School victimisation of disadvantaged children and association with depression and health related quality of life: The Baseline picture

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INTRODUCTION

Bullying victimisation has significant negative effects on young children. Much research has documented incidence rates cross-culturally; the United States (22%: Glew et al., 2005), Spain (33%: Ortega & Lera, 2000), Northern Ireland (22%: Mc Guckin, Cummins, & Lewis, 2010) and the Republic of Ireland (29.2%: Minton & O' Moore, 2008). Correlates include lower psychological well-being (Machmutow et al., 2012), physical well-being (Fekkes et al., 2006), negligible social support (Rothon et al., 2011), unsupportive school environment (Strøm et al., 2013) and depression (Hawker & Boulton, 2000).

While incidence and associated correlates have been well documented, little research investigating these within disadvantaged schools exists. However, studies have reported on how children attending schools in economically disadvantaged areas are at high risk of exposure to violence (e.g., Menacker, Weldon & Hurwitz, 1990), increasing exposure to victimisation (Hill et al., 1994). Considering the relationship between victimisation and mental health issues, people from such regions can be considered at-risk and require specific focus (Hill et al., 1994). It is important to investigate how victimisation rates within disadvantaged areas compare with other areas, and how victimisation and associated psychological correlates relate.

First aim: To explore victimisation through data collected as part of the 'Healthy schools' initiative, in an Irish disadvantaged urban region (DEIS-Band 1; Comiskey et al., 2012).
Second aim: To investigate whether victims will demonstrate higher depression levels than non-victims.
Third aim: To explore whether victims will score lower on Health related quality of life compared to non-victims
Fourth Aim: To explore victims' perceived social support.

METHODS

Participants: Cluster sampling was used with first to fifth class children, (8 to 12 years), across seven DEIS Band-1 Dublin schools (N = 458).

Materials: All measures used were designed for children aged 8 and older. Measures included the HRBQ-S (Balding, 2005), the KIDSCREEN–27 (Kidscreen Group Europe, 2006), and the Children's Depression Inventory-Short (Kovacs, 1992).

Procedure: Schools were recruited by the Childhood Development Initiative and chosen due to their classification as DEIS band-1. Completion time was approximately 40 minutes, and questionnaires were completed in groups of approximately four-to-eight in the library.

RESULTS

On the global bullying question (Q27a), 33.8% (*N*= 155) were identified as victims and 51.5% (*N*= 236) as non-victims, with 14.6% (*N*= 67) answering 'Don't know'. Additional victim categories were developed based on responses across these behaviours, with 24.6% (*N*= 66) of individuals identified as non-victims, 48.9% (*N*= 131) as sometimes-victims and 26.5% (*N*= 71) as frequent-victims.

Based on direct experiences of bullying (Q27a), an independent samples t-test confirmed a significant difference on depression scores between victims (*M*= 51.37, *SD*= 11.37) and non-victims (*M*= 45.22, *SD*= 6.41) of bullying (*t*(219)= 6.13, *p*< .001), indicating higher depression levels among victims.

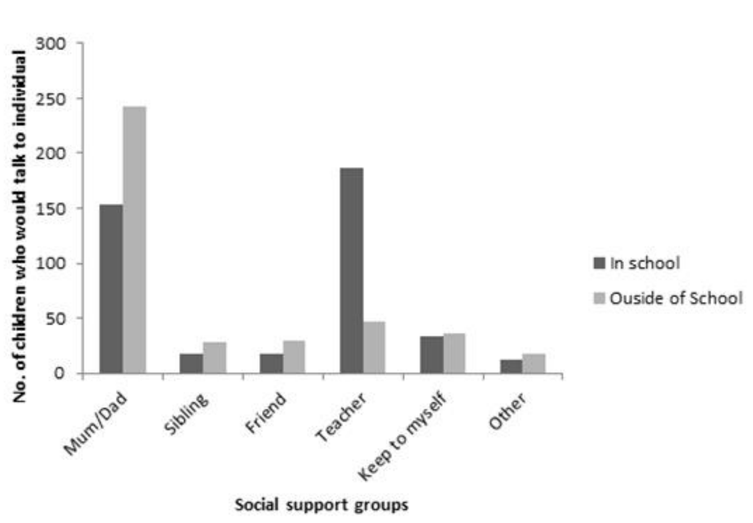
Independent samples t-tests were also conducted for differences between victims and non-victims (Q27a) for KC-27 subscales.

Table 2. KC-27 T-test scores for victims and non-victims.

Variable	Group	Mean	SD	t	df	Sig.
Physical Wellbeing	Victims	53.19	11.4	-2.02*	389	.044
	Non-victims	55.44	10.43			
Psychological Wellbeing	Victims	49.89	11.82	-3.95**	389	.000
	Non-victims	54.31	10.14			
Autonomy & Parent Relations	Victims	48.44	13.53	-2.54*	289	.015
	Non-victims	51.80	11.47			
Social Support & Peer Relations	Victims	49.32	14.13	-5.25**	256	.000
	Non-victims	56.21	10.13			
School Environment	Victims	52.75	12.17	-2.22*	389	.027
	Non-victims	55.34	12.09			

RESULTS (CONTINUED)

Social support frequencies identified who children would talk to if they had been bullied both inside and outside of school (See Figure 1).



DISCUSSION

Victimisation rates in the current study (33.8%) are within the bands previously reported for Ireland, of 21.2% (Minton & O'Moore, 2008) to 40% (O'Moore & Minton, 1989) but higher than HBSC reports (Kelly et al., 2010). The multiple-item question revealed higher rates (75.4%), suggesting greater involvement, and offers insight into the experiences of participants as suggested by Menesini and Nocentini (2009). This creates concern for these vulnerable individuals from an already at-risk area.

Victims of bullying demonstrated higher depression rates compared to non-victims. These fit with Mills et al. (2004) and Dooley and Fitzgerald (2012), who reported this from an Irish context. Similar trends to HRQoL were reported, with victims reporting lower scores on relations and support measures for inside and outside of school ('Autonomy and Parent Relations', 'Social Support and Peer Relations' and 'School Environment'), increasing with greater victimisation. Teachers and parents were the more popular reported support. Teachers are still central to victims who are from an area of high poverty and social exclusion. It is therefore important to maintain lower PTR in DEIS schools, so teachers can offer this support when dealing with victimisation.

These findings have implications for research and school environments. Incidence rates within this disadvantaged region fit with previous literature. Although considered more deprived than more affluent areas, victimisation rates are generally comparable to current trends. Although similar to research in non-DEIS schools, the impact may be greater when combined with the consequences of growing up in areas of high poverty and social exclusion. Intervention and prevention programmes should focus on fostering anti-bullying mindsets, and on developing and maintaining positive mental health, coupled with consideration of social supports.

KEY REFERENCES

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