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School Bullying and Alcohol and Other Drug Attitudes  
Survey in Southern New Jersey

by  
Gail J. Tilley

A Thesis

Submitted in partial fulfillment of the requirements of the  
Master of Arts Degree in School Psychology  
of Rowan University  
May 6, 1997

Approved by \_\_\_\_\_  
Professor

Date Approved 5 - 6 - 97

## ABSTRACT

Gail J. Tilley  
School Bullying and Alcohol and Other Drug Attitudes  
Survey in Southern New Jersey  
1997  
Dr. Roberta Dihoff  
Masters of Arts Degree in School Psychology

The focus of this thesis is the extent of school bullying in southern New Jersey as measured by an adapted version of the Olweus Bully Questionnaire. The students (n=232) surveyed were fourth and fifth graders in a suburban community in southern New Jersey. It was found that 11% of fourth graders and 15% of fifth graders surveyed self-report bullying other students. It was also found that 20% of fourth and fifth graders surveyed indicated that they had been bullied. These percentages matched the trends found by Olweus in Norway. Students in southern New Jersey were also surveyed on their attitudes toward and the availability of alcohol and other drugs. Self-reported bullies had significantly more favorable attitudes toward and greater accessibility to alcohol and other drugs than their nonbully peers using a chi-square analysis. It was concluded that one in four students in southern New Jersey is involved in bully/victim interactions. Intervention and prevention program are reviewed.

## MINI-ABSTRACT

Gail J. Tilley  
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Fourth and fifth grade students (n=232) in southern New Jersey were surveyed concerning school bullying as measured by the adapted version of the Olweus Bully Questionnaire. Student attitudes toward and impressions of the accessibility of alcohol and other drugs were also assessed. One in four students reported being involved in a bully/victim interaction. Self-reported bullies had a more favorable attitude toward and greater accessibility to alcohol and other drugs.

## Introduction

This study measured students' reported experiences with bullying behavior, and attitudes toward alcohol and other drug use. School violence and crime have recently received much attention, diverting funding and resources away from alcohol and other drug prevention programs. Prevention funding takes what might be described as the "flavor of the week" approach: particular social issues are addressed in isolation and receive primary emphasis for a short period of time until a new issue is brought into focus. Examples of social problems often dealt with as isolated phenomena include: child abuse and neglect, sexual assault, domestic violence, teen pregnancy, and school violence. These social issues are related elements of an array of problems facing American families. The emphasized problem may receive funding at the expense of efforts to address other social problems. As a consequence, prevention programs that should be allied battle against one another for limited resources.

### Purpose

Bullies need intervention programs. These aggressive children often model their parent's behavior. Research indicates that they tend to come from families experiencing domestic violence, child abuse, and drug/alcohol problems. Bullies tend to be more

aggressive than their peers, and often receive harsher punishments, which teach them to be more aggressive. They also tend to display impulsive behavior and developmental delays. In subsequent development these children are locked into patterns of noncompliance.

The interactional patterns of bullying and domestic violence are similar. Like bullies, batterers minimize their own aggressive actions, display cognitive distortions, and project hostility on others. Bullies and batterers are similar in the way that they justify violence. Early intervention with children who bully may be one way to combat domestic violence.

Bullies are very costly to society. They have more accidents, more illnesses, shorter and less productive lives, pay fewer taxes and use more welfare services. In school they need additional services that are unfortunately often ineffective. However, it is possible to intervene and prevent bullying. Prevention gives victims back a basic democratic right for children to feel safe in school and be spared the oppression and repeated intentional humiliation implied by bullying (Olweus, 1994).

It is important to survey the extent of bullying behavior in our schools. Olweus and other researchers have developed questionnaires designed to assess bullying in schools that has been employed in hundreds of schools in Norway, Sweden, Canada, England and the United States. Various features of bullying have been studied including its frequency, age and gender differences, types of bullying, where bullying occurs, whether teachers or parents are informed, and attitudes toward bullying. The studies have shown that approximately 20% of students either bully or are bullied.

In this study the Olweus questionnaire was administered to school children in a community in southern New Jersey. Additional questions were posed concerning students attitudes toward and access to alcohol and other drugs.

### Research Questions

1. It was hypothesized that the same patterns of bullying found by Olweus (1991) in Norway would be reported by school children in a southern New Jersey community.
2. It was hypothesized that those identified by the Olweus questionnaire as bullies would report significantly different attitudes towards and access to alcohol and other drugs. Specifically, It was hypothesized that self-identified bullies would have more positive attitudes toward and greater access to alcohol and other drugs.

### Theory

In 1970 Olweus pioneered a systematic study of bullying in Sweden that revealed significant levels of bullying behavior in Swedish schools. Other international studies have produced similar results. Surveys of bullying have been conducted in England (Lowenstein, Newson, Anora & Thompson, 1989; Stephenson & Smith, 1989; Mooney, Creesen & Blatchford, 1992; Gillard & Yilmay, 1987); Scotland (Mellor, 1993); Ireland (O'Moore & Hillery, 1992); Spain (Garcia & Perez, 1988); Australia (Rigby, Slee & Conolly, 1991); Japan (Hirano, 1987); Finland (Lagerspetz, 1990); Cleveland, Ohio (Stephenson & Smith, 1989).

Some of these studies employed other methods including peer nomination, teacher reports and modified Olweus questionnaires. Ahmad and Smith (1993) studied the different methods of assessing bullying. They found that teacher reports were

effective to assess the number of victims but not as useful in determining the number of bullies. They also concluded that individual interviews provided descriptive data about the impact of bullying. However, interviews were not suitable for studying the incidence of bully/victim problems; they did not bring to light new cases and, in some instances, led to defensive answers (Whitney & Smith, 1993). They concluded that the best method for assessing bully/victim problems in the middle school age student was by anonymous questionnaire such as the one that Olweus used in Norway and Sweden.

Olweus has made some generalizations about bullies, their victims, and the environment surrounding the incidents of bullying behavior. These generalizations are based on several studies conducted by Olweus in Norway. Table 1 is an overview of these studies. Olweus defined bullying behavior for his own studies; that definition was adapted for use in this study (see appendix A).

Table 1.

OVERVIEW OF OLWEUS STUDIES				
	Nationwide study in Norway (1983)	Large scale study in Sweden (1983/84)	Intensive study Bergen, Norway (1983-1985)	Study in Greater Stockholm, Sweden (1970- )
Units of study	715 schools, grades 2-9, 130,000 boys and girls	60 schools, grades 3-9, 17,000 boys and girls	Four cohorts of 2,500 boys and girls in grades 4-7 (1983) 3-400 teachers 1,000 parents	Three cohorts of boys (300 boys in all) originally in grades 6-8(1973)
Number of measurement occasions	one	one	several	several
Measures include	Questionnaire on bully/victim problems (aggregated to grade and school level) data on recruitment area of school, population, density, socioeconomic conditions, percent immigrants, school size, average class size, and composition of staff.	Questionnaire on Bully/Victim problems: school size, average class size.	Self-reports on bully/victim problems, aggression, antisocial behavior, anxiety, self-esteem, attachment to parents and peers etc. grades, some peer ratings. Teacher data on characteristics of class, group climate, staff relations, etc.	Self-reports and reports by mothers on a number of dimensions; peer ratings, teacher nominations. Official records on criminal offences, drug abuse for subgroups; interview in early child rearing, hormonal data, psychophysiological data.



The percentage of students who bully found in the Olweus studies and others is fairly consistent. According to the studies 15%- 20% of students are involved in bullying, either as victim or bully. Olweus found that 7% of the students reported bullying and 9% reported being bullied. About 5% of students report involvement in serious bullying problems. His studies show that physical bullying behavior does decrease with older grade levels; however, less physical means of bullying still occur. Younger children (8 and 9 years old) were bullied more frequently, and by older students. Olweus hypothesized that as children grow older, they develop strategies for escaping bullying and some students become less vulnerable with increasing age (Olweus, 1994). Transferring from an elementary to a middle school environment also decreased bullying incidents, possibly because the bullies lost access to students younger than themselves.

There are marked gender differences in types of bullying, who the bully is, and who the victim is. Boys had a consistently higher incidence of being exposed to bullying than girls. This is especially true in older grade levels. Direct and open attacks of bullying behavior were more frequent among boys. Male bullies used more physical means, and carried out more bullying behavior. They also directed their behavior 80% of the time toward other boys according to the study conducted in Bergen, Norway. Female bullies, on the other hand, were more involved in indirect bullying behavior, but boy and girl victims were equal in indirect bullying incidences, such as social isolation. Several studies demonstrated that the victims of this indirect bullying were distributed equally among males and females. Olweus identified possible motivations for bullying (see appendix B).

### Myths About Bullying

There are several common myths about bullying that Olweus reviewed in his Norwegian study. This study involved about 700 schools with classes that were of varying size. The hypothesis that bully/victim problems are caused by large classes or schools was not supported by these results. Thus, the size of the class or school appears to be of negligible importance for the relative frequency or level of bully/victim problems (Olweus, 1994).

In Scandinavia it is commonly held that bullying originates from competition and striving for grades in school (Olweus, 1994). This is a myth prevalent in other countries also. More specifically, Olweus believes that it is a myth that the aggressive behavior of bullies can be explained as a reaction to failures and frustrations in school (Olweus, 1994). These ideas are central elements in many criminological theories. Olweus found no support for this myth. There was a moderate correlation between aggressive behavior and poor grades in grades 6 and 9, but nothing to show that it is a causal relationship.

The myth that explains victimization as being caused by the appearances of the victim also has no empirical support. Traditionally it is believed that children who are different in some way, i.e. are obese, have red hair, wear glasses or braces, or speak with an accent, are most commonly victimized by bullies. However, this theory has received no empirical support. Olweus compared two groups of boys, one comprised of victims and the other a control group. In evaluating fourteen physical characteristics, he found that the victims were no more externally deviant than the control group whose members

did not experience bullying. Junger (1990) also found that external deviations played a much smaller role in bully/victim problems than is generally assumed.

Since these myths have failed to receive any empirical support, other origins must be explored in order to find the source of bully/victim problems. Olweus suggests that personality characteristics/typical reaction patterns are important in the development of bullying. He also suggests that physical strength or weakness in boys is an important factor. Parent and teacher influence concerning behavior and attitude are also important in determining the extent to which the problems will manifest themselves in a classroom or a school (Olweus, 1994).

#### Characteristics of the typical victim

The characteristics of the typical victim apply to both boys and girls, but less research has been done on girls. Victims tend to be more anxious, insecure, and younger. They are often sensitive and quiet children whose typical reaction to a situation is crying (in lower grades) and withdrawing. Olweus' studies indicate that these students tend to have lower self-esteem and a more negative view of self and their situation than students in general. They view themselves as failures and feel they are stupid, and unattractive. Victims feel shamed.

Victims report in Olweus' studies that they are lonely, and feel abandoned at school. They also frequently report that they have no single good friend, have difficulty asserting themselves with peers, and generally are disliked. It is not in their nature to tease and use aggressive behavior because they view violence and the use of violence negatively. The male victims also tend to be physically weaker than their classmates.

Olweus labeled this more common type of victim as passive or submissive victim. These children inadvertently signal to others that they are insecure, weak, and anxious individuals who will not retaliate if they are attacked or insulted (Olweus, 1994). They tend to have closer relationships and more contact with their parents, especially mothers. These mothers are perceived by teachers as being overprotective, although it is not clear if this overprotectiveness is a cause or effect of bullying.

Olweus identifies a second type called the provocative victims. This far less common victim tends to utilize a combination of anxious and aggressive reaction patterns. Provocative victims have problems in concentration on tasks, hyperactivity, and often behave in ways that cause irritation and tension around them (Olweus, 1994). These students often provoke a negative reaction from most of their classmates. The dynamics of bully/victim problems in a class with provocative victims differs from problems in a class with passive victims (Olweus, 1994).

Olweus (1994) conducted a follow-up study of two groups of boys, victims and normal peers at age 14 and age 23. He found that victims had "normalized" after leaving school when they had considerably greater freedom to choose their own social and physical environments (Olweus, 1994). In two respects the victims did not fare as well as the nonvictims: they had a higher rate of reported depression and poorer self-esteem. Olweus suggests that these higher rates are a consequence of the earlier, persistent victimization which had left its scars on their minds (Olweus, 1994).

### Characteristics of the Typical Bully

Implied by Olweus' definition of bullying, the essence of bullying is aggression toward peers. The bully also may be aggressive towards teachers and parents. They tend to have a more positive attitude toward violence than do their classmates. Many bullies are considered average or slightly below average in popularity when in small groups. They generally have two or three peers who support and seem to like them. The trend as grade increases is that the bully's popularity decreases, though their popularity never sinks as low popularity as victims'. They can be characterized by impulsivity and a strong need to dominate others. Bullies have little empathy with victims. It is a myth that bullies use aggressive and tough behavior to cover for anxious and insecure feelings. Studies have found the opposite: which bullies have average or above self-esteem. Olweus terms the most common aggressive type of bully, "a direct bully." This type displays an aggressive reaction pattern combined with physical strength.

It is important to note that not all bullies are aggressive children. Olweus identified a second type of bully as passive bullies, followers, or henchmen. This type of bully participates but does not initiate bullying behavior. Passive bullies come from diverse groups of students and include both girls and boys.

Bullying is a component of a more generally antisocial and rule breaking (conduct disorder) behavior pattern. Empirical results predict increased risk of other problems including criminality and alcohol/drug abuse (Loeber & Dishion, 1993; Magnusson, Stattin & Duner, 1983). Olweus conducted a follow up study that found that by the age of

twenty-four, 60% of bullies were convicted of a crime, and 35-40% had three or more convictions. Former victims displayed average or below average level of criminality. Olweus developed four possible explanations for the development of aggressive patterns (see appendix C) and the group mechanism that governs peers of bullies to integrate themselves into the bully behavior (see appendix D).

### Fundamental Democratic Rights

Olweus asserts that students should have fundamental democratic rights, including to be spared oppression and repeated intentional humiliation in school as well as in society at large (Olweus, 1994). He also feels that students have the basic right not to be afraid to go to school or not to fear harassment by fellow students. Parents should not have to worry about what is happening to their child at school.

Bully/victim problems also relate to a society's general attitudes toward violence and oppression. What kind of societal values will a student acquire who is repeatedly bullied by other students without consequence? The same question can be asked with regard to students who, for long periods of time, are allowed to harass others without hindrance from adults. To refrain from actively counteracting bully/victim problems in school implies a tacit acceptance (Olweus, 1994).

### Assumptions

This research study employed a questionnaire adapted from the one developed by Olweus. Syntactical changes were made to the questionnaire to make the questions clearer to American students. The survey also included several questions concerning

alcohol and other drug appropriate for the age level. To insure appropriate reading level for fourth and fifth graders in the United States, this questionnaire was reviewed by several teachers and reading specialists.

The questionnaire was administered in one school district. The district does fairly represent the districts of southern New Jersey in the United States. Olweus and others have found that city schools and the size of school had little impact on their findings. Whitney and Smith (1993) report from their study in Sheffeld LEA that school size, class size and ethnic mix were not linked with bullying. Social disadvantage is linked with bullying to a small extent (Whitney & Smith, 1993).

#### Limitations

The results of this study cannot be generalized to the entire state of New Jersey. Since the sample was limited to one region.

#### Overview

A review of the literature concerning aggression was made and can be found in appendix E for reference as related to bully/victim problems. Studies documenting the link between alcohol and drug abuse and aggressive behavior are quite extensive. The focus for the purposes of this study includes on behaviors predictive of later substance abuse problems. It is important to review and address these in conjunction with bullying behavior; because the outcome of these behaviors follow similar patterns. Bullying prevention and intervention may decrease long-term risks for problematic behaviors. In addition to consideration of the effects of bullying for bullies, the effects of victimization will be discussed.

Victims are often overlooked and not taken seriously enough to warrant intervention or prevention. Bullying behavior affects all involved and prevention and intervention should be directed fully for all concerned. Longitudinal studies are reviewed to demonstrate the outcomes of unchecked bully behavior. A review of school intervention programs can be found in appendix F and other resources of prevention and intervention programs.



## Literature Review

### Bullies

A study conducted by Bjorkqvist, Ekman and Lagerspetz (1982), offers an insight into how bullies consider and feel about themselves as compared with average students. The investigators focused upon how bullies' self images differed from how they would like to be and from how they feel that the social norms require them to be (Bjorkqvist et al, 1982). The theoretical foundation for the study was Rogers' model of the ego and its striving for inner consistency, that ego is social product developed through interpersonal relations, and that each person has a need and is striving for a positive ego picture (Bjorkqvist et al, 1982). Rogers defines ego picture as the product of the individual's interactions with other people. The ideal ego is all the things the individual would like to be, and what Rauste (1973) called the normative ego picture is thoughts formed in the individual according to how he experiences the ways in which people in his surroundings are trying to change him according to their norms (Bjorkqvist et al, 1982).

These researchers assumed that the model of aggressiveness is often a reaction to frustrating social relations. They assumed that bullies require a certain amount of self-confidence, seek self-confidence, and peer approval through their bullying behavior

(Bjorkqvist et al, 1982). Olweus (1978) found that the bullies did not feel unsuccessful but had a positive view of themselves. The bullies in Olweus' study were also relatively popular among their peers. Bjorkqvist et al showed that bullies had a higher ideal ego picture when experiencing dominance over both control and victims. Bullies felt that social norms required them to be very dominant in their behavior. In bullying other students, they may be trying to live up to the norms and the ideals of dominant behavior that they think appropriate in their peer group (Bjorkqvist et al, 1982).

Other findings showed that the male and female bullies exhibited different characteristics. That is, if males scored high in one variable, the females did not. The bullies of both sexes scored higher than their peers on the variables dominated by feelings and impulsiveness (Bjorkqvist et al, 1982). Bullies feel less self-control, less control of inner impulses and feelings. Pulkkinen (1983) reported similar results in a study of aggressive boys. In summary, bullies seem to feel that they have to be very dominant, and think that the social norms require them to be dominant. Bullies have difficulties controlling impulses and feelings, are physically stronger than their victims, and have positive attitudes towards aggression.

The Pulkkinen (1983) study and several other studies that were conducted with Olweus' questionnaire. Whitney & Smith (1993) have reported similar results. Rivers and Smith (1994) conducted a large scale study with British children using a model of different types of aggression distinguished by Bjorkqvist et al (1993) including direct physical aggression (hitting, pushing, kicking), direct verbal aggression (name-calling, threatening), and indirect aggression (telling tales, spreading rumors, persuading others

not to play with the person). Bjorkqvist et al (1992) argued that the use of indirect methods of aggression is dependent upon maturation and manipulation of a fully developed social infrastructure. These distinctions can be readily applied to bullying behaviors in children, with bullying being regarded as a subset of aggressive behavior where there is an imbalance of power and where the aggressive act is repeated over time (Olweus, 1994; Smith, 1991). Whitney and Smith (1993) found very similar results despite sex differences. In their study of a sample of 6,758 school children, the greater experience of indirect bullying by girls was found for both primary and secondary students. These studies also reported a decrease in physical bullying with age, but an increase in verbal bullying, with age changes in indirect bullying being small and less consistent.

The large-scale surveys of bullying (Olweus, 1994; Whitney & Smith, 1993) have provided evidence about characteristics of bullying, such as where children are bullied, who has bullied them, and whether bullied children told an adult about it. Primary school students tend to be bullied in the playground while secondary school students report an increase in bullying taking place in the corridors and classrooms of schools. Whitney and Smith (1993) found that boys mainly reported being bullied by one or several boys and girls. According to Olweus (1994), many students are unwilling to seek help from an adult about being bullied. In the primary grades of the Norwegian schools that he studied, about 55% of bullied students reported that they had told someone at home, and in secondary grades this fell to 35% of bullied students.

These studies determined where bullying is happening, when it is happening, the extent to which it is happening and whether or not it is reported to adults. The studies have given us a view of the types of bullying that occur and the ages and genders affected. The Bjorkqvist et al (1982) study also provides a window into how bullies see themselves. Very few studies have examined the long term outcomes of these aggressive patterns. But since bullying behavior is a form of aggression we must look at studies of motivations of aggressive children and compare with bullying behaviors(see appendix E on aggressive behavior literature review). The future outlook of bullies and aggressive children can be similar.

There is no one reason for a bully to become a bully. However, there are circumstances that encourage a child to develop bullying behavior. Bullying behavior is developed mainly as a result of factors in the environment (Batsche & Knoff, 1994). This environment includes the home the school and the peer group. In the home, bullies often have too little supervision. Without supervision, children do not receive the message that aggressive behavior is wrong. Causes for inadequate adult supervision include low socioeconomic status, parental alcohol and other drug abuse, parental immaturity, marital discord and physical abuse and neglect. Many children learn at a very young age that when they bully their brother, sister, or parents, that they get what they want. Often parents are too busy or too tired or lack the parenting skills to fight with the child and give in. Each time the child is allowed to be aggressive, the message that child receives is that bullying pays off. Some children seem more likely to imitate adult aggressive bullying behavior than other children. In a family where there is abusive behavior, one

parent intimidates the other and wins and the child gets the message that intimidation gets you what you want (Batsche & Knoff, 1994).

Children pick up from their caregivers that sincere the world can be a negative place they must attack first. These children develop bullying behavior and use more negative comments to protect themselves. By picking on others, they feel important and powerful. They develop a distorted self-concept where they believe that the only way to be accepted is to pick on others. These children often receive negative messages from adults, and feel picked on, blamed or otherwise humiliated. Therefore, they attack before they are attacked, even when in reality they were not about to be attacked (Batsche & Knoff, 1994). They assume hostility where none exists.

