

Longitudinal analysis of victimisation and associated mental health correlates among urban disadvantaged school children

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Incidence & Correlates of Victimisation

- Victimisation in schools, including bullying, is a widespread, global problem.
- Incidence rates tend to vary from country to country...
 - US – 22% (Glew et al., 2005)
 - Spain – 33% (Ortega & Lera, 2000)
 - Northern Ireland – 22% (Mc Guckin, Cummins & Lewis, 2010)
 - Republic of Ireland – 29.2% (Minton & O' Moore, 2008)
- Correlates with a large number of mental and physical health problems such as
 - Physical health (Fekkes, Pijpers, Fredriks, Vogels & Verloove-Vanhoric, 2006)
 - Depression (Machmutow, Perren, Sticca & Alsaker, 2012)
 - Psychosocial adjustment (Hawker & Boulton, 2000)

Correlates of Victimisation

- Health-related Quality of Life
 - Mc Guckin et al. (2010) reported, among a sample of 11 year old children, significant impairments on all subscales of the KIDSCREEN for those experiencing greater levels of victimisation in school.

- Depression
 - Research has documented links between victimisation and depression in young children (Arseneault et al., 2008) and how exposure can predict adult depression (Copeland et al., 2013).
 - In Ireland, Mills et al. (2004) reported that victims of bullying demonstrated higher depression levels, suicidal ideation and more parasuicidal acts than non-victims, with higher numbers also presenting for psychiatric support.

Healthy Schools

- Childhood Development Initiative (CDI)
 - Sought to improve the health and well-being of children and access to primary care services

- Evaluation of the overall study by Comiskey et al. (2012) suggests that although applied, there were a number of challenges in implementing the model of health promotion
 - The schools have begun the process of change that is required to become a WHO-defined 'health promoting school'.
 - But did not examine all aspects
 - Data also used to understand children's experiences



Baseline Data

- Findings from the baseline paper on victimisation (Hyland, Hyland & Comiskey, 2017) showed differences between victims and non-victims, and the frequency based victim groups for depression and health related quality of life.
 - Specifically, and extending findings by McGuckin et al. (2010), all 5 subscales of HRQoL significantly differed between victims and non-victims, with victims showing greater impairment on each.
 - Furthermore, for 4 of the 5 subscales (all but 'Physical Well-being'), impairment increased across non-victims, sometimes victims, and frequent victims of bullying.
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Rationale and Aim

- While a notable breadth of literature in Ireland has focused on victimisation in Primary Schools generally, focus on schools from disadvantaged regions has been negligible.
 - Extend results from the recent baseline data from Hyland, Hyland and Comiskey (2017) to examine Baseline, Year 1, and Year 2 data
 - Rate of victimisation per year and long-term victimisation
 - Differences in depression and health-related quality of life across the victim groups per year and longitudinally
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Sample

- Longitudinal cohort design
- 458 primary school children aged 7-12 years of age
- First to fifth class primary school children (aged 8 to 12 years)
- Seven DEIS-Band 1 schools in Dublin
- Three waves – Baseline collected in 2009 (see Hyland et al., 2017), Year 1 in 2010, and Year 2 in 2011
- As part of a larger project, the internationally funded ‘Healthy Schools’ Initiative (Comiskey et al., 2012) with Children Development Initiative

