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Positive protective factors as moderators in the relationship between relational victimization and depression in minority adolescents

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Positive Protective Factors As Moderators In The Relationship Between Relational
Victimization And Depression In Minority Adolescents

by

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A dissertation submitted in partial fulfillment
of the requirements for the degree of
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Table of Contents

List of Tables	v
List of Figures	vii
Abstract	viii
Chapter I: Introduction	1
Relational Aggression and Victimization	2
Significance of Research on Relational Victimization	3
Rationale for Current Study	3
Purpose of the Current Study	4
Summary and Description of the Research	5
Research Questions	6
Apriori Hypotheses	7
Definition of Terms	8
Chapter II: Review of the Literature	10
Introduction	10
Relational Aggression	11
Victims of Aggression	13
Victim Classification	14
Victim Profile	16
Risk Factors for Victimization	20
Contextual Risk Factors	20
Interpersonal Risk Factors	26
Intrapersonal Risk Factors	27
Protective Factors	29
Social Support	29
Connection to School	31
Intrapersonal Factors	32
Relational Victimization	33
Psychopathology	33
Coping Style	35
Summary and Future Research	36
Current Study	38
Risk versus Protective Factors	41
Positive Psychology	42

Perceived Social Support	43
Intrapersonal Protective Factors	44
Outcomes of Victimization	46
Chapter III: Method	48
Overview	48
Setting	48
Participants	50
Procedures	51
Pre-Data Collection	51
Data Collection	55
Post-Data Collection	56
Interviews	57
Measures	59
The Children’s Depression Inventory-Short Form (CDI-S)	59
The Child and Adolescent Social Support Scale (CASSS)	60
The Spirituality Assessment Instrument (SSA)	62
The Children’s Hope Scale (CHS)	63
Social Experiences Questionnaire (SEQ)	65
Data Analysis	67
Analysis Software	67
Descriptive Statistics	67
Relationships among Predictor and Outcome Variables	68
Comparison of Groups	68
Multiple Regression	68
Rationale for Model Testing	69
Chapter IV: Results	71
Overview	71
Treatment of the Data	71
Reliability of Measures	72
CDI-S	73
SEQ	73
CHS	74
CASSS	74
SSA	74
Confirmatory Factor Analysis	75
Demographics	76
Defining Characteristics of Each Survey	79
Perceived Social Support	79
Spirituality	85
Depression	88
Relational Victimization	91
Hope	92
Research Question 1 Results	96

Research Question 2 Results	98
Research Question 3 Results	101
Research Question 4 Results	104
Spirituality as a Moderator Variable	105
Perceived Social Support as a Moderator Variable	105
Hope as a Moderator Variable	106
Research Question 5 Results	108
Student Demographics	109
Perceptions of Victimization	110
Location and Frequency of Victimization	111
Safety Issues	112
Coping Strategies	113
Persons who Support Victims	116
Perceptions of Teachers	116
The Role of Victimization on Well-Being	118
Chapter V: Discussion	120
Summary of Study	120
Incidence of Relational Victimization	120
Rationale for Lying	122
Relationship between Victimization and Depression	123
Perpetrators of Victims	125
Coping Mechanisms	125
Perceived Social Support	125
Hope	128
Spirituality	130
Important Gender Implications	131
Limitations	135
Sample Size	135
Survey Instruments	135
Member-Checking	137
Future Research	137
Final Thoughts	140
References	142
Appendices	169
Appendix A Active Parent Consent Form	170
Appendix B Child Assent Form	172
Appendix C Informational Letter in Spanish	174
Appendix D The Children's Depression Inventory-Short Form	175
Appendix E The Child and Adolescent Social Support Scale	176
Appendix F The Spirituality Assessment Instrument	178
Appendix G The Children's Hope Scale	179
Appendix H Children's Social Experiences Questionnaire- Self Report	180

Appendix I	Semi-structured Interview Questions	181
Appendix J	Student Demographics Form	182
Appendix K	Effect Sizes for Survey Instruments	184
Appendix L	Reliability Estimates for All Survey Instruments	189
Appendix M	Moderator Model Summaries	191
About the Author		End Page

List of Tables

Table 1	Characteristics of Participating Schools	48
Table 2	Effect Sizes for Race and Gender for Spirituality on the SSA	185
Table 3	Analysis of Categorical Variables for Differences in Participant Sample	79
Table 4	Characteristics of the Social Support Measure (CASSS) by Gender	80
Table 5	Characteristics of the Social Support Measure (CASSS) by Ethnicity	82
Table 6	Characteristics of the Social Support Measure (CASSS) by Ethnicity and Gender	84
Table 7	Correlation Matrix of Subscales on Perceived Social Support Measure (CASSS) (N = 153)	85
Table 8	Characteristics of the Spirituality Measure (SSA) by Ethnicity	86
Table 9	Characteristics of the Spirituality Measure (SSA) by Gender	87
Table 10	Characteristics of the Spirituality Measure (SSA) by Gender and Ethnicity	88
Table 11	Characteristics of the Depression Measure (CDI-S) by Gender	89
Table 12	Characteristics of the Depression Measure (CDI-S) by Ethnicity	90
Table 13	Descriptive Statistics of the Depression Measure (CDI-S) by Ethnicity and Gender	91
Table 14	Characteristics of the Victimization Measure (SEQ) by Gender	92
Table 15	Characteristics of the Hope Measure (CHS) by Gender	93
Table 16	Characteristics of the Hope Measure (CHS) by Ethnicity	94
Table 17	Characteristics of the Hope Measure (CHS) by Ethnicity and Gender	95
Table 18	Sum Scores and Standard Deviations Obtained in Current Study Compared to Referred Sample	95
Table 19	Percentage of Sample Reporting Various Forms of Relational Victimization	97
Table 20	Percentage of Males and Females Who Reported Varying Degrees of Victimization (N = 152)	98
Table 21	Categorical Representation of Coping Strategies for All Participants (N = 152)	99

Table 22	Comparisons of Mean Scores for Coping Strategies by Gender and Ethnicity	100
Table 23	MANOVA Summary Table for Coping Strategies (N = 153)	101
Table 24	Correlations Among Predictor, Moderator, and Criterion Variables (N = 152)	102
Table 25	Emotional Responses to Bullying Behavior	119

List of Figures

Figure 1	Conceptual Moderator Model for Depression	69
Figure 2	Perceived Social Support as a Moderator between Relational Victimization and Depression	106
Figure 3	The Contribution of Hope as a Moderator for Depression in Females	107
Figure 4	The Combination of Hope as a Moderator for Depression in Males	108
Figure 5	Coping Strategies Reported by Participant	115

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Stephanie Tamara Mihalas

ABSTRACT

This study explored the relationship between relational victimization and depression among middle school students ($n = 153$) in an urban school in Florida. The majority of participants were African-American and Hispanic at-risk youth. This study is one of the first to study how positive protective factors (i.e., hope, spirituality, perceived social support) moderate the relationship between victim status and depression. A mixed methods design was used to gain further insight into the survey data collected. Findings from the study indicated that hope and perceived social support were statistically significant moderator variables. Additionally, results from the qualitative interviews suggested that teachers, parents, and siblings play an important role in supporting victimized students. Implications for gender and culturally sensitive interventions are discussed. Possible avenues for future research are also outlined.

Chapter 1

Introduction

Gaining a better understanding of the phenomenon of aggression has been a popular focus of research in the social sciences over the past several decades. Aggression is known to have a substantial negative impact on all individuals involved. Although long recognized that aggression may take various forms, the majority of research on aggression has focused on its physical and verbal forms (e.g., Connor, Steingard, Anderson, & Melloni, 2003). As a result, most aggression research has focused on boys based on the fact that boys engage in more physical and verbal aggression than girls (Rauste-von Wright, 1989). However, research suggests that when the definition of aggression is expanded to include social ostracism and rumors, girls are equally as aggressive as boys (Tapper & Boulton, 2000; Young, Boye, & Nelson, 1996).

As research on aggression has evolved to include its more social forms, researchers have identified a specific type of aggression designed to damage social relationships that has come to be known as relational aggression (Crick & Nelson, 2002). Relational aggression is indirect and covert (sometimes overt) and usually verbal in nature. It occurs in a variety of settings including schools, community activities, and other social venues where people have the opportunity to engage in discussion. Research on relational aggression to date has focused on a variety of issues, including risk and resiliency factors (e.g., Campbell & Frabutt, 1999; Yoon, Hughes, Cavell, & Thompson, 2000), assessment tools (e.g., Crick, 1996), adjustment trajectories (e.g., Prinstein, Boergers, & Vernberg, 2001; Tomada & Schneider, 1997;), and effective interventions (e.g., Leff, Power, Manz, Costigan, & Nabors, 2001; Taub, 2002). Perpetrators of

relational aggression and those who experience it have been shown to experience short and long-term consequences, including academic decline, peer rejection (Prinstein et al., 2001), and maladaptive personality features (Werner & Crick, 1999).

While researchers now recognize relational aggression as a specific form of aggression, there has not been much research investigating the victims of relational aggression. As a result, little is known about the prevalence of victims in school settings, the pathology that victims present, and the kinds of services they receive or seek. The purpose of this study is to expand the literature in this area by focusing on youth who experience relational aggression. The term ‘victim’ will be used throughout this manuscript to describe youth who are targets of relational aggression. This term is not meant to personify youth experiencing relational aggression as disempowered individuals; rather, the term ‘victim’ provides a degree of consistency across the manuscript and allows for common nomenclature when describing and discussing other studies in this particular area of research.

Relational Aggression and Victimization

The few studies that have been conducted with victims of relational aggression have found that these individuals experience depression, social isolation, anxiety (Walker & Cillessen, 2006), and Post-Traumatic Stress Disorder (PTSD) (Gumpel & Kliwer, 2006). Recently, somatization (specifically abdominal pain) and school absenteeism have been linked to relational victimization (Greco, Freeman, & Dufton, 2007). Moreover, victims of relational aggression have been identified as shy individuals who maintain negative attributions about themselves and the world (Dill, Vernberg, Fonagy, Twemlow, & Gamm, 2004). A study conducted in Finland found that the kinds of coping strategies

that relational victims used were maladaptive, including aggression and self-destruction (Olafsen & Viemero, 2000).

Significance of Research on Relational Victimization

Some may question the significance of studying a construct like relational victimization because of long-standing societal beliefs about female behavior suggesting that gossip, misuse of confidential information, breaking trust, and exclusionary group tactics are fairly normative behaviors among many middle and high school adolescent females. The reality, however, is that the available research indicates that relational victimization is associated with maladaptive outcomes for both perpetrators and victims. Since relational aggression negatively affects both boys and girls (although possibly to differing degrees) (Crick, 1997), it is critical to develop a greater understanding of victimization, including how to appropriately identify victimized students, the pathology they present, potential coping mechanisms that may serve as protective factors, and/or other long-term consequences of victimization.

Rationale for Current Study

In order for psychologists to build culturally sensitive and individualized interventions for victims of relational aggression, they first must understand the underlying issues that place students at risk for victimization (Roosa & Gonzales, 2000), as well as strength-based protective factors that moderate the relationship between victimization and pathology. Once protective factors are identified, interventions may be tailored in a more positive manner, focusing less on ameliorating problems in youth and instead focusing on enhancing strengths already inherent within them. Notably, the relational victimization research that has been conducted focuses almost completely on

Caucasian participants or persons living outside of the United States (e.g., Osterman, Bjorkqvist, Lagerspetz, Kaukiainen, & Landau, et al., 1998; Pakaslahti, Spoof, Peltola-Asplud, & Jarvinen-Keltikangas, 1998). Thus, another focus of this study was to evaluate the experience of relational victimization in minority youth (i.e., African American, Hispanic, and mixed race youth). To date, only one other study has addressed middle school minority youth, victimization (not relational victimization), and internalizing disorders (c.f., Peskin, Tortolero, Markham, Addy, & Baumler, 2007). This type of research is consistent with the current focus on culturally competent practice and evidence-based interventions promoted by national psychological associations and training programs (Ingraham & Oka, 2006).

Purpose of the Current Study

The short-term goals of the current study were to (a) assess the relationship between depression and relational victimization; (b) determine variables from the positive psychology literature that serve as protective factors against victimization; and (c) gain a richer understanding of individuals' experience of victimization. The long-term goal of this study was to elucidate findings that will aid in the development of interventions for minority students who are victims of relational aggression (Miranda, Bernal, Lau, Kohn, Hwang, & LaFromboise, 2005), ultimately expanding options for treatment (Snowden & Yamada, 2005). Finally, the study was intended to empower victimized youth by giving them a voice to express their thoughts and feelings surrounding the experience of being a victim through qualitative investigation.

Summary and Description of the Research

The current study took place in two middle schools in a county located in Florida. One school was used primarily as a pilot school to determine any possible limitations that needed to be addressed prior to data collection. Both research sites were characterized by a high percentage of minority students enrolled at each school, a large proportion of the students receiving free and reduced lunch, and a low school performance grade. Participants included any student who received parent consent to participate; however, data analysis only included African American, Hispanic, and mixed race students. Data from Caucasian students and students from other minority groups that were obtained during data collection will be used in future studies.

All participants completed a battery of instruments to assess a variety of constructs including relational victimization, depression, hope, spirituality, and perceived social support. The specific measures that were used in this study included: The Children's Depression Inventory-Short Form (CDI-S; Kovacs, 1985), The Children's Hope Scale (CHS; Snyder, Hoza, Pelham, Rapoff, Ware, et al., 1997), The Social Experiences Questionnaire (SEQ; Crick & Grotpeter, 1996), The Child and Adolescent Social Support Scale (CASSS; Malecki, Demaray, & Elliott, 2000), and a scale constructed by the primary investigator adapted from The Spiritual Involvement and Beliefs Scale (SIBS; Hatch, Burg, Naberhaus, & Hellmich, 1998) (i.e., SSA).

Additionally, in order to complement the quantitative portion of this study, qualitative methods were utilized (Creswell, 1994) as part of an overall mixed methods approach (see Tashakkori & Teddle, 2003). Specifically, interviews with select victims were completed. In order to gain multiple perspectives on the experience of

victimization, purposive sampling was used to choose victims who (a) presented with high versus low victimization status, (b) obtained high versus low depression scores, and (c) used a variety of coping mechanisms and strategies.

Research Questions

The specific research questions addressed were as follows:

1. What percentage of minority youth in high-risk middle schools have experienced relational victimization?
 - a. Do more females or males report relational victimization?
 - b. What levels of (i.e., how much) relational victimization do minority youth in high-risk middle schools report experiencing?
2. Which coping strategies/mechanisms (i.e., spirituality, hope, perceived social support) are used and/or cited most frequently by minority youth in high-risk middle schools?
3. How is victim status related to rates of depression among minority youth in high-risk middle schools?
4. Which protective factor(s) (i.e., spirituality, hope, perceived social support) serve as a moderator(s) between victimization and depression among minority youth in high-risk middle schools?
 - a. Does this relationship differ based on gender, ethnic group (e.g., Hispanic versus African-American), grade, and/or school?
5. How do students experience relational victimization?
 - a. What are students' perceptions as to why they are victimized?
 - b. Are students able to verbally define how they cope with relational aggression?
 - c. Who do victims specifically feel supported by, if anyone?

- d. How does the victimization impact their well-being?

Apriori Hypotheses

This study is both confirmatory and exploratory in nature and as such, research questions 1, 2, and 5 do not lend themselves to apriori hypothesis development. However, based on previous research findings and clinical judgment gleaned from working with victims in the field, hypotheses were created for research questions 3 and 4. The data were expected to support the following hypotheses:

1. There will be a significant positive correlation between relational victimization and depression. This hypothesis is consistent with research conducted by Walker and Cillessen (2006).
2. Perceived social support will moderate the relationship between relational victimization and depression such that victimized youth with higher levels of social support will report lower levels of depression compared to their victimized peers with lower levels of social support. While no studies have directly assessed this relationship, research conducted by Demaray and Malecki (2002a) have found that perceived social support serves as a protective factor among youth.
3. Hope will moderate the relationship between relational victimization and depression such that victimized youth with higher levels of hope will report lower levels of depression than their victimized peers with lower levels of hope. While this direct relationship has not been tested previously, studies conducted by Snyder and colleagues (2002) support the notion that hope is protective.
4. Spirituality will moderate the relationship between relational victimization and depression such that victimized youth with higher levels of spirituality will report

lower levels of depression than their victimized peers with lower levels of spirituality. While this direct relationship has not been tested previously, studies conducted by Mofidi, DeVellis, Blazer, DeVellis, and Porter et al. (2006) have suggested that spirituality has been linked to a decrease in depressive symptoms in adults.

Definition of Terms

Two particular terms require explanations so that readers share a common definition while reading this manuscript: at-risk and high crime. The term “at-risk” is defined in this study by the following criteria: (1) participant attendance at a Title I school, (2) participant attendance at a school with a high teacher turnover rate, (3) participant attendance at a school has not met goals for annual yearly progress (AYP) in recent years (i.e., AYP), and (4) participant place of residence, such that neighborhood has a high crime rate.

A high crime rate in this study was defined by a crime rate of at least double the modal number of crimes reported in the surrounding counties. According to the local police department, between January and December of 2006, a total of 88 crimes were reported for the grid location in which School B is located, and the grid location next to the school location (less than three miles away) had a total of 70 reported crimes. Crimes were defined as murder, rape, sodomy, aggravated assault, larceny, burglary, and vehicle theft. To further understand the crime reports in comparison with the other 230 grids in the county where data were collected, the range of crimes reported ranged from 1 – 230, with a mode of 40 crimes. The other data that are collected by the city are entitled “Mandatory Primary Offense,” which include (under this title) acts of fraud, kidnapping,

and drug related charges. The range of offenses in all 230 grids was from 1 – 512; however, the mode was 25. The grid location for the primary data collection school reported 107 offenses.

Chapter 2

Review of the Literature

Introduction

Acts of aggression and violence impact many youth today around the world. Aggression, defined as an act that is intended to injure another either physically or emotionally, is commonplace in the media, in many neighborhoods, and in a majority of our schools. Over 5.7 million youth in the United States reported involvement in aggression and violence on school campuses when asked to fill out a nationwide questionnaire on bullying behavior (Nansel, Overpeck, Pilla, Ruan, Simons-Morton, et al., 2001). Specifically, students in grades 6-10 identified themselves as perpetrators (13%), victims (11%), or as perpetrator-victims (6%).

Victimization is experienced by youth around the world (with research documenting its occurrence in Greece, China, The Netherlands, England, and Turkey), making victimization a topic that is at the forefront of developmental and applied research (Paul & Cillessen, 2003). Given that a significant number of students experience aggression to some degree in schools, the study of this phenomenon continues to develop and evolve. The approach that educators and psychologists use to define and assess aggression is gradually shifting away from a focus on physical aggression to a focus that encompasses indirect and social forms of aggression (Cullerton-Sen & Crick, 2005). The research base on social forms of aggression, however, remains limited. Hawker and Boulton (2000) found only five studies that assessed relational victimization over a 20-year period.

Given that the trajectories of psychosocial adjustment may be poor for many students who engage in, or are victims of, aggressive behavior, more information is needed how educators and mental health practitioners may impact the relationship between victimization and maladjustment. This chapter provides a summary of the deleterious effects victimization has on children and adolescents. It also conveys a number of gaps and limitations in the current research literature, as well as a rationale for the current study. The goals of this literature review will be accomplished by (a) briefly explaining relationally aggressive behavior, (b) explaining characteristics and behaviors of victims, (c) clarifying how aggression impacts victim well-being, (d) discussing victim risk and protective factors, and finally (e) highlighting the necessity of the current study and the implications of the study for at-risk minority youth populations.

Relational Aggression

Relational aggression (RA) is an indirect and manipulative form of aggression that intends to harm others through damage to peer relationships in a way that blocks the social goals of the target peer. RA and social aggression differ because RA may be covert or overt whereas social aggression is almost always indirect. There are no other major differences that researchers agree upon, hence the problem with misidentification of students who are either socially or relationally aggressive. Some authors actually suggest collapsing the two constructs together because of the similarities between them (Archer, 2001).

RA interferes with friendships and threatens exclusion from peer groups (Henington, Hughes, Cavell, & Thompson, 1998). Acts of RA may be verbal or nonverbal and include spreading rumors as a form of retaliation, excluding others from

play or encouraging others to exclude peers, and social exclusion through gossip. RA has serious implications for social and emotional maladjustment in both males and females across a wide range of age groups, beginning in preschool (Crick, Casas, & Mosher, 1997) and extending into college (Loudin, Loukas, & Robinson, 2003). Importantly, findings suggest that the social-psychological implications for college students who engage in relational aggression are highly notable. These students demonstrate rejection by peers, display fewer prosocial acts than non-aggressors, and exhibit antisocial externalized behavior. Additionally, students in this developmental stage who engage in RA also exhibit borderline personality features (e.g., self-destructive behavior, bulimia, anger management problems) (Werner et al., 1999). Interestingly, Crick (1996) found that RA predicts social maladjustment above and beyond what overt aggression predicts alone. Thus, without considering RA as a distinct construct, many researchers would not be able to identify students who would be considered “aggressive” and likely would not be able to account for a major contributing factor to social maladjustment (i.e., RA).

RA research has primarily involved determination of prevalence rates by gender and social outcome expectancies of perpetrators (e.g., Zalecki & Hinshaw, 2004). Researchers hypothesize that RA impacts the psychological well-being of females more than males because of the nature of female relationships (Merrell, Buchanan, & Tran, 2006). For example, Frith (2004) noted that female friendships are characterized by intimacy, trust, self-disclosure, and rely heavily on supportive features. Because female friendships are typically more intense and the value placed on them is high (compared to males), the impact of RA is more significant for females. Along the same lines, Goldstein and Tisak (2004) found that males reported different outcome expectancies for

aggression than females. Females reported that they would feel worse if victimized and rated victimization as more damaging and hurtful to relationships than males did.

In addition to the aforementioned variables, the literature base on RA also has focused some attention on cognitions that youth embrace in relation to the purpose and outcomes of aggression and victimization (Werner & Nixon, 2005). For example, Werner and Nixon (2005) found that youth who held positive beliefs about RA were more likely to report themselves as aggressors.

Notably, a number of factors such as minority status, disability status, and socioeconomic status that may bear upon the experience of RA victimization still remain unclear. Further research is needed to address not only the kinds of psychopathology associated with RA victimization but also to provide a forum for victim voice to be heard. By hearing the voice and personal experiences of students who have been victimized, researchers may begin to truly understand the experience of relational victimization. Additionally, research is needed to address specific risk or protective factors that serve to heighten or diminish the long-term outcomes for victims of RA.

Victims of Aggression

The current way that many schools attempt to deal with the ramifications of aggression and violence on campus is either to take punitive measures (e.g., suspension, expulsion) and/or focus efforts on universal school-based prevention and intervention programs to target perpetrators (Batsche & Porter, 2006). One of the reasons that educational organizations may prefer to focus on perpetrators is because the externalized behavior typical of perpetrators is more overt and easier to target (i.e., perpetrators are a more recognizable threat to students and faculty). In contrast, victims of RA in the

school system may become marginalized because they do not pose an immediate threat to others and are not as visible as perpetrators. Additionally, school officials often fail to recognize the long-term ramifications for victims (Elias & Zins, 2003). While attempts at school-wide programming are commendable, schools often lose sight of the importance interventions play for victims. For example, even if a school official is able to stop an aggressor from targeting specific students, the emotional experience of the victimizing act may continue to linger for those students who were previously targeted.

Adolescents report being victimized to some degree by peers anywhere from 30%-50% of the time in a typical school year (Evans, Marte, Betts, & Silliman, 2001). Herein lays one rationale for school shootings (e.g., Columbine, Littleton): victims are left to analyze and evaluate their own emotions and thoughts related to their victimization (Garbarino & DeLara, 2002). Rarely are systematic programs present in schools to help victims; instead, the more common course of action is for individuals to seek out school-based mental health counseling, which is not available in all schools. Therefore, while helping bullies is crucial, more attention must be given to victims, as they are (a) difficult to identify because they typically present with internalizing problems, and (b) likely to have poorer psychological adjustment in late adolescence through adulthood compared to same-aged peers who do not experience victimization (Christiansen & Evans, 2005; Parker & Asher, 1987). Some researchers also have found that victims are predisposed to externalizing problems (Peskin et al., 2007).

*Victim classification*¹. One of the few studies in the victimization literature that used minority youth participants was a study conducted by Graham, Bellmore, and

¹ Note. Victimization in this section pertains mainly to direct and some indirect forms of aggression. However, relational victimization is specifically excluded from this profile synopsis.

Juvonen (2003). These authors categorized African American ($n = 350$) and Latino ($n = 435$) middle school participants who experienced victimization in three ways: self-report victim, peer-report victim, and true victim. Self-report victims are students who report themselves as victims. Self-report victims tend to have more painful memories and experiences of victimization, but their reports are not always verifiable because they are highly subjective. Peer-report victims are students who are nominated by others as a likely target of aggression. Peer-report victims usually are the students who are easily identifiable by a peer-group as “the class clown,” “the nerd,” or “the weirdo.” Finally, true victims are students who are identified as victims based on self- and peer-measurement instruments. True victims are considered to be “real” victims because both objective and subjective measures point to some level of victimization the student has experienced.

Self-identified victims reported just as much psychopathology as true victims and in some cases, even more pathology (Graham et al., 2003). In this study, more females reported themselves as self-identified victims. Importantly, other researchers have found that negative short-term consequences of victimization are only found for females (e.g., change of peer group, sadness, decreased academic performance) and not for males (Paul & Cillessen, 2003). These findings illustrate the need for gender-specific research and interventions in this area.

Interestingly, if self-reports were not used in the Graham et al. (2003) study to interpret the data, 192 students would have been misclassified as neither a bully nor a victim. Thus, self reports may indicate true psychological maladjustment, whereas peer reports may provide information on social maladjustment. Considerations for the

methodology that will be utilized in the current study partially stem from the robust findings from the Graham et al. (2003) study resulting from the use of self-report measures.

Goldbaum and colleagues (2003) also developed a classification system for victims based on a study of middle school students ($N = 1,241$): non-victims (low levels of victimization), desisters (high levels of victimization that decreased over time), late onset victims (increasing levels of victimization), and stable victims (consistently high levels of victimization over time). Stable victims suffered the worst inter- and intrapersonal problems, suggesting that the cumulative effects of victimization over time intensify the harm to victims in the form of anxiety, withdrawal, and somatization. The stability of victimization, according to Paul et al. (2003), suggests that over a four year time frame, victimization was equally stable in elementary and middle school settings (correlation exceeding .70 between years). This study underscores the importance of intervening early.

Victim profile. Bullies and victims differ from one another in a number of ways. Regardless of type of victim classification, most victims tend to be introverted, passive, self-blaming, sensitive, and overly quiet and cautious (Mynard & Joseph, 1997). More serious problems associated with victimization include suicidal ideation, Post Traumatic Stress Disorder (PTSD), violence against perpetrators (Boney-McCoy & Finkelhor, 1995), and internalizing disorders (e.g., anxiety and depression) (Kochenderfer-Ladd & Ladd, 2001). Between 5% and 10% of victims actually aggress against their perpetrators because they do not have the skills to manage the interaction otherwise (e.g., lack of

communication skills to resolve the problem, lack of problem-solving skills to determine the best approach to resolve the conflict) (Pellegrini, Bartini, & Brooks, 1999).

In the school setting, victims are sometimes targeted because they are perceived as unpopular, belong to a rejected peer group (e.g., skaters, Goths), and prefer to be by themselves rather than with others (England & Petro, 1998). Clearly, the personality traits of victims predispose them to a higher likelihood of experiencing internalizing disorders. For example, a study conducted by Kaltiala-Heino, Rimpela, Rantanen, and Rimpela (2000) with adolescents in Finland found that among 17,643 participants, victimization was related to anxiety (17.2%), depression (42%), eating disorders (4.8%), and psychosomatic problems (21.5%). However, bullies were found to be more prone to excessive drinking (66.3%) and substance use (31.3%) compared to victims (12.1%; 7.7%, respectively). The authors in this study suggested that victims may attract negative attention because they are not able to protect or defend themselves from abuse, based on their core personality structure.

Aside from the commonalities in personality traits that many victims share, victimization also may be accounted for by distortions made in cognitive processing. Camodeca and Goossens (2005) studied common distortions made during social information processing (SIP) (Crick & Dodge, 1994) in Dutch elementary-aged children ($N = 242$). Victims' cognitions were analyzed based on interpretation of intent made during an aggressive act, the kinds of goals selected to respond to the perpetrator/victim, and their perceived self-efficacy to resolve the situation. Results indicated that both bullies and victims responded more emotionally to situations that posed a conflict more so than non-victim/non-bully peers. Deficits in each step of the SIP were evidenced by

bullies and victims. However, two major differences were found for victims: (1) victims trusted others less than bullies because of their continued harassment, and (2) victims were the only participants in the study that noted they felt unable to cope with their sadness. If victims did attempt to deal with the situation, they preferred to use aggressive tactics.

Given these findings, an important question that still remains unanswered is why victims often default to aggression. One reason may be that their frustration level is so high that they simply aggress (i.e., frustration-aggression hypothesis) (Berkowitz, 1989). Research also indicates that a very small percentage of student bystanders intervene to defend the victim physically. Thus, because of the lack of support victims receive, they may feel the need to protect themselves via a physical altercation (Salmivalli, Lagerspetz, Bjorkqvist, Osterman, & Kaukiainen, 1996). Another possible explanation may be prosocial skill deficits such that victims are unable to respond adaptively (Fox & Boulton, 2006).

A study by Borg (1998) also examined the emotional reactions of 9 to 14-year-old victims. This study found that 38% felt like seeking revenge, 37% felt anger, 37% felt pity for self, 25% claimed they were not bothered, and 24% of the students felt helpless. Unfortunately, many victims did not turn to others for help. If help was sought, younger victims tended to seek help more than adolescents.

Another study conducted by Hunter, Boyle, and Warden in Scotland (2004) intended to extend the results of Borg (1998) by examining the role of age, gender, cognitive appraisals, and emotional reactions in help-seeking behaviors of Caucasian children ranging in age from 9 to 14-year-olds ($N = 830$). The most important variable

that predicted students' help-seeking behavior in this study was gender; more females sought social support than males. Also, the more severe the emotional reaction, the more social support was sought. Females specifically stated that social support from primarily friends (followed by family members) was the best strategy to relieve painful emotions.

