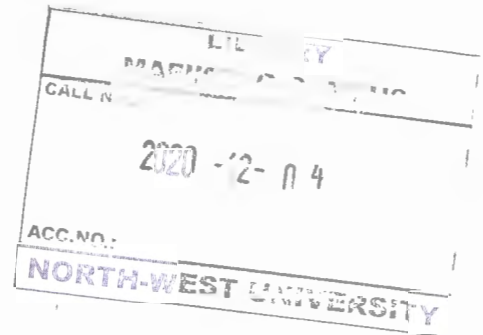


PSYCHOSOCIAL CHARACTERISTICS AND THE MENTAL HEALTH OF
ADOLESCENT BULLIES IN LICHTENBURG HIGH SCHOOL



NICOLENE LEONARD

2013

PSYCHOSOCIAL CHARACTERISTICS AND THE MENTAL HEALTH OF
ADOLESCENT BULLIES IN LICHTENBURG HIGH SCHOOL



Nicolene Leonard
12295809

Dissertation (article format) submitted in partial fulfilment of the requirements for the degree
in Master of Social Science in Clinical Psychology of the North-West University
(Mafikeng Campus)

Supervisor: Professor E.S. Idemudia

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DECLARATION

I, the undersigned Nicolene Leonard hereby declare that the work presented in this dissertation (article format) is my own original work and has not been submitted to any other University before, for the purpose of obtaining a degree. All sources of information I have used and consulted are as far as is humanly possible, recognised as such.


.....
Nicolene Leonard

19.03.14
.....
Date

DEDICATION

This study is dedicated to my patient, loving and supportive husband, Cassie, and to my
dearest family.

ACKNOWLEDGEMENTS

- ❖ To my heavenly Father, my Alpha and Omega. The creator and giver of all things that exist. Always willing to listen to me.
- ❖ A special thanks to Prof. E.S. Idemudia. Thank you for encouraging me to take my studies “seriously”.
- ❖ I thank my husband Cassie for his unconditional love, support and patience through all of my years of study. I couldn’t have done it without you
- ❖ To my family: Thank you. I do not need to say more.
- ❖ To Mr L. Bantjies and Mr Martin Marx from Lichtenburg High School: Thank you for your contribution in this research. I am forever thankful.

SUMMARY

The aim of the study was to investigate the role of psychosocial characteristics and the mental health of adolescent bullies in Lichtenburg High School. The study was anchored on five hypotheses: (1) There will be a significant main effect for the permissive parenting styles on the mental health of adolescent bullies. Therefore, adolescent bullies with permissive parents will report poor mental health compared to adolescent bullies who perceived their parents as less permissive. (2) Bullies exposed to the authoritarian parenting styles will report poorer mental health than those with a low authoritarian parenting style. (3) There will be a significant main effect for the authoritative parenting style on the mental health of adolescent bullies. (4) There will be a significant relationship between gender and mental health of adolescent bullies. Male adolescent bullies will report poor mental health compared to female adolescent bullies. (5) Bullies with low self-esteem will report poor mental health compared to those with high self-esteem. Therefore, a significant main effect will be noted for gender on mental health of adolescent bullies.

In this study a questionnaire with five sections – A, B, C, D and E were used. Section A contained the biographical information of gender, age and race. The items in Section B were used to identify bullies and non-bullies. Section C contained the family dynamics that constituted the parenting style scale. Section D contained the general health questionnaire. A 12-scale format was used to measure mental health with two subscales, namely – depression/anxiety and social dysfunction. Section E contained self-esteem measuring by using the Rosenberg self-esteem scale. Psychometric properties of all the scales used are valid and reliable. Two hundred and seventy three (273) participants (male =133, female = 140) were selected, based on an availability sample in Lichtenburg High School in the North-West Province. However, only the data from the 170 participants exhibiting bullying behaviour (based on the bullying questionnaire) was included in the statistical analysis. The hundred and seventy (170) participants (male = 97, female = 73) ranged in age from 13-18 years, with the mean age ($\bar{X}$ = 15.64) (SD = 1.630). The hypotheses of this study were tested with 2x2x2 ANOVA and 2x2 ANOVA.

Results indicated a significant main effect of an authoritative parenting style as well as an authoritarian parenting style on the mental health of adolescent bullies. There was a

significant interaction effect of the authoritarian and the authoritative styles on the mental health of adolescent bullies. Higher levels of permissiveness could be associated with poorer mental health, whilst higher levels of authoritarian parenting styles were associated with better mental health. The results of hypothesis four and five indicated a significant main effect of gender, as well as self-esteem on the mental health of adolescent bullies. The interaction effect of gender and self-esteem did not have a significant main effect on mental health.

In conclusion, the study has contributed to the body of knowledge by showing that there is a relationship between parenting styles and self-esteem on the mental health of adolescent bullies. It has also been noted that parenting styles and self-esteem can have a greater impact on the mental health of adolescent bullies in the general population. A cognitively-based intervention regarding bullying must be developed and offered to the bullies as well as the victims of bullying who present with a variety of mental health issues. Other preventative recommendations have been made in line with the findings of the study.

PREFACE

Article format

For the purpose of this dissertation, as part of the requirement for a professional master's degree, the article format, as described by General Regulation A.7.5.1.b of the North-West University, was chosen.

Selected journal

The target journal for submission of the current manuscript is the *Journal of Social Sciences* (JSS). For the purpose of examination, tables will be included in the text.

Letter of consent

The letter of consent from the co-authors, in which they grant permission that the manuscript "Psychosocial characteristics and the mental health of adolescent bullies in Lichtenburg High School" may be submitted for purposes of a thesis, is attached.

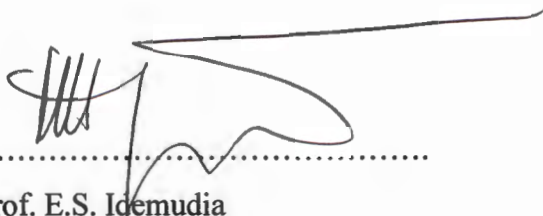
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I, the undersigned, hereby give consent that Nicolene Leonard may submit the manuscript entitled “PSYCHOSOCIAL CHARACTERISTICS AND THE MENTAL HEALTH OF ADOLESCENT BULLIES OF LICHTENBURG HIGH SCHOOL” for the purpose of a dissertation in fulfillment for the MSocSc degree in Clinical Psychology.

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A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke extending to the right.

Prof. E.S. Idemudia

Supervisor

DECLARATION OF LANGUAGE EDITOR

TO WHOM IT MAY CONCERN

I, Yvonne Smuts, hereby declare that I have edited the article of

NICOLENE LEONARD

and that it adheres to the standard and level of quality set for such a text.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Y Smuts', written in a cursive style.

(Ms) Y Smuts

(Accredited member of the South African Translators' Institute. Membership number 1002242)

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Books:

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Newspaper / Magazine:

Bhasin Veena 1982. Ecology and Gaddi Culture. Hindustan Times, Weekly, August 29, 1982, P. 9.

Radio/Television Talk:

Bhasin Veena 1986. Radio Talk - Gaddis of Himachal Pradesh. All India Radio 'Yuv Vani' - 1st July, 1986.

Meeting Paper:

Bhasin V, Bhasin MK, Singh IP 1978. Some problems in the education of Gaddis of Bharmour, Chamba District, Himachal Pradesh. Paper presented in Seminar on Education and Social Change in Himachal Pradesh (H.P.) in H.P. University, Shimla, November 13 to 16, 1978.

Report:

UNESCO 1974. Report of an Expert Panel on MAB Project 6: Impact of Human Activities on Mountain and Tundra Ecosystems. MAB Report Series No. 14, Paris: UNESCO.

Thesis / Dissertation:

Bhasin Veena 1981. Ecological Influence on the Socio cultural System of the Gaddis of Bharmour Sub-Tehsil, Chamba District, Himachal Pradesh. Ph. D. Thesis, Unpublished. Delhi: University of Delhi.

Work "in press":

Bhasin Veena 2004. Economic pursuits and strategies of survival among Damor of Rajasthan. J Hum Ecol, (in press).

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**PSYCHOSOCIAL CHARACTERISTICS AND THE MENTAL HEALTH OF
ADOLESCENT BULLIES OF LICHTENBURG HIGH SCHOOL**

PSYCHOSOCIAL CHARACTERISTICS AND THE MENTAL HEALTH OF
ADOLESCENT BULLIES OF LICHTENBURG HIGH SCHOOL

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Abstract

Objectives: The specific objectives of the study are identified as follows: (1) The main effect and interaction of the permissive parenting style on the mental health of adolescent bullies; (2) The main effect and interaction of the authoritative parenting style on the mental health of adolescent bullies; (3) The main effect and interaction of the authoritarian parenting style on the mental health of adolescent bullies; (4) The main effect and interaction of gender on the mental health of adolescent bullies; and (5) The main effect and interaction of self-esteem on the mental health of adolescent bullies.