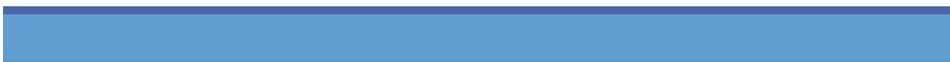


Materials

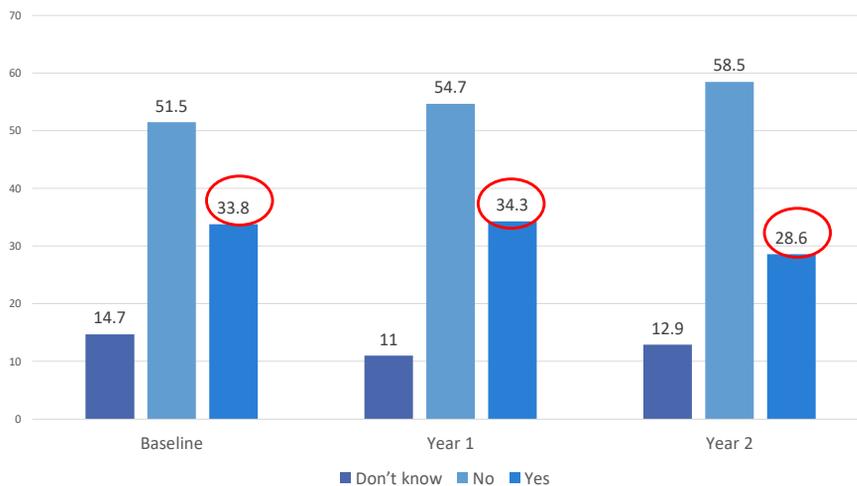
- The HRBQ-Short version (HRBQ-S; Balding, 2005)
 - 31 item measure of health behaviours and attitudes
- The KIDSCREEN-27 (KC-27; Kidscreen Group Europe, 2006)
 - healthy-related quality of life on five dimensions
 - Physical wellbeing, Psychological wellbeing, Autonomy and Parent relations, Social support and Peer relations, and School environment
- Children’s Depression Inventory-Short (CDI-S: Kovacs, 1992)
- Victimization: direct question
 - “Have you been bullied at or near school in the school in the last year” (Yes/No/Don’t know)

Materials

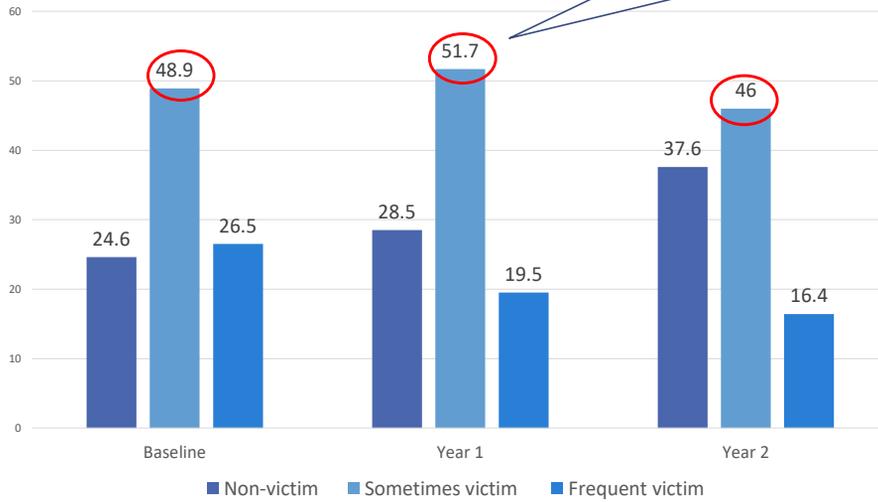
- Victimization: behaviour based questions
 - “Have any of the following happened to you in this school year?”
 - Ten different types including an other option e.g. Been teased/made fun of, Bullied through mobile phone, Had belongings taken/broken, Been threatened for no reason
 - Never, Sometimes, Always
 - Used to categorise as ‘Non-Victim’, ‘Sometimes-Victim’ and ‘Frequent-Victim’ for each wave of data
 - Long term victims across the three waves were also based on these questions and victim categories.



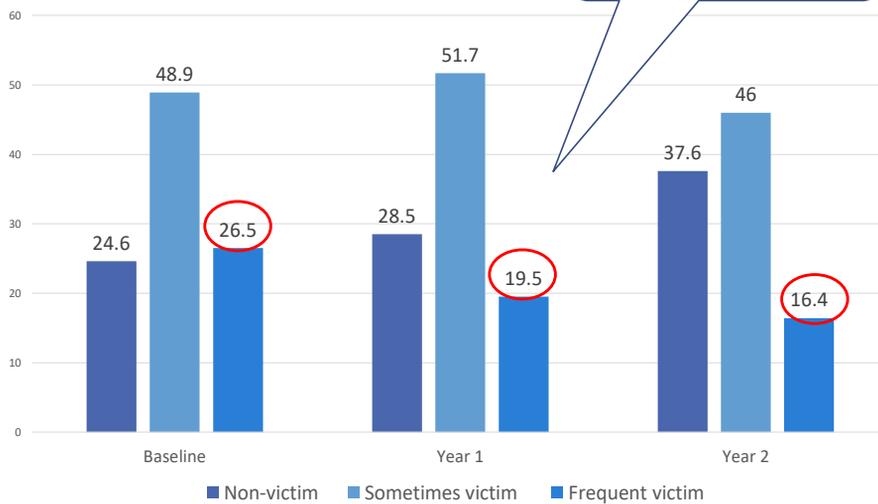
Have you been bullied at or near school in the school in the last year?



