

Prevalence of Bullying and its Relationship With Trauma Symptoms in Young Iranian Students

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ABSTRACT

Objective: Bullying and peer victimization in school are serious concerns for students, parents, psychologists, and school officials around the world. This descriptive study examined bullying/victimization among Iranian students and the relationship between bullying and trauma symptoms.

Methods: This study was a cross-sectional research and descriptive correlative study. Descriptive statistics and Pearson correlation were used to analyze the data. The Revised Olweus Bully/Victim Questionnaire and Trauma symptoms checklist for children (TSCC-A) were administered to 591 (325 males and 266 females) students aged 10 to 14 year.

Results: The results revealed that 38.4 % of students reported bullying behavior. In addition, victims had the highest level of depression, anxiety, and anger compared to uninvolved students. Bullies were not related to trauma symptoms.

Conclusion: Conclusions include detailed recommendations for further empirical studies.

1. Introduction

Bullying has been defined as “the use of a systematic and repeated aggressive behavior against students by one or more students in the context of a relationship of power imbalance between bullies and their victims when an imbalance of power exists between the victim and the aggressor” (Garcia & Margallo, 2014). This imbalance of power in the bully/victim relationship is critical because it distinguishes bullying from other acts of violence or aggression which makes it a subset of aggression (Olweus, 2003). Understanding of the problem begins with the prevalence estimations and its national and cross-national comparisons (Craig, 2009). Craig (2009) believed that we need more knowledge about the etiology of bullying (national, prospective, and cross-national studies of its etiology) and its psychosocial and be-

havioral determinants, also the role of contextual factors. There is a growing need for more international studies in research and development area as well as evaluation of prevention guidelines so that we can be more effective in decreasing this general health problem.

Smith et al., (2004) reported that because of cultural diversity in the conceptualization and understanding of bullying, pictures of bullying are the only credible way to collect cross-national comparable data. Thus, the interpretation of our findings on cross-national differences should be examined cautiously as the observed large differences in the prevalence might be due to cross-cultural differences or may be methodological because of not using pictures in studies on bullying. Understanding of the problem begins with the prevalence estimates and national and cross-national comparisons like those provided in this paper. We need more knowledge about the

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Table1: Demographic information of sample's sex

Sex	Frequency	Percentage
Male	325	45
Female	266	55
Total	591	100

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etiology of bullying (including national, prospective, and cross-national studies), its psychosocial and behavioral determinants, and the role of contextual factors. There is a growing need for more intensive international collaboration in both research and the development and evaluation of prevention strategies so that we can be more effective in reducing this public health problem. Significant differences in the overall prevalence of bullying among countries, as well as the proportion of victims/bullies, have been observed (Craig, 2009). Understanding the possible consequences of bullying is important so that interventions and school policies can be designed to help most effectively both victims and perpetrators (Kowalski & Limber, 2013).

Bullying is one of the principal indexes of global welfare and health of the children, adolescents, and youth. Bullying among school peers has been linked to various emotional symptoms such as anxiety and depression (Yen, CF. et al., 2014). The psychological consequences of bullying have been the focus of much research over the last 25 years. Furthermore, numerous studies have found that a significant proportion of victims of bullying experience post-traumatic stress disorder (PTSD) symptomatology (Matthiesen et al., 2004). The emotional impact on victims of bullying may leave them feeling afraid and angry (Turner et al., 2011).

Researchers' attention towards bullying has increased as parents, school personnel, and health professionals have recognized the relation between frequent involvement in bullying and psychosocial adjustment problems. Bullying and being bullied represent a risk factor for children's health and psychological well-being because of the strong stability across time of those experiences. Longitudinal data have shown that bullies are likely to display negative and antisocial behaviors such as truancy, delinquency, substance abuse, during adolescence and are at risk for psychiatric disorders too (Yen, 2014). Frequent victimizations related with low self-esteem and self-worth, along with depression and suicidal ideation (Gini,2007).Victim and bully groups had the heaviest symptom load, including aggression, delinquency, depression, confusion, self-destructive/identity problems,

