


7-25-2013

Relating children in foster care to school bullying

Regina Lyons

Follow this and additional works at: <http://rdw.rowan.edu/etd>

 Part of the [Child Psychology Commons](#), and the [Student Counseling and Personnel Services Commons](#)

Recommended Citation

Lyons, Regina, "Relating children in foster care to school bullying" (2013). *Theses and Dissertations*. 163.
<http://rdw.rowan.edu/etd/163>

This Thesis is brought to you for free and open access by Rowan Digital Works. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of Rowan Digital Works. For more information, please contact LibraryTheses@rowan.edu.

RELATING CHILDREN IN FOSTER CARE TO SCHOOL BULLYING

by
Regina Marie Lyons

A Thesis

Submitted to the
College of Education
Department of Educational Services, Administration, and Higher Education
In partial fulfillment of the requirement
For the degree of
Master of Arts in School Psychology
at
Rowan University
April 30, 2013

Thesis Chair: Terri Allen, Ph.D.

© 2013 Regina Marie Lyons

Dedication

*I would like to dedicate this thesis to my parents, Joel and Regina Lyons.
Thank you for all that you do.*

Acknowledgments

I am deeply grateful to my parents for all of their support and encouragement throughout the years. I owe a very important debt to my entire support system including family and friends who have influenced me throughout my life. I would also like to express my appreciation to Dr. Roberta Dihoff and Dr. Terri Allen for all of their patience and input towards this research.

Abstract

Regina Marie Lyons
RELATING CHILDREN IN FOSTER CARE TO SCHOOL BULLYING
2012/13
Terri Allen, Ph.D.
Masters of Arts in School Psychology

The purpose of this study was to research the correlation, if any, that children in foster care have with bullying. The researcher gathered descriptive information by attending foster parent support group meetings in New Jersey. Resource parents reported on behalf of the foster child in their care at that time. Participants were asked to report information within the current school year. Data showed that children in foster care were involved in bullying primarily in the school setting. Implication for and the importance of further research within this field were discussed.

Table of Contents

Abstract	v
List of Tables	viii
Chapter 1: Introduction	1
1.1 Statement of the Problem	1
1.2 Significance of the Study	1
1.3 Purpose of the Study	2
1.4 Hypothesis	3
1.5 Definitions	3
1.6 Assumptions	4
1.7 Limitations	4
Chapter 2: Literature Review	6
2.1 Foster Children	6
2.2 Instability	7
2.3 Inhibition	8
2.4 Posttraumatic Stress Disorder	9
2.5 Bullying	11
2.6 Bully	12
2.7 Victim	13
2.8 Bully-victim	15
2.9 Limitations of Research	16
Chapter 3: Methodology	17
3.1 Participants	17

Table of Contents Continued

3.2 Materials	18
3.3 Design	19
3.4 Procedure	19
Chapter 4: Results	21
Chapter 5: Discussion	28
5.1 Summary	28
5.2 Hypothesis	28
5.3 Results	29
5.4 Literature Review	29
5.5 Limitations	29
5.6 Potential Future Research	31
List of References	33

List of Tables

Table	Page
Table 1: Percentage of Bullying	22
Table 2: Quantity Bullied	23
Table 3: Reason for Bullying	24
Table 4: Reason Foster Child Bullied Others	24
Table 5: Location of Bullying	25
Table 6: Person Responsible for Bullying	26
Table 7: Location Where the Foster Child Bullied Others	26
Table 8: Individual who was Bullied	27

Chapter 1

Introduction

Statement of the Problem

This study will examine the correlation between foster children and school bullying. It will also present information about how, where, and why children in foster care are involved in bullying.

Significance of the Study

Although there are a wide variety of definitions, for this study bullying was classified as any act when one or more persons use some form of aggression towards another person. When this occurs there are usually lasting impressions left on all of the individuals involved. As Piskin (2003, p. 555) states, "Bullying in schools is a worldwide problem that can have negative consequences for the general school climate and for the right of students to learn in a safe environment without fear." It is essential to prevent the various forms of bullying because of the detrimental potential that bullying can lead to. Past studies have highlighted specific factors that may cause a child to have a greater risk of falling victim to bullying.

Since bullying is an emerging issue, research has been conducted to show that children who are victimized by bullying may have common characteristics that may contribute to this outcome. Some of these characteristics are depression, anxiety, and low self-esteem. Children who have experienced traumatic situations, which place them into foster care, are automatically and unknowingly at a greater risk for bullying involvement. They also show characteristics similar to those of bullying victims. Foster children usually harbor these traits because of their history and inconsistent living circumstances,

which makes them more vulnerable and thus a target for bullies.

This thesis includes research that will confirm the role in which children involved with foster care played in bullying scenarios. These children were thought to be more susceptible to becoming victims in bullying settings because of their family life and history. The following research will identify the role and risk this population of students has in school bullying.

The research gained in this thesis has the potential to highlight a population of children who are more likely to be victims of bullying. It was believed that with this information, programs could be implemented to help educate foster care organizations, social workers, and families to be more observant of and sensitive to bullying situations. In the following chapters research will be conducted to unveil the percentage of children, within foster care, have experienced bullying. By surveying the foster children's current resource parents, this study presents a need for further research and resources for this susceptible population.

Purpose of the Study

The purpose of this study was to determine the extent to which children within the foster care system have experienced bullying. The study was conducted to gather relevant information about foster children's bullying experiences. Information regarding the involvement that children in foster care have in bullying could potentially solidify previously assumed relations.

Hypothesis

This study hypothesized that children who have experienced some form of foster care will have experienced a high amount of school bullying. Also, it is hypothesized that children who are in foster care are at a higher risk for becoming victims in bullying scenarios than they are of being the bullies themselves.

Definitions

Child Abuse: Any act that places a child at risk for harm. This includes verbal, physical, mental, and emotional harm. The abuse can be committed to various degrees or be due to the neglect to care for a child.

ADHD: Attention-Deficit/Hyperactive Disorder is a neurobehavioral disorder that is characterized by a consistent pattern of inattention and/or hyperactivity that is frequently displayed and more severe than is typically observed in individuals at an average level of development (American Psychiatric Association).

Anxiety: An emotion that can be characterized by feelings of tension, worried thoughts, or physical change (American Psychiatric Association).

Bullying: bully, victim, bystander: A form of aggression in which a person intentionally causes distress to another. Bullying can be physical, emotional, direct, indirect, or relational (American Psychiatric Association).

Depression: A mental disorder characterized by a lack of interest in activities, sadness, feelings of worthlessness (American Psychiatric Association).

DSM: Diagnostic and Statistical Manual of Mental Disorders.

Foster Children: A child who is in the legal guardianship of a state, county, or adoption/foster care agency.

Inhibition: A person's ability to restrain or suppress a thought or behavior.

Post-Traumatic Stress Disorder (PTSD): Post-Traumatic Stress Disorder is an anxiety problem caused by a repetitive exposure to traumatic events (American Psychiatric Association).

Resource Parent (Foster Parent): A person who acts as a caregiver for a child who is in need of a temporary placement.