Lastly, a common link in bullying behavior is harsh, physical punishment. Although spanking a child will often put a stop to the child's behavior, spanking that is too harsh, too frequent or too physical teaches a child that it is acceptable to hit other people. In particular this teaches a child that bigger people are permitted to hit little people. Bullying behavior is defined by the fact that the bully has the powerful upper hand in the situation. They model, in their physical attacks, what happens to them personally at home (Batsche & Knoff, 1994).

In some studies, it has been shown that schools help create environments for bullies. Batsche and Knoff (1994) report that larger schools have a greater percentage of violence. But Whitney and Smith (1993) found that school size, class size and ethnic mix were not linked with bullying. Social disadvantage is linked with bullying to a small extent, and schools with high bullying rates also tend to have students who are disliked,

or are alone at playtime. Schools often have unclear rules of conduct. Enforcement of rules of conduct in a consistent way promotes less violence.

Bullies and aggressive children attach more value or importance to the rewarding outcomes of aggression and attach less value to the negative outcomes of aggression than do nonaggressive children (Boldizer, Perry, & Perry, 1989). Boldizer et al (1989) hypothesized that aggressive children valued six different outcomes including tangible rewards for aggressive acts. Aggressive children have been described as impulsive, as lacking the ability to delay gratification and as seeking to maximize short-term payoffs (Patterson, 1982). These children also place more value on the feelings of control and mastery that sometimes results from the successful suppression of another person (Boldizer et al, 1989). Exercising control over others also helps guard against threats to the reward and privileges that go with social standing (Bandura, 1973).

The expectation of pain and suffering usually deters people from practicing aggression on others. Because of the feelings of guilt and distress, non-aggressive children do not engage in these acts. Aggressive children, however, may be relatively unconcerned by the thought of causing pain to another person, partly because their high exposure to aggressive models has desensitized them to signs of suffering (Eron, 1982; Thomas, Horton, Lippincott & Drabman, 1977) and partly because they have experienced less of the kinds of parental discipline, especially inductive reasoning, that are conducive to the development of anticipatory empathy and guilt reactions (Feshback, 1970; Hoffman, 1970).

Children that are not aggressive fear retaliation from the victim. However, being used to fighting and risking counterattacks, aggressive children are relatively unconcerned with possible retaliation (Boldizer et al, 1989). Since bullies pick victims that are generally physically weaker than themselves there is little fear of retaliation.

The last two factors are in conjunction with feelings about aggressive behavior from within the self. Aggressive children attach less importance to the possibility of being rejected by their peer group for behaving aggressively. Many aggressive children have long histories of peer rejection (Coie, Dodge & Kupersmidt, 1994) and may have adapted to and come to devalue, peer disapproval and disliking (Boldizer et al, 1989). Lastly, aggressive children are less concerned with the prospect of negative self-evaluation following aggression. This is consistent with the suggestion that aggressive individuals are less likely to have internalized the idea that aggression is normally wrong (Bandura, 1973; 1986) Boldizer, Perry and Perry (1989) confirmed this hypothesis in their study.

Bullying can often be a predictor for later delinquency and a sign of conduct disorder. Farrington (1993) wrote a detailed article of motivations for conduct disorder and delinquency. Many of the key aspects of aggression and bullying behavior are echoed in Farrington's (1992) article. He proposed motives for conduct disorder and delinquency disorders which are quite similar to bullying behavior and predict long-term consequences of aggressive behavior. He also explained that conduct disorder usually refers to children while delinquency usually refers to adolescents (Farrington, 1993). The categories include many different types of acts, the most important of which can be found

in appendix G. These behaviors undoubtedly tend to be associated in the sense that people who do one type of behavior have an elevated probability of also doing other types of behavior (Achenback, Connors, Quay, Verhulst & Howell, 1989). However, they are also quite disparate, suggesting that they may reflect different motivations. The most important motivations that have been reported for conduct disorder and delinquency can be found in appendix H.

A key issue concern why a particular type of behavior is displayed to achieve a particular type of goal arising from a motivational need. Most needs and drives believed to underlie conduct disorder and delinquency could be satisfied in legitimate ways, and antisocial behavior reduced if they could be channeled into legitimate outlets (Farrington, 1993):

Dollard, Miller, Doob, Mowrer, and Sears (1939) proposed that the major cause of aggression was frustration, or blockages to the attainment of goals. Berkowitz (1962) distinguished between angry and instrumental aggression and argued that frustration was an important motivator for angry aggression. (Instrumental aggression was governed more by cost-benefit considerations.) He also proposed that aggression may have some reinforcing value, because some people may learn to hurt merely for the pleasure of hurting. Megargee's (1982) key explanatory constructs for aggression included instigation (motivating factors), habit strength (learning processes), inhibition, and stimulus (situational) factors. He provided an extensive list of motivating factors, classified into



instrumental or extrinsic and angry or intrinsic. More recently, Berkowitz (1989) concluded that the general motivator of angry aggression was negative affect (caused by insult, thwarting, discomfort, etc.), and Dodge (1991) emphasized the importance of the perceptual and cognitive processes (e.g. attribution of hostile intent) that influence whether or not children react to potentially hostile stimuli by getting angry.

It is clear that aggressive behavior, bullying behavior, conduct disorder and delinquency overlap in many areas. Studies in one area could have applications in another. Bullying behavior is an aggressive type of behavior and many of the motivations, outcomes, feelings and thoughts of the aggressor, environments and possible causes are identical. Predictions of long term consequences have been studied by Olweus whose findings mirror those in studies of substance abuse, delinquency and aggression. Bullying behavior requires early intervention.

Early disruptive and aggressive behavior is correlated with poor social achievement, delinquent behavior and delinquent responsibility in longitudinal analysis by Tremblay, Masse, Perron, Leblanc, Schwartzman & Ledingham (1992). For boys the association between poor school achievement in middle elementary school and later juvenile delinquency is preceded by first grade disruptive behavior (Tremblay, Masse, Perron, Leblanc, Schwartzman & Ledingham, 1992). Dodge (1983) examined the process by which children came to be popular, neglected and rejected among their peers. He found that males who came to be unpopular (rejected or neglected) among their peer

groups were those who engaged in inappropriate play behaviors (Dodge, 1983). The negative peer reactions to rejected and neglected boys occurred as a function of at least two factors. First, a relatively high proportion of their peer-interactive behaviors involved aggression i.e. rough and tough behaviors that were considered inappropriate (Dodge, 1983; Dodge, Coie, Pettit & Price, 1990). The second factor is that even when rejected and neglected boys engaged in the same behavior as popular boys, the peer responses that they received were still not as positive as when the popular boys engaged in those behaviors.

The social development of disruptive boys was studied in a longitudinal perspective by Pulkkinen and Tremblay (1992). They report that the social development of bullies differed from that of the multi problem boys in their study. Bullies displayed high rates of disruptive behavior, self-reported delinquency in middle childhood, and frequent criminal convictions. Almost half of the bullies were described as problem drinkers (Pulkkinen & Tremblay, 1992)

Many studies have investigated the relationship of criminality, abuse and aggressive acts. Pulkkinen and Pitkanen (1993) found that peer nomination of aggressive male classmates at age 8 and 14 predicted criminality, arrests for alcohol abuse and problem drinking as well as self reports on aggression at age 26 (Pulkkinen and Pitkanen, 1993). Muntaner, Nagoshi, Jaffe, Walter, Haertzen & Fishbein (1989) found that early childhood aggression and severity of substance abuse are significant predictors of criminality. Teacher's ratings of aggressiveness in first grade students are predictive of frequency of substance use 10 years later (Muntaner et al, 1989).

It is important to understand the family socialization processes that may predispose children to patterns of aggressive and violent behavior. In research done on children from violent families conducted by Moore and Mader, Griffith & deMendonca (1990), they report that children who are aggressive towards their peers are likely to be rejected by them and have difficulty in peer interactions. Some children from violent homes manifest high numbers of external or aggressive behavior problems and may, therefore, experience peer rejection (Moore, Pepler, Weinberg, Hammon, Waddell & Weiser, 1990). In study with adolescent in-patients by Hart et al (1989) it was reported that adolescents reporting physical abuse and aggressiveness displayed more drug abuse and had more interpersonal problems. In an outreach program set up for children having police contact, Hrynkiw-Augimeri, Pepler & Goldberg (1993) discuss findings that delinquents tend to come from homes with chronic family difficulties. Family factors that best predict later such as, delinquency include lack of parent-child involvement. Inconsistency in the implementation of family management practices has been identified as one of the most important variables in the etiology of delinquency (Hrynkiw-Augimeri, Pepler, & Goldberg, 1993). This can be found in the lack of effective monitoring, discipline and problem-solving. Children in these disrupted families are at risk of developing antisocial behavior problems.

Reid and Patterson (1989) found that although many factors such as parent criminality, social and economic disadvantage, child temperament and marital discord systematically affect the development of antisocial child behavior. Their influence is mediated by the extent to which they disrupt day-to-day parenting.

## The Victim

Olweus (1994) identified two types of victims; the passive victims and the provocative victims. Passive victims are described as anxious, insecure, appearing to do nothing to provoke attacks and appearing not to defend themselves. Provocative victims are described as hot-tempered, restless, and anxious children who will attempt to retaliate when attacked. Perry, Kusel & Perry (1988) identified victims in a similar manner, using the terms high-aggressive and low-aggressive victims. However, Perry, Kusel & Perry (1988) found that the probability of victims being provocative or passive was approximately equal whereas Olweus (1984) reported fewer than one in five victims as provocative.

Olweus describes the passive victims as lonely and abandoned at school, often without friends. They are not aggressive, do not tease, and are likely if boys to be physically weaker than their peers. Results of parent interviews suggest that these boys were sensitive at a young age and have closer contact and more positive relations with their parents particularly their mothers than boys in general. Teachers identify these children as overprotected by parents. The majority of victims believe that they are picked on because they are smaller, weaker or for no reason at all (Boulton & Underwood, 1992). Few victims believe that they provoke the bully. In addition, the vast majority of victims believe that bullies feel good, happy, brilliant, or clever when they pick on a victim.

Perry et al (1988) have investigated the relationship between victimization, aggression and peer rejection. They found aggression and victimization were orthogonal

dimensions. That is, some of the most extreme victims also were some of the most aggressive children in the sample. Perry et al (1988) suggest that victims constitute a heterogeneous group and can be categorized in the following manner: victimized/rejected, aggressive/rejected, and victimized/aggressive/rejected. The victimized/rejected children would reflect Olweus' passive victims profile while the victimized/aggressive/rejected children would reflect the provocative victim profile. As Perry et al (1988) suggest, the victimized/aggressive/rejected student might lash out against weaker children but then be victimized by stronger, aggressive peers. This would explain the fact that some of the most extreme victims in their sample also were some of the most aggressive students.

Clearly, it is necessary to understand the type of victim one is working with in order to implement successful interventions. If one views all victims as passive and weak, then strategies such as assertiveness training and presenting a stronger visual profile might be recommended. However, the provocative victims would require strategies designed to reduce aggressive behaviors as well as strategies designed to use more assertive/less aggressive solutions to threats (Dodge, Coie, Pettit, & Price, 1990). These highly aggressive/victimized students are among the most disliked members of the peer groups and are at risk for later adjustment problems. Perry et al (1988) caution that the form and seriousness of the problems associated with peer rejection may depend on the ability of school personnel to accurately identify the type of rejection that the students are experiencing.

Victimization is generally unrelated to most physical characteristics of children. In two separate studies, Olweus (1994) demonstrated that the only physical characteristic related to victimization was physical strength. No other physical characteristics were associated with victim status. Weaker children were more likely to be victims and bullies were more likely to be physically stronger than their victims. Students who are fat, red-haired, wear glasses, speak in an unusual dialect, dress differently and the like were no more likely to be victims than other students without these characteristics.

The general trend is for boys both to bully and to be bullied more than girls. Victims report that about 65% of bullying is perpetrated by boys, 15% by girls, and 19% by boys and girls (Boulton & Underwood, 1992). In a recent Olweus (1994) study, more than 60% of girls bullied in grades 5-7 were bullied by boys only and an additional 15% to 20% were bullied by both boys and girls. More than 80% of victimized boys were bullies by boys. The type of bullying varies according to gender as well. Boy bullies are three to four times more likely to inflict physical assaults than girl bullies (Eron, Huesmann, Dubow, Romanoff & Yamel, 1987), whereas girls use more ridicule and teasing (Hoover, Oliver & Hazler, 1992). Olweus has labeled open attacks as direct bullying and social isolation and exclusion from the group as indirect bullying. Boys are more likely to employ direct bullying.

The percentage of students bullied decreases significantly with age and grade. The rate of decline is less during junior high and high school. Olweus (1994) reports that the average percentage of students bullied was 11.6% in grades 2 through 6 and 5.4% in grades 7 through 9. More than 50% of students in the lowest grades were bullied by older

children whereas older students are bullied primarily by their peers (Boulton & Underwood, 1992). However, it is the youngest in a particular school setting regardless of age who are most at risk for being bullied. This is logical given the fact that the younger students in a building are usually physically weaker and more vulnerable than older, stronger students. There is a general decline in direct, physical bullying as age/grade increases while the relatively higher level of verbal abuse/aggression remains constant (Boulton & Underwood, 1992). Specifically, Perry et al (1988) report nearly equal physical and verbal (15 verbal, 16 physical) Peer Nomination Inventory (PNI) victimization scores for males at grade 3 with a significant reduction in the physical victimization score at grade 6 (15 verbal, 9 physical).

### The Effects of Being Bullied

It is logical to assume that victims of bullying would be fearful and anxious in the environment in which the bullying took place. These victims might respond with avoidance/withdrawal/escape behaviors (skipping school, avoiding places at school, running away/suicide), more aggressive behaviors (such as bringing a weapon to school for self-defense or retaliation), and poor academic performance. It is important to remember that Perry et al (1988) identified different types of victims and that the effects of bullying would differ as a function of victim type.

Avoidance and withdrawal behaviors are likely to occur in the victims of bullies. The presence of a bully at school creates a climate of fear and intimidation for the individual victims of that bully, regardless of how pervasive the problem is. Students who are chronic victims of even mild abuse are likely to view school as an unhappy

setting (Gilmartin, 1987) and are likely to avoid places within the school setting or the school completely. Data from the 1992 school year (Johnston, O'Malley, & Bachman, 1993) indicated that 16% of eighth graders felt unsafe at school some or most of the time and 7% of eighth graders did not go to school during the previous month because they felt unsafe at school. Even greater numbers of students take precautions while at school in order to ensure their own safety. Twenty percent stay away from certain places in school, 22% stay away from certain places on school grounds, and 8% stay away from school-related events. Although not completely responsible for creating a school climate that students strive to avoid, bullying contributes to the serious problem of making school a place to be feared by many students. Effective schooling can not occur under conditions of intimidation and fear.

In the Violent Schools-Safe Schools report (National Institute of Education, 1978), 56% of assault victims reported being afraid at school sometimes and 15% of the attack victims reported staying home sometimes out of fear of being hurt. In addition, 29% of victims reported that they occasionally brought weapons to school when only 9% of other students did so. Nine percent of eighth graders and 10% of tenth graders reported bringing a weapon (gun, knife, or club) to school at least once in the previous month. In extreme cases, students have committed suicide as a result of bullying or have killed the bully (Greenbaum, 1988). These data support the notion that fear for one's safety in school results in skipping school, avoiding areas of school, or engaging in illegal activities (weapons at school) in significant numbers. Almost one in five students reported having either no, one, or two friends at school, indicating that many victims



have few peer-level resources for either problem solving or support. When a condition exists in which students fear for their safety (or their lives) and feel that they have little or no peer and/or teacher support, it is not surprising that an increase in school avoidance, in the number of weapons, and in both self-directed and interpersonal aggression is seen in the school setting.

Although the impact of bullying on academic performance is less well understood, it would be logical to assume that the effects of skipping school, avoiding school-related activities, and fear for one's safety would be detrimental to academic progress. There is some evidence to support this position. Hazler, Hoover, and Oliver (1992) reported that 90% of students who were bullied stated that they experienced a drop in school grades. Olweus (1994) found that boy victims of bullying had somewhat lower grades than their peers. Perry, Kusel, and Perry (1988) found a significant, negative correlation between intelligence and level of victimization for males.

The response of school personnel to bullying is, at best, disappointing. Results of research conducted at different times and in different countries, provide a similar picture. More than 60% of the victims report that school personnel respond poorly, respond only sometimes or never or try to put a stop to the bullying only once in a while or almost never (Boulton & Underwood, 1992; Hoover, Oliver & Hazler, 1992; Olweus, 1994). It is clear that school personnel do relatively little to intervene in the bullying cycle at school. There may be a number of reasons for this.

First, Stephenson and Smith (1988) report that 25% of teachers feel that it is sometimes helpful to ignore the problem. Because bullying often occurs in the form of

verbal intimidation, isolation and exclusion, teachers may view these behaviors as less serious than physical assaults where the damage is easily visible. Second, the social (passive) skills of the victims may be such that teachers are less motivated to intervene. Third, the behavior of the victim may play an important role as well. Boulton and Underwood (1992) reported that the effect size for the correlation between reported victimization and intervention by teachers was less than the reported frequency of bullying and intervention by teachers. This suggests that the children who are bullied will get less attention from adults than children who bully. Interviews with victims indicate that children who do not tell do so out of fear of reprisal. If this is the case, then victims might perceive that teachers and other school personnel either will not be sympathetic to their plight or will not be able to protect them.

The majority of the research cited throughout in this article was consistent in stating that in order for bullying to be reduced significantly, schools must send a strong message to students and staff that bullying is inappropriate. Students are quick to indict school personnel for their failure to act both to protect victims and to deal effectively with bullies (Hazler, Hoover & Oliver, 1992). Victims of bullies already believe that they are victims of peers (the bullies). If these students also believe that they are victims of the system through the lack of protection and support by the school staff, then one can understand more clearly why students resort to avoidance and/or retaliation (Batsche & Knoff, 1994). It is clear that schools must promote the idea that adults will be supportive of victims and that school officials can provide a safe haven for all students while at school.

## Alcohol and Other Drug Issues

The anti-drug-and-alcohol-use efforts spearheaded in recent years by federal, state, community and private agencies have had a positive impact on this problem. However, although the nature of abused substances and patterns of use have changed among certain groups in the past decade, overall levels of alcohol and other drug(AOD) use and abuse are still unacceptably high, particularly among the youth served in our nation's schools (McNamara, 1995).

Title V of the Elementary and Secondary Education Act (1988) fostered widespread acceptance of the notion that schools are an appropriate forum for the prevention and intervention efforts. In discussing prevention programming in the schools, Milgram and Griffin (1986) observed that the role of the school is not a choice of action or inaction, but rather a choice of acting purposefully and systematically, or sporadically and inconsistently (Milgram & Griffin, 1986). Clearly schools have significant potential for impact on the alcohol and other drug problem because they not only afford ready access to but also house the population requiring accurate information and guidance in making choices about use.

Traditionally, school-based prevention programs have focused on the variable of alcohol and other drug use or non-use. Policy, education, alternatives, and intervention activities were narrowly focused on the goal of reducing and eliminating use among adolescents. Research has increasingly focused on factors (identifiable in the early school years) associated with increased risk for alcohol and other drug use as well as factors associated with a decreased likelihood of use. Very recently, researchers have also

identified differences in factors contributing to levels of use, observing factors contributing to initial and experimental use differ from those associated with escalations in use. Research on factors associated with the initiation of alcohol and other drug use has yielded extensive support for a number of correlates, including easy availability of illicit substances, disadvantaged socioeconomic status, lack of religious commitment, poor school performance, rebelliousness and lack of conformity with laws and norms, perceived adult use, low self-esteem, impulsivity, sensation-seeking, many deviant behaviors, poor and inconsistent family management practices, association with drug using peers, and low commitment to school (Clayton, 1992; Newcomb & Felix-Ortiz, 1992). These factors place students at risk by creating a state of vulnerability or susceptibility to alcohol and other drug use.

Glantz (1992), summarizing longitudinal research studies on risk, notes that, at age 7, future frequent alcohol and other drug users were unable to form good relationships, were insecure with evidence of low self-esteem, manifested numerous signs of emotional distress, which they denied, and had poor coping, adapting, and interpersonal problem solving skills. In late childhood, these characteristics were exacerbated, expressing themselves in poor school achievement and peer group integration, maladaptive problem solving and coping skills, affiliation with deviant peer groups, and proneness to behavior problems. Family problems and stresses, in addition to parent or sibling models of drug use, take on increased salience.

Austin (1992) argues for the importance of school failure factors as common precursors or antecedents of the initiation and escalation of alcohol and other drug use. In

reviewing research on correlates of alcohol and other drug use, he observes that, while school failure factors do not have as strong or as direct an influence in alcohol and other drug use as peer associations, they are often embedded in a developmental history characterized by disengagement and the adoption of unconventional behaviors. Patterns of school failure can be identified as early as second grade; Slavin and Madden (1987) note that, by fifth grade, many students are caught up in a permanent cycle of falling behind and remediation. Summarizing the relationship between school failure and alcohol and other drug use, Austin concludes that youth who are failing at school by mid-adolescence, and facing a bleak future, are likely to see little reason why they shouldn't use drugs and to have little motivation to resist pro-use messages (Austin, 1992).

