often left with no other option but to give up and quit. This can have economic implications as levels of education have consistently been demonstrated to positively correlate with the prospect of securing a desired employment as well as wage earning capabilities. When people cannot acquire employment or are employed in jobs earning very low wages, quality of life is impacted for both the individuals experiencing depression, as well as, their families. The stress that accompanies life events and other daily hassles has been demonstrated to affect health (Cassidy, 2000). Many of these individuals working at low-wage jobs may end up leaving for some of the same reasons they dropped out of school. If they remain unemployed,
financial problems ensue, which almost always correlates with significant stress. Financial stress has been demonstrated to have negative effects on all individuals. This in turn, can increase the risk of substance use and abuse and possibly contribute to child neglect and domestic violence.

Second, as this vulnerable population (i.e., victims of bullying) continues to fight the debilitating effects of anxiety and depression, studies have shown an increase in suicidal ideation (Takizawa et al., 2014), as well as, completed suicide (Gini & Espelage, 2014, Leventhal, 2008, van Geel, Veder, & Tanilon, 2014). The state of New Mexico has struggled repeatedly with high suicide rates, and it is unknown to what degree New Mexicans suffer from anxiety and depression due to bullying experiences that ultimately contribute to suicide attempts and completions. Tragically, suicide among college students is not uncommon (Schenk et al., 2013). The stress of numerous academic requirements, coupled with mental health issues, can overtax anyone's coping mechanisms. Attending college and meeting course requirements are difficult enough under ‘normal’ circumstances, much less when students are struggling with anxiety and depression. Although there are healthy coping mechanisms that can be implemented when stress escalates, frequently students do not have the right mindset to make those choices. As a result, feelings and emotions spiral out of control and depression ensues. As these symptoms occur and worsen, ending their lives may be the only way they can escape their pain and suffering (Garlow et al., 2008). Academicians and policymakers need to be mindful about this issue as almost half of my research participants who were victims of bullying have demonstrated depressive symptoms.

Current literature suggests that some students have serious anger issues that may stem from a host of reasons (Park, Wang, Williams, & Alegria, 2017). There are some reasons to
assume that anger could stem from a history of being victimized by peers, and that the
victims’ felt like no one listened and/or that they had no one to turn to. A certain number of
student-victims act out behaviorally as emotional pain is often the underlying distress that
drives anger. Findings from prior studies have established that a correlation exists between
school bullying and youth violence, with many perpetrators engaging in behaviors that meet
the criteria for conduct disorder (Young & Yun-Joo, 2006). For these students, erratic
behaviors may include getting physical and destroying property, such as punching or kicking
walls, doors, and/or other school property. A select number of students may resort to
threatening others and carrying out violence against them. Victims of violence may include,
but are not limited to, colleagues, professors and administrators. This scenario has been
carried out multiple times where a student's capacity to cope with life's stresses are
maximized, and they choose to engage in a violent rampage before ending their own lives
(Lester & Stockton, 2011). This has been evidenced by the tragic shootings which have
occurred on both high school and college campuses across the country. My findings also
show that there are correlations between bullying experiences and mental health such as
depression.

A government report on school shootings illustrated that 33% of the students who
shot innocent bystanders on their campuses stated they were bullied, threatened or persecuted
(Kennedy et al., 2012; United States Secret Service & United States Department of
Education, 2002). These scenarios are only a few examples of the dire consequences that
bullying can have, and they have serious safety, ethical and economic implications for every
person in our society. That is why it is important that behavioral and social science
professionals who have been conducting research in this area must be cognizant of some of
the underlying issues which drive people to carry out acts of violence. Also, it is possible that we will never know the real reasons or motivations behind why people carry out such horrific violence. However, it is everyone's responsibility to contribute to the safety of our schools so that all individuals, families and communities can have the greatest chance at living peacefully, while enjoying the best quality of life possible (Garlow et al., 2008). My current research and the findings are a resourceful step toward that direction.

It is unrealistic to expect that university counselors alone can handle the significant increase in students in need of mental health services (Kitzrow, 2003), and although professors are not trained to offer such services, nor should they, being available to students to ‘hear them out’ may be all it takes to reroute a student from needing to access mental health services. Professors are not only role models, but they have an uncanny ability to help students believe in themselves and in doing so, they may contribute to helping their students continue in their academic paths and ultimately succeed and graduate. Therefore, the current findings can be important for counselors, social workers and academicians.

Both school and college administrators must also take an active role by developing and offering workshops for students who may be experiencing anxiety and depression. Programs for students with mental health issues can be the first step towards alleviating the pressure that most university counseling centers operate under, as actual needs continue to escalate and at the same time, lack of resources continue to be problematic. Such programs would most likely contribute to promoting students’ quality of life, and at the same time, create safer campuses which are more conducive to learning. If we can begin to implement a more team approach in dealing with these real life issues, we may all be able to celebrate a
significant decline in academic failure, as well as, suicide and murder-suicides on university campuses.