and suicidality, which may lead to psychopathology (Ivarsson & Broberg, 2005). Research on bullying has documented that children who are bullied may experience problems associated with their health, emotional well-being, and academic work. Bullied children are more likely to report feelings of anxiety, depression, and low self-esteem compared to their non-bullied peers (Kowalski & Limber, 2013). Correlational analyses indicate that depression, anxiety, self-esteem, self-reported health problems, absences from school, leaving school because of illness, and grades are (with only one exception) significantly related to students' involvement in bullying others, and being bullied. The strongest correlations are seen between victimization and depression, anxiety, and health problems (Hinduja and Patchin, 2010). Given the serious short- and long-term effects of bullying on children's physical and mental health (Tofi & Farrington, 2011), it is understandable why school bullying has increasingly become a topic of both public concern and research efforts. A study on psychological problems in children who are involved in bullying, bullies, and victims showed more internalizing problems compared to children who are not involved (Shiri et al., 2014).

In recent years, there have been a growing number of researches conducted all over the world in order to understand the nature and prevalence of bullying and its consequences; however, we are faced with a lack of research in this area in Iran. Although there may be cultural differences contributing to these differing findings, currently there is no conclusive evidence regarding this trend and no clear evidence for trends within the Iranian population. It is also unclear whether ethnic group differences come into play in bullying relationships or trends across time. On the other hand, although many studies have provided a comprehensive base of knowledge regarding bullying behavior in other cultures (e.g., Finland, Sweden, Australia, United Kingdom, etc.), there have been relatively few large studies focusing, espe-

Table2: Demographic information of sample's age

Age	Frequency	Percentage
10	135	22.8
11	142	24
12	133	22.5
13	92	15.6
14	89	15.1
Total	591	100

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Table 3: Frequency distribution of victim and bullies

Variable	Frequency	Percentage
Victim	134	22.6
Bullies	93	15.7
Other	364	61.6
Total	591	100

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cially on school bullying within Iran. Although studies suggest that bullying is certainly widespread and worthy of further empirical examination, we do not have a comprehensive understanding of the nature and prevalence of childhood bullying behavior, particularly in Iran. Research published during the past 15 years has shown that bullying is prevalent across the countries. However, studies vary as to the definition of bullying, the methods used to measure bullying, and the cutoff point used for reporting its prevalence. Consequently, comparing prevalence and outcomes of bullying cross-nationally have been difficult (Smith et al., 2002). Because of the importance of this problem and the lack of research in Iran and given the influence of the cultural context, this study aimed to determine the prevalence of bullying in a new cultural context. So the prevalence of bullying as the first step in the detection and treatment of this problem can be helpful for therapists and psychologists.

2. Methods

This study was a cross-sectional research and descriptive correlative study. The sample included 591 Iranian students (266 girls and 325 boys) that with the Cluster sampling method students in 24 classes from 12 elementary schools participated in this study. Their age ranged from 10 to 14 year. All of them completed the revised Olweus Bully/Victim Questionnaire and Trauma Symptoms Checklist for Children (TSCC-A). Ethical permission to complete the study was obtained from the schools. Written information about the study and a consent form (parents were asked to sign if they did not want their child to participate) was passed to all parents. Children were ensured of their confidentiality and that they could withdraw from the study at any point.

Measures

Trauma Symptom Checklist for Children (TSCC) is a self-report measure of post-traumatic stress and related psychological symptomatology in male and female children aged 8 to 16 year. This instrument is useful in the evaluation of children who have experienced traumatic

events, including physical and sexual assault, victimization by peers, major losses, and witnessing violence toward others (Briere, 1996). TSCC has two versions: the full 54-item test that includes 10 items tapping sexual symptoms and preoccupations, and a 44-item alternate version (TSCC-A) that excludes references to sexual issues. Participants are asked to answer how often they experience certain events. For each item, participants record the frequency with which the statement is relevant to him / her and is answered on a 4 point Likert-type response scale. Item responses were on a 4-point scale with 0=never and 4=always. TSCC-A consists of two validity scales (under response and hyper response); 6 clinical scales (anxiety, depression, anger, posttraumatic stress, and dissociation, which has 2 subscales); and 7 critical items (Briere, 1996). In Iran, reliability analysis of TSCC-A scales in the normative sample demonstrated high internal consistency for scales (ranges from 0.80 to 0.83). The TSCC-A enables raw scores to be transformed into T Scores for normative comparison. T Scores between 60 and 65 indicate a sub-clinical diagnosis and scores above 65 are considered clinically significant (Mohammadkhani et al., 2007).

