Victims of Bullying in Japanese Middle Schools: Assessment of Aggression, Victimization, Depression, and Risk of Suicidal Behaviors

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Introduction

The problem of children and adolescents being bullied at school is certainly not a new one, nor is this problem confined within the borders of any particular country. In fact, the "bully/victim problem" has been the object of scientific research in Scandinavia since the early 1970's, and bullying at school has been a focus of attention in countries such as Australia, Canada, Japan, the Netherlands, the United Kingdom, and the United States of America.[1]

At the International Education Conference on Bullying held in Tokyo, Japan, on September 13 and 14, 1996, the Japan Teacher's Union (Nikkyoso) targeted bullying as the "most important current educational issue to be solved in Japan." It was reported that more than 10 students had committed suicide as a result of bullying during the past year alone, and it is highly likely that this number is an underestimate of the true severity of the problem. It seems inevitable that the children and adolescents who are tormented and attacked by their peers, on a regular and ongoing basis, would be at risk for the onset of mental health problems such as depression and suicide.

Problem Identification and Assessment

It has been well documented in the research literature that victims of bullying, who may be suffering from symptoms of depression, rarely refer themselves for psychological help. In fact, these students often do not indicate that they have a problem to parents, teachers, or even to other students. Although these children may be feeling miserable about their lives, they

may be unaware that they are suffering from a mental health problem. It should not be expected that children will recognize the symptoms of depression and tell an adult about their psychological distress.[2]

Internalizing disorders such as depression consist of relatively covert, often unobservable symptoms. These disorders do not readily come to the attention of the teacher, as do other overt, externalizing behaviors such as conduct disorders or hyperactivity. As it is often difficult for a teacher to recognize this type of problem in the classroom, self-reports obtained from students may be the best source of information in the assessment of depression and other internalizing disorders. The inner-directed nature of depressive disorders, and the subjective nature of symptom experience, lend support for the uniquely valuable contribution of self-report information obtained directly from students.[3]

Assessment of Victimization and Aggression

A modified version of the Peer Nomination Inventory has been used in previous research studies to assess the levels of students' victimization and aggression (see Figure 1).[4] This method requires children to name classmates who conform to 26 behavioral descriptors. Of these 26 test items, 7 items have been coded for aggression, and 7 items have been coded for victimization.[5] However, only the 14 items from the inventory which correspond to the assessment of victimization and aggression are required for a research investigation in these areas.

The Peer Nomination Inventory method of having children name classmates who conform to the 14 behavioral descriptors of interest, while being a valid and reliable method of assessment, tends to be somewhat time consuming and cumbersome. A self-report measure of victimization that could be demonstrated by research to be a valid and reliable assessment technique would be a valuable asset in the assessment of children who are victims of bullying.

Based on previous research findings, and an evaluation of cross-cultural differences, the present author has constructed a 14-item self-report measure of victimization for use with a population of middle school students in Japan (see Figure 2). The "Self-Report of Victimization Questionnaire (SRVQ)" has been constructed in order to provide direct information from students on the severity of bullying and students' perceived level of victimization. This new measure could be used in prospective research studies, along with the Peer Nomination Inventory, and the results obtained from these two assessment techniques could be compared in order to establish the validity and reliability of both assessment measures with Japanese middle school students.

Assessment of Depression

Children and adolescents who are frequently and systematically bullied by other students are likely to show symptoms of mental health problems such as depression. A study by Boivin, Hymel, and Bukowski, has reported that depressed mood is associated with victimization by peers.[6] A significant relationship between increases in peer aggression and peer rejection, and increases in depression, has also been demonstrated.[7] Therefore, it appears that an important consideration when evaluating bullied students is to assess their level of depressive symptomatology.

Reynolds, in a discussion of the assessment of depression in children and adolescents by self-report questionnaires, concludes that these measures provide an efficient and direct method for determining the severity of depressive symptoms.[8] The Reynolds Adolescent Depression Scale (RADS) is a 30-item measure used for evaluating the level of depression in adolescents aged 12 to 18 years.[9] The RADS has been shown to be a highly reliable and valid self-report measure of depressive symptomatology, and the measure has been used in numerous research studies conducted in educational and clinical settings.[10]

In studies with suicidal adolescents, the RADS has demonstrated

significant differences between suicidal and nonsuicidal youth, high scores among suicidal adolescents, and significant correlations with measures of suicidal behaviors.[11,12,13] Although depression is one of the most frequent psychological disorders found among suicidal children and adolescents, it should be noted that not all students who are at risk for suicidal behaviors will demonstrate a clinical level of depressive symptomatology.[14]

Evaluation of Suicidal Risk

It is estimated that suicide is the second or third leading cause of death for youth ages 15 through 19 years.[15] Growing concern among school personnel has led to the development of educational programs for suicide prevention in some countries. Unfortunately, the majority of these programs have failed to demonstrate that they are truly effective in the prevention of adolescent suicides.[16,17] As well, there appears to be a number of problems associated with educational programs intended to prevent suicidal behaviors in youth.[18]