Before this study was conducted, to the best of my knowledge, data identifying college students’ perceptions of their mothers’ and fathers’ helpfulness, as well as, their perceptions on community resources during the time they were victimized by peers, remained relatively unexplored. A significant number of programs have been developed and initiated to eradicate bullying behaviors, but unfortunately, few have shown positive results in reaching their goals. This is important because the idea that we can completely prevent peer victimization and bullying is unrealistic due to many uncontrollable factors. For example, personality traits, lack of parental availability, love and/or support, and ongoing conflict in the home and schools are only some of the possible reasons, and we cannot be accountable for scenarios we have no control over. However, developing evidence-based interventional programs which can help victims, and bully perpetrators learn healthier coping skills are not only possible, it is well within reach of many family and community education programs. And my findings clearly suggest that mothers, fathers, and friends of bullying victims can be an important support system for these victims.

Limitations

There are several limitations to the present study. First, it was a convenience sample and the data collected were taken from undergraduate students at one university and the student participants were all enrolled in Family and Child Studies courses. Therefore, the current results cannot be generalized to other undergraduates in other disciplines or at other universities. The field of Family and Child Studies and other social and/or behavioral sciences have traditionally attracted many students who have a personal need or desire to
take courses and/or work in the helping professions because of their own negative experiences or past trauma. Also, the students in this discipline often study various aspects of psychopathology. Therefore, the current results that were ascertained from this particular college population may already have a propensity to think about and/or exhibit anxiety and/or depression.

Second, there were no age restrictions for students to participate in this study and it is possible that students who were older (e.g., > 25 years of age) than the average age of undergraduate students may not have had the same recollections about their bullying experiences than those who are younger. By the mere passage of time, it is plausible that people have healed some of the negative emotions that are often present or become entangled with peer victimization. To that end, it would be interesting to know if limiting participant’s age to perhaps twenty-five years and younger would yield different results.

Third, student responses relied on self-reports that can affect the current results; also, the accuracy of the recall can be questioned since the participants tried to remember their experiences that occurred several years ago. Nevertheless, this retrospective research approach is based on the assumption that college students can remember what their experiences with peer victimization were like because it is difficult to forget or let go of the trauma and grief associated with being bullied. Research has demonstrated that individuals can reasonably recollect what it was like for them; two studies identified that autobiographical memories can be stable and, therefore, reasonably accurate (Brewin, Andrews, & Gotlib, 1993).

Fourth, although data processing controlled for anxiety when depression was analyzed, and depression was controlled for when anxiety was evaluated, other possible
factors which can contribute to anxiety and depression in college students were not accounted for, and therefore, I do not know if the significant results I found with students and depression, were solely related to a history of peer victimization, or whether it is occurring for other reasons or both. There are a variety of factors which can contribute to anxiety and depression for most individuals, and attending college, in and of itself, creates difficulties such as adjustment to being away from family, as well as, the stress which accompanies meeting course expectations or other demanding matters in life. However, the vigorous statistical analysis techniques employed in this research are expected to minimize this limitation. Also, the current study was a cross-sectional design and therefore it might not clearly delineate whether the participants’ depression pre-existed prior to their bullying experiences. In the future, a longitudinal study design would be helpful in determining the directionality of bullying experiences and depressive symptoms.

Furthermore, there were several limitations to three of the instruments that were developed by the researcher. First, questions three, four and ten of the demographics survey were in a fill in the blank format (i.e., open ended) which can allow for a large array of answers, if they answered them at all. For example, question ten asked for students to give their families approximate family income at the time they were in secondary school or at the time the bullying took place. Several students put "NA", "I don't know", left them blank or “I don’t know because we lived with my auntie so my mom could go to school.” Expecting students to know what their family income was unrealistic, and therefore, many student responses were either left unanswered or they probably simply guessed the family income. Also, the accuracy of students’ reports of their current GPA could be questionable since some students may not feel comfortable telling their GPA.
The coping questionnaire also had several limitations. For example, statements only considered ‘mother’ and ‘father’ and not a step-parent, although one of the study’s objective was to see if there were differences between mothers’ and fathers’ helpfulness. In the future, there should be an option such as “my mother or father was in the military and deployed” or “my father was deceased at the time I was bullied” as several participants’ had parents in the military or have lost their parents. Therefore, participants’ responses to parental availability may be skewed as students were forced to choose “strongly disagree” even when their mothers or fathers were deployed or had died. One student-participant stated: "I don't know if this matters, but my father passed away before I was bullied so he couldn’t help me”. When I read that comment, I interpreted that to mean that my father would have helped me if he could but he wasn’t able to because he died. The responses only gave students the option to disagree or strongly disagree in these situations. What may appear as a mother’s or father’s lack of interest to be helpful or available may be the result of circumstances beyond their control, and not because they didn’t want to help their child. Although there was an option for a parent who was not able to help because of work responsibilities, there were no appropriate response choices for a parent who was deceased. It is unknown if other students were forced to choose the "strongly disagree" option when their lack of helpfulness was due to military service, death or imprisonment.

Another improvement to the coping instrument would be to offer other statements for possible reasons why mothers and/or fathers were not available or didn’t help, such as "my mother and/or father did not help because they did not know I was being bullied.” Approximately sixty percent of students do not tell their parents they are being bullied (Kowalski et al., 2012) because they fear worse retaliation by the bully. Another statement
such as “My mother or father did not speak to school personnel because I was afraid that the bully would come after me so I asked them not to.” Statements such as these might offer a more in depth explanation to why mothers or fathers were not involved.