Glantz notes that high-risk children are less likely to be influenced by protective factors, and, because they have been unsuccessful in developing adequate coping skills and strategies, these skills are generally less available in their repertoire even if the maladaptive ones are successfully discouraged from use (Glantz, 1992). As a result, vulnerability of Alcohol and other drug abuse is often well-established by the onset of adolescence. Recent research has demonstrated that factors associated with initiation differ substantially from those associated with escalation of use. Survey data indicate a high prevalence of experimental alcohol and other drug use among students. Therefore, the nature of factors promoting escalation of alcohol and other drug use requires special attention. It is important to identify and intervene on those factors associated with escalation. For example, individuals whose initial alcohol and other drug use results in negative social sanctions tend to escalate use. Those who label alcohol and other drug use

as deviant are also more likely to escalate levels of use. Males whose initial alcohol and other drug use arises from motivation to express anger or increase potency are likely to escalate use, as are females whose alcohol and other drug use is intended to cope with disrupted relationships (Kaplan & Johnson, 1992). These findings, some of which contradict common sense notions of the motives underlying alcohol and other drug use, represent critical information for programs addressing the needs of the prevention audience.

Some risk factors, such as academic failure, are amenable to direct intervention efforts. Others, including environmental circumstances, are not amenable to direct intervention. For the latter group, intervention efforts generally focus on the introduction of protective factors to buffer the influence of the risk factor, thereby reducing the likelihood that it will lead to alcohol and other drug use or abuse.

Berman (1995) examined risk factors leading to adolescent substance abuse to provide greater understanding of their influence. The risk factors were divided into four major categories: demographic, social, behavioral and individual. Each category was broken down into its respective components, among which are ages of susceptibility, gender differences, the influences of family, peers and environment, along with other components. This study found that all four major categories have been found to lead to adolescent substance abuse.

The family has a strong influence on whether the child will become involved with alcohol and other drug use. Kandel, Kessler and Margulies (1979) found that 82% of parents who drank had adolescents who also drank, and 72% of parents who abstained

had adolescents also abstained. Gorsuch and Butler (1976) found that the use of marijuana by parents increased the likelihood that their adolescent children would also use marijuana. There are four possible reasons for this correlation. First, the child may simply be modeling the behavior of a family member. Second, the family is the context in which social norms are acquired. A family that regularly uses alcohol and other drugs is sending a message to their children that this is "normal" and acceptable behavior. Third, that the child will receive less adult attention and supervision in the context of parental alcohol and other drug use. Finally, a family in which one or more adults is abusing a substance is likely to produce emotional and/or physical pain for the adolescent, who may turn to substance abuse as an escape mechanism.

The structure of the family and the structure it provides also play significant roles in the onset of children's substance abuse. Stern, Northman and Van Slych (1984) report that the absence of the father from the home affects significantly the behavior of adolescents, and results in greater use of alcohol and marijuana. Lang (1985) suggests that parents who show little involvement with their children, and parents whose standards of behavior and discipline are inadequate or inconsistent are more likely to have adolescents who abuse alcohol and other drugs.

Peers also have a strong influence on whether an adolescent will abuse alcohol and other drugs. Biddle, Bank, and Marlin (1980) report that an adolescent is more likely to drink if his/her friends drink. Oetting and Beauvais (1987) state that the single dominant variable in adolescent drug use is the influence provided by the peers with whom an adolescent chooses to associate. The belief is that drug use is nearly always

directly linked to peer relationships. Peers shape attitudes about drugs, provide drugs, provide the social contexts for drug use, and share ideas and beliefs that become the rationales for drug use (Oetting & Beauvais, 1987). During adolescence, acceptance by one's peers is of primary importance. Children in a peer group that is involved with substance abuse may also do so rather than jeopardize their sense of connection to the group.

Finally, mixed messages about drinking and drug abuse that children receive from their environment also contribute to the problem. Newcomb and Bentler (1989) describe the nature of these mixed messages as children that are quite adept at spotting hypocrisy and may have difficulty understanding a policy of saying no to drugs when suggested by a society that clearly says yes to the smorgasbord of drugs that are legal as well as the range of illicit drugs that are widely available and used (Newcomb & Bentler, 1989). Children live in a society where the use of alcohol and other drugs is not only accepted as the norm, but is often glorified. Professional athletes, actors, and musicians, who serve as role models for children, are used in advertisements for alcohol products. Alcohol is served at many social functions. On one hand, parents are telling their children to stay away from drugs and alcohol, while on the other, many of these parents are drinking and using illicit drugs themselves. As a result of these conflicting signals, the message of just say no is not coming through strongly enough.

Certain substances have been shown to predate entry into other drug use. Schilling and McAlister (1990) report that adolescents tend to begin with certain entry drugs such as cigarettes and liquor, then sequentially progress to marijuana and finally to



harder drugs. Further, most drug abusers do not limit themselves to one particular form of substance abuse. Stein, Newcomb and Bentler (1988) found that drug abusers typically use two or more drugs, and that those who use illicit drugs also tend to drink alcohol. The converse of this has also been found to be true. Yamaguchi and Kandel (cited in Callen, 1985) report that the probability that individuals who never use marijuana will initiate the use of other illicit drugs is very low. Therefore, preventing the initial stages of drug-using behavior can aid in the prevention of adolescent substance abuse.

Involvement with other types of problem behaviors also has been linked to adolescent substance abuse. Casemore (1990) reports that young people who use chemicals tend to be involved in behaviors viewed as antisocial, including theft, selling drugs, and sexual misadventure. Fisher and Harrison (1990) suggest the risk factors for child substance abuse include early antisocial behavior and rebelliousness. Donovan and Jessor (1985) found that adolescent problem drinking was associated with a tendency to engage in other problem behaviors. All adolescents, regardless of whether they are involved with substance abuse, often become involved with these problem behaviors. Substance abuse does, however, increase both the degree and frequency of other problem behaviors. It is further agreed by Casemore, that if adolescent alcohol and drug use declines we will see a concurrent decline, in these other problem areas as they relate to chemical use.

One link between bully/victim problems and drug/ alcohol issue is self-esteem. Perez, Padilla, Ramirez & Ramirez (1980) found that certain self-concept factors were significant predictors for the use of marijuana, inhalants, and PCP among adolescents. In

summarizing work relating with alcohol use to self-esteem, Windle and Barnes (1988) reported that "finding in previous studies were inconsistent." (Windle & Barnes, 1988) Several researchers found low self-esteem linked to initiation of cigarette smoking. Guaielmo, Polak and Sullivan (1985) argued that low self-esteem and familial environment are linked causally to substance use and abuse. When self-esteem is low, it becomes a "background of pain" in a person's life, with substance abuse becoming a frequently observed maladaptive means of coping. Lastly, a study conducted by Stevens, Youells, Whaley and Linsey (1991) found that a child's attitude towards drinking, perceived family attitudes towards drinking, the number of drinking friends, and self-perceived wrong-doing by the child were four factors strongly related to alcohol use. Increased alcohol use was also associated with experimental and current use of cigarettes, marijuana and smokeless tobacco.

Children who lack parental and other adult supervision have greater accessibility to alcohol and other drugs. When accessibility and lack of parental supervision of children occurs the outcome can lead to experimentation of alcohol and other drugs. The link between lack of parental and other adult supervision, greater accessibility combined within children who have positive attitudes toward aggression and rule-breaking leads to adult with the same abusive behaviors, alcohol and other drug abuse, and criminal acts, taxing social systems.

## Method

### Sample

A total of 232 students from three elementary schools in one suburban school district in southern New Jersey took part in this study. Twelve classes of fourth grade students(107) and fifth grade students(125) were surveyed. Of the 232 students 105 were male and 127 were female. This district was in a ethnically diverse community.

### Measures

Permission was obtained to administer an adaptation of the Olweus Bully Questionnaire to American school children. Changes in the wording were made to accommodate the American context and language. Five of the Olweus questions were eliminated. Thirty-five multiple choice questions were asked about bullying/victim issues. Five questions concerning attitudes toward and availability of alcohol and other drugs were added.

The following definition of bullying was used, closely modeling that used by Olweus:

We say a student is being bullied when another student, or group of students, say nasty and unpleasant things to him or her. It is also bullying when a student is hit, kicked, threatened, locked inside a room

and things like that. These things may take place frequently and it is difficult for the student being bullied to defend himself or herself. It is also bullying when a student is teased repeatedly in a negative way. But it is not bullying when two students of about the same strength quarrel or fight.

Subjects were allowed to ask the researcher or classroom teacher for help in reading questions if needed.

### Procedure

The questionnaires were administered at each of the schools during a one week period. Subjects completed the questionnaire in their normal classroom setting with their teacher present. Standardized instructions were read to all the classes.

The subjects were clearly informed that research participation was voluntary. They were also informed that all responses would remain anonymous, and that only the researcher would have access to their responses. The subjects were told that it was important to answer the questions truthfully, to remain seated, and not to confer with other subjects or copy other subjects' responses.

No time limit was imposed upon the subjects for completion of the questionnaire. On average, the subjects completed the questionnaire in twenty minutes.

## Results

Research Question #1: It was hypothesized that the same patterns of bullying found by Olweus (1991) in Norway would be reported by school children in southern New Jersey.

### Norwegian Results

A. Bullies: In Norway Olweus found that a total of 13.4% of fourth graders and 15.1% of fifth graders reported bullying other children. Of the fourth graders, 3.7% of the self-identified bullies were girls and 9.7% were boys. Of the fifth graders, 3.4% of the self-identified bullies were girls and 11.7% were boys.

B. Victims of bullying: A total of 24.5% of fourth graders and 19.5% of fifth graders reported that they had been bullied. Of the fourth graders bullied, 11.5% were girls and 13% were boys. Of the fifth graders bullied, 8.9% were girls and 10.6% were boys.

### Southern New Jersey Results

A. Bullies: Similar trends in the percentages of self-reported bullies and victims were reported in the southern New Jersey sample. A total of 15% of fourth graders and 11% of fifth graders reported bullying. Five percent of the fourth grade self-reported

bullies were girls, ten percent were boys. Six percent of the fourth grade self-reported bullies were girls, five percent were boys.

B. Victims of bullying: A total of 21.5% of fourth graders and 20.8% of fifth graders reported in the New Jersey study that they had been bullied. Of the fourth graders bullied, 9.3% were girls and 12.1% were boys. Of the fifth graders bullied, 11.8% were girls and 9.6% were boys. A summary of data can be found on Table 2 and figures 1-3.

Table 2.

	OLWEUS	NEW JERSEY
<b>FIFTH GRADE BULLYING</b>		
Total	15.1%	11%
Girls	3.4%	6%
Boys	11.7%	5%
<b>FIFTH GRADE BEEN BULLIED</b>		
Total	19.5%	20.8%
Girls	8.9%	11.2%
Boys	10.6%	9.6%
<b>FOURTH GRADE BULLYING</b>		
Total	13.5%	15%
Girls	3.7%	5%
Boys	9.7%	10%
<b>FOURTH GRADE BEEN BULLIED</b>		
Total	24.5%	21.4%
Girls	11.5%	9.3%
Boys	13%	12.1%

Research Question #2: It was hypothesized that those identified by the Olweus questionnaire as bullies would report significantly different attitudes toward and access to alcohol and other drugs. Specifically, it was hypothesized that self-identified bullies would have more positive attitudes toward and greater access to alcohol and other drugs.

It was hypothesized that subjects self-reporting bullying behavior would have more favorable attitudes toward the use of alcohol and other drugs and greater access to alcohol and other drugs. Chi-square analyses of frequencies summarized in Table 3 indicate significant differences in the questionnaire responses of self-reported bullies and non-bullies in the expected direction. Findings indicate that the self-reported bullies have more favorable attitudes toward alcohol and other drug use, and have greater access to alcohol and other drugs.

A chi-square test of independence was performed on the relationship between bully/nonbully peers and responses of planning to drink as a teenager. The chi-square was statistically significant( $X^2=32.98$ ,  $df=4$ ,  $p<.05$ ). The nature of the relationship was such that bullies were more likely than nonbully peers to respond favorably that they plan to drink as teenagers. Nonbully peers responded negatively to plans of drinking as a teenager.

A chi-square test of independence was performed on the relationship between bully/nonbully peers and responses of approving of adults drinking alcohol. The chi-square was statistically significant( $X^2=6$ ,  $df=2$ ,  $p<.05$ ). The nature of the relationship was that bullies were more likely than their nonbully peers to respond positively to

approval of adults drinking alcohol. Nonbully peers responded negatively to approval of adults drinking alcohol.

A chi-square test of independence was performed on the relationship between bullies/nonbully peers and responses of frequency of being offered a cigarette by a friend. The chi-square was statistically significant( $X^2=17.35$ ,  $df=4$ ,  $p<.05$ ). The nature of the relationship was such that bullies were more likely to be offered cigarettes by a friend many times. Their nonbully peers responded more frequently that they have never, once or a couple of times been offered a cigarette by a friend.

A chi-square test of independence was performed on the relationship between bullies/nonbully peers and responses of frequency of being offered alcohol. The chi-square was statistically significant( $X^2=12.26$ ,  $df=4$ ,  $p<.05$ ). The nature of the relationship was such that bullies were more likely to be offered alcohol a couple or many times. Their nonbully peers responded more frequently that they had never or only once been offered alcohol.

A chi-square test of independence was performed on the relationship between bully/nonbully peers and responses of how difficult it would be to obtain marijuana. The chi-square was statistically significant( $X^2=14.48$ ,  $df=6$ ,  $p<.05$ ). The nature of the relationship was such that bullies were more likely than their nonbully peers to respond that it would be very easy to obtain marijuana. Nonbully peers responded that they could not or that it would be very hard to obtain marijuana(Table 3 a-e for AOD questions, and figures 4-23).



Table 3a

Do you plan to drink as a teenager?				
Response	Nonbullies	Bullies	Nonvictims	Victims
no	87.6%	53.3%	86.3%	81.6%
maybe	6.5%	13.3%	6%	10.2%
I don't know	4.6%	6.9%	4.4%	6.1%
yes	.5%	6.7%	1.1%	
did not answer	.9%	20.0%	2.2%	2.0%

Note: Figures 4-7 chart results.

Table 3b

Do you approve of adults drinking?				
Response	Nonbullies	Bullies	Nonvictims	Victims
no	74.2%	60%	74.3%	69.4%
yes	23.5%	26.7%	21.9%	30.6%
did not answer	2.3%	13.3%	3.8%	

Note: Figures 8-11 chart results

Table 3c

Has a friend ever offered you a cigarette?				
Response	Nonbullies	Bullies	Nonvictims	Victims
never	73.3%	73.3%	74.3%	69.9%
once	15.7%		14.2%	18.3%
couple of times	5.1%		3.3%	10.2%
many times	5.1%	13.3%	6.6%	2%
did not answer	.9%	13.3%	1.6%	2%

Note: Figures 12-15 chart results.

Table 3d

Have you ever been offered alcohol?				
Response	Nonbullies	Bullies	Nonvictims	Victims
never	67.3%	53.3%	66.1%	67.3%
once	18.4%		18%	14.3%
couple of times	8.8%	26.7%	9.3%	12.2%
many times	3.7%	13.3%	4.4%	4.1%
did not answer	1.8%	6.7%	2.2%	2%

Note: Figures 16-19 chart results.

Table 3e

Would it be hard for you to get marijuana?				
Response	Nonbullies	Bullies	Nonvictims	Victims
could not	43.3%	26.7%	43.7%	36.7%
do not know	31.3%	33.3%	30.6%	34.7%
very hard	13.8%	6.7%	13.7%	12.2%
hard	.9%		.5%	2%
easy	2.8%		2.7%	2%
very easy	5.1%	13.3%	4.9%	8.2%
did not answer	2.8%	20%	3.8%	4.1%

Note: Figures 20-23 chart results.

## Discussion

It was hypothesized that the same patterns of bullying found by Olweus (1991) in Norway would be reported by school children in southern New Jersey. This hypothesis was confirmed. Results indicate that bully/victim problems are similar in southern New Jersey and Norway as measured by the Olweus Questionnaire. Clearly, bullying affects a great number of children in our schools.

While the total number of bullies and victims in fourth and fifth grade in Norway and southern New Jersey were quite similar, gender differences were found in the two samples for both bullies and victims. Olweus states that boys are more frequently bullies and victims. However, in the southern New Jersey study it was found that there were more girl than boy bullies in the fifth grade. Olweus reported more boy victims in fifth grade while the southern New Jersey study revealed slightly more girls were being victimized.

The results presented here clearly indicate that southern New Jersey schools that were surveyed have bully/victim problems that affect one in every four to five children. This raises an important concern since a child's perceived sense of safety may influence

his or her ability to learn. Bullying in the schools is, therefore, an important educational issue.

It was hypothesized that those identified by the Olweus questionnaire as bullies would report significantly different attitudes toward and access to alcohol and other drugs. Specifically, it was hypothesized that self-identified bullies would have more positive attitudes toward and greater access to alcohol and other drugs. Self-reported bullies' had more favorable attitudes and greater access to alcohol and other drugs than their nonbully peers. Questions that were posed to the students included asking about adults drinking, their plans to drink as teenagers, availability of cigarettes, alcohol, and marijuana.

Bullying is a pattern of behavior consistent with a diagnosis of Oppositional Defiant Disorder (ODD). Bullying is not a behavior pattern that children out grow. Bullies find that aggressive behavior works to satisfy their needs. They highly value the feeling of being in control and dominating others. Dominance makes them feel important. This need for empowerment puts bullies at risk for becoming juvenile delinquents and later, criminals.

The DSM-IV characterizes children with Oppositional Defiant Disorder (see appendix K for criteria) with the essential feature of a recurring pattern of negativistic, defiant, disobedient, and hostile behavior towards others. A diagnosis of Oppositional Defiant Disorder requires that the behaviors must occur more frequently is typical for the child's age. Bullies are described as often losing their tempers, arguing with adults, deliberately annoying others, blaming others for their mistakes or misbehavior, being

angry, resentful, spiteful, or vindictive. These characteristics are six of the eight characteristics of Oppositional Defiant Disorder in criteria A, when a minimum of only four is required for diagnosis. Criteria B is that the disturbance disrupts and impairs functioning in social, academic or occupational areas. Bullies meet this criteria in social and academic functioning. A substantial portion of bullies would meet the diagnosis criteria for Oppositional Defiant Disorder. This means that schools have a mental health population in the classroom who are both undiagnosed and untreated.

Associated features of Oppositional Defiant Disorder are those characteristics also reported in research literature about bullies. It is reported in the DSM-IV that Oppositional Defiant Disorder is more prevalent in males. During school years those diagnosed with Oppositional Defiant Disorder display low self-esteem, mood lability, low frustration tolerance, swearing and the precocious use of alcohol, tobacco, and illicit drugs. Oppositional Defiant Disorder is more prevalent in families that use harsh, inconsistent or neglectful child rearing practices. In addition to similarities in behavior patterns of those diagnosed with Oppositional Defiant Disorder and bullies, the prevalence rates are also similar. In the general population Oppositional Defiant Disorder is estimated to occur in 2%-16% depending upon sampling procedures. Moreover, like bullying, Oppositional Defiant Disorder tends to run in families in which one or both parents has a history of Mood disorder, Oppositional Defiant Disorder, Conduct Disorder, Attention-Deficit Hyperactivity Disorder, Antisocial Personality Disorder or a Substance-Related Disorder. Oppositional Defiant Disorder is more common in families which there is serious marital discord.

The characteristics of bullies tend to closely follow the characteristics of Oppositional Defiant Disorder in features of criteria, and familial patterns. Prevalence in the general population matches the percentages of self-reported bullies in this study. The results of questions of attitudes towards and availability of alcohol and other drug matches that associated features of precocious use of alcohol and other drugs.

Children diagnosed with Oppositional Defiant Disorder might receive intervention in order not to escalate to Conduct Disorder or Antisocial Personality Disorder. Children identified as bullies rarely receive intervention. When no one helps children who bully, they are likely to escalate aggressive behaviors and are at risk for Conduct Disorder (Appendix L for DSM-IV criteria). Without intervention bullies remain bullies throughout their lives. Bullies are gratified by power and control over others. Bullies have difficult times staying in school, holding down jobs, and having close intimate relationships and are at greater risk for criminal acts. These are the social costs associated with ignoring the problem of bullying.

In order to communicate a social norm of zero tolerance for bullying, must be both individualized and systemic. On the individual level, victims need to be counseled to confront bullies with no tolerance and their self-esteem boosted so that they do not feel it is their lot in life to cater and make a bully happy. Bullies need to feel safe, and must learn other ways of interacting with others. Bullies need models of prosocial behaviors. The message of no tolerance for bullying must be communicated comprehensively throughout the school environment. There must be consequences for bully behavior, consistency in application of rules, and praise for prosocial behaviors. Schools need to

elicit the support of the 80% to 85% of children who are not involved in bully/victim problems to show support for the victims instead of standing by or ignoring the problem. Involving an entire school community may be the most powerful approach to making the school a safe and caring environment.



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## Appendix A

Definition of Bullying: Bullying or victimization in the following general way: A student is being bullied or victimized when he or she is exposed, repeatedly and over time, to negative actions on the part of one or more other students. It is a negative action when someone intentionally inflicts, or attempts to inflict, injury or discomfort upon another--basically what is implied in the definition of aggressive behavior. Negative actions can be carried out by physical contact, by words, or in other ways, such as making faces, or obscene gestures, and intentional exclusion from a group. In order to use the term bullying, there should be an imbalance in strength: the student who is exposed to the negative actions has difficulty in defending him/herself and is somewhat helpless against the student or students who harass. The phenomenon of bullying is thus characterized by the following three criteria: (a) It is aggressive behavior or intentional "harmdoing" (b) which is carried out "repeatedly and over time" (c) in an interpersonal relationship characterized by an imbalance of power. (Olweus, 1994)

## Appendix B

### Possible Motivations for Bullying (Olweus, 1994)

1. Bullies have a strong need for power and dominance, the need to be in control of others: they seem to enjoy being "in control" and to subdue other.
2. Bullies tend to be reared in family conditions where they develop hostility toward the environment. They learn to act out their aggressiveness and impulses to derive satisfaction from inflicting injury and suffering.
3. An instrumental component to bullying behavior is that they coerce their victims to obtain things and aggressive behavior is rewarded also in a form of prestige.