Schizophrenia: A mental illness that can be characterized by illogical thoughts, delusions, hallucinations, and non-typical behavior and speech (American Psychiatric Association).

Socioeconomic status (SES): This relates to a person's social standing or class. Socioeconomic status is measured by a person or family's education, income, and occupation (American Psychiatric Association).

Assumptions

Certain assumptions were made in regards to this study. It was assumed that the foster parents, participating in this study, responded to the survey honestly and to the best of their ability. It was also assumed that the respondents have cared for children in the appropriate age range and have knowledge about their school experiences.

Limitations

There were several limitations presented while developing this study. Since the study uses experiences of the foster parents and not directly from the children themselves the information may not be very accurate. A primary limitation within this study was the access to only a small sample size of resource parents. Another limitation is the demography of the sample. Only foster parents in central to southern New Jersey were used. The sample of participants consisted of only those who actively and voluntarily

attended their County's foster parent support group meetings. The integrity of self-report data is also an area of concern within this study. The parents may not respond honestly to the survey for a variety of reasons.

Chapter 2

Literature Review

The review of literature will include an introduction to children who have experienced placement instability, more commonly referred to as foster children. Next, characteristics and behaviors that are specific to this population of children will be discussed and elaborated on. These characteristics will be related to the common characteristics found within the separate parties of the typical bullying scenario. Then, the recently growing bullying epidemic will be introduced to potentially heighten the awareness of particular traits that are commonly associated with the victim, bully, and bully-victim. Lastly, the literature pertaining to bullying victims and children in foster care will be explored with an essential discussion of the limitations of available research. The importance of the lack of research in this specific field will be explained and clarified.

Foster Children

Engle and Lhotska (1999) highlight that the care a child receives from his or her parental figures will have a powerful affect on their development and survival. It is well known that the most essential part of human growth occurs within the first few years of a person's life (Turner & Greenough, 1985). When the first years of life are disrupted by traumatic experiences it could lead to behavior problems later in life (Teisl, Rogosch, Oshri, & Cicchetti, 2012). Specific populations of children who most often encounter negative experiences during their childhood are foster children. Foster children are unknowingly and automatically at a higher risk for several undesirable behaviors and disorders (Chamberlain, Price, Leve, Laurent, Landsverk, & Reid, 2008).

Instability

Placement disruption is common amongst children in foster care; approximately 95% of these children have experienced at least one disruptive attachment throughout their life (Wulczyn, Ernst, & Fisher, 2011). When a child experiences inconsistent stability they are at a greater risk for unfavorable behaviors, characteristics, and unsuccessful school adjustment throughout the remainder of their life (Lewis, Dozier, Ackerman, & Sepulveda-Kozakowski, 2007). Children in foster care, due to various reasons, typically experience these uncertainties at influential stages of life. It is likely that this population has experienced abuse, neglect, unsafe living conditions or other memorable and traumatic circumstances (Lewis et al., 2007; Wulczyn et al., 2011). The abuse that foster children may have experienced could have been several different types and to different degrees including verbal, physical, or emotional. Some children may be too young to remember while others may have detrimental outcomes due to the abuse or the lack of consistency with their childhood caregivers (Kaufman & Charney, 2003; Sanchez, Ladd, & Plotsky, 2001; Lewis et al. 2007).

Studies suggest that early negative experiences with caregivers may be connected to long-term changes in the capacity to adjust behavior and functioning. Examples of such experiences include separation, abuse, and neglect (Kaufman & Charney, 2001; Sanchez, Ladd, & Plotsky, 2001; Lewis et al., 2007). Children who experience instable placement are at a higher risk of developing unwanted behaviors and characteristics. More specifically, behaviors that foster children tend to develop are attention deficit hyperactivity disorder, anxiety, posttraumatic stress disorder, and potentially schizophrenia (Lewis et al., 2007; Mednick, Parnas, & Schulsinger, 1987; Ackerman,

Brown, D'Eramo, & Izard, 2002). Foster children are also at risk for developing low self-esteem and having problems with school bonding and socialization (Kaufman & Charney, 2003; Sanchez et al., 2001; Lewis et al., 2007).

In addition to changing foster homes and inconsistent families, foster children also experience instability within schools. It is not uncommon for foster children to leave or enter a school during the school year and they may even attend multiple schools in one year. Education, teachers, counselors, and friends are just additional instability factors in their lives (Vacca & Kramer-Vida, 2012). These children are constantly adjusting to new authority figures and peers.

Inhibition

As stated before, studies have shown that a child's risk for problem behaviors later in life increases with the instability they experience during childhood (Jonson-Reid & Barth, 2000; Kurtz, Gaudin, Wodarski, & Howing, 1993; Leathers, 2002; Ryan & Testa, 2005; Lewis et al., 2007). One specific study conducted by Lewis et al. (2007) focuses on the effects of a child's placement instabilities on their inhibitory control. Inhibitory control is defined as the capacity to constrain a response while at the same time holding two or more rules in mind (Diamond & Taylor, 1996; Lewis et al., 2007). In other words, it is the capability to withhold from expressing information that is not relevant to the current task (Dempster, 1992). The study conducted by Lewis et al. (2007) explains that when a child cannot master these demands they are automatically at risk for "a range of problematic outcomes, including academic failure, externalizing behavior problems, and problems in peer relations" (Lewis et al., 2007, p. 1415). This quote summarizes that children, who do not have placement permanency, could also

experience problems with peers and peer relationships (Biederman, Monuteaux, Doyle, Seidman, Wilens, Ferrero, Morgan, & Faraone, 2004; Coie, Lochman, Terry, & Hyman, 1992; McBurnett, Lahey, Rathouz, & Loeber, 2000; Schachar & Logan, 1990; Shoal, Giancola, & Kirillova, 2003; Zima, Bussing, Freeman, Yang, Belin, & Forness, 2000). The purpose of this study was to prove that children who experienced instability with early childhood placement would score lower than their same age peers on an inhibition task (Lewis et al., 2007). The findings in the study stated that children who have experienced instability during their childhood would have less power over their inhibitory control. Lacking in inhibitory control could potentially lead to problematic behaviors in school and with daily activities (Lewis et al., 2007; Biederman et al., 2004).

Posttraumatic Stress Disorder

Posttraumatic Stress Disorder (PTSD) is a stress disorder that is defined by the American Psychiatric Association as typically occurring when a person has a history of exposures to a number of different stressors including but not limited to intense fear, abuse, and trauma. Symptoms of PTSD can include but are not limited to re-experiencing trauma in thoughts or dreams, emotional avoidance, trouble sleeping or concentrating, and irritability (Gillihan, Aderka, Conklin, Capaldi, & Foa, 2012). Studies have confirmed that traumatic experiences could lead to the development of PTSD (Gillihan et al., 2012; Dubner & Motta, 1999). It has been proven that children who are sexually or physically abused during childhood may also suffer from Posttraumatic Stress Disorder (Gillihan et al., 2012; Dubner & Motta, 1999). Since roughly fifty percent of all foster children have experienced some degree of sexual or physical abuse, it is likely that they may develop PTSD throughout their lifetime (Dubner & Motta, 1999; Gillihan et al.,

2012). Margolin and Vickerman (2011) state that “exposure to family violence, including marital aggression and physical child abuse, is increasingly recognized as a possible precursor to PTSD in children and adolescents” (p. 70). The relation of children in foster care to the development of PTSD is relevant and the social aspect of this disorder clarifies that the subject’s experiences can cause significant impairment in social settings (Zheng & Gray, 2012).