**Recommendations for Educational Interventions**

It is a basic human right to have the opportunity to live life to the fullest, being socially and intimately connected to others, without fear of being endangered, socially isolated or experiencing condemnation, regardless of age, sexual orientation, race or creed. Being bullied robs children and all individuals in our society of this basic human right. One opportunity to arrest bullying incidents and/or help the victims is to design, develop, and implement educational and activity programs that will be available to schools, teachers, parents, university administrators and community centers. Such programs could offer knowledge and education about appropriate coping skills, the roles as well as the limitations educators have in helping their students attain academic success. Additionally, helping teachers and faculty to communicate where students can access mental health treatment is critical if we are going to help our students live mentally healthier lives, and at the same time, contribute to helping our schools and campuses be as safe as possible.

Part of our mission in the field of family studies is to advocate for children, their families and adults. One of the important focuses of the discipline is to help this vulnerable population, specifically our students and families, who are faced with the trauma of peer victimization daily. Therefore, we will continue to contribute to this field by conducting empirical research in this area. One of the major reasons I have chosen to work in this field is to improve the quality of life of all individuals by teaching healthier and more adaptive ways to combat the effects of bullying in our schools, college campuses and in the workplace, and
in doing so, I will also be contributing to safer schools, college campuses and workplace environments.

Finally, I recommend that anti-bullying education be incorporated directly into school curriculums as well as in workplace trainings. School curriculums include the traditional forms of education such as teaching core subjects, but frequently the material that is glossed over or cut entirely from lesson plans are those which are needed the most. A major goal of most, if not all school curriculums, is for students to learn the basics such as Math, Science and English, but they cannot learn these subjects if they are frequently sick or absent from school because they are afraid of being bullied. Teacher in-service trainings must incorporate policies which require on the very first day of school that ridicule, laughing at, or making of another student in any way will not be tolerated. Consequences for such actions must be clearly communicated and enforced by all teachers because when clear rules and boundaries, along with consistent implementation are adhered to, students are much less likely to berate their classmates.

The concept of authoritative and authoritarian parenting works much the same way. Parents who use authoritative parenting have set rules and consequences in place for their children who break the rules. However, depending on the circumstances, they may make allowances and excuse their child’s actions or behaviors when there was a good explanation for why they broke a rule (Steinberg, 2017). An example would be an adolescent breaking his/her curfew because he/she had a flat tire. At the same time, parents usually have zero tolerance and would not make allowances for such occurrences such as drinking and driving. In other words, often there are acceptable reasons why a child breaks a rule that a parent opts out of imputing a consequence for. At the same time, certain actions and behaviors cannot be
tolerated, as breaking those rules could jeopardize their life. The same must hold true for bullying. School policies and equally as important, teacher implementation of those policies, must be communicated in every classroom on the first day of school, if school environments are to be a safe place for all children to attend and learn and the parents need to be aware of these rules as well.

The requirement of many workplaces is to include in their professional training that all employees have knowledge of what constitutes sexual harassment and the different forms that can be construed as sexual harassment. As a result, many workplaces have put into place, zero tolerance for such behaviors and just as these policies have been instituted, so too, should workplace trainings and policies include education on workplace peer victimization. Definitions of what constitutes bullying in the workplace, along with the adoption of policies condemning such actions and behaviors, must become part of the social fabric of all work environments if individuals are to feel safe and optimize their potential at work.

Program development must include making the issues of misconducts or misbehaviors visible to all students and employees in the workplace in an effort to clearly communicate the problems surrounding bullying, and to enact zero tolerance policies for all forms of peer victimization, including but not limited to, racial and religious victimization and exploitation. Although laws have been enacted in most schools across the country, which specifically condemn these actions and behaviors, victimization in workplace environments continues to occur with little, if any, consequences for the perpetrators. Just like children who are afraid of worse retaliation if parents get involved, many adults fear coming forward, so many suffer in silence and accept the abuse. This can also create negative physiological
responses and could manifest in physical and mental health problems (Hansen et al., 2011; Nielsen, Tangen, Idsoe, Matthiesen, & Mageroy, 2015; Samnani & Singh, 2012).

As family educators and scholars, we must start to make noticeable strides toward reducing peer victimization in preschool, elementary schools, high schools, college campuses and at the societal level, and in order for this goal to be realized, we must start by developing and implementing the necessary programs to bring these abuses to the forefront, in an effort to diminish or eradicate peer victimization. The negative mental health effects that individuals are experiencing, including students in college, have reached staggering proportions (Kitzrow, 2003). The intensity of peer victimization underscores the importance of universities to get involved by organizing outreach programs and workshops to help students reduce their risk of self-harm (Garlow et al., 2008). In many respects, we have become a society which condones violence by looking the other way, and this attitude of tolerance must be overturned. Developing *appropriate* anti-bullying campaigns and programs for all students, university administrators, faculty and parents may be one place to start.

As family studies educators, we must communicate the dire state of affairs that our schools and college campuses are currently in and take the necessary steps, those informed by research, if we expect changes in bullying and peer victimization to be eliminated. It is our responsibility to keep our students as well as each other safe, and turning the other way can no longer be tolerated. If we stand by and choose to do nothing, we are choosing to contribute to the possibility of academic failure, more senseless and tragic suicides, and possibly murder-suicides, on our school campuses. Such complacency does not coincide with the social fabric of the family studies profession, a field that has traditionally held promise and hope for thousands of children and families. It is our choice to get involved or to choose
not to, but ultimately all students and individuals in our society have a right to live the life this land stands for and that is liberty and justice for all.