Method: Data was collected from a total of two hundred and seventy three (273) participants who were randomly selected from Lichtenburg High School. Participation was voluntary and subject to departmental approval. The data of only one hundred and seventy (170) participants was used in the statistical analysis of those who fitted the criteria of bullies (male = 97, female = 73). The age of the participants ranged from 13 – 18 years, with a mean age ($\bar{X}$) of 15.64 years and (SD) of 1.630. The statistical analysis used in this study included 2x2x2 ANOVA and 2x2 ANOVA.

Results: The results have indicated that there is no significant influence of a permissive parenting style on the mental health of adolescent bullies [$F(1,162) = 2.902$; $p > .05$], meaning that the adolescent bullies who perceived their parents as less permissive (mean = 21.096) and more permissive (mean = 22.265) reported comparable levels of mental health. Higher levels of permissiveness can be associated with poorer mental health, whilst higher levels of the authoritarian parenting style are associated with better mental health.

There was a significant main effect of the authoritarian parenting style on the mental health of adolescent bullies ($F = 5.693$; $p < .01$). A significant main effect was also reported of the authoritarian parenting style on the mental health of adolescent bullies ($F = 4.287$; $p = .05$). A significant interaction effect was noted with both authoritarian and authoritative parenting styles on the mental health of adolescent bullies ($F = 5.392$; $p < .05$).

The results for hypotheses four and five indicated a significant main effect of self-esteem on the mental health of adolescent bullies, controlling for gender. Hypothesis four could not be

rejected, as males did exhibit poorer mental health, and higher self-esteem was associated with better mental health (regardless of their gender). The interaction effect of gender and self-esteem did not have a significant main effect on mental health.

Recommendations: It is recommended that parents adopt an authoritative parenting style. A plan of intervention for adolescent bullies should be developed to prevent and treat existing mental health problems. Other preventive recommendations were made in accordance with the findings of the study.

Introduction and problem statement:

Bullying is an act that aims to ridicule a person, and to make that person the object of scorn and decision (Brendtro, 2001). Olweus (2005) defined bullying as a “negative action”. He describes it as follows “when someone intentionally inflicts, or attempts to inflict injury or discomfort upon another” (p.9). Middleton-Moz and Zawadski (2002) describe bullying as behaviour that is constant and continuously aimed to gain power from another by causing psychological and physical pain. Bullies tend to be impulsive in their actions and display a lack of self-control. They are also more likely to be inattentive and hyperactive (Cho, Henderickson & Mock, 2009).

Bullying is a general phenomenon all over the world, including South Africa. This behaviour can occur in all areas of human social interaction, including in families, the workplace or in school context (Lines, 2008). Family relationships, peer relationships, the school community and culture are some of the factors that lead to the complexity of the bullying phenomenon (Rigby, 2012). Part of the complexity is the fact that children would rather express their frustrations, impatience, jealousy and aggression towards other children. Bullying can easily lead to adult criminal behaviour and consequences for the bully when the coping mechanisms are not completely developed, or when the damage caused to the child were too severe (Davis & Davis, 2007).



Coloroso (2003) is of opinion that schools are the starting point where acts of bullying are learned and most often displayed. Bullying among learners has led to serious school violence that, in most cases, resulted in death because of the use of weapons including guns, knives, or daggers. The concept of school bullying is important, as adolescents struggle with their environment while trying to find a place among his/her peers (Olweus, 2002). Adolescents (aged 13-18 years) struggle to find their self-identity and this struggle is often accompanied by erratic behaviour”. Adolescence is “the life cycle between childhood and adulthood, beginning at puberty and ending with young adulthood” (The Social Work Dictionary, 2003, p8).

Traditional bullying is divided into physical (e.g., hitting and kicking), verbal (e.g., teasing, threatening) and indirect bullying (e.g., social exclusion, spreading rumours) (Sourander, Klomek, Ikonen, Lindroos, Luntamo, Koskelainen & Helenius, 2010). Whitted and Dupper

(2005) explained two other types of bullying, namely racial bullying and sexual bullying. Racial bullying consists of aimed racial slurs, graffiti motivated by race, mocking the victim's culture or offensive gestures that refer to a person's race. Sexual bullying consists of inappropriate notes with sexual connotations, sexually slurred jokes, pictures or taunts and spreading sexual rumours about someone. Early and effective intervention can relieve emotional damage with the bully. Research shows that boys are more likely to bully, using physical aggression, while girls, on the other hand, are more likely to use relational aggression (Vaillancourt & Hymel, 2006).

Parents are also affected emotionally when their children bully or end up being the victims. Children should be encouraged by their parents to develop skills on how to handle bullying, and to tackle and solve the problem independently (Jackson, 2006). Carpenter and Ferguson (2009) define bullying as planned, aggressive behaviour that will take place repeatedly over a period of time.

According to Sullivan (2000), victims of bullying are prone to have emotional scars which they carry for the rest of their lives. Some of these scars include depression, low self-esteem, anxiety, and even suicide thoughts and actual suicide. Kim and Leventhal (2008) are of the opinion that children who have been exposed to bullying may experience clinical problems, like bedwetting, isolating themselves socially, sleeping problems, developing a phobia for school, feelings of insecurity and unhappiness at school. Hazler (1996) explains that each and every child has a unique developmental process, and that they also use their own different coping mechanisms to tackle and handle their problems within their environment. Piskin (2003) stated that physical bullying is less widespread amongst older students all over the world. On the other hand, Sullivan, Cleary and Sullivan (2005) indicate an increase in psychological bullying amongst older students where verbal and non-direct methods are more often used. Bliesener, as quoted by Piskin (2012), is of the opinion that the form of bullying is different for younger and older children. Younger children are more often victims of physical bullying, whereas older children suffer because of verbal and psychological bullying.

Recent research in South African schools has revealed that bullying is an enormous problem in high schools. An article by IOL (Information Online website) on 5 February 2008, reads as follows: "SA schools most dangerous in the world". It claimed that the SA Institute of

Race Relations found that only 23% of South African learners felt safe at school compared to the world average of 47%, while schools in Denmark, Sweden and Norway were ranked as the safest with 70% of learners feeling safe in their school environment.

Anderson (2007) defines adolescence as the age between 13 and 18 where a clear picture is formed of themselves, but also where struggles and turmoil exist during these years. During this sensitive period adolescents will internalise messages from the outside environment or see these messages as outside of who they really are.

In previous studies on bullying (e.g., Anderson, 2007; Jacobs, 2006) little attention has been given to the possible consequences for those who bully others. Bullying research mainly focuses on the consequences, actions and experiences of bullies. Olweus (2002) found that bullies in Norwegian schools were four times more likely to come before the court as a consequence of delinquency. Longitudinal studies in the United Kingdom have found that adult violent criminals frequently have school records of bullying and other forms of aggressive behaviour (Farrington, 1993). No actual explanation could be given for why this is the case, whether by family influence or genetic transmission or both (Rigby, 2003). It was found that children who habitually bully significantly may experience suicidal ideation (Rigby, 2000) or even higher levels of depression (Salmon, James & Smith, 1998). However, the claim remains unclear as to whether this should be regarded as the possible consequence of bullying in relation to feelings of guilt or shame, or whether it is related to negative styles of parenting, or both (Rigby, 2003).

Mental health:

According to the results obtained from a previous study conducted on mental health issues by Denton, Prus and Walter (2004), the on-going family dynamics play an essential role on the outcomes of our mental health state. Mental health problems have very high rates of prevalence, onset is generally at a much younger age, often of long duration, and have adverse effect on many areas of people's lives, including their personalities and on-going relations with other people (McDaid, 2007; Friedli, 2007). Exposure to parenting related stress, family health stress and emotional distance are positively linked to mental health problems (Denton, Prus & Walters, 2004).

It was reported that between 10% and 20% of adolescents in the general population experience mental health problems (Angold, Erkanlis, Farmer, Fairbank, Burns, Keeler, 2002). It was indicated that bullies are often children who have been bullied or abused. These children might feel helpless and out of control in life situations that they feel unable to cope with. They may be children with poor social skills, who do not fit in, or who do not meet the expectations of their family and/or school (Olivier, Oaks & Hoover, 1994). In a recent study of McKinney and Renk (2008) a distinct link was found between different combinations of paternal and maternal parenting and emotional adjustment of late adolescents (age 18 to 22 years). It indicated that late adolescents who had at least one authoritative parent showed better adjustment in terms of high self-esteem and low levels of anxiety and depression. This is to show that parents still influence their children even during late adolescence when they are about to transition to adulthood.

Learners who continue to display bullying behaviour over a long period are generally defiant or oppositional towards adults, antisocial and apt to break school rules (Batsche & Knoff, 1994). Learners who continue to bully can eventually suffer psychological problems, such as externalising problems (conduct disorders), aggressive tendencies and occasionally depressive symptoms (Harris, Petrie & Willoughby, 2002). The neglect of children, lack of affection, poor supervision and parental disharmony has consistently shown to contribute to mental health problems in children (Arthur, 2007).