## Appendix C

### Development of aggressive reaction patterns (Olweus, 1980)

1. *The basic emotional attitude of the primary caretaker toward the child:* A negative emotional attitude, characterized by lack of warmth and involvement, increases the risk that the child will later become aggressive and hostile toward others.

2. *Permissiveness toward aggressive behavior by the child:* If the primary caretaker is generally permissive and tolerant, without setting clear limits on aggressive behavior toward peers, siblings, and adults, the child's aggression level is likely to increase.

3. *Use of power-assertive child-rearing methods such as physical punishment and violent emotional outbursts:* Children of parents who make frequent use of these methods are likely to become more aggressive than the average child. "Violence begets violence."

4. *The temperament of the child:* A child with an active and "hotheaded" temperament is more likely to develop into an aggressive youngster than a child with a quieter temperament (Olweus, 1994).



## Appendix D

### Group Mechanisms

1. Social "contagion:" Peers can get caught up in the moment. According to social theory impact the influence is dependent on the strength of the main source--How much status or authority does the primary bully have? The immediacy of the situation--Is the person being pulled onto the behavior right then and now? Lastly, the number of people trying to get the person involved.

2. Weakening of control or inhibitions against aggressive tendencies: In groups, some people will conform far more than others and the more people there are in a situation the harder it is to stand for individualized convictions.

3. Diffusion of responsibility: The belief that others will and should take responsibility for providing assistance to the victim.

4. Gradual cognition changes in the perceptions of bullying and of the victim: The victim is seen as weak and that they deserve the treatment for not fighting back or retaliating.

## Appendix E

### Aggressive Children

The importance of the evaluation of bullying/victim issues in school is because the development of peer relations takes place largely within the school context (Hartup, 1993). This places school psychologists in an ideal position to both identify and intervenes with children experiencing the most peer relationship difficulties (Wass, 1987). Different types of aggression have been identified in studies with children. For the purpose of this study aggression is defined as a pattern of behavior reaction to a variety of situations with acts that harm others, either physically or verbally. Aggression and bullying behavior are closely related in several aspects: such as, family environments, parental control and peer reaction. This paper will first closely look at theories of aggression, family environments, social reaction patterns and prediction of future outcomes of aggressive children.

It has been argued that aggression is a personality trait. Huesmann and Eron (1989) state that certain individuals who are predisposed to responding with aggression across a wide variety of interpersonal situations. To examine aggression as a trait it is related to genetic and physiological factors; it emerges early in life and is influenced and shaped by a child's life experiences; it is consistently associated with gender and is stable or predictable over time and across situations (Huesmann & Eron, 1989). Aggression can be viewed as a collection of specific scripts for social behavior, emphasizing aggressive responding, and the associative structure relating these scripts to each other, to external cues and the outcome expectancies (Huesmann & Eron, 1989).

Aggression as a characteristic way of interacting with others and solving interpersonal problems emerges early in life. Many studies have shown consistently that aggression is consistent over time (Radke-Yarrow, 1984; Zahn-Waxler, 1984) and in different countries (Canada, Australia, Finland, Israel and Poland). When consistent individual differences appear this early in life and persist over time, and similar results are found in locations throughout the Western world, it is not unlikely that these individual differences represent the foundation of future individual differences in personality traits (Huesmann & Eron, 1989). Not only does aggression as a characteristic way of solving problems emerge early in life, but there is also accumulating evidence that each individual develops a characteristic level of aggressiveness in childhood and that this aggressiveness remains relatively stable across time and situations into adulthood (Huesmann et al., 1984). This does not mean that situational factors are unimportant. Certain circumstances make aggression more likely for anyone, and at different ages, different forms of aggression become more likely. The stability is a stability of relative position in the populations. The more aggressive a child is the more the child likely becomes aggressive as the adult. Early childhood aggression in school significantly predicted adult criminality and a variety of other adult antisocial behavior. Such predictability is strong evidence for the presence of a trait of aggression that is present in greater or lesser degree in most persons.

Despite the influence that genetic, hormonal, prenatal and traumatic factors may have on the development of the trait of aggression, there is a substantial portion of individual difference in characteristic levels of aggression among humans that can be

attributed to learning. The conditions most conducive to learning of aggression seem to be those in which children have many opportunities to observe aggression, and in which children are reinforced for their own aggression (Eron, 1982). A number of different learning theories have been proposed over the past three decades by Bandura (1973), Berkowitz (1974, 1984), Eron et al, (1971) and others. More recently, Dodge, McClasky and Feldman (1985), have introduced learning models based on recent thinking in cognitive psychology.

The transformation of children's initial aggressive behavior into habitual aggressive behavior may depend as much on the responses of children's environment to the aggression, the continuance of precipitating factors, and the convergence of other causal factors as on the initial exposure to violence. It is hypothesized that the developing child's response generates a process that is influenced by the children's cognitive capacities and information processing procedures. Therefore, to understand the development of habitual (learned) aggressive behavior, one needs to examine the operation of the child's information processing system in the presence of the environment and characteristic factors that promote aggressive behavior.

Huesmann and Eron (1984) report that social behavior is controlled to a great extent by programs for behavior that have been learned during a person's early development. These programs can be described as cognitive scripts that are stored in a person's memory and are used as guides for behavior and social problem-solving. A script suggests what events could happen in the environment, how the person should behave in response to these events, and what the likely outcome of those behaviors would

be (Huesmann & Eron, 1989). For example, a child who interprets the environment as more hostile may behave more aggressively. The child's current emotional state, coupled with both the objective properties of the current stimulus situation and the evaluative cognition cued by the stimulus situation, determines which scripts for behavior will be retrieved from memory. Not all scripts that are retrieved will be employed. However, before acting out the script, the child re-evaluates the appropriateness of the script in light of existing internalized social norms and examines the likely consequences (Huesmann & Eron, 1989). Some children may not have the cognitive capacity to engage in a thorough evaluation. Children may also misperceive the likely consequences of an aggressive act because of a biased reinforcement history or a biased exposure to scenes of others behaving aggressively. Children with a low perceived self-efficacy for prosocial behaviors may turn to aggressive scripts by default. But perhaps the most important components of a script's evaluation is the extent to which it is perceived as congruent with the child's self-regulating internal standard (Huesmann & Eron, 1989). Scripts that violate the social norms that children have internalized are likely to be encoded. Children with a weak or non-existent internalized prohibitions against aggression or who believe that everyone behaves aggressively is much more likely to encode new aggressive scripts for behavior. The aggressive boy's belief that everyone behaves aggressively is likely to be confirmed by the behavior of those around him.

The existing scripts may be assessed and used to guide behavior and how certain individuals and environmental factors could promote the use of aggressive scripts have been discussed. Within the this framework on habitually aggressive children are ones

who regularly retrieve and employ scripts for social behavior that emphasizes aggressive responding. The regular retrieval and use of aggressive scripts would suggest above all that a large number of aggressive scripts have been stored in memory. It is hypothesized that scripts are stored in memory in much the same way as are programs and strategies for intellectual behavior--through a two-component process involving an initial encoding of observed behavior followed by repeated rehearsals (Huesmann, 1988). Encoding is the formation of a representation of an external stimulus in the memory system (Kintsch, 1977, p. 485). To encode an observed sequence of behavior as a script, children must first attend to the sequence. Thus scripts with particularly salient cues for the children are more likely to be encoded. The current emotional state and current memory contents may have some influence when highly aroused and angry. For example, the child may view a physically active sequence of behavior as more appropriate than they would otherwise. A young boy who can only recall seeing aggressive behavior is more likely to encode a newly observed aggressive behavior than is a boy whose mind is filled with memories of prosocial solutions.

One puzzling aspect of habitual aggressive behavior is why it persists in the face of so many apparently negative consequences. Huesmann and Eron (1989), suggest that one possibility is that children might misperceive the consequences of their actions either because they focus on the wrong dimensions of feedback or because they do not look far enough ahead. A precipitating act may be so far removed in time that no connection can be made. However, even the children who perceives the immediate negative consequences of an aggressive act, they may fail to learn alternative scripts (Eron, 1982).

Generally, prosocial solutions to social problems are less direct and more complex than aggressive solutions (Huesmann & Eron, 1989). Internalized norms against aggression may also be reduced when many others are observed behaving aggressively, either in person or in the media (Eron, 1982).

Within this framework, what causes one child to learn more aggressive scripts than another? Huesmann and Eron (1989) suggest one possibility is that interactive learning plays the primary role. Aggressive children try various social strategies and only aggressive ones have resulted in positive reinforcement. These strategies, therefore, have been rehearsed most and are the most readily accessible (Eron, 1982). Certainly, if a specific aggressive response is reinforced, the script that suggested that response is more likely to be retrieved and to be employed in the future (Huesmann & Eron, 1989). The boy who solves a social problem successfully by hitting will be more likely in the future not just to hit but to kick, punch or push. Children are constantly observing others, encoding what they see that seems salient, and integrating these observations into encoded scripts for behavior. The more salient an observed aggressive scene is to the children initially, and the more the children ruminates upon, fantasizes about, and rehearses the observed scene, the more likely it is that an aggressive script based on that scene is recalled and followed in a social problem-solving situation (Huesmann, 1988). The more the aggressive scene is consistent with the scripts for behavior that the children have already acquired, the more easily it is integrated into memory. The more the aggressive scene is perceived as realistic and the more the children can identify with the aggressive actor in the scene, the more salient the scene seems to the children. The

children construct scripts for behavior that have subjective utility (Eron, 1982) as potential strategies for social problem-solving. Aggressive acts perceived as unreal and performed by actors with whom the children cannot identify do not fulfill this requirement.

While the proposed model emphasizes the role of the children's cognitive processes, the role of the parents cannot be ignored. Parents may provide critical input into both the enactive and the observational learning processes. The parents' aggressiveness, punitiveness, and lack of nurturance serves as models of behavior for the children to observe and incorporate into their own behavioral repertoires (Huesmann, 1988), especially when they see the rewards such behavior provides. Furthermore, the children's cognitive processes may well be influenced by the parents own cognitive processes. In addition, parents can intervene to reinforce differentially their children's aggressive and prosocial responses, to moderate their children's exposure to aggressive scripts, and to convince their children that the violent solutions to social problems which they are observing or utilizing are not realistic or adoptive. Such interventions would reduce the likelihood that the children would encode the aggressive scripts they see or utilize the aggressive scripts that are encoded (Huesmann & Eron, 1989).

There is fairly conclusive evidence from longitudinal studies linking early disruptive or aggressive behavior to later aggression, delinquent in antisocial behavior (Farrington, 1991; Huesmann, Eron, Lefkowitz & Walder, 1984; McCord, 1983; Palkkinen, 1983; Stattin & Magnusson, 1989; Tremblay et al., 1992). Most of these studies have highlighted the stability of aggressiveness over time and across situations.



There have been several drawbacks; such as small sample size, definitions and measurement of aggressiveness have varied. Most studies pertaining to the stability of aggression have focused on the period from preadolescence to adulthood (Cairns, Cairns, Neckerman, Ferguson & Garipey, 1989; Farrington, 1991; Huesmann et al., 1984; Olweus, 1994). Physical aggression, however, is a relatively common behavior among preschool children (Strayer & Strayer, 1976). Early assessment of physical aggressiveness, subsequently repeated throughout the course of an individual's development helps chart the circumstances in which it appears, stabilizes, or disappears.

As already reviewed there is considerable body of research predisposing individual and environmental factors that interact with aggressive behavior. Both family contextual variables and family processes variables have been related to later aggressive, antisocial, and criminal behavior. Among the context variables, the following have been associated with antisocial outcomes in children; low socioeconomic status of family; parents low occupational status and employment, family structure (intact versus nonintact); large family size; maternal age at birth of child; institutional placements; impoverished neighborhoods with low social support; and crowded, poor housing conditions (Farrington, 1992; Rosenbaum, 1989; Wells & Rankin, 1991). As for family process variables, the following parental childrearing practices play a crucial role in engendering aggressiveness and later criminal behavior in offspring; erratic, harsh, physical or inconsistent punishment or threatening control; child abuse, neglect, poor supervision; rejection; indifference; hostility; parental criminality; mental disorders and alcohol and other drug abuse; parental discord and marital disharmony; parental absence

and separations; and insecure parent-child attachments (Eron, Huesmann & Zelli, 1991; Farrington, 1991; Laub & Sampson 1988; Lewis, 1992; Loeber, 1988; McCord, 1988). Some of the forementioned family factors, such as parents criminality and alcohol abuse, probably operate through the family management skills, affecting disciplinary practices, supervision and other parenting behaviors (Laub & Sampson, 1988).

In a study by Haapasalo and Tremblay (1994), a large sample of boys from kindergarten age to adolescence found a relationship between family background, parenting behavior, early aggressive behavior and later delinquency. Developmental patterns of physical aggression and their relationships with family context and process (parenting behavior) were highlighted in their study. They identified five fighting patterns (Stable high fighters; High fighters with late onset; Desisting high fighters, Variable high fighters and nonfighters) that differed from each other on almost all family background variables, although the range of SES was restricted (Haapasalo & Tremblay, 1994). They also reported that delinquency was significantly associated with fighting patterns.

Predictions of adulthood behavior of aggressive child without intervention has been the focus of many studies. Pulkkinen and Pitkkanen (1993) reported in a longitudinal study on social development. The subjects were studied at age 8, 14, 20, and 26. For males, they report that peer nominations and teacher ratings on aggression at age 8 and 14 predicted criminality, arrests for alcohol abuse, and problem drinking as well as self-reports on aggression at age 26 (Pulkkinen & Pitkkanen, 1993). For females, teacher ratings on aggression were biased by school adjustment, and they predicted arrests for

alcohol abuse and problem drinking; peer nominations predicted self-reports on aggression (Pulkkinen & Pitkkanen, 1993). In research study done at the National Institute on Drug Abuse Addictions Research Center in Baltimore, Maryland use retrospective self report measure of early childhood aggression, the Early Experience Questionnaire (EEQ) (Muntaner, Nagoshi, Jaffe, Walter, Haertzen & Fishbein, 1989) assessing substance abusing volunteers. In contrast to the diagnosis of Antisocial Personality Disorder (APD), EEQ scores were not only associated with adult aggression, criminality and substance abuse, but were highly correlated with a cluster of measures reflecting emotionally reactive impulsivity. They also correlated the EEQ with the Minnesota Multiphasic Personality Inventory which confirmed findings that had been done earlier with alcoholics. Over and above the predictive influence of the APD, early childhood aggression had some predictive influence on the incidence and severity of substance abuse but a substantial influence on the prediction of criminality (Muntaner, et al., 1989).

## Appendix F

### School-based Interventions for Bullying

Although few studies have been designed to evaluate the effects of intervention programs to reduce bullying (Olweus, 1994) at a building and district-level, most are anecdotal reports with limited outcome data. School-based intervention programs must seek to integrate strategies gleaned from research on topics that include organizational change, effective parent involvement, behavioral programs for students with aggressive and/or withdrawn behavior profiles, group counseling for perpetrators and victims, and effective building-based discipline procedures. In May 1987, a Schoolyard Bully Practicum, sponsored by the National School Safety Center, was held at Harvard University to develop a prevention program for the United States. A wide range of strategies were identified to help educators and others control and prevent bullying. It was clear that the development of a comprehensive, integrated plan that could be implemented by school buildings across the United States was necessary in order to achieve the control and prevention of bullying. Many researchers and practitioners (Coie, Underwood & Lochman, 1991; Dubow, Huesmann & Eron, 1987; Floyd, 1985; Olweus, 1994) have suggested a variety of district, building, classroom, and student-level interventions. What follows is a set of recommended strategies and components necessary to construct a comprehensive plan to control and prevent bullying in schools.

1. *Promote facts, not myths about bullying.* Bullying is a significant and pervasive problem in America's schools. Fear has become a significant factor in school behavior of many (15 to 20%) students. Evidence exists that truancy, avoidance of school activities

and peers, possible academic difficulties, and in extreme cases, suicide are linked to bullying. Films and videos are available for use with students and professional staff that can facilitate the promotion of accurate information.

2. *Dispel beliefs about aggressive behavior.* The prevailing attitude that fighting and other forms of aggressive behavior are a normal part of growing up must be discarded. Schools must promote the belief that this type of behavior is completely unacceptable, develop policies and programs to deal effectively and quickly with aggression, and teach students alternatives to aggression.

3. *Conduct a school-wide assessment of bullying.* School must determine how pervasive the bully problem is, the attitudes and beliefs of bullies and victims, the perception of students regarding how well the school handles bullying, and what students believe should be done. Olweus (1994) developed a direct assessment device for his research and Perry et al (1988) developed a peer nomination procedure to assess the nature of bullying within student groups.

4. *Develop a student code of conduct.* Most schools have an existing code of conduct. However, students should participate in the development of the code that includes provisions to deal with bullying. The code should specify both appropriate and inappropriate relationships between students/students and students/faculty. The majority of school codes of conduct specify only inappropriate behaviors and do not include student involvement in their development.

5. *Provide counseling services for bullies and victims.* Counseling services are most effective when there is an emphasis on the development of skills to replace

aggressive behaviors with more appropriate ones or to replace avoidance/withdrawn behaviors with more assertive ones. The use of group social skills training is the intervention of choice (Goldstein, 1988).

6. *Involve parents in the intervention process.* The school usually involves the parents of the bully when disciplinary action is required, such as suspension or expulsion. Few schools routinely involve the parents of victims or parents of bullies for purposes other than discipline. Some schools have adopted a 10 day/10 minute suspension program designed to encourage the parents' involvement in interventions for bullies. In this program, the length of the student's suspension is dependent on whether or not the parents will become involved with school personnel in an intervention program. The earlier the parents become involved, the shorter the suspension. Parents often have the same problems with their children at home that teachers have with the child in school. Therefore, involving parents in parent education, teaching parenting and child management skills, and linking home and school intervention programs are desirable components of a comprehensive plan.

7. *Implement intervention strategies specific to aggressive children.* Approaches to intervention with aggressive students and their victims fall into five categories: (a) behavior management; (b) self-control strategies; (c) social skills training; (d) information processing; and (e) cognitive perspective taking (Coie, Underwood & Lochman, 1991). Larson (1994) provides a critical review of intervention programs for aggressive students. How intervention programs are implemented is as important as the particular programs selected. Bullying is an interpersonal act conducted within a social

setting. For that reason, intervention designed to reduce the bullying behavior and increase prosocial behavior should be implemented in a group setting and in a consistent manner. Intervention programs targeted at bully behavior should be implemented building wide, with all school staff (instructional, administrative, support, cafeteria, custodial, bus) trained to implement preventative and intervention strategies and the effects of those strategies on student behavior. In addition, the building-wide program should be a multifaceted intervention process (Dubow, Huesmann & Eron, 1987) that addresses the multiple components recommended by Coie, Underwood and Lockman (1991).

8. *Accountability and evaluation.* Teachers and students alike should be informed, on a regular basis, of the effects of comprehensive school wide plan. A school wide tracking system should document the frequency of bully/victim problems (such as behavior referrals to the office, suspensions/expulsions) and these data should be reported to teachers and students monthly. Bullies and victims should be identified and included in intervention programs on a continuing basis. Teachers and students should be encouraged to set specific goals designed to reduce the rate of aggressive behavior while increasing the rate of prosocial behavior. Unless data routinely are provided to teachers and students, the true picture of a bully problem will not emerge. When this happens, the sensitivity of the students and staff to the problem will diminish and the motivation to support intervention programs will decline. Conversely, if the students and staff do receive data on the effectiveness of the intervention programs they are implementing, then the motivation to continue these programs will increase.

## Appendix G

1. Stealing, including burglary, shoplifting, and taking motor vehicles.
2. Other types of dishonestly, such as cheating, lying, fraud and forgery.
3. Violence, including physical fighting and attacking people.
4. Aggressive, including bullying and cruelty to people and animals.
5. Robbery
6. Vandalism and arson.
7. Disobedience and disruptiveness.
8. Truancy from school and running away from home.
9. Substance abuse, including alcohol, tobacco, marijuana and other drugs.
10. Sexual misbehavior, including rape, indecent assault, precocious sex and promiscuity.
11. Reckless driving(Farrington, 1993).



## Appendix H

1. Economic or utilitarian motives, to obtain goods and money.
2. To obtain excitement, fun thrills, daring, risk-taking or to relieve boredom.
3. To achieve self-esteem, peer approval, admiration, status or popularity.
4. To demonstrate masculinity, toughness and bravery.
5. To show off and gain attention.
6. To reduce tension caused by anger, frustration, or anxiety.
7. To gain revenge.
8. To gain pleasure or excitement by seeing someone suffer, frightening someone, or victimizing someone who is more fortunate.
9. To escape or avoid unpleasant situations.
10. To gain pleasure or escape
11. Sexual gratification (Farrington, 1983)

## Appendix I

### Definitions of Terms

***Aggressive Behavior:*** A set of interpersonal actions that consist of verbal and physical behavior that are destructive or injurious to others or to objects (Bandura, 1973).

***Aggressive reaction pattern:*** A person who uses aggressive reaction in their behavior habitual in many situations

***Anxious or Submissive reaction pattern:*** A behavior that signals to others that they are insecure and worthless individuals who will not retaliate if they are attacked or insulted (Olweus, 1994).

***Bully:*** One who uses aggression toward others; including not only peers but adults, teachers and parents. A child who fairly often oppresses or harasses someone else; the target may be boys and/or girls, the harassment is physical or mental (Batsche, G. & Moore, B, 1993).