**Recommendations for Practice Interventions**

The national statistics on college students’ serious mental health issues have continue to soar, including but not limited to, suicidal ideation, suicide attempts and completed suicides (Garlow et al., 2008). Mental health professionals work effortlessly with their clients, many times for hundreds of hours which have taken place for months and sometimes years and often wonder if they are making headway or a difference in the lives of their clients, especially those who suffer from anxiety and depression. There are several considerations that counselors, therapists and psychologists may want to consider when they conduct their initial assessment of new clients or perhaps, with existing clients.

First, based on the prevalence of anxiety and depression which exists among our clients, and specifically, college students (Eisenberg et al., 2007), as this study has demonstrated, one question that counselors and social workers may want to ask is if their clients have a history of being victimized by peers. In light of the growing research including my current findings demonstrating that individuals with a history of being victimized by peers have an increased risk of experiencing anxiety, depression and suicidal ideation in adulthood (Takizawa et al., 2014), this may be an area to explore with new clients.

Furthermore, for younger children, involving mothers in helping their child learn adaptive coping skills can foster a team approach in treatment as research has shown that mothers can have a positive influence on children experiencing stress (Abaied & Rudolph, 2011; Affrunti, Geronimi, & Woodruff-Burden, 2014).
Research has also illustrated that individuals with a history of being bullied in grade school or secondary school, may be at higher risk of continued victimization in college and in the workplace. By exploring clients’ experiences with peer victimization, this could offer mental health practitioners another avenue of understanding in what may appear at times, to be unending efforts, when it comes to helping their clients work through the issues surrounding anxiety and depression.

Second, if practitioners uncover that these experiences did indeed occur with their clients, it can offer further explanations into why their mental health issues continue and perhaps offer the possibility of changing treatment paths in order to diminish the ongoing problems associated with their clients continued anxiety, depression and possible suicidal ideation. If the client has a history of trauma associated with being bullied, this information could be very helpful when developing a new client’s treatment plan or changing an existing treatment plan as well as developing treatment objectives. One overarching goal of treatment is to help clients deal effectively, cope, and perhaps overcome, the anxiety and depression which motivated them to seek treatment to begin with. It is difficult to develop and implement successful treatment goals if core issues are unknown or uncovered. Therefore, asking clients if they have a history of peer victimization during their assessment may not only serve to be worthwhile in helping guide treatment goals, but ultimately, may help clients get better sooner. Acquiring an understanding of where anxiety and/or depressive symptoms originated from, or at least what may have contributed to their symptoms, may improve a client’s sense of well-being. Gaining knowledge helps to improve individual understanding of why people feel the way they do, and in doing so, may give them a sense of empowerment, as they learn there are skills and methods for overcoming their debilitating
anxiety and depressive symptoms. This realization, may not only directly help clients, but may also indirectly help therapists as they feel a sense of accomplishment when they recognize that their efforts are making a positive difference in the lives of their clients.

Furthermore, other areas to explore with clients, whether they have a history of peer victimization or not, is to ask if they have had experiences of being bullied or victimized by siblings (Jenkins-Tucker, Finkelhor, Turner, & Shattuck, 2013) or a parent or step-parent. Although sibling rivalry as well as parent-child conflict are inevitable and going to occur in normal life, when certain behaviors and actions occur repeatedly, intentionally and are inflicted to cause harm or pain, these experiences are no longer associated with normal life experiences and should not be dismissed as such (Jenkins-Tucker et al., 2013). Additionally, exploring areas of emotional neglect and emotional abuse or parental acceptance/rejection, an area of research which has been relatively unexplored (O’Dougherty-Wright et al., 2009), may also have ongoing impact long after the abuse or rejection originally took place. These negative behaviors, when experienced by an individual on a regular basis, or perhaps since the day they were born, can significantly affect an individual’s development, self-esteem and self-worth, which in turn, can increase the risk of being victimized in school, college or in the workplace. Furthermore, these clients may be at higher risk of self-harm and therefore, exploring these relationships may also serve as useful information in guiding treatment.

My findings clearly demonstrate that there is a link between bullying and depression. Also, a plethora of research has demonstrated that anxiety and depression occur on a continuum and uncontrolled anxiety frequently develops into depression (Jacobson & Newman, 2016). This is not only debilitating for an individual’s quality of life, but it can also have tragic consequences. It is important as mental health practitioners that we consider other
possibilities in our clients’ history, which may help contribute to more successful treatment and in doing so, may help therapists to answer the question many of us ask and that is “am I making any difference in this client’s life or what am I missing?”

**Future Research Directions**

After examining my current findings as well as conducting a thorough review of the literature, there are several gaps in the research which appear to be unexplored. Some of these areas are critically deficient and are needed in order to advance our efforts to help all children, adolescents and college students especially those who are victims of bullying. Many students continue to deal with the aftermath of being bullied, and equally important, peer victimization may be continuing in college or in the workplace.