While the Hunter et al. (2004) study is promising because it showed that female victims did seek support, it is difficult to generalize the findings from this study to other populations. It is unclear if the findings would hold true in an American public school system, for older females, or for at-risk youth. Additionally, this study found that victims relied on friends and family for social support and not anyone in the school system. A few hypothesized possibilities for the Hunter et al. (2004) findings include: (1) students may not feel a strong enough bond with teachers or mental health professionals to trust them with personally-sensitive information; (2) there is a lack of services for victims and they are keenly aware of this; (3) teachers may not know how to support their students; thus, failed attempts to help victims creates a climate whereby students know that the most helpful services possible are not available in a school setting.

Notably, with regard to hypothesis 3 above, researchers have found that teachers do not intervene on behalf of victims due to lack of awareness of what victims experience and how to adequately identify them (Atlas & Pepler, 1998). There is an unfortunate mismatch between who students turn to and where the problem behavior actually occurs. In an ideal world, one would hope that students could resolve problems they are facing in the context in which the problem(s) is taking place (e.g., school)—especially since many students may need a trained professional (e.g., psychologist, counselor) who can provide support. However, students may not even realize that support from mental health

professionals is (a) available and/or (b) necessary. Studies such as Hunter et al. (2004) support the notion that school-based support is not perceived as being as central as support from family and peers.

*Risk factors for victimization*². Contextual (i.e., school and home), interpersonal (i.e., friendship and peer status), and intrapersonal (e.g., academic achievement, self-efficacy) are three major domains of risk factors that impact the development of victim status for physical and indirect aggression. Research has shown that early risk factors are similar for both males and females, including an externalized and an internalized component (Paul & Cillessen, 2003); yet, risk factors change based on gender during late childhood and early adolescence. Considering that children do not develop in isolation, ecological risk factors need to be taken into account when discerning what promotes the development of victim status.

Contextual risk factors. A number of different researchers (e.g., Espelage et al., 2000; Farrington, 2005; Shields & Cicchetti, 2001) have found that child-rearing practices and the home environment contribute to bullying behavior. Specifically, punitive and harsh parenting styles characterized by poor supervision, erratic discipline, and rejection produce children who bully during their childhood, adolescence, and adulthood. Adults who were bullied during childhood often rear children who become bullies (Smith & Farrington, 2004). Thus, in the context of the family, bullying behavior may be considered a learned behavior because of the modeling set forth by parents. Victims also come from homes where disciplinary tactics such as punitive punishment are utilized frequently. However, what differs between the home environments of bullies and victims is the level of hostility and rejection emitted by parents; more specifically,

² Note: Relational victimization not included.

bullies experience higher levels of hostility and rejection in their homes compared to non-bullies. Children who are victims in the home develop insecure attachment styles with their family members and these attachment problems beget school-based problems with peers as well (Levy & Orlans, 1998).

Stevens, De Bourdeaudhuij, and Oost (2002) also addressed how the family context, specifically child-rearing practices (e.g., autonomy, punishment), family problem-solving strategies, and overall family functioning (e.g., cohesion, expressiveness, control, moral emphasis), contributed to victimization status within the school setting. Fifth and sixth grade students in Belgium ($n = 1,719$) and their parents ($n = 1,401$) were included in the study. Of the total participants, 17.5% of the children were identified as victims. Compared to parents' reports, victims reported lower levels of bonding and personal relationships with their relatives, an inability to express emotions to parents, and subjection to tremendous control and discipline in their households. While the researchers did not provide any hypotheses for this finding, this researcher believes that victims may have distorted perceptions of reality, based on previous research related to deficits made during the process of social information processing (see Camodecca & Goossens, 2005). Moreover, students who experience victimization at school may in fact generalize their perception of victim status to all sub-systems of which they are a part.

While Stephens et al. (2000) argued that the reports by this particular sample were expected given their developmental stage, the current researcher questions the rationale used by these authors because in this study the mean age was 11.5 years, which is considered preadolescence. During this stage, behavior typified by adolescents is slowly emerging, and thus the results may not be completely accounted for by age. Furthermore,

this researcher suggests that the negative perceptions of family may indicate two different characteristics of victims. The first may be that, in fact, victims' families tend to be less enmeshed and more focused on punitive consequences instead of problem-solving and emotional expression. The second possibility may be that victims have distorted cognitions of the home environment (in addition to distortions about others) that may fuel their own separation and lack of attachment to the family. The best point of entry for intervention is thus unknown and remains somewhat ambiguous. Psychologists have a choice to attempt to change a victim's cognitions (e.g., individual therapy) or the dysfunctional family relations and processes (e.g., family therapy)—both ways ultimately culminating in boosting a victim's resilience against aggressors at school.

Veenstra, Lindenberg, Oldehinkel, De Winter, Verhulst, and Ormel (2005) were among the first researchers to conduct a multivariate analysis of factors that contribute to victimization. This study provided insight into which variables (within the domain of family, school, and intrapersonal characteristics), when combined, contributed significantly to predicting victimization. A sub-sample of data was taken from The Tracking Adolescents' Individual Lives Survey (TRAILS), ($n = 1,065$) which follows preadolescents to the age of 25. The first major finding was that familial vulnerability to internalizing and externalizing disorders contributed to predicting victimization. This was the first time a research team found this result. The second major finding was that the impact of parenting diminishes as a predictor variable when SES, familial vulnerability, academic performance, and prosocial behavior are taken into account. The authors contended that parenting may be less important to victimization status in adolescent-aged populations than with elementary-aged children. The study also found that victims were

relatively positive about their relationship with parental figures—this is contrary to other research on victimization and family relations. Overall, Veenstra and colleagues reported results that were contradictory to other victimization literature that contends that families are critical predictor variables. This may in part be due to the location where the study took place (i.e., Holland), the relatively large sample size, and the statistical analyses that were conducted. More specifically, the large sample size may have increased the likelihood of detecting significance in the data. Further studies are needed to confirm these findings.

Victims also experience problems in the context of school. Victims suffer from poor academic performance, report unhappiness at school, and view school as an unsafe place to attend (Smith & Shu, 2000). Nansel, Haynie, and Simons-Morton (2003) obtained self-report data from middle school students ($N = 930$) in Maryland to address the stability of victimization across middle school and how victimization impacts middle school adjustment (e.g., following rules, completing homework, involvement with school activities) and perceptions of school climate (e.g., teacher support, rule clarity, student-student respect). Victim status identified among students who had been victims on three or more occasions and aggressed against other students less than two times (at the time of assessment). In this sample, 50% of participants reported victimization and one-quarter reported repeated victimization (i.e., consistent victimization across sixth and seventh grades). Victims reported poorer school adjustment compared to bullies and non-involved peers. Victims also reported lower perceptions of school climate both in the sixth and seventh grades than bullies and the comparison group. The directionality of the relationship still remains unclear from this study; however, a warm and supportive school

climate where rules and expectations are clear may protect students from the effects of victimization and/or deter aggressive acts in the first place.

School satisfaction, defined as a student's global satisfaction with school (e.g., pleasure in school), is a factor related to overall psychological well-being, attendance rates, behavior problems and school drop-out (Huebner & McCullough, 2000).

Verkuyten and Thijs (2002) hypothesized that school satisfaction may be linked to peer victimization. The researchers also contended that social cognition, specifically social self-esteem, may serve as a mediator variable between victimization and school satisfaction. Their hypotheses were confirmed, such that students who were victimized had lower levels of self-esteem and their overall satisfaction in school was lower than non-victimized peers.

Teachers' reactions to victims also contribute to the isolation and rejection victims feel in schools. Nesdale and Pickering (2006) attempted to determine how teachers' judgments and punishment strategies were influenced by their perceptions of (a) identification with their class (i.e., how attached and committed they felt), (b) popularity status of victim, and (c) whether the victim is identified as either a "good" or "bad" student. A total of 90 experienced teachers ($M = 13.4$ years of teaching) practicing in Australia were included in the study and were provided with scenarios about physical aggression among males as the basis of their answers. Findings showed that teachers who liked the aggressor, based on the classification of "good student" on the assessment instrument, were less likely to be sympathetic to the victim. Similarly, teachers attributed causality of the altercation to the victim if he/she held favorable opinions about the aggressor.

While the Nesdale and Pickering (2006) study is limited in its generalizability, the implications for future research are profound. This study highlights the importance of a variety of factors that teachers take into account when deciding whether to intervene during aggressive acts. If teachers are biased towards certain children, then the chances of taking a victim seriously are decreased. Therefore, victims may not only be rejected by peers but also by teachers. If findings of this study are replicated, the need for training for teachers related to the impact of aggression on victims will be paramount.

An important question that remains to be answered is “Does school or the home environment play a more pivotal role in the development of victimization tendencies in children and adolescents?” Ahmed and Braithwaite (2004) examined this question by analyzing how the combination of family (i.e., authoritarian parenting, authoritative parenting, and family discord) and school variables (i.e., like for school, school control over bullying, and school hassles) contributes to victim, bully, and victim/bully status. This was the first study that combined different contextual risk factors into one study. Participants in the study included Australian students ($n = 1401$) in late elementary and early middle school as well as their parents ($n = 978$). Both variables were found to predict group membership; however, school variables predicted membership ($R^2 = .54$) more than family variables ($R^2 = .41$). When risk factors from both contexts were combined, the accuracy of identifying group membership increased to 61%. Notably, no single variable was able to satisfactorily discriminate among all three groups (i.e., bully, victim, control). The discriminant function analysis conducted in this study found that both victims and bullies experienced problems in school and at home, and both perpetrators and victims felt schools did not have any control over bullying. However,

victims reported more family disharmony than bullies. This study provided evidence that victimization does not occur by happenstance; instead, there is a degree of shaping and negative experience that occurs in the home that sets the foundation for harmful relationships in the school context. Additionally, the study implies that ecological interventions that include the entire family may be more effective than those that include only the victim.

Interpersonal risk factors. In general, there is consensus in the research that when a peer group is more accepting of a student, the chance of being victimized is decreased. Yet, victimized students are typically found to be less liked by their peers (Phillipsen, Deptula, & Cohen, 1999). Additionally, children with larger networks of friends receive more support and thus may be less negatively impacted by bullying. Friendship quality and social competence are two other interpersonal factors that Goldbaum et al. (2003) assessed in Canadian middle school students ($N = 1,241$). This study was novel because the researchers tried to gain insight into the directionality of the relationship between interpersonal factors and victimization by categorizing students into four distinct groups: non-victim, late onset victim, stable victim, and desister. For example, the late onset victims allowed the researchers to examine interpersonal factors that may have preceded victimization (e.g., antecedents). Individuals in the study who reported poor quality friendships were found to be at a higher risk for continued victimization. Late onset victims and desisters both reported positive friendships prior to victimization. Additionally, as victimization increased, late onset victims reported lower levels of trust and affection for peers. Thus, many late onset victims did not seek out new friendships (i.e., withdrew) and consequently participants may have developed more pathology

because the protective nature of friendships did not serve a buffering effect. Therefore, their interpersonal functioning deteriorated as the cyclical nature of victimization continued.

Intrapersonal risk factors. The victimization literature has often overlooked the question of whether internalizing problems such as anxiety and depression precede, mediate, or are a consequence of victimization. Goldbaum et al. (2003) tried to tease out whether psychological maladjustment predisposes a person to victimization or if the converse was true. This study found that late onset victims at Time 1 of the study reported higher levels of internalizing problems and poor peer relationships; therefore, it was suggested that late onset victims may be suffering from internalizing problems that predispose them to victimization. Additionally, once the bullying occurs, victims' internalizing problems tend to become worse.

Paul et al. (2003) also evaluated intrapersonal risk factors in fourth through seventh grade students. Participants ($N = 600$, predominately Caucasian) were rated according to teacher and self reports on a number of traits, including internalizing and externalizing behaviors, and social and academic self-efficacy. This study corroborated findings from previous studies, namely that victims exhibited low social and academic self-efficacy and were rated high on instruments that assessed both internalizing and externalizing behaviors. Interestingly, this study found that females reported lower levels of self-efficacy across both domains compared to males. Females also exhibited higher levels of depression, negative social perceptions, and anxiety compared to males.

As would be expected, males typically exhibit more externalizing behavior, which commonly is believed to be the precursor to bullying behavior. However, externalizing

behavior also may be a precipitant of victimization. Kokkinos and Panayiotou (2004) conducted a study in Cyprus to ascertain the relationship between disruptive behavior disorders [i.e., Conduct Disorder (CD) and Oppositional Defiant Disorder (ODD)] and subsequent victimization in a sample of 202 adolescents. Findings indicated that while CD predicted bully status, ODD predicted victim status. The authors suggested that the mild symptoms of ODD exhibited by elementary school children may serve as one reason why other students bully the victims (e.g., deliberately irritating and noncompliant behavior bothers others). Unfortunately, many students who present with ODD and do not receive intervention continue along a trajectory that may lead to CD and Antisocial Personality Disorder (Hinshaw & Lee, 2003). Thus, this study appears to provide a rationale for why many victims often turn into bullies in later years. Additionally, this study supported prior findings that victims have lower self-esteem than bullies and control children.

Social skills deficits are another discernable intrapersonal risk factor common to victims. Fox and Boulton (2005) utilized a multi-informant approach to determine which social skills deficits victims display compared to non-victimized peers. Additionally, the researchers wished to determine if peer, self, and teacher reports diverged on social skill ratings. A total of 330 Dutch children ($M = 10.3$ years old) and 12 teachers participated in this study. Agreement on only three items was found among participants; specifically, victims were perceived as “scared,” “weak,” and “unhappy.” Additionally, a large proportion of victims were classified by one or more participants as “non-assertive,” “distressed,” and “withdrawn.” Overall, victims were perceived as having fewer adaptive social skills than non-victims.

Many children are at risk for psychological, social, and interpersonal problems to some degree based on their family history, experience at school, and/or individual factors (e.g., temperament, genetic predisposition). At what point though do children cross the “normative” threshold of daily life stressors and become involved in a relationship that involves victimization? Presently, there is no clear or definitive answer to this question in the literature. Therefore, while a focus on risk factors is imperative so that the etiology of victimization may be better understood, “risk” takes on a negative connotation and may be more difficult to alter (e.g., in cases of parental drug abuse or a genetic predisposition for depression). Thus, an alternative to focusing on risk factors is to utilize a strengths-based approach whereby a child’s pre-existing gifts or abilities could be cultivated to protect or enhance a child’s well-being. A paradigm shift moving towards a focus of protective variables in research and practice may do exactly that: improve well-being.

Protective Factors

Protective factors may be viewed in two different ways: (1) as variables that decrease or moderate the risk of becoming victimized, and (2) as moderators of psychopathology. To date, attention paid to how protective factors play a role in victimization has been minimal. Without increasing our knowledge base of protective factors, preventive programming can rely only on risk reduction approaches.

Social support. A study conducted by Baldry and Farrington (2005) examined the role of family context (i.e., authoritative parenting) and personal coping skills as two protective variables that may moderate the risk for victimization. The study included only Italian high school males ($N = 679$), who were mainly from the upper social echelon

in Italy. While a majority of students in this sample reported negative and hostile interactions with their parents, the hierarchical regression analyses confirmed that when very supportive parenting styles were intact, rates of victimization were reduced. Males who were identified in the highest risk category for victimization benefited the most from parenting support and coping skills. One hypothesized reason for this outcome was that parents who are supportive of their children are more likely to help them problem solve difficult situations rather than leaving their children to accomplish this task on their own (Dwairy, Achoui, Abouserie, & Faraji, 2006). Thus, reasons for victimization and how to deal with it may have been discussed in the context of the family.

The literature contains studies that indicate that negative peer interactions serve as risk factors for victimization (Schreck, Miller, & Gibson, 2003). The literature also contains studies that provide evidence supporting that the converse is true: students who engage in positive peer relations are less likely to be segregated out as a target for aggression, even as early as the kindergarten years (Hanish, Ryan, Martin, & Fabes, 2005). Overall, perceived support appears to be the underlying reason why peer friendships are critical for victimized children. In a longitudinal study conducted by Ladd and Burgess (2001), 396 kindergarten and first grade students were studied to address how behavioral and relational risk and protective factors impact adjustment between kindergarten and first grade. The study confirmed the researchers' hypotheses that peer acceptance, the number of friends one had, and a positive teacher-student relationship inhibited the development of maladjustment in this sample. More importantly, positive relationships may have compensated for the externalizing behaviors that many of the students exhibited (i.e., students who would typically become victimized because of their

overt behavior did not because they were supported by peers and teachers). Peer acceptance was found to have the most wide-reaching impact for victims as it helped to increase victims' attention span in class, decrease misconduct, and increase school liking. The findings in this study are consistent with an additive model framework such that the more protective factors there are, the stronger the impact on future prosocial adjustment.

Connection to school. While there is no research to date that suggests a direct link between experiencing victimization and feeling a strong connection to the school environment (i.e., one construct within school climate), it might be hypothesized that school climate (or facets of school climate) differentiates how a child responds to relationally aggressive attacks (i.e., specifically evaluating school climate as positive serves as a buffer to victimization). Moreover, positive school climate may actually reduce the prevalence of relational aggression on school campuses because of tolerance policies and the general feeling of support generated by school faculty. A positive school climate has been found to serve as a resilience factor for students in a variety of ways, including protecting children from using tobacco, drugs, and alcohol (Suldo, Hanguaer, Witte, Mihalas, Popkave, Powell, & Hardesty, 2006), curbing delinquent behavior (Farrington, 2005), and promoting an overall sense of well-being (Sellstrom & Bremberg, 2006). Additionally, other researchers have found that when a school provides a positive and safe environment and facilitates social and academic success, students are more likely to be buffered from negative outcomes (Christle, Jolivette, & Nelson, 2005). Moreover, a positive school climate has been shown to decrease bullying on school campuses (Unnever & Cornell, 2004). Additionally, schools in England have found that when the school environment is perceived as "safer, via direct intervention," students are

less likely to be victimized (Smith et al., 2000). Therefore, given that school climate has been indicated as a positive force in the lives of students, it also may impact the way a student handles aggressive confrontations.

Intrapersonal factors. Aside from external factors previously mentioned, internal factors such as coping styles serve to increase victims' resilience from further maladjustment issues. For example, Kochenderfer-Ladd and Skinner (2003) examined how coping strategies (e.g., approach and avoidance) may influence victims' adjustment (e.g., social problems, anxiety, depression) in 356 elementary-aged children. Results revealed that both males and females were equally at risk for victimization; however, the type of coping strategy used was different for males versus females. Consequently, the specific maladjustment issues were also differentiated. For example, males were more likely to resolve conflict using an "approach" style whereby they tended to try to resolve problems with the perpetrator on their own. Thus, males tended to have lower levels of loneliness and social support problems because they did not isolate themselves. However, the authors mentioned that when males did seek social support but did not receive the kind of support they expected or desired, loneliness levels actually increased. A possible way to decrease loneliness for males who seek help may be to provide school-based therapy groups for males to increase the relationships they have with other males and so that the appropriate adult is prepared to listen and provide adequate support. On the other hand, females who sought social support were less at risk for social problems and did not report loneliness upon asking others for support. "Avoidance" coping was an ineffective protective factor for both genders, possibly because bullies tended to feel that they could continue the behavior without repercussion.

Unfortunately, there is a paucity of research focusing on the relationship between intrapersonal protective factors and victimization (aside from the research conducted by Kochenderfer-Ladd & Skinner, 2003). The lack of research on victimization and protective factors is somewhat surprising, given that many psychologists conducting interventions focus mainly on individuals instead of systems-level issues. Regardless, if protective factors are shown to buffer the relationship between victimization and psychopathology, a new focus of interventions for practitioners may be available such that a strengths-based approach may be utilized during therapeutic interventions for victims.

Relational Victimization

Much less is known about relational victimization than physical and social victimization; consequently, researchers have advocated for studies on relational victimization to be conducted with diverse populations (Young et al., 2006). The purpose of this section of the chapter is to highlight the research that has been conducted and to exemplify the necessity for further studies to be completed in this critical area of study.

Psychopathology. Relational victimization, similar to physical victimization, has been linked to depression, social isolation, anxiety (Walker & Cillessen, 2006), and PTSD (Gumpel & Kliever, 2006). Craig (1998) studied the relationship between victimization and pathology among predominately Caucasian middle school students in Canada ($N = 546$). This study found that relational victimization was a significant predictor variable for anxiety (per a self-report questionnaire). Also, levels of depression were markedly higher in the victim group compared to the control group. Additionally, relational victims were found to engage in indirect aggression themselves as a defense

mechanism. Those victims who used this approach also reported higher levels of anxiety. Victims using more indirect forms of aggression may believe their anonymity is upheld and thus feel as though their aggressor will be less likely to retaliate against them again.

Dill and colleagues addressed another component of psychopathology, negative affect (e.g., mad, sad, scared), in 731 elementary-aged children via a longitudinal design. Dill et al. (2004) developed a three-stage multi-modal model whereby at Time 1 shyness and withdrawal were assessed (these two variables were deemed directly related to peer victimization), at Time 2 negative affect was assessed, and finally at Time 3 depressed mood was assessed. This study confirmed a number of hypotheses. First, negative affect increased as a result of relational victimization. Second, students who held beliefs that aggression was warranted towards them personally were likely to have a stable negative affect. Third, shyness was found to be a trait that served as an antecedent to relational victimization. Therefore, the researchers suggested social skills training and “active attempts” towards building students’ communication skills.

Finally, personal beliefs (i.e., social cognitions) about the kind of support that a child receives influences the attributions he/she makes regarding an aggressive act. Toblin, Schwartz, Gorman, and Abou-ezzeddine (2005) found that elementary-aged aggressive victims who perceived a lack of support displayed problems with self-regulation including impulsivity, hyperactivity, and emotional dysregulation. Bullies (e.g., those students who felt supported) did not experience emotional dysregulation to the same degree as victims. The aforementioned study lends credibility to interventions that adhere to a cognitive-behavioral approach so that appropriate and inappropriate behaviors are addressed, as well as maladaptive schemas about self and others.

Specifically, interventions such as cognitive-behavioral therapy may be more appropriate for those students who engage in negative attribution bias. Notably, the researchers stated that the results may not be generalized to low-income families due to the nature of the participant pool.

Storch, Masia-Warner, Crisp and Klein (2005) also addressed psychopathology among victims in a one year prospective study assessing the relationship between relational victimization, social anxiety, and phobia in a sample of urban ninth grade students attending a parochial school ($N = 144$). The researchers found that regardless of gender, relational victimization predicted social phobia one year later. However, based on initial baseline data, little support was garnered for the prediction of victimization based on levels of social anxiety. Thus, it may be that victimization deters students from socially interacting with peers they perceive as aggressive and also leads students to evaluate themselves negatively.

Coping style. Olafsen and Viemero (2000) addressed how fifth and sixth graders ($N = 510$) in Finland utilized different styles of coping to deal with relationally aggressive students [i.e., five specific styles including aggression, distraction (e.g., engage in a hobby, taking a walk), self-destruction (e.g., smoke, self-mutilate), stress-recognition (e.g., cry, scream, ask for advice), and endurance (e.g., think about it, watch TV)]. This study found that there were no gender differences in the prevalence of victimization nor the coping style used. All victims of RA were found to use more self-destruction strategies. However, the conclusions from this study must be viewed with caution. This is because first, the researchers did not utilize an assessment instrument that directly measured relational victimization. Instead, they merely added a question to the Olweus

Bullying questionnaire regarding gossip to serve as the relational victimization indicator (i.e., one item indicator). Second, this study did not find any major differences between victims and their non-victim counterparts; thus, the conclusions made about victims of relational aggression are based more on clinical judgment rather than on rigorous statistical analyses.

Summary and Future Research

The adages “boys will be boys” and “that’s just how girls are” are no longer justifiable excuses to condone physical and/or relational aggression (Clarke & Kiselica, 1997). As evidenced in this literature review, victimization of any sort affects youth in profound ways and cannot be dismissed as gender normative and appropriate behavior. In fact, victimization may impact the way a child is perceived by his/her peers, or it may alter a child’s mental health outcomes (Lindenberg, Oldehinkel, De Winter, Verhulst, & Ormel, 2005). Inevitably, limitations in the current body of research must be addressed for educators and mental health professionals to secure a comfortable place for children within the school environment, thus affording children an opportunity to engage in healthy relationships that will aid in the development of social and personal skills. Based on the high prevalence rates of aggression exhibited within the school system, lack of future research in the area of relational victimization will hinder the possibility of positive future outcomes for victims.

Vis-à-vis this literature review, several gaps and limitations within the current research have been elucidated. First and foremost, a paucity of research exists on relational victimization. While a number of studies have been conducted on perpetrators (e.g., Van Acker & Talbott, 1999; Connor et al., 2003; Rodkin & Hodges, 2003), very

few studies address the characteristics of victims and associated mental health outcomes. Additionally, specific risk and protective factors that mediate and/or moderate the relationship between victimization and psychopathology are minimal in number. The necessity of understanding outcomes for victims of RA in more depth is clear. Without future research, development of interventions to provide support for victims and to teach coping skills to those who have been victimized will continue to be overlooked.

Second, the majority of research on general victimization in the United States tends to focus on elementary-aged children (e.g., Crick, 1997; Dill et al., 2004; Nansel et al., 2003). While this is commendable, research on relational victimization also should include adolescents. Adolescents spend a majority of their time in school settings, and major developmental milestones are met during this time. Additionally, indirect forms of aggression tend to be the primary form of aggression used in schools during adolescence because the penalties for overt aggression become harsher (Underwood, Galen, & Paquette, 2001). If, in fact, because adolescents experience the brunt of indirect aggression from peers during this stage of development, it is important for researchers to understand if and how victimization impacts developmental milestones (e.g., social and emotional development; interpersonal relationship building).

Additionally, more than 50% of the research published on victimization has been conducted in countries other than the United States (e.g., Lindenberg et al., 2005; Verkuyten et al., 2002). While these studies afford researchers new information on aggression and victimization, the results may not be generalizable due to cross-cultural differences. Therefore, more research conducted in the United States is needed because cultural nuances may account for different findings in specific populations of students.

Finally, resiliency factors (e.g., protective variables) associated with any form of victimization are not fully understood because of the limited number of studies that have addressed this particular issue (e.g., Goldbaum et al., 2003; Christiansen et al., 2005). More specifically, no studies that have reviewed how protective variables impact RA victimization were identified in the literature. As such, it is critical to determine if there are resiliency factors that may shield children from deleterious outcomes.

Current Study

The current study attempted to address many of the limitations mentioned previously including the lack of participant diversity, the focus on risk factors instead of protective factors, and integrating a number of variables into an ecological model to explain relational victimization. Specifically, this study focused on adolescents for two main reasons. First, adolescence is a critical time when peer interactions inform an individual's identity formation (Paul & Cillessen, 2003). Thus, the prevalence and variability in victimization may be higher than at other points during a person's development. Therefore, an adolescent who is victimized may engage in different coping strategies and also may ultimately demonstrate different pathology compared to an elementary school student. In fact, adolescents may exhibit completely different patterns of behavior and subsequent outcomes as a result of different values and interpretations that coincide with development. Additionally, while there is some disagreement in the field regarding gender specificity related to differential expressions of aggression, some researchers have found that adolescent males engage in as much relational aggression as females (Peets & Kikas, 2006). Therefore, this study was not limited to adolescent

females but also included males to further investigate how gender was related to relational victimization and presenting psychopathology.

Second, the stability of remaining in the victim role becomes the most potent during adolescence (Casey-Cannon, Hayward, & Gowen, 2001), and thus intervening is critical to maintain a student's sense of well-being throughout the course of high school and beyond. For example, if a student continues to be victimized in the high school setting, the likelihood of entering abusive relationships in the future will increase (Coie & Dodge, 1983). In an ideal world, school-wide approaches to bullying prevention would have halted over 65% of aggression in schools utilizing a universal prevention approach (Leff et al., 2001); however, with the prevalence of relational victimization on campuses, psychologists are at the crucial point where targeted interventions are necessary to help reverse some of the events that have impacted victims (e.g., repeated victimization, reactive aggression that leads to academic problems, teacher disapproval). While most studies have focused on participants between the ages of four through twelve, the current study extended the literature base to include a middle school sample. Also, with increased knowledge of RA during middle school, practitioners may be able to make the transition into high school easier for victims because extra support towards building resiliency may be provided.

Third, as evidenced by the aforementioned studies, the typical students who participate in victimization studies are middle- and upper-class Caucasian students who are not considered at-risk. As such, an unstudied population in the study of victimization, specifically relational victimization, is poor, at-risk minority youth (Young et al., 2006) because almost no researchers have developed research agendas that target this particular

demographic group and relational victimization. Yet, there is some evidence that this line of research would be fruitful; for example, Schreck, Miller, and Gibson (2003) found that African American males experienced the highest frequency of victimization when considering physical victimization and theft. Also, one research study found that African American youth engaged in more relational and overt aggression (Phillipsen et al., 1999) than Caucasian students. Yet, Phillipsen et al. (1999) is the only study that has attempted to look at the prevalence differences across racial lines. Finally, one study found an inverse correlation between SES and victimization, such that the lower poverty level in a family, the higher the rate of victimization (Veenstra et al., 2005) This finding supports the hypothesis that poverty may impact relational victimization.

Unfortunately, poor, at-risk minority populations often receive less than adequate mental health services. For example, Ringel and Sturm (2001) found that 31% of majority students received mental health services compared to only 13% of minority students. Limited practitioners in urban areas, interventions that are not culturally sensitive, and the manner in which mental health services are marketed to urban and ethnic populations may account for the differential percentages between groups (Tolan & Dodge, 2005). Therefore, the first step towards providing services that are culturally sensitive and appropriate for minority at-risk youth is to make a direct attempt at establishing a relationship with this population. This may be done by hearing their voices through qualitative and quantitative data collection and learning more about the kinds of victimization they experience. Allowing students to establish their voice does not only provide rich data but also has been documented as an intervention in itself (Roberts & Coursol, 1996). Notably, all qualitative work in this area has been conducted with

elementary-aged children in other countries (e.g., Holland, Cyprus). Undertaking a study with this specific population will contribute to the literature because at this point in time there are no studies (to the researcher's knowledge) that have investigated relational victimization among low-income, ethnic minority children.