***Bullying behavior:*** A person is being bullied when he or she is exposed, repeatedly and over time, to negative actions on the part of one or more other persons (Olweus, 1994).

***Direct Bullying:*** Open attacks on the victim.

***Indirect Bullying:*** Actions taken to create social isolation and intentional exclusion from a peer group.

***Passive Bully:*** A person who participates in bullying but is not the initiator.

***Passive or Submissive victim:*** A person who can be characterized by an anxious or submissive reaction pattern combined with physical weakness.

*Provocative victim:* A person who combines the anxious or submissive reaction pattern with an aggressive reaction pattern. They also tend to be characterized as hyperactive.

*Victim:* A child who for a fairly long time has been and still is exposed to aggression from other; that is, boys and/ or girls from the child's own class or may be from other class often picks fights and are rough with them or tease and ridicule them. (Batsche, G. & Moore, B, 1993).

## Appendix J

### Components To Program Package Against Bullying

#### General Prerequisites: Awareness and Involvement

##### School Level

- School Conference day on bully/victim problems
- Better supervision of recess
- More attractive school playground
- Contact telephone
- Meeting staff-parents
- Teacher groups for the development of the “school climate”
- Parent circles (study and discussion)

##### Class Level

- Class rules against bullying; classifications, praise, and sanctions
- Regular class meetings
- Cooperative learning
- Meeting teacher-parents/children
- Common positive activities
- Role playing
- Literature

##### Individual Level

- Serious talks with bullies and victims
- Serious talks with parents of involved children
- Teacher use of imagination
- Help from “neutral” students
- Advice to parents (parent brochure)
- “Discussion” groups with parents of bullies and victims
- Change of class or school

Overview of measures at the school, class, and individual levels presented in the intervention program.

**Diagnostic criteria for 313.81 Oppositional Defiant Disorder**

**A.** A pattern of negativistic, hostile, and defiant behavior lasting at least 6 months, during which four (or more) of the following are present:

- (1) often loses temper
- (2) often argues with adults
- (3) often actively defies or refuses to comply with adults' requests or rules
- (4) often deliberately annoys people
- (5) often blames others for his or her mistakes or misbehavior
- (6) is often touchy or easily annoyed by others
- (7) is often angry and resentful
- (8) is often spiteful or vindictive

**Note:** Consider a criterion met only if the behavior occurs more frequently than is typically observed in individuals of comparable age and developmental level.

**B.** The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning.

**C.** The behaviors do not occur exclusively during the course of a Psychotic or Mood Disorder.

**D.** Criteria are not met for Conduct Disorder, and, if the individual is age 18 years or older, criteria are not met for Antisocial Personality Disorder.

## Appendix L

### Diagnostic criteria for 312.8 Conduct Disorder

A. A repetitive and persistent pattern of behavior in which the basic rights of theirs or major age-appropriate societal norms or rules are violated, as manifested by the presence of three (or more) of the following criteria in the past 12 months, with at least one criterion present in the past 6 months:

#### Aggression to people and animals

- (1) often bullies, threatens, or intimidates others
- (2) often initiates physical fights
- (3) has used a weapon that can cause serious physical harm to others (e.g., bat, brick, broken bottle, knife, gun)
- (4) has been physically cruel to people
- (5) has been physically cruel to animals
- (6) has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)
- (7) has forced someone into sexual activity

#### Destruction of property

- (8) has deliberately engaged in fire setting with the intention of causing serious damage
- (9) has deliberately destroyed others' property (other than by fire setting)

#### Deceitfulness or theft

- (10) has broken into someone else's house, building, or car
- (11) often lies to obtain goods or favors or avoid obligations (i.e., "cons" others)
- (12) has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery)

#### Serious violations of rules

- (13) often stays out at night despite parental prohibitions, beginning before age 13 years
- (14) has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period)
- (15) is often truant from school, beginning before age 13 years

B. The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning.

C. If the individual is age 18 years or older, criteria are not met for Antisocial Personality Disorder.

Specify type based on age at onset:

**Childhood-Onset Type:** onset of at least one criterion characteristic of Conduct Disorder prior to age 10 years.

**Adolescent-Onset Type:** absence of any criteria characteristic of Conduct Disorder prior to age 10 years.

Specify severity:

**Mild:** few if any conduct problems in excess of those required to make the diagnosis and conduct problems cause only minor harm to others

**Moderate:** number of conduct problems and effect on others intermediate between "mild" and "severe"

**Severe:** many conduct problems in excess of those required to make the diagnosis or conduct problems considerable harm to others

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Figure 1.

### TOTAL SELF-REPORTED BULLIES AND VICTIMS

■ Total Bullies 4th grade   ■ Total Bullies 5th Grade   ■ Total Victims 4th Grade   □ Total Victims 5th Grade

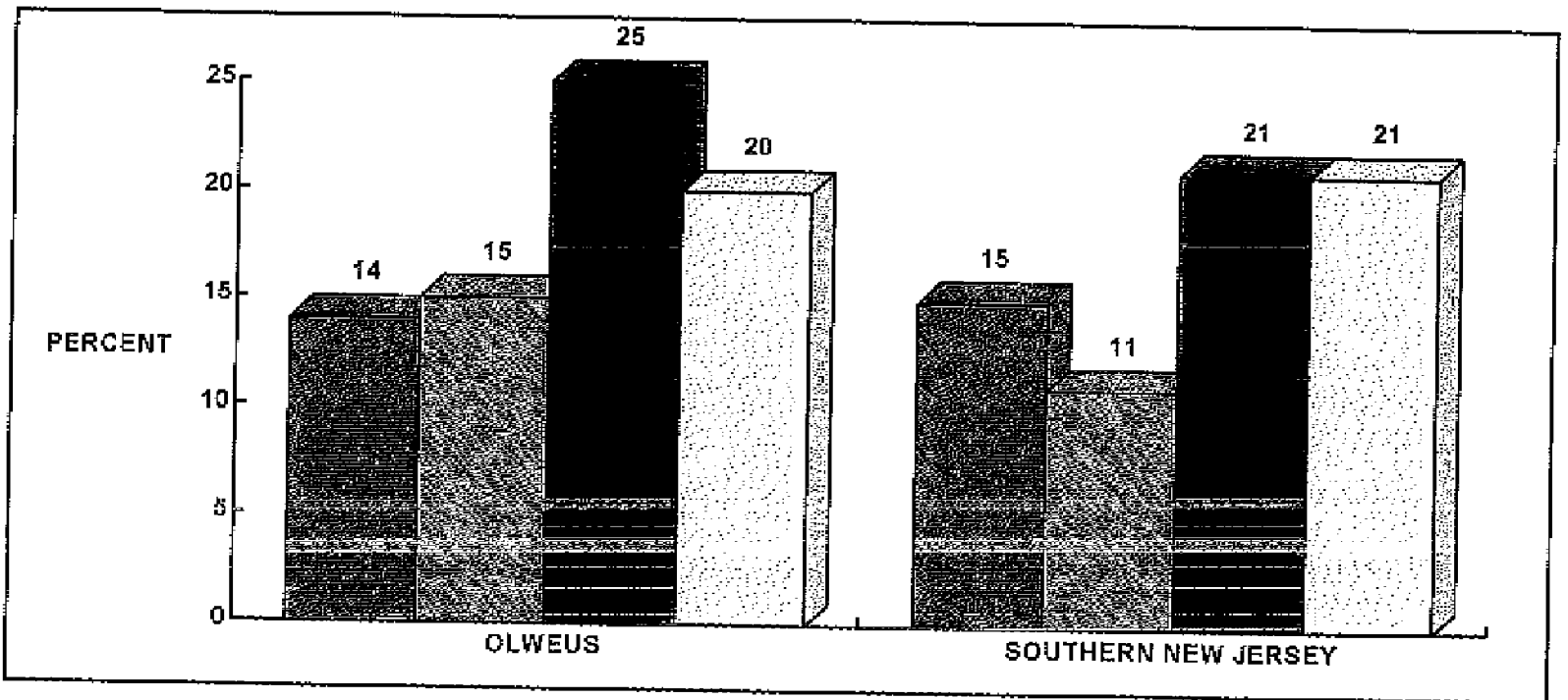




Figure 2.

### GIRL BULLIES AND VICTIMS

■ Bullies 4th Grade ■ Bullies 5th Grade ■ Victims 4th Grade □ Victims 5th Grade

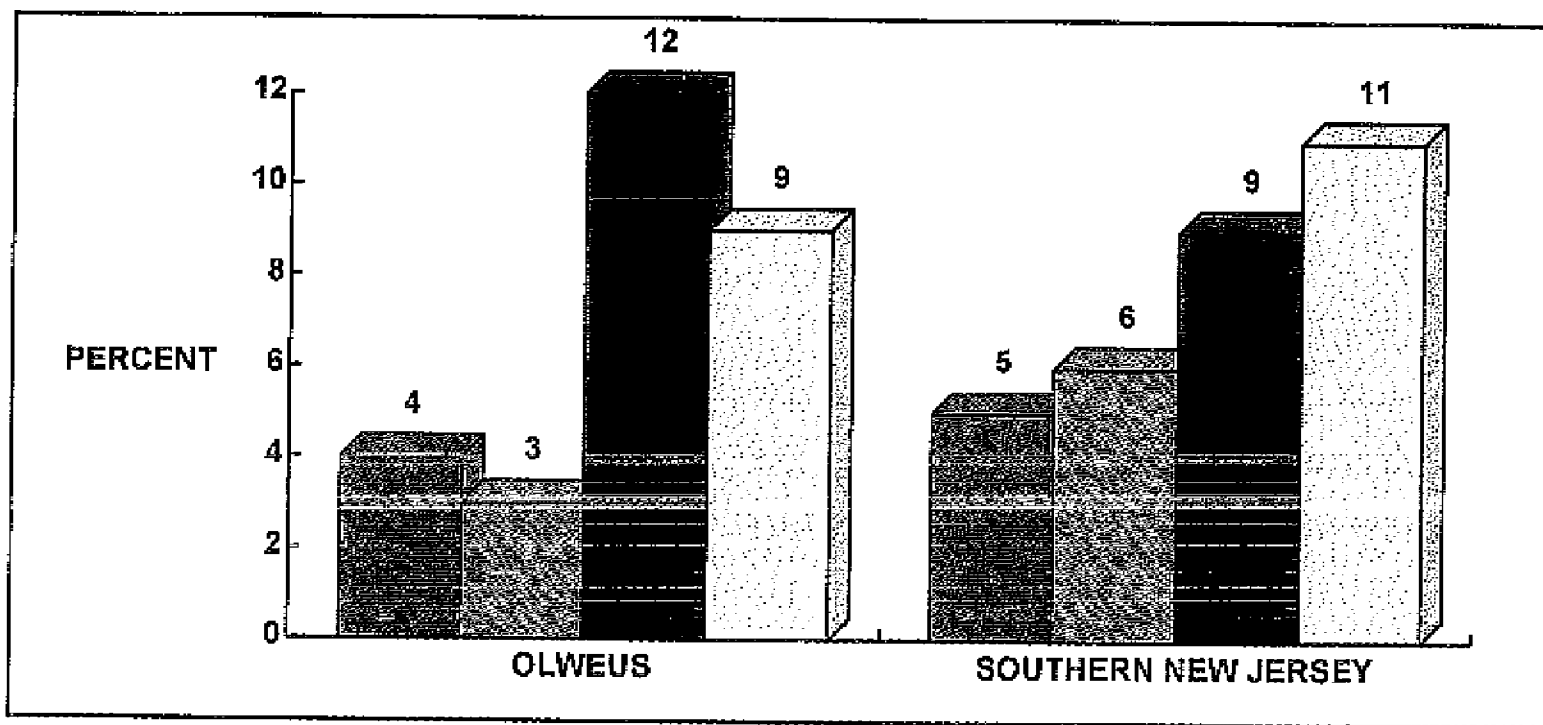


Figure 3.

### BOY BULLIES AND VICTIMS

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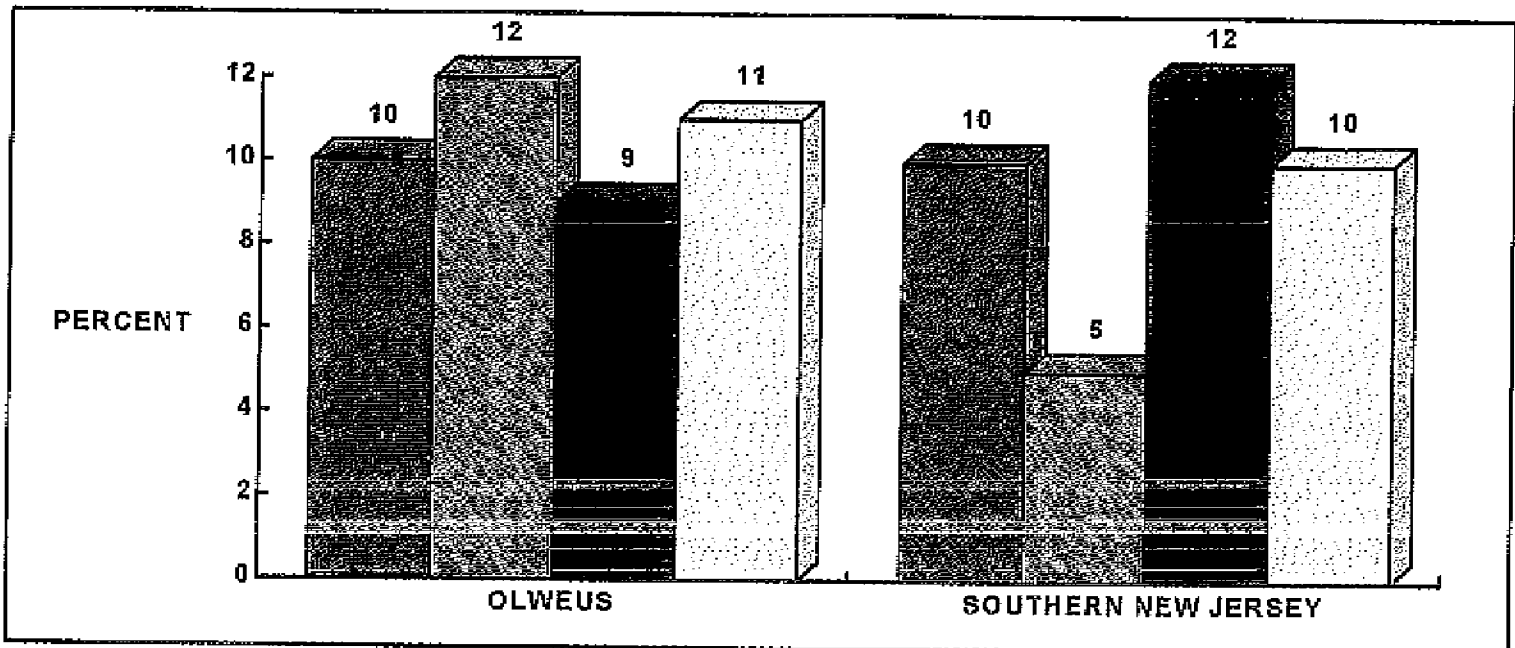


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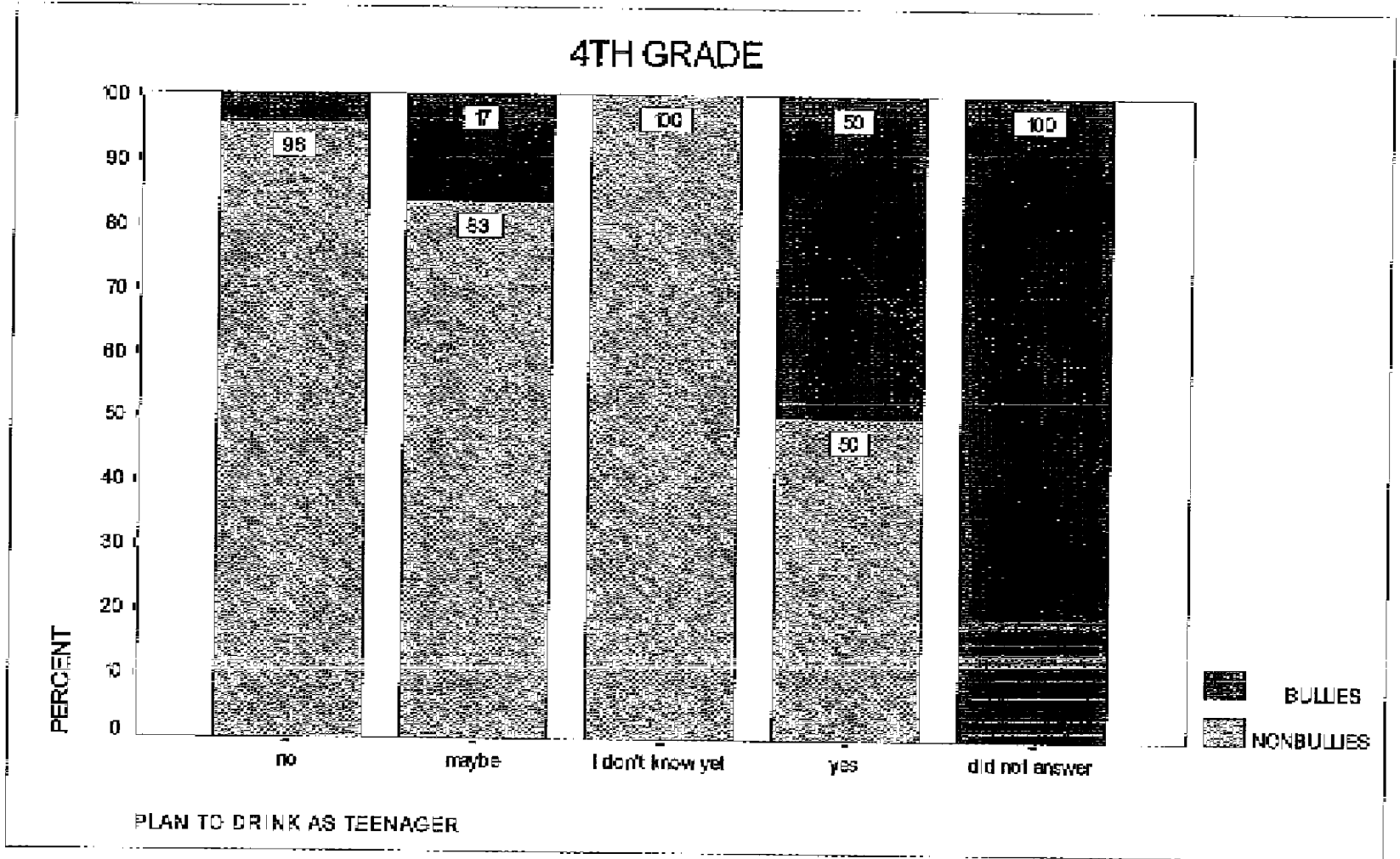


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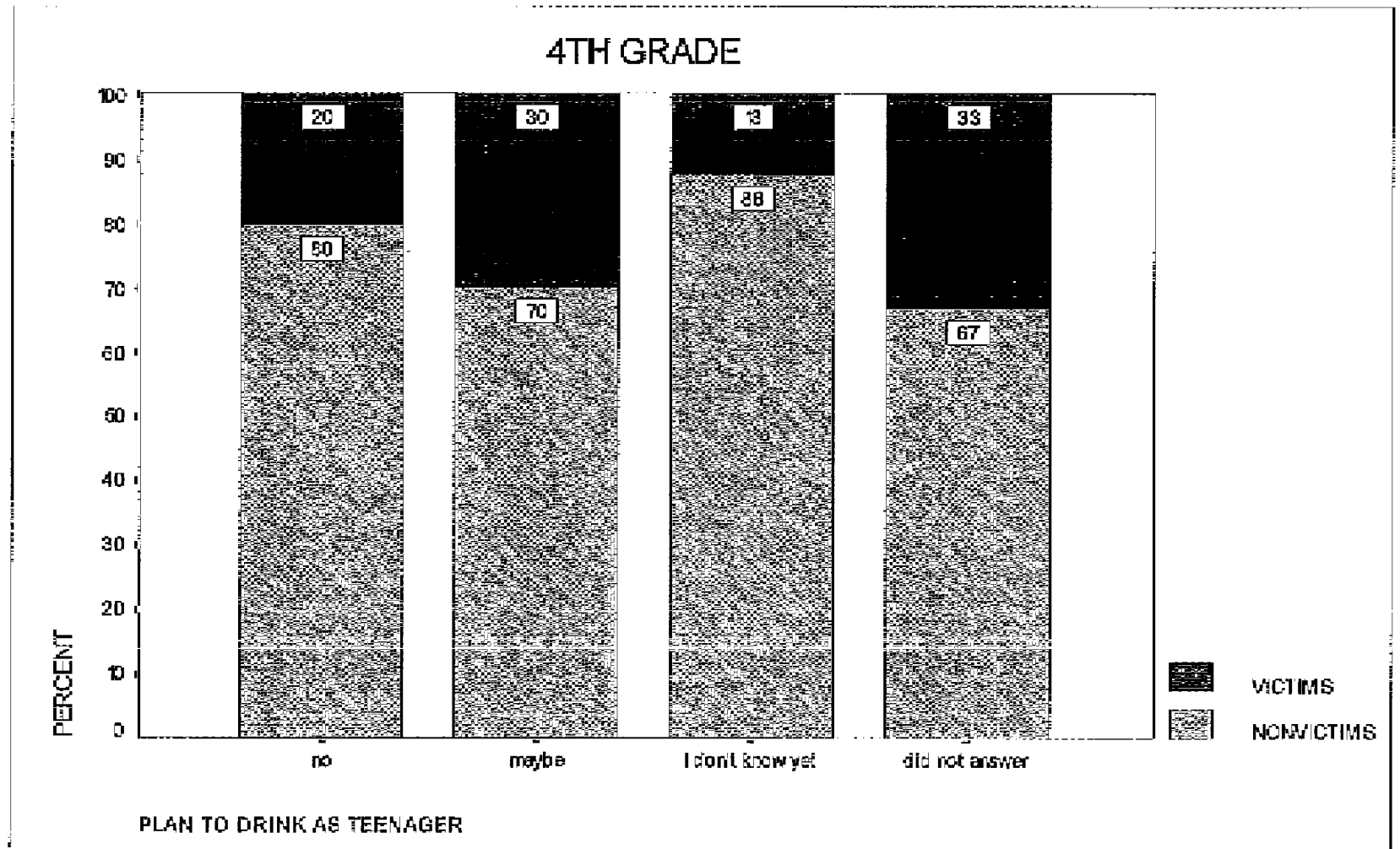