First, in line with the existing literature, my results indicate that victims of bullying suffer deeply. This is partially evidenced by the rampant levels of anxiety and depression students with a history of bullying are experiencing. However, we know little about to what degree minority children, specifically those who may be bullied due to religious beliefs or other orientations, may be suffering as a result of bullying in their lives. It is important to recognize that unfortunately, there are many individuals in this country who are being tormented because of race, creed or religious beliefs, and these individuals deserve to be heard. Research with Asian and Indian students has not only been ignored, studies for these groups are virtually non-existent (Malhi et al., 2014), and although racism has been explored in the research, studies on discrimination due to religious beliefs have been relatively invisible (Sheridan, 2006). It is plausible that these minorities may not only be experiencing anxiety and depression, but they may be suffering in deeper ways. We cannot design culturally sensitive programs, if we don’t fully understand what these programs need to
include. Unfortunately, ethnicity and religion are frequently used interchangeably yet there are clear differences. Although discrimination has detrimental effects at any time in a person’s life, adolescence represents an important and more sensitive time period developmentally, where ethnic discrimination can have an even greater impact than when it is experienced at other times in an individual’s life (Park et al., 2017). Although the current study did not find ethnic differences in bullying experiences, future research with a robust research design (e.g., longitudinal design) can explore this area.

Additionally, it is not uncommon for children with a history of abuse, including peer victimization, to hold resentment and anger as a result of their experiences. Although a relationship has been established between anger and emotional regulation in the general population, research examining this link with individuals who have been racially and ethnically discriminated against has not been established (Park et al., 2017). This may have the same deadly consequences for children of color as we have seen in the majority culture. The evidence which has been demonstrated through a multitude of suicides, previously referred to in this manuscript as 'bullycide' (Marr & Field, 2001) and murder-suicides, has illustrated that when individuals feel desperate, life becomes no longer worth living. It is at this vulnerable point that they frequently make decisions to end their lives or the lives of others. When individuals experience severe pain associated with their ethnicity, religion or country of origin, they too, may become desperate, choosing to end their lives, the lives of others or both. Therefore, studying the mental health impact of bullying as a function of ethnicity, religion, and sexual orientation is critically important.

A second area of research which remains relatively unexplored is the relationship between an individual’s attachment style and his/her risk of being bullied. Although it has
been established that the caregiving an infant receives very early in life will contribute to a secure or insecure attachment style, what has not been established is to what extent the role of attachment plays in a child’s risk of being victimized by peers. This information would be very useful in developing and implementing early infancy and childhood programs as this knowledge could be disseminated to primary caregivers early in a child’s life, and may in part, contribute to increasing or decreasing a child’s risk of being bullied. This has strong implications since attachment styles have been shown to carry forward into childhood, adolescence, and adulthood (Miller, 2015). If we can understand the relationship of attachment to peer victimization, it is plausible that early program interventions may contribute to decreasing the risk of a child being bullied in the future.

A third significant gap in the research and in need of further exploration is the possible mental health effects experienced by parents who have a child who is bullied. To the best of my knowledge research which has sought to explore the relationship between having a child who is traumatized by peers and the mental health effects of mothers and fathers, has not been conducted. This is important because if parents exhibit anxiety and depressive symptoms as a result of their children’s experience, they may not be able to effectively help their child cope. Furthermore, the negative mental health effects can affect their productivity in the workplace that has economic implications both personally and at a societal level. Any parent who has ever experienced having a child who was bullied could probably attest to how helpless and saddened they were during the time their child was traumatized. What is not known is whether these parents experience mental health issues as a result of having a child who is bullied, and if so, to what extent these experiences affect their ability to work effectively in their workplaces.
Although national data indicate that bullying behaviors have decreased over the last couple of decades, the trauma and suffering due to peer victimization continues for some students, and has reached epic proportions in certain schools and colleges, affecting children of every race, culture and religion. As family studies professionals, to continue conducting studies on students from the majority culture, only fosters growth of the current invisibility students of color experience in our society. This is ethically and politically unacceptable as it goes against the social fabric that we as family studies professionals stand for. Furthermore, we must seek if a relationship exists between having a child who is bullied and the mental health effects in parents, both in the short and long term. It has been well established that bullying is a major public health concern and it is possible that the consequences of these acts affect many more individuals than ever imagined.

It is critical that we find ways to reduce or eliminate the tragic state of bullying affairs experienced by thousands of individuals who are tortured and victimized repeatedly on a daily basis. As a profession, we not only have the ability to conduct research, but equally as important, we have the ability to take what we learn from research and apply it by developing well designed and culturally sensitive programs. In doing so, we can continue to reduce the occurrence of bullying and peer victimization from affecting students on our campuses. To sit by the wayside and do nothing is in effect accepting peer victimization as a part of life, and the data have clearly demonstrated this is erroneous, as the long-term physical and mental health effects continue to mount. As family studies educators we cannot accept this ‘bullying is a part of life’ position, as hundreds of thousands of lives depend on us to change this perception. The current study invites behavioral science professionals and scholars to conduct more research on bullying. This effort will give children, college students, and adults
who have experienced peer victimization or are currently experiencing peer victimization back their life; the life we all deserve and were all meant to have.