Children involved with foster care are already at a higher risk for PTSD, schizophrenia, and less inhibitory control and they are also at risk for developing other problematic behaviors such as conduct disorder, ADHD, and Oppositional Defiant Disorder (Lewis et al., 2007; Kaufman & Charney, 2001; Dubner, 1999). School behaviors and characteristics that are more common for children in foster care are anxiety and social isolation (Lewis et al., 2007; Kaufman & Charney, 2003; Mednick et al., 1987). Children who exhibit problem behaviors or characteristics in school will be seen as inferior and may be easy targets for aggressive school bullies (Rivers, Noret, Poteat, & Ashurst, 2009; Cook, Williams, Guerra, Kim, & Sadek, 2010). As well as additional more common factors, foster children have the potential to be bullied for their family orientation, living arrangements, SES, and historical circumstances. Not only would this problem be more common for foster children, it could also be more detrimental because they are lacking the support to aid them with their problems (Dougherty, 2007; Vacca & Kramer-Vida, 2012).

Bullying

In a bullying scenario there are typically three parties involved including bullies, their victims, and the bystander (Rivers et al., 2009; Cook et al., 2010). Although not all the parties are physically involved, bullying may be detrimental for all of its witnesses (Veenstra, Lindenberg, Oldehinkel, De Winter, Verhulst, & Ormel, 2005). As Veenstra et al. (2005) states, it is essential to scrutinize bullying because “all over the world, bullying and victimization are common in elementary and secondary school” (p. 211). Bullying can be defined as recurring aggression or violence when one or more persons intend to cause damage to another person verbally, physically, or psychologically (Olweus, 1991; Boulton & Underwood, 1992; Craig & Pepler, 2007; Nansel, Overpeck, Pilla, Ruan, Simons-Morton, & Scheidt, 2001; Wolke, Woods, Stanford, & Schulz, 2001; Juvonen & Graham, 2001; Veenstra et al., 2005). Physical and verbal bullying may be obvious, however, psychological bullying may be even more detrimental (Rivers et al., 2009; Cook et al., 2010). Olweus (1991) defines bullying as actions that are intentional, repetitive, and between two parties with a power discrepancy. Susan M. Swearer provides a definition of bullying in her survey as the act when “someone hurts or scares another person on purpose” and she also states that the “person being bullied has a hard time defending himself or herself” (Swearer & Doll, 2001)

Psychological bullying can be observed in schools when children exclude certain classmates, isolate targeted friends, or gossip and spread rumors about peers (Veenstra et al., 2005; Cook et al., 2010). This sort of bullying is also identified as relational aggression. Relational aggression is observed more often amongst girls than boys. The

damaging and intentional goals behind this behavior are to attack another's self worth, self-confidence, or social status (Geiger, Zimmer-Gembeck, & Crick, 2004).

Bully

Bullies are typically observed having specific characteristics. Awareness of these characteristics could potentially help identify children who are likely to intimidate their classmates. It has been continuously reported that bullies are rated as more aggressive, unsociable, dominant, and impulsive when compared to their same-age peers (Craig, 1998; Kumpulainen, Rasanen, Henttonen, Almqvist, Kresanov, Linna, Moilanen, Piha, Puura, & Tamminen, 1998; Veenstra et al., 2005). Further studies have suggested that bullies are likely to have parents who have poor problem-solving skills and who may act permissively towards aggressive behavior. It was also documented that the parents of bullies are sometimes hostile or aggressive (DeMaray & Malecki, 2003; Loeber & Dishion, 1984; Veenstra et al., 2005).

The aggressive behavior typically observed amongst bullies can be compared to the behaviors developed by neglected children. Foster children who were neglected are often documented to be less empathetic and have a poor understanding of their emotions; such emotions include fear, anger, and sadness. With the lack of understanding comes the lack of knowledge and ability to cope with these emotions (Shields & Cicchetti, 2001; Shipman, Edwards, Brown, Swisher, & Jennings, 2005; Linares, Li, & Shrout, 2012). Children who are unable to cope with their emotions have the potential to develop aggressive strategies. Foster children have common aggressive qualities that are found in school bullies. It is possible that foster children take part in bullying others because of their lack of skills for dealing with their emotions in a healthy and productive manner.

Victim

Opposite from a bully is the victim who typically shows much less hostile behavior. Bullying victims are more often described as being more insecure, quiet, anxious, withdrawn and depressed than their peers (Craig, 1998; Kumpulainen et al., 1998; Perry, Kusel, & Perry, 1988; Schwartz, Greenwald, & McGhee, 1998; Veenstra et al., 2005; Hunt, Peters, & Rapee, 2012). Studies indicate that the usual victims of bullying feel more alone, exhibit poor psychosocial skills, and have fewer close friends than the average student (Boulton & Underwood, 1992; Nansel et al., 2001; Veenstra et al., 2005; Hawker & Boulton, 2000; Parker & Asher, 1987; Salmon, James, & Smith, 1998). Craig and Pepler (2007) stated that the relationship between a bully and their victim usually occurs because of a power imbalance.

Although there may be many imbalances of power between the bully and their victim, one specific disparity described was the power imbalance that is developed because of a socioeconomic disadvantage or a students' known vulnerability. The systematic power imbalance may be due to racial or cultural groups, disability, sexual minorities, or socioeconomic disadvantages (Craig & Pepler, 2007; Olweus, 1997). The theme that Craig and Pepler (2007) focused on is that bullies will victimize children if there is a known vulnerability. Directly related to this, children involved in the foster care system have an obvious vulnerability because of the experiences they have had and their already inconsistent history (Chamberlain et al., 2008; Teisl et al., 2012). When envisioning a school scenario, children who are different stand out and depending on this difference they may be easy targets for their more aggressive peers (Olweus, 1991; Boulton & Underwood, 1992; Pepler & Craig, 2007; Nansel et al., 2001; Juvonen &

Graham, 2001). Unfortunately, children who experience foster care struggle with having confidence due to their circumstances, which can be perceived as an additional weakness or target (Kaufman & Charney, 2003).

The victimization of children who are in foster care can potentially have damaging effects on an already vulnerable population. One of the power struggles described earlier between the school victim and their bully will most likely be due to socioeconomic disadvantages and an obvious vulnerability (Craig & Pepler, 2007). Bullies tend to choose victims who they consider to be inferior (Rivers et al., 2009; Cook et al., 2010). A socioeconomic disadvantage can be defined as a weakness in a person's socioeconomic status. For children their socioeconomic status usually derives from their family, also known as parental socioeconomic status. Parental socioeconomic status can affect a child negatively if the family is undereducated or underprivileged. Simply having an uncommon family make-up can also bring negative attention to a child. Most foster children have an uncommon family life and are at a disadvantage that could potentially make them an easy target for their aggressive classmates in school.