During the adolescence period the individual is trying to come to terms with who s/he is? They also struggle with their environment and are in constant spiritual investigation. Students are being exposed to negative behaviour during this period while “fighting” to find a place among his/her peers. They find this as a very important task and are crucial to develop a healthy identity. Through all this the individual can become a bully or a victim (Olweus, 2002). Bullying has a negative effect on adolescents due to a very fragile view that they have of themselves (Karcher, 2004). According to Gasa (2005), three factors can lead to bullying behaviour. This includes family, school and community environment. Considering the school setup as the main focus of this study, most literature was obtained concerning this factor that can play a role in a school setting. These factors that might play a crucial role in bullying behaviour are the age/grade of the learner, gender, socio-economic status of the school and the race of the learners (Gasa, 2005). Some studies have found that low father involvement, social deprivation, low parent support or low levels of family cohesion (Hart, Nelson,

Robinson, Olsen, Mcneilly-Choque, Porter & McKee, 2000) or harsh and reactive parenting (Barker, Boivin, Brendgen, Fontaine, Arseneault, Vitaro, Bissonnette & Tremblay) and maltreatment (Shields & Cicchetti, 2001) predicted victimisation of bullying behaviour. In communities, cultural diversity can lead to rejection and marginalization by dominant groups which can lead to bullying behaviours (Gasa, 2005).

According to Olweus (1999) a general agreement exist that bullying children share many characteristics with generally more aggressive children, including hot temperament; home background with less affection, more violence and low parental monitoring; and a view of relationships that positively values aggression and bullying as means of achieving power and influence in a tough peer group environment. Perpetrators of bullying have been reported to have higher levels of psychiatric and physical symptoms (Salmon, James & Smith, 1998).

Parenting styles:

Baumrind (1971) defined parenting style (PS) to be a consistent pattern with which parents interact with their children along two dimensions: demandingness and responsiveness. A parenting style is a psychological construct representing standard strategies that parents use in their child rearing. Many parents create their own style from a combination of factors, and these may evolve over time as the children develop their own personalities and move through life's stages (Frick, Barry & Kamphaus, 2010).

Bezuidenhout and Joubert (2003) reported that some households in South Africa consist of absent mothers due to work responsibilities. Some mothers have limited time to supervise their children as they are employed a distance from home. They tend to stay at their workplace and often visit their families only one weekend in a month. In some households, guardians such as the grandparents or older brother and sister have to take care of younger children or siblings. This might result in behavioural problems at an early age when children experience a lack of parental love and care.

Two perspectives have been adopted in the parenting literature: (1) research that focuses on both dimensions of parenting and (2) typologies (O'Connor, 2002). Dimensions were useful concepts to categorize parenting behaviours such as punishment and monitoring, whereas typologies are constellations of parenting dimensions such as an authoritative parenting style which includes supportive parenting, attachment and guiding the child's behaviour by

explanation and appropriate expectations for conformity (Hoeve, Dubas, Gerris, Van der Laan & Smeenk, 2011). It is important to identify the differences among single dimension families, such as supervision, harsh parental discipline and control. It is not considered how these various dimensions come together to form one larger group within a specific family. A good example of this is the effect of every strict parent on the development of the child may be dependent on the degree to which parents provide love, support, warmth and guidance to their child (Henry, Tolan & Gorman-Smith, 2005; Mandara, 2003; Mandara & Murray, 2002).

Research has shown the importance of a child's life responsiveness dimension during the first two years of their life (Sroufe, 2005). It is crucial for caregivers to focus themselves on the safety and physiological needs of their infants. A child's signal is very important in this regard as the provision of sensitive care hinges first upon the specificity and appropriateness of the support offered by the parent. The infant will only come to trust the parent once a period of successful signalling and care has taken place. This will anticipate on-going fulfillment in the relationship between the parent and the infant. During this developmental period of a child's life underlies the process of formation of a secure attachment (Wolfe & McIsaac, 2011).

Baumrind (1971) defined three styles based on Earl Schaefer's (1959) concepts of parental demandingness and responsiveness. Parental demandingness is the degree to which parents set guidelines for their children, and how they discipline based on these guidelines. Parental responsiveness is the emotional aspect of parenting. Responsiveness refers to the degree to which parents attend to their children's needs and support their children. With these concepts in mind, Baumrind identified three styles: authoritative, authoritarian and permissive. Authoritative parenting is high in both demandingness and responsiveness (Baumrind, 1971). Thus, the parents monitor and discipline their children fairly, while being very supportive at the same time. This is generally considered the best environment in which to rear children. Authoritarian parents are high in demandingness and low in responsiveness (Baumrind, 1971). They are often strict and in some families, unfair in punishing their children. They are often described as "cold" and unemotional. Depending on cultural context, rigid discipline can be harmful to a child as he or she is maturing. The third style, permissive parenting, is low in demandingness and high in responsiveness (Baumrind, 1971). Permissive parents do not impose rules on their children, they can do what they want, when

they want. They can either be supportive (indulgent) or not care about their children (neglectful). This style of parenting can also be harmful to a developing child.

According to Katakai (1994) a person's family can be viewed as the primary institution of individual's socialization and is also the environment where shaping of the personality and behaviour of individuals will take place. Family influences are considered to have the longest influence in every aspect of life. Particular emphasis has been given over the years on examining the relationship between family environments and bullying behaviours in general (Bourdeaudhuij & Ost as cited in Papanikoaou, Chatzikosma & Kleio, 2011). It has been found that children involved in bullying (victim, bullying or bully/victim), come from dominating authoritarian parenting model families (Duncan, 2004). Researchers have gone so far by even saying that the parents of bullies/victims are being described as authoritarian, punitive and non-supportive (Baldry & Farrington, 1998).

These personal and parental variables were chosen in light of the prior research on bullying. According to Ok and Aslan (2010) the success individuals have with coping with developmental challenges during adolescence depends on finding a place and feeling comfortable among peers, the relationship that is established by parents are also a very important role in developing an identity. Assumptions of the appearance of a bully can be inaccurate. Some of them are big and others are small. A bully cannot be identified by the outer appearance, but rather by the way he/she acts towards others (Coloroso, 2003). Children interact socially on a daily basis and move in circles where bullying can easily develop. The occurrence of bullying in schools are increasing due to the fact that school is compulsory, home teaching is not ideal and the changing of school is not always possible (Smith, Morita, Junger-Tas, Olweus, Catalano & Slee, 1999). According to Nesor, Ovens, Van der Merwe and Morodi (2003) it is important that all schools create a safe environment for children to study and where personal growth can take place. The school plays an important role in the development of children's social skills. In contrast, it is also necessary to mention that the playground is seen as the humus where bullying take place more often, but seldom get addressed because it doesn't get reported (Garret, 2003).

Piskin (2003) wrote that "bullying in schools is a worldwide problem that can have negative consequences for the general school climate and for the right of students to learn in a safe environment without fear" (p. 555). According to Childline South Africa there were 52

reported cases of bullying during the period of 2009 – 2010. This includes 21 cases where therapy was needed and 31 cases where referrals needed to be made for more specialized help (Alli, 2011). Research done by Liang, Flisher and Lombard (2007) confirmed that bullying is a common problem in South African adolescents and that a distinct dearth of quantitative data exists on bullying in developing countries (Ohsako, 1999).

Self-esteem:

Rosenberg (1965) defined self-esteem as “a favourable or unfavourable attitude toward the self.” Adolescence is a time when identity development is crucial due to the fact that identity formation is largely dependent upon cues from the social environment (i.e., social stereotypes). Adolescents are constantly seeking behaviours and situations that will help them to value themselves positively and will aim fully avoid those who will make them feel bad of who they are. Overall, this ties into a child’s perceptions and acceptance of his or her changing self and plays a critical role in directing his or her personal and even professional growth trajectory (Baumeister & Leary, 1995; Calvert, 2002; Livingstone & Haddon, 2008; Turkle, 1995).

Studies have found evidence to suggest that bullies tend to have both higher and lower self-esteem than non-bullies. There is also research that indicates no significant difference between the self-esteem of bullies and non-bullies. It is clear that the direction of the relationship between bullying and self-esteem is not fully clarified by available literature, research has consistently found that the relationship to self-esteem, regardless of its direction, is weaker among bullies than it is among the victims (Jankauskiene, Kardelis, Sukys, Kardeliene, 2008; Salmivalli, Kaukiainen, Kaistaniemi, Lagerspetz, 1999; Seals & Young, 2003; Yang, Kim, Kim, Shin, Yoon, 2006;).

Gender:

Researchers have focused a considerable amount on the relationship between gender and bullying. Previous research suggested that boys were more likely to bully than girls (e.g., Bosworth, Espelage, & Simon 1999; Branwhite 1994; Charach, Pepler, & Ziegler 1995; Christie-Mizell 2003; Espelage, Bosworth, & Simon 2000; Kumpulainen, Rasanen, & Puura 2001; Seals & Young 2003). Further, in a longitudinal study of children interviewed between the ages of 8 and 12, Kumpulainen, Rasanen, and Henttonen (1999) found that males were more likely to continue to bully over the 4-year period. Research has shown that students

perceive that boys are more overtly aggressive and that girls are more relationally aggressive (Crick 1997). Further, boys' aggression is more likely to be accepted by their peers than the aggression of girls (Huesmann, Guerra, Zelli, & Miller 1992 cited in Hannish & Guerra, 2000). Studies also show that males are also more likely than females to target the same victim repeatedly (Craig & Pepler, 2000). In terms of South African research, Neser *et al.*, (2004) states that individual boys are ranked as bullying the most often, groups of boys the second most often and individual girls the third most often.