Fourth, a number of studies have focused on the risk factors that increase victimization, but few have focused on how to protect students. Instead of focusing on the negative attributes that contribute to victimization, the study took a positive strengths-based approach to understanding victims. How may educators and psychologists help victims engage in the recovery process using their own personal strengths through intervention? This study intended to answer that question by moving away from the identification of problems among or within a child (e.g., negative attributes or characteristics) that need to be changed or removed and instead focusing on which factors may be promoted to enhance resilience.

Risk versus protective factors. Why are the risks so much stronger than the protective factors in terms of predictive validity? There is the possibility that the protective factors that make a substantial contribution to resilience have not been examined to date. Because a number of ecological variables impact one's functioning, four domains of protective factors were analyzed in this study, including school, home, peers, and intrapersonal. By addressing these four domains, the researcher acknowledged that students have many different ecologies and developmental issues that impact their overall functioning. In past research, researchers typically have focused on one domain at a time instead of looking at a combination of protective factors. Thus, the current study used a protective-protective model such that the combined effects of a number of

protective factors are hypothesized to negate the risk factors of victimization (Zimmerman & Arunkumar, 1994) (e.g., gender and hope). Protective factors that were examined in the current study included school variables (e.g., teacher support, classmate support), family and best friend support variables, and intrapersonal factors (i.e., hope and spirituality).

Positive psychology. Positive psychology focuses on strengths within humankind rather than weaknesses (c.f., Snyder et al., 2005). Although many of the constructs under the umbrella term “positive psychology” such as signature strengths (e.g., social intelligence, valor, honesty, leadership) have been studied since the inception of psychological practice (c.f., Allport, 1961), the positive psychology movement has caused a resurgence of interest on such topics and proposed that empirical research should examine how increases in certain traits and states may increase adaptive functioning.

Positive psychology researchers and practitioners attempt to move away from pathologizing clients and rendering diagnostic labels. The study of positive psychology rests on understanding positive emotion, positive character, and positive institutions (Seligman, 2006). The crux of treatment is founded upon acknowledging one’s strengths and building upon those strengths. In essence, treatment does not hinge upon ameliorating a client’s problems or changing a client. A different route is utilized instead: subjective well-being is enhanced by focusing on past and present experiences that have a beneficial impact on the client’s sense of self. Peterson and Seligman (2004) have even called this emerging positive psychology approach as “un-DSM.”

There are six core virtues that serve as the foundation for prevention and intervention. They include courage, love and humanity, justice, temperance, spirituality and transcendence, and wisdom and knowledge (Seligman, 2002). These values may be easily assessed through self-report measures developed for adults and children (e.g., www.authentichappiness.com) and results are provided to the client, therapist, and/or researcher immediately. Thus, instead of potentially causing damage to a person's identity by searching for evidence of psychological problems, this approach provides positive and immediate feedback on strengths and assets as an initial step to relieve any potential suffering. The results serve as a basis to begin to work on uncovering the positive potential that all humans possess to some extent.

The protective variables that were examined in this study fall under the umbrella of the study of positive psychology. Specifically, perceived social support is considered part of the positive institution; spirituality is considered a facet of positive character; and finally, hope is an example of a positive emotion. A discussion of each variable is delineated below.

Perceived social support. Perceived social support is defined as a student's perceptions of general support or specific supportive behaviors which may include emotional, appraisal, and/or informational support provided by persons in their network (i.e., teachers, peers, parents, and friends) (Jackson & Warren, 2000). The Basic Behavioral Science Task Force of the National Advisory Mental Health Council (1996) found that over a hundred studies have shown that social support protects people from life events that are stressful (e.g., divorce) and also promotes wellness in persons with schizophrenia and long-term illness. Perceived social support also has been found to

protect students from school adjustment and adolescent personal problems. More specifically, Demaray and Malecki (2002b) found that students who perceived higher levels of social support were most likely to exhibit lower levels of aggression, depression, anxiety, and hyperactivity. The construct of social support has been examined in students who are classified as at-risk and minority (e.g., Hispanic middle school students) (Demaray & Malecki, 2002a). Thus, use of this construct is substantiated because past research has targeted the population studied in this dissertation, and perceived social support has previously been linked to decreases in pathology. Therefore, a natural moderator relationship was hypothesized to exist among relational victimization, perceived social support, and depression.

Intrapersonal protective factors. There are a number of intrapersonal factors that may be evaluated to determine what may best protect an individual from psychopathology and/or make an individual resilient to victimization. However, this author believed that two constructs that were worthy of investigation were hope and spirituality. These two constructs were chosen because previous research has supported their positive impact on well-being in children, adolescents, and adults. More importantly however, the ease in which hope and spirituality may be integrated into interventions made the examination of these two constructs more promising.

Hope theory involves three main components including goals, pathways thinking, and agency thinking. Goal-directed behavior is the major tenet of hope theory such that it provides the cognitive component for students to want to achieve or maintain a specific outcome (Snyder, 2000). In order to obtain a specific goal, a student needs to engage in pathways thinking, which is synonymous with generating feasible routes to obtain a goal

(e.g., strategies). The final process that must take place for hope to be instilled in a student is agency thinking—reflection upon a student’s capacity to actually reach the goal. Thus, hope theory purports that goal-directed thinking is a system of positive and negative feedback loops that provide students with varying degrees of optimism (Snyder et al., 2002).

Snyder et al. (2002) noted that hope has been linked to higher achievement, better physical health, and better athletic performance. Furthermore, Amlund Hagen, Myers, and Mackintosh (2005) examined a high-risk group of 65 children who had incarcerated mothers. The results of the study indicated that children who exhibited higher levels of hope also reported lower levels of externalizing and internalizing problems. Additionally, these authors believed that intervention efforts could be targeted at any or all of the hope pathways and goals in order to encourage higher levels of hope in children.

Spirituality is a long-standing phenomenon that has rarely been embraced by psychological research (Benson, Scales, Sesma, & Roehlkepartain, 2005). It should be noted that organized religion and spirituality are two distinct constructs. Organized religion refers broadly to an institution or persons that follow a specific faith. Spirituality on the other hand has been defined as “a search for the sacred” and insinuates a process or a pathway that a person takes (Pargament, 1999, p.12, as cited in Pargament & Mahoney, 2002). Spirituality typically denotes a “more personal and private configuration of feelings and actions in relation to some transcendent entity” (King & Boyatzis, 2004, p.3). Assessment of one’s spirituality typically involves two indicators: importance and/or salience spirituality plays in one’s life and attendance at a

spiritual/religious event. A lengthy discussion regarding the history of religion and spirituality is beyond the scope of this paper (see Pargament & Mahoney, 2002 for an in-depth discussion). What is important, however, are the numerous findings that suggest that higher levels of faith and spirituality have predicted higher levels of functioning during the grieving process (McIntosh & Spilka, 1990), lower levels of behavioral problems (Brody, Stoneman, & Flor, 1996), more involvement in community activities, and a greater proclivity to engage in civic responsibilities (Smetana, Campione-Barr, & Daddis, 2004).

The Monitoring the Future Study (Johnston, O'Malley, & Bachman, 2000) found that 83.7% of high school seniors reported some degree of spiritual/religious affiliation; however, participation and importance declined between sixth and twelfth grades. African American youth reported the highest levels of spirituality. This finding has been supported by other researchers (c.f., Hodge, 2004; Walsh, 1999). This researcher hypothesized that spirituality would serve as a moderator between relational victimization and psychopathology for two main reasons: (1) minority adolescents engage (i.e., African American) in spirituality more than other ethnic groups, and (2) prior studies have exemplified the significance spirituality plays on a myriad of factors including depression, hopelessness (Mystakidou, Tsilika, & Parpa, Pathiaki, Patiraki, et al., 2007), substance use (Rostosky, Danner, & Riggle, 2007), and exposure to community violence (Jones, 2007).

Outcomes of victimization. Finally, the present study addressed depression via a mixed methods approach to ascertain the quality and severity of victims' experiences. The prevalence of depressive symptoms, in females especially, increases during

adolescence (Hazler & Mellin, 2004). Therefore, because past research has found that many children who are victimized suffer from depression, it was inferred that depression may be exacerbated in female adolescent victims. A study conducted by Galen and Luther (in press), as cited by Underwood (2004), found that the experience of victimization (i.e., social aggression victimization) uniquely accounted for changes in depression and anxiety levels among preadolescents. Additionally, past research has suggested that victims suffer from internalizing disorder, but research has failed to elaborate on the degrees to which students suffer (i.e., mild, moderate, severe) (Seals & Young, 2003).

In conclusion, this study utilized a developmental-ecological framework and a strengths-based approach to assess the relationship between relational victimization and depression in high-risk minority youth. The study aimed to provide an opportunity for victims to share their experiences as a stepping stone to provide better services to underprivileged and distressed individuals.

Chapter 3

Method

Overview

This chapter describes the method used in the present study. Included in this chapter is a description of the setting for the data collection, the participants, procedural considerations, assessment instruments, research design, and statistical analyses.

Setting

Data for this study were collected from two middle schools located in the same school district in Florida. In 2006-2007, this district had a total of 274 schools (of which 48 were middle schools) serving 193,480 students. Of the 193,480 students, the majority were Caucasian (82,959), followed by Hispanic (52,153), African American (42,570), Multiracial (9,830), Asian/Pacific Islander (5,400), and American Indian (568). The school district ranks the quality of their schools based on letter grades ranging from “A” (best possible grade) to “F” (worst possible grade). Table 1 provides information specific to the schools that participated in this study.

Table 1

Characteristics of Participating Schools

School Name	School Grade for 2005-2006 and 2006-2007 years	Met Annual Yearly Progress	% of minority students	% of students obtained free and reduced lunch
Middle School A (pilot)	B, D	No	93	93
Middle School B	B, C	No	90	80

The original plan for data collection was to include only Middle School A. This school was chosen because it had a high percentage of students who were categorized as “minority” (i.e., any racial/ethnic group other than Caucasian) as well as a high percentage of students receiving free or reduced lunch. The overall atmosphere of Middle School A was typical of other urban schools; for example, the teacher and student turnover rates at this middle school were high. On average, two to three acts of violence occurred each week (based on number of violent incident reports on www.fldoe.gov). Most of the student body was African American. Notably, a new principal had joined the staff in 2005-2006 and was trying to revitalize the school, including the Exceptional Student Education (ESE) program. However, at the onset of data collection, the principal left the school for personal reasons. Given the change in administration and the subsequent turmoil that his departure created, a decision was made to collect data at another school to avoid a number of confounding variables that could not be controlled at School A. Therefore, this researcher contacted nine schools in the district with similar demographics in an effort to gain participation. Middle School B was the only school that decided to participate. Middle School A thus became the “pilot” school, and Middle School B served as the primary data collection site.

While Middle School B is also considered an urban school, some distinct differences existed between School A and B. For example, Middle School B had a higher proportion of Latino students compared to Middle School A. Additionally, the number of violent incidents reported were fewer in number at Middle School B than at Middle School A. On average, a violent incident occurred only once every 10 days at Middle School B. The administrative arrangement at Middle School B was also different

because the same principal provided leadership to the school for quite a few years. This particular principal was focused on increasing academic outcomes and life success for his students, thus a number of changes had been instituted during the year of data collection, including teacher accountability, bell schedule changes, and involvement with the community. Anecdotal observations made during data collection seemed to indicate that these changes had resulted in considerable tension among faculty and staff at the school.

Participants

Participants in this study included middle school students enrolled in grades six through eight. The target number of students in this study was approximately 500; however, the final number of participants was considerably lower ($n = 188$). A total of 820 consent forms were distributed at the primary data collection site (i.e., Middle School B). Of these, 235 were returned (a 28.66% response rate). Of the consent forms that were returned, 27 indicated they did not want to participate in the study, and five indicated consent for the survey administration only. At the time of data collection, the researcher was unable to locate 52 students who had parent consent to participate because these students were either (a) absent from school or (b) were not granted permission by their teacher to leave the classroom because of testing or class lecture. As such, a total of 35 students completed the surveys at the pilot school (i.e., Middle School A), and a total of 153 students completed the surveys at the primary data collection site (i.e., Middle School B). The data from the pilot school were not collapsed with the data obtained from the primary data collection site; therefore, the data from the pilot school were mainly used to determine readability and whether there were any glitches in the administration

process that needed to be rectified prior to the second administration. Thus, the statistical analyses were based only on participants from Middle School B.

In order not to have any students feel excluded during data collection, all students, regardless of race/ethnicity, were allowed to participate in the data collection. However, only students who were identified as “minority” students were included in the data analysis. The data that were collected on Caucasian students will be used in future studies but were not analyzed as part of this study. Note however that only three participants were not included because of ethnic status.

The one group of students who were excluded from data collection was students with severe developmental disabilities, specifically students who had compromised intellectual functioning. This group of students was not excluded because of possible problems with readability and interpretation of the instruments. Additionally, logistical issues including the extensive personnel needed to support the completion of the survey and the extra funding to hire individual school support personnel was not available.

Students were required to obtain informed consent from a legal guardian prior to participation (i.e., active consent). Additionally, participants were required to provide their assent prior to survey administration and individual interviews. A detailed explanation of student demographic characteristics is provided in Chapter 4.

Procedures

Pre-data collection. Once each school verbally agreed to participate, a formal letter was signed by each principal to document their support. The researcher then submitted an application to the University of South Florida’s Institutional Research Board (IRB) to garner approval for the study. Additionally, an application was also

submitted to the Department of Assessment and Evaluation of the specific county where this study was conducted. Approval was obtained from both entities. At the time of submission, consent forms in English (see Appendix A) and student assent forms for the survey study (see Appendix B) were submitted. The primary consent forms provided the opportunity for parents to decide whether their child was able to participate (a) in the entire study including interview; (b) just the survey study; or (c) not at all. The different consent options were developed to try to increase the response rate by providing parents with a choice to allow their child to only participate in the survey, if that was more comfortable for parents, rather than consenting to the entire study. Since Middle School B was composed primarily of Hispanic students, a brief letter explaining the study was provided in Spanish (see Appendix C). All students received both an English and Spanish form, regardless of their racial background, to increase the probability of parents receiving a letter in their native language. Of note, it was not feasible to create a fully translated consent form in the time available to complete the study before the school year ended,

A meeting with the principal (guidance counselor at pilot school) was arranged to discuss how the schools would like to handle the logistical issues of data collection (e.g., dates and times). The researcher proposed to both administrators that she would meet with students briefly in their classrooms to describe the study and pass out the consent forms. Specifically, the researcher suggested one specific subject area (e.g., electives) class to target for the consent process. The rationale for targeting a specific subject area was based upon the fact that the likelihood of obtaining an adequate size would be

increased if the researcher targeted a class that all students at the school were required to take.

Middle School A chose to have the researcher enter all elective classrooms throughout the day to pass out the consent forms. Middle School B arranged to have the researcher enter each Language Arts classroom at the school. Additionally, the principal at Middle School B assigned a contact person (the head of the Language Arts Department) with whom the research could work on logistical issues.

Prior to meeting with students in their classrooms, the researcher requested to meet with all teachers in the subject area that was chosen to discuss the study in general terms and what their participation would entail. The pilot school was unable to designate a time for this to occur; thus, an email was sent to all teachers explaining the purpose, process, and procedures. A meeting at School B was held one week prior to the commencement of data collection. Approximately 50% of the Language Arts teachers were at the meeting. A subsequent email was sent out to all Language Arts teachers informing them of the study.

The researcher and a first year graduate student visited each elective classroom at the pilot school to seek consent for participation. This process took approximately two full days over a two-week period. The primary researcher visited all classrooms at School B three days a week for two weeks to inform students about the study and to pass out consent forms. During this process, students were informed about the general purpose of the study, what would be expected of them if they were to take part of the study, and what the incentives would be. After each classroom discussion, which took approximately five to ten minutes total, teachers were provided with a manila envelope in

which to place the returned forms. Teachers were also given ample amounts of candy to give to students who returned their forms. Any candy that was leftover served as a donation to each teacher involved in the study. The researcher returned three times a week for two weeks after each discussion to remind students and teachers about the forms and to collect them. Forms were also returned directly to the Language Arts Department Head.

Once the forms were collected, the researcher made a roster of students who obtained consent to participate for each school. The researcher provided the final roster to school administration. Before conducting the pilot survey, the Frey's Readability Test was conducted on the entire survey to determine the reading level of the instrument. The entire survey was deemed to be at a 3rd grade reading level. Based on the fact that the target population was middle school students, the researcher believed that three grades below the sixth grade reading level would be sufficient.

A total of 450 consent forms were distributed at Middle School A; however, very few parent consent forms were obtained at this pilot school ($n = 35$). Since the number of students who returned the forms was minimal at the pilot school ($n = 35$), one day was scheduled for data collection. Following administration of the measures, 3 of the 35 students were asked general questions about what they thought about them. These students reported that they were "easy," "kinda fun," and "weird." Students reported that they had difficulty understanding a question on the spirituality measure referring to the concept of "higher power." A standard response to any question requiring the definition for a higher power was decided among the researcher and assistants (i.e., a higher power

is something or someone that you believe helps or controls the world like God or Buddha).

At School B, six dates were set to collect data. Students with parent consent to participate were asked to go to the cafeteria during either first or fifth period over the course of three weeks. By moving out of the classroom, students (a) appeared more focused, (b) space was provided to spread out, thus increasing the likelihood of honest responses, and (c) those who were not involved in the study remained in their classrooms and received instruction. Also, in a smaller setting, persons involved with data collection were better apt at managing behavioral issues that arose because the ratio the number of students who required aid per researcher was lower.

Data collection. The researcher and one graduate student (and one undergraduate student who helped twice) traveled to the primary site to collect the data. Each research assistant (and researcher) had a roster, assent forms, and surveys with them at each station. Students entered the cafeteria and created three lines to check in with the researchers. Each member of the team highlighted the student's name and marked their identification number next to their name (based on the number on the front of the survey). This procedure was instituted to (a) keep track of who participated in the study, and (b) have the opportunity to contact students after the survey for individual interviews, based on their responses. After each student was checked in, a survey packet was provided to each student, including the child assent form and the demographics form (see Appendix J).

Provided that students at School B were predominately Hispanic, and many of them were recent immigrants, two specific data collection days were set aside for ESOL

students. This decision was made because the undergraduate research assistant spoke Spanish and could help translate any items if necessary. Moreover, the last two data collection days were set aside to provide additional time in case students' reading was compromised because of language barriers. A total of four students needed additional support from the undergraduate assistant because they did not understand some of the survey items.

The order in which the measures were administered was randomized to eliminate any potential order effects. Counter-balancing the measures also protected confidentiality because students were completing different portions of the survey at various times. Moreover, students were seated at separate tables in the cafeteria and talking was not allowed to further protect student responses. When students completed and turned in the survey packet, the research team scanned each survey for any missing items or items that had two or more responses. If a student made a mistake, the number of the item was circled, and the student was asked to return to his/her seat to finish. Finally, when students turned in their surveys, they received two pieces of candy.

After the entire data collection was completed, three students were chosen randomly and were provided a \$25 gift certificate to Best Buy. Students who turned in consent forms but were not allowed to participate in the study were also included in the total sample pool where names were drawn for the prizes. Additionally, the Language Arts teacher who collected the most consent forms received a \$20 gift certificate to Starbucks. This incentive was instituted because of a suggestion by the assistant principal.

Post-data collection. Student survey numbers were entered into a protected Excel sheet so that the researcher was able to track student names with identification numbers. To protect confidentiality, the rosters were shredded once the information had been entered into the database. The researcher entered the data into a separate Excel sheet where the only identifiable student information was a number. Data were scanned to determine if any participant “Christmas-treed” (randomly providing responses without reading the questions) the survey and/or if a survey had less than a 70% response item rate. Only one survey was eliminated from the study because of responses appearing haphazard.

Once the data were entered and basic statistical analyses were completed, the researcher identified two different groups: students who scored high on victimization and low on depression and students who scored high on victimization and high on depression. Students who scored “high” on the victimization scale had obtained scores that were at least one and a half standard deviations above the mean score for the entire sample. Indication of pathology—either high or low—was determined by the T-score obtained on the depression inventory. Any student who scored over $T = 70$ on the CDI-S was considered part of the “high pathology” group because this is the criterion in the CDI-S manual to label someone as experiencing depression in the “Clinically Significant” range. Any student who received a score of $T = 38$ or below were considered in the “low pathology” group. These two different groups were the population targeted for qualitative inquiry.

Interviews. In order to further understand the quantitative data, the researcher conducted individual interviews with eight students to *qualitize* the data and provide

further insight into the importance or lack thereof of the proposed moderator variables in this study. Each interview was audio-taped and transcription was completed by first and second year graduate students in a School Psychology program in Florida. In the consent letter, parents were alerted to the fact that their child may be asked to further participate in an individual interview; thus, a new consent procedure did take place at this point in time.

There were a total of seven steps that were completed prior to conducting the research interviews. This process included (1) selecting a sample, (2) designing the interview format, (3) developing questions, (4) selecting and training interviewers, (5) doing a pilot test of the interview procedures, (6) conducting the interviews, and (7) analyzing the interviews (Stewart & Cash, 1997). As previously stated, the sample of students to be selected was determined by victim status and depression score. This strategy is known as extreme case sampling, which is a type of purposive sampling. The interview format was a standardized open-ended interview which involved a pre-selected set of questions as to limit researcher bias. The interview guide (see Appendix J) specified the questions and the sequence in which they should be asked. However, qualitative approaches often take a recursive approach such that the approaches tend to be flexible because they often depend on guidance and information provided by participants. Therefore, it was necessary at times to alter the original interview questions when the participant's thoughts and ideas were not congruent with the initial questions. This researcher was the primary interviewer and a first year School Psychology student conducted two interviews. A total of eight interviews were held (i.e., four for each type of participant).

While the variables were evident for the quantitative analyses (e.g., depression, victimization), at the time the interview protocol was developed there was no support for the creation of a priori themes or codes for the qualitative portion of this study. Since the ultimate goal was to give students voice about their experiences, this researcher did not want to limit the discussion or possible topics covered during the interviews.

Measures

The Children's Depression Inventory-Short Form (CDI-S). Depression was assessed using the Children's Depression Inventory-Short Form (CDI-S; Kovacs, 1985). The original CDI is a 27-item questionnaire that assesses major aspects of depression including cognitive, behavioral, and affective symptoms. The CDI-S measures the same aspects of depression; however, the total number of items on the instrument is 10 (see Appendix D). Each item asks an individual to describe his/her feelings about a variety of issues in the past two weeks, on a scale ranging from zero to two. A score of zero indicates an absence of the symptom, whereas a score of two indicates that the symptom is present most of the time. The author of both forms noted that comparable results are obtained when using either instrument. The current study used the CDI-S instead of the CDI to decrease any type of response bias that would have occurred if the entire survey was too long and cumbersome for students. The CDI and CDI-S are noteworthy among other self-report questionnaires for depression because they have been used in studies of both clinically referred and non-referred youth. The scales also include a wide range of symptoms (other than mood) (Compas, 1997).

Internal consistency for the CDI has been found to be adequate and high (e.g., $a = .80$; Smucker, Craighead, & Green, 1986). Test-retest reliability also has been found to be

relatively high; however, in some non-clinical samples, depressed mood fluctuates more often and thus the stability coefficient is sometimes skewed because students' scores may change dramatically from baseline assessment to comparison assessments (Saylor, Finch, Spirito, & Bennett, 1984). Overall, the CDI and CDI-S are widely used measures that have been found to have adequate psychometric properties with a variety of populations, including the population that was surveyed in this study (Graham, Bellmore, & Mize, 2006; Nangle, Erdley, Newman, Mason, & Carpenter, 2003; Storch, Nock, Masia-Warner, & Barlas, 2003).

Notably, at the end of each day of data collection, this researcher scanned all the CDI-S forms to see if any student responses were particularly high, such that a student would require services immediately. No students appeared in need of immediate service. However, an Excel spreadsheet was made with students' names that scored in the "Clinically Significant" range for depression, and the list was provided to the school psychologist at Middle School B.

The Child and Adolescent Social Support Scale (CASSS). The Child and Adolescent Social Support Scale (CASSS; Malecki, Demaray, & Elliott, 2000) was originally developed to ascertain adolescent participants' perceptions of social support from five sources: parent(s), teacher(s), classmate(s), a close friend, and persons at school (see Appendix E). Each sub-scale contains 12 items that measure four different types of support: emotional, appraisal, informational, and instrumental. Students read each statement and rate how often they perceive a particular supportive behavior on a six-point scale. The higher the global and sub-scale scores are, the more social support a student perceives.

Malecki, Demaray, and Elliot (2000) and Malecki and Elliott (1999) found high construct validity for the CASSS because strong correlations existed with other established measures of social support. Likewise, when the CASSS was correlated with other self-report measures of similar yet different psychological constructs (e.g., self-concept, social skills), lower correlations were found. The authors reported a test-retest reliability of .78 for the total score. Internal consistency levels were found to be very high, with coefficient alpha scores ranging between .92 and .95 for each subscale.

This researcher used a modified version of the CASSS such that the scale “persons at your school” was not utilized. Assuming that one assesses the construct on face validity alone, it appears that there may be a high degree of overlap between the scale “persons at your school” and the scales “classmates” and “teachers.” Therefore, this researcher contacted the scale author to determine if, in fact, more data existed to explain whether or not an overlap was present in her dataset. Dr. Demaray provided this researcher with a factor structure matrix, a correlation matrix, and a total variance explained matrix (based on a sample of over 3,000 students in elementary, middle, and high school). According to the factor structure matrix, “persons at your school” shared no loading with “parents,” minimal loading with “close friend,” and high loadings with “teacher(s)” and “classmates” sub-scales. Furthermore, moderate correlations were found between the sub-scale “persons at your school” and all other sub-scales. Finally, the variance accounted for by the sub-scale “persons at your school” was small ($R^2 = .04$). Therefore, this researcher decided to exclude “persons at your school” sub-scale based on the information provided by Dr. Demaray. In trying to keep the survey as short as possible (in order to maximize honest responding), it made sense to eliminate a scale that

evidenced high correlations with other sub-scales and contributed minimally to the overall explained variance of the instrument.

Spirituality Assessment Instrument (SSA). The Spirituality Assessment Instrument is a brief, self-report measure developed by this researcher (see Appendix F). The items were adapted from the Spiritual Involvement and Beliefs Scale (SIBS; Hatch et al., 1998) which is a self-report inventory that assesses spirituality across various religious traditions. Items included in the scale were developed with the intention of the instrument being used across racial and ethnic groups; therefore, the author tried to use the most general language possible so that the instrument was appropriate for a wide variety of individuals. The instrument taps into a number of underlying principles including the ability to apologize, to forgive, to pray, and to trust in the unknown.

This researcher chose to develop a new instrument for a variety of reasons. First, other commonly used instruments such as The Spiritual Well-Being Scale (SWBS; Bufford, Paloutzian, & Ellison, 1991) have a number of psychometric limitations (Ledbetter, Smith, Fischer, Volser-Hunter, & Chew, 1991). Additionally, the SWBS has a more narrowly defined focus of spirituality, such that many of the items have a Judeo-Christian overtone. Since this researcher was interested in spirituality and not religiosity, adapting questions from the SIBS was an attempt at developing an assessment instrument more consistent with a broad framework of spirituality (i.e., the authors consulted with leaders of various denominations including Islam, Hindu, Buddhist, and Christian to try to determine which common aspects of spirituality were akin to each religion). The new instrument also assessed both behaviors and cognitions associated with spirituality.

The third reason a new instrument was constructed was because the SIBS was standardized on a relatively small sample ($N = 77$) of adults. This sample is not similar to the demographics of participants in this study. Finally, there was no norm-referenced instrument available, to this researcher's knowledge, that had been developed for adolescents. Clearly, this is one of the major limitations in spirituality research today: the non-existence of appropriate culturally and developmentally sensitive instruments.

Notably, on the new scale, items one and five ask the same question. Item one was repeated to measure consistency of participant responding. A lie index was not developed for other measures utilized in this study because the other measures had been previously developed by other researchers, and normative data had already been substantiated. Based on the lie index, 42.7% of the answers on items 1 and 5 were an exact match; conversely, 57.3% of the answers had a lack of agreement. A majority of the participants' responses obtained a one point difference (34.87%), followed by a two point difference (13.82%), three point difference (7.2%), and finally a four point difference (1.32%). Because this scale is in the preliminary stages of development/validation and there is some support for a tendency towards inconsistent responding, the results obtained using the SSA should be viewed with caution.

The Children's Hope Scale (CHS). The Children's Hope Scale (CHS; Snyder, Hoza, Pelham, Rapoff, & Ware, et al., 1997) is a dispositional self-report scale that assesses two elements of hope: agency and pathways thinking related to goal attainment for children aged 8 to 16 years. The scale was initially used with a homogenous sample of Caucasian children aged 9 through 14 years in Oklahoma ($N = 372$). The standardization sample included a variety of children with special needs including boys

with a diagnosis of Attention-deficit/Hyperactivity Disorder (ADHD) and children with chronic illnesses (i.e., sickle cell anemia, arthritis, cancer). The initial CHS consisted of 12 items; however, the current scale includes six items. Three items address pathways thinking and three items address agency thinking. Children are asked to answer questions based on a five-point scale with response options ranging from all of the time to none of the time. Items include statements such as “I think I am doing pretty well” and “I think things I have done in the past will help me in the future.” The measure is shown in Appendix G.

The median score for internal consistency on the CHS was .77, and the test-retest correlation was .71. To ascertain a convergent validity coefficient, parents were asked to rate their children’s hope. Snyder et al. (1997) found a moderate correlation between self and parent reports ($r = .38$). Discriminant validity was assessed by comparing the CHS with Kazdin et al.’s (1983) Hopelessness Scale and the WISC-III. The results indicated that there was a small (sometimes) negative correlation among the measures ($r = -.24$, and .03; respectively).