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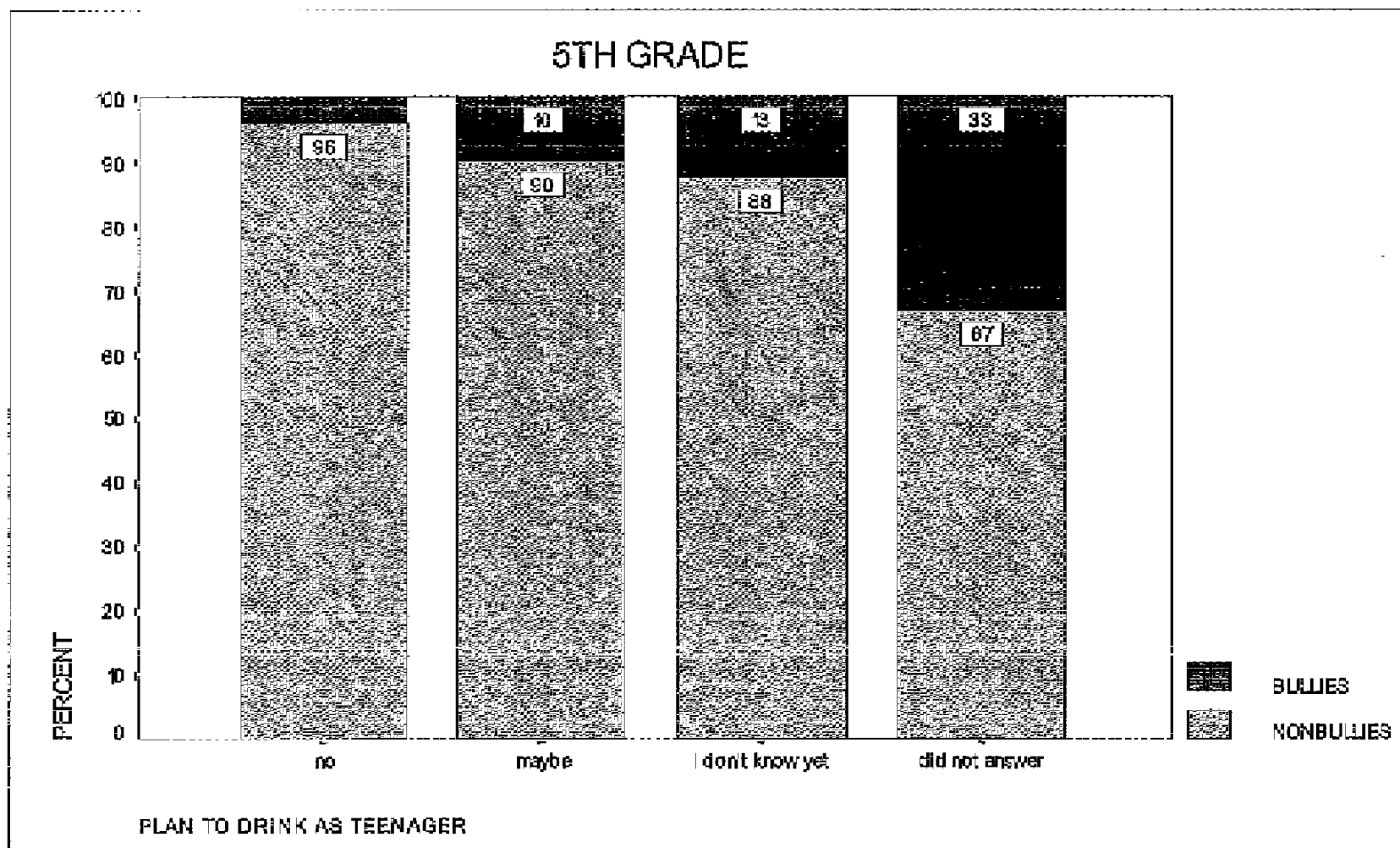


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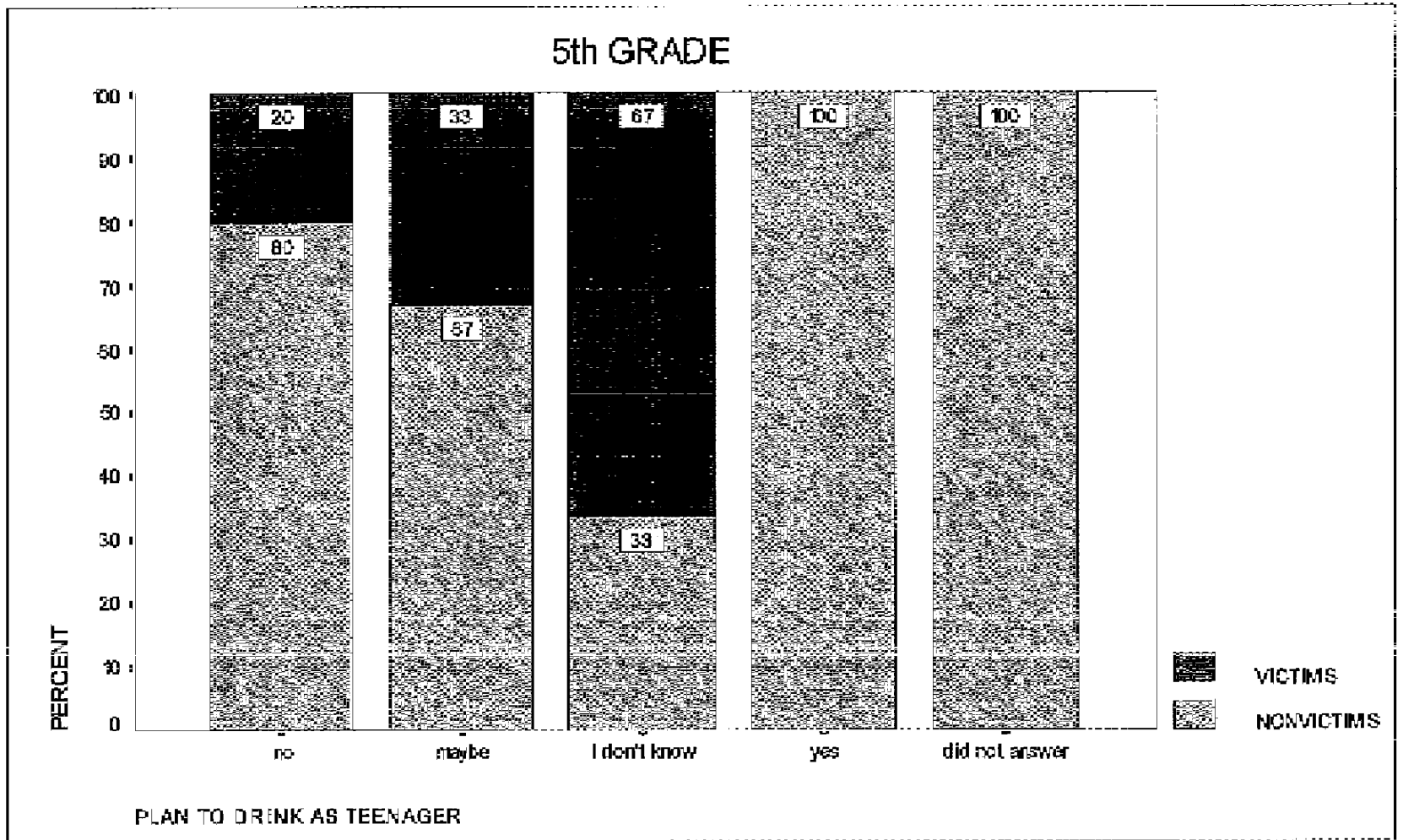


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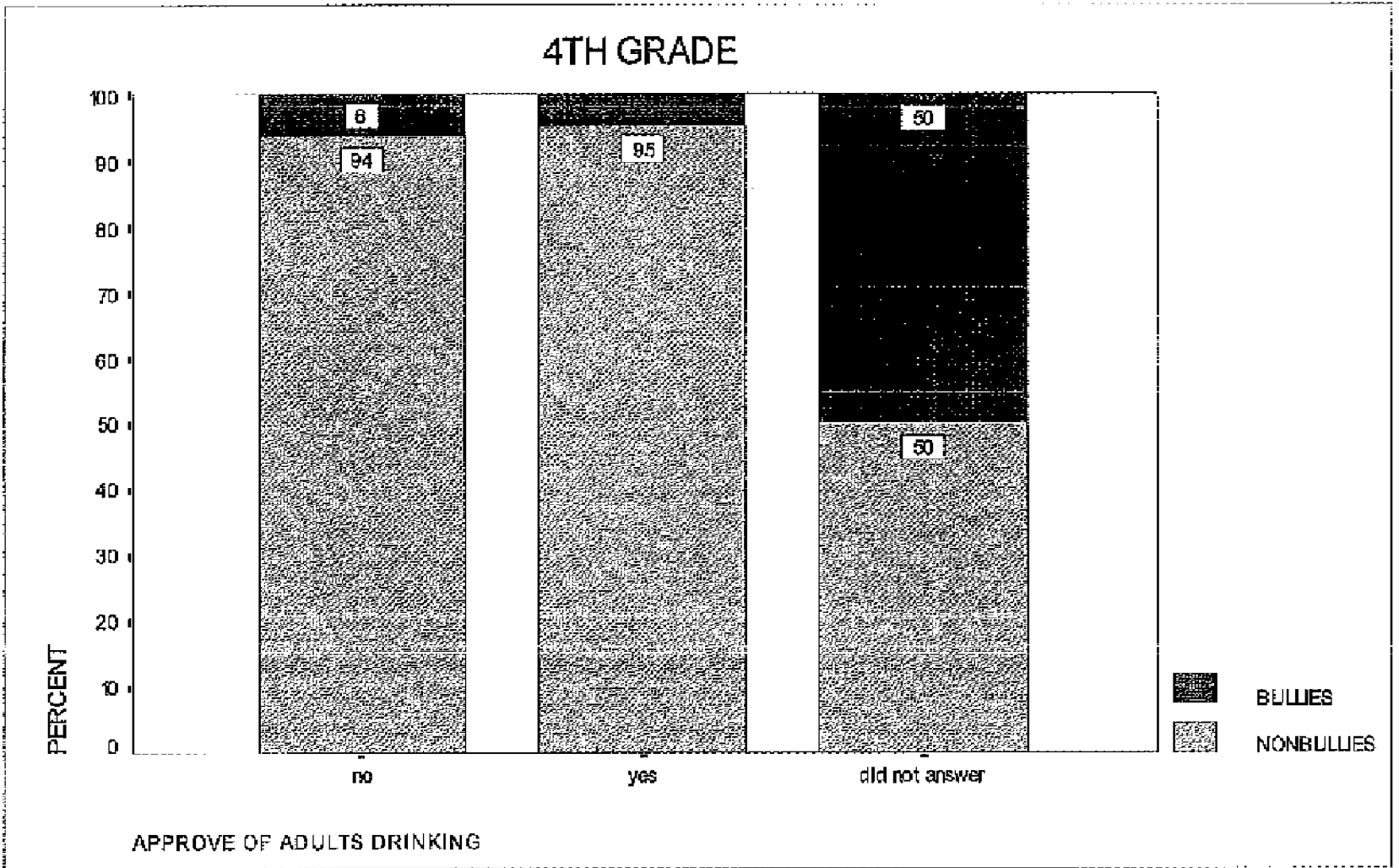


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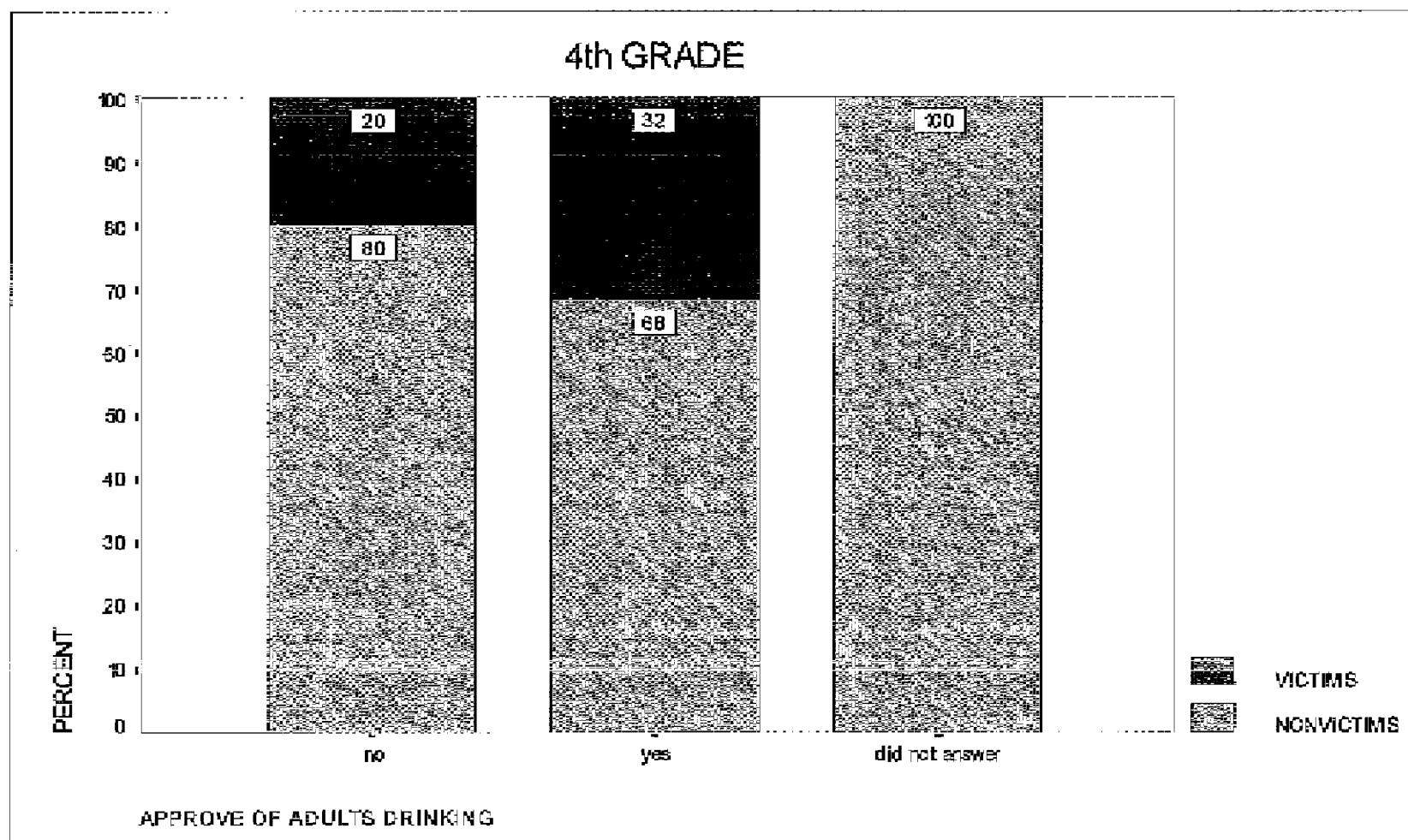




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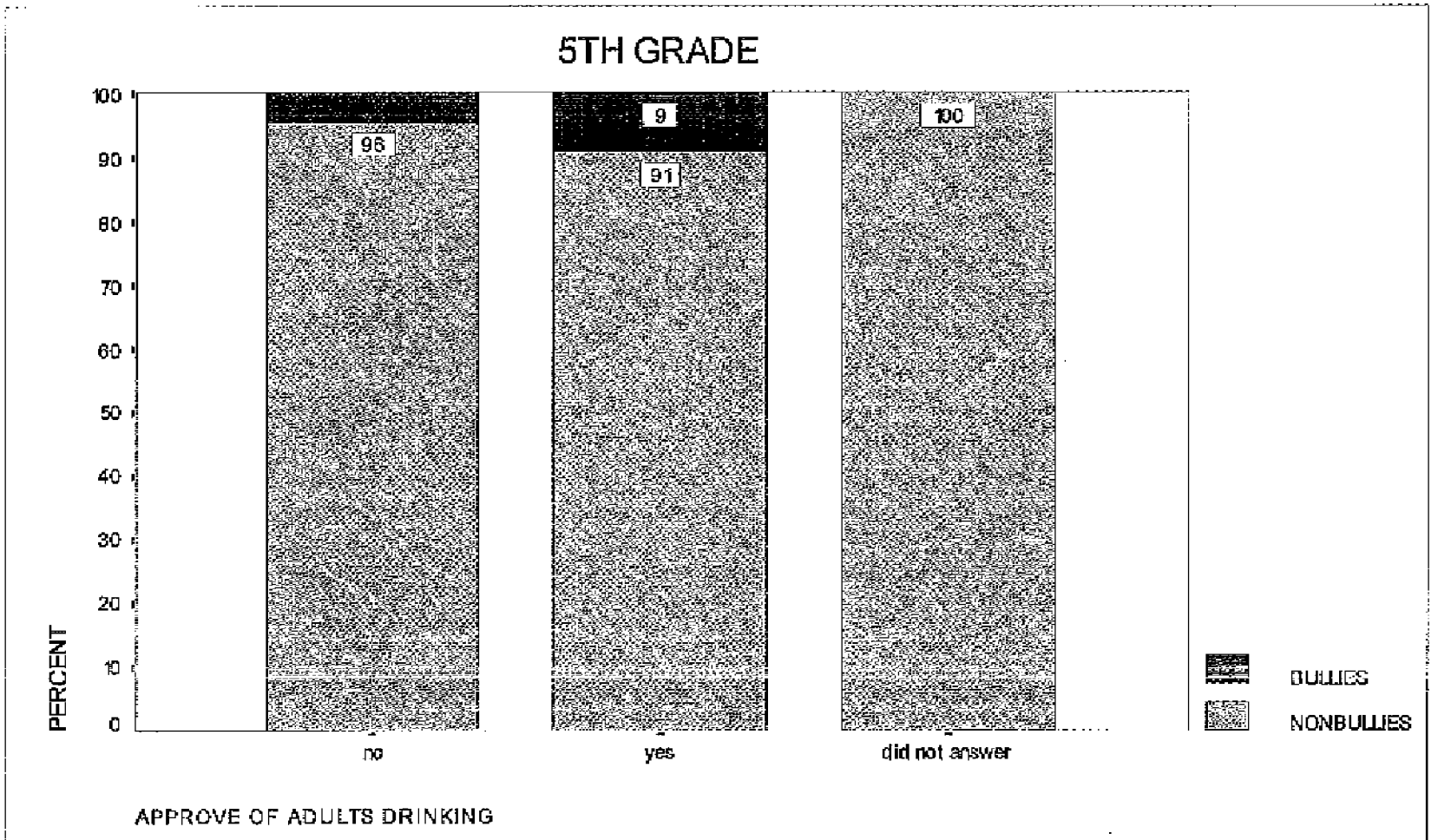


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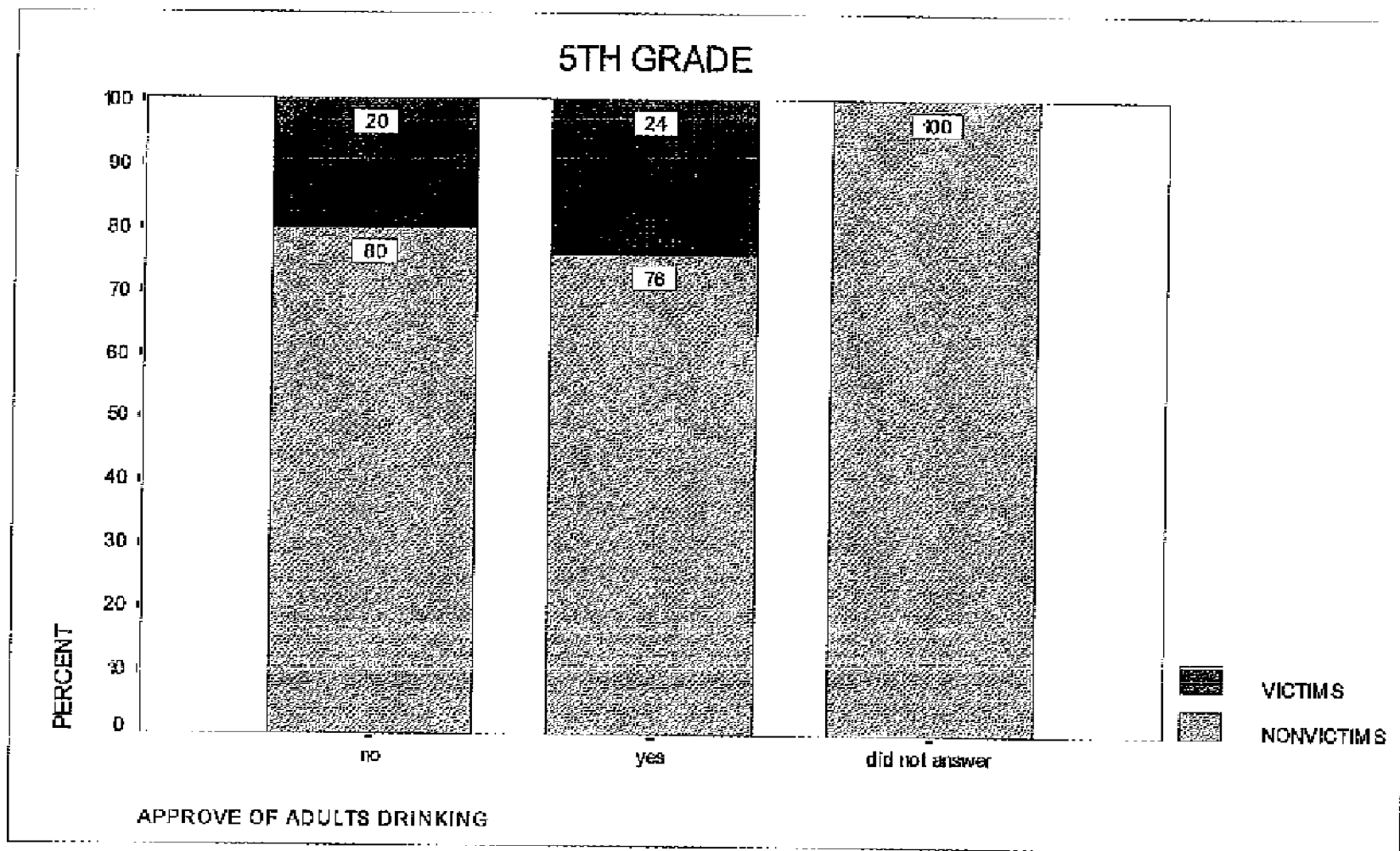