Researchers have documented that children who have been the victim of bullying have reported having lower self-esteem, anxiety, depression, and lower academic performance (Nansel et al., 2001; Eagan & Perry, 1998; Juvonen, Nishina, & Graham, 2000; Eisenberg, Neumark-Sztainer, & Story, 2003; Hunt, Peters, & Rapee, 2012). Victimization can also potentially lead to children and adolescence dropping out of school due to fear and increased suicidal thoughts or attempts (Kaltiala-Heino, Rimpela, Rantanen, & Rimpela, A., 2000; Rigby & Slee, 1999; Sharp, 1995). The inconsistency that foster children experience during childhood may cause a delay in their social,

emotional, or physical skills (Teisl et al., 2012). Having a delay in such skills can lead to a less than positive school experience (Turner & Greenough, 1985). This is also significant because children who stray from the social norms are at a greater risk for being bullied (Delfos, 2001).

The characteristics of foster children, described early, states that children who have had foster care placement are likely to experience problem behaviors. Common developments amongst children in foster care include ADHD, depression, schizophrenia, and anxiety (Lewis et al., 2007; Mednick, Parnas, & Schulsinger, 1987; Ackerman et al., 2002). Bullies are more likely to tease, mock, or inflict harm on peers who they view as substandard. Bullying victims are another population of children who are commonly described as being depressed and anxious (Craig, 1998; Kumpulainen et al., 1998; Veenstra et al., 2005). Considering the similarities between characteristics of bullying victims and foster children, it can be hypothesized that foster children are at a high risk for becoming a bully's victim.

Bully-victim

Findings suggest that a significant percentage of bullies self report being a victim of bullying as well. This category of individuals is referred to as the bully-victims. According to recent research, the bully-victim is usually characterized by having the aggressive qualities of a bully in addition to the depressive qualities of the victims. Research has also suggested that the bully-victim typically has less involved and supportive parental figures in their lives. In some studies these parents were described as being rejecting and hostile (Bowers, Smith, & Binney, 1994; Klicpera & Klicpere, 1996; Veenstra et al., 2005).

Limitations of Research

Although there is currently an abundance of literature and research on the growing awareness of school bullying, researches have not yet focused on the vulnerable population of children with instable placements. These foster children are susceptible to develop certain characteristics and behaviors due to their history. Alarmingly, the characteristics of children in foster care are almost identical to the behaviors and characteristics of the recently studied victims of bullying. Due to the lack of research of the bullied foster children, this population could be at a higher risk of experiencing bullying than their average peers. As seen in the literature review, little has been done to bring awareness to and highlight the susceptibility that this group of children may be at a higher risk for being involved in school bullying situations. If the harm that children receive from unstable permanency is inevitable, then research should be completed to make sure they are protected against additional detrimental experiences.

Chapter 3

Methodology

Participants

There were twenty-five surveys completed and analyzed for this thesis. Information was obtained from foster parents in New Jersey who currently had one or more school aged foster children in their care. The foster parents who completed surveys for this study were all participants of their county's support group, which are conducted by Foster and Adoptive Family Services. Most county support groups meet once a month, for the majority of months out of the year. The support groups who approved this study were Monmouth, Salem, and Middlesex counties. There were five surveys completed at a Monmouth County meeting, nine surveys completed at a Salem County meeting, and eleven surveys completed at a Middlesex County meeting. The foster parents who participated were asked to fill out one survey for each school aged foster child in their home. A total of fifteen foster parents filled out a survey for each school aged foster child currently in their care. There were three foster parent participants from the Monmouth County meeting, seven from Salem County meeting, and five from Middlesex County meeting.

The foster parents reported, to the best of their ability, information about the foster children in their care. Information was obtained about twenty-five foster children who currently reside in New Jersey. The children's ages vary from three years old to seventeen years old. The percentage of these children who have been in their current foster home for zero to three months was twenty-eight percent, three to six months was

four percent, six to twelve months was eight percent, and sixty percent of the children documented in this study were in their current foster home for over twelve months.

Materials

A three part, twenty-four item, survey was used in this study. The Bully Survey-Parent Version by Susan M. Swearer, was used to obtain information from foster parents regarding the foster children in their home. Each portion of the survey had a typed, bolded, and clearly written definition of bullying. For this study, the Bullying Survey was used to measure the percentage of children who were reportedly involved in bullying during the current, 2012-2013 school year. The Bullying Survey also provided information on how, where, and how frequent the bullying occurred. Additionally, this survey gathered information about specifically who else was involved in the bullying interaction.

The response options for the questions that were primarily analyzed for this thesis were “yes” or “no” questions. Depending on the answer to this question the following were Likert scale and multiple-choice questions. The scale scores of this survey were calculated by mean and total.

An additional brief questionnaire was distributed to obtain essential information about the foster child. The foster parents were asked to report the age and grade of the child in their care. This questionnaire also asked how many months the identified child has been in the foster parent’s home. The scale scores from this survey were totaled, averaged, and converted to percentages.

Design

This thesis was a descriptive research design, which used a survey to obtain historical data. The independent variables in this study were the children whose experiences were reported by their foster parents. All of the children used in this study were in a foster care placement. Reported involvement in a bullying situation was defined as the child having been bullied or bullied someone else. This was a within-subject design and the same groups of foster parents were asked to answer questions regarding their foster child being bullied and their foster child's experience bullying someone else.

Procedure

The researcher's thesis chair contacted Susan M. Swearer and was granted permission for the use of The Bullying Survey-Parent Version. The Bullying Survey along with an additional five-question survey was approved by Rowan University's Institutional Review Board to be distributed anonymously. The researcher, via email, contacted current directors of foster parent support groups in New Jersey and requested permission to attend a meeting, briefly present the purpose of the research, and administer an anonymous survey. Written permission was obtained and approved for the researcher to attend Foster and Adoptive Family Services meetings in Monmouth, Salem, and Middlesex Counties. A brief explanation about the purpose of research was presented to the group of foster parents as well as a way to locate the published data to which they were contributing. The researcher requested for anyone with school-aged foster children currently in their home to complete The Bullying Survey. Willing participants were provided with a manila envelope, a consent form, one survey packet for

each child in their care, and a pen. Participants were encouraged to read the directions carefully and to keep the consent form that had the researchers contact information on it. Participants were asked to carefully read the directions, fill out the survey to the best of their ability, and place the finalized survey into the manila envelope provided.

The survey consisted of three parts, which asked the foster parents to report any knowledge of their foster child's past involvement with being bullied, knowledge of their foster child bullying someone else, and their thoughts about bullying. The additional brief survey asked the foster parents questions about their child's age and grade level. It also asked for the foster parent to document the amount of time, reported in months or years, that the specific child had been in their care. The survey packet consisted of approximately twenty-nine questions and took about ten minutes to complete. The researcher waited outside of the meeting room while the participants completed the surveys. When the meeting was over the meeting director collected the surveys, which were inside of the manila envelopes. The envelopes were provided to the researcher and the Foster and Adoptive and Family Services group were thanked for their time and participation. After the researcher attended all three foster group meetings, the scores were tallied and the data was analyzed.