Valle, Huebner, and Suldo (2004) conducted another evaluation on the CHS with a more heterogeneous sample (i.e., African-American and low-SES) of older adolescents ($N = 460$) ranging in age from 15 to 19 years old. The coefficient alpha score was higher than the original study conducted by Snyder and colleagues (1997) ($\alpha = .84$). A confirmatory factor analysis was completed to test the theoretical underpinnings of the CHS. A two-factor model was supported ($GFI = .96$; $CFI = .95$). Criterion-validity was established by comparing the CHS with various measures including life satisfaction (SLSS), social support (CASSS), problem behaviors (YSR), life events (LEC), and

temperament (JEQ-A). T-tests were conducted to determine whether there were any differences reported on the CHS relative to SES, gender, and race. No statistically significant differences were found for SES or gender. However, a significant difference was found for race, such that there was a difference between scores for African American children and Caucasian children. However, Valle et al. (2004) noted that the effect size for this difference was small ($d = 0.12$).

Valle et al. (2004) also replicated the study on middle school students aged 10 to 14 years ($N = 531$). All psychometric properties were in the moderate to high range; for example, the coefficient alpha obtained was .83, and criterion validity was established with life satisfaction ($r = .49$), perceived social support ($r = .59$), and temperament ($r = .18$), and behavior, both internalized and externalized ($r_s = -.33$ and $r = -.32$, respectively). Gender and race were found to have significant differences, but the effect sizes were small.

Given that both studies established excellent psychometric properties for the CHS, this researcher felt confident that the scale was an appropriate measure to assess the construct of hope in children and adolescents. Furthermore, while the instrument was initially meant to be administered to students aged 5-16 years, Valle et al. (2004) provided evidence that the instrument may be used in early and late adolescence—thus meeting the needs of the current research study. Furthermore, the instrument had been used with African American students (Valle et al., 2004), and the findings were adequate.

Social Experiences Questionnaire (SEQ). The Social Experiences Questionnaire (SEQ; Crick & Grotpeter, 1996) is one of the most widely used measures to assess overt victimization (three items), relational victimization (five items), and prosocial behavior

(five items) (c.f., Storch et al., 2003; Storch & Esposito, 2003) (see Appendix H). The scale consists of 15-items that are rated on a scale ranging from 1 (never) to 5 (all the time). Initial psychometric data collected by Crick et al. (1996) found adequate internal consistency across factors ($\alpha = .77$ to $.80$). However, this study only included third through sixth graders, and thus the adequateness of the measure cannot be generalized to older students.

Storch and colleagues (c.f., Storch, Crisp, Roberti, Wagner, & Masia-Warner, 2005) addressed the issue of the psychometric properties and the validity of the SEQ scores for use with adolescents. A total of 1,178 adolescents from predominately middle-class Caucasian backgrounds were used in this study. Initial results revealed a gender difference in overt victimization (i.e., that males had significantly higher scores than females). However, there were no gender differences in scores on the relational victimization sub-scale. This finding is consistent with the literature that suggests males engage in more overt forms of bullying behavior (Storch et al., 2003). The internal consistency was high for the relational victimization and prosocial behavior scales ($\alpha = .82$; $\alpha = .77$, respectively); however, only a moderate alpha was found for the overt victimization scale ($\alpha = .50$). Correlations were found between overt and relational victimization ($r = .58, p < .001$) and relational victimization and prosocial behavior ($r = -.42, p < .001$).

Overall, the major limitation of using this specific instrument was that it had not been used with a minority sample. Yet, at the same time (as stated in chapter 2), most of the research on victimization has not been conducted with minority groups. Therefore, the lack of psychometric support of this scale for assessing minority students was

expected given the past and current trend in the types of participants that are in relational victimization studies. Regardless, the instrument has been widely used and maintains the most support by experts in the field to identify whether someone experienced relational aggression.

Data Analysis

Analysis software. The quantitative analyses were conducted using Excel, SPSS, and MPlus (Muthen & Muthen, 1998). The qualitative data were transcribed into a word document. To further systematize the analysis of the qualitative data, the Atlas software program was utilized. A professor in the Department of Special Education at the University of South Florida provided training to this researcher on the software. By entering the qualitative data into such a program, complex relationships that may have not been visible to the naked eye were found. Furthermore, this kind of software has support for revealing psychological states associated with different experiences, which is exactly what this researcher assessed in this study (Gottschalk & Bechtel, 1995). By using software packages such as Atlas, the researcher was better apt at determining the between-method triangulation; consequently, resulting in a better understanding of how the data converged, diverged, or was complementary (Kelle, 2001). Furthermore problematic issues related to interpretive rigor were eliminated (Lincoln & Guba, 2000) when using Atlas. To improve rigor, inter-rater reliability was established with another graduate student at an 85% agreement rate. This person also identified themes and categories, and completed the same analysis as the main researcher.

Descriptive statistics. Means, medians, standard deviations, and values for skewness and kurtosis were computed for the individual scores across measures. This

was illustrated quantitatively in the form of tables. Extreme outliers were detected and made note of to possibly include in the qualitative portion of the study. However, extreme outliers were not dropped from this study because the focus of the study was, in part, addressing “extreme outliers,” also known as persons who experienced very high levels of victimization and/or were experiencing severe depression.

Relationships among predictor and outcome variables. The Pearson product moment correlation coefficient (PPMCC) was used in this study to see the degree of overlap between each construct. A correlation matrix was used to represent the findings. Additionally, the correlation matrix provided insight into issues with multicollinearity among variables.

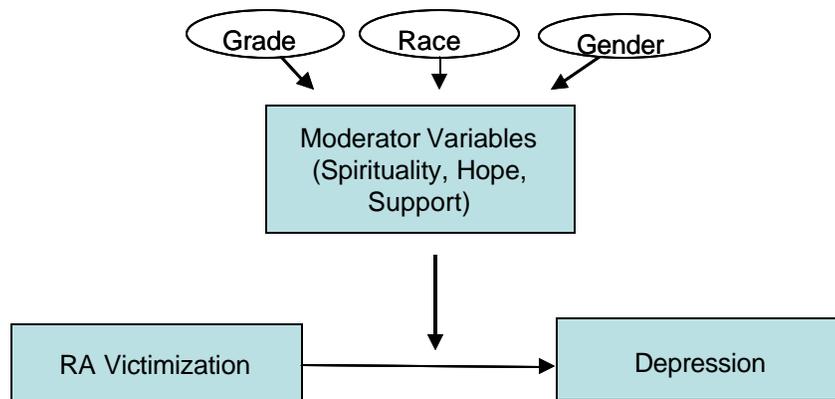
Comparison of groups. Given that there were so many different combinations of characteristics that this research agenda was interested in understanding, a variety of analyses were run to compare groups by ethnicity and grade. The analyses that were run included a one-way analysis of variance (ANOVA) and multivariate analysis of variance (MANOVA).

Multiple regression. Multiple regression allows a researcher to look at the relationship between predictor variables and a dependent variable and provides an established method for determining how much variance a specific predictor variable accounts for any change in the outcome variable (e.g., R^2).

In order to understand the equations that drove the testing of the model, a pictorial representation of the proposed model may help the reader conceptualize the following series of equations (see Figure 1). The model suggests that depending on the degree of victimization (e.g., score of four or five indicates experience of victimization is strong)

varying levels of depression will result. However, this study hypothesized that a number of moderator variables, both individually and in combination with one another, would impact the relationship between victimization and depression.

Figure 1. Conceptual moderator model for depression



The unit of analysis in this study was an individual student's depression score (i.e., outcome variable). The moderator variables included hope, spirituality, and perceived support. Note that gender, grade, and ethnicity were not driving variables that predicted depression; however, this researcher hypothesized that gender, grade, and ethnicity may have had a direct relationship with the degree to which one was spiritual and/or experienced hope. Thus, ultimately this model was used as the basis for understanding potential three-way interaction effects and is consistent with the process for testing moderator models as proposed by Baron and Kenny (1986).

Finally, the assumptions that underlay this specific analysis were tested including linearity, normality, multicollinearity, and homoskedasticity. Chapter 4 provides further detail on the outcomes of the assumption testing.

Rationale for model testing. Given this is the first time, to this researcher's knowledge that the aforementioned variables were analyzed together, there was a potential for the relationships between variables to be weak. Therefore, a priori, the researcher could not review other studies to determine the probable correlation coefficient that would result in this particular study. Moreover, the correlation results obtained from this study indicated that the relationships between variables were moderate. According to the literature on moderator versus mediator models, researchers suggest that mediator models be conducted when a strong relationship is established a priori and during the course of the study (Frazier, Tix, & Barron, 2004). Therefore, from a methodological standpoint, this particular study lent itself better to a moderator analysis.

The second reason why a moderator analysis was conducted was based on the conceptual understanding of relational victimization and depression. Given that the research portrays a mixed picture of relational aggression and victimization prevalence rates, this researcher expected that there would, in fact, be differences among males and females. As such, gender was anticipated to have a differential impact on the relationship between relational victimization and depression. Furthermore, females have been known to have a higher incidence rate of depression beginning in adolescence. Given that this population was mainly composed of adolescents, the researcher expected that again, gender would be an influential variable underlying the key constructs in this study. The type of study that would discern whether gender attenuated the relationship between the predictor and outcome variables is a moderator-like study.

Finally, ethnic group affiliation was an important factor in this study, as much of the work to date on relational victimization has focused on either Caucasian persons or participants not located in the United States. Three different ethnic groups were analyzed in this study, and one of the goals of this study (i.e., the driving theoretical research question) was to elucidate for whom the relationship between the predictor and outcome variables was either stronger or weaker. This kind of research question is aligned with a moderator variable test, rather than a mediator test which would answer the “how” and “why” types of questions (Wong, Beutler, & Zane, 2007). Along the same lines, questions related to paths and causality typically require some type of intervention implementation and tend to have the highest power when the study is experimental in nature (Vujik, van Lier, Crijnen, & Huizink, 2006). This study was non-experimental, did not have any type of randomized-control design, and an intervention was not implemented. Therefore, because of the design of the study and the driving conceptual questions posed by the researcher, a moderator test was deemed more appropriate than a mediator test.

Chapter 4

Results

*Overview*³

In this chapter, the results of both the qualitative and quantitative aspects of the study are reported. This chapter begins with a section titled “Treatment of the Data,” which discusses data entry and verification techniques, as well as descriptive information in detail (e.g., central tendencies) for student demographic information and for each

³ The data in this study were collected in the last two months of the school year.

specific survey instrument. Differences in self-reports between students from different minority groups were examined to determine whether the groups should be collapsed into one group (e.g., minority) or should remain separated (e.g., Hispanic). A section devoted to this decision-making process is also included in this chapter. Subsequently, the process of determining reliability for each of the measures is discussed. Following these two sections, the results for each research question posed in Chapter 1 are described.

Treatment of the Data

The data were entered into an Excel spreadsheet by both the researcher and a first year graduate school psychology student after each administration of the survey. Each score was entered for every participant on each item. Missing data were coded as a blank space in the Excel document. If a participant circled two scores for one item, the mean score was calculated and inputted. After all data were entered, a separate database was created for minority participants to ensure that only minority students were included in the data analysis. The researcher checked the data by randomly picking various participants' ID numbers and subsequently matching the data in the database to the paper-and-pen survey completed by the participant. If an error was found, the data point was changed in the computer to reflect the correct answer. Additionally, the researcher checked the subsequent assessment protocol (by participant ID number) to make sure that the previously coded assessment was correct; for example, if the protocol was MM180, MM179 was checked for errors. The percent of error during data entry was minimal: a total of 2% of the data points entered were incorrect. Additionally, extreme values were checked across each participant for each item to ensure that the data were either (a) entered incorrectly or (b) the case was exceptional (i.e., outlier). A total of one case was

dropped from the entire data subset because “Christmas-treeing” was readily apparent and the protocol was detected as an outlier in SPSS.

Reliability of Measures

A thorough analysis was conducted for each measure to determine the reliability of the scores utilized in this study. Given that the main construct under review (relational victimization) was hypothesized to be influenced by gender and ethnicity, two tables, Table 1 and 2 in Appendix L provide more detailed information about the reliability data for each measure. Reliability statistics for ethnicity by gender were not examined because the sample sizes in the cells were too small and the variance was zero for some cases. Therefore, reliability coefficients were not able to be calculated.

CDI-S. The overall reliability for the CDI-S was .82, which is consistent with the reported reliability coefficient in the literature ($\alpha = .80$). The CDI-S was slightly more reliable for females ($\alpha = .84$) than for males ($\alpha = .74$). The reliability also differed based on ethnicity such that African American and Hispanic participants obtained higher reliability coefficients ($\alpha = .82$ and $.83$, respectively) compared to students in the mixed race group ($\alpha = .73$). There was a wide range for the item-to-total statistics indicating that some items correlated more closely to the total score than others (0.00 to $.72$). The average inter-item correlation coefficients for the total sample, sample separated by gender, and sample separated by race were in the moderate to small range for all items.

SEQ. The reliability of the SEQ for the total sample was virtually the same ($\alpha = .84$) as previously reported ($\alpha = .77$ to $.80$). The scores from the instrument were more reliable for males ($\alpha = .84$) than females ($\alpha = .74$). Additionally, the scores appeared more reliable for African American ($\alpha = .80$) and Hispanic students ($\alpha = .81$) than mixed

race students ($\alpha = .72$). The range for item-to-total correlations was wide such that, for mixed race students, a relationship barely existed between some of the items and the total score (i.e., $r = .13$), and conversely was quite large for males overall (i.e., $r = .88$).

CHS. The reliability for the CHS in this study ($\alpha = .85$) was comparable to other reported studies ($\alpha = .84$). The alpha coefficients were relatively similar across gender and race. All of the reliability coefficients were in an acceptable range. The item-to-total correlations had a more restricted range than the aforementioned measures such that the relationship was higher across all gender and ethnic groups ($r = .41$ to $.81$).

CASSS. The reliability of the scores on the CASSS (48 items) was high ($\alpha = .97$). Additionally, the obtained reliability coefficient was higher than the reliability purported by the developers of the measure ($\alpha = .78$). There were no differences in the reliability coefficients across gender or ethnic groups. The average inter-item correlation was $.34$, indicating that the items were related but not to the extent that would cause concern for future statistical analyses.

SSA. Since this six item instrument was developed for this particular study, there were no other studies with which the reliability statistics could be compared. Overall, adequate and high reliability ($\alpha = .81$) was achieved; however, the reliability coefficients were higher for females ($\alpha = .82$) compared to males ($\alpha = .75$). High reliability was also found for African American and Hispanic students ($\alpha = .82$); however, inadequate reliability for mixed race students ($\alpha = .65$) was obtained. Also, the average inter-item correlation found for the data on mixed race students was almost zero ($r = .04$) indicating that there was almost no identifiable relationship among the items on the measure.

Considering the instrument for all other participants, moderate inter-item correlations were achieved.

Confirmatory factor analysis (CFA). Prior to discussing the results gleaned from this study, a brief exploration of the factor structures of the CASSS and SEQ will be discussed. As a reminder, the subscale, “persons at your school” was eliminated because of the strong loading it had with two other subscales (i.e., teachers and classmates). According to Dr. Malecki (personal correspondence, November, 2006), the other four factors had little to no relation with one another ($N = 3,000$). The current study, using CFA and maximum likelihood estimation confirmed that there were four distinct continuous latent variables or factors underlying the CASSS. The fit indices found for this instrument ($RMSEA = 0.09$; $CFI = 0.79$) were not as high as found by the developers of the scale ($RMSEA = 0.05$; $CFI = .90$) (personal correspondence with Dr. Malecki’s graduate assistant, June 2007). Notably, if the model obtained a good fit, the $RMSEA$ score would be 0.05 or less and the CFI score would be above 0.90.

A number of the items cross-loaded onto other factors. For example, three items that composed the teacher subscale (i.e., items 13, 17, and 21) also loaded onto the parent subscale (several modification indices were above 3.84 which indicates model-data misfit). Moreover, two items on the best friend-factor also had high loadings on the parent subscale (i.e., items 44 and 45). Some of the errors (uniqueness) for the observed variables were also correlated with one another which was less than favorable since error terms are expected to be (modification indices ranged from 3.33 to 26.89) random. Again, these findings are important when thinking about the gestalt that the data present.

Yet, this study only included a small sample size and thus the lack of fit and complete support for the factor structure may be attributed to this limitation.

A three-factor model was tested using CFA for the SEQ. The three factors included relational victimization, prosocial behavior, and overt victimization. The model was estimated using maximum likelihood estimation. The fit statistics indicated less than acceptable fit; however, they were somewhat adequate given the small sample size used to run the CFA ($CFI = 0.86$; $RMSEA = 0.08$). The developer of this instrument was contacted to ascertain the most recent fit statistics. The research lab contacted this researcher and stated that information from a CFA is not on file and that the lab could not provide further information. Two factors, relational victimization and overt victimization, were highly related ($r = .86$). Additionally, the modification indices indicated that there were a number of items that contributed to the misfit to this the model. The range of modification indices were from 5.96 to 40.56. Since the primary focus was not on CFA, the researcher decided not to further delve into more detailed information about the factor structures and cross-loadings.

Demographics. When considering the complete data subset in this study, 42 students were classified as African American, 85 students were classified as Hispanic, and 26 students were classified as mixed race. Most students reported living with their mother and father (36.6%), followed closely by students living in a single home headed by their mother (28.1%). Only 2.0% of students reported living in a home with their father only, while 23.5% of students lived with a biological parent and a stepparent. A small percentage of students lived in foster care placement (0.7%) and 9.2% of students reported “other” for their living situation.

The average age of students who participated was 12.94, or almost 13 years old ($SD = 1.13$). The youngest student who participated was 11 years old and the oldest student who participated was 16 years of age. While this would typically signify a sample largely composed of seventh graders, the majority of the sample was sixth graders (42%), followed by seventh graders (32%), and then eighth graders (26%). Retention is the most likely culprit for the above average age of this population. Based on participants' self-reports, most of the students were average or above average achievers. Results indicated that 15.7% of students reported that they received mostly A's, 37.9% of students reported obtaining mostly A's and B's, 11.1% of students reported obtaining mostly B's, 21.6% reported obtaining mostly B's and C's, and 8.5% of students reported obtaining mostly C's. The other 13.7% of students reported a grade point average (GPA) of lower than 1.74. Students in this sample spent relatively little time on their homework, such that 44.4% of students reported that they spent less than one hour per week on their homework. An average of one hour to less than three hours of homework completion was reported by 35.9% of the sample, followed by a range of three hours to less than five hours per week by 9.2% of the sample. Some students reported spending from five hours to less than ten hours per week on their homework (7.2%), while 2.7% of the students in this sample reported spending ten hours or more on their homework per week.

Students also reported spending few hours participating in after school activities such as band and sports. Thirty-four percent of students noted that they never participate in after school activities over the past few months, followed by 23.5% of students who reported engaging in after school activities once or twice in the past month. A few students reported that they engage in these types of activities once per week (7.2%) and

several times per week (17.6%), in the past month. Finally, some students reported that they engage in daily after school activities for less than one hour (5.9%) and for more than one hour (11.1%). This particular sample declared association with many friends, given that 58.6% of the sample said they had ten or more friends. Interestingly, 24.3% of the sample reported they did not know how many friends they had. Finally, the overall percentage of students decreased when the choices of number of friends also decreased: seven to ten friends (8.5%), five to seven friends (4.6%), two to four friends (3.3%), and one friend (0.7%).

In order to determine if there were any categorical variables that were particularly different across races, a chi-squared analysis was completed for two demographic variables: gender and free and reduced lunch. While the sample consisted of more females than males, a significant difference for gender was not evident across the minority groups, $\chi^2(2, N = 152) = 0.18, p > .01$. Additionally, 82.9% of the students stated that they received free and reduced lunch, and the majority of students who received this service were African American. A statistically significant difference did not exist for students of different minority membership and their attainment of free and reduced lunch, $\chi^2(2, N = 152) = 2.5, p > .05$ (see Table 3). Note that non-minority participants were only included in this percentage and that the percentage may be higher and more representative of the school population, as a whole, if Caucasian students were included in data analysis.

Table 3

Analysis of Categorical Variables for Differences in the Participant Sample

Variable	Total (<i>N</i> = 153)	African American (<i>N</i> = 42)	Hispanic (<i>N</i> = 85)	Mixed (<i>N</i> = 26)	χ^2
Gender					
Male	33.6%	35.7%	33.3%	30.8%	0.18
Female	66.4%	64.3%	66.7%	69.2%	
Free and reduced lunch	82.9%	90.5%	81.0%	76.9%	2.58

Defining Characteristics of Each Survey Instrument

Perceived social support. Each variable was examined in three different ways by looking at descriptive statistics separated by gender, ethnicity, and ethnicity by gender. Examination of the data in this manner was important because this study relied heavily upon issues of gender differences and minority status. Perceived social support had an overall mean of 4.58 ($SD = 0.86$) for males and 4.82 ($SD = 0.81$) for females, $p > .05$. These scores indicated that a majority of the participants in the sample perceived that they were supported either “most of the time” or “all of the time.” The skewness and kurtosis values indicated a fairly normal distribution of scores for males and females (skew = -0.25, -0.52; kurtosis = -0.80, -0.28, respectively). The effect sizes for the difference in mean scores between males and females was small for the parent ($d = 0.05$), teacher ($d = -0.08$), and classmate ($d = -0.20$). A large effect size was found for the best friend subscale ($d = -0.80$). See Table 4 for further information.

Table 4

Characteristics of the Social Support Measure (CASSS) by Gender

Scale		Total (<i>N</i> = 153)	Males (<i>N</i> = 51)	Females (<i>N</i> = 102)	Effect size
Parent	<i>M</i>	4.89	4.95	4.85	0.05
	<i>SD</i>	1.05	0.97	1.09	
	Skewness	-0.94	-0.95	-0.92	
	Kurtosis	0.18	0.82	-0.04	
Teacher	<i>M</i>	4.69	4.65	4.72	-0.08
	<i>SD</i>	1.01	0.85	1.08	
	Skewness	-0.73	-0.39	-0.82	
	Kurtosis	0.09	-0.35	0.10	
Classmate	<i>M</i>	4.33	4.18	4.41	-0.20
	<i>SD</i>	1.12	1.11	1.13	
	Skewness	-0.51	-0.32	-0.63	
	Kurtosis	-0.34	-0.61	-0.09	
Best Friend	<i>M</i>	5.05	4.56	5.30	-0.80
	<i>SD</i>	0.99	1.07	.85	
	Skewness	-1.02	-0.27	-1.61	
	Kurtosis	0.16	-0.99	2.43	
Total Scale	<i>M</i>	4.74	4.58	4.82	-0.29
	<i>SD</i>	0.83	0.86	0.81	
	Skewness	-0.43	-0.25	-0.52	
	Kurtosis	-0.52	-0.80	-0.28	

Note. Scale range = 1 (Never) to 4 (Most of the Time) to 6 (Always). Effect size = (Male mean – female mean)/Pooled SD.

Table 5 affords the reader a different look at the data. According to this table, the parent subscale may be categorized as the scale with the most non-normal score distribution across all ethnic groups. Mixed race and African American participants reported the most support from parents ($M = 4.98, SD = 0.89$; $M = 5.12, SD = 0.92$, respectively) compared to Hispanic students, $p > .05$. Hispanic students perceived the most support from their best friend ($M = 5.12, SD = 0.97$) compared to students in other ethnic groups, $p > .05$. Overall, all students across ethnic groups felt the least supported by classmates. There were a number of small and moderate effect sizes across the ethnic groups. No large effect sizes were evident for any of the sub-scales on the CASSS, based on ethnic membership.

Table 5

Characteristics of the Social Support Measure (CASSS) by Ethnicity

Scale		African American (<i>N</i> = 42)	Hispanic (<i>N</i> = 85)	Mixed Race (<i>N</i> = 26)	Effect Size
Parent	<i>M</i>	5.12	4.74	4.98	0.36 ^a
	<i>SD</i>	0.92	1.13	0.89	-0.22 ^b
	Skewness	-1.59	-0.76	-0.39	0.15 ^c
	Kurtosis	3.10	-0.38	-1.42	
Teacher	<i>M</i>	4.85	4.69	4.45	0.16 ^a
	<i>SD</i>	0.78	1.06	1.15	0.22 ^b
	Skewness	-0.12	-0.82	-0.48	0.43 ^c
	Kurtosis	-0.86	0.06	-0.39	
Classmate	<i>M</i>	4.37	4.31	4.35	0.05 ^a
	<i>SD</i>	1.30	1.09	0.95	-0.04 ^b
	Skewness	-0.53	-0.55	-0.33	0.02 ^c
	Kurtosis	-0.96	0.06	0.00	
Best Friend	<i>M</i>	5.10	5.07	4.91	0.03 ^a
	<i>SD</i>	0.97	0.97	1.11	0.16 ^b
	Skewness	-0.88	-0.97	-1.36	0.19 ^c
	Kurtosis	-0.66	-0.15	1.71	
Total Scale	<i>M</i>	4.86	4.70	4.67	0.19 ^a
	<i>SD</i>	0.82	0.84	0.81	0.04 ^b
	Skewness	-0.48	-0.50	-0.10	0.23 ^c
	Kurtosis	-0.81	-0.31	-0.64	

Note. Scale ranging from 1 (Never) to 4 (Most of the Time) to 6 (Always).

^aEffect size = (African American (AA) Mean – Hispanic (HS) Mean)/Pooled SD; ^bEffect size = (HS Mean - mixed race (MR) Mean)/ Pooled SD; ^cEffect size = (AA Mean – MR Mean)/Pooled SD.

Males across all ethnic groups obtained mean scores that appeared lower on all subscales of perceived social support compared to females across all ethnic groups, but this finding was not statistically significant. Based on the total mean score for females in

this sample, a person's best friend was perceived as providing the most support. Males on the other hand differed: African American males reported that their teacher provided the most support, while Hispanic and Mixed race students perceived their parents as providing the most support. Again, while these findings are interesting, the differences were not deemed statistically significant (see Table 6). Table 1 in Appendix K provides a detailed account of the effect sizes for these differences. As evident by Table 1 in Appendix K, the largest differences existed between African American females and Hispanic males on the best friend support subscale ($d = 0.91$) and between African American females and mixed race males ($d = 1.00$), $p > .05$. Furthermore, a large effect size was found between African American females and Hispanic females on the parent support subscale ($d = 0.74$), $p > .05$.

Table 6

Characteristics of the Social Support Measure (CASSS) by Ethnicity and Gender

Scale		Total (N = 153)		African American (N = 42)		Hispanic (N = 85)		Mixed race (N = 26)	
		M	F	M	F	M	F	M	F
Parent	<i>M</i>	4.95	4.85	4.66	5.37	5.07	4.58	5.08	4.94
	<i>SD</i>	0.97	1.09	1.21	0.60	0.83	1.23	0.91	0.90
	Skewness	-0.95	-0.92	-0.99	-0.97	-0.59	-0.60	-0.47	-0.39
	Kurtosis	0.82	-0.04	0.72	0.21	-0.70	-0.81	-1.72	-1.43
Teacher	<i>M</i>	4.65	4.72	4.81	4.88	4.56	4.74	4.56	4.40
	<i>SD</i>	0.85	1.08	0.82	0.77	0.87	1.15	0.90	1.26
	Skewness	-0.39	-0.82	0.14	-0.28	-0.81	-0.87	0.44	-0.53
	Kurtosis	-0.35	0.10	-1.18	-0.55	0.13	0.32	-1.72	-0.59
Classmate	<i>M</i>	4.18	4.41	4.25	4.44	4.17	4.38	4.07	4.47
	<i>SD</i>	1.12	1.13	1.42	1.25	1.00	1.14	1.00	0.93
	Skewness	-0.32	-0.63	-0.55	-0.52	-0.36	-0.67	0.66	-0.78
	Kurtosis	-0.61	-0.09	-1.23	-0.81	0.18	0.16	-0.55	1.51
Best Friend	<i>M</i>	4.56	5.30	4.61	5.38	4.54	5.33	4.53	5.08
	<i>SD</i>	1.07	0.85	1.14	0.75	1.06	0.83	1.15	1.07
	Skewness	-0.27	-1.61	-0.05	-1.40	-0.30	-1.44	-0.83	-1.85
	Kurtosis	-0.99	2.43	-1.88	1.34	-0.78	1.07	0.90	4.05
Total Scale	<i>M</i>	4.58	4.82	4.58	5.02	4.59	4.76	4.56	4.72
	<i>SD</i>	5.21	0.81	1.01	0.67	0.81	0.86	0.83	0.81
	Skewness	-0.25	-0.52	-0.11	-0.32	-0.53	-0.54	0.29	-0.25
	Kurtosis	-0.80	-0.28	-1.88	-0.30	0.26	-0.42	-0.49	-0.37

Note. Scale ranging from 1 (Never) to 4 (Most of the Time) to 6 (Always).
M = Males. F = Females.

While the subscale data are interesting within themselves, the initial research questions were developed to measure perceived social support as one distinct construct, rather than four different kinds of social support. Moreover to ensure credibility in measuring perceived social support as one construct, a correlation analysis was completed to determine if there was a rationale for combining the measures or separating them. The analysis indicated that there was a moderate to high overlap between the total mean scores on each subscale (see Table 7). Thus, the decision was made to continue to conceptualize and analyze perceived social support as one construct.

Table 7

Correlation Matrix of Subscales on Perceived Social Support Measure (CASSS)
(*N = 153*)

Scale	1.	2.	3.	4.	5.
1. Parent	1				
2. Teacher	.45*	1			
3. Classmate	.51*	.51*	1		
4. Best Friend	.46*	.44*	.68*	1	
5. Total	.76*	.75*	.86*	.81*	1

* $p < .01$.