It has been noted that an important component of adolescent suicide prevention is the early identification of youth at risk for suicidal behaviors.[19] However, as noted by Reynolds, "after more than a decade of research on suicidal behavior involving well over 15,000 children and adolescents,... [it can be concluded] that youngsters generally do not refer themselves for psychological help."[20] It is important to consider that adolescents who have reported serious suicidal thoughts when questioned have also indicated that they did not intend to tell anyone. According to Reynolds and Mazza, instead of relying on self-referral, peer referral, or the observations of others, direct questioning is the most effective technique for the identification of suicidal children and adolescents.[21]

Reynolds has developed a self-report measure of suicidal thoughts in youth ages 13 to 19, the Suicidal Ideation Questionnaire (SIQ). A second form of the SIQ, the SIQ-JR, is composed of 15 items and has been designed for use with students in middle

school (see Figure 3). The SIQ, and SIQ-JR, have been designed to be valid and reliable measures of the seriousness of suicidal ideation in adolescents.[22] These measures can be used as an efficient and economical method of screening students to determine if they are seriously contemplating suicide.

School-Based Screening and Follow-Up

Reynolds has described a multi-stage assessment procedure for the screening and identification of depression in children and adolescents.[23] This procedure consists of the following three assessment stages: (1) using a self-report questionnaire of depression to screen large groups; (2) retesting of students who demonstrate clinical levels of depressive symptomatology on the basis of the initial assessment; and (3) conducting individual clinical interviews with students who are found to have elevated levels of depression at both the first and second stages of assessment. At stage three, the clinical interview is conducted by a qualified school or mental health professional.

The identification of students who are actively thinking about suicide is a two-stage process.[24] The initial assessment involves using a self-report measure of suicidal ideation in order to screen large groups. The measure of suicidal ideation can be used concurrently with the self-report measure of depression in this initial assessment stage. However, in the assessment of suicidal risk, the initial screening is followed by individual clinical interviews with students who demonstrate elevated levels of suicidal ideation. These comprehensive interviews should be conducted as soon as possible after the initial screening. As in the case of the stage-three clinical interview for depression, the stage-two clinical interview for evaluating risk of suicidal behaviors is conducted by a qualified school or mental health professional.

The measures of depression and suicidal behavior can be administered, along with self-report and peer nomination inventories of victimization and aggression, to middle school students in

Japanese. Initial administrations of the self-report questionnaires can be carried out in the classroom by the teacher, or other school personnel who have had some brief training in test administration.

A study by the Ministry of Education reported 56,601 cases of bullying at public schools nationwide during the 1994 school year. During the same year, 166 students committed suicide.[25] It seems likely that many other students, who have chosen not to kill themselves, may be suffering severe mental anguish as a result of frequent and systematic bullying at school. These students, together with students who are seriously contemplating suicide, are deserving of any support that can be provided by the educational and health care systems. It is imperative, however, that first they be identified.

PNI

1. He's always losing things. (F)
2. He's a fast runner. (F)
3. Kids make fun of him. (V)
4. He is the kind of kid I like. (F)
5. When he doesn't get his way he gets real mad. (A)
6. He gets beat up. (V)
7. He has lots of friends. (F)
8. He's just plain mean. (A)
9. He shares his things with others. (F)
10. He gets called names by other kids. (V)
11. He's a real smart kid. (F)
12. He makes fun of people. (A)
13. He says he can beat everybody up. (A)
14. He's a good looking kid. (F)
15. Kids do mean things to him. (V)
16. He tries to get other people in trouble. (A)
17. He's a good friend of mine. (F)
18. He hits and pushes others around. (A)
19. He likes to help the teacher. (F)
20. He gets picked on by other kids. (V)
21. He's good at sports. (F)
22. He gets hit and pushed by other kids. (V)
23. All the kids like him. (F)
24. He tries to pick fights with people. (A)
25. Kids try to hurt his feelings. (V)
26. He's a real nice kid. (F)

Figure 1. Items on the modified Peer Nomination Inventory (PNI; Boy's Form). **Note.** F = filler item; V=victimization item; A=aggression item.

SRVQ

1. Other students are mean to me.
2. I am called names by other students.
3. I am pushed around by other students
4. Other students do not talk to me.
5. I am teased by other students.
6. Other students take things from me.
7. Other students leave me out of their games.
8. I am forced to give money to other students.
9. I am ignored by other students.
10. Other students make fun of me.
11. Other students do damage to my property.
12. I am left out of other students' activities.
13. Other students insult me.
14. I am slapped, hit, or kicked by other students

Figure 2. Items on the Self-Report of Victimization Questionnaire (SRVQ). **Note.** The SRVQ uses a 4-point response format concerning how often students experienced particular incidents of bullying.

SIQ-JR

1. I thought it would be better if I was not alive.
2. I thought about killing myself.
3. I thought about how I would kill myself.
4. I thought about when I would kill myself.
5. I thought about people dying.
6. I thought about death.
7. I thought about what to write in a suicide note.
8. I thought about writing a will.
9. I thought about telling people I plan to kill myself.
10. I thought about how people would feel if I killed myself.
11. I wished I were dead.
12. I thought that killing myself would solve my problems.
13. I thought that others would be happier if I was dead.
14. I wished that I had never been born.
15. I thought that no one cared if I lived or died.

Figure 3. Items on the Suicidal Ideation Questionnaire (SIQ-JR) for middle school students. **Note.** The SIQ-JR uses a 7-point response format concerning how often a particular thought was in a student's mind.

NOTES

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