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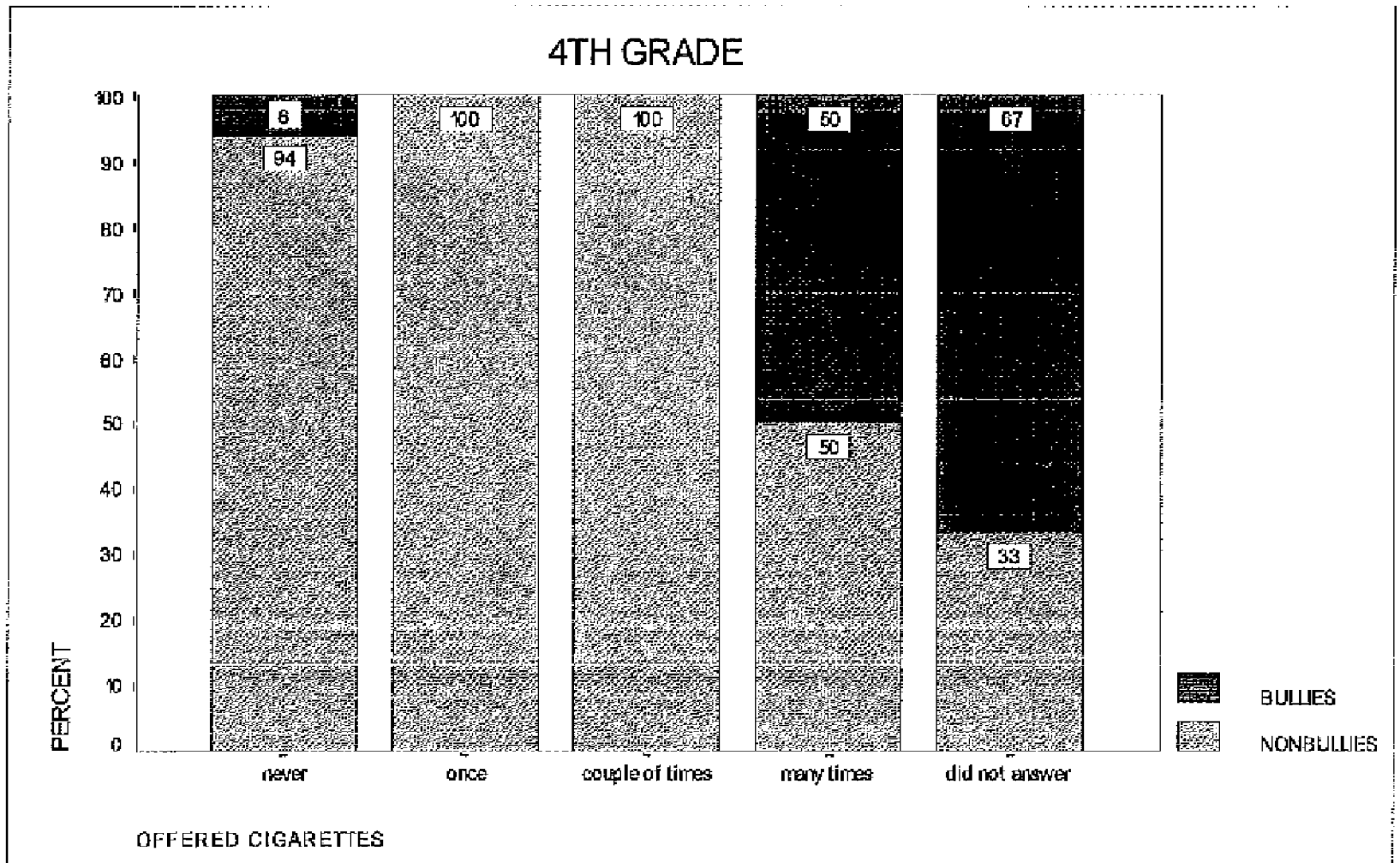


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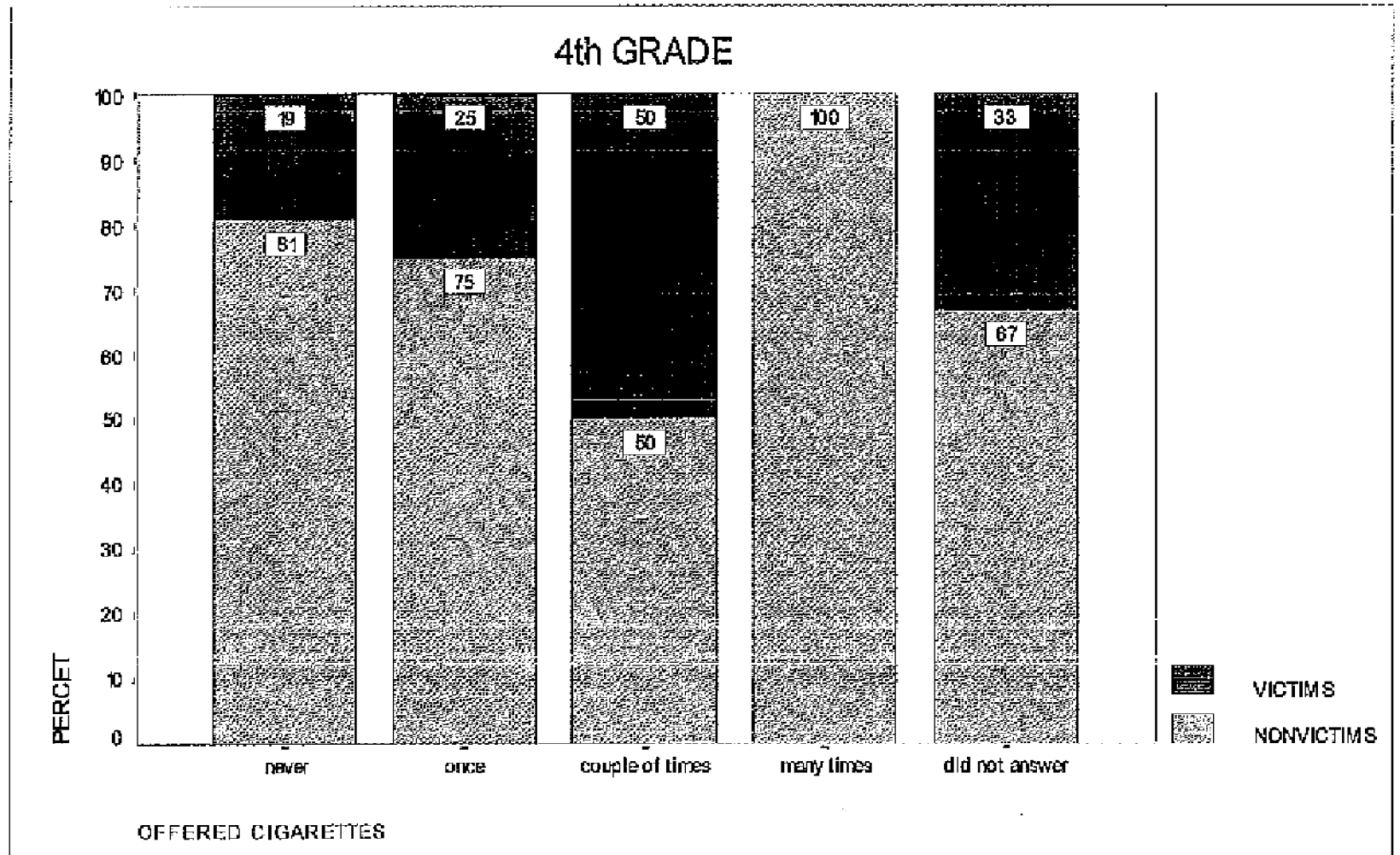


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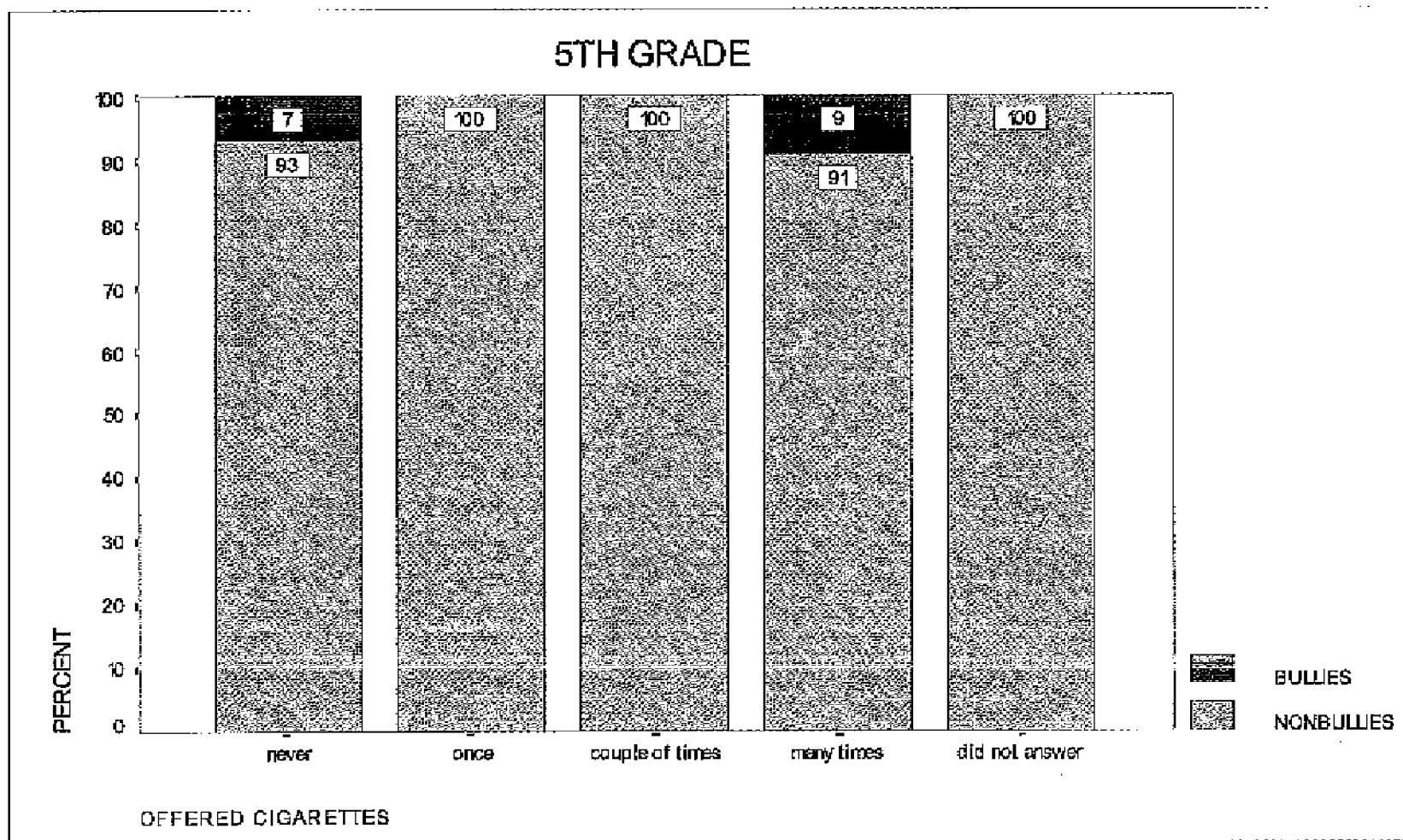


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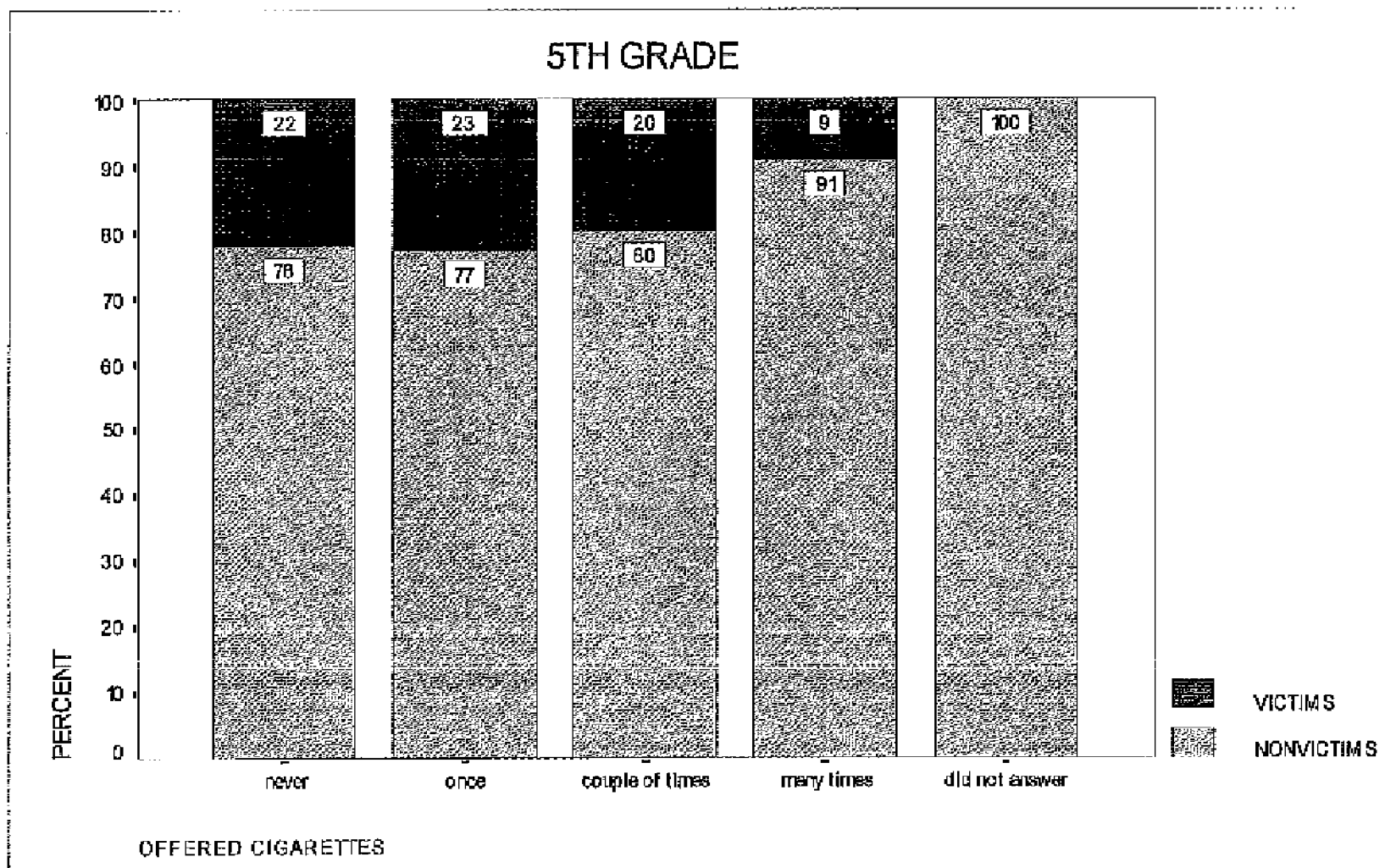


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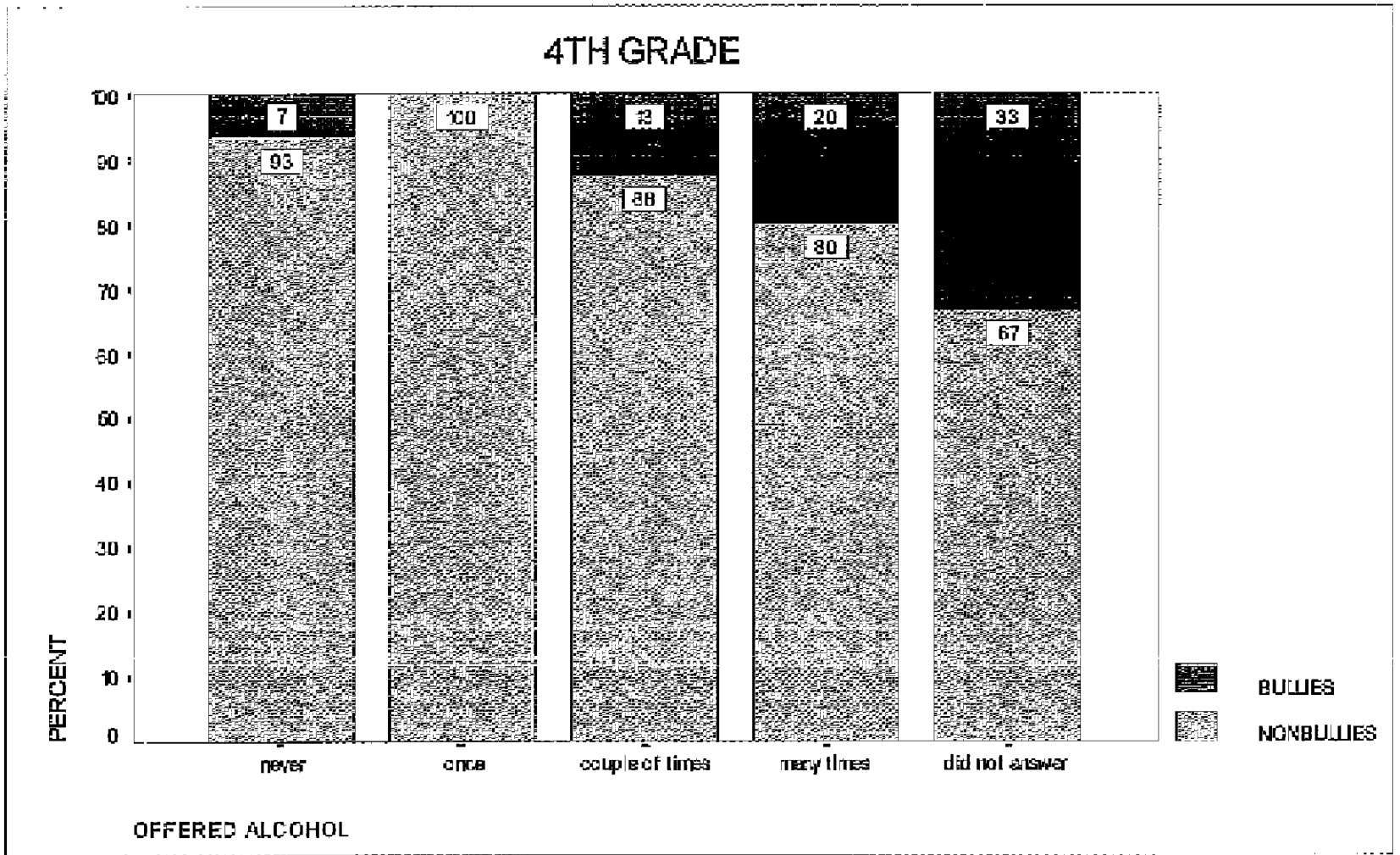