Spirituality. The next variable under review is spirituality, as assessed by the SSA. The mean score for all participants in the sample was 4.04 ($SD = 0.81$). The data for the total sample deviated slightly from a normal distribution. A statistically significant difference was found for the total score on the spirituality measure, $F(2, 104.87) = 4.49$, $p < .05$, such that different ethnic groups purported different levels of spirituality. African American students reported the highest levels of spirituality in their lives ($M = 4.33$, $SD =$

0.68); however, the data obtained from this sub-sample of students was not normally distributed (skew = -1.57, kurtosis = 2.65). Hispanic students purported the influence of spirituality in their lives ($M = 3.96, SD = 0.85$) less than African American students but more than Mixed race students ($M = 3.81, SD = 0.74$). According to post-hoc testing, there was a statistically significant difference on mean scores reported by African American ($M = 4.34, SD = 0.68$) and Latino students ($M = 3.96, SD = 0.85$), $p < .05$. The effect size for this difference was 0.48, which is a medium effect size. The other statistically significant difference in mean scores was found between African American ($M = 4.34, SD = 0.68$) and mixed race participants ($M = 3.81, SD = 0.74$), $p < .05$. The effect size for the difference in mean scores was 0.74 based on calculations using from the pooled standard deviation (Rosnow & Rosenthal, 1996). This is considered a medium to large effect size (see Table 8).

Table 8

Characteristics of the Spirituality Measure (SSA) by Ethnicity

Scale		Total ($N = 153$)	African- American ($N = 42$)	Hispanic ($N = 85$)	Mixed race ($N = 26$)	Effect Size
SSA	<i>M</i>	4.04	4.33	3.96	3.81	0.46 ^{*a}
	<i>SD</i>	0.81	0.68	0.85	0.74	0.18 ^b 0.74 ^{*c}
	Skewness	-1.07	-1.57	-0.92	0.46	
	Kurtosis	1.16	2.65	0.65	0.89	

Note. Scale ranging from 1 (None of the time) to 3 (Some of the time) to 5 (All of the time).

^aEffect size = (African American (AA) Mean – Hispanic (HS) Mean)/Pooled SD; ^bEffect size = (HS Mean - mixed race (MR) Mean)/ Pooled SD; ^cEffect size = (AA Mean – MR Mean)/Pooled SD.

*Results of ANOVA indicated a statistically significant difference, $p < .05$.

The distribution of the scores on the SSA by gender indicated that the data were more normally distributed for gender than for ethnicity. Females purported slightly more influence of spirituality in their lives than males ($M = 4.09$, $SD = 0.85$; $M = 3.95$, $SD = 0.73$, respectively), $p > .05$ (see Table 9).

Table 9

Characteristics of the Spirituality Measure (SSA) by Gender

Scale		Total ($N = 153$)	Male ($N = 51$)	Female ($N = 102$)	Effect Size
SSA	<i>M</i>	4.04	3.95	4.09	-0.17
	<i>SD</i>	0.81	0.73	0.85	
	Skewness	-1.07	-0.79	-1.22	
	Kurtosis	1.16	0.91	0.47	

Note. Scale ranging from 1 (None of the time) to 3 (Some of the time) to 5 (All of the time). Effect size = (Male-Female)/Pooled SD.

African American females espoused the highest mean score for spirituality, while Mixed race females reported the lowest mean score for spirituality, $p > .05$. Notably, the data obtained from both African American and Mixed race females had a high kurtosis value (kurtosis = 3.81, -3.04; respectively). African American and Hispanic males reported higher mean levels of spirituality compared to Mixed race males (see Table 10), $p > .05$. Table 2 in Appendix K provides information on the effect size differences among males and females of different ethnicities. The largest effect sizes were evident between African American females and all other persons who participated in the study. On the other hand, African American males did not statistically differ in terms of their mean scores when compared with all other types of participants in this study.

Table 10

Characteristics of the Spirituality Measure (SSA) by Gender and Ethnicity

Scale		Total (<i>N</i> = 153)		African American (<i>N</i> = 42)		Hispanic (<i>N</i> = 85)		Mixed race (<i>N</i> = 26)	
		M	F	M	F	M	F	M	F
SSA	<i>M</i>	3.95	4.09	3.99	4.53	3.95	3.96	3.85	3.80
	<i>SD</i>	0.73	0.85	0.89	0.45	0.72	0.91	0.43	0.86
	Skewness	-0.79	-1.22	0.79	-1.64	-0.90	-0.93	-0.38	-1.32
	Kurtosis	0.91	1.40	0.27	3.81	1.55	0.41	-0.13	-3.04

Note. Scale range from 1 (None of the time) to 5 (All of the time). M = Males. F = Females.

Depression. The next variable under review is the dependent variable, depression, as measured by the CDI-S. The raw score is difficult to interpret without a clinical manual; therefore, the raw scores were converted to T-scores for the sake of conceptualization and understanding. Of the 153 participants, 5.6% of students met the established criterion on the CDI-S to be deemed “Clinically Significant” for depression (i.e., $T = 70$ or higher). Also, 5.2% of students in the sample scored in the “Borderline” range for depression (i.e., $T = 60 - 69$). In light of this finding, females mean T-scores ($M = 48.43$, $SD = 10.69$) compared to males ($M = 45.18$, $SD = 6.19$) and the total sample ($M = 47.35$, $SD = 9.54$) were not statistically significant. See Table 11.

Table 11

Characteristics of the Depression Measure (CDI-S) by Gender

Scale		Total (<i>N</i> = 153)	Male (<i>N</i> = 51)	Female (<i>N</i> = 102)	Effect Size
CDI-S	<i>M</i>	47.35	45.18	48.43	-0.34
	<i>SD</i>	9.54	6.19	10.69	
	Skewness	1.72	1.47	1.50	
	Kurtosis	2.94	1.43	1.87	

Note. T-score may range from 39 to 100+. Effect size = (Male – Female)/Pooled SD.

Hispanic participants reported the highest scores on the CDI-S ($M = 49.25$, $SD = 10.72$). The mean T-scores for mixed race students ($M = 45.04$, $SD = 6.90$) and African American students ($M = 44.93$, $SD = 7.49$) were below the mean for the total sample (see Table 12). The difference in depression T-scores produced a statistically significant difference, $F(2, 13826.64) = 3.95$, $p < .05$. Post-hoc testing provided evidence that the statistical difference may be attributed to T-score differences between African American ($M = 44.93$, $SD = 7.49$) and Hispanic students ($M = 49.25$, $SD = 10.72$), $p < .05$. The effect size for this difference was small to medium according to Cohen (1988) ($d = -0.44$).

Table 12

Characteristics of the Depression Measure (CDI-S) by Ethnicity

Scale		African American (<i>N</i> = 42)	Hispanic (<i>N</i> = 85)	Mixed race (<i>N</i> = 26)	Effect Size
CDI-S	<i>M</i>	44.93	49.25	45.04	-0.44* ^a
	<i>SD</i>	7.49	10.72	6.90	0.42 ^b
	Skewness	1.60	1.54	1.62	-0.02 ^c
	Kurtosis	1.56	2.05	2.43	

Note. T-score may range from 39 to 100+.

^aEffect size = (African American (AA) Mean – Hispanic (HS) Mean)/Pooled SD; ^bEffect size = (HS Mean - mixed race (MR) Mean)/ Pooled SD; ^cEffect size = (AA Mean – MR Mean)/Pooled SD.

*Results of ANOVA indicated a statistically significant difference, $p < .05$.

Hispanic females obtained the highest mean on the depression inventory ($M = 51.95$, $SD = 12.00$), whereas mixed race males obtained the lowest mean score ($M = 41.88$, $SD = 3.23$). While there were distinct differences, statistical significance was not achieved. Except for Hispanic males, all the other sub-groups evidenced some degree of non-normality based on the skewness and kurtosis displayed in Table 13. The most notable values for non-normal data were the large kurtosis values for mixed race males and African American males. Finally, Table 3 in Appendix K provides the effect sizes between all groups.

Table 13

Descriptive Statistics of the Depression Measure (CDI-S) by Ethnicity and Gender

Scale		Total (<i>N</i> = 153)		African American (<i>N</i> = 42)		Hispanic (<i>N</i> = 85)		Mixed race (<i>N</i> = 26)	
		M	F	M	F	M	F	M	F
CDI-S	<i>M</i>	45.18	48.43	46.20	44.22	45.57	51.05	41.88	46.44
	<i>SD</i>	6.19	10.69	7.19	7.69	6.13	12.00	3.23	7.68
	Skewness	1.47	1.50	1.78	1.71	0.44	1.26	1.82	1.27
	Kurtosis	1.43	1.87	2.65	1.85	-0.32	0.87	3.60	1.10

Note. T-score may range from 39 to 100+. M = Males. F = Females.

Relational victimization. The next measure under consideration is the SEQ, which measures various forms of aggression and prosocial behavior. Females reported more relational victimization than males ($d = .30$) (see Table 14). However, these differences were not statistically significant. All students (except African American males) reported more relational victimization than physical and verbal victimization, $p > .05$. Females in all ethnic groups also reported more relational victimization than their male counterparts, $p > .05$. Hispanic females reported the most relational victimization while mixed race males reported the least relational victimization, $p > .05$. The normality of the mixed race student data is a bit concerning, given that all the skewness and kurtosis values were above one and two. The non-normality of the data for the mixed race student group was expected because it was the least homogeneous group compared to the other two ethnic samples.

Table 14

Characteristics of the Victimization Measure (SEQ) by Gender

Scale		Total (<i>N</i> = 153)	Male (<i>N</i> = 51)	Female (<i>N</i> = 102)	Effect Size
Relational	<i>M</i>	2.35	2.17	2.45	-0.29
	<i>SD</i>	0.97	1.03	0.93	
	Skewness	0.75	1.17	0.59	
	Kurtosis	0.15	0.94	0.03	
Total	<i>M</i>	1.94	2.00	1.92	0.08
	<i>SD</i>	1.03	1.09	1.00	
	Skewness	1.21	1.12	1.28	
	Kurtosis	0.89	0.57	1.18	

Note. Means derived from scale that ranged from 1 (never) to 3 (sometimes) and 5 (all the time). "Total" refers to verbal and physical victimization (relational excluded).

Effect size = (Male mean – Female mean)/Pooled SD.

There were a number of moderate to large effect sizes found for participants when ethnicity and gender were taken account together. Large differences were found between African American males and mixed race males ($d = 0.72$), Hispanic males and mixed race males ($d = 0.75$), and Hispanic females and mixed race males ($d = 0.92$). See Tables 3 and 4 in Appendix K for all effect sizes estimated on the SEQ by gender and ethnicity.

Hope. The final measure that will be reviewed is the scale that assessed levels of hope in the participant sample (CHS). The mean score on the CHS for the total sample was 4.00 ($SD = 0.80$). This means that students in this sample espoused relatively high levels of hopeful thinking and behaviors. The data were fairly normally distributed with a slight negative skew and kurtosis (see Table 15). The mean score for males in this sample

was slightly lower than the mean for the total sample ($M = 3.81, SD = 0.78$), $p > .05$. The mean score for females, on the other hand, was slightly higher than for the total sample ($M = 4.10, SD = 0.79$), $p > .05$. The distributions for males and females were again slightly non-normal with negative skew and kurtosis values. There was a moderate difference between how males and females scored on the CHS ($d = 0.46$).

Table 15

Characteristics of the Hope Measure (CHS) by Gender

Measure	Total ($N = 153$)	Male ($N = 51$)	Female ($N = 102$)	Effect Size
CHS <i>M</i>	4.00	3.81	4.10	-0.37
<i>SD</i>	0.80	0.78	0.79	
Skewness	-0.66	-0.13	-0.96	
Kurtosis	-0.27	-1.18	0.58	

Note. Score range from 1 (none of the time) to 3 (some of the time) to 5 (all the time).
Effect size = (Mean males – Mean females)/Pooled SD

African American participants scored above the mean ($M = 4.10, SD = 0.71$) and higher than Hispanic ($M = 3.98, SD = 0.84$) and mixed race students ($M = 3.90, SD = 0.82$) on the CHS, $p > .05$. The data obtained from mixed race students had a kurtosis value that was less than favorable (kurtosis = -1.43) compared to the normality of the distribution of the other two ethnic groups (see Table 16). The largest difference was evident for Hispanic and African American students' scores for hope ($d = 0.65$), $p > .05$.

Table 16

Characteristics of the Hope Measure (CHS) by Ethnicity

Scale		African American (<i>N</i> = 42)	Hispanic (<i>N</i> = 85)	Mixed race (<i>N</i> = 26)	Effect Size
Hope	<i>M</i>	4.10	3.98	3.90	0.15 ^a
	<i>SD</i>	0.71	0.84	0.82	0.10 ^b
	Skewness	-0.46	-0.78	-0.30	0.27 ^c
	Kurtosis	-0.92	0.10	-1.43	

Note. Score range from 1 (none of the time) to 3 (some of the time) to 5 (all the time).

^aEffect size = (African American (AA) Mean – Hispanic (HS) Mean)/Pooled SD; ^bEffect size = (HS Mean - mixed race (MR) Mean)/ Pooled SD; ^cEffect size = (AA Mean – MR Mean)/Pooled SD.

Finally, African American females purported the highest levels of hope ($M = 4.35$, $SD = 0.52$) and mixed race males experienced the lowest levels of hope ($M = 3.56$, $SD = 0.62$), $p > .05$. Yet, even though the mean score was lower for mixed race students, the levels of hope they purported were still experienced “a lot of the time” according to the scale on the CHS. For further information, see Table 17. Overall, the data for all participant groups were relatively normally distributed except for some slightly inflated negative kurtosis values for African American males (kurtosis = -1.14) and African American females (kurtosis = -1.19). The effect sizes comparing gender and ethnicity are displayed in Table 6 in Appendix K.

Table 17

Characteristics of the Hope Measure (CHS) by Ethnicity and Gender

CHS	Total (N = 153)		African American (N = 42)		Hispanic (N = 85)		Mixed race (N = 26)	
	M	F	M	F	M	F	M	F
	<i>M</i>	3.81	4.10	3.64	4.35	3.97	3.99	3.56
<i>SD</i>	0.78	0.79	0.78	0.52	0.81	0.86	0.62	0.87
Skew	-0.13	-0.96	0.43	-0.44	-0.64	-0.86	0.75	-0.76
Kurtosis	-1.18	0.58	-1.14	-1.19	-0.66	0.46	-0.27	-1.01

Note. Means derived from Likert-type scale that ranged from 1 (none of them time) to 3 (some of the time) and 5 (all the time).

M = Males. F = Females.

To help the reader understand how participants' self-reports in this study compare to other persons who have used these measures previously, Table 18 was developed. The data presented in Table 18 were chosen from studies that had similar participant demographics (or as close as possible) to this study. Data are only presented on the CASSS, CHS, and CDI-S, and SEQ because the SSA has never been used before in other research studies.

Table 18

Sum Scores and Standard Deviations Obtained in Current Study Compared to Referred Sample

Measure	Study Cited	Current Study Mean	Current Standard Deviation	Referred Mean/Sum Score	Referred Standard Deviation
CHS	Valle, Huebner, and Suldo (2004)	22.68 ^a	4.66 ^a	28.89 ^a	5.70
		24.67 ^b	4.68 ^b	28.26 ^b	5.47
CASSS	Demaray and Malecki (2003)	228.02	39.30	240.45	52.73
CDI-S	Mather and Cartwright-Hatton (2004)	47.34	9.57	53.34	12.53
SEQ	Crick and Grotpeter (1996)	13.68	4.76	10.32 ^c	3.59

Note. Gold standard is defined as a referred sample. ^aMales. ^bFemales.

Research Question 1 Results

The first research question asked, “How many students in this sample experienced relational victimization, according to the SEQ? Did more females or males report victimization? To what degree did this sample experience relational victimization (e.g., different levels on the SEQ)?”

Of the students surveyed in this study, 24.84% reported that they experienced one or more of the types of relational victimization “sometimes” (i.e., answered positively to any question on the SEQ greater than 3). However, this researcher wanted to know what type of relational victimization was most prevalent for students in this sample. Therefore, a frequency count also was completed for each item that was constructed to measure relational victimization (i.e., items 1, 2, 4, 5, 7). Thirty percent of students reported that they are left out on purpose when it is time to do an activity. Similarly, 38.8% of students reported that another student tries to “get back at you” by not allowing group membership. Higher percentages were found for students who reported that other students lie to make other kids not like them (i.e., 63.2%). Students also experienced other students making threats (34.9%) as a means of group exclusion. Finally, many students purported that other students at school say mean things in order to keep others from liking them (46.1%). Table 19 shows the percentage of students in the total sample and by race who reported their experience with various forms of victimization. Statistical differences did not exist for any of the items related to relational victimization, based on chi-square analyses. The specific numerical results from the chi-square analyses also are shown in Table 19.

Table 19

Percentage of Sample Reporting Various Forms of Relational Victimization

SEQ Items	Total (N = 153) %	African American (N = 42) %	Hispanic (N = 85) %	Mixed race (N = 26) %	?²
1 (Left out) ^a	30.3	26.2	29.8	38.5	1.17
2 (Group exclusion) ^b	38.8	35.7	42.9	30.8	1.45
4 (Lies) ^c	63.2	64.3	60.7	69.2	0.65
5 (Threats) ^d	34.9	31.0	36.9	34.6	0.44
7 (Mean statements) ^e	46.1	54.8	45.2	34.6	2.67

Note. Scale ranges from 1 to 6 for each item. Any item denoted as a 3 or above was included in the frequency count.

^a “Are you left out on purpose when it is time to do an activity?”; ^b “Does a kid who is mad at you try to get back at you by not letting you be in their group anymore?”; ^c “Has another kid told lies about you to make other kids not like you or be at you?”; ^d “Does another kid say they won’t like you unless you do what they want you to do?”; ^e “Does another kid try to keep others from liking you by saying mean things about you?”

The data suggested that females reported significantly more relational victimization (50.50%) compared to males (15.68%). While the differences are apparent, examining the degree to which males and females differed in terms of the intensity of their experiences provides a more sound representation of their experiences and can potentially be grounds for intervention development. Table 20 provides such evidence that females experienced some forms of relational victimization on a more frequent basis than males. Specifically, females engaged in saying more mean statements compared to

males. Males and females alike experienced students lying and using exclusionary tactics (i.e., leaving person out of a group) against them to ruin relationships frequently (i.e., sometimes, almost all of the time, all the time). This study provided evidence to suggest that the *kind* of relational victimization differed by gender (rather than assuming that males just do not engage in this kind of behavior).

Table 20

Percentage of Males and Females Who Reported Varying Degrees of Victimization (N = 152)

SEQ Items		Never	Almost Never	Sometimes	Almost All the Time	All the time	? ²
		%	%	%	%	%	
1 (Left out) ^a	M	39.2	23.5	31.4	0.00	5.9	7.08
	F	46.5	26.7	17.8	5.9	3.0	
2 (Group exclusion) ^b	M	43.1	29.4	15.9	3.9	7.8	6.70
	F	40.6	14.9	26.7	8.9	8.9	
4 (Lies) ^c	M	27.5	19.6	33.3	7.8	11.8	6.64
	F	19.8	11.9	28.7	15.8	23.8	
5 (Threats) ^d	M	51.0	21.6	15.7	5.9	5.9	2.74
	F	45.5	15.8	16.8	11.9	9.9	
7 (Mean statements) ^e	M	39.2	29.4	15.7	3.9	11.8	10.85*
	F	34.7	11.9	32.7	8.9	11.9	

Note. M = Males. F = Females. * $p < .05$

^a “Are you left out on purpose when it is time to do an activity?”; ^b “Does a kid who is mad at you try to get back at you by not letting you be in their group anymore?”; ^c “Has another kid told lies about you to make other kids not like you or be at you?”; ^d “Does another kid say they won’t like you unless you do what they want you to do?”; ^e “Does another kid try to keep others from liking you by saying mean things about you?”

Research Question 2 Results

Research question 2 asked, “Which coping strategies/mechanisms (i.e., spirituality, hope, perceived social support) are used and/or cited most frequently by minority youth in high-risk middle school students?”

Since the scales were continuous (i.e., CHS, CASSS, SSA) but had slightly different scales (e.g., ranges from 1-5 and 1-6), the scores were transformed into three categorical variables: low, medium, and high. Note that for the CASSS, scores of five and six were combined for the sake of comparing each instrument on the same scale. The low group consisted of persons who scored a one or two on each scale. The medium group consisted of persons who scored a three. Finally, the high group consisted of persons who scored either a four or five. Table 21 displays the percentage of participants who cited any use of the aforementioned coping strategies.

Table 21

<i>Categorical Representation of Coping Strategies for All Participants (N = 152)</i>			
	Low	Medium	High
Measure/Sub-scale	%	%	%
Perceived social support			
Total	2.0	21.7	76.3
Parent	6.6	15.1	78.3
Teacher	7.9	17.1	75.0
Classmates	11.2	24.3	64.5
Best Friend	2.6	16.2	81.2
Hope	15.8	28.9	55.3
Spirituality	10.5	34.9	54.6

As the Table 21 suggests, best friends were perceived as providing the most support, compared to the other constructs measured by the CASSS. Parents and teachers closely followed (based on percentage) best friends in terms of how students perceived the level of support received from persons in their environment. Finally, participants

reported the classmates as providing the least amount of support. The reason for this may be related to the prevalence of bullying on campus.

While mean differences among participants have been reported previously, a synthesis of the various coping mechanisms and gender and ethnic differences were funneled into a new table to help the reader view whether any differences among the three different races and their purported coping strategies were apparent. As Table 22 indicates, females in all ethnic categories espoused higher levels of perceived social support; of which, African American females reported the most perceived social support, among all of the groups, $p > .05$. Interestingly, African American males, compared to all other racial groups and gender, reported the least amount of social support. The findings for the second coping strategy, spirituality, indicated that African American females again reported the highest levels of spirituality, followed by African American males, $p > .05$. The Hispanic and Mixed race groups reported relatively the same level of spirituality. Finally, internalized hope was found to be higher in all females across ethnic lines. However, African American females espoused more hope than persons in the mixed race and Hispanic groups.

Table 22

Comparisons of Mean Scores for Coping Strategies by Gender and Ethnicity

	African American ($N = 46$)		Hispanic ($N = 86$)		Mixed race ($N = 26$)	
	Male	Female	Male	Female	Male	Female
Perceived social support	4.58	5.02	4.59	4.76	4.56	4.72
Spirituality	3.99	4.53	3.95	3.96	3.85	3.80
Hope	3.64	4.35	3.97	3.99	3.56	4.02

Note. Range for perceived social support was 1-6; range for hope and spirituality was 1-5.

While there were clearly differences in purported coping strategies that may have a clinical impact, a determination of statistical significance was also important to ascertain. Therefore, a multivariate analysis of variance (MANOVA) was conducted to determine whether there were any statistically significant interactions involving gender and race for any of the coping strategies (see Table 23). Findings from the MANOVA indicated that there were no main effects for gender or race when considering all coping strategies. Moreover, there were no interaction effects between gender and race for any of the coping strategies.

Table 23

MANOVA Summary Table for Coping Strategies (N = 153)

<i>Source</i>	<i>Dependent Variable</i>	<i>Df</i>	<i>Type III SS</i>	<i>Mean Square</i>	<i>F</i>	<i>P</i>	<i>?</i>
Gender (G)	Hope	1	4.48	4.48	7.31	.12	0.94, $p < .01$
	Spirituality	1	0.74	0.74	1.20	.28	
	Perceived social support	1	1.70	1.70	2.46	.14	
Race (R)	Hope	2	0.58	0.29	0.47	.62	0.95
	Spirituality	2	3.37	1.69	2.72	.07	
	Perceived social support	2	0.51	0.26	0.37	.69	
R x G	Hope	2	3.38	1.69	2.76	.07	0.94
	Spirituality	2	2.10	1.05	1.70	.19	
	Perceived social support	2	0.51	0.25	0.37	.69	
Error	Hope	147	90.07	0.61			
	Spirituality	147	90.95	0.62			
	Perceived social support	147	101.53	0.69			

Research Question 3 Results

Research question 3 asked, “Does victim status predict higher rates of depression among minority youth in a high-risk middle school? Specifically, do higher scores on the SEQ predict higher depression scores on the CDI-S?”

Prior to conducting a simple linear regression model (or the moderator models), the researcher wanted to see if there was any relationship between the predictor, moderator, and outcome variables (see Table 24). According to the Pearson’s product moment correlation analysis, perceived social support had a strong positive relationship with spirituality ($r = .69$) and hope ($r = .66$). Perceived social support also had a negative and moderate relationship with depression ($r = -.44$) depression and a negative and small relationship with victimization ($r = -.17$). Spirituality, on the other hand, had a stronger negative relationship to depression ($r = -.46$) and a strong positive relationship with hope ($r = .65$). Depression had a moderate relationship with victimization ($r = .46$) and negative and moderate relationship with hope ($r = -.40$).

Table 24

Correlations Among Predictor, Moderator, and Criterion Variables (N = 152)

Measure	1	2	3	4	5
1. Perceived social support	1				
2. Spirituality	.69**	1			
3. Depression	-.44**	-.46**	1		
4. Victimization	-.17**	-.09	.46**	1	
5. Hope	.66**	.65**	-.40**	-.03	1

** $p < .01$.

Given that a positive relationship was found between victimization and depression, it seemed reasonable to proceed to determine whether a significant predictive relationship existed. However, prior to proceeding with this analysis (or the subsequent

moderator analyses), the researcher wanted to ensure that the basic assumptions of multiple regression were met: (1) normal distribution of variables, (2) linear relationship between independent and dependent variables, (3) reliability of variables, and (4) equal error variance (e.g., homoskedasticity). While scores on the CDI-S were slightly non-normal due to larger than one skewness and kurtosis values, multiple regression is robust to variations of normality in the dependent variable. The second assumption, as clarified by Table 24, indicated that a linear relationship existed between depression and victimization. While the second assumption was met, the issue of highly related moderator variables posed a problem to the analysis and interpretation of the regression models. When multicollinearity is a factor in a regression model, the proportion of variance attributed to various predictor and/or moderator models may be inflated. Thus, one technique to compensate for this particular issue in the dataset is to center the variables by subtracting the mean score from each individual score. Additionally, since the scales for the continuous variables were different (i.e., scales ranging from 1-5 and 1-6), the validity of using centering became a more plausible approach. Thus, this researcher centered all the variables and transformed the scores prior to running the simple and multiple regression models presented below. The output when running the centered model was comparable to running the regression analyses without centering. Therefore, the researcher decided to use the un-centered model for ease of translation of the results (Kromrey & Foster-Johnson, 1998).

All variables achieved average and/or above average Cronbach's alpha coefficients, suggesting that the variables were reliable. Finally, the last assumption, normal and random distribution of the error variance was violated, suggesting that the

residuals were correlated. Specifically, the error variance for victimization and depression became increasingly larger as victimization and depression scores increased, such that upon observation of the data an upward linear trend was evident, rather than a random plot. This issue of homoskedasticity, or the correlation of error terms, has been dealt with in the literature by either taking the log of each score in a data set or taking the square root of each mean score. However, when the scores were transformed using the log function, the slight variations in normality became more profound. Thus, the data were not ultimately transformed and remained in their original state.

The results from the regression analysis established a significant positive predictive relationship between relational victimization and depression $F(1, 151) = 31.94$, $p < .0001$. The variance in depression accounted for by relational victimization was 21.7%.

Research Question 4 Results

The fourth research question asked, “Which protective factor(s) (i.e., spirituality, hope, perceived social support) served as a moderator(s) between victimization and depression among minority youth in a high-risk middle school? Did this relationship differ based on gender, ethnic group (e.g., Hispanic versus African American), grade, and/or school?”

In order to determine if various moderator relationships existed, a minimum of six new interaction term variables were constructed in SPSS for each moderator variable. Each moderator variable was analyzed from the bottom-up, such that the most complex three-way interaction was assessed for significance, before two-way interactions, and finally prior to determination of significance for main effects. Therefore, this section will

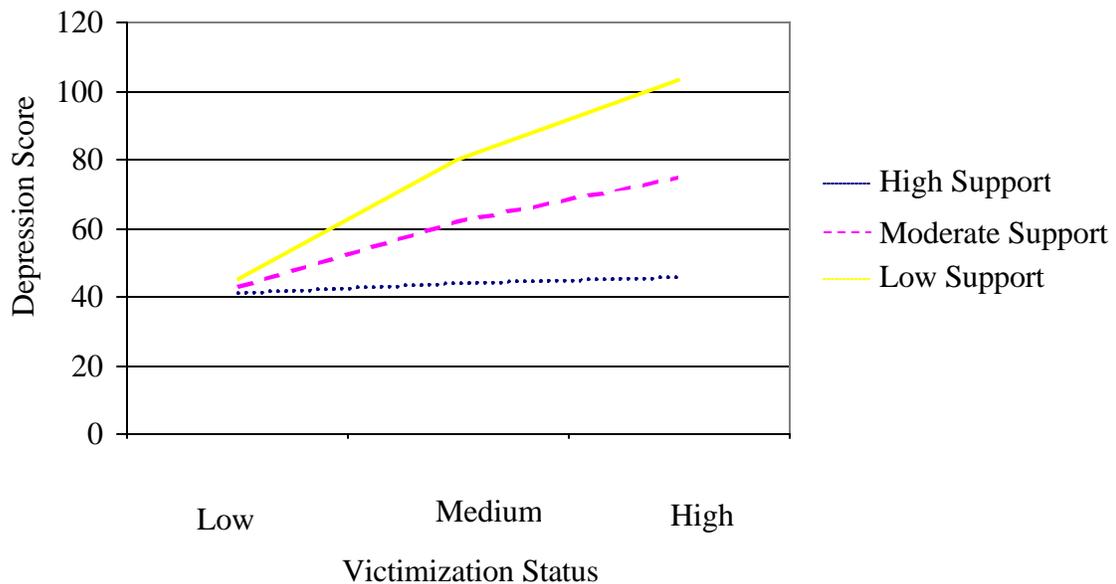
follow a format whereby an analysis of each variable and the cumulative influences of gender, race, and grade combined with each primary moderator variable will be displayed.

Spirituality as a moderator variable. Spirituality did not serve as a moderator variable between relational victimization and depression in this study. There were no significant two- or three-way interactions. However, there was a main effect for gender when victimization and spirituality values were held constant, $F(3, 1967.37) = 36.76$, $p < .001$, a main effect for ethnicity, $F(4, 1519.59) = 50.79$, $p < .001$, and a main effect for grade, $F(4, 1490.88) = 27.88$, $p < .001$. The first main effect alludes to the fact that males and females reported different depression scores, when the values for victimization and spirituality remained constant. The second main effect suggests that depression scores differed based on race. Finally, the third main effect supported that persons in different grades reported different scores on the depression inventory. Appendix M provides a detailed outline of how spirituality was tested as a model.