Revised Olweus Bully/Victim Questionnaire (OBVQ; Olweus, 2003) measured involvement in traditional bullying behaviors. The development of OBVQ was based on the definition of bullying, proposed by Olweus (1993). Students were then asked how frequently they had engaged in different bullying behaviors: never, once or twice, two or three times a month, about once a week, or several times a week in the past couple of months. We used the cut-off point associated with the scale anchor once or twice in the past couple of months to differentiate involvement from non-involvement. Prior studies suggested that OBVQ has satisfactory construct validity and reliability and modest concurrent validity (Olweus, 1993). A recent study on psychometric properties of OBVQ reported that the Cronbach α was 0.79 (Hartung, Little, Allen, & Page, 2011). Wang study (2012) showed that the Cronbach α estimate of internal consistency was 0.86 for scores on the 6 items measuring overall traditional bullying, and it was 0.75 for scores on the 3 items measuring verbal bullying. The questionnaire was subdivided into 2 sections; victim section and bullies section. In Iran study on psychometric properties of OBVQ reported in boys sample Cronbach α = 0.94 for bullying and α = 0.75 for victimization. In girls sample Cronbach α = 0.70 for bullying and α = 0.57 for victimization (Shahriyarfar, 2010).

Table 4: Result of pearson correlation test among all variables of study

	1	2	3	4	5	6	7
1.Victim							
2.Bullies							
3.PosttraumaticStress	0.050 0.23	-0.029 0.541					
4.Depression	0.130** 0.002	0.069 0.123	0.229** 0.000				
5.Anxiety	0.109** 0.008	-0.015 0.753	0.167** 0.001	0.234** 0.000			
6.Dissociation	0.050 0.23	0.040 0.335	0.226** 0.000	0.152** 0.003	-0.007 0.881		
7.Anger	0.142** 0.001	0.014 0.738	0.345** 0.000	0.262** 0.000	0.227** 0.000	0.148** 0.001	

**P<0.01

Analyses

Descriptive statistics and Pearson correlation were used to analyze the data and to examine the relationship between bullying and trauma symptom. The statistical package of SPSS 18 for windows was used to analyze the data.

3.Results

In this study information of 591 students was analysed. Descriptive statistics showed that out of 591 students, 227(38.4) were involved in bullying behaviors. As seen in Table3, 22.6% of cases reported being bullied, and 15.7% reported bullies. In order to investigate the hypothesis that «bullying behavior is associated with trauma symptoms», Pearson correlation coefficient was calculated between the bullying and the post traumatic stress, depression, anxiety, dissociation, and anger. It was found that bullied was significantly associated with anxiety, depression, and anger. Moreover, bullies were not associated with trauma symptoms. Table 3 shows the frequency distribution of victims and bullies.

Table 4 shows a significant and positive correlation among bullying with depression, anxiety, and anger that means higher scores in victimization is correlated with higher scores in depression, anxiety, and anger. Also, the results showed that there was no significant correlation between bullies and other forms of symptoms.

4. Discussion

Bullying and victimization is a universal public health problem, which impacts a large number of children. Bullying involvement transcends cultural and geographic boundaries (Josephson Institute, 2010). The aim of the current study was to investigate the relationship between prevalence of bullying and trauma symptoms. Result showed 38.4% of students were involved in bullying behaviors, 22.6% of cases reported being bullied and 15.7% reported bullies. This outcome is in line with the previous studies. For example, a cross-national study across 40 countries showed that 26 % of participating adolescents (53 out of 249) reported involvement in bullying (Craig, 2009). The National Youth Violence Prevention Resource Center (2006) estimated that 30% of teens in the United States (over 5.7 million) are involved in bullying as either a bully, or a target of bullying, or both. Another recent and large scaled study conducted by Josephson Institute (2010) on over 45000 students from 78 public and 22 private school students, aged between 15-18 year, revealed that about 50% of the students did bullying, and 47% of the students were victimized at least in one type of bullying.