Summary

Couched within the ecological systems model, the primary objectives of this study were as follows: to explore the degree to which college students report being bullied in secondary school; to identify if long term mental health effects such as anxiety and depression exist in college students who have a history of being victimized by peers in secondary school; and to understand college students’ perceptions of coping resources including mothers and fathers helpfulness and availability, as well as, community resources during the time they were bullied. The study participants reported low to moderate levels of bullying experiences (relational, physical, and verbal) when they attended secondary school. Although levels of bullying experiences did not vary as a function of participants’ ethnicities, college levels and GPA, female participants reported higher level of relational bullying than the male participants. Bullying experiences were found to be positively linked to participants’ reports of depressive symptoms and state anxiety. Also, depression, state anxiety, and trait anxiety were positively correlated. School teachers and peers appeared to be some possible sources of support to cope with bullying experiences. Also, a noticeable proportion of the participants reported no plausible support networks to get help. Although the bullying victims perceived that both the mother and the father were available to help, the mother’s availability appeared to more pronounced that the father’s availability to help. The results of this study contribute to the existing body of literature by beginning the process of understanding the strong influence of bullying on depression. The current findings are in line with existing research that has illustrated that parental involvement and school personnel are
key in reducing the debilitating effects of bullying experiences (Pritchard et al., 2007; Kitzrow, 2003; Saber Raja Mahmoud et al., 2012).

The results of this study demonstrate the importance of developing evidence-based programs for parents, teachers and other community mentors in an effort to help bridge communication between children and the adults in their lives, so bullying victims may feel supported and know there are people they can go to for help. The current data lend support to the idea that parents, educators, school administrators, and law enforcement personnel can implement and/or attend programs that would teach bullied victims healthier coping strategies. This will result in greater benefits to children, their families, schools, and university campuses across communities. Studies have already demonstrated the consequences of not doing so, as tragic occurrences continue to mount, such as suicidal ideation and completed suicides. The significant numbers of children and adults who are depressed infiltrates every segment of society, all of which have ethical, professional and economic implications.

As I indicated previously, the results of this study address gaps in the existing literature. Findings from some prior studies have demonstrated that the negative effects of bullying continue into middle adulthood. The current findings highlight that the college students who have a history of being victimized by peers show anxiety and depressive symptoms. Furthermore, it was unclear until this study was conducted, to what the extent college students who had a history of being bullied, perceived their mothers, fathers and community resources to be helpful and available when coping with peer victimization. The current study sets the stage for many more studies to be conducted in the future as the preponderance of evidence is clear. When students do not know where to turn for help,
untreated anxiety almost always develops into depression (Jacobson & Newman, 2016), creating a cascade of problems which can have dire consequences for both individuals and society.

For some students, making the transition into college can be exciting, but for others it can also be very stressful and overwhelming. It is important that family studies educators and professors are cognizant about their roles in helping students reach their academic potential. Although most professors are not licensed mental health professionals, and it is not our position to identify or diagnose any student with mental health issues, it is our professional responsibility to understand their concerns and the quality of life of the students who face anxiety, depression and peer victimization. We can team up with mental health counselors and social workers to help bullying victims. School administrators, along with staff and faculty must understand they each have a role in keeping our campuses safe (Kitzrow, 2003).

If we take the time to remember our personal missions and why we entered the field of family studies, we can make the necessary adjustments in our busy schedules to help the students who frequently look up to us, and in doing so, we may directly contribute to making the difference between academic failure and success. Frequently, it only takes a few minutes to hear a student out. Most of us need someone to talk to at some point in our lives and students, because of academic pressures, may be even more susceptible to needing someone to talk to. Whatever the case may be, by being conscientious and available, we may help a student feel encouraged, and that may be all it takes for them to choose perseverance over quitting. Ultimately, a small amount of our time might make the difference between life and death, as suicide continues to escalate among college students,
It is my prayer that the thousands of hours which contributed to this dissertation will begin the process for all individuals in our society to have a better understanding of what bullying victims experience. If we work as a team, we can reduce the number of senseless and tragic deaths that currently, continue to escalate through suicide. Everyone in our society, individuals from all ethnicities, cultures and religious backgrounds have a basic human right to feel safe to attend school and go to work without fear, the way life in this country was intended to be. My current work motivates me more than ever to serve culturally diverse children and families to help them combat the negative effects of peer victimization. I also want to help change the negative climate and division that is occurring in our country today. We are all human beings who need one another, and I want to make my mark in this world and contribute, in any way I can, to make this world a better place for all individuals, as we are all part of one nation, under God.
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Appendix A

Participant Informed Consent Form

Experiencing Peer Victimization in Secondary School: Are We Missing Long-Term Mental Health Effects in College Students?

Giovanna Eisberg, doctoral student researcher, under the supervision of Ziarrat Hossain, PhD, from Individual, Family and Community Education, specifically, Family Studies, is conducting a research study. The purpose of the research is to identify if college students who were victims of bullying, also known as, peer victimization during secondary school, have symptoms of anxiety and depression. Furthermore, the study will seek to identify college student's perceptions of mother's and father's helpfulness during the time they were bullied, as well as, other community resources. You are being asked to participate in this study because you are an undergraduate college student. Although there will not be any direct benefits to students who participate, I believe that the findings of this study will allow researchers, family studies professionals, and counselors to better understand if a history of being bullied in secondary school is related to anxiety and depression in college students. Also, the findings may help identify if mother's and father's helpfulness and community support, served as coping resources for the victims. This information could facilitate the development of future intervention strategies to help college students who may be suffering from anxiety and/or depression as a result of having a history of being bullied during secondary school.