Perceived social support as a moderator variable. A regression model with a three-way interaction was not supported by this data such that gender, ethnicity, or grade combined with perceived social support did not significantly moderate the relationship between victimization and depression. However, a two-way interaction emerged from the data, $F(1, 1501.59) = 32.19$, $p < .001$, supporting the statement that higher levels of perceived social support moderated the relationship between relational victimization and depression. For example, with low levels of hope, victimization was related to higher levels of depression. As hope increased however, the relationship between victimization and depression was attenuated. The incremental R^2 -change value was small ($R^2 = .02$).

This finding (i.e., the two-way interaction) also was still significant when race was held constant, $F(1, 1254.33) = 24.25, p < .001$ and when grade was held constant, $F(1, 1477.28) = 27.44, p < .001$ (see Appendix M). To promote easier interpretation of this moderator effect, see Figure 2.

Figure 2. Perceived Social Support as a Moderator between Relational Victimization and Depression



Based on the figure, support served to lower one's depression score across all categories of victimizations status (i.e., low, medium, high). However, a person who experienced the most benefit from perceived social support was one who experienced high levels of victimization and high levels of perceived social support. For example, the difference between someone who experienced high victimization and low perceived social support and someone who experienced high victimization and high social support was approximately 35 points on the depression inventory. Based on Figure 2, it appeared that the more victimization one experienced, the more perceived social support served as a protective factor.

Hope as a moderator variable. A three-way interaction emerged for the variable hope such that the combination of gender and hope moderated the relationship between victimization and depression, $F(1, 1967.37) = 36.76, p < .001$. The incremental R^2 -change was 2.8%. Given the complexity of this relationship two figures were developed to show how low levels, moderate levels, and high levels of purported hope varied by gender. Figure 3 exemplifies varying levels of hope espoused by females. Based on the data displayed in Figure 3, females with low hope experienced the highest levels of depression when victimized. As purported hope increased, depression scores decreased for females. The difference between scores for depression was over 50 points when hope was accounted for as a moderator variable, such that the scores significantly decreased as hope increased.

Figure 3. The Contribution of Hope as a Moderator for Depression in Females

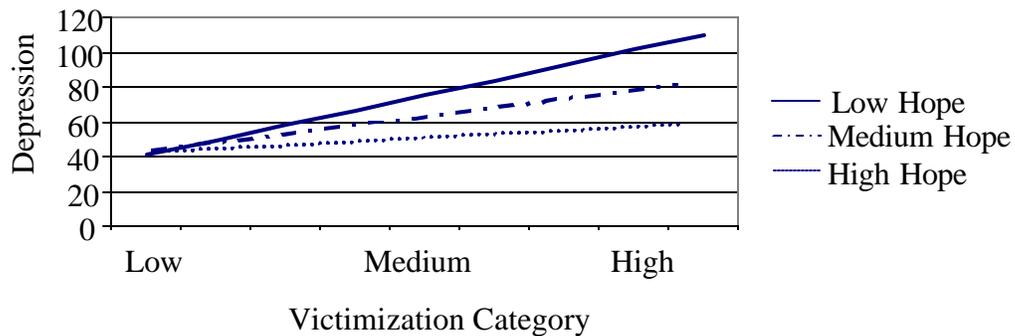
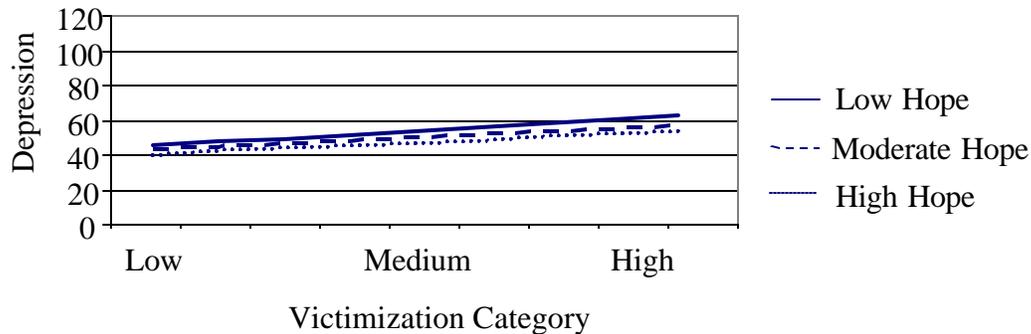


Figure 4. The Combination of Hope as a Moderator for Depression in Males



Males also slightly reaped the benefit of hope as a moderator variable between relational victimization and depression. However, when one compares Figure 3 and Figure 4, the benefit is not as profound when compared to females. This finding may be largely in part due to the restricted range of scores in which males reported on the depression inventory.

When grade level was added as a potential combination moderator with hope, a two-way interaction emerged from the regression model, $F(1, 1473.33) = 27.31, p < .001$, such that when grade was held constant, hope served as a moderator between depression and relational victimization. The R^2 -change was small ($R^2 = .049$) for this model. The same relationship held true when race was entered as a variable, $F(1, 1272.63) = 24.90, p < .001$. The R^2 -change value was slightly less when race was held constant ($R^2 = .042$) rather than gender.

Research Question 5 Results

The fifth research question asked, “How do students experience relational victimization? What are students’ perceptions as to why they are victimized? Are students able to verbally define how they cope with relational aggression? Who do

victims specifically feel supported by, if anyone? How does the victimization impact their well-being?"

The overall purpose of the qualitative interviews was to provide a thicker and richer understanding of the quantitative data. The original intent of the qualitative questions was to elicit responses from students regarding their experience of relational victimization. However, by using a grounded-theory method, this researcher found a number of poignant issues that were provided by participants that were not directly related to the original questions. Thus, this section has a two-fold purpose: (1) to answer the research questions as posed in Chapter 1 and (2) to provide information that was gleaned during the interviews pertinent to middle school students lives and the environments in which they take part.

Student demographics. Prior to a discussion related to the qualitative questions proposed in Chapter 1, a brief discussion of the characteristics of the interviewees is important to provide context and insight into their answers. A total of eight individual interviews were completed. Four of these students were classified as experiencing high levels of depression ($T = 70$ or higher) and high levels of victimization (in the top quartile on the SEQ), and the other four students were classified as experiencing little to no depression ($T < 35$) and high levels of victimization (in the top quartile on the SEQ). All but two of the students were sixth graders; additionally, all of the students who were interviewed in the high depression category were females and all the students who were interviewed in the low depression category were males. This differentiated gender split was not done purposefully by this researcher as students were chosen completely based on their scores (the researcher did not look at gender or ethnicity when making lists of

potential interviewees). A detailed explanation for what may account for the compositional differences of the two groups is discussed in Chapter 5. Three of the four females were Hispanic and one female was African American. Two of the males were Hispanic and two of the males were African American.

Four of the students in this sample reported that they were bilingual. Two of the students moved to Tampa from Puerto Rico, one student moved to Tampa from Maryland, and the other five students were born and raised in the Tampa Bay Area. Three of the students reported living in a single parent home, and seven of the students reported siblings living in the home. Six of the students shared that they were in honors and/or advanced classes. All but one student reported positive personality attributes including, “I am respectful,” “I obey teachers,” “I am talented,” and “I treat other people how I would like to be treated.” The one student in the sample that was overly negative about herself shared that she has been diagnosed with bipolar disorder and was on medication for the disorder.

Perceptions of victimization. Participants had a difficult time pinpointing why other students personally picked on them. However, when the researcher asked the students to share in general why students were bullied, participants were able to extrapolate. The number one reason that students attributed bullying to was “mean students.” Students interviewed described mean students as, “and the mean ones just get an attitude for no reason just cause you say hi”; “well, it’s been kinda tough cause there are a lot of kids who just push around and act mean to you”; and “when they’re in a bad mood they take it out on other people.” The next two most frequently cited reasons were

low self-esteem and appearing to others as an easy target. For example, one female student reported,

Well, they take it out on those that they think, that they see, like they see me, and they see that I probably have a low self-esteem because at the beginning of the school year I don't know a lot of people so I'm very quiet and I sit looking down. So they see that, and they say, oh, she's an easy target.

Individual students reported the following as reasons why students victimize others: "hatin'," "no reason," and "peer influence." Additionally, students reported that they were picked on by others because of specific personal characteristics. For example, one African American male was flexible, enjoyed dancing, and had the ability to do the splits. However, students continually made homosexual innuendos to this student and bullied him because of his natural dance abilities. The student shared, "There's some...some people um...some people um...think that I'm gay cuz I do a...I can do a split. They...um...some people um... that's about it. They just keep callin' me...callin' me gay and that's all."

Location and frequency of victimization. While initially the qualitative research questions did not afford a discussion of the location and frequency of victimization, this researcher felt that it was important to provide information that students shared regarding these two topics. For the most part, students reported that victimization happened in all areas of this particular campus including the classroom, the gym, the hallways, behind the school, the bathrooms, the lunch line, and in the portables. The frequency to which students experienced victimization differed widely among the interviewees. Some students stated that bullying happened everyday (5 students); while other students stated that it happened three times per week (2 students) and two times per week (2 students).

For the most part, there was a degree of stability in terms of how often students were victimized during the week. Moreover, there were no particular places that were considered “hot spots” for victimization to occur because it was occurring everywhere.

Safety issues. Provided that victimization reportedly occurred on this campus, understanding student perceptions of safety was imperative to obtain a comprehensive view of the context in which the students were trying to learn and socialize. Students appeared to have mixed emotions about the level of safety on campus---some students stated that they felt safe; however, after further discussion and probing all students stated that they did not feel safe. Thus, a degree of ambiguity existed among all participants related to perceptions of safety on and off campus.

Six reports were made regarding feelings of safety on this campus, five reports were made related to feelings of fear and lack of safety, and three reports were too ambiguous to categorize. Students reported that they did not feel safe because of weapons brought to school (“I heard that once they brought a gun to school and that scared me when I came here. So I didn’t feel safe.”), bullies and gang members (“Sometimes I’m just afraid that they’ll just come and bring something to hurt me [referring to a bully]”); “What makes me feel not so safe is bullies here and gang members and all that”), and lockdowns (“Because like they have a lot of lockdowns, if stuff happens in the neighborhood they do, but it also makes me feel unsafe, because like why should we have to go on lockdown?”). One African American student also reported that she feels physically safe but not emotionally safe as a result of the bullies on campus (“Well, I don’t think, like someone’s gonna come in here with like a shotgun or something, but uh, but emotionally, I don’t feel that good.”).

On the other hand, students also reported feelings of safety on this campus “because of lockdowns I feel pretty safe cause there are a lot of people who are, you know, like if somebody comes and they don’t know, they go on lockdown and they lock all the doors and I feel really safe”, older sibling support (“I know most everybody from my big brother. My big brother is in the eighth, so, when he came, he was in the seventh when he came here, so he must have met a lot of people. And then when they meet him, when I walk by him as he’s like this is my little brother, and everybody just starts talking to me.”), the student resource officer (SRO) on campus, and the principal (“Uhh...I like...cuz the...the principal he cares and he um...he tries to get the bad people outta the school and send them to another school.”). Also, one student stated that, “the teachers are always watching;” however, this statement was not representative of any other students’ feelings who participated.

Coping strategies. A glimpse at Figure 5 below provides a graphical representation of all the coping strategies purported by students. The number one coping strategy that students reported was talking about and sharing the problem with someone else. Some direct quotations from the interviews include:

I’ll talk to my friends and they just tell me to get over it. It’ll be okay. Yeah, like my best friend I’ve know since first grade, I talk to her about everything and we keep it all a secret.

My friends say that um...why don’t you just go talk to him and tell him to stop um...talkin bout...talkin about you and everything. I be like, man, they keep playing, and I ain’t gonna do nothing, you know, and R. be like just don’t do it, just worry about it.

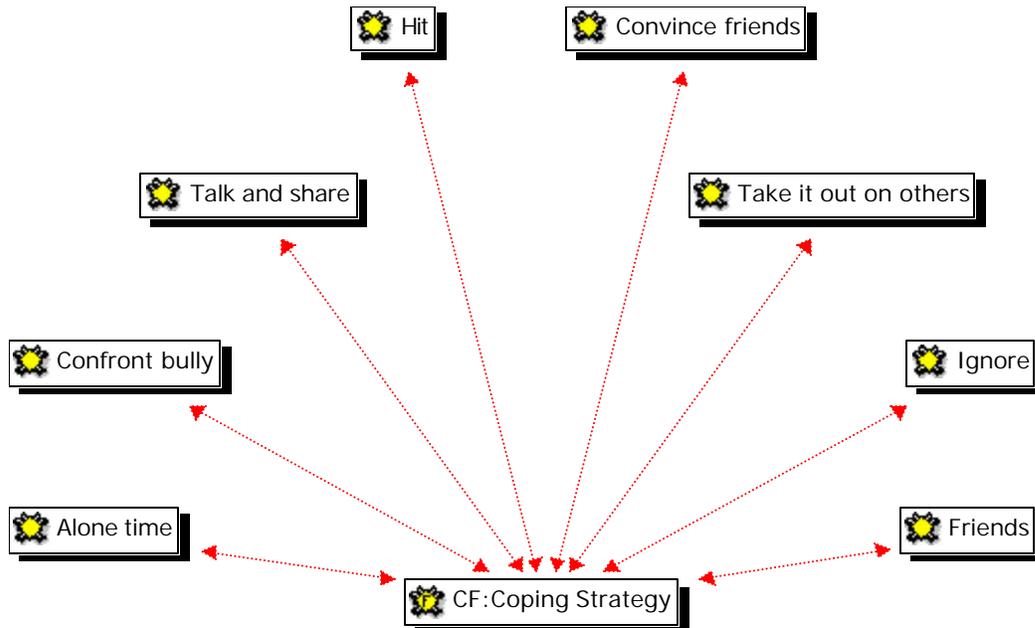
The second coping strategy that was reported most frequently was relying on friends to make you feel better after an act of victimization occurred. For example, one Hispanic female interviewee stated, “Well, my friends, they make me laugh and they just try to

cheer me up. So... it makes me feel happy.” Another African American male student shared, “If I like, get hurt, R. will come help me. And my friend J., he will come help me. And then we’ll stop it and then we would start playing again.” The final poignant quote made by an African American male related to sharing information about the victimization experience was,

Uh, because it’ll keep my mind off of it or I can talk to a friend about what’s happening and make some jokes, and that, and laugh, and that’ll make me feel better. Because, um, if I’m ever mad, I can’t stay mad that long.”

The third most frequently reported coping strategy was the use of ignoring, as cited by six of the eight students. Students shared that they either placed their head on a table, pretended they did not hear the bullies, and/or actively ignored students by attending to school work. Two other coping strategies that were identified by more than two different individuals included taking out anger on another person (e.g., “I take it out on other people when I get really mad, even though it bothers me, I still do it.”) and spending time alone, away from everyone (e.g., “...and people will see that that means I’m sad, and I will just be completely quiet for awhile.”).

Figure 5. Coping strategies reported by participants.



Religion was not reported by students initially as a coping tool or a protective factor against victimization. However, when students were directly asked about their faith and how their faith may have altered the way they thought about bullying, many students resonated with their faith as a coping mechanism. Seven of the eight students reported some religious affiliation, all of which were a sect of Christianity. Some students reported attending church on a weekly or bi-weekly basis while others reported attendance once in awhile. Two students reported that while they were affiliated with a denomination, their religion and/or spirituality had no effect on their life. The other six students reported that religion and/or spirituality was beneficial to them in a number of ways including feeling better about oneself (e.g., “It’s good and we need to believe him because you feel better.”), focusing on more positive life events (e.g., “It makes me be a better person just to take some bad things off of my mind. I think about that the

God...that God had my back and just don't worry bout it...I'm gone get there.”), and aiding in general wellness (e.g., “It helps my insides.”).

*Persons who support victims*⁴. Parent support was the most frequently cited support system (15) for students under distress from victimization. Interestingly, other family members were also noted to provide support including grandparents (2) and siblings (5). Other persons, outside of the family constellation, who were cited as support figures included friends (13), boyfriends (2), and guidance counselors (4). Notably, none of the students reported ever using the guidance counselor for support but stated that this person would be a viable option if necessary. For example, one female student stated, “Oh, I never have talked to a guidance counselor, but if I get mad at, when I don't want to talk to my mom or my friend about it, I just go to, I will just go to a guidance counselor.” Also, students never discussed teacher support unless prompted. For the most part, students did not believe that teachers or administrators would help them, as exemplified by the following: “They [bullies] just...they just talk regularly. It's just that I don't think the teachers just don't pay attention to them.”

Perceptions of teachers. Two major themes that emerged from the data were positive and negative teacher attributes. While the central focus of this study was not related to student perceptions of teachers, this topic is an important one to explore because students often felt that they could not approach a teacher about bullying because of the poor relationships already imbued in the school setting. In general, students had poor relationships and/or negative feelings about teachers when (a) teachers engaged in unfair practices, (b) teachers blamed students without hearing their side of the story, and

⁴ Number in parentheses refers to number of times mentioned in all eight interviews.

(c) teachers would not provide additional help on school work. Some poignant remarks made by students include:

Sometimes I get mad at them so, I don't really want to talk to my teachers or anything.

...yelling and if you ask her for help, she gets mad.

Is somebody talkin back there," she just blames it on like me and my friends sometimes.

Because Mr. S. took my book bag so I can't do no work and if I don't do no work he, he's trying to give me an F.

Everything, everything I do he get mad and be like, today when I had my hood, my hoodie on my shirt, head, he kept getting mad cause I had it on my head but we was outside walking to the cafeteria and he just always get mad at me.

The reader should be reminded that for the most part, students in this study felt supported by their teachers almost all of the time. Therefore, the question must be asked whether the students who participated in the qualitative interviews had different relationships with their teachers compared to the rest of the sample; it may be that, those persons who experienced victimization generalized that feeling or belief towards other relationships. Additionally, the quantitative analysis did not specifically ask students to think about the context of aggression and victimization during survey administration; whereas, the qualitative interviews revolved around this topic area directly. Therefore, students may have responded differently to the CASSS instrument if they were asked to think about situational factors that may change their perceived levels of support. As such, it is important to place the negative comments in perspective and consider that there are a variety of factors including instruments and personal bias that may account for the differences in the qualitative and quantitative findings.

The role of victimization on well-being. Out of the eight interviews conducted, no students stated that they were inoculated from the deleterious effects of bullying behavior. However, some students initially stated that they were not bothered by harassment; yet, within two to three minutes during the interview process, students changed their story and began to delve deeper into their emotions about experiencing victimization. Table 25 provides a list of all the different emotions experienced by students. Additionally, Table 25 provides a variety of direct quotations from participants to extrapolate on the code.

As evident by the data presented in Table 25, students experienced a wide array of emotions, all of which were negative and considered to affect mood. Students appeared to experience emotions to different degrees across a continuum of mild to severe feelings—from sadness to depression and from mad to sheer anger. The intensity of emotions experienced typically related to the degree to which bullying was experienced.

Table 25

Emotional Responses to Bullying Behavior

Code	Supporting Quotations
Angry	"...just get really, really angry. He punched me in the cheek, and it really bothered me because I just didn't know."
Annoyed	"It's gettin on my nerves. Uhh, they keep, they keep coming up to me and telling me stuff about, stupid stuff and I'll be getting mad about that, I don't, I don't want to hear it."
Cry	"I may cry sometimes, like why do these people misjudge me, or why, you know, do these people talk about me? I know I'm not a bad person, I know I'm very kind and careful about what I do, but it still affects and sometimes you just have to let people be people, you know..."
Depressed	"Uh, like, uh sometimes I just feel empty inside, but I have like many, many problems, uh, that like, depression, and uh, so...and I have manic depression and clinical depression because of the bullying and it's uh, and when all of them act like that it doesn't help me."
Empty	"Um, I feel very, um, empty inside. But, eventually, if they do it a lot over time, I will be depressed. But if it's the first time, I will just be annoyed."
Feel Bad	"Bad. Cause they don't need to say I'm a sixth grade, because that don't matter."
Frustrated	"Sometimes I get real frustrated, even with the medication and I'll yell back at them, but once they see how angry I am, they tend to quiet down a bit."
Hide Feelings	"I try not to show it so I won't get in a fight."
Hurts	"...even though it hurts sometimes. That makes me fell, uh, pretty bad. And I have my own problems, and I don't really appreciate that...and it really gets me frustrated because I get so easily angered. And their, um and their insults actually hurt a lot a lot more, but um, luckily I do not have their, the classes with them, so I get to avoid them lots."
Mad	"Ohh, they keep, they keep coming up to me and telling me stuff about, stupid stuff and I'll be getting mad about that, I don't, I don't want to hear it."
No impact	"They call me big ears but I know that already so I don't really care."
Outcast	"I just act like the outcast and just stay independent for a while."
Sad	"Sad. 'Cuz I never even done...I ain't even say nothing to them and they just saying stuff about me and everything -- just bringing up stuff for no reason."
Upset	"Some of the girls here, they would prefer to mess with you than do their schoolwork. It doesn't. I'm not gonna lie. Sometimes it does get to me because I am a child, and peers really affect you at this age."
Worried	"I just worry about that when I'm trying to do my schoolwork."

Chapter 5

Discussion

Summary of Study

The present study was conducted to explore relational victimization and depression in high-risk, minority adolescents. This study was novel because it was one of the first studies to explore (a) the role of positive protective factors in moderating depression, (b) how relational victimization was experienced by minority middle school students, and (c) how a mixed methods design could provide a deeper level of insight into relational aggression in this population. Findings showed that relational victimization was a statistically significant predictor of depression. Moreover, hope and perceived social support were found to moderate the relationship between victimization and depression. This chapter summarizes the results from Chapter 4, discusses implications of the results, examines limitations, and suggests directions for future research.

Incidence of Relational Victimization

Relational victimization was defined in this study as an intentionally hostile act that could be either covert or overt and used to destroy friendships/relationships. Relational victimization was assessed via the most widely used measure available today (SEQ). The SEQ has been used in a variety of studies including research on relational victimization in the context of drug use (Sullivan, Farrell, & Kliewer, 2006) and life satisfaction (Martin & Huebner, 2007). The reported prevalence of relational victimization in this sample was approximately 25%. This percentage exceeded prevalence rates reported by students on other school campuses (Kaltiala-Heino et al., 2000; Nansel et al., 2001). Notably, although one other study found that mixed race

students experienced more victimization (Stein, Dukes, & Warren, 2007), the current study did not find statistically significant differences in relational victimization across ethnic groups. This difference may have emerged because Stein and colleagues (2007) identified three distinct groups of victims (i.e., bully, victim, and bully-victim), which the current study did not do.

Although the overall mean score for relational victimization did not statistically differ by gender or ethnicity, the mean scores obtained in this study were consistent with Storch and colleagues (2003), who also found a somewhat elevated mean score for relational victimization for minority students. Studies with other populations (e.g., rural Caucasian and African American students) of students found lower total mean scores. For example, Martin et al. (2007) found that the mean score for relational victimization was significantly lower than found in this study. Also, studies by Crick and Bigbee (1998) and Crick and Grotpeter (1996) found lower mean scores for victimization. Thus, one may infer that the participant demographics in this study, be it either ethnic composition (population included Hispanic and mixed race participants), low SES, or attending an urban school, may have attributed to higher reports of victim status. Frequency and intensity of relational victimization may be a more prominent aspect of the lives of minority youth living in urban environments than their majority peers in other types of environments.

The type of relational victimization most widely cited by this sample included making mean statements, telling lies, and using overt group exclusionary tactics. However, the only statistically significant difference found was that females made more mean statements than males. What is quite interesting across the board is the fact that all

three groups, regardless of race or gender, stated that the most prevalent form of relational victimization that occurred in school was lying. This quantitative finding was also supported by each qualitative interview such that each student stated that they had other students make up stories about them.

Rationale for lying. One reason that participants may have reported more lying is because lying is one of the most direct ways to ruin a person's relationships with others or defame a person's integrity. In schools, students find out that others are lying about them through rumors and gossip that can spread quickly. Moreover, if a person was not aware that they were a target of bullying, lying is a surefire way to let a person know. Clearly, there is no denial that someone is trying to hurt you when another person approaches you with false accusations. Thus, if a student tries to stay out of the milieu of interfacing with aggressive students on campus, he/she is unable to do so when lies are spread. In essence, a person who is lied about is thrown into the mix of the aggressor-victim relationship without choice. Therefore, bullies may use lying as the quickest and most direct approach at letting a victim know he/she is a target of aggression.

The second reason lying may be used so often is because it almost always elicits a response from a middle school student. Since sense of self is not fully developed during middle school, lying may be a tactic that is more detrimental to emotional well-being and social-emotional development because identity formation is still taking place (Erickson, 1963). As such, if a student does not have his/her ego strength intact at this point, the student will have no choice but to respond by crying, trying to save face, or becoming mutually aggressive. All of these behaviors are natural ways to deal with the cognitive dissonance of believing one thing about self and hearing another. Students of this age do

not have the skills to cope and/or know all the possible ways to deal with another person's lying because personal development is still growing rapidly. Thus, the kind of response that students obtain from lying may be more noteworthy than other more covert behaviors. In essence, the aggressor is obtaining the desired reaction and may use this to his/her benefit to make the victim look weak or inadequate.

The third reason that lying may be the most prevalent form of relational aggression used is because students (the aggressors) feel as though they need to protect themselves from victimization. By taking hold of the reins and "facing down," students are likely to show others that they will spread rumors rather than be the target of them. A study conducted by Pugh-Lilly, Neville, and Poulin (2001) found that African-American females engaged in antisocial behaviors for the two reasons mentioned above. More importantly, the antisocial behaviors that they engaged in were cited to be influenced by their perception of how supportive and/or hostile the environments around them were. Given that this sample is housed in a neighborhood that includes by gangs, prostitution, drugs, and violence, many students may not feel supported. Thus, one of the major reasons why they may engage in more relational victimization than other groups of students is the environment in which they live and how the environment supports persons who exhibit a "hard" exterior via both physical and relational aggression.

Relationship between Victimization and Depression

Relational victimization and depression were found to be moderately correlated. Interestingly, when considering relational victimization and physical victimization combined (i.e., total victimization), a strong relationship existed with depression. Additionally, both forms of victimization were positively correlated with each other. It

appears from the data that persons who are victimized in multiple fashions may have a higher likelihood of becoming depressed. Juvonen and colleagues (2000) believed that students who are repeatedly victimized fall into a trap of self-blame which contributes to psychological maladjustment. Consider a child who has rumors spread about him, has had boys punch him in the locker room, and is never invited to parties. This student would likely be more depressed because he has experienced multiple modalities of victimization. Unfortunately, he cannot compartmentalize one incident or one type of victimization to be a fluke experience because of the repeated victimizing incidents. Instead, this student blames himself, experiences maladjustment, and ultimately has difficulties in school.

Aside from establishing of a moderate positive relationship between relational victimization and depression, this study supported previous findings that physical victimization (Cullerton-Sen & Crick, 2005; Klomek, Marrocco, Kleinman, Schonfeld, & Gould, 2007) and relational victimization (La Greca & Harrison, 2005; Storch & Esposito, 2003) are predictive of internalizing disorders. This study found a significant yet moderate predictive relationship between both total victimization and relational victimization with depression. Total victimization accounted for 25% of the total variance, and relational victimization accounted for 18% of the total variance. This finding supports the work of Prinstein and colleagues (2001), as well as the work of La Greca and Harrison (2005), who found that 21% of the total variance in depressive symptoms was accounted for by “social functioning (i.e., victimization and social status).”

Perpetrators of victims. What is extremely important to understand about the victimization and the subsequent depression experienced by these students is that the victimization that was noted came from persons who were relatively unknown to the victim. Each student during the qualitative interview shared that, for the most part, the students who aggressed upon them were not in their social circle and that they did not have a previous relationship with the student(s). This is intriguing given that this experience has effects as profound as developing internalizing symptomology based on behaviors emitted by someone who is unknown. Victimization from the general peer group (and not just close friends or those in romantic relationships (Goldstein & Tisak, 2004)) influences students' experience of depressive symptomatology. The fact that students unknown to bullies are often the ones victimizing students (and ultimately contributing to depression), necessitates school-based primary prevention programs that are evidenced-based (Young & Raffaele Mendez, 2003). The issue, however, with implementing primary prevention programming is that the number of programs that target relational aggression and victimization are few in number, (Van Acker & Talbott, 1999), not empirically-validated (e.g., Allies in Action, Owning Up, Creating a Safe Social Climate in Our Schools), and fail to achieve a curriculum that can be implemented across settings (August, Lee, Bloomquist, Realmuto, & Hektner, 2003)

Coping Mechanisms

Perceived social support. Both males and females reported fairly high perceived social support from parents, best friends, and teachers. Perceived social support also was found to moderate the relationship between relational victimization and depression. Perceived social support as a moderator variable for psychopathology has been found in

previous studies whereby perceived social support was negatively related to clinical maladjustment, and positively related to personal adjustment and school adjustment (Demaray, Malecki, Davidson, Hodgson, & Rebus, 2005). Notably, in this study, the percentage of students who reported high social support from classmates was significantly lower than the support reported for other persons measured on the CASSS. The qualitative interviews provided additional information about this finding: the students who were interviewed noted that classmates were often unwilling to be kind and act in prosocial ways. Additionally, because the prevalence of bullying was so high on this campus, it makes sense that students felt the least support from classmates.

Lack of classmate support has important implications for the learning environment and the development of psychopathology. First, classmate support has been found to be a significant individual predictor of emotionality, including social stress, depression, self-esteem, and anxiety (Demaray et al., 2005). Moreover, classmate support has been shown to have a preventive effect on running away from home among adolescents in Hong Kong (Cheung, Liu, & Lee, 2005). Finally, isolation and lack of support has been linked to violent school behavior (e.g., Columbine and Littleton school shootings) (Jhally & Katz, 1999). As previous research suggests, classmate support is important to social adjustment for adolescents.