Engagement in gender non-normative forms of aggression (i.e., overt aggression for girls and relational aggression for boys) is associated with significantly higher levels of social-psychological maladjustment than is engagement in gender normative aggression for both boys and girls (Crick 1997). The authors conclude that this is likely because "gender atypical behaviour (e.g., overt aggression exhibited by girls) is likely to incur more social sanctions and negative sentiments from peers and adults than is behaviour that is relatively extreme in frequency but gender normative (e.g., overt aggression exhibited by boys)" (Crick 1997, p. 610).

Summarised, the recent shift from arguing that boys bully more than girls to careful examination of the types of bullying behaviour that boys and girls participate in, along with the consideration of the consequences of atypical gendered behaviour as it relates to bullying, lays the groundwork for a better understanding of how gender influences bullying. However, the literature on gender and bullying still lacks an adequate treatment of the meanings surrounding "maleness" and their relevance to bullying behaviour and is therefore limited in explaining gender differences in bullying.

Theoretical background:

Lipsey and Wilson explained in Mishna (2012) that there are 2 types of theories through which we should understand social problems: theories of problem development and of problem amelioration. According to social learning theory, behaviours of children are learned through repeated modeling of particular actions. Children's behaviour would not necessarily be influenced when they witness aggressive or anti-social actions. Behaviour are more likely to be influenced when aggressive and/or anti-social acts by parents, peers and siblings are repeatedly witnessed (Gleitman in Mishna, 2012).



The coercion theory-model of behavioural contingencies explains how parents and children mutually “train” each other to behave in ways that increase probability that children will develop aggressive behaviour problems and that parents control over these aversive behaviour will decrease. The cognitive behavioural therapy (CBT) treatment modality is based on the combination of cognitive and behavioural theories. CBT combine the common factor of “adhering to a learning model of human functioning” (Mishna, 2012).

Erikson’s (1975) stage theory of psychosocial development provides an integrative framework for exploring the impact of family dynamics on the psychosocial success of emerging adults. Erikson described eight developmental stages throughout the life span. In his theory, as they age, people experience conflicts, each involving either a positive outcome (successful resolution) or a negative one (unsuccessful resolution). Successful resolution confers on children’s psychosocial strengths, such as a sense of autonomy, a sense of initiative, or a sense of identity, that will serve them well later in life in meeting societal expectations and experiencing well-being. If a stage is not resolved successfully, the failure to gain the psychosocial strength may impair future development and success. According to Erikson’s theory, early adolescence should have achieved a sense of identity; that is, successful resolution of the adolescent conflict of the fifth stage: identity versus confusion.

Although Erikson’s fifth stage has been heavily studied (Lorber, Felton & Reid, 1984), the role that psychosocial strength plays during the critical developmental period of emerging adulthood has received insufficient attention. Steinberg, Elmen and Mounts (1989) correlated psychosocial strength with school achievement and with adolescents’ psychosocial maturity, which they defined as their sense of self-reliance and identity. They found that the impact of authoritative parenting on school achievement was mediated by whether adolescents developed a sense of autonomy and a healthy orientation toward work. Lamborn, Mounts, Steinberg and Dornbusch (1991) found that adolescents from authoritative homes reported significantly higher levels of psychosocial strength than adolescents from authoritarian, permissive, or neglectful homes in terms of more positive self-conceptualizations, greater well-being, and fewer behavioural problems.

Kohlberg (1996) puts forward a stage theory of gender development. His theory proposes that a child’s understanding of gender moves forward in stages. At each successive stage, the child thinks in characteristic ways about gender. As the child moves through the stages its understanding of gender becomes more complex. The first stage is gender identity, which is

usually reached by the age of 2 years. Kohlberg's theory suggests that gender development is driven primarily by maturation.

The study also made use of Baumrid's model of parenting styles, where the focus is on the most basic parental types, i.e., authoritative/flexible, authoritarian and permissive. These three parental styles was originally emphasised by Baumrid, who described a permissive parenting style as being non-demanding and non-controlling, but also relatively warm. Children raised in permissive parenting style families were found to be low on self-reliance, explorative and were also the least self-controlled. Children with permissive parents are usually allowed to monitor their own activities and these parents make few demands to their children. Rules that are made are usually explained as well as the reasons for them. Punishment is rarely given and they tend to consult with their children about policy decisions. They are considered to be warm, non-controlling and undemanding. When children of permissive parents are attending pre-school, they tend to be immature- the least self-controlled and the least exploratory.

Parents applying an authoritarian style were described as being detached form their children, yet they still want to control them. Children from these families were being described as distrustful, withdrawn and discontent (Baumrind, 1971). Parents who try to make their children conform to a set standard of conduct and punish them forcefully and arbitrarily when the standards are violated are considered authoritarian parents.

Finally, the most controlling and demanding parents, are classified as the authoritative parents, yet they were able to mix this with a warmth and rationality, as well as responsiveness to the child's communication. This style is viewed as being high in control and positive encouragement. The results showed that these children tended to exhibit high levels of autonomy, independence and was the best adjusted (Heaven & Ciarrochi, 2006). In summary, from the literature used and theoretical statements reviewed above, it is expected that bullies will experience poor parenting styles from their parents, have low self-esteem and report poorer mental health than the general population.

Aim of study

The aim of the study is to compare psychosocial characteristics on the mental health of adolescent bullies in Lichtenburg High School. Psychosocial characteristics will include gender, age, self-esteem (measured using the Rosenberg self-esteem scale) and parenting styles (measured using the PAQ). Mental health was measured using the GHQ-12.

Objectives of the study:

The specific objectives of the study are identified as follows: (1) The main effect and interaction of the permissive parenting style on the mental health of adolescent bullies; (2) The main effect and interaction of authoritative parenting style on the mental health of adolescent bullies; (3) The main effect and interaction of authoritarian parenting style on the mental health of adolescent bullies; (4) The main effect and interaction of gender on the mental health of adolescent bullies; and (5) The main effect and interaction of self-esteem on the mental health of adolescent bullies.

Significance of the study

The study has both practical and theoretical significance. Conclusions made from this study will help to advance the understanding of adolescent bullies, their gender, age, parenting styles, self-esteem and mental health, thereby facilitating effective policies and practices to reduce bullying behaviour, improve their mental health, educate the learners on this behaviour and create a possibility for future support groups. This study will also help professionals (mainly teachers, social workers and psychologists) working with the parents and adolescent bullies as well as the victims to make decisions that will make a real difference to the lives of parents, the adolescent bullies as well as the victims of bullying, their parenting styles, families, self-esteem and mental health in which they live.

Theoretically, it will add more knowledge to existing theories related to this specific study. This study will also present differences of families from the psychological perspective and gives a picture of the role of parenting styles, self-esteem and mental health of adolescent bullies in Lichtenburg High School.

Hypotheses

The study was anchored in five hypotheses: (1) There will be a significant main effect for the permissive parenting style on the mental health of adolescent bullies. Therefore, adolescent bullies with permissive parents will report poor mental health compared to adolescent bullies who perceived their parents as less permissive. (2) Bullies exposed to the authoritarian parenting style will report poor mental health than those with a low authoritarian parenting style. (3) There will be a significant main effect for the authoritative parenting style on the mental health of adolescent bullies. (4) There will be a significant relationship between gender and mental health of adolescent bullies. Adolescent bullies who are of a male gender will report poor mental health compared to female adolescent bullies. (5) Bullies with low self-esteem will report poor mental health compared to those with high self-esteem. Therefore, a significant main effect will be noted for gender on mental health of adolescent bullies.

Methodology

Design:

This study was based on a cross-sectional design within a quantitative research approach. The variables are psychosocial characteristics (gender, age, parenting styles and self-esteem) and mental health. Hypotheses 1 to 5 were tested using 2x2 ANOVA as well as 2x2x2 ANOVA of permissive, authoritarian and authoritative parenting styles, as well as gender and self-esteem.

Sample:

Two hundred and seventy three (273) participants who attended a multiracial school, called Lichtenburg High School, located in Lichtenburg area of the North-West Province, aged between 13 – 18 years were participated voluntarily in the study. As such the sample is best described as an availability sample. From the bullying questionnaire it was found that only the data of one hundred a seventy (170) participants (male= 97, female= 73) who indicated their own bullying behaviour were used to test the hypotheses of this study. The study used a total of five (5) sections- A, B, C, D and E. Section A contained the biographical information of gender, age and race. The items in Section B were used to identify bullies and non-bullies. Section C contained the family dynamics that constituted the parenting style scale. Section D contained the general health questionnaire. A 12-scale format was used to measure mental

health with two subscales, namely – depression/anxiety and social dysfunction. Section E contained self-esteem measuring by using the Rosenberg self-esteem scale. Psychometric properties of all the scales used are valid and reliable.