Your participation will involve answering five surveys (questionnaires) during a regularly scheduled class. The surveys should take about 20 to 30 minutes to complete. The survey includes statements such as "I was called names in nasty ways", and "I feel worried". You will be asked to choose a numbered response which relates closest to your experience with each statement. Your involvement in the study is voluntary. You can refuse to answer any of the questions at any time. You will NOT be penalized for not participating in the study or for withdrawing. If you choose not to participate, an alternative activity will be required and consist of reading a research article and writing a summary for the article during the time other students are filling out the surveys. There are no names or identifying information associated with your survey responses or with your summaries. There are no known risks in this study, but some individuals may experience discomfort when answering questions. If you experience discomfort and would like to speak to someone about your emotions resulting from participating in the study, you may speak briefly with Giovanna Eisberg, LCSW to discuss your concerns in an office provided in the Individual, Family and Community Education department. If you feel you need to speak to a professional counselor about your experience with bullying, you may call the UNM Student Health Center (Counseling) at: 505-277-3136, or Manzanita Counseling Center at: 505-277-7322. If you need someone to speak to, and a counselor is not available, or if you ever have thoughts about hurting yourself, you may call the Agora Crisis hotline, 24 hours a day, 365 days a year at: 505-277-3013.

There is NO identifying information, therefore, the data collected will be kept indefinitely. All participant surveys and article summaries will be collected and surveys will be stored in a locked cabinet in the student researcher's home office and summaries will be shredded. No Family studies faculty, course instructors or students in the classroom will have access to the surveys.

If you have any questions about this research project, please feel free to call Giovanna Eisberg at 505277-4535. If you have questions regarding your rights as a research subject, or about what you should do in case of any harm to you, you may call the UNM Office of the IRB (OIRB) at (505) 277-2644.

By accepting the manila envelope containing the five surveys you will be agreeing to participate in the above described research study.

Institutional Review Board
Number:  Version: Approved: Expires: 22016
12/09/2016 12/16/2016 12/15/2017
Appendix B

Script for Recruitment of Participants

Script for Participants for the Dissertation of Giovanna Eisberg

Hello. My name is Giovanna Eisberg and I am a doctoral candidate working on my dissertation study. I am here to ask for volunteers to participate in my study. As many of you are most likely aware, bullying is a major problem in schools and has been shown to have many immediate effects on its victims, such as anxiety and depression. What we don't know is if anxiety and depressive symptoms occur in college students who have a history of being victimized by peers. This study entitled "Experiencing Peer Victimization in Secondary School: Are We Missing the Long-Term Mental Health Effects in College Students?" I would appreciate your help with my data collection. Please note the following:

▪ There will be no identifying information; therefore, your answers will be completely confidential

▪ Your participation in this study is completely voluntary and you may withdraw your participation at any time during the data collection process which will take approximately 20 to 30 minutes. There will be no penalty for not participating or withdrawing

▪ For students who do not wish to participate, an alternate in class exercise will be required. This will include reading a research article and writing a summary of the article which will be completed during the time that participants complete their surveys. At the completion of the study, any student who wishes to know the results may contact me at the e-mail provided on the consent form. A resource sheet with referrals for students who feel they need to speak with a trained individual and/or supervised counselor, about their prior experience with bullying, or if they have anxiety, depression or ideas about hurting themselves will be provided on the consent form.

▪ Are there any questions?
Appendix C

Instruments

Demographics Questionnaire

Please fill in the blank or circle the answer which aligns closest to your answer:

SES Questions

1. Current age _________ Sex – Male Female Other

2. Current academic year of enrollment: Freshman Sophomore Junior Senior

3. Ethnicity/race you identify with - ____________________

4. Your current grade point average (GPA)? __________________

5. Your current marital status - Single Married Separated Widowed Divorced

6. What is the highest grade level your mother attained in school?
   a. grade school
   b. high school
   c. some college
   d. has a college degree

7. What is the highest grade level your father attained in school?
   a. grade school
   b. high school
   c. some college
   d. has as college degree

8. What was your biological parent's marital status at the time you were bullied?
   a. Never married
   b. Married
   c. Separated
   d. Divorced
   e. Widowed

9. Number of siblings in your household at the time you were bullied:
   a. None
   b. 1-2
   c. 3-4
   d. 5-6
   e. 7 or more

10. What was the approximate yearly household income in the home in which you primarily lived at the time you were bullied? ____________________
Bullying Questionnaire

Forms of Bullying Scale (Adapted for College Students) and Retrospective Bullying Scale (Adapted in part from Chambless, 2010)

**Definition of Bullying and Cyberbullying.** (Directly quoted from Shaw et al., 2013, p. 1057).

*Bullying* definition: Please read the following information on **bullying** carefully. Bullying is when one or more of the following things happen **AGAIN** and **AGAIN** to someone who finds it **hard to stop** it from happening again. Bullying is when a person or a group of people offline or online (mobile phone or internet):

- Make fun of/tease someone in a mean and hurtful way
- Tell lies or spread nasty rumors about someone to try to make others not like him/her
- Leave someone out on purpose or not allow him/her to join in
- Hit, kick or push someone around
- Deliberately damage, destroy or steal someone's things
- Threaten or make someone feel afraid of getting hurt

It is **NOT bullying** when:

- Teasing is done in a friendly, playful way
- Two people who are as strong as each other argue or fight

*Cyberbullying* definition:

*Cyberbullying* is bullying using a mobile phone and/or the Internet, e.g., when a person:

- Is sent nasty or threatening e-mails or messages on the Internet or their mobile phone
- Has mean or nasty comments or pictures about them sent to websites, e.g., MySpace; Facebook; MSN or to other students' mobile phones
- Is deliberately ignored or left out of things over the Internet
- Has someone else pretend to be them online to hurt them

Cyberbullying can happen through text messages/pictures/video-clips/emails, etc. being **sent to you**, but also when these things are **sent to others**, **about you**.
Questions 1-10 were taken from the Forms of Bullying Scale - Victimization Version (FBS-V)

At some point during your secondary school experience (grades 6th through 12th), how often were you bullied, including cyberbullying, by one or more peers in the following ways?