While clearly not everyone will ever feel completely supported, an important question that still remains unknown to researchers and practitioners is how students could feel more supported in light of the aggressive behaviors exhibited on school campuses. In other words, what kinds of interventions would help facilitate cohesiveness among middle school students? One possible approach that has been suggested is peer-based

group learning. While peer group learning seems to be a quick and easy answer because it has been proven to increase intrinsic motivation (Song & Grabowski, 2005) and improve academics and relationships in elementary school children (Calhoon, Al Otaiba, Greenberg, King, & Avalos, 2006), peer-based learning may not necessarily enhance the feelings of support from classmates. For example, a final product may be developed and presented to the class; however, working together in a group on an academic task may do nothing to eradicate the bullying behavior that may not be noticeable to a teacher. Along the same lines, peers in middle school may feign liking one another in front of the teacher; however, behind this façade, a climate of hostility and bullying may be present. Forcing middle school adolescents to work together without considering a number of variables (e.g., gender differences, working styles, ethnic nuances) may in fact be more deleterious to a victim who may beget more harm and victimization in a group setting. Further studies must address why students feel unsupported by the peer group and what tactics or programming would help to build support.

Finally, what needs to still be considered is why the students in this particular study reported high levels of perceived social support yet engaged in bullying and/or were victims of relational aggression. The literature (Parcel & Dufur, 2001) suggests that parental monitoring and teacher support are directly linked to an individual's adherence to social norms. Yet, even students who reported very high levels of perceived social support, reported engagement in antisocial behaviors which would suggest that they would act in prosocial and healthy ways. Also noteworthy is the fact that students who were victimized reported high mean scores for parent support. This finding also conflicts with a study conducted by Stevens et al. (2002) where the researchers found that victims

tended to purport a lack of parental support. The incongruent findings from the aforementioned studies and this research dissertation may be explored via a qualitative study to determine the nature of the adult supportive relationships and how adult role models impact antisocial or prosocial behaviors.

Hope. Hope, defined as holding positive beliefs about particular goals regardless of circumstances (negative or positive), is considered an emotion that provides one with motivation to act, to accomplish something, or to be inspired. Hope was found to be a significant moderator for both males and females in this sample such that the higher levels of hope one espoused, the more attenuated the relationship was between relational victimization and depression. However, hope had a stronger influence on female depression scores compared to male depression scores (i.e., 35 points decrease versus 10 points decrease, respectively). The exact reason for the differential responses based on gender is unknown; however, a few hypotheses regarding this have been developed by this researcher. First, the base rate of depression was low for males in this sample. Thus, if a clinical population (in a residential setting, for example) was used, the variance in depression scores may have been higher. Consequently, the true effects of hope may have been more pronounced and easier to detect in a sample that actually experiencing “Clinically Significant” depression.

Second, males in the general population report and experience depressive symptoms in different ways than females; for example, male depression often resembles aggressive disorders and extreme reactions to psychosocial stressors (McGrath, 2002; Moller Leinkuhler, Heller, & Paulus, 2007). Third, the CDI-S does not tap into non-normative kinds of depressive behaviors; thus, the detection of depression for middle

school males may have not been as adequate as desired. An instrument that may be recommended for future research would be the Gotland Scale of Male Depression (Bech, 2001), which detects depression symptoms that are both atypical and typical. Finally, since the levels of hope in males were found to be less than females, males may in fact not experience the same internalization of hope as females to reap this construct's benefits. Males who have a history of experiencing poverty and disenfranchisement with education have been known to experience less hope (Seaton, 2007).

Putting aside the different effects hope had for males and females on depression, hope may have been such a strong moderator variable because of the nature of the construct. Persons with hope tend to have agentic and pathways thinking (Snyder, 1995). This kind of mentality and cognitive beliefs may make persons with higher levels of hope more resilient to some of the symptomatology associated with depression such as anhedonia. If a person continues to have hope and believes in obtaining certain goals, they may not experience such extreme forms of depression.

Additionally, hope is often linked to and/or augmented by faith and religion (Watts, Dutton, & Gulliford, 2006). Participants in this sample who espoused hope may have also consciously or unconsciously tapped into their religion or called upon divine intervention to provide support during the aftermath of victimization. This study found a moderate correlational relationship between hope and spirituality, making the hypothesis that faith may be linked to high levels of hope plausible. However, what still remains unclear is why spirituality did not serve as a moderator variable in this study if the constructs are, in fact, interrelated.

Interestingly, students who participated in the qualitative interviews never verbalized any comments directly connected to hope (by itself as an intrapersonal factor) or hope in relation to victimization. The closest comments that suggested a student had a degree of hope were related to life goals and how to obtain them. When each of the surveys were matched with the qualitative interviews, four of the eight students interviewed reported high levels of hope on their surveys. Yet, those same students had a difficult time formulating how they would attain their goals when asked specifically about them. This may have occurred because pathways thinking may still be developing in early adolescence. Also, there is the potential that students did not answer the CHS honestly, thus explaining the incongruence between the survey and the qualitative interview.

Spirituality. Spirituality was not found to moderate the relationship between relational victimization and depression. This result was surprising given that spirituality has been a strong predictor, mediator, and moderator for persons of color for variables including of quality of life (Utsey, Bolden, & Williams, 2007), partner violence (Mitchell, Hargrove, Collins, Thompson, Reddick, & Kaslow, 2006), civic involvement (Smetana & Metzger, 2005), and suicidal ideations and attempts (Walker, Utsey, & Bolden, 2005). Nevertheless, students reported relatively high levels of spirituality. Specifically, African American females reported the most spirituality compared to the other participants in this study. This finding is similar to other studies that report that persons of African American decent typically possess high levels of faith and spirituality (Abernethy, Houston, Mimms, & Boyd-Franklin, 2006; Boyd-Franklin, 2003). What is noteworthy, however, is the fact that six of the eight students reported that their religion

helped them to cope with daily life hassles. Therefore, there is some indication that spirituality was in fact an important construct and contributor to resilience.

There are a number of possible reasons why spirituality did not serve as a statistically significant moderator variable in this study. First, the measure used in this study (SSA) was never tested on a group of middle school students; instead it was adapted from the SIBS, a well-known measure used for adults. Thus, there was no normative data to compare the results from this study to, nor was the instrument field-tested to determine if it was tapping the construct of spirituality. Second, many students had a difficult time conceptualizing one of the items that used the word “higher power.” It is possible that students had difficulty with this item because they had not heard of this term, despite the fact that they may have had an understanding of the concept of a higher power. Participants also may have used other terms synonymous with this term that were not explicitly asked about in the study (e.g., God, Allah, Buddha). Finally, some students may have not attained full development of the construct of spirituality. Fowler (1981) suggests that students move from a fantasy-like understanding of religion and spirituality to a more concrete understanding. Furthermore, Fowler (1981) states that persons come to terms with the deepest level of spiritual and religious awakening in late adolescence and early adulthood.

Important Gender Implications

The prevalence of depression in middle school females has been found to be higher than for males across numerous studies in the United States and abroad (e.g., Mittendorfer-Rutz, 2006; Rastad, Ulfberg, & Sjöden, 2006; Prinstein, Borelli, Cheah, Simon, & Aikins, 2005). Prior to adolescence, rates of depression among boys and girls

are roughly equal. However, beginning at approximately age 14 and continuing into adulthood, females experience depressive disorders at twice the rate of males (Jacques & Mash, 2004; Koplewicz, 2003). As many as one out of four females will experience a depressive episode during her adolescent years (Jacques & Mash, 2004). This study supported other studies such that more females than males experienced depression. Moreover, the range of depression experienced by males was restricted to T-scores that remained in the Borderline Range, whereas scores for some females surpassed the criterion for Clinically Significant. The relationship between victimization and depression was stronger for females, suggesting that victimization comes at a higher cost for females rather than males. As Leadbeater, Boone, Sangster, and Mathieson (2006) found, boys appear to be able to keep their self-worth intact even though bantering takes place among them. Females, on the other hand, fail to do so and appear to internalize the relationally aggressive behavior as a reflection of characteristics of self.

Notably, Klomek et al. (2007) found that victimized males actually internalize emotions about victimization to some degree, as do females. This study found a direct link between the frequency of bullying and the higher likelihood of suicidal ideation and suicide attempts for males. On the other hand, females experienced issues related to suicidality when they had *any* type of victimization occur. Frequency was not a determinant in predicting suicidality for females in the study by Klomek and colleagues (2007). While the debate of whether more females or males experience victimization is important in its own right, this researcher believes what is even more critical to understand are the ramifications that each gender experiences post-victimization. The findings from

Klomek et al. (2007) and this study about participant responses and thoughts about their personal victimization have important implications for both policy and intervention.

While most interventions for relational victimization are gender neutral, this study supports the notion that interventions may be more beneficial if they are designed to address the different experiences males and females have with victimization. For example, an intervention for females may focus on decreasing suicide risk by using techniques from the S.O.S. program (Aseltine & DeMartino, 2004). Additionally, female-centered interventions may provide cognitive-behavioral techniques to manage depression (Spielmans, Pasek, & McFall, 2007). Moreover, the very large impact that hope had in moderating depression for females should be considered during intervention development. One way to build hope is to help students believe in the attainment of “personal excellence.” Stoeber and Rambow (2007) suggested that when students strived for perfection, performance in school improved (*vis-à-vis* increasing students’ levels of hope), depressive symptoms were decreased, and subjective well-being was promoted. Researchers and practitioners should focus on activities that build hope rather than focusing solely on how to manage depression or victimization. These activities could be implemented at the individual, group, or systems level. The previous suggestion is aligned with the current positive behavior support (PBS) in schools, which is attempting to broaden its conceptualization of school-wide interventions from solely behaviorally focused to encompassing positive psychology (*i.e.*, hope, subjective well-being), community psychology, and cultural psychology (Carr, 2007) tenets.

On the other hand, male interventions may focus on how to manage overt aggression as a response to relational victimization. Since males are often programmed to

believe that their strength during identity development is linked to violent behavior (Gilligan, Garbarino, Gilligan, & Thompson, 1999), interventions for males may focus on other ways masculinity could be developed and sustained. Also, male-centered programming may help males to learn how to express their emotions about the victimization, rather than falling into the trap of either silence or rage.

Many schools discuss a zero-tolerance approach to deal with bullying. Some schools (the school in this study, too) have signs in the shape of a driving stop sign that state “No Bullying Zone.” While these signs have a presence that insinuates an administration that does not condone bullying, they are still a surface level attempt at curbing the behavior. Moreover, as students mentioned in their interviews, teachers either ignore the behavior or condone it as just a mere nuisance. This is not acceptable. Finally, when teachers interact aggressively with other teachers, they set an example for students that adults engage in the same behavior and there are no repercussions. The reality is that the signs in schools and the lack of care by teachers to stymie bullying are not curtailing the behavior especially since victimization is so prevalent on school campuses. A policy change needs to be instituted at the systems level given the established relationship between relational victimization and depression. Change at any level takes time, energy, and buy-in by all parties involved (Kratochwill & Stoiber, 2002); however, when a systems-level change is implemented (rather than targeting an individual), the likelihood that change will actually occur and remain stable is higher (Curtis & Stollar, 2002). Teachers, parents, students, and administrators need to be aware of the kind of behavior that is occurring on campus and not turning a blind eye to it. This recommendation is consistent with research conducted by Nesdale and Pickering (2006). Thus, if a policy

was instituted with all parties, feedback and support such that the entire ecosystem at the school understands the repercussions of victimization and *why* there are consequences, the chances of victimization occurring at such alarming rates may be lessened. This kind of policy execution is necessary given the findings that females experience extremely poor consequences of victimization.

Limitations

Sample size. There are a number of important limitations that must be recognized about this study. First, the sample size was smaller than expected. With the small sample size, it was more difficult to detect statistically significant findings for the moderator models. While perceived social support was found to serve as a moderator for relational victimization and depression, it is expected that grade and ethnicity would also have been moderator variables if the sample size was larger. Moreover, the effect sizes and the R^2 -values may have been larger if the sample size was adequate. Possibly, if a large enough sample size would have been obtained, the researcher may have been able to evaluate the cumulative effects of the moderator variables on depression. Future research may attempt to discern whether hope and spirituality, for example, serve as dual protective factors and as such aid in the moderation of depression scores.

Survey instruments. The second major limitation of this study was the instruments used. While all of the instruments (except for the spirituality questionnaire) had excellent reliability and validity, they may have not been appropriate for this sample. For example, many of the students in the qualitative interviews reported support from a family member other than a parent (e.g., aunt, grandparent, sibling). Latino students specifically reported aide from grandmothers and siblings, which is consistent with the literature on who

provides much family support in Hispanic family structures (Goodman & Silverstein, 2005). Thus, students may have completed an entire sub-scale haphazardly because it was not relevant to them. The development of another edition of the CASSS may be important in light of the qualitative findings elicited from minority students.

As mentioned previously, the CDI-S may have not been the best instrument for inner city students who may experience and/or exhibit depressive symptoms in different ways. During the survey administration, many students reported that none of the answers typified how they felt. Thus, students were forced to pick an answer that may have not been truly representative of their experience. Furthermore, the SSA did not appear to resonate with students. While the reliability of the instrument was more than adequate, there were quite a few questions about the meaning of the items that participants posed. Additionally, over half of the participants purported two different scores for the same question posed on two different items. Therefore, the actual validity of the instrument remains in question. Again, this limitation may be directly linked to the lack of statistically significant findings for spirituality as a moderator variable.

Finally, if time and permission were granted, the surveys should have been translated into Spanish. The number of Hispanic students who participated in this study was high, and many of them were English language learners. Therefore, while some of the students may have obtained proficiency in English, they may have resonated better with Spanish versions of the surveys. Clearly, when translating any type of survey instrument other limitations arise due to cultural understanding and cultural perception of the items. However, the integrity of the data would have probably been better facilitated

if students were able to choose which language they preferred to complete the assessment instrument in.

Member-checking. By the time the data analysis began, the students who participated in the study were dismissed from school for summer break. As such, there was no opportunity to conduct member checks with the individuals who participated in the interviews. Therefore, the interpretation of the interviews was solely on the basis of this researcher rather than meeting with each student to confirm that the analysis was correct. Furthermore, after reading the transcripts of each interview, the researcher had a number of follow-up questions to elucidate more information pertinent to the study and to clarify some statements. However, this was not possible and should be conducted in future studies.

Future Research

This study has laid the groundwork for a number of subsequent studies that may be completed to further understand the role of relational victimization, depression, and protective factors that promote resilience in middle school students. The first suggested research path that one may consider is to complete a qualitative study prior to a quantitative study with students in order to understand how they actually conceptualize relational victimization. While measures have been developed by researchers with their own interpretation of this specific kind of victimization, students seem to conceptualize it differently. Students appear to couple relational victimization with social and verbal victimization (per interviews with participants). Thus, the concept of different types of aggression (e.g., social, verbal, relational, physical) may be more of a theoretical issue rather than a reflection of how students view aggression. While the theoretical differences

in social, relational, and verbal aggression are important, applied researchers must be cognizant that students themselves cannot easily differentiate among these concepts. Assuming a qualitative study (e.g., focus groups, field study) is completed, measures may be able to be developed that are more aligned with students' experiences.

Second, future researchers may want to examine other possible coping mechanisms and/or moderator variables that were not evaluated in this study. For example, many of the students in this study were recent immigrants from Central and South American countries. Therefore, level of acculturation may play an important role in how students internalize others picking on them or the actual prevalence of bullying behavior (Yu, Huang, Schwalberg, Overpeck & Kogan, 2003). Some Hispanic students in this study may have reported more victimization because they were not used to this kind of behavior in their native countries. Moreover, Hispanic and African American students may in fact have experienced the same degrees of victimization but held different mental models about the appropriateness of the behaviors.

Third, other outcome variables are important to examine. It is implausible to think that victimization only impacts depression. As other researchers have shown, relational victimization increases stress, anxiety, and school maladjustment (Leadbeater et al., 2006; Sullivan et al., 2006). Thus, this study may be replicated with the same moderator variables to determine how they might alter the relationship between relational victimization and other forms of pathology. When this is completed, more comprehensive interventions may be developed that would cover the gamut of possible resulting emotions, cognitions, or behaviors that occur post-victimization.

Fourth, the role that school climate plays is essential to the understanding of relational victimization because of the prominence of this act on school campuses. Assuming a school has a tense and hostile environment; it is probable that the cultivation of aggression is prominent among students. While school climate and bullying have been studied previously in relation to victimization (Smith et al., 2000; Unnever & Cornell, 2004), school climate as a moderator variable has never been reviewed; nor has school climate been thoroughly investigated with regard to relational victimization.

Fifth, the gender of the perpetrator may be an important variable that alters the degree to which a victim experiences pathology. A recent study conducted by Felix and McMahon (2006) found that when a male was a perpetrator of all forms of aggression, the victim experienced more extreme forms of pathology. This study did not consider the gender of the perpetrator and it would be interesting to determine if the significant findings for hope and perceived social support as moderator variables would be stronger when perpetrator characteristics were accounted for. The potential to create a structural equation model (SEM) may be appropriate for this kind of analysis given that there would be a number of latent variables that would compose perpetrator characteristics.

Sixth, teacher-related variables that either promote more bullying on campus and/or decrease the prevalence of relational victimization are also essential to research. While some researchers consider teacher variables as part of school climate, other researchers have developed an entire body of literature pertinent to teacher characteristics and student outcomes (c.f., Darling-Hammond, 2004; Wentzel, 1997; Pianta & Nimetz, 1991; Vieno et al., 2005). This researcher believes that a study solely on teacher attributes and behaviors would be a provocative study to undertake to determine if

teachers may have biased accounts on what occurs in the classroom and how differential expectations and biases (Puig, Lambert, Rowan, Winfrey, & Lyubansky, et al., 2003) may interact and condone student harassment. Since students' reports in this study indicated that teachers did in fact play a part in condoning the behavior in the classroom, there may be many underlying issues between the student and teacher relationship that should be explored. However, since only eight students reported this, conclusions cannot be comfortably drawn about teachers' influence on relational aggression and future studies are necessary.

Seventh, because of the ever-changing role of victim and aggressor it may have been likely that when the survey was administered some students were in the midst of being a target of aggression and thus feeling more distress. On the other hand, students may have been assessed when they were in the role of aggressor and as such, may have not reported such extreme emotions commensurate with depression. In order to compensate and control for timing of assessment as a confounding variable, a longitudinal analyses may be a more appropriate type of study to see how victimization and depression scores change over time.

Final Thoughts

As this study found, relational victimization is not a phenomenon that is confined to middle-class Caucasian communities and schools. Relational victimization is an act that perpetrates males and females across ethnic lines for mixed race, African American, and Hispanic students. Given that students who experienced more victimization also experienced more severe depression, it is clear that victimization has implications for students' mental health outcomes. This study was the first to find that hope and perceived

social support moderate this relationship. The next step must be to determine how these findings may be developed into a program or future research endeavors to make use of the important contributions of this study. Positive psychology variables should be interwoven and used in interventions and/or future research to further enhance the well-being of middle school students. The information gleaned from this study is a stepping stone for making the lives of adolescents more fruitful and enjoyable during some of the most important years of their lives. Students should no longer live in fear at school, but enjoy the social and learning environment of the middle school experience.

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APPENDICES

Appendix A: Parent Active Consent Form

Dear Parent or Caregiver:

This letter provides information about a research study that will be conducted at XX Middle School by Stephanie Mihalas, M.A., an advanced doctoral candidate from the University of South Florida. The goal of this study is to determine the effect of students' interpersonal relationships on their social and emotional wellness; ultimately culminating in the development school-based interventions to improve adolescents' well-being.

Who Is Conducting This Study: Stephanie Mihalas, M.A., an advanced doctoral candidate at the University of South Florida (USF) in her fourth year of coursework. The study and its planning is in cooperation with the principal and administrators of XX Middle School to ensure that the study provides information that will be helpful to this school.

Why Your Child Is Being Requested To Participate: This study is being conducted as part of dissertation research entitled, "The Impact of Interpersonal Relationships on Well-Being." Your child is being asked to participate because he or she is a student at XX Middle School. It is expected that approximately 600 students will participate, as the entire school is being asked to do so.

Why Your Child Should Participate: The purpose of this study is to learn more about what leads to happiness and health during the teenage years! The information that is collected from students may help increase the overall knowledge of risk and protective factors that lead to social and emotional wellness during middle school. In addition, information from the study will be shared with the principal at XX in order to increase his knowledge of what students consider to be the strengths and weaknesses of their schooling and other life experiences. Information from this study may provide a foundation from which to improve the schooling experiences and well-being of students at XX. Please note all students who participate will be entered into a drawing for one of several gift certificates (\$25 each).

What Participation Requires: If your child is given permission to participate in the study, he or she will be asked to complete several paper-and-pencil questionnaires. These surveys will ask about your child's thoughts, behaviors, and attitudes towards school, teachers, classmates, family, and life in general. Completion is expected to take your child between 30 and 60 minutes. Stephanie Mihalas, M.A. will personally administer the questionnaires at XX, during regular school hours (specifically during an elective course), to small groups of students who have parent permission to participate. Participation will occur during one class period, one time during this school year.

Participation of the surveys may be terminated if any student(s) behave rowdy or do not follow the directions read aloud by the researchers.

In addition to completing surveys, your child may be asked to participate in one brief (30-45 minutes) individual interview with Stephanie Mihalas, M.A. The individual interview will occur during regular school hours (during an elective period), and will consist of asking your son or daughter more information about how he/she answered the survey. The interview will be tape-recorded for transcription purposes. If your child is chosen to participate in this part of the study, he/she will receive a \$10 gift certificate.

Please Note: Your decision to allow your child to participate in this research study must be completely voluntary. You are free to allow your child to participate in this research study or to withdraw him or her at any time. If you choose not to participate, or if you withdraw at any point during the study, this will in no way affect your relationship with XX, USF, or any other party.

Confidentiality of Your Child's Responses: There is minimal risk to your child for participating in this research. Stephanie Mihalas and USF research assistants will be present during administration of the questionnaires in order to provide assistance to your child if he or she has any questions or concerns. Additionally, school guidance counselors will be available to students in the unlikely event that your child becomes emotionally distressed while completing the measures. Your child's privacy and research records

Appendix B: Child Assent Form

Hello!

Today you will be asked to take part in a research study by filling out several surveys. I am doing this study to find out how friendships and other interpersonal relationships impact students' social and emotional wellness.

Who I Am: I am Stephanie Mihalas, M.A., an advanced doctoral candidate at the University of South Florida. I am working with your principal to make sure this study provides information that will be helpful to your school.

Why I am Asking You to Take Part in the Study: This study is part of a project titled "The Impact of Interpersonal Relationships on Student Well-Being." You are being asked to take part in it because you are a student at XX Middle School.

Why You Should Take Part in the Study: We need to learn more about what leads to happiness and health during the teenage years! The information that I gather may help us better understand which kinds of thoughts and behaviors teens hold, leads to emotional wellness during middle school. Also, information from this study will be shared with the school staff at XX Middle School to help them understand what students consider to be the strengths and weaknesses of their experiences at school and in life. However, any information that you provide will be strictly confidential: no information reported to XX faculty will be associated with your name. Please note you will be entered into a raffle to win a \$25 gift certificate.

Filling Out the Surveys: These surveys will ask about your thoughts, behaviors, and attitudes towards school, teachers, classmates, family, and life in general. I expect it will take between 30 and 60 minutes to fill out all the surveys.

Answering More Questions in Individual Interviews: Students who respond in certain ways to the survey questions will be selected to take part in "individual interviews" with myself. The individual interviews will consist of asking follow-up questions to your answers from the survey. If chosen to be individually interviewed, you have the choice of participation. The interviews will be kept confidential. The individual interviews will only take about 30-45 minutes, and will occur during regular school hours several weeks from today. If you are chosen and agree to participate you will receive a \$10 gift certificate.

Confidentiality (Privacy) of Your Responses: I do not expect that there will be more than minimal risk to you for taking part in this research. I will be here to help the entire time you are filling out the surveys in case you have any questions or concerns. Your school guidance counselors are also on hand in case you become upset. Your privacy and research records will be kept confidential (private, secret) to the extent of the law. People approved to do research at USF, people who work for the Department of Health and Human Services, and the USF Institutional Review Board may look at the records from this research project, but your individual responses will not be shared with people in the school system or anyone other than us and our research assistants. Your completed surveys will be given a code number to protect the privacy of your responses. Only we will have access to the locked file cabinet stored at USF that will contain: 1) all records linking code numbers to names, and 2) all information gathered from school records. Please note that although your specific responses will not be shared with school

Appendix B: continued

staff, if you indicate you plan to harm yourself, we will let district mental health counselors know in order to make sure you are safe.

Please Note: Your involvement in this study is completely voluntary. By signing this form, you are agreeing to take part in this research. If you choose not to participate, or if you wish to stop taking part in the study at any time, you will not be punished in any way. If you choose not to participate, it will not affect your relationship with XX Middle School, USF, or anyone else.

What We'll Do With Your Responses: I plan to use the information from this study to let others know the effects of students' social relationships with others and how it impacts emotional wellness. The results of this study may be published. However, your responses will be combined with responses from other people in the publication. The published results will not include your name or any other information that would in any way identify you.

Questions? If you have any questions about this research study, please raise your hand now or at any point during the study. Also, you may contact me later at (813) 971-1838 (Ms. Mihalas) or after class. If you have questions about your rights as a person who is taking part in a research study, you may contact a member of the Division of Research Compliance of the University of South Florida at 813-974-5638 or the Florida Department of Health, Review Council for Human Subjects at 1-850-245-4585 or toll free at 1-866-433-2775.

Thank you for taking the time to take part in this study.

Sincerely,

Stephanie Mihalas, M.A.
Advanced Doctoral Candidate
Psychological and Social Foundations

Assent to Take Part in this Research Study

I freely give my permission to take part in this study. I understand that this is research. I have received a copy of this letter and assent form for my records.

Signature of child
taking part in the study

Printed name of child

Date

Statement of Person Obtaining Informed Assent

I certify that participants have been provided with an informed assent form that has been approved by the University of South Florida's Institutional Review Board and that explains the nature, demands, risks, and benefits involved in participating in this study. I further certify that a phone number has been provided in the event of additional questions.

Signature of person
obtaining assent

Printed name of person
obtaining assent

Date

Appendix C: Informational Letter in Spanish

Estimados Padres de Memorial Middle School,

¡Hola! Esta carta es para informarle sobre una investigación en la escuela Memorial Middle School. El director, Mr. Copeland, y sus empleados se han puesto de acuerdo para participar en unas investigaciones con la Srta. Stephanie Mihalas. La Srta. Mihalas es una candidata avanzada de nivel de doctorado en Psicología Escolar en la Universidad del Sur de la Florida (USF). Se les está pidiendo la participación de todos los estudiantes para las investigaciones. No obstante, la participación de su hijo(a) no es mandatoria.

En resumen, esta investigación evaluará una variedad de factores a los cuales se enfrentan los estudiantes de escuelas intermedias. Estos factores incluyen sus amistades y pensamientos sobre sus maestros y escuela. La meta de la investigación es entender mejor como promover el bienestar de adolescentes en las escuelas intermedias. En específico, los resultados de la investigación se les entregarán a la escuela Memorial para informar a los administradores sobre lo que los estudiantes creen que son las virtudes y defectos de su escuela.

La siguiente hoja contiene un esquema detallado sobre la investigación y describe exactamente lo que se espera de su hijo(a). Favor de leer el documento. Si tiene cualquier pregunta, la información de contacto está incluida.

Gracias por su tiempo en leer esta información.

Mejores deseos,

Stephanie Mihalas, M.A.

Dear Memorial Middle School Parents,

Hello! This letter is intended to inform you about a study that is taking place at Memorial Middle School. The principal, Mr. Copeland, and his staff have agreed to participate in a study with Ms. Stephanie Mihalas, an advanced doctoral candidate in School Psychology at the University of South Florida. Every student is being asked to participate in this research study; however, your child's participation is not mandatory.

In brief, the study is looking at a number of factors that middle school students typically deal with including friendships and thoughts about teachers and school. The goal of the study is to better understand how to promote the well-being of adolescents in middle school. Specifically, the findings from the study will be provided to Memorial to inform administrators about students' perceptions of strengths and weaknesses at their school.

The following sheet provides a detailed outline about the study and exactly what is expected of your child. Please read through the form. If you have any questions, contact information is listed.

Thank you for taking the time to read this information.

Best wishes,

Stephanie Mihalas, M.A.

Appendix D: The Children's Depression Inventory-Short Form

Publisher does not permit re-print of this measure. If you have any questions, please contact Western Psychological Services (WPS) at 800-648-8857.

Appendix E: The Child and Adolescent Social Support Scale

CASSS

Over the next two pages, you will be asked to respond to sentences about some form of support or help that you might get from a parent, a teacher, a classmate, and a close friend. If the statement describes the person(s) never, you would circle the number “1.” If the statement represents the person always, you would circle the number “5.” Read each sentence carefully and respond to them as honestly. There are no right or wrong answers.