Rates of victim categories – behaviour based



Rates of victim categories – behaviour based



Long term victimisation

Non victim

- Non victim (6.5%, N = 24)
- Sometimes victims (53.7%, N = 198)
- 60.2% (N = 222)

Short-term frequent victims

- Frequent victim in one wave
- 28.2% (N = 104)

Long-term frequent victims

- Frequent victim in two or more waves
- 11.7% (N = 43)

Consequences

- Significant differences for the direct question for bullying for all three waves of data on:

- Physical well-being
- Psychological well-being
- Autonomy & Parent Relations
- Social Support & Peer Relations
- School Environment

Victims experiencing lower levels of each of this in comparison to non-victims - worse off than their peers

- Child Depression Inventory

Victims experiencing higher rates of depression than non-victims

Consequences

- Explored with the behaviour based categories of non-victim, sometimes victims, frequent victim, less significant differences across three waves of data on
 - Baseline differences for:
 - Psychological well-being
 - Autonomy & Parent Relations
 - Social Support & Peer Relations
 - School Environment
 - Child Depression Inventory
 - None for Year 1
 - Year 2 differences for:
 - Autonomy & Parent Relations
 - Social Support & Peer Relations

Suggests that although victims were initially worse off than their peers, and although they were still experiencing forms of vicimisation, the impact has lessened

Post hocs significant (except CDI) at baseline for non-victims with sometimes and frequent, but not for Year 1 & 2

Current analysis

- Exploring the psychological impact of long term victims across the three waves
- Depression
 - No differences across the long-term victim groups
 - But differences in general for depression for the three years – specifically between baseline and year 2 – reduction in depression
- Physical well being
 - Differences across the long-term victim groups
- Autonomy & Parent Relations
 - No differences across the long-term victim groups
 - But differences in general for Autonomy & Parent Relations for the three years – specifically between baseline with year 1 & 2 – increase in Autonomy & Parent Relations

Discussion

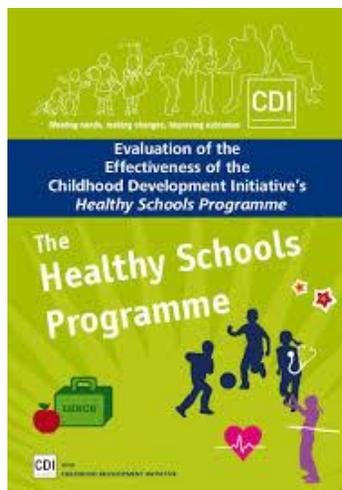
- According to the general incidence rates, there was a consistent decrease in levels of frequent victimisation from baseline to year 2
- Victims at a 'sometimes' level were lower in year 2, compared with baseline, with a increase in non-victim numbers - show some promise
- In line with McGuckin et al. (2010) and Hyland et al. (2017), significant impairment in victims compared to non victims
 - For all HRQoL subscales, across Year 1 and Year 2
- Depression scores were significantly higher across Year 1 and Year 2, for victims compared to non-victims
- Consistent with previous research (e.g., Mills et al., 2004; Machmutow et al., 2012) showing an association between victimisation and depression scores in victims of bullying

Discussion

- Interestingly, and in contrast with baseline findings, when non-victims, sometime-victims and frequent-victims were categorised according to specific victimisation-behaviours...
 - In year 1 - No significant differences for either HrQol or Depression
 - In year 2 - Differences overall for 2 of the 5 HrQol subscales, but not for depression - no specific post hoc group differences.
- Long-term victimisation
 - Only results by victim group for physical health
 - Overall reductions in depression and increases in Autonomy & Parent Relations
 - Changes in Autonomy & Parent Relations may be attributed to developmental changes – need to analyse further controlling for age

Discussion

- Victimisation still occurring, but decreasing
- But not with the same impact on depression and HrQoL as baseline
- The decline may be due to the 'ethos' adopted with the Healthy Schools Programme
 - May have buffered the psychological impact to those frequently victimised



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