Instruments and psychometric properties:

The primary instruments used to collect data were the Bullying Questionnaire (Ipelegeng Bullying Questionnaire, 2012), the Parental Authority Questionnaire (PAQ) (Buri, 1991), General Health Questionnaire (GHQ) (Goldberg & Williams, 1988), and the Rosenberg Self-Esteem Scale (Rosenberg, 1965). The description of each instrument follows next.

The Bullying Questionnaire:

The Bullying Questionnaire was constructed by the Psychology Department at Ipelegeng Child and Family Centre at the North-West University (Mafikeng Campus). The checklist measures bullying behaviours. Some of the items were adapted from the California Bullying Victimization Scale (Felix, Sharkey, Green, Furlong & Tanigawa (2011). The questionnaire has two subscales and was mainly used for the purpose of distinguishing between the bullies and the victim. Only the data of the bullies were used. The Bullying Questionnaire also provides demographic information about the participants, i.e., gender, age, grade, scholastic performances as well as the family context. The original questionnaire consisted of 15 questions, but a shortened version of 13 questions was used for the purpose of this study.

The Parental Authority Questionnaire:

PAQ consists of 30 items while each subscale consists of 10 items, with a scoring format from 1 to 5 where higher scores are a representation of greater level of parenting style. The questionnaire is based on Baumrind's model of parenting styles and it was constructed by Buri (1991). PAQ had also been adapted before by Aldhafri and his colleagues (Aldhafri, Kazem, Alzubiadi, Yousif, Al- Bahrani & Alkharusi, 2009; Aldhafri, Kazem, Alzubiadi, Yousif, Al- Bahrani, M., & Alkharusi, 2011) and reported reasonable results on validity and reliability for the three subscales measured in PAQ, namely: authoritative, permissive and authoritarian.

The reliability of the PAQ was tested on all participants (273) whereas the rest of the study only focussed on the bullies (170). The PAQ is a standardised test and is used in RSA for

research purposes. Cronbach's Alpha coefficient, measuring of internal consistency was used to test the reliability for the PAQ. Ten items (v84, v85, v89, v92, v93, v96, v98, v100, v103, v106) were used to assess the permissive style with a Cronbach's α of 0.590. This indicated insufficient internal consistency because it is below 0.6. Two items were removed and a sufficient correlation of 0.642 was found. The authoritarian style was deemed reliable with a Cronbach's α of 0.672 based on items v81, v82, v86, v88, v91, v95, v97, v104, v105 and v108. The reliability of the authoritative style, based on items v83, v84, v87, v90, v94, v100, v102, v103, v107, v109 was found to be insufficient ($\alpha = 0.527$), therefore three (3) items (v87, v100, v107) were removed and a sufficient Cronbach's α of 0.750 was found.

The General Health Questionnaire:

The general health questionnaire consists of 12 items used to measure current mental health. It focuses on two major areas – the inability to carry out normal functions and the appearances of new and distressing experiences (Goldberg & Williams, 1988). It was originally developed as a 60-item instrument, a range of shortened versions of the questionnaire including the GHQ-30, GHQ-28, GHQ-20 and GHQ-12 are now available. The questionnaire asks whether the respondent has experienced a particular symptom or behaviour recently. Each item is rated on a four-point scale. The 12 item version has been shown to be as effective as the 30 item version. Each item is accompanied by two responses, typically being 'yes' and 'no'. Cronbach's α reliability coefficients for the questionnaire were 0.666 with a reduced set of items. Items 112, 116, 117 and 121 were deleted because of low or practically insignificant item to construct correlations ($|r| < 0.2$). There is good evidence that clinical assessments of the severity of psychiatric illness are directly proportional to the number of symptoms reported on the GHQ-12 (Goldberg & Huxley, 1980).

The Rosenberg Self-Esteem scale:

The Rosenberg SES is a well-known brief instrument and is easy to administer with good psychometric properties. The scale measures global self-esteem (with higher total scores indicating greater self-esteem), so it's appropriate for use across a wide range of populations. Instrument description: The Rosenberg SES is a ten item scale that measures global self-esteem. The scale is scored on a four point Likert scale, which ranges from strongly agree to strongly disagree with agree and disagree as the middle scores. Values assigned to these scores for items 1,2,4,6 and 7 are as follows: strongly agree = 3, agree = 2, disagree = 1, and

strongly disagree = 0. For items 3,5,8,9 and 10 the values are reversed. Thus, the overall scale ranges from 0 to 30 with higher scores indicating higher self-esteem and lower scores indicating lower self-esteem (Woody, Detweiler-Bedell, Teachman & O'Hearn, 2003). Cronbach's α for internal consistency has been found to be more than sufficient with $\alpha = 0.845$.



Procedure:

Ethical approval for the study was obtained from the North-West University, Mafikeng Campus as well as the school where the data was collected. After consent was obtained from the provincial office in the Department of Education and the school authority, days of data collection were communicated to the school. The participants in the main study were approached during school hours of Lichtenburg High School. From 10h00 – 11h30, administration took place in the main hall of the school under sufficient supervision of the researcher and six (6) teachers appointed by the school principal to assist. All questions were thoroughly explained by the researcher. Anonymous participation was emphasised. No interpretations or discussions of the questionnaires were allowed. All learners were thanked for their participation after completion of the questionnaires.

Results:

The study was anchored on 5 hypotheses: (1) there will be a significant main effect for the permissive parenting style on the mental health of adolescent bullies. Therefore, adolescent bullies with permissive parents will report poor mental health compared to adolescent bullies who perceived their parents as less permissive. (2) Bullies exposed to the authoritarian parenting style will report poor mental health than those with a low authoritarian parenting style. (3) There will be a significant main effect for the authoritative parenting style on the mental health of adolescent bullies. (4) There will be a significant relationship between gender and mental health of adolescent bullies. Adolescent bullies who are of a male gender will report poor mental health compared to female adolescent bullies. (5) Bullies with low self-esteem will report poor mental health compared to those with high self-esteem. Therefore, a significant main effect will be noted for gender on mental health of adolescent bullies.

The following results pertain only to those participants who exhibit bullying behaviour as identified using the bullying questionnaire (Appendix 1). The exploratory results indicated the following:

Table 1: sample characteristics of bullies (N = 170)

Demographic variables	No of respondents %			
	Frequency	Percent	Valid Percent	Cumulative Percent
Sex				
Male	97	57.1	57.1	57.1
Female	73	42.9	42.9	100.0
Age				
13	16	9.4	9.4	9.4
14	29	17.1	17.1	26.5
15	47	27.6	27.6	54.1
16	21	12.4	12.4	66.5
17	23	13.5	13.5	80.0
18	33	19.4	19.4	99.4
19	1	.6	.6	100.0
Grade				
Grade 12	49	28.8	28.8	28.8
Grade 11	19	11.2	11.2	40.0
Grade 10	24	14.1	14.1	54.1
Grade 9	52	30.6	30.6	84.7
Grade 8	26	15.3	15.3	100.0
Race				
Black	39	22.9	22.9	22.9
White	118	69.4	69.4	92.4
Asian	1	.6	.6	92.9
Coloured	8	4.7	4.7	97.6
Indian	4	2.4	2.4	100.0
Academic Performance				
Mostly (0-29%)	3	1.8	1.8	1.8
Mostly (40-49%)	8	4.7	4.7	6.5
Mostly (50-59%)	32	18.8	18.8	25.3
Mostly (60-69%)	56	32.9	32.9	58.2
Mostly (70-79%)	38	22.4	22.4	80.6
Mostly (80-89%)	31	18.2	18.2	98.8
Mostly (90-99%)	2	1.2	1.2	100.0

Family

Living with both parents	120	70.6	70.6	70.6
Parents are divorced/separated living with mother	26	15.3	15.3	85.9
Parents are divorced/ separated living with father	4	2.4	2.4	88.2
Living with guardian	8	4.7	4.7	92.9
Father passed away	11	6.5	6.5	99.4
Mother passed away	1	.6	.6	100.0

Hypotheses 1 to 3**Table 2: 2x2x2 ANOVA showing the influence of parenting styles on the mental health of adolescent bullies**

Source	SS	Df	MS	F	P
Permissive (A)	52.803	1	52.803	2.902	>.05
Authoritarian (B)	103.608	1	103.608	5.693	<.01
Authoritative (C)	78.013	1	78.013	4.287	<.05
AxB	2.172	1	2.172	.119	>.05
AxC	.825	1	.825	.045	>.05
BxC	98.124	1	98.124	5.392	<.05
AxBxC	6.093	1	6.093	.335	>.05
Error	2948.087	162			
Total	82440.000	170			

The results presented in Table 2 showed no significant influence of the permissive parenting style on the mental health of adolescent bullies [$F(1,162) = 2.902$; $p = >.05$], meaning that adolescent bullies who perceived their parents as less permissive (mean = 21.096) and more permissive (mean = 22.265) reported comparable levels of mental health.