	Never	Almost Never	Some of the time	Most of the time	Almost always	Always
My Parent(s)...						
1. ...show they are proud of me.	1	2	3	4	5	6
2. ...understand me.	1	2	3	4	5	6
3. ...listen to me when I need to talk.	1	2	3	4	5	6
4. ...make suggestions when I don't know what to do.	1	2	3	4	5	6
5. ...give me good advice.	1	2	3	4	5	6
6. ...help me solve problems by giving me information.	1	2	3	4	5	6
7. ...tell me I did a good job when I do something well.	1	2	3	4	5	6
8. ...nicely tell me when I make mistakes.	1	2	3	4	5	6
9. ...reward me when I've done something well.	1	2	3	4	5	6
10. ...help me practice my activities.	1	2	3	4	5	6
11. ...take time to help me decide things.	1	2	3	4	5	6
12. ...get me many things I need.	1	2	3	4	5	6
My Teacher(s)						
13. ...cares about me.	1	2	3	4	5	6
14. ...treats me fairly.	1	2	3	4	5	6
15. ...makes it okay to ask questions.	1	2	3	4	5	6
16. ...explains things that I don't understand.	1	2	3	4	5	6
17. ...shows me how to do things.	1	2	3	4	5	6
18. ...helps me solve problems by giving me information.	1	2	3	4	5	6
19. ...tells me I did a good job when I've done something well.	1	2	3	4	5	6
20. ...nicely tells me when I make mistakes.	1	2	3	4	5	6
21. ...tells me how well I do on tasks.	1	2	3	4	5	6
22. ...makes sure I have what I need for school.	1	2	3	4	5	6
23. ...takes time to help me learn to do something well.	1	2	3	4	5	6
24. ...spends time with me when I need help.	1	2	3	4	5	6
My Classmates						
25. ...treat me nicely.	1	2	3	4	5	6
26. ...like most of my ideas and opinions.	1	2	3	4	5	6
27. ...pay attention to me.	1	2	3	4	5	6
28. ...give me ideas when I don't know what to do.	1	2	3	4	5	6
29. ...give me information so I can learn new things.	1	2	3	4	5	6
30. ...give me good advice.	1	2	3	4	5	6
31. ...tell me I did a good job when I've done something well	1	2	3	4	5	6

Appendix E (continued)

32.	...nicely tell me when I make mistakes.	1	2	3	4	5	6
33.	...notice when I have worked hard.	1	2	3	4	5	6
34.	...ask me to join activities.	1	2	3	4	5	6
35.	...spend time doing things with me.	1	2	3	4	5	6
36.	...help me with projects in class.	1	2	3	4	5	6
My Close Friend							
37.	...understands my feelings.	1	2	3	4	5	6
38.	...sticks up for me if others are treating me badly.	1	2	3	4	5	6
39.	...helps me when I'm lonely.	1	2	3	4	5	6
40.	...gives me ideas when I don't know what to do.	1	2	3	4	5	6
41.	...gives me good advice.	1	2	3	4	5	6
42.	...explains things that I don't know what to do.	1	2	3	4	5	6
43.	...tells me he or she likes what I do.	1	2	3	4	5	6
44.	...nicely tells me when I make mistakes.	1	2	3	4	5	6
45.	...nicely tells me the truth about how I do on things.	1	2	3	4	5	6
46.	...helps me when I need it.	1	2	3	4	5	6
47.	...shares his or her things with me.	1	2	3	4	5	6
48.	...takes time to help me solve my problems.	1	2	3	4	5	6

Appendix F: Spirituality Scale-Adolescents

SSA

The six sentences below describe how children think about themselves and how they do things in general. Read each sentence carefully. For each sentence, please think how you are in most situations. Place circle the number that describes YOU the best. If the statement never describes you, circle the “1.” However, if the statement describes you all the time, circle the “5.” There are no right or wrong answers.

	None of the time	A little bit of the time	Some of the time	A lot of the time	All of the time
1. My life has a purpose.	1	2	3	4	5
2. Participating in spiritual activities makes me feel like I have a purpose in life.	1	2	3	4	5
3. I believe in a higher power.	1	2	3	4	5
4. I examine what I say and do to make sure they are consistent with my spiritual values.	1	2	3	4	5
5. My life has purpose.	1	2	3	4	5
6. I am thankful for all that has happened to me and in my life.	1	2	3	4	5

Appendix G: The Children’s Hope Scale

CHS

The six sentences below describe how children think about themselves and how they do things in general. Read each sentence carefully. For each sentence, please think how you are in most situations. Place circle the number that describes YOU the best. If the statement never describes you, circle the “1.” However, if the statement describes you all the time, circle the “5.” There are no right or wrong answers.

	None of the time	A little bit of the time	Some of the time	A lot of the time	All of the time
1. I think I am doing pretty well.	1	2	3	4	5
2. I can think of many ways to get things in life that are most important to me.	1	2	3	4	5
3. I am doing just as well as other kids my age.	1	2	3	4	5
4. When I have a problem, I can come up with lots of ways to solve it.	1	2	3	4	5
5. I think the things I have done in the past will help me in the future.	1	2	3	4	5
6. Even when others want to quit, I know that I can find ways to solve the problem.	1	2	3	4	5

Appendix H: Social Experiences Questionnaire-Self Report

SEQ-S

The following are some things that happen to some kids. For each question, circle the number that describes how often this happened to you over the last month. If your answer is “**never**” you would circle the “**1**” and if your answer is more like **all the time** you would circle a “**5**.”

How often...		Never	Almost Never	Sometimes	Almost all the time	All the time
1.	...are you left out on purpose when it is time to do an activity?	1	2	3	4	5
2.	...does a kid who is mad at you try to get back at you by not letting you be in their group anymore?	1	2	3	4	5
3.	...does another kid give you help when you need it?	1	2	3	4	5
4.	...has another kid told lies about you to make other kids not like you or be at you?	1	2	3	4	5
5.	...does another kid say they won't like you unless you do what they want you to do?	1	2	3	4	5
6.	...does another kid try to cheer you up when you feel sad or upset?	1	2	3	4	5
7.	...does another kid try to keep others from liking you by saying mean things about you?	1	2	3	4	5
8.	...do you get hit by another kid at school?	1	2	3	4	5
9.	...do other kids share things with you?	1	2	3	4	5
10.	...do you get pushed around or shoved?	1	2	3	4	5
11.	...does another kid do something that makes you feel happy?	1	2	3	4	5
12.	...does another kid say something nice to you?	1	2	3	4	5
13.	...does another kid yell at you and call you mean names?	1	2	3	4	5
14.	...do kids yell or curse at you?	1	2	3	4	5
15.	...do other kids say they will beat you up if you don't do what they want you to do?	1	2	3	4	5

Appendix I: Semi-Structured Interview Questions

(Initiate small talk; build rapport; allow time for interviewer to discuss personal background.)

Start tape recorder:

1. I would like you to share some information about yourself. Feel free to share whatever you like (e.g., favorite music, grade, place of birth, wishes, goals)
2. Overall what has your experience been like her at XX Middle school?
 - a. Probe for
 - i. Interpersonal relationships with students
 - ii. Rules and policies
 - iii. Feelings of safety
 - iv. Academic success/failure
3. You noted on your survey that you have experienced other kids bothering you at school or in your neighborhood.
 - a. Are you comfortable sharing more about this experience?
 - i. Probe for:
 1. Frequency of attacks
 2. Type of attacks
 3. Occurrence
 4. Types of students involved
4. How did this experience make you feel inside?
 - a. Probe for feelings of:
 - i. Anger
 - ii. Sadness
 - iii. Loneliness
 - iv. Rage
 - v. Depression
 - vi. Aggression
 - vii. Nothing
 - viii. Fear
5. Is there anything that makes you feel better after a student hurts/bothers you?
 - a. Probe for strategies, techniques, cognitions
6. Who do you turn to for support when you need it?
 - a. What kinds of situations do you find that you need support?
 - b. Do you think you can use your school/ people that work at your school for support? If so, who?
7. Does spirituality and/or religion play a role in your life?
 - a. If no: Do no prompt. Go to next question.
 - b. If yes: Allow student to answer this question in any way desired. Most important to get free-flow of answers. Only prompt allowed: Tell me more about that.
8. Is there anything else you would like to share about anything we have spoken about today? Do you have any comments about the survey you filled out previously?

Appendix I (continued)

9. Any other thoughts or comments?

End tape recorder.

Provide student with gift certificate. Have student sign form that he/she received certificate.

Appendix J: Student Demographics Form

ID # _____

PLEASE READ EACH QUESTION AND CIRCLE **ONE** ANSWER PER QUESTION:

1. I am in grade: 6 7 8
2. My gender is: Male Female
3. How old are you? 10 11 12 13 14 15 16
4. Do you receive free or reduced lunch? Yes No
5. My race/ethnic identity is:
- | | |
|---------------------------------------|------------------------------------------|
| a. African American/Black | d. Hispanic/Latino |
| b. Asian American or Pacific Islander | e. Native American/Indian |
| c. Caucasian/White | f. Mixed-Race or Other (please specify): |
- _____
6. My cumulative GPA is:
- | | |
|--------------------------------------|--------------------------------------|
| a. Mostly A's (3.75 to 4.00) | e. Mostly C's (1.75 to 2.24) |
| b. Mostly A's and B's (3.25 to 3.74) | f. Mostly C's and D's (1.25 to 1.74) |
| c. Mostly B's (2.75 to 3.24) | g. Mostly D's (1.0 to 1.24) |
| d. Mostly B's and C's (2.25 to 2.74) | h. Mostly D's and F's (< 1.0) |
7. On average, how much time per week do you spend doing your homework:
- | | |
|---------------------------------------|----------------------------------------|
| a. Less than 1 hour | e. From 10 hours to less than 15 hours |
| b. From 1 hour to less than 3 hours | f. From 15 hours to less than 20 hours |
| c. From 3 hours to less than 5 hours | g. From 20 hours to less than 25 hours |
| d. From 5 hours to less than 10 hours | h. 25 hours or more |
8. In the past few months, how often did you participate in after school activities such as clubs, band, sports, or student government?
- | | |
|------------------|-----------------------------|
| a. Never | d. Several times per week |
| b. Once or twice | e. Daily, less than an hour |
| c. Once per week | f. Daily, more than an hour |
9. Who do you live with at home (siblings excluded)?
- | | |
|----------------------|----------------------------------|
| a. Mother and father | d. Parent and stepparent |
| b. Mother | e. Foster care placement |
| c. Father | f. Other (please explain): _____ |
- _____
10. Approximately how many friends do you have (both school and neighborhood friends)?
- | | |
|----------------|--------------------|
| a. 1 friend | d. 7-10 friends |
| b. 2-4 friends | e. 10+ friends |
| c. 5-7 friends | f. Not really sure |

Appendix K: Effect Sizes for Survey Instruments

Table 1

Effect Sizes for Race and Gender for Perceived Social Support on the CASSS

Parent Support				
	Hispanic male (n = 28)	Hispanic female (n = 56)	Mixed race male (n = 8)	Mixed race female (n = 18)
African American male (n = 15)	-0.42	0.07	-0.38	-0.27
African American female (n = 27)	0.41	0.74	0.43	0.59
Hispanic male		0.44	-0.01	0.15
Hispanic female			-0.42	-0.31
Mixed race male				0.16
Teacher Support				
	Hispanic male (n = 28)	Hispanic female (n = 56)	Mixed race male (n = 8)	Mixed race female (n = 18)
African American male (n = 15)	-0.09	0.06	0.29	0.38
African American female (n = 27)	0.39	0.13	0.40	0.48
Hispanic male		-0.17	0.00	0.15
Hispanic female			0.16	0.29
Mixed race male				0.14
Classmate Support				
	Hispanic male (n = 28)	Hispanic female (n = 56)	Mixed race male (n = 8)	Mixed race female (n = 18)
African American male (n = 15)	0.07	-0.11	0.14	-0.19
African American female (n = 27)	0.24	0.05	0.31	-0.03
Hispanic male		-0.19	0.10	-0.31
Hispanic female			0.28	-0.08

Note. Effect sizes derived from subtracting row demographic from column demographic ((e.g., AA male – HS male)/Pooled SD).

Appendix K (continued)

Table 1 continued

Effect Sizes for Race and Gender for Perceived Social Support on the CASSS

	Best Friend Support			
	Hispanic male (<i>n</i> = 28)	Hispanic female (<i>n</i> = 56)	Mixed race male (<i>n</i> = 8)	Mixed race female (<i>n</i> = 18)
African American male (<i>n</i> = 15)	0.06	-0.80	0.07	-0.43
African American female (<i>n</i> = 27)	0.91	0.06	1.00	0.34
Hispanic male		-0.87	0.01	-0.51
Hispanic female			0.92	0.28
Mixed race male				-0.50

Note. Effect sizes derived from subtracting row demographic from column demographic ((e.g., AA male – HS male)/Pooled SD).

Table 2

Effect Sizes for Race and Gender for Spirituality on the SSA

	Hispanic male (<i>n</i> = 28)	Hispanic female (<i>n</i> = 56)	Mixed race male (<i>n</i> = 8)	Mixed race female (<i>n</i> = 18)
African American male (<i>n</i> = 15)	0.05	0.03	0.18	0.22
African American female (<i>n</i> = 27)	0.96	0.72	1.53	1.13
Hispanic male		-0.01	0.15	0.19
Hispanic female			0.13	0.18
Mixed race male				0.07

Note. Effect sizes derived from subtracting row demographic from column demographic ((e.g., AA male – HS male)/Pooled SD).

Appendix K (continued)

Table 3

Effect Sizes for Ethnicity and Gender on the CDI-S

	Hispanic male (<i>n</i> = 28)	Hispanic female (<i>n</i> = 56)	Mixed race male (<i>n</i> = 8)	Mixed race female (<i>n</i> = 18)
African American male (<i>n</i> = 15)	0.10	-0.43	0.70	-0.03
African American female (<i>n</i> = 27)	-0.19	-0.63	0.33	-0.29
Hispanic male		-0.52	0.65	-0.13
Hispanic female			0.81	0.41
Mixed race male				-0.68

Note. Effect sizes derived from subtracting row demographic from column demographic ((e.g., AA male – HS male)/Pooled SD).

Table 4

Effect Sizes for Relational Victimization by Ethnicity and Gender on the SEQ

	Hispanic male (<i>n</i> = 28)	Hispanic female (<i>n</i> = 56)	Mixed race male (<i>n</i> = 8)	Mixed race female (<i>n</i> = 18)
African American male (<i>n</i> = 15)	0.11	-0.23	0.33	-0.12
African American female (<i>n</i> = 27)	0.18	-0.15	0.41	0.04
Hispanic male		-0.34	0.17	-0.23
Hispanic female			0.60	0.11
Mixed race male				-0.52

Note. Effect sizes derived from subtracting row demographic from column demographic ((e.g., AA male – HS male)/Pooled SD).

Appendix K (continued)

Table 5

Effect Sizes for Total Victimization by Ethnicity and Gender on the SEQ

	Hispanic male (<i>n</i> = 28)	Hispanic female (<i>n</i> = 56)	Mixed race male (<i>n</i> = 8)	Mixed race female (<i>n</i> = 18)
African American male (<i>n</i> = 15)	0.27	0.30	0.87	0.51
African American female (<i>n</i> = 27)	-0.16	-0.17	0.50	0.11
Hispanic male		0.00	0.72	0.28
Hispanic female			0.73	0.30
Mixed race male				-0.42

Note. Effect sizes derived from subtracting row demographic from column demographic ((e.g., AA male – HS male)/Pooled SD).

Table 6

Effect Sizes for Hope by Ethnicity and Gender on the CHS

	Hispanic male (<i>n</i> = 28)	Hispanic female (<i>n</i> = 56)	Mixed race male (<i>n</i> = 8)	Mixed race female (<i>n</i> = 18)
African American male (<i>n</i> = 15)	-0.41	-0.41	-0.57	-0.51
African American female (<i>n</i> = 27)	0.56	0.47	1.46	0.43
Hispanic male		-0.02	0.58	-0.11
Hispanic female			0.51	-0.08
Mixed race male				-1.86

Effect size = (Mean males – Mean females)/Pooled SD.

Appendix L: Reliability Estimates for All Survey Instruments

Table 1

Reliability Statistics for All Measures Utilized in Research Study by Gender

Measure	Total items	Reliability Statistics	Total (N = 153)	Males (N = 51)	Females (N = 102)
Depression	10	<i>a</i>	.82	.74	.84
		Average Inter-Item Correlation	.33	.24	.35
		Range of Item-to-Total Correlation	.30 to .62	.26 to .56	.29 to .68
Relational Victimization	5	<i>a</i>	.84	.89	.74
		Average Inter-Item Correlation	.43	.61	.35
		Range of Item-to-Total Correlation	.41 to .72	.54 to .88	.36 to .65
Hope	6	<i>a</i>	.85	0.82	0.86
		Average Inter-Item Correlation	.49	0.44	0.51
		Range of Item-to-Total Correlation	.58 to .70	.54 to .74	.55 to .74
Perceived social support	47 (one item dropped)	<i>a</i>	0.97	0.97	0.96
		Average Inter-Item Correlation	0.36	0.41	0.35
		Range of Item-to-Total Correlation	.47 to .72	.35 to .83	.47 to .69
Spirituality	6	<i>a</i>	.81	.75	.82
		Average Inter-Item Correlation	.40	.34	.43
		Range of Item-to-Total Correlation	.42 to .64	.32 to 0.61	.46 to .68

Note. Depression was measured by the CDI-S; relational victimization was measured by the SEQ; hope was measured by the CHS; perceived social support was measured by the CASSS; and spirituality was measured by an instrument developed for this study (SSA).

Appendix L (continued)

Table 2

Reliability Statistics for All Measures Utilized in Research Study by Ethnicity

Measure	Reliability Statistics	African American (<i>N</i> = 42)	Hispanic (<i>N</i> = 85)	Mixed race (<i>N</i> = 26)
Depression	<i>a</i>	.82	.83	.73
	Average Inter-Item Correlation	.34	.34	.21
	Range of Item-to-Total Correlation	.42 to .72	.29 to .69	-.06 to .67
Relational Victimization	<i>a</i>	.80	.81	.72
	Average Inter-Item Correlation	.45	.45	.34
	Range of Item-to-Total Correlation	.48 to .75	.46 to .72	.13 to .71
Hope	<i>a</i>	.80	.87	.86
	Average Inter-Item Correlation	.40	.54	.51
	Range of Item-to-Total Correlation	.44 to .65	.61 to .73	.41 to .81
Perceived social support	<i>a</i>	.97	.97	.96
	Average Inter-Item Correlation	.38	.37	.34
	Range of Item-to-Total Correlation	.33 to .80	.49 to .70	.20 to .84
Spirituality	<i>a</i>	.82	.82	.65
	Average Inter-Item Correlation	.44	.43	.04
	Range of Item-to-Total Correlation	.43 to 0.66	.46 to .66	.29 to .55

Note. Total number of items for each measure and total reliability coefficients are the same as presented in Table 1.

Appendix M: Moderator Model Summaries

<i>Regression Analyses of Depression Using Hope and Gender as Moderator Variables (N = 152)</i>					
Predictor Model	<i>B</i>	<i>SE B</i>	β	<i>R</i> ²	<i>?R</i> ²
Model 1:					
Relational Victimization	4.68	0.73	0.47**	.22	
Model 2:					
Relational Victimization	4.67	0.65	0.47**		
Hope	-4.83	0.78	0.40**	.38	.16
Model 3:					
Relational Victimization	4.47	0.64	0.45**		
Hope	-5.23	0.78	-0.43**		
Female	3.71	1.31	0.18**	.41	.03
Model 4:					
Relational Victimization	14.86	3.88	1.48**		
Hope	0.85	2.36	0.07		
Female	2.65	1.34	0.13*		
Relational Victimization x Hope	-2.43	0.89	-1.16**	.44	.03
Model 5:					
Relational Victimization	13.70	3.99	1.36**		
Hope	0.90	2.36	0.07		
Female	-0.90	3.27	-0.04		
Relational Victimization x Hope	-2.38	0.89	-1.13**		
Relational Victimization x Female	1.55	1.31	0.22	.44	.00

Appendix M (continued)

Model 6:					
Relational Victimization	12.22	4.05	1.22**		
Hope	2.19	2.46	0.18		
Female	10.10	7.07	0.50		
Relational Victimization x Hope	-2.11	0.90	-1.01*	.	
Relational Victimization x Female	1.78	1.30	0.25		
Hope x Female	-2.90	1.66	-0.62	45	.01
Model 7:					
Relational Victimization	2.11	6.08	0.21		
Hope	-3.13	3.42	-0.26		
Female	-30.98	19.88	-1.53		
Relational Victimization x Hope	0.21	1.38	0.10		
Relational Victimization x Female	18.95	7.89	2.70		
Hope x Female	6.71	4.66	1.44		
Relational Victimization x Hope x Female	-3.97	1.80	-2.38**	.47	.02

** $p < .01$. * $p < .05$.

Appendix M (continued)

<i>Regression Analyses of Depression Using Spirituality and Gender as Moderator Variables (N = 152)</i>					
Predictor Model	<i>B</i>	<i>SE B</i>	β	<i>R</i> ²	<i>?R</i> ²
Model 1:					
Relational Victimization	4.68	0.73	0.47**	.22	
Model 2:					
Relational Victimization	4.43	0.64	0.44**		
Spirituality	-5.19	0.76	-0.44**	.41	.19
Model 3:					
Relational Victimization	4.23	0.63	0.42**		
Spirituality	-5.37	0.75	-0.45**		
Female	3.00	1.27	0.15**	.43	.02
Model 4:					
Relational Victimization	11.82	4.08	1.18**		
Spirituality	-0.63	2.63	-0.05		
Female	2.24	1.33	0.11		
Relational Victimization x Spirituality	-1.77	0.94	-0.84	.44	.01
Model 5:					
Relational Victimization	10.70	4.21	1.07**		
Spirituality	-0.64	2.62	-0.05		
Female	-0.95	3.24	-0.05		
Relational Victimization x Spirituality	-1.70	0.94	-0.75		
Relational Victimization x Female	1.41	1.31	0.20	.44	.00

Appendix M (continued)

Model 6:						
Relational Victimization	10.08	4.31	1.00*			
Spirituality	-0.09	2.74	-0.01			
Female	3.69	7.48	0.18			
Relational Victimization x Spirituality	-1.59	0.96	-0.75			
Relational Victimization x Female	1.48	1.31	0.21			
Spirituality x Female	-1.19	1.72	-0.25	.45		.01

Model 7:						
Relational Victimization	5.15	6.98	0.21			
Spirituality	-2.83	4.11	-0.26			
Female	-15.86	23.04	-1.53			
Relational Victimization x Spirituality	-0.47	1.57	0.10			
Relational Victimization x Female	9.22	8.72	2.70			
Spirituality x Female	3.37	5.36	1.44			
Relational Victimization x Spirituality x Female	-1.78	1.98	-2.38**	.45		.00

** $p < .01$. * $p < .05$.

Appendix M (continued)

Regression Analyses Using Perceived Social Support and Gender as Moderators of Depression (N = 152)

Predictor Model	<i>B</i>	<i>SE B</i>	β	<i>R</i> ²	? <i>R</i> ²
Model 1:					
Relational Victimization	4.68	0.73	0.47**	.22	
Model 2:					
Relational Victimization	4.15	0.64	0.41**		
Perceived Social Support (PSS)	-4.56	0.77	-0.39**	.37	.15
Model 3:					
Relational Victimization	3.88	0.66	0.9**		
PSS	-4.90	0.77	-0.42**		
Female	3.51	1.32	0.17**	.40	.03
Model 4:					
Relational Victimization	16.90	4.10	1.68**		
PSS	1.65	2.17	0.14		
Female	2.70	1.31	0.13*		
Relational Victimization x PSS	-2.65	0.83	-1.35**	.43	.04
Model 5:					
Relational Victimization	15.82	4.12	1.58**		
PSS	1.97	2.17	0.17		
Female	-2.42	3.25	-0.12		
Relational Victimization x PSS	-2.70	0.82	-1.37**		
Relational Victimization x Female	2.22	1.29	0.32	.45	.01

Appendix M (continued)

Model 6:						
Relational Victimization	14.89	4.19	1.48**			
PSS	2.68	2.24	0.23			
Female	7.04	8.30	0.35			
Relational Victimization x PSS	-2.52	0.83	-1.28**			
Relational Victimization x Female	2.06	1.30	0.29			
PSS x Female	-1.92	1.55	-0.48	.46		.01
Model 7:						
Relational Victimization	7.58	5.98	0.76			
PSS	-0.72	2.99	-0.06			
Female	-26.78	21.54	-1.33			
Relational Victimization x PSS	-1.02	1.21	-0.52			
Relational Victimization x Female	15.92	8.26	2.27			
PSS x Female	4.92	4.31	1.23			
Relational Victimization x PSS x Female	-2.82	1.66	-1.93	.45		.00

** $p < .01$. * $p < .05$.

Appendix M (continued)

<i>Regression Analyses of Depression Using Hope and Grade as Moderator Variables (N = 152)</i>					
Predictor Model	<i>B</i>	<i>SE B</i>	β	<i>R</i> ²	<i>?R</i> ²
Model 1:					
Relational Victimization	4.68	0.73	0.47**	.22	
Model 2:					
Relational Victimization	4.70	0.65	0.47**		
Hope	-4.83	0.78	-0.40**	.41	.19
Model 3:					
Relational Victimization	4.66	0.66	0.46**		
Hope	-4.83	0.78	-0.40**		
Grade	-0.38	0.77	-0.03	.38	.00
Model 4:					
Relational Victimization	17.72	3.75	1.76**		
Hope	2.73	2.27	0.23		
Grade	-0.78	0.75	-0.07*		
Relational Victimization x Hope	-3.08	0.87	-1.47**	.43	.05
Model 5:					
Relational Victimization	20.34	4.16	2.02**		
Hope	2.89	2.27	0.24		
Grade	1.82	1.95	0.15		
Relational Victimization x Hope	-3.22	0.88	-1.53*		
Relational Victimization x Grade	-1.09	0.75	-0.30	.43	.00

Appendix M (continued)

Model 6:						
Relational Victimization	19.89	4.18	1.08**			
Hope	4.40	2.69	0.36			
Grade	5.75	4.25	0.49			
Relational Victimization x Hope	-3.13	0.88	-1.49**			
Relational Victimization x Grade	-1.12	0.76	-0.31			
Hope x Grade	-0.96	0.9	-0.36	.44		.01
Model 7:						
Relational Victimization	10.86	9.84	1.08			
Hope	-0.80	5.79	-0.67			
Grade	-6.29	12.62	-0.53			
Relational Victimization x Hope	-1.05	2.23	-0.50			
Relational Victimization x Grade	3.59	4.71	0.98			
Hope x Grade	1.83	2.91	0.69			
Relational Victimization x Hope x Grade	-1.09	1.08	-1.25	.44		.00

** $p < .01$. * $p < .05$.

Appendix M (continued)

<i>Regression Analyses of Depression Using Spirituality and Grade as Moderator Variables (N = 152)</i>					
Predictor Model	<i>B</i>	<i>SE B</i>	β	<i>R</i> ²	<i>?R</i> ²
Model 1:					
Relational Victimization	4.68	0.73	0.47**	.22	
Model 2:					
Relational Victimization	4.43	0.64	0.44**		
Spirituality	-5.19	0.76	-0.44**	.41	.19
Model 3:					
Relational Victimization	4.39	0.64	0.44**		
Spirituality	-5.19	0.76	-0.45**		
Grade	-0.32	0.75	-0.03	.41	.00
Model 4:					
Relational Victimization	14.25	3.91	1.42**		
Spirituality	0.95	2.52	0.08		
Grade	-0.51	0.74	-0.4		
Relational Victimization x Spirituality	-2.31	0.90	-1.01*	.43	.02
Model 5:					
Relational Victimization	15.81	4.26	1.57**		
Spirituality	1.05	2.52	0.09		
Grade	1.15	1.94	0.10		
Relational Victimization x Spirituality	-2.38	0.91	-1.13*		
Relational Victimization x Grade	-0.69	0.75	-0.19	.44	.01

Appendix M (continued)

Model 6:						
Relational Victimization	15.7	4.24	1.00*			
Spirituality	3.29	2.92	-0.01			
Grade	7.37	4.58	0.18			
Relational Victimization x Spirituality	-2.33	0.90	-0.75			
Relational Victimization x Grade	-0.82	0.75	0.21			
Spirituality x Grade	-1.45	0.97	-0.25	.44		.00
Model 7:						
Relational Victimization	15.45	9.46	1.54			
Spirituality	3.12	5.99	0.26			
Grade	6.93	14.17	0.59			
Relational Victimization x Spirituality	-2.27	2.14	-1.07			
Relational Victimization x Grade	-0.66	4.99	-0.18			
Spirituality x Grade	-1.35	3.24	-0.51			
Relational Victimization x Spirituality x Grade	-0.04	1.14	-0.04	.44		.00

** $p < .01$. * $p < .05$.

Appendix M (continued)

<i>Regression Analyses Using Perceived Social Support and Grade as Moderators of Depression (N = 152)</i>					
Predictor Model	<i>B</i>	<i>SE B</i>	β	<i>R</i> ²	<i>?R</i> ²
Model 1:					
Relational Victimization	4.68	0.73	0.47**	.22	
Model 2:					
Relational Victimization	4.15	0.66	0.41**		
Perceived Social Support (PSS)	-4.56	0.77	-0.39**	.37	.15
Model 3:					
Relational Victimization	4.05	0.67	0.40**		
PSS	-4.65	0.78	-0.40**		
Grade	-0.80	0.78	0.07	.43	.06
Model 4:					
Relational Victimization	19.37	4.05	1.93**		
PSS	2.99	2.13	0.26		
Grade	-1.16	0.75	-0.10		
Relational Victimization x PSS	-3.14	0.82	-1.60**	.43	.00
Model 5:					
Relational Victimization	20.22	4.25	2.01**		
PSS	2.88	2.14	0.25		
Grade	0.40	1.95	0.00		
Relational Victimization x PSS	-3.13	0.82	-1.59**		
Relational Victimization x Grade	-0.50	0.75	-0.14	.43	.00

Appendix M (continued)

Model 6:						
Relational Victimization	20.62	4.26	2.05**			
PSS	4.91	2.72	0.42			
Grade	5.90	5.24	0.50			
Relational Victimization x PSS	-3.14	0.82	-1.60**			
Relational Victimization x Grade	-0.75	0.76	-0.20			
PSS x Grade	-1.12	0.93	-0.47	.44		.01
Model 7:						
Relational Victimization	6.26	9.48	0.62			
PSS	-2.38	5.08	-0.20			
Grade						
Relational Victimization x PSS	-14.68	13.23	-1.25			
Relational Victimization x Grade	-0.23	1.91	-0.12			
	7.39	4.87	2.01			
PSS x Grade						
Relational Victimization x PSS x Grade	2.30	2.60	1.27			
	-1.65	0.98	-2.07	.45		.01

** $p < .01$. * $p < .05$.

About the Author

Stephanie Tamara Mihalas received her Ph.D. in School Psychology at the University of South Florida. Her area of emphasis focused on mental health outcomes in urban minority youth and relational victimization among middle school students. Stephanie also attended an APA-accredited predoctoral internship at the Kennedy Krieger Institute at the Johns Hopkins School of Medicine where she completed two rotations in the Child and Family Therapy Clinic and the Behavior Management Clinic. Stephanie has published articles and book chapters related to relational aggression, middle school substance use, and methodological considerations in School Psychology. Stephanie has a passion for enhancing emotional well-being and advocating for disadvantaged youth at the individual and systems levels.