<table>
<thead>
<tr>
<th></th>
<th>No Never</th>
<th>Very little</th>
<th>Sometimes</th>
<th>A Lot</th>
<th>A Great Deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I was teased in nasty ways</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2.</td>
<td>Secrets were told about me to others to hurt me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3.</td>
<td>I was hurt by someone trying to break up a friendship.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4.</td>
<td>I was made to feel afraid by what someone said he/she would do to me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5.</td>
<td>I was deliberately hurt physically by someone and/or by a group ganging up on me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6.</td>
<td>I was called names in nasty ways.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7.</td>
<td>Someone told me he/she wouldn’t like me unless I did what he/she said.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8.</td>
<td>My things were deliberately damaged, destroyed or stolen.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9.</td>
<td>Others tried to hurt me by leaving me out of a group or not talking to me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10.</td>
<td>Lies were told and/or false rumors spread about me by someone, to make my friends or others not like me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Questions 11-15 were taken from the Retrospective Bullying Questionnaire (RBQ) and 16-20 were developed by the researcher.

<table>
<thead>
<tr>
<th>No</th>
<th>Very little</th>
<th>Sometimes</th>
<th>A Lot</th>
<th>A Great Deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Do you have vivid memories of the bullying event(s) which keep coming back causing you distress?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. Do you have dreams or nightmares about the bullying event(s)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13. Do you ever feel like you are reliving the bullying events?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14. Do you ever have sudden vivid recollections or &quot;flashbacks&quot; to the bullying events?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15. Do you ever feel distressed in situations which remind you of the bullying event(s)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16. During the time you were bullied, were you ever afraid of participating in class discussions or afraid to ask questions out of fear of being ridiculed by a colleague or professor?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17. Now that you are in college, are you afraid of participating in class discussions or afraid to ask questions out of fear of being ridiculed by a colleague or professor?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18. Have you or are you being bullied in college?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19. Have you ever been laughed at in a mean way or ridiculed by a colleague or professor?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>20. Have you ever had suicidal ideation (ideas about hurting yourself) because of the bullying you experienced?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
**State-Trait Anxiety Inventory (STAI)** (see Note)

Directions: A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you feel right now, that is, at this moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

<table>
<thead>
<tr>
<th></th>
<th>Not At all</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>Very Much so</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel calm.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I feel secure.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. I am tense.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I feel strained.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I feel at ease.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

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Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)

Instructions: Below is a list of the ways you might have felt or behaved. Please circle the numbers which describe how often you have felt this way in the past week or so.

<table>
<thead>
<tr>
<th></th>
<th>Not at all, or less than 1 day</th>
<th>1-2 days</th>
<th>3-4 days</th>
<th>5-7 days</th>
<th>Nearly every day for 2 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My appetite was poor.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I could not shake off the blues.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. I had trouble keeping my mind on what I was doing.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I felt depressed.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. My sleep was restless.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I felt sad.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. I could not get going.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. Nothing made me happy.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. I felt like a bad person.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. I lost interest in my usual activities.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. I slept much more than usual.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. I felt like I was moving too slowly.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. I felt fidgety.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. I wished I were dead.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. I wanted to hurt myself.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16. I was tired all the time.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17. I did not like myself.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18. I lost a lot of weight without trying to.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19. I had a lot of trouble getting to sleep.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20. I could not focus on important things.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Coping Resources Questionnaire

Instructions: The following statements are how you experienced and/or perceived community and parental resources during the time you were bullied in secondary school. Please circle the number which most accurately describes what your experience was like. Only answer these questions if you were bullied anytime during your secondary school experience.

<table>
<thead>
<tr>
<th>When I was bullied:</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I tried to avoid the situation.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I tried to handle it myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. I felt I could go to a teacher or other school personnel for help.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I got help from a teacher or other school personnel.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I got help from friends.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. When I was bullied, I felt I had no one at school to turn to for help.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. I felt like I could go to my mom for advice.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. I asked my mom for help.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. My mom wasn't available to help me because of work or other responsibilities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. My mom didn't help me because she didn't know what to do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. My mom helped me cope with the bullying by giving me advice.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. My mom spent more time with me when I was bullied than she normally did.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. My mom spoke with a teacher or principle to try and stop the bullying.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. I felt I could go to my dad for advice.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. I asked my dad for help.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>---</td>
<td>------------------</td>
<td>----------</td>
<td>-------</td>
<td>----------------</td>
</tr>
<tr>
<td>16. My dad wasn't available to help me because of work or other responsibilities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17. My dad didn’t help me because he didn’t know what to do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18. My dad helped me cope with the bullying by giving me advice.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19. My dad spent more time with me when I was Bullied than he normally did.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20. My dad spoke with a teacher or principle To try and stop the bullying.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>