There was a significant main effect of the authoritative parenting style on the mental health of adolescent bullies ($F = 5.693$; $p = <.01$). A significant main effect was also reported of the

authoritarian parenting style on the mental health of adolescent bullies ($F = 4.287$; $p = .05$). A significant interaction effect was noted of the authoritarian and authoritative parenting styles on the mental health of adolescent bullies ($F = 5.392$; $p = <.05$).

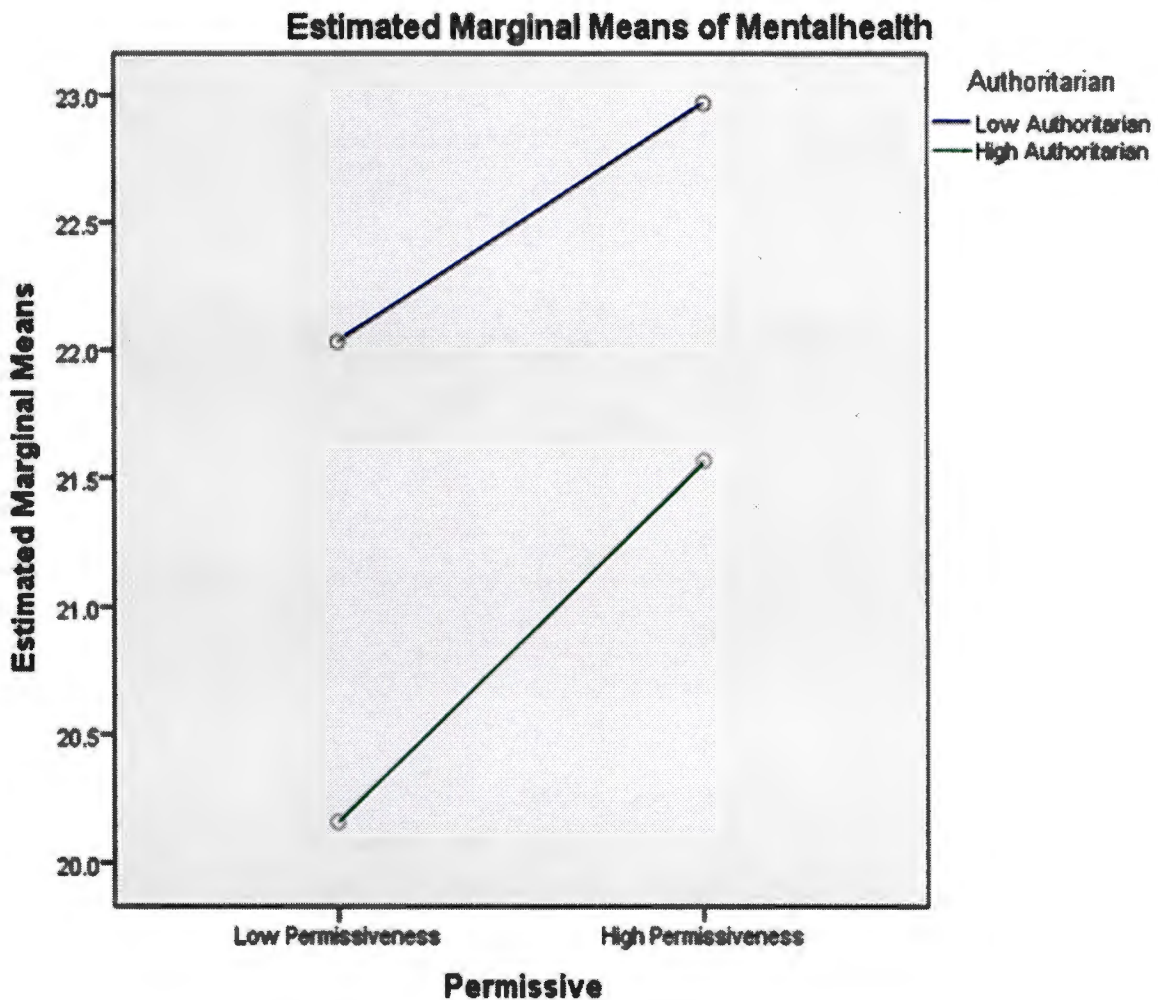


Fig. 1: Estimated mean of mental health for high and low levels of the permissive parental style, for a given level of the authoritarian parental style.

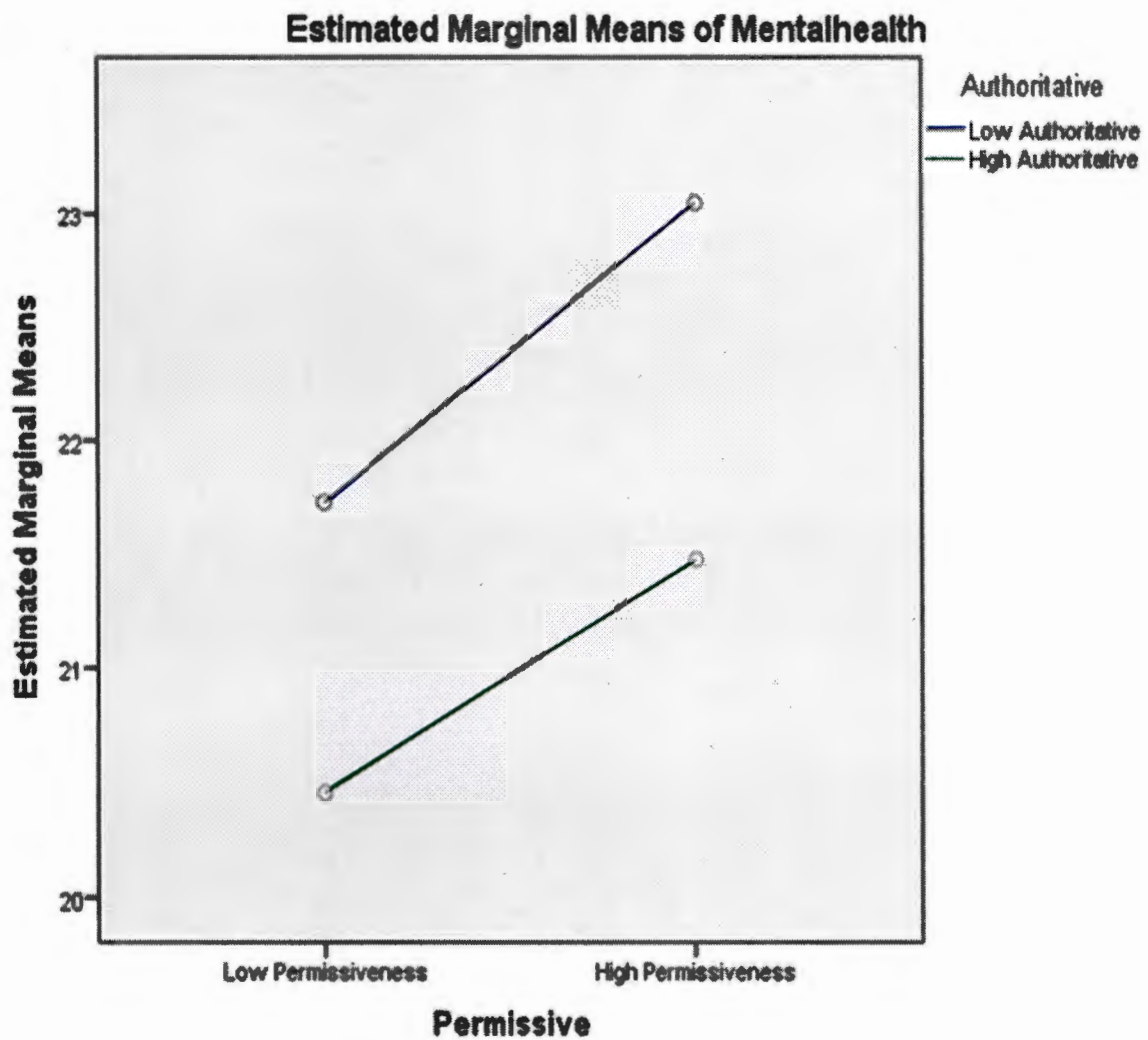


Fig. 2: Estimated mean of mental health for high and low levels of the permissive parental style, for a given level of the authoritative parental style.