Chapter 4

Results

This study was designed to reveal the relationship between children in foster care and school bullying scenarios. Information was obtained by surveying a subject pool of foster parents. The foster parents were asked to anonymously report information about each of the foster children in their home. Questions were asked regarding whether or not the child was a participant of bullying within the current school year.

The hypothesis for this thesis was that children in foster care would experience high rates of bullying. It was also thought that these children were more likely to report a higher rate of being bullied rather than acting as a bully. For this thesis, it was believed the foster parents would report that the foster children currently in their home have experienced being bullied within the appropriate school year.

The research found that when foster parents were asked if their son or daughter was bullied this school year 44 percent responded “yes”. This percentage was equivalent to 11 school aged foster children out of a subject pool of 25. When the same groups of foster parents were asked if their son or daughter has bullied anyone this school year 28 percent of the subject pool answered “yes”. The percentage of children who have been documented as bullying someone else was seven students.

Only two foster parents reported that their child has not been involved in school bullying by acting as a bully or being bullied. This was equivalent to eight percent of the population that was surveyed. In SPSS, a nonparametric test and the Kruskal-Wallis test was implemented. The data collected, bullying percentages, did not appear to be significantly influenced by the age of the child. Also, within this small sample size the

data did not appear to be significantly influenced by how long the child has been in their current foster care placement.

Table 1: Percentage of Bullying		
Question	Percentage	Number
Foster children who were bullied	44%	11
Foster children who bullied someone	28%	7
Both: bullied and bullied someone	8%	2
Neither: bullied nor bullied someone	36%	9

The foster parents were asked to report how frequently their foster child was bullied within the school year and the results were analyzed. There were eleven students from this sample who were reported to having been bullied this school year. The highest percentages of children, four children total, were documented as being bullied one or more times a week. A total of two children were claimed to have been bullied one or more times a day, three children were bullied one or more times a month, and one child was documented as being bullied less than once a month. There was one survey where the frequency of bullying occurrences was not documented by the foster parent.

Table 2: Quantity Bullied		
Frequency of Bullying	Number of Students Who Were Bullied	Number of Students Who Have Bullied
One or more times a day	2	1
One or more times a week	4	1
One or more times a month	3	3
Less than once a month	1	0
Unknown	1	2
Total:	11	7

The survey gathered information about why the children in foster care were being bullied. The foster parents were asked to respond to the best of their ability when answering the question of why their foster child was bullied. The parents were directed to check all options that apply to their child. The highest amount of children that were reportedly being bullied for the same characteristic was four children with the reason being that he or she was in special education. Children who were described as being bullied because they were “different” had three mutual responses. Being bullied for a reason relating to the child’s parents received a total of three responses. There were seven reports of children documented for being bullied for reasons other than the ones listed. When asked to describe the foster parents reported reasons such as because the child could not get along with others, was smart and popular, was nice and caring, or was very attractive. A foster parent responded that their child was being bullied because other children liked him or her. One parent reported that their child is diagnosed with Fetal Alcohol Syndrome and the traits from this disorder are the ultimate reason for the bullying occurrences. Another foster parent wrote that their child pulls out his or her hair and that is what was causing the bullying to occur.

Characteristics Because:	Number of Children Reported
(S)he is in special education	4
His/her parents	3
(S)he is different	3
The color of his/her skin	2
(S)he is too short	2
(S)he gets angry a lot	2
(S)he gets good grades	1
(S)he gets bad grades	1
His/her brother	1
(S)he looks too young	1
The clothes (s)he wears	1
Other: reason not listed	7

Interesting information was obtained about foster children acting as a bully. The survey asked foster parents to report why their foster child acted as a bully towards others. The parents were encouraged to select all that applied and to answer to the best of their knowledge. One foster parent did not provide a reason for why they thought their foster child bullied other students. There were two foster parents who reported that their child bullied someone else because of reasons not listed. One of these foster parents said their child was bullying others because “others did it to her/him in the past.” The other foster parent reported that their foster child bullied others for no particular reason.

Characteristics of bullied child Because:	Number of Children Reported
They are a wimp	2
They cry a lot	2
Other: reasons not listed	2

Other interesting findings were found in the data collected on where the bullying physically occurred. The foster parents were asked to check off where their child was bullied. The parents were also asked to report as many places that apply and to report to the best of their knowledge. The highest amount of bullying reported occurred in “Academic Class” with a total of five children. One survey reported that the child was bullied at a location “other” than the locations that were provided. When asked to describe this location the parent documented that the child was bullied at their “foster home”. There was only one survey that had no reply on where the child was bullied.

Place Where Child Was Bullied	Number of Children Bullied
Academic class	5
Cafeteria	4
Recess	2
After school	2
Before school	1
Online/texting during school	1
Online/texting outside of school	1
Hallway	1
Other	1

The person who specifically was bullying the foster children was another question that was analyzed for this thesis. Parents were asked to report the person they believed bullied their foster child and they were encouraged to select as many that apply. One foster parent reported that an individual other than the examples listed bullied their foster child. When asked to elaborate this specific foster mother wrote that her foster child was bullied by someone “who was interested in s(he).” A boy or girl in the same grade as the foster child was claimed to be the highest percentages of perpetrators.

Table 6: Person Responsible for Bullying	
Person Who Bullied the Foster Child	Number Children Documented
Girls in the same grade	5
Boys in the same grade	4
Someone who has many friends	3
Someone who (s)he didn't know	2
Someone who is popular	2
Someone who is powerful	1
Someone who is strong	1
Older girls	1
Older boys	1
Someone who is an adult	1
Other	1
Total Responses:	22

The collected data shows that the majority of bullying that foster children impose happens in the school setting. The highest amount of foster children, three, reportedly had this bullying interaction in the academic classroom. One foster parent responded that their child was bullying others in the foster home. Another foster parent did not provide an answer to this question.

Table 7: Location Where the Foster Child Bullied Others	
Place	Number of Children
Academic class	3
Homeroom	2
Cafeteria	1
Recess	1
Bus	1
Other	1

The survey questioned foster parents about the relationship between the individual who their foster child had bullied. The table below shows the likely victim of the foster children who conducted bullying. Boys in the same grade as the foster child were the most likely victims of the bullying. There was only one known example of a girl being the victim of bullying within this sample of children.

Table 8: Individual who was Bullied	
People who were bullied by the Foster Children	Number of Responses
Boys in the same grade	4
Younger boys	2
Girls in the same grade	1

Chapter 5

Discussion

Summary

The findings presented in this research found that there were a higher percentage of foster children being bullied than there were foster children who bullied others. Only two children out of the subject pool were claimed to have been both bullied and bullied someone else this school year. Within this small sample size, the information obtained by tests ran in SPSS showed that the research does not appear to be significantly influenced by the age of the child. Also, the data does not appear to be significantly influenced by how long the foster children have been in their current placement.