In sum, Smith et al., (2002) reported that due to cultural variations in the conceptualization and understanding of bullying, pictures are the only reliable method to collect cross-national comparable data. Thus, the interpretation of current study should be examined cautiously as the observed large difference in prevalence might be due to cross-cultural differences or it may be methodological because of not using pictures in assessing bullying.

The result of this study also showed that there were two findings of Pearson correlations. The first suggests that being bullied is related to anxiety, depression, and anger. The second indicates that bullies were not associated with other forms of symptoms. These findings are consistent with findings of the previous studies that showed different types of bullying victimization could result in independent and cumulative effects on psychological trauma symptoms (Turner et al., 2011). Anxiety is one of most frequent psychiatric symptoms that have been examined in terms of its association with bullying involvement. A meta-analytic review of cross-sectional studies found that young people who were victimized by bullying display significantly higher levels of anxiety compared with their peers (Hawker & Boulton, 2000).

In addition, research on bullying has consistently found an association with victim status and affective problems, particularly depressive symptomatology. However, findings in relation to anxiety have been unpredictable (Kumpulainen et al., 2001). Overall recent research evidence suggests that bullying can indeed be a traumatic experience, which can lead to PTSD symptomatology. This association conflicts with the criteria of a traumatic event outlined in DSM-IV (American Psychiatric Association, 1994).

A study on Norwegian youth (including 71 subjects; 15 of them former victims) (Olweus, 1993), reported that children identified as being bullied at age 11 years suffered from higher levels of “depressive tendencies” than non-victims as young adults. A follow-up study of young adolescents in Australia (Bond et al., 2001) reported that victimization in grade 8 of the secondary school (13 years of age) was associated with newly incident symptoms of depression in the following years (Garcia & Margallo, 2014). Studies consistently report that psychosocial problems such as depression and anxiety are common symptoms experienced by both male and female victims of bullying (Hong and Espelage, 2012). Haavisto et al., (2004) in their previous report from our data have reported those boys who were victims (but not those who were bullies) at age 8 had significantly more depressive symptoms at age 18. On the other hand, Kim et al., (2004) in their 10-month follow-up among Korean students found no relation between bullying/victimization and depression.

The main finding of this study is that frequent bullying of others (among boys at age 8) is associated with severe depression in 10 years later, despite controlling the childhood depression. Bullying behavior at age 8 was not associated with suicidal ideation in 10 years later

when childhood depression was being controlled. Also results indicate that bullying others infrequently (among boys at age 8) is neither associated with an elevated risk of depression (mild or severe) nor with suicidal ideation at age 18, in contrast to the findings on frequent bullying (Klomek, 2008). These findings support a recent study, which has shown that only frequent bullying (but not infrequent bullying) among males is associated with depression, serious suicidal ideation, and suicide attempts (Klomek et al., 2007). Infrequent bullying may be a more normative behavior among boys, consistent with reports that the level of aggression is higher among males compared to females (Achenbach and Edelbrock, 1981).

One of the important questions raised by the present study is the cause of differences in the present study with other researches. We see three possibilities. First, the present study may reflect differences in actual available support. It is certainly plausible that individuals with a larger support network would be less affected by bullying. This may be the case when, for example, a group of friends is targeted by a bully or a group of bullies. Second, results may reflect the quality and quantity of bullying, which victims experience. Third, the present study did not address differences in coping styles. While establishing useful associations, these cross-sectional studies are unable to provide adequate evidence that bullying and peer victimization constitute anything more than correlates of other forms of symptoms. Longitudinal studies are necessary to establish causality. The present study provides further recommendations for further study.

This study had some limitations. First, our bullying data was pooled from self-reports. We did not compare the different reports of parents and teachers. Additional research is needed to determine whether these conclusions would generalize to other samples. Therefore, further studies are needed to confirm the results.

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