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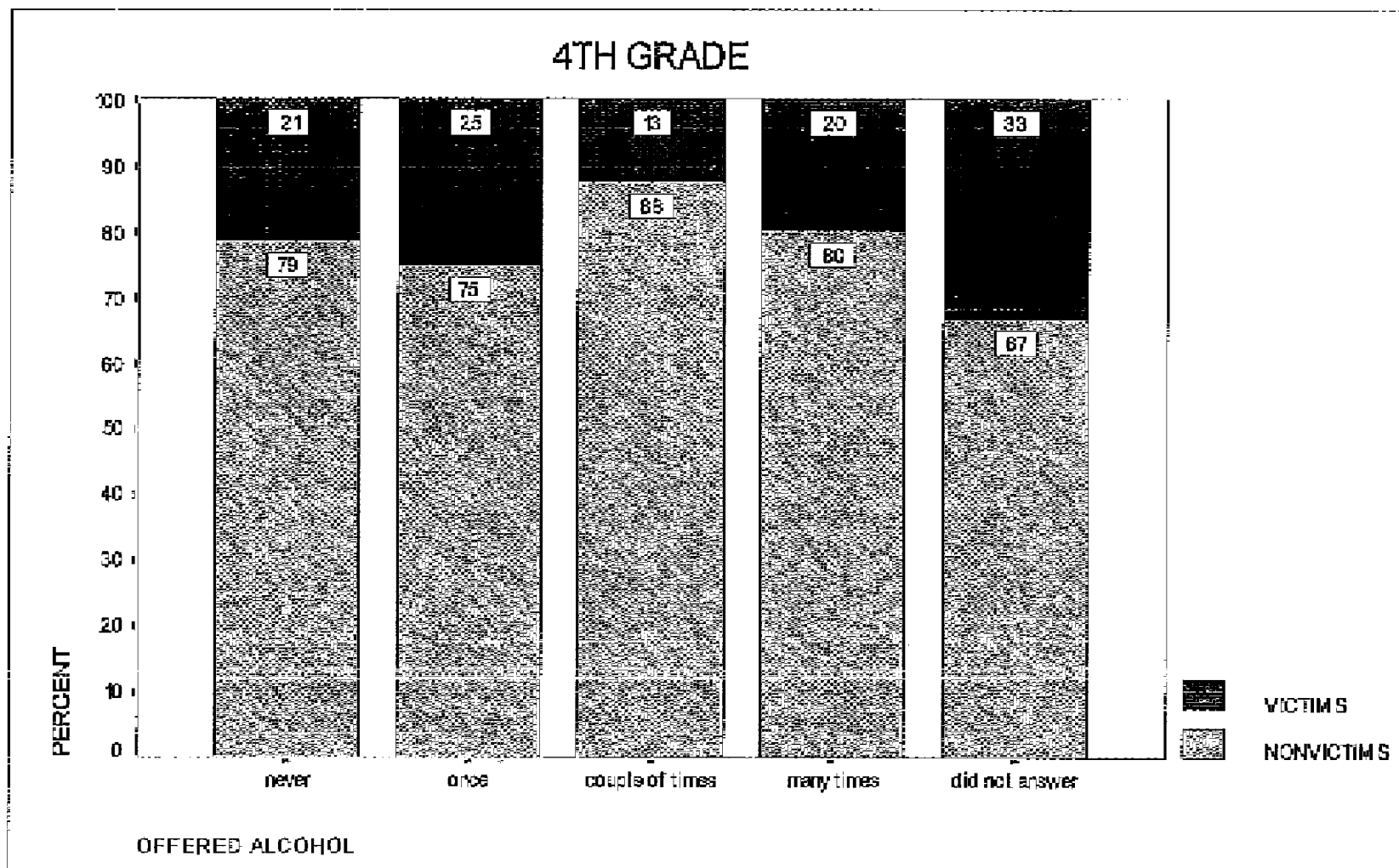




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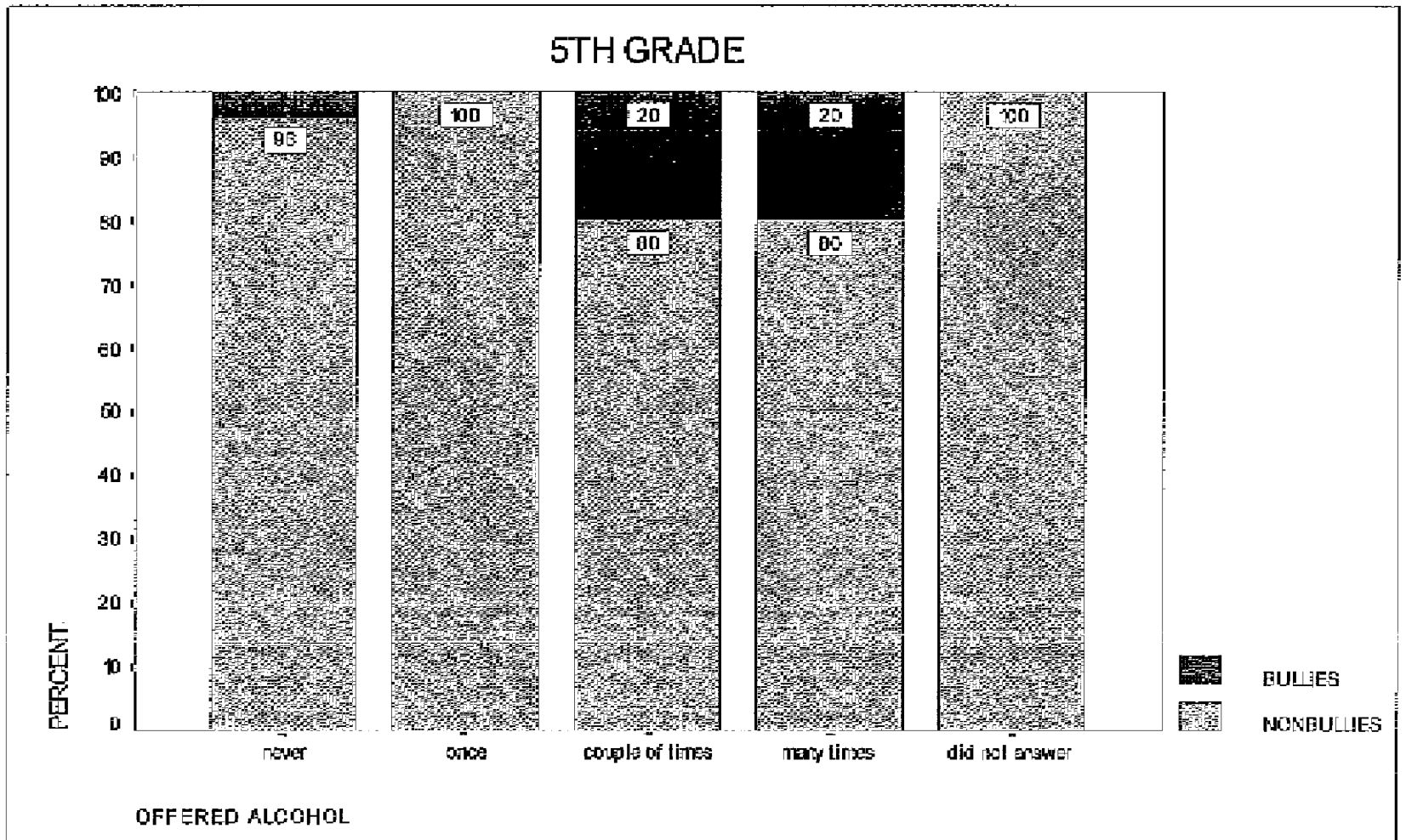


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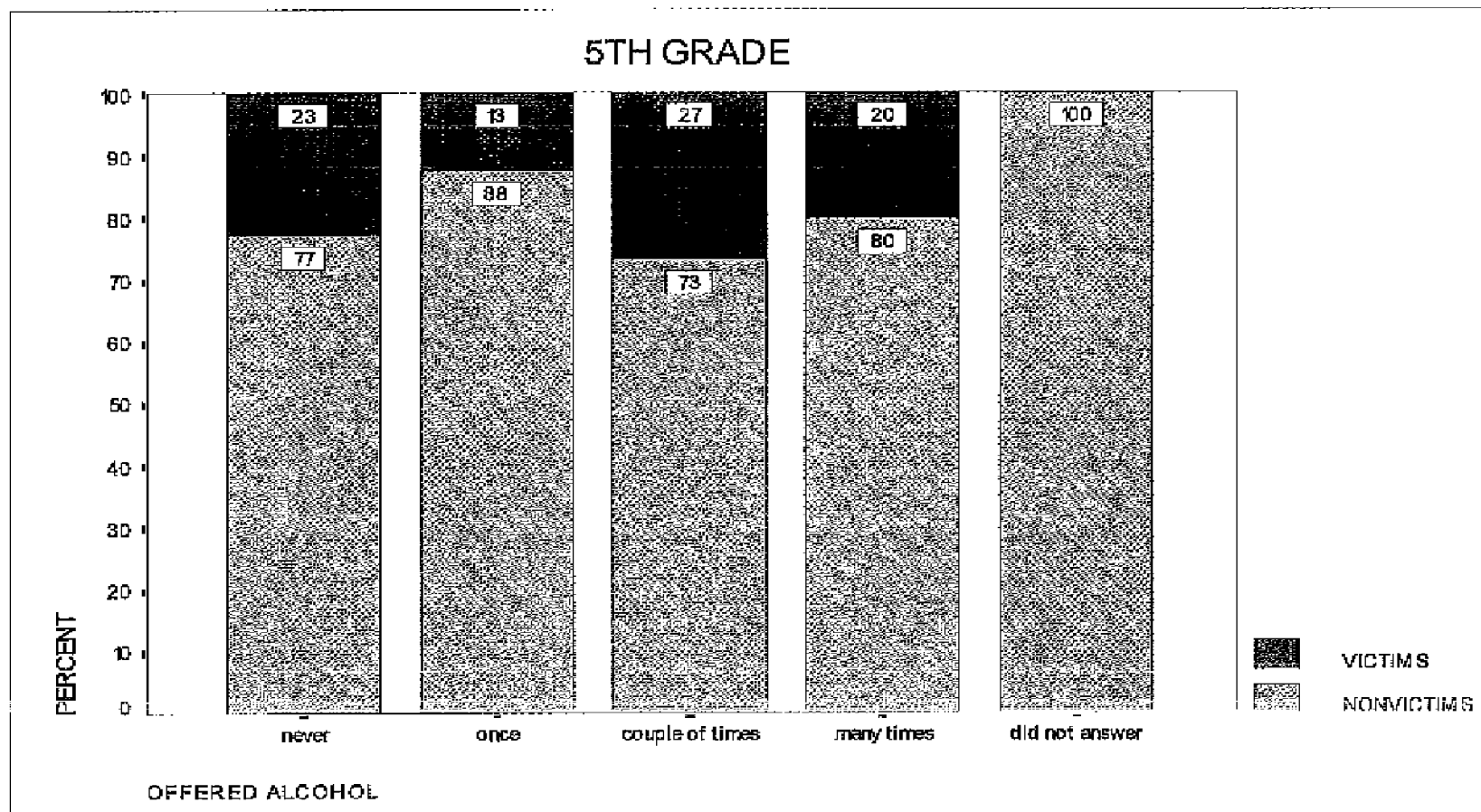


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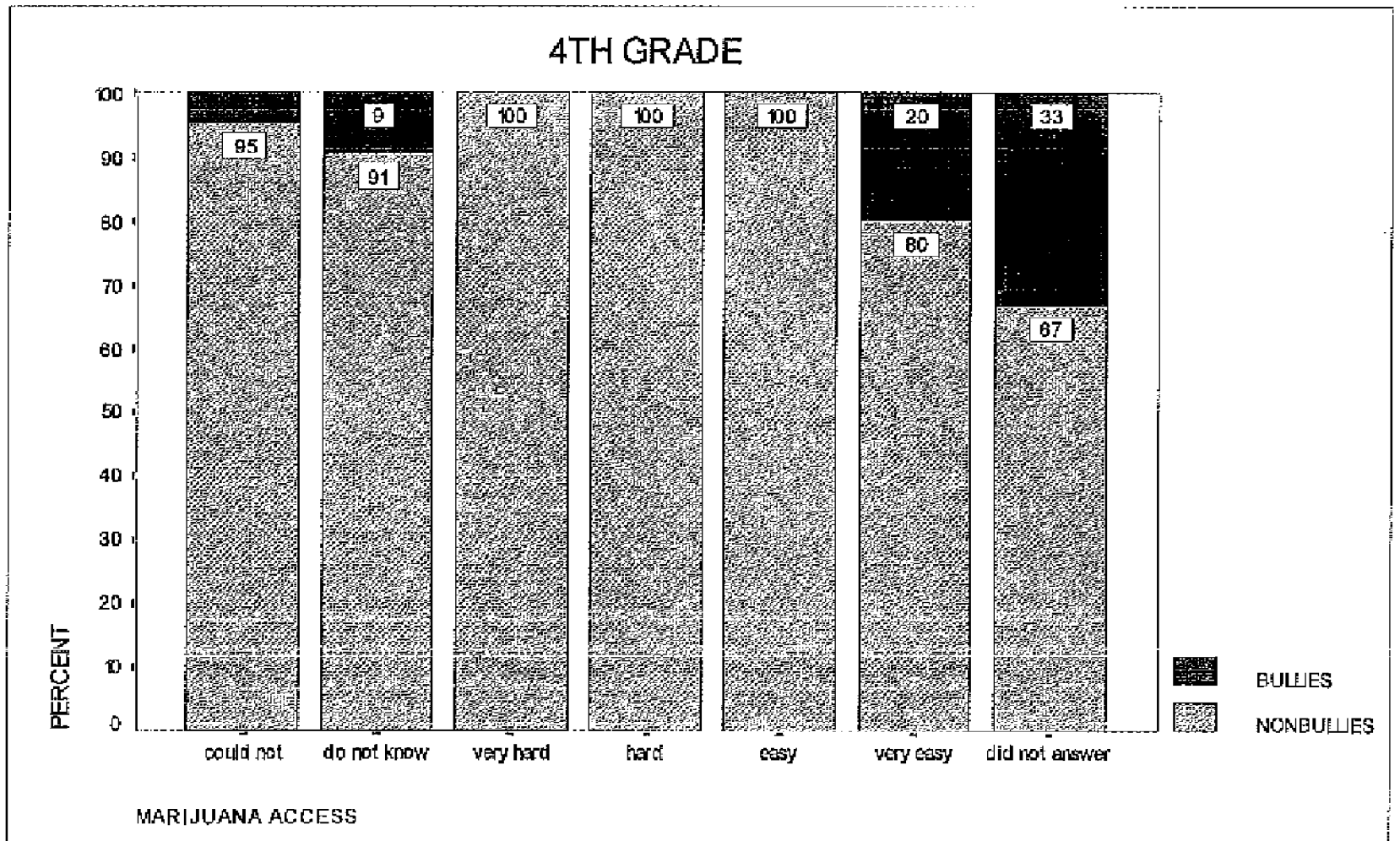


Figure 21.

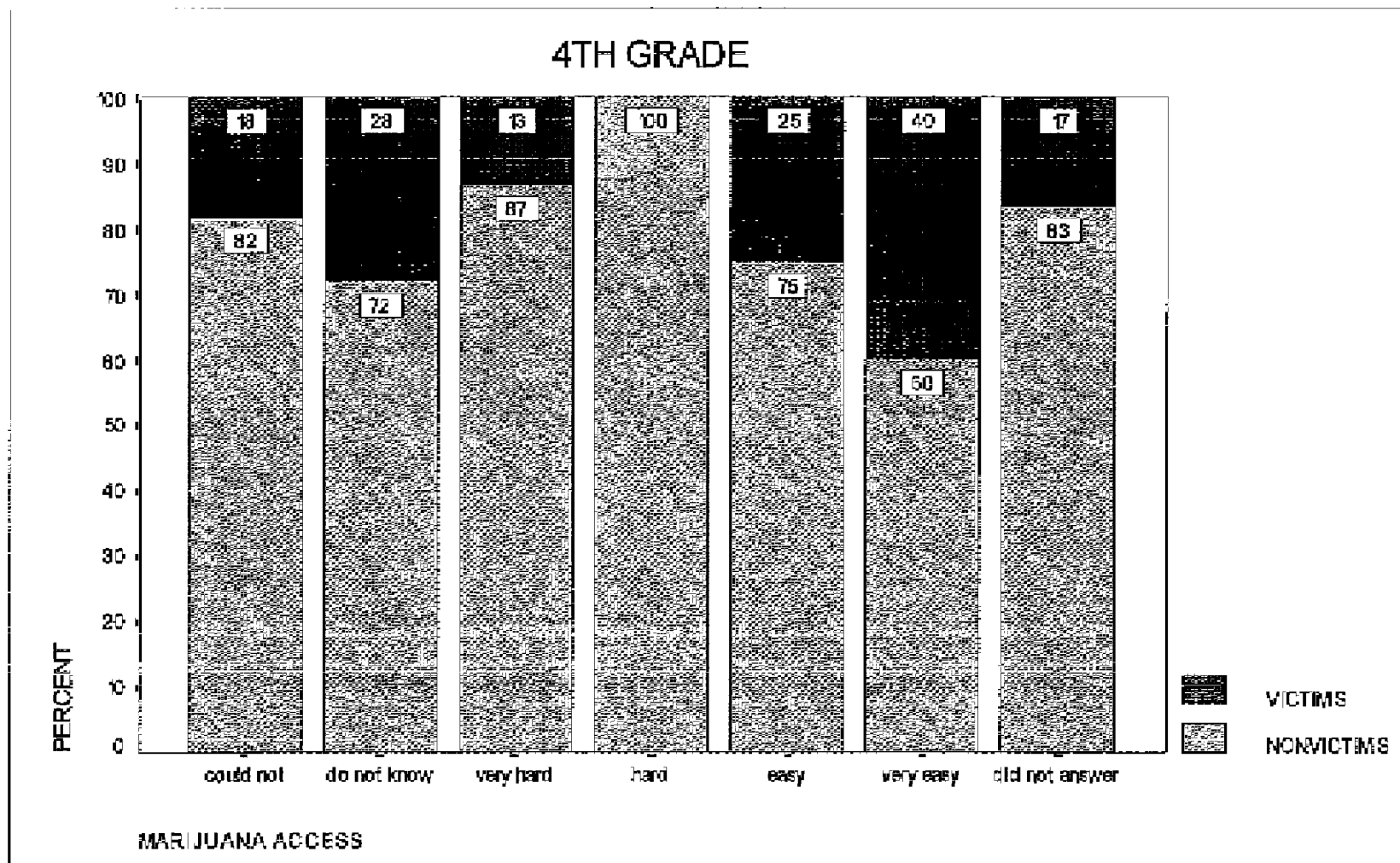


Figure 22.

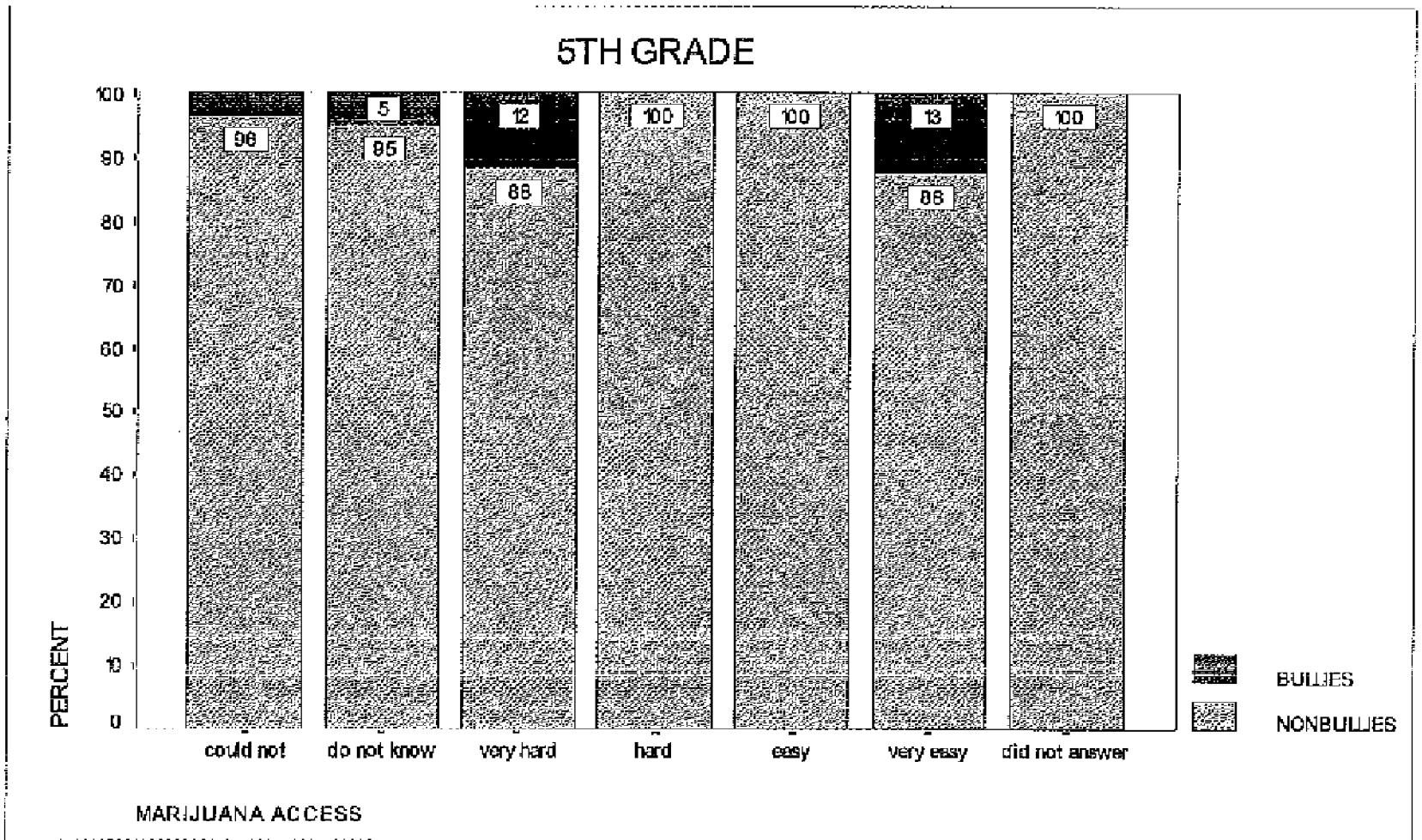


Figure 23.