Hypothesis

It was hypothesized that children in foster care would be at a high risk for bullying involvement. Since there were a high percentage of children in foster care involved in bullying it can be assumed that these children may be at a high risk due to their experiences, characteristics, history, and personality. However, we cannot confirm that children in foster care are at a higher risk solely because of their placement. Only two children were reported to have been both bullied and to have bullied someone else. This concludes that only two children out of this small sample would be considered to be the Bully-Victim. Based on the percentages, the hypothesis can be confirmed that within this small sample more foster children were victims of bullies than they were bullies in previous bullying settings.

Results

Surprisingly, thirty-six percent of the children were reported not being involved in bullying at all this school year. This percentage, although still the minority, was higher than expected. From the information gathered it was documented that the majority of bullying occurred in a school setting.

Literature Review

The current literature suggests that children in foster care have high risk factors that could potentially lead them to have developmental, emotional, physical, or cognitive issues. Children in foster care are more likely to develop undesirable behaviors and characteristics, which would be comparable to those observed amongst the participants in school bullying. The literature suggests that characteristics of bully victims were most closely related to the documented characteristics of foster children. Some of these distinguishing factors included being withdrawn, depressed, and vulnerable. Previous literature thoroughly examines characteristics of foster children, victims, bullies, and bully-victims. However, there appears to be a gap in literature connecting these subjects.

Limitations

A very essential limitation this study was presented with was the sample size. Since the researcher was not approved to obtain information directly from the children themselves, foster parents had to be contacted for this research. Foster parents are typically living a demanding lifestyle, juggling multiple tasks at the same time. Future researchers should contact child protective services to potentially obtain relevant information. The child protective services employees have expressed their desire to help bring awareness to such an important issue.

Another crucial limitation was that there was no exact age matched comparative sample of children. If this type of sample could have been gathered, the data would have been much richer. This thesis had to gather information about all school-aged children because of the lack of participants. With a greater sample size it would be beneficial to narrow in on a more specific age group. The surveys handed out neglected to gather information on the child's gender. Investigating the gender of the subjects could have provided this research with a better understanding of the sample population used.

There were foster parents at the meetings who were eager to fill out surveys and provide information. However, these parents did not have school-aged children in their home at the time. Most foster parents seemed to relate to this topic. Several foster parents asked if they could fill out a survey for children who have been in their care in the past.

Since there was a timeline for this thesis, information was collected during the months of February and March. These months are more towards the end of the school year, which gave the foster parents only six months to report their knowledge. The research collected does not give an accurate reading of the bullying incidents during the current school year because it could not have incorporated all of the months. Future researchers should collect data at the end of the school year to acquire more accurate information.

Although the research was briefly explained and the importance of one survey being filled out for each child was verbalized, the foster parents were eager to fill out a survey regarding a specific child who had a memorable bullying experience. Since the survey is anonymous it is unknown but very possible that these foster parents completed

a survey for only this child. This would go against the directions, which clearly stated, that the foster parent was to fill out a survey for every foster child in their home.

The reported bullying experiences stated that the majority of bullying which foster children are involved in occurs within the school setting. Although bullying is common in schools it brings up a question on how accurately the foster parents are revealing information about their home life. For obvious reasons, foster parents may not be willing to share information about their foster children experiencing bullying within their home. Denying the survey this information could weaken the findings.

Potential Future Research

This study, although there were many limitations, brings up a very pressing issue. Children in foster care are at a high risk for many of the characteristics they share with bullying victims and school bullies. This population is already vulnerable and if more research could be conducted, more awareness could be brought to light about how to prevent detrimental situations from going unnoticed. The truth that future research on this topic could reveal would be beneficial to an already weak and disadvantaged population. Schools and child protective services could implement prevention program in efforts to help these children.

While conducting this research, several foster parents suggested the importance of studying this topic. These parents were willing to share experiences and stories about the bullying they have seen and dealt with. Foster parents and professionals are willing to help this already needy population. More documentation in this field would be highly beneficial for school personnel who are working with constant incoming and outgoing

foster care students. Additional consistency, knowledge, and support would be most effective in protecting these students.

References

- Ackerman, B. P., Brown, E. D., D'Eramo, K., & Izard, C. E. (2002). Maternal relationship instability and the school behavior of children from disadvantaged families. *Developmental Psychology*, 38(5), 694-704.
- Baldry, A. C., & Farrington, D. P. (1998). Parenting influences on bullying and victimization. *Criminal and Legal Psychology*, 3, 237-254.
- Biederman, J., Monuteaux, M. C., Doyle, A. E., Seidman, L. J., Wilens, T. E., Ferrero, F., Morgan, C. L., & Faraone, S. V. (2004). Impact of executive function deficits and Attention-Deficit/Hyperactivity Disorder (ADHD) on academic outcomes in children. *Journal of Consulting & Clinical Psychology*, 72, 757-766.
- Boulton, J. J., & Underwood, K. (1992). Bully/victim problems among middle school children. *British Journal of Educational Psychology*, 62, 73-87.
- Bowers, L., Smith, P. K., & Binney, V. (1994). Perceived family relationship of bullies, victims and bully/victims in middle childhood. *Journal of Social and Personal Relationships*, 11, 215-232.
- Bruskas, D. (2008). Children in foster care: A vulnerable population at risk. *Journal of Child and Adolescent Psychiatric Nursing*, 21(2), 70-77.
- Burks, B. S. (1939). Review of children in foster homes: A study of mental development. *Journal Of Educational Psychology*, 30(7), 548-555.
- Chamberlain, P., Price, J., Leve, L., Laurent, H., Landsverk, J. A., & Reid, J. (2008). Prevention of behavior problems for children in foster care: Outcomes and mediation effects. *Prevention Science*, 9(1), 17-27.
- Coie, J., Lochman, J., Terry, R., & Hyman, C. (1992). Predicting early adolescent disorder from childhood aggression and peer rejection. *Journal of Consulting and Clinical Psychology*, 60, 783-792.
- Cook, C. R., Williams, K. R., Guerra, N. G., Kim, T. E., & Sadek, S. (2010). Predictors of bullying and victimization in childhood and adolescence: A meta-analytic investigation. *School Psychology Quarterly*, 25(2), 65-83.
- Correia, I., & Dalbert, C. (2008). School bullying: belief in a personal just world of bullies, victims, and defenders. *European Psychologist*, 13(4), 248-254.
- Craft, C. (n.d.). School Bullying and Foster Children. *About.com*. Retrieved from: <http://http://adoption.about.com/od/bullyingbullies/a/School-Bullying-And-Foster-Children.htm>