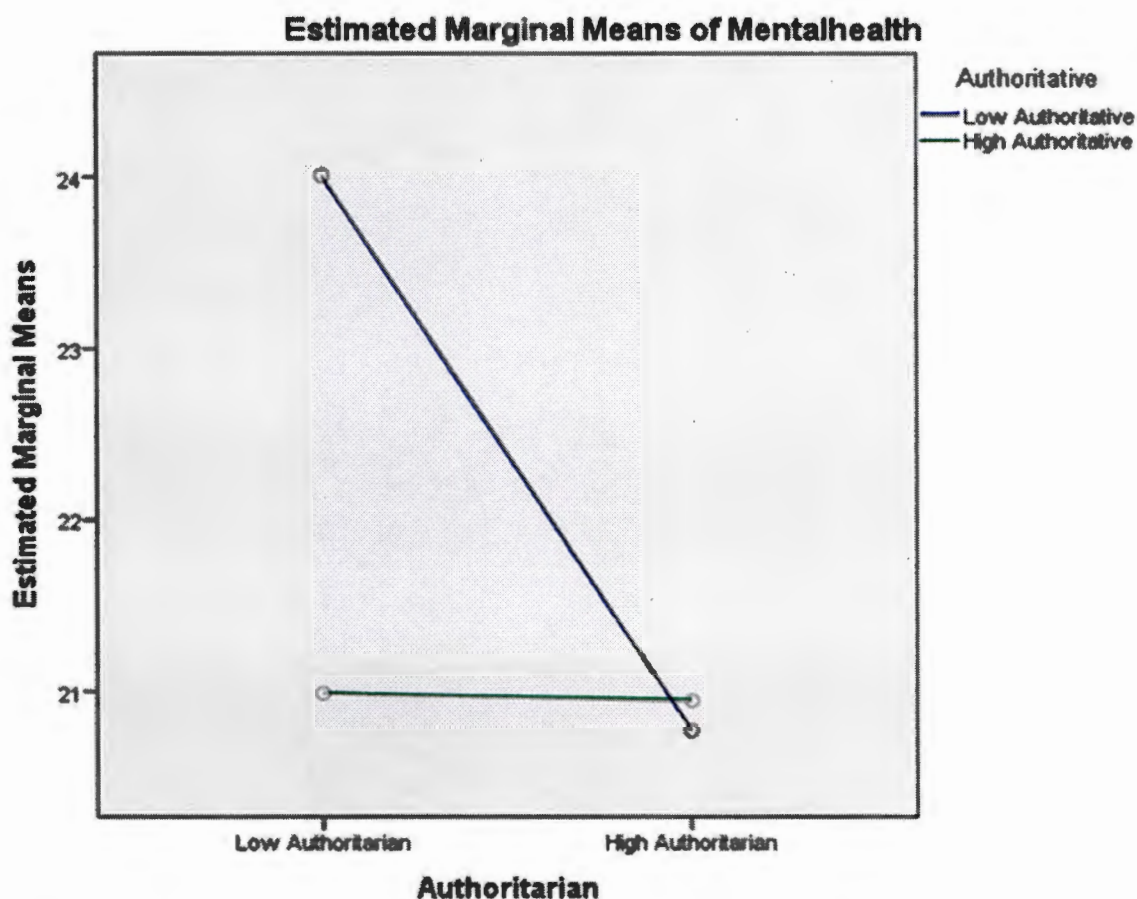


Fig. 3: *Estimated mean of mental health for high and low levels of the authoritarian parental style, for a given level of the authoritative parental style.*

It is however important to note that the model R Squared was 0.106 which implies a very small percentage of variation (10.6%) in mental health is explained by the three parental styles and their interaction. Thus, even though parental styles significantly impacts on mental health, parental styles alone cannot accurately predict mental health.

Hypotheses 4 and 5

Table 3: 2x2 ANOVA showing the influence of self-esteem and gender on the mental health of adolescent bullies.

Source	SS	Df	MS	F	P
Self-Esteem (A)	82.335	1	82.335	4.399	<.01
Gender (B)	75.425	1	75.425	4.030	<0.5
AxB	.594	1	.594	.032	>.05

Error	3106.938	166	18.716
Total	82440.000	170	



The results presented in Table 3 showed that there will be a significant effect of self-esteem on the mental health of adolescent bullies, controlling for their gender. The influence of both self-esteem and gender of adolescent bullies was found to have a statistically significant influence on their mental health, at a $p < .05$ significance level. Ninety seven (97) males were found to fit the bullying criteria, as to the seventy three (73) female participants. The interaction between gender and self-esteem did not have a significant influence on mental health. Figure 4 illustrates this with males scoring higher on the GHQ (indicating poor mental health) and higher self-esteem associated with higher GHQ scores regardless of gender.

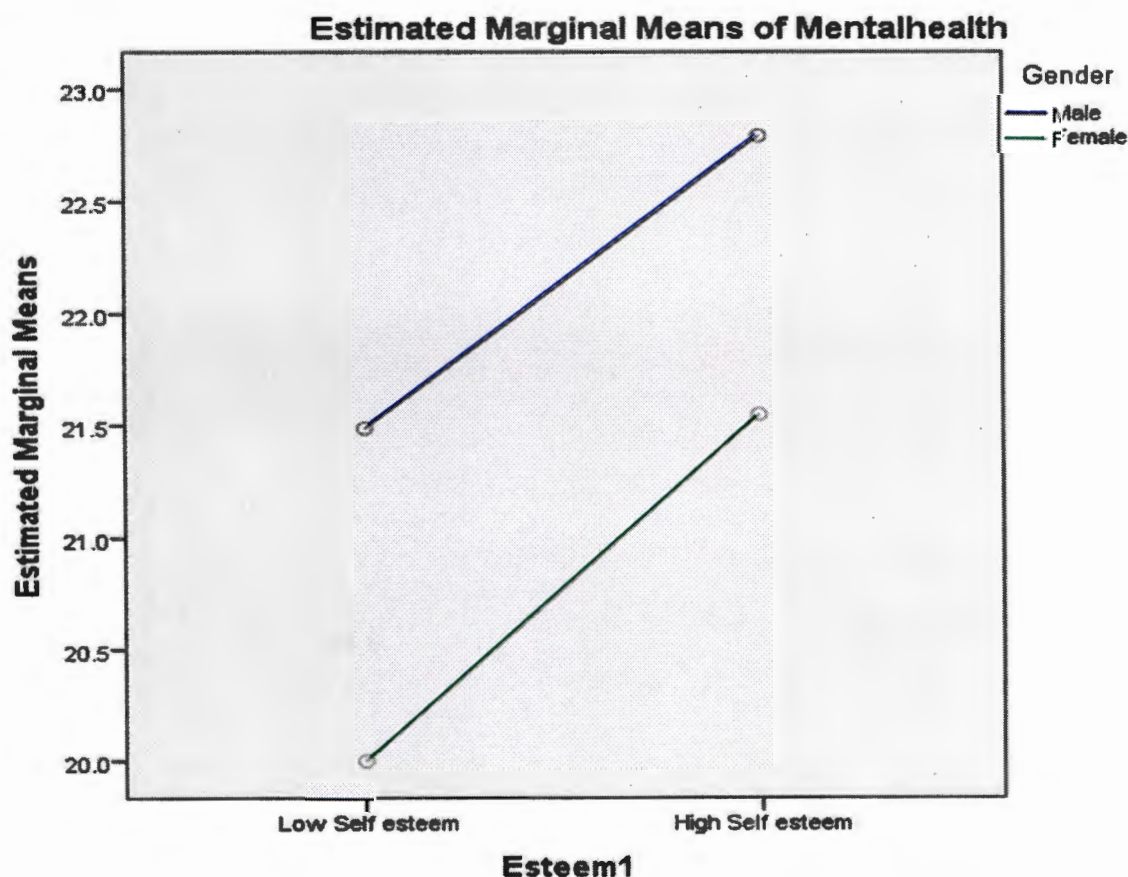


Fig. 4: Estimated mean of mental health for high and low levels of self-esteem, with gender as a given.

It is however important to note that the model R Squared was 0.058 which implies a very small percentage of variation (5.8%) in mental health is explained by gender, self-esteem and their interactions. Thus, even though both gender and self-esteem significantly impacts on mental health, neither (in isolation nor in combination) can accurately predict mental health.

Discussion and conclusion

In summary, the study was anchored on five hypotheses: (1) There will be a significant main effect for the permissive parenting style on the mental health of adolescent bullies. Therefore, adolescent bullies with permissive parents will report poor mental health compared to adolescent bullies who perceived their parents as less permissive. (2) Bullies exposed to the authoritarian parenting style will report poor mental health than those with a low authoritarian parenting style. (3) There will be a significant main effect for the authoritative parenting style on the mental health of adolescent bullies. (4) There will be a significant relationship between gender and mental health of adolescent bullies. Adolescent bullies who are of a male gender will report poor mental health compared to female adolescent bullies. (5) Bullies with low self-esteem will report poor mental health compared to those with high self-esteem. Therefore, a significant main effect will be noted for gender on mental health of adolescent bullies.

This study has shown through literature and different theories that specific parenting styles and low self-esteem have a negative impact on the mental health of adolescent bullies. Such negative consequences need to be looked at through cognitively based interventions to produce changes in thinking, feeling and behaviour. Theoretically, the findings also support the social learning theory (Erikson, 1975), Parenting style model (Baumrind, 1971) and the stage theory of gender development where it explains that gender development is primarily driven by maturation (Kohlberg, 1966). Depression, anxiety, somatic complaints and social dysfunction are just some of the different forms and patterns that can appear as a result of poor mental health (Sullivan, 2000). This might cause lasting psychological problems in one's life as well as behavioural problems.

Research findings from previous studies demonstrate that an authoritative parenting style produces a number of positive developmental outcomes in adolescents. An authoritative parenting style that includes regular supervision and parental monitoring promotes exposure to positive activities and reduces the chances for engaging in risky, delinquent behaviours (Wargo, 2007).

