A three-year examination of victimisation and wellbeing correlates among children from low affluent areas

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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-Vanhovic, 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**
  - Victimisation and depression in young children (Arseneault et al., 2008)
  - Exposure to victimisation 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.

Baseline Data

- 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.

- Similar to 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.

- Aim: Extend results from the recent baseline data from Hyland, Hyland and Comiskey (2017) to examine Baseline, Year 1, and Year 2 data and examine the effects of long-term victimisation.
Sample

- Longitudinal cohort design
- 458 primary school children aged 7-12 years of age
- First to fifth class primary school children
- 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)
- Victimisation: direct question
  - “Have you been bullied at or near school in the school in the last year” (Yes/No/Don’t know)
Materials

- Victimisation: 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.
Rates of victim categories – behaviour based

- Non-victim
- Sometimes victim
- Frequent victim

- At least one of these behaviours happened 'sometimes' in the last year

Baseline Year 1 Year 2
Non-victim
Sometimes victim
Frequent victim

- Baseline
- Year 1
- Year 2

24.6 28.5 37.6
26.5 19.5 37.6
26.5 19.5 37.6

26.5 19.5 46
28.5 48.9 46
28.5 48.9 46

16.4 51.7 46
19.5 51.7 46
19.5 51.7 46

At least one of these behaviours happened 'always' in the last year

Baseline Year 1 Year 2
Non-victim
Sometimes victim
Frequent victim

- Baseline
- Year 1
- Year 2

24.6 26.5 21.6
28.5 19.5 21.6
28.5 19.5 21.6

26.5 37.6 16.4
28.5 48.9 16.4
28.5 48.9 16.4

16.4 51.7 46
19.5 51.7 46
19.5 51.7 46

At least one of these behaviours happened 'always' in the last year

Baseline Year 1 Year 2
Non-victim
Sometimes victim
Frequent victim
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)

Table 1: Independent Samples t-test differences on CDI-S & KIDSCREEN based on direct bullying question Q27a for the three waves

<table>
<thead>
<tr>
<th>Variable</th>
<th>Baseline</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Sig.</th>
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<td>.002</td>
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<tr>
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At baseline, Year 1 and Year 2, victims demonstrated significantly higher impairment across all categories of Health-related quality of life and Depression compared to non-victims.
Table 2: One-way between groups ANOVA results for Baseline, Year 1, and Year 2 for CDI-S and KIDSCREEN across non-victims, sometimes victims and frequent victims.

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*Welch test, * significant at .05 level, ** significant at .001 level

- Psychological wellbeing, Autonomy & Parent relations, Social support & Peer relations, School environment and CDI was significantly different between victim categories at baseline.
- Autonomy & Parent Relations, and Social support and Peer relations, were significantly different across victim categories in Year 2.
- No significant differences were found for any correlate at Year 1.

Long-term victimisation

Employed a 3 (non-victim/sometimes victim/frequent victim) x 3 (Baseline/Year 1/Year 2) mixed ANOVA to investigate ‘Depression’, ‘Autonomy and Parent Relations’ and ‘Physical well-being’.

1. Depression and Victimisation
   - Interaction effect for depression and long-term victimisation (F (4, 546) = 2.20, p = .068) was not significant.
   - Significant decrease in depression over time was found (F (2, 546) = 6.35, p = .002, η\(^2\) = .02)
   - Not for victim category differences (F (2, 273) = 2.78, p = .086)
   - When controlled for age was a significant covariate (F (1, 259) = 4.05, p = .045, η\(^2\) = .02), and as a result, the overall depression differences were no longer significant (F (2, 518) = 1.41, p = .246).
   - This suggests that the depression differences were due to age-related effects.
Long-term victimisation effects

2. ‘Autonomy and Parent relations’ and Victimisation
   - No interaction was reported for Autonomy and Parent Relations with long-term victimisation (F (4, 546) = .35, p = .846)
   - Main effect of ‘Autonomy and Parent Relations’, with significant increases observed (F (2, 546) = 11.34, p < .001, \( \eta^2_p = .04 \)). Differences were found between all three year groups, with Year 2 displaying the highest scores.
   - There were no victim differences (F (2, 273) = 1.19, p = .307)
   - Age was a significant covariate (F (1, 259) = 16.13, p < .001, \( \eta^2_p = .06 \)), suggesting that the initial significant increase in ‘Autonomy and Parent Relations’ was due to developmental changes.

3. ‘Physical wellbeing’ and Victimisation
   - A significant interaction effect was reported for physical well-being with long-term victim categories (F (4, 566) = 3.20, p = .013, \( \eta^2_p = .02 \))
   - No significant overall physical well-being differences were observed (F (2, 566) = .89, p = .417)
   - No victim differences were observed (F (2, 283) = .73, p = .481).
   - Age was not a significant covariate.

Discussion

- Consistent decrease in levels of frequent victimisation from baseline to year 2
- In line with McGuckin et al. (2010) and Hyland et al. (2017) with significant impairment in victims compared to non victims
  - For all HRQoL subscales, across Year 1 and Year 2
- Depression findings consistent with previous research (e.g., Mills et al., 2004; Machmutow et al., 2012)
Discussion

- Victimisation still occurring, but decreasing
- Impact on depression and HrQoL decreasing relative to 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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