- Craig, W. M. (1998). The relationship among bullying victimization, depression, anxiety, and aggression in elementary school children. *Personality and Individual Differences*, 24, 123-130.
- Craig, W. M. & Pepler, D. J. (2007). Understanding bullying: From research to practice. *Canadian Psychology*, 48, 86-93.
- Delfos, M. F. (2001). *Are you listening to me?*. Amsterdam: SWP Publishers
- DeMaray, K. M., & Malecki, K. C. (2003). Perceptions of the frequency and importance of social support by students classified as victims, bullies, and bully/victims in an urban middle school. *School Psychology Review*, 32, 471-489.
- Dempster, F. N., (1992). The rise and fall of the inhibitory mechanism: Toward a unified theory of cognitive development and aging. *Developmental Review*, 12, 45-73.
- Diamond, A., & Taylor, C. (1996). Development of an aspect of executive control: Development of the abilities to remember what I said and to “Do as I say, not as I do.”. *Developmental Psychology*, 29, 315-334.
- Dougherty, S. (2007). Bullying and Children in the Child Welfare System. *National Resource Center for Permanency and Family Connections*, 1-15.
- Dubner, A. E., & Motta, R. W. (1999). Sexually and physically abused foster care children and posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology*, 67(3), 367-373.
- Eagan, S. K., & Perry, D. G. (1998). Does low self-regard invite victimization? *Developmental Psychology*. 34, 299-309.
- Eisenberg, M. E., Neumark-Sztainer, D., & Story, M., (2003). Associations of weight based teasing and emotional well-being among adolescents. *Archives of Pediatrics and Adolescent Medicine*, 157, 733-738.
- Engle, P.L., & Lhotska, L. (1999). The role of care in programmatic actions for nutrition: Designing programmes involving care. *Food and Nutrition Bulletin*, 20, 121-135.
- Espelage, D. L., & Swearer, S. M. (2003). Research on school bullying and victimization: What have we learned and where to we go from here? *School Psychology Review*, 32, 365-383.
- Farrington D. P. (1993). Understanding and preventing bullying. In M. Tonry (Ed.), *Crime and Justice*, 17, 381-458. Chicago: University of Chicago Press.
- Finnegan, R. A., Hodges, E. V. E., & Perry, D. G. (1998). Victimization by peers: Associations with children’s reports of mother-child interaction. *Journal of Personality and Social Psychology*, 75, 1076-1086.

- Fisher, P. A., Stoolmiller, M., Mannering, A. M., Takahashi, A., & Chamberlain, P. (2011). Foster placement disruptions associated with problem behavior: Mitigating a threshold effect. *Journal of Consulting and Clinical Psychology*.
- Geiger, T. A., Zimmer-Gembeck, M. J., Crick, N. R. (2004). The science of relational aggression: Can we guide intervention? In Moretti, M. M., Odgers, C., & Jackson, M., (Eds.), *Girls and aggression: Contributing factors and intervention strategies*. Perspectives in Law and Psychology Series. New York: Kluwer.
- Gillihan, S. J., Aderka, I. M., Conklin, P. H., Capaldi, S., & Foa, E. B. (2012). The child PTSD symptoms scale: psychometric properties in female adolescent sexual assault survivors. *Psychological Assessment*.
- Greenwald, A.G, McGhee, D.E, & Schwartz, J.L. (1998). Measuring individual differences in implicit cognition: The implicit association test. *Journal of Personality and Social Psychology*, 74(6), 1464-1480.
- Hawker, D. S. J., & Boulton, M. J. (2000). Twenty years' research on peer victimization and psychosocial maladjustment: A meta-analytic review of cross-sectional studies. *Journal of Early Adolescence*, 21(1), 29-49.
- Hunt, C., Peters, L., & Rapee, R. M. (2012). Development of a measure of the experience of being bullied in youth. *Psychological Assessment*, 24(1), 156-165.
- Jonson-Reid, M., & Barth, R. (2000). From placement to prison: The path to adolescent incarceration from child welfare supervised foster or group care. *Children and Youth Services Review*, 22(7), 493-516.
- Juvonen, J., & Graham, S. (2001). Peer harassment in schools: *The plight of the vulnerable and victimized*. New York: Guilford Press.
- Juvonen, J., Nishina, A., & Graham, S. (2006). Ethnic diversity and perceptions of safety in urban middle schools. *Psychological Science*, 17, 393-400.
- Kaltiala-Heino, R., Rimpela, M., Rantanen, P., Rimpela, A. (2000). Bullying at school: an indicator of adolescents at risk for mental disorders. *The Association for Professionals in Services for Adolescents*, 23(6), 661-674.
- Kaufman, J., & Charney, D. (2003). The neurobiology of child and adolescent depression: Current knowledge and future directions. In D. Cicchetti & E. Walker (Eds.), *Neurodevelopmental mechanisms in psychopathology*, 461-490, New York: Cambridge University Press.
- Keller, S. M., Feeny, N. C., Zoellner, L. A. (2010). Understanding factors associated with early therapeutic alliance in PTSD treatment: adherence, childhood sexual abuse history, and social support. *Journal of Consulting and Clinical Psychology*. 78(6), 974-979.

- Klicpera, C., & Klicpere, B. G. (1996). The situation of bullies and victims of aggressive acts in school. *Praxis der Kinderpsychologie und Kinderpsychiatrie*, 45(1), 2-9.
- Kumpulainen, K., Rasanen, E., Henttonen, I., Almqvist, F., Kresanov, K., Linna, S., Moilanen, I., Piha, J., Puura, K., & Tamminen, T. (1998). Bullying and psychiatric symptoms among elementary school-age children. *Child Abuse & Neglect*, 22, 705-717.
- Kurtz, P. D., Gaudin, J. M., Wodarski, J. S., & Howing, P. T. (1993). Maltreatment and the school-aged child: School performance consequences. *Child Abuse and Neglect*, 17(5), 581-589.
- Leathers, S. J. (2002). Foster children's behavioral disturbance and detachment from caregivers and community institutions. *Children and Youth Services Review*, 24, 239-268.
- Lewis, E. E., Dozier, M., Ackerman, J., & Sepulveda-Kozakowski, S. (2007). The effect of placement instability on adopted children's inhibitory control abilities and oppositional behavior. *Developmental Psychology*, 43(6), 1415-1427.
- Linares, L. O., Li, M., Shrout, P. E. (2012). Child training for physical aggression?: lessons from foster care. *Children and Youth Services Review*. 34(12), 2416-2422.
- Loeber, R., & Dishion, T. J. (1984). Boys who fight at home and school: Family conditions influencing cross-setting consistency. *Journal of Consulting and Clinical Psychology*, 52, 759-768.
- Margolin, G. & Vickerman, K. (2011). Posttraumatic stress in children and adolescents exposed to family violence: I. Overview and issues. *Couple and Family Psychology: Research and Practice*. 1(S), 63-73.
- McBurnett, K., Lahey, B. B., Rathouz, P. J., & Loeber, R. (2000). Low salivary cortisol and persistent aggression in boys referred for disruptive behavior. *Archives of General Psychiatry*, 57(1), 38-43.
- Mednick, S. A., Parnas, J., & Schulsinger, F. (1987). The Copenhagen High-Risk Project, 1962-86. *Schizophrenia Bulletin*, 13(3), 485-495.
- Moulson, M. C., Fox, N. A., Zeanah, C. H., & Nelson, C. A. (2009). Early adverse experiences and the neurobiology of facial emotion processing. *Developmental Psychology*, 45(1), 17-30. doi:10.1037/a0014035
- Nansel, T. R., Overpeck, M., Pilla, R. S., Ruan, W. J., Simons-Morton, B., Scheidt, P. (2001). Bullying behaviors among US youth: prevalence and association with psychosocial adjustment. *Journal of the American Medical Association*, 285(16), 2094-2100.

- Olweus, D. (1991). Bully/victim problems among schoolchildren: Basic facts and effects of a school based intervention program. *Journal of Child Psychology and Psychiatry*, 35(7), 1171-1190.
- Olweus, D. (1997). Bully/victim problems at school: Facts and intervention. *European Journal of Psychology of Education*, 12, 495-510.
- Parker, J. G., & Asher, S. R. (1987). Peer relations and later personal adjustment: Are low-accepted children at risk? *Psychological Bulletin*, 102, 357-389.
- Pellegrini, A. D. (2002). Bullying, victimization, and sexual harassment during the transition to middle school. *Educational Psychologist*, 37, 151-163.
- Pepler, D. J., Craig, W. M., Ziegler, S., & Charach, A. (1994). An evolution of an anti-bullying intervention in Toronto schools. *Canadian Journal of Community Mental Health*, 13, 95-110.
- Perry, G. D., Kusel, S. J., & Perry, C. L. (1988). Victims of peer aggression. *Developmental Psychology*, 24, 807-814.
- Piskin, M. (2003). School Bullying: Definition, types, related factors, and strategies to prevent bullying problems. *Educational Sciences theory and practice*.
- Rigby, K. & Slee, P. (1999), Suicidal ideation among adolescent school children, involvement in bully-victim problems, and perceived social support. *Suicide and Life-Threatening Behavior*, 29(2), 119-130.
- Rivers, I., Noret, N., Poteat, P., Ashurst, N. (2009). Observing bullying at school: The mental health implications of witness status. *School Psychology Quarterly*, 24(4), 211-223.
- Rosmalen, J. G., Oldehinkel, A. J., Ormel, J., De Winter, A. F., Buitelaar, J. K., Verhulst, F. C. (2005). Determinants of salivary cortisol levels in 10-12 year old children: A population-based study of individual differences. *Psychoneuroendocrinology*, 30(5), 483-495.
- Ryan, J. P., & Testa, M. F. (2005). Child maltreatment and juvenile delinquency: Investigating the role of placement and placement instability. *Children and Youth Services Review*, 27(3).
- Salmon, G., James, A., & Smith, D. M. (1998). Bullying in schools: Self-reported anxiety, depression and self-esteem in secondary school children. *British Medical Journal*, 317, 924-925.
- Sanchez, M. M., Ladd, C. O., & Plotsky, P. M. (2001). Early adverse experience as a developmental risk factor for later psychopathology: Evidence from rodent and primate models. *Development and Psychopathology*, 13, 419-449.

- Schachar, R., & Logan, G. D. (1990). Impulsivity and inhibitory control in normal development and childhood psychopathology. *Developmental Psychology, 26*, 710–720.
- Sharp, S., & Smith, P. K. (Eds.) (1994). *School bullying: Insights and perspectives*. London: Routledge.
- Sharp, S. (1995). How much does bullying hurt? The effects of bullying on the personal well-being and educational progress of secondary aged students. *Educational and Child Psychology, 12*(2), 81-88.
- Shields, A., & Cicchetti, D. (1998). Reactive aggression among maltreated children: The contributions of attention and emotion dysregulation. *Journal of Clinical Child Psychology, 27*, 381-395.
- Shields, A., & Cicchetti, D. (2001). Parental maltreatment and emotion dysregulation as risk factors for bullying and victimization in middle childhood. *Journal of Clinical Child Psychology, 30*, 349-363.
- Shipman, K., Edwards, A., Brown, A., Swisher, L., & Jennings, E. (2005). Managing emotion in a maltreating context: a pilot study examining child neglect. *Child Abuse and Neglect, 29*(9), 1015-1029.
- Shoal, G.D., Giancola, P.R., & Kirillova, G.P. (2003). Salivary cortisol, personality, and aggressive behavior in adolescent boys: A 5-year longitudinal study. *Journal of the American Academy of Child and Adolescent Psychiatry, 42*, 1101-1107.
- Smith, P. K., & Ananiadou, K. (2003). The nature of school bullying and the effectiveness of school- based interventions. *Journal of Applied Psychoanalytic Studies*.
- Swearer, S.M., & Doll, B. (2001). Bullying in schools: An ecological framework. *Journal of Emotional Abuse, 2*, 7-23.
- Swearer, S.M., Song, S.Y., Cary, P.T., Eagle, J.W., & Mickelson, W.T. (2001). Psychosocial correlates in bullying and victimization: The relationship between depression, anxiety, and bully/victim status. *Journal of Emotional Abuse, 2*, 95-121.
- Swearer, S. M., & Cary, P. T. (2003). Attitudes toward bullying in middle school youth: A developmental examination across the bully/victim continuum. *Journal of Applied School Psychology, 19*, 63-79.D
- Teisl, M., Rogosch, F. A., Oshri, A., & Cicchetti, D. (2012). Differential expression of social dominance as a function of age and maltreatment experience. *Developmental Psychology, 48*(2), 575-588.

- Thompson, R., Wiley, T. A., Lewis, T., English, D. J., Dubowitz, H., Litrownik, A. J., & ... Block, S. (2012). Links between traumatic experiences and expectations about the future in high-risk youth. *Psychological Trauma: Theory, Research, Practice, And Policy*, 4(3), 293-302.
- Tran, H., & Weinraub, M. (2006). Child care effects in context: Quality, stability, and multiplicity in nonmaternal child care arrangements during the first 15 months of life. *Developmental Psychology*, 42(3), 566-582.
- Turner, A. M., & Greenough, W. T. (1985) Differential rearing effects of rat visual cortex synapses: I. synapse and neural density and synapses per neuron. *Brain Research*. 329, 195-203.
- Vacca, J. S., Kramer-Vida, L. (2012). Preventing the bullying of foster children in our schools. *Children and Youth Services Review*. 34, 1805-1809.
- Veenstra, R., Lindenberg, S., Oldehinkel, A. J., De Winter, A. F., Verhulst, F. C., & Ormel, J. (2005). Bullying and victimization in elementary schools: A comparison of bullies, victims, bully/victims, and uninvolved preadolescents. *Developmental Psychology*, 41(4), 672-682.
- Wolke, D., Woods, S., Stanford, K., & Schulz, H. (2001). Bullying and victimization of primary school children in England and Germany: Prevalence and school factors. *British Journal of Psychology*, 92(4), 673-696.
- Wulczyn, F., Ernst, M., & Fisher, P. (2011). Who are the infants in out-of-home care? An epidemiological and developmental snapshot. *Chapin Hall Issue Brief*.
- Zheng, P., & Gray, M. J. (2012). Review of "Treatment of posttraumatic stress disorder in special populations: A cognitive restructuring program. *Psychological Trauma: Theory, Research, Practice, And Policy*, 4(5), 548-549.
- Zima, B. T., Bussing, R., Freeman, S., Yang, X., Belin, T. R., & Forness, S. R. (2000). Behavior problems, academic skill delays and school failure among school-aged children in foster care: Their relationship to placement characteristics. *Journal of Child and Family Studies* 9(1), 87-103.