Hypotheses 2 and 3 could not be rejected as higher levels of both the authoritative and authoritarian styles were associated with lower GHQ scores and indicated better mental health, whilst higher levels of the permissive style were associated with higher GHQ scores and thus poorer mental health, therefore Hypothesis 1 was rejected.

Hypotheses 4 and 5 could not be rejected as males did exhibit poorer mental health and therefore higher self-esteem was associated with better mental health (regardless of gender).

The following conclusions are made in this study: Authoritative and authoritarian parenting styles predicted better mental health. The variables of the permissive parenting style and being male bullies predicted poor mental health outcomes. In general, high self-esteem can be associated with better mental health outcomes amongst adolescent bullies.

Future research can be done with regard to the importance of the impact parenting has on adolescent development, and how experiences in the family and other contexts interact with genetic factors to influence behaviour and developmental outcomes (Collins, Maccoby, Steinberg, Hetherington & Bornstein, 2000).

Limitations of the study: questionnaires were used to identify bullies. This could have led to inconsistency and as to biased results (Fandrem, Strohmeier & Simon, 2009). Another limitation of the study was what seems to be an underreported number of bullying experiences due to the ignorance that exist about bullying. In my view it can be seen as students not knowing what they experienced as actual bullying, and therefore it doesn't get reported or students are feeling reluctant to identify themselves as bullies (Smith & Sharp, 1994). This might lead to an underestimate of the true prevalence of bullying in the present study.

Recommendations:

Recommendations made by the study are that:

- The parent's perceptions on bullying should be explored and what their role is in preventing bullying.
- Parents need to be informed of the different parenting styles to practice more authoritative parenting to enhance mental health of the adolescents.
- More attention should be given to family dynamics and parenting styles and the effect it has on the youth. The affect it has on the behaviour and mental health of family members should be emphasised.
- Researchers should include how teachers see bullying and explore what their role is in preventing it from happening.
- The ideal is to develop a cognitive based intervention strategy which should be offered to the bullies as well as the victims who are experiencing mental health problems in a school set-up.
- Identification of programmes and resources that provide information and training about bullying prevention and provision.
- Future studies should also include a more elaborate perspective of mental health predicting factors to ensure a more comprehensive approach and outcome.

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Declarations

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Appendix I: Questionnaire

Bullying happens when someone hurts or scares another person on purpose and the person being bullied has a hard time defending him or herself. Usually bullying happens over and over. Examples include the following:

- *Punching, shoving, and other acts that hurt people physically*
 - *Spreading bad rumours about people*
 - *Keeping certain people out of a group*
 - *Teasing people in a mean way*
- *Getting people to 'gang up' on others*

This project has been conducted by the Psychology Department of the North West University (Mafikeng Campus) at the Ipelegeng Child and Family Centre. Participation in this survey is voluntary and you may stop any time you choose. All responses are confidential and you do not have to give any personal information on this questionnaire. Your identity and your responses are confidential.

INSTRUCTIONS

In this survey you will be asked to respond to questions and statements about 'bullies' and 'bullying'.

Questionnaire on bullying Please tick the correct box with a X – Question 2 and 3 write the number						OFFICIAL USE
1.	GENDER:	Male		Female		
2.	AGE (<i>Just write your age in years</i>)					
3.	GRADE (<i>Just write the grade</i>)					
4	RACE					
	Black					
	White					
	Asian					
	Coloured					
	Indian					
5	How well do you do in your schoolwork? You average for all your subjects.					
	Mostly (0-29%)					
	Mostly (30-39%)					
	Mostly (40-49%)					
	Mostly (50-59%)					
	Mostly (60-69%)					
	Mostly (70-79%)					
	Mostly (80-89%)					
	Mostly (90-99%)					
6.	YOUR FAMILY –					
	I live with both my parents					

	My parents are divorced/separated, I live with my mom		
	My parents are divorced/separated, I live with my dad		
	I live with my guardian		
	My father passed away		
	My mother passed away		

1. Did you ever do any of the following to a person? (tick how often it happened/merk hoe gereeld dit gebeur het)

		Never happened (nooit)	Rarely happened (selde)	Sometimes happened (soms)	Often happened (gereeld)	Always happened (altyd)	OFFICIAL USE
a	Called them names						
b	Made fun of them						
c	Said you will do bad things to them						
d	Played jokes on them						
e	Won't let them be part of your group						
f	Broke their things						
g	Attacked them						
h	Nobody would talk to them						
i	Wrote bad things about them						
j	Said mean things behind their back						
k	Pushed or shoved them						
l	Other ways they were bullied?						

2. If YES – how often did you do it to someone else? (hoe gereeld het jy dit aan iemand anders gedoen?)

**OFFICIAL
USE**

	One or more times a day		
	One or more times a week		
	One or more times a month		

3. Where did you do it to them?

*OFFICIAL
USE*

	In the classroom		
	Before school		
	After school		
	Sporting events		
	Bathroom		
	Hallway		
	Telephone		
	Text message		
	Facebook		
	On your way to school		

4. Who did you do the behaviours listed in question 1 to? (tick all that are true/merk al die wat waar is)

*OFFICIAL
USE*

	Older boys		
	Older girls		
	Boys in my grade		
	Girls in my grade		
	Someone who is strong		
	Someone who is powerful		
	Someone who has many friends		
	Younger boys		
	Younger girls		
	Someone who is an adult		
	Someone who is popular		
	Someone who is smart		
	Someone I didn't know		

5. How did you feel about the behaviour?

		Never a problem (nooit 'n probleem)	Rarely a problem (selde 'n probleem)	Sometimes a problem (soms 'n probleem)	Often a problem (gereeld 'n probleem)	Always a problem (altyd 'n probleem)	<i>OFFICIAL USE</i>
a	Made it difficult to learn at school						
b	Didn't come to school						

c	I had problems with my family						
d	Other						

6. Why did you behave in such a manner?

OFFICIAL
USE

	I think his/her face looks funny		
	I think he/she is fat		
	I think he/she is skinny		
	I think he/she looks too old		
	I think he/she looks too young		
	I think he/she is a wimp / weakling		
	I think his/her friends are weird		
	He/she is sick a lot		
	He/she is disabled		
	He/she gets good grades		
	He/she gets bad grades		
	Where he/she lives		
	The clothes he/she wears		
	The colour of his/her skin		
	The country he/she is from		
	He/she is different		
	The church he/she goes to		
	His/her parents		
	His/her family		
	His/her family is poor		
	His/her family has a lot of money		
	Someone in his/her family has a disability		
	He/she is too tall		
	He/she is too short		
	He/she gets angry a lot		
	He/she cries a lot		
	He/she can't get along with other people		
	I think he/she is gay/lesbian		
	The way he/she talks		
	Other – describe		

7. Did the teachers and school staff know about your behaviour?

OFFICIAL
USE

	Yes		
	No		
	I don't know		

Appendix II: PAQ

Parental Authority Questionnaire

Instructions: For each of the following statements, circle the number of the 5-point scale (1 = strongly disagree, 5 = strongly agree) that best describes how that statement applies to you and your parents. Try to read and think about each statement as it applies to you and your parents during your years of growing up at home. There are no right or wrong answers, so don't spend a lot of time on any one item. Be sure not to leave any items blank.

If your parents were separated or divorced before you reached age 12, think about the parent with whom you spent the most time when you answer the questions.

1 = Strongly disagree (stem glad nie saam nie)

2 = Disagree (stem nie saam nie)

3 = Neither agree nor disagree

4 = Agree (stem saam)

5 = Strongly agree (stem heeltemal saam)

____ 1. While I was growing up my parents felt that in a well-run home the children should have their way in the family as often as the parents do.

____ 2. Even if their children didn't agree with them, my parents felt that it was for our own good if we were forced to conform to what they thought was right.

____ 3. Whenever my parents told me to do something as I was growing up, they expected me to do it immediately without asking any questions.

____ 4. As I was growing up, once family policy had been established, my parents discussed the reasoning behind the policy with the children in the family.

____ 5. My parents have always encouraged verbal give-and-take whenever I have felt that family rules and restrictions were unreasonable.

____ 6. My parents has always felt that what children need is to be free to make up their own minds and to do what they want to do, even if this does not agree with what their parents might want.

____ 7. As I was growing up my parents did not allow me to question any decision they had made.

____ 8. As I was growing up my parents directed the activities and decisions of the children in the family through reasoning and discipline.

____ 9. My parents have always felt that more force should be used by parents in order to get their children to behave the way they are supposed to.

____ 10. As I was growing up my parents did not feel that I needed to obey rules and regulations of behavior simply because someone in authority had established them.

____ 11. As I was growing up I knew what my parents expected of me in my family, but I also felt free to discuss those expectations with my parents when I felt that they were unreasonable.

____ 12. My parents felt that wise parents should teach their children early just who is boss in the family.

____ 13. As I was growing up, my parents seldom gave me expectations and guidelines for my behavior.

____ 14. Most of the time as I was growing up my parents did what the children in the family wanted when making family decisions.

____ 15. As the children in my family were growing up, my parents consistently gave us direction and guