


9-17-2013

Bullying among middle school students

Paige Pfeiffer

Let us know how access to this document benefits you - share your thoughts on our feedback form.

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

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

Recommended Citation

Pfeiffer, Paige, "Bullying among middle school students" (2013). *Theses and Dissertations*. 526.
<https://rdw.rowan.edu/etd/526>

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.

BULLYING AMONG MIDDLE SCHOOL STUDENTS

By
Paige T. Pfeiffer
A Thesis

Submitted to the
Department of Special Educational Services/Instruction
College of Education
In partial fulfillment of the requirement
For the degree of
Master of Arts in School Psychology
at
Rowan University
April 2013

Thesis Chair: Terri Allen, Ph.D.

© 2013 Paige T. Pfeiffer

Abstract

Paige T. Pfeiffer
BULLYING AMONG MIDDLE SCHOOL STUDENTS
2012/2013
Teri Allen, Ph.D.
Master of Arts in School Psychology

The purpose of this study was to examine the differences in opinions between students and the staff (teachers, non-certified support staff and certified support staff) in a suburban middle school with regard to bullying. The researcher summarized data from a survey administered to 671 participants within the school setting. The researcher analyzed which questions were relevant to the hypothesis, twelve questions were scored and the scores of students were then compared using a t-test to those of teachers, non-certified support staff and certified support staff. Overall, significant differences were noted between student and staff perceptions of bullying, and scores of the students tended to generally be more negative than those of the staff. Future research and limitations based on this study are discussed.

List of Figures

Figure	Page
Figure 1 Type of Responders	22
Figure 2 Mean Responses	28

List of Tables

Table	Page
Table 1 Age of Student Responders	23
Table 2 Grade Taught by Teachers	23

Table of Contents

Abstract	iii
List of Figures	iv
List of Tables	v
Chapter 1: Introduction	7
1.1 Statement of the Problem	
1.2 Significance of the Study	
1.3 Purpose of the Study	
Chapter 2: Literature Review	10
Chapter 3: Methodology	22
3.1 Context of the Study	
3.2 Instrumentation	
Chapter 4: Findings	26
Chapter 5: Summary, Conclusions and Recommendation	29
5.1 Summary	
5.2 Conclusions	
List of References	33

Chapter 1

Introduction

Bullying is a prevalent problem in our schools and student and teacher perceptions of bullying often differs between the groups (Maunder, Harrop & Tattersall, 2010). An article published on NASP online by Cohn & Canter tells us that 25% of teachers see nothing wrong with bullying or putdowns and consequently intervene in only 4% of bullying (2003). The article also states that over two-thirds of students believe that schools respond poorly to bullying, with a high percentage of students believing that adult help is infrequent and ineffective.

This study is needed because according to Nansel, Overpeck, Pilla, Ruan, Simons-Morton, & Scheidt (2001), the prevalence of youth bullying in the U.S. is substantial. Their study found that almost 30% of adolescents who participated recorded either being bullied or bullying. A study done by Sentenac, Gavin, Arnaud, Molcho, Godeau & Nic Gabhainn (2011), showed that among students in both Ireland and France, those with disabilities or a chronic illness were more likely to report being bullied. A study done by Cleave and Davis (2006) suggested that children with special health care needs are more likely to be victimized than children without special health care needs.

The purpose of this is to see whether students within a middle school agreed or disagreed with their teachers and staff about the attitudes towards bullying and their attitudes towards other students including those with disabilities. Though previous research has shown that children with special needs are more likely to be bullied (Cleave & Davis, 2006), it is unclear whether students see bullying in the same light as teachers which is important because teachers and students must unite to stop bullying whether it

be against normally developing peers or those with disabilities.

I hypothesized that students and teachers would report differently on questions posed about bullying and the inclusion of others with disabilities within their school. I predicted that the teachers and certified support perceive less bullying and more inclusion than the students will report. I predicted that the students would report a more negative view on what is done in their school for bullying than the teachers would.

For this study, I examined data obtained by the staff of a suburban middle school. The data included was the responses of teachers, students, and certified and non-certified support staff. The data was summarized and I examined questions that were asked of all four groups and then compared their answers to gain knowledge of the differences in opinions on bullying within the school.

Possible limitations for this study include that fact that the summarized data is only from one school, this means that it cannot be generalized to the whole population. It must be considered that the bullying within the school could be more or less severe than other schools. The fact that the data is summarized is also a limitation that has to be considered because for the purpose of the study, I will be unable to tell who answered the specific questions and how they answered them.

I will first discuss, in depth, about the bullying issue throughout the world. I plan on looking at statistics that show how widespread bullying is and who it effects. I want to examine the consequences that affect both the bullies and the victims of bullying, keeping in mind that there are more than just physical health implications and looking further into the psychological health implications. With all of the information showing how bad bullying is for every party involved, I seek to gain knowledge about who is most at risk

for bullying so that schools can begin implementing better anti-bullying programs geared towards their most at risk students.

Chapter 2

Literature Review

A recent report from the American Medical Association in a study of over 15,000 sixth to tenth graders estimates that approximately 3.7 million youths engage in, and more than 3.2 million are victims of moderate or serious bullying each year (Cohn & Canter, 2003). Bullying is the intentional, unprovoked abuse of power by one or more children (in some cases, adults) in order to inflict pain or cause distress to another child on repeated occasions (Dawkins, 1996). Bullying can be related to physical victimization, verbal abuse and/or relational victimization. Recently, cyber-bullying has become increasingly prevalent among middle school age and high-school age individuals. Specifically, bullying can be exclusion, ridicule, gossip, unnecessary criticism, wrongful judgment, physical abuse, name-calling, threats, sexual intimidation and discrimination of another person (Dehue, Bolman, Völlink, & Pouwelse, 2012).

Bullying is identified as one of the most predominant problems faced by children in the United States educational system (Cantu & Heumann, 2000). According to the United States Department of Education, during the school year 2006-2007, over eight million students aged 12-18 reported they were bullied at school. That is an astounding 31.7% of all such students. Another interesting fact is that 3.7% of the students reported that they were cyber-bullied. 21% of these students reported being called names, made fun of, or insulted. 18.1% reported being the subject of rumors, 5.8% reported being threatened with harm, 11% reported being pushed, shoved, kicked or spit on, 4.1% were made to do things that they did not want to do, 5.2% were excluded from activities on purpose, and 4.2% had their property destroyed on purpose.

A study by Nansel et al. done in 2001 took a sample of 15,656 students and administered a self-reported questionnaire that asked questions about bullying and psychosocial adjustment. This study found results consistent with previous studies in that males were linked in bullying more than females and that bullying was more frequently seen among middle-aged youth than in high-school youth. Physical and verbal bullying occurred more frequently in males while verbal bullying (both taunting and sexual comments) and rumors were more common in the female population. Interestingly, verbal bullying about race or religion was uncommon for both sexes.

Bullying cuts across all national, cultural, ethnic and religious groups (Leipe-Levinson & Levinson, 2005). Every student is at risk to be bullied because it is such a widespread problem. In a study done by Unnever and Cornell in 2004, the relationships between victimization, victim reporting, chronicity of bullying, type of bullying, and the culture of bullying scale and individual characteristics were examined. The study found that the students most likely to report being bullied were those who were chronically victimized. It also became apparent that students who are only bullied once or twice are less likely to report bullying until it becomes a chronic issue. In this anonymous survey of 2,437 students in middle schools, 898 had reported being bullied, including 25% who had not told an adult or a peer that they were bullied and 40% who had not reported to an adult about their victimization.

Students with disabilities are especially at risk for being bullied. It is generally suggested that students with disabilities experience rates of victimization that are three to four times higher than students without disabilities (Christensen, Fraynt, Neece, & Baker, 2012). According to Webb (2012), the three core criteria for cognitively impaired

were significant impairment of intellectual functioning, significant impairment on adaptive/social functioning and these must happen with the age of onset before adulthood. Youth with intellectual disabilities may be at heightened risk for victimization and are likely to have fewer resources to help them cope with the experience (Christensen et al., 2012).

A study done by Christensen et al., 2012 was done to look more closely at bullying of students with intellectual disabilities. The study sought to find whether children with typical development and children with intellectual disability reported differences in the prevalence, chronicity and severity of being the victim or perpetrator of bullying in adolescence. The study also questioned if the difference in prevalence of victimization persist over time, if students with intellectual disorders were more often victimized (and whether these differences were due to behavioral problems and/or social skill deficits), and if mothers agree in their reports of victimization and bullying.

The participants in this study were 137 mothers and their thirteen-year-old youth. Forty-six were classified of having intellectual disability while 91 were classified as having typical cognitive development. Prevalence of bullying was gathered by a YES/NO question given during a semi-structured interview. An interesting point of this study was that mothers were more likely to report their children of being a bully themselves. Mothers with children who had typically developed reported that 22.4% of their children had been a bully while the children reported that only 10.2% of them had bullied. Mothers of children with intellectual disabilities reported that 14.6% of their children had been the bully while only one child with an intellectual disability reported being a bully. This data suggests that children, whether they have a disability or not are less likely to

see themselves as being a bully even when their mothers have reported it. This study caused me to question the differences between students take on bullying and the adults within the school's take on bullying.

Typically developed children experienced lower rates of victimization, but the mothers reported a 1% less incidence of victimization than their children had reported. Unsurprisingly, students with intellectual disabilities reported more bullying, but the most important data that this study supplied was that mothers reported 10% less incidence than their children. This suggests that the mothers of intellectual disabled children were in some sense, unaware of their child's victimization or were not reporting it. Mother's awareness of their child's victimization, because victimization occurs most frequently at school is limited by what their child is willing to discuss.

In 2007, Reiter & Lapidot-Lefler did a study with a sample of 186 students with mild developmental and intellectual disabilities. The students were given a harassment/bullying questionnaire, an aggressiveness questionnaire and a questionnaire on the student's social skills. The findings showed that 83% of the population reported having undergone some type of bullying. The study found that being a bully was significantly related to hyperactivity and behavioral problems while being a victim was correlated with having emotional problems and having problems with interpersonal relationships.

Another study done by Son, Parish, & Peterson in 2012, 1270 children aged 3-5 with disabilities' parents were asked three questions about the child's preschool and school experiences. The questions were, "Has he or she been bullied or picked on by other children?", "Has he or she been physically attacked or involved in fights?" and

“Has she or he been teased or called names?”. These questions were asked to gain data about physical victimization, relational victimization and verbal victimization. Questions were asked over a series of three waves, one done each year. This study found that the overall prevalence of peer victimization was high among children with disabilities. The prevalence of peer victimization increased substantially over time from 21% in year one to 25% in year two and finally 30% in year three. The findings of this study provide clear evidence that substantial rates of peer victimization take place among children with disabilities even at a very young age and the victimization tends to increase over time.

The previous literature shows that there is a clear bullying problem among both children with intellectual disabilities and those with typical cognitive development. From rumor spreading to actual physical violence, today’s children are experiencing it all in the school systems that are set in place to make them feel safe to learn. Because of such high bullying rates, it is important to provide information about the physical health and mental health implications of bullying (Son et al., 2012).

Being victimized was positively associated with the frequency and severity of negative health outcomes and physical implications. Specifically, victims of bullying reported more physical pain symptoms such as stomachaches, muscle aches and pains, headaches, sore throats, fevers and chills. Also, victims of bullying were more likely to be told that they had high blood pressure than patients who did not report being bullied (Knack, Gomez & Jensen-Campbell, 2011).

Students who participated in the Chile Global School Health Based Survey who reported being bullied were more likely to report negative health behaviors such as smoking, drinking and drug use. (Fleming & Jacobsen, 2009). This study was not the

only study to have such findings. In a study conducted by Radliff, Wheaton, Robinson & Morris in 2012, 74,247 sixth through twelfth graders across the United States took part in a “Primary Prevention, Attitude and Use Survey.” The questionnaire contained 152 items that addressed demographics, substance use, school climate, student activities, risky behaviors, and bullying and external messages about substances. The study found that both bully and bully-victims reported the highest substance use. From this data, it is evident that there is a link between being a bully or a victim of a bully and substance use.

Another study by Klein, Cornell & Konold that was done in 2012 for the American Psychological Association was done to examine whether characteristics of a positive school climate were associated with lower student risk behavior. The study used a sample of 3,687 high school students who were asked to complete the School Climate Bullying Survey (Cornell, 2011) and answered questions about risky behavior from the Youth Risk Behavior Surveillance Survey (Eaton, Kann, Kinchen, Shanklin, Ross, Hawkins & Wechsler, 2008). After analysis of the data, it was seen that students who endorsed attitudes that were supportive of aggression also reported higher levels of risky behavior. From this information, we can assume that in aggressive environments, students may be inclined to learn and model both aggressive and risky behavior.

Not only are the bullies and their victims at risk for becoming involved in risky behaviors and physical health implications, but the witnesses of bullying are also at risk (Rivers, Poteat, Noret & Ashurst, 2009). In a study done by Rivers et al. (2009), it was found that witnesses to bullying, along with bullies and victims themselves can have a significant negative impact on multiple indicators of mental health. It was also seen that even when a witness has not been bullied themselves had elevated mental health risks

that can negatively impact psychological functioning. The study also found that bullying and witnessing the victimization of a peer predicted higher levels of substance use.

Bullying not only damages the victim's sense of social acceptance, but also has many detrimental psychological and health implications. In a study done by Fekkes, Pijpers, Fredriks, Vogels & Verloove-Vanhorick, 2006, 1118 Dutch children were asked to fill out a questionnaire at the beginning and end of a school year. The questionnaire asked questions about bullying. The questionnaire also included items from the KIVPA, a Dutch instrument used to measure psychosocial problems among children, these were used to measure health symptoms and anxiety. Lastly, depression was evaluated using the Short Depression Inventory for Children. The study found that children who are regularly bullied at the beginning of the school year have a higher risk of developing new health-related symptoms during the year. There was also a correlation between anxiety and depressive symptoms and being bullied, though there is the possibility that students who exhibit anxious and depressive symptoms are easier targets. There is also the theory that bullying can cause the anxious and depressive symptoms. It is important to remember when numbers are correlated, it means that there is a relationship but it does not mean that that relationship is one of causation.

Fleming and Jacobsen did a study in 2009 that included 8131 middle school students in Chile. This study was conducted on the data collected in the 2004 Chile GSHS, which was designed to assess both risky and protective health behaviors in middle school children. The study focused on questions about bullying, symptoms of depression and social and behavioral characteristics. The study found that students who had been bullied were more likely to report symptoms to depression (Fleming & Jacobsen, 2009).

A study of adults done by Dehue, Bolman, Völlink & Pouwelse in 2012 surveyed 361 adults in the workplace. In this study, 39% reported being bullied at least once a month while 18% reported being bullied at least once a week. In this Dutch study, Bullying was measured using the LEMS-II (Hubert & Furda, 1996). Bullying was compared to coping, which was measured using the 25-item Coping Style of the DOSI (Joosten & Drop, 1987). It was also compared to health complaints which were measured by using the Dutch Physical Health Questionnaire, depression was measured using the BDI (BDI; Beck, Steer & Brown, 1996), well being was measured using the General-Health Questionnaire (Goldberg, 1972), and work-related characteristics were measured using the Dutch Perception and Evaluation of Labor Questionnaire. When these statistics were compared, the study found that employees who experience bullying have more health complaints, more depressive symptoms, poorer well being and were more often absent from work than their co-workers who were not bullied. The data that this study collected shows that not only children who are bullied suffer the consequences, but adults also suffer consequences. With this in mind, it is extremely important to get to the root of bullying problems so that less people will suffer victimization.

The psychological effects of bullying have long been studied and the most prevalent of those effects are depression and anxiety. It has also been shown that bullying in the school, no matter when discussing the bully, the victim or the witness, can lead to risky behaviors and negative psychological impacts. This fear and depression that is experienced by the victims of bullying can lead to far worse outcomes such as suicidal thoughts and planning suicide (Fleming & Jacobsen, 2009).

In 2011, Skapinakis, Bellos, Gkatsa, Magklara, Lewis, Araya & Mavreas

collected data among 5614 Greek students aged 16-18 by assessing their psychiatric morbidity, suicidal ideation, bullying behavior and looked at various sociodemographic variables. The research suggested that victims of bullying behavior were more likely to express that “life was not worth living”. The association between those who were bullied on a weekly basis and the suicidal ideation was particularly strong. The researchers went further into the study by interviewing those with suicidal ideations and determining that those were independent of psychological morbidity. Though this study did not find that those who were bullies were reporting more suicidal ideation, other studies have.

Hepburn, Azrael, Molnar & Miller did a study in 2012 that involved 1,838 students in the ninth to twelfth grade attending high school in Boston, MA. The students were asked questions about bully victimization, bully perpetration, suicidal behavior and sociodemographic information. The students were divided into four groups; the first group was neither a victim or a perpetrator of bullying, the second group was perpetrator of bullying only, the third victim of bullying only and the fourth group was victim and perpetrator of bullying. The data showed that youth who had reported being bullied, those who had bullied others and those who were both the victim and the perpetrator were more likely to have considered suicide. Being a victim or victim-perpetrator increased the risk of seriously considering suicide and demonstrated the highest risk for self-harming behavior. (Hepburn et al., 2012).

An article by Finnish researchers Kiilakoski and Okansen (2011) looked at two recent school shootings that had occurred in Finland by young adult males. The article stated that both of the Finnish shooters tended to feel marginalized and lacked peer group approval in their school careers. The authors stated that both of the shooters suffered

from mental disorders that went untreated and though they were unable to find causation between bullying and those disorders, a follow up study showed that children who were bullied at the age of eight were more likely to have anxiety disorders 10 to 15 years later. (Kiilakoski & Oksanen, 2011).

In an article by Meltzer, Vostanis, Ford, Bebbington & Dennis in 2010, a random sample of British adults were given a survey of psychiatric morbidity. The survey involved questions about childhood bullying and suicide attempts and was answered by 7,641 respondents. After adjusting for other factors that were associated with suicide, the study found that adults who reported being bullied during their childhood were more than twice as likely to report suicide attempts later in life.

Although a wealth of evidence suggests that both children and adults who have normal cognitive development suffer from both psychological and physical effects of bullying, and though there is not as much research done on the effects that children with intellectual disabilities, Didden, Scholte, Korzilius, de Moor, Vermeulen, O'Reilly & Lancioni published an article titled "Cyberbullying Among Students with Intellectual and development Disability in Special Educational Settings" in 2009. In this study, the researchers asked 114 students between the ages of 12-19 to complete a questionnaire related to bullying and the Internet and cell phones. The study found that the more victimization a child deals with online leads to lesser and lesser self-esteem. The study also found a correlation between those who are bullied and those who are bullying in that you are more likely to be both the victim and the perpetrator and those who do not take part in bullying are less likely to be a victim for this sample.

Research on the bullying of students with Asperger Syndrome done by Carter in

2009 took thirty-four parents of children with Asperger Syndrome and asked them questions about victimization, shunning frequencies and even sibling-sibling victimization. The study found that 65% of the parents reported that their child had been victimized in the past year. The parents were given the opportunity to talk about the pain that the victimization had caused their children. Several of the students had experienced such extreme pain that it had caused them to be suicidal. One student reported that the chronic bullying by peers had caused him to want to be put in the street and run over. Another child was beaten up in middle school and then tried to commit suicide. Some parents explained that the victimization occurred so often and over so long that their children were having severe migraines, social phobia and suicidal ideation (Carter, 2009).

Both children who have normal cognitive development and no social issues and children who suffer from intellectual disabilities have to deal with bullying. Bullying is a widespread issue throughout the world. Bullying can lead to health issues, psychological impairment (Fekkes et al. 2006), and even suicidal ideation for anyone who is suffering as a victim (Carter, 2009)

It is hard to pin-point who is exactly a victim of bullying and because children with intellectual disabilities are less likely to report bullying (Christensen et al, 2012), the school systems need to devise a way to see who is most likely to become a victim of bullies. Children with special health care needs make up 21% of the population (Cleave and Davis, 2006) and students with disabilities may be over-looked in many anti-bullying programs that are set in place to increase safety in the school environment (Raskauskas & Modell, 2011). It is important that bullying is taken head on, by not only the students, but by teachers and other adults within the school system as well. If we can gather data and

see the differences on how different groups feel about bullying, it will be easier to come up with programs that can help put a stop to bullying.

Chapter 3

Methodology

Participants: For this study, summarized data was obtained from the staff at Galloway Township Middle School. The data included was the answers from a survey, which included 614 middle school aged students (50.1% male, 49.9% female). Among the students, 2 were of 10 years of age, 76 were 12 years of age, 286 were 13 years of age, 242 were 14 years of age, 6 were 15 years of age and 1 was 16 years of age. The data also included the answers of 8 non-certified support service providers (12.5% male, 87.5% female), 2 certified support providers (100% female) and 47 teachers (17.4% male, 82.6% female). Among the teachers, 57.4% taught seventh grade while 61.7% taught eighth grade.

Table 1 Type of Responders

Type of Responder	Male	Female
Students	50.1%	49.9%
Teachers	17.4%	82.6%
Non-Certified Support Staff	12.5%	87/5%
Certified Support Staff	0	100%

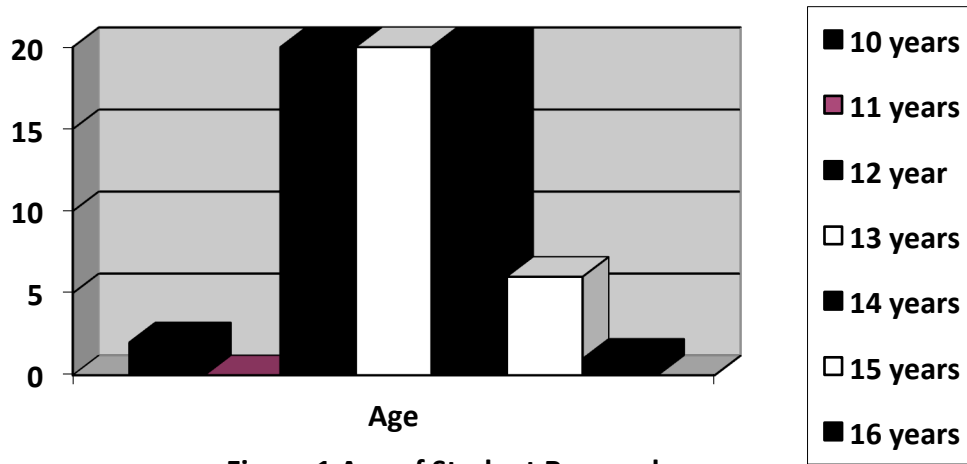


Figure 1 Age of Student Responders

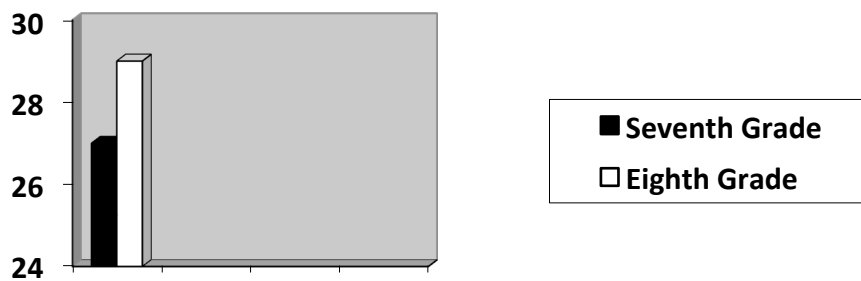


Figure 2 Grade Taught by Teachers

Materials: For this study, the data obtained from Galloway Township Middle School was collected by staff at the school. The data includes, as mentioned before, the multiple choice answers to questions asked of the students, teachers, certified support staff and non-certified support staff. The data was gathered using the Internet website

www.surveymonkey.com. The data given to the researcher was summarized by the website.

Design: A paired samples t-test was used to see differences in the responses between the students, teachers, certified support staff and non-certified support staff. The questions asked were all multiple choice. The answers allowed to choose from were “false”, “often false”, “sometimes true, sometimes false”, “often true” and “true”. For the purposes of this study, any answer answered “sometimes true, sometimes false”, “often true”, and “true” were added together and scored as true to come up with the total scores that were then compared using the t-test.

Procedure: After obtaining the data, the researcher went through the various questions asked of the four separate groups and found questions that were both relevant to the proposed hypothesis and questions that were answered by all four of the groups. The questions analyzed in the current study are as follows:

Question 1: Teachers stop students from being verbally abusive to each other

Question 2: Students help each other even if they are not friends

Question 3: Students who belong to different groups are friendly with each other

Question 4: Teachers teach students to reach out and help others

Question 5: Students with disabilities can participate in any activities or club if they want to

Question 6: Students with disabilities have friendships with other students

Question 7: Students with disabilities are active members of our school community

Question 8: Teachers include students with disabilities in classroom projects

Question 9: Students with disabilities are teased more often

Question 10: Students generally treat each other with respect

Question 11: Students learn how to take other people's points of view

Question 12: Students try to have a positive influence on other students

For the purpose of the study, the answers to these questions were analyzed to find disparities between the four groups surveyed.

Chapter 4

Findings

There were definite differences between the opinions of the students and the adults within the middle school. Out of the twelve questions asked, the teachers, certified support staff and non-certified support staff tended to answer the questions in a more positive manner than the students. They were more likely to answer the questions as being true than the students were.

For question 1: Teachers stop students from being verbally abusive to each other, 82.5% of the students reported this to be true, while all of the adults: the teachers, certified and non-certified support responded that it was 100% true.

The second question: Students help each other even if they are not friends was seen as being true by 62.7% of the students, 97.8% of the teachers answered that it was true, 100% of certified staff reported it to be true and 87.5% of non-certified staff reported it to be true.

The third question: Students who belong to different groups are friendly with each other was reported as being true by 70.8% of students, 82.6% of teachers, 100% of certified support staff and 62.5% of non-certified support staff.

The fourth question: teachers teach students to reach out and help others was reported as true by 73.8% of students, 97.8% of teachers and 100% of both certified and non-certified support staff.

The fifth question: Students with disabilities can participate in any activities or club if they want to was responded to be true by 89.4% of students and 100% of the adults surveyed (teachers, certified support and non-certified support staff).

The sixth question: Students with disabilities have friendships with other students was reported to be true by 86.2% of students, 95.7% of teachers and 100% of both certified and non-certified support staff.

The seventh question: Students with disabilities are active members of our school community was reported to be true by 86.1% of students, 95.6% of teachers and 100% of both certified and non-certified support staff.

The eighth question: Teachers include students with disabilities in classroom projects was answered to be true by 88.2% of students, 100% of teachers and 100% of certified support staff. The non-certified support staff was not asked this question.

The ninth question: Students with disabilities are teased more often was not asked of students or certified support staff, but teachers responded that it was true 56.5% of the time and non-certified support staff reported that it was true 71.5% of the time.

The tenth question: Students generally treat each other with respect was reported to be true by 79% of the students, 93.5% of the teachers and 100% of both the certified and non-certified support staff.

The eleventh question: Students learn how to take other people's points of view was reported to be true by 66.6% of students, 91.3% of teachers, and 100% of certified support staff and was not asked of those who were in the non-certified support staff category.

The last question: Students try to have a positive influence on other students was reported to be true by 68.8% of students, 91% of teachers and 100% of both certified and non-certified support staff.

Table 2 Mean Responses

Type of Responder	Mean “true” response
Student	79.9625
Teacher	96.1875
Non-Certified Support Staff	92.8751
Certified Support Staff	100

The mean “true” responses are about how often the people in each category responded that the question was true. It is notable that the adults within the school system responded more often that things were true than the students did.

When comparing the responses of the students with the responses of the teachers using a t-test, the results were $t(7) = -5.043, .001$ which means that the difference was very significant.

When comparing the responses of the students with the responses of the certified support staff using a t-test, the results were $t(7) = -5.837, .001$ which was also a very significant finding.

Lastly, the responses of the students were compared with the responses of the non-certified support staff to find that $t(6) = -3.252, .017$ which was also a significant finding.

Chapter 5

Summary, Conclusions and Recommendations

Prior research has shown that as many as two thirds of students think that bullying is a problem that is not dealt with well within the school (Cohn & Canter, 2003), which is an interesting point to bring up especially when the adults within a school feel that they have a firm grip on bullying.

Because of these findings, I thought it would be interesting to see whether the adults and students within a middle school felt the same way about bullying and aspects of bullying behavior within their school. I hypothesized that when compared, the students and staff would have different opinions regarding their feelings on bullying when asked about it within an anonymous survey. After scoring the answers of twelve questions that I found to fit the scope of the study from the four groups of participants, I found disparities between the groups and how they felt about the topic of bullying within the school.

Of the twelve questions I examined, the adults and students did not fully agree on any of the questions. While the students were more likely to report negatively when asked questions about bullying, the teachers, non-certified support staff and certified support staff were more likely to answer questions in a more positive light. This could be for many reasons, including the fact that these questions were asked subjectively.

The differences between the students' views when compared to the teachers' views were found to be significant when using a t-test. The differences between the students' views when compared to the non-certified support staff were also found to be significant when using a t-test, and lastly, the students' views when compared to the certified support staff were also found to be significant when using the t-test.

The findings in differences of opinions on bullying in this study relate to previous research that has been done that shows that students and teachers have different opinions on bullying and what constitutes as bullying (Maunder et al., 2010). The findings may also corroborate with the article by Cohn & Canter, 2003, that talks about teachers seeing nothing wrong with putdowns that could be considered bullying by students. Because the students and teachers may have different opinions on what bullying is, they may have different opinions in what teachers should be doing to prevent bullying. The questions included that regarded (a) students treating each other with respect and (b) students learning to take others' points of view were generally seen as being true by the adults within the school, but the students did not wholly agree. This may be because of a difference in opinion in whether or not teachers teaching their students these areas of social interaction is part of their job or not.

Previous research has shown that students and the adults within the school system may define bullying differently (Maunder et al. 2010 and Cohn & Canter, 2003). Previous research has also shown that students see bullying differently than their parents do (Carter, 2009). Previous research coincides with what was found within this study because there was a clear difference in the responses given by the students and the staff within the school.

Previous research has also shown that not all students report the fact that they have been victimized within the school (Unnever & Cornell, 2003). The fact that students are afraid or discouraged from reporting bullying could also have impacted this study because students may have been less likely to respond to the questions asked truthfully.

On the whole, the students did not agree with the adults within the school system

in regard to the questions analyzed for this study. This disparity in opinions could stem from a multitude of reasons. The students within the school may have differing opinions in what their teachers are supposed to be doing about bullying and where teachers think that they are doing a good job stopping bullying and teaching respect, students may disagree.

It is important to remember that the data collected and used for this study was subjective. It is possible that the staff was more likely to respond about themselves in a positive light for fear of repercussions in the future. The teachers may have not wanted to respond about themselves negatively and that could greatly impact the findings of the current study. It is also possible that the students had a certain negative bias against the staff within the school for a variety of reasons. Because of the subjective nature of the survey, it is important to note that the findings may have been biased.

There are limitations within this study. The limitation that comes to mind first is the fact that the data given to the researcher was summarized data. The fact that the data was summarized made it impossible for the researcher to see who was answering the questions and in what way. For example, all of the eighth graders could have felt a certain way about a question and their responses could have swayed the overall percentages that were calculated. If the data was not summarized, it would have been possible to see whether the younger responders were answering questions differently, if certain teachers felt differently, etc.

Another limitation within this study is that it may not be generalizable to the population because it only features students and staff within one school in one place. The bullying may be a bigger issue or a smaller issue within different school systems and it is

really impossible to know where the school in the study stands in comparison with other schools.

Another limitation is that the researcher was given this data and therefore was unable to create a survey and then give it to participants. The researcher had to rely on the questions that data was given for and could not create questions that were more focused on the hypothesis in the present study.

Though there were limitations within the study, I feel that comparing the opinions of students to the adults within a school system can give the community more information about what we can do about the bullying problem. If I was able to create a survey that focused more on the issues I would like it to, I think that I would have been able to collect meaningful data that could help bring students closer with their teachers and other staff in the fight against bullying.

Given the findings within this study, it is important the teachers and students focus on respecting each other and learning to take each other's points of view. If the students feel that they are not being taught to do this within the school system, it is important that teachers put forth the extra effort to do so.

Future research should look more into the school as a whole and their view on bullying so that bullying prevention programs can not only help students, but help teachers as well. When students and teachers are on the same page, I feel that students will be more likely to report problems with bullies to trusted adults.

References

- Beck, A. T., Steer, R. A., & Brown, G. K. (1996). *Beck Depression Inventory Manual* (2nd ed.). San Antonio, TX: Psychological Corporation.
- Beck, S. (1986). Methods of assessment II: Questionnaires and checklists. In C. L. Frame & J. L. Matson (Eds.), *Handbook of assessment in child pathology: Applied issues in differential diagnosis and treatment evaluation*. New York: Plenum Press.
- Cantu, N. V., & Heumann, J. E. [2000]. *Memorandum on harassment based on disability*. (Clearinghouse Report No. EC308035). Washington, DC: U.S. Department of Education.
- Carter, S. (2009). Bullying of students with asperger syndrome. *Issues In Comprehensive Pediatric Nursing*, 32(3), 145-154.
- Christensen, L. L., Fraynt, R. J., Neece, C. L., & Baker, B. L. (2012). Bullying adolescents with intellectual disability. *Journal Of Mental Health Research In Intellectual Disabilities*, 5(1), 49- 65.
- Cleave, J. V., & Davis, M. M. (2006). Bullying and peer victimization among children with special health care needs. *Pediatrics*, 1018(1212).
- Cohn, A., & Canter, A. (2003, October 7). *Bullying: Facts for schools and parents*. Retrieved from http://www.nasponline.org/resources/factsheets/bullying_fs.aspx
- Cornell, D. G. (2011). *The school climate bullying survey: Description and research summary*. Unpublished report, University of Virginia, Charlottesville, Virginia.
- Dawkins, J.L. (1996). Bullying, physical disability and the paediatric patient. *Developmental Medicine and Child Neurology*. 38(7):603-612.
- Dehue, F., Bolman, C., Völlink, T., & Pouwelse, M. (2012). Coping with bullying at work and health related problems. *International Journal Of Stress Management*

- Didden, R., Scholte, R. J., Korzilius, H., de Moor, J. H., Vermeulen, A., O'Reilly, M., & Lancioni, G. E. (2009). Cyberbullying among students with intellectual and developmental disability in special education settings. *Developmental Neurorehabilitation, 12*(3), 146-151.
- Eaton, D. K., Kann, L., Kinchen, S., Shanklin, S., Ross, J., Hawkins, J., Wechsler, H. (2008). Youth risk behavior surveillance – United States, 2007. *MMWR Surveillance Summaries, 57*, 1-131.
- Fekkes, M., Pijpers, F. M., Fredriks, A., Vogels, T., & Verloove-Vanhorick, S. (2006). Do bullied children get ill, or do ill children get bullied? A prospective cohort study on the relationship between bullying and health-related symptoms. *Pediatrics, 117*(5), 1568-1574.
- Fleming, L.C. & Jacobsen, K. H. (2009). Bullying and symptoms of depression in Chilean middle school students. *Journal of School Health, 79* (3), 130-137.
- Goldberg, D. P. (1972). *The detection of psychiatric illness by questionnaire*. London, UK: Oxford University.
- Hepburn, L., Azrael, D., Molnar, B., & Miller, M. (2012). Bullying and suicidal behaviors among suburban high school youth. *The Journal Of Adolescent Health: Official Publication Of The Society For Adolescent Medicine, 51*(1), 93-95.
- Hubert, A. B., & Furda, J. (1996). *Leidse Mobbing Schaal-II (LEMS-II; geïndividualiseerde versie)* [Leiden Mobbing Scale-II (LEMS-II, individualized version)]. Leiden, The Netherlands: Leiden University.
- Joosten, J., & Drop, M. J. (1987). De betrouwbaarheid en vergelijkbaarheid van drie versies van de VOEG [Reliability and comparability of three versions of the VOEG]. *Gezondheid & Samenleving, 8*, 251–265.
- Kiilakoski, T., & Oksanen, A. (2011). Cultural and peer influences on homicidal violence: A Finnish perspective. *New Directions For Youth Development, 2011*(129), 31-42
- Klein, J., Cornell, D., & Konold, T. (2012). Relationships between bullying, school climate, and student risk behaviors. *School Psychology Quarterly, 27*(3), 154-169

- Knack, J. M., Gomez, H. L., & Jensen-Campbell, L. A. (2011). Bullying and its long-term health implications. In G. MacDonald, L. A. Jensen-Campbell (Eds.), *Social pain: Neuropsychological and health implications of loss and exclusion* (215-236). American Psychological Association.
- Liepe-Levinson, K., & Levinson, M. H. (2005). A general semantics approach to school age bullying: *A Review Of General Semantics*, 62(1), 4-16.
- Maunder, R. E., Harrop, A., & Tattersall, A.J. (2011). Pupil and staff perceptions of bullying in secondary schools: comparing behavioural definitions and their perceived seriousness. *Educational Research*, 52(3), 263-282.
- Meltzer, H., Vostanis, P., Ford, T., Bebbington, P., & Dennis, M. (2011). Victims of bullying in childhood and suicide attempts in adulthood. *European Psychiatry: The Journal Of The Association Of European Psychiatrists*, 26(8), 498-503.
- Nansel, T.R., Overpeck, M., Pilla, R.S., Ruan, W., Simons-Morton, B. & Scheidt, P. (2001). Bullying Behaviors Among US Youth: Prevalence and Association With Psychosocial Adjustment. *JAMA*.285(16):2094-2100.
- Radliff, K. M., Wheaton, J. E., Robinson, K., & Morris, J. (2012). Illuminating the relationship between bullying and substance use among middle and high school youth. *Addictive Behaviors*, 37(4), 569-572.
- Raskauskas, J., & Modell, S. (2011). Modifying anti-bullying programs to include students with disabilities. *Teaching Exceptional Children*, 44(1), 60-67.
- Reiter, S., & Lapidot-Lefter, N. (2007). Bullying among special education students with intellectual disabilities: Differences in social adjustment and social skills. *Intellectual & Developmental Disabilities*,45(3), 174-181.
- Rivers, I., Poteat, V., Noret, N., & Ashurst, N. (2009). Observing bullying at school: The mental health implications of witness status. *School Psychology Quarterly*, 24(4), 211-223.

- Sentenac, M., Gavin, A., Arnaud, C., Molcho, M., Godeau, E., & Nic Gabhainn, S. (2011). Victims of bullying among students with a disability or chronic illness and their peers: a cross-national study between Ireland and France. *The Journal Of Adolescent Health: Official Publication Of The Society For Adolescent Medicine*, 48(5), 461-466.
- Skapinakis, P., Bellos, S., Gkatsa, T., Magklara, K., Lewis, G., Araya, R., & Mavreas, V. (2011). The association between bullying and early stages of suicidal ideation in late adolescents in Greece. *BMC Psychiatry*, 11(1), 22-30.
- Son, E., Parish, S. L., Peterson N.A. (2012). National prevalence of peer victimization among young children with disabilities in the United States. *Children and Youth Services Review* 34. 1540- 1545.
- Unnever, J. D., & Cornell, D. G. (2004). Middle school victims of bullying: Who reports being bullied?. *Aggressive Behavior*,30(5), 373-388.
- Webb, J., & Whitaker, S. (2012). Defining learning disability. *The Psychologist*, 25(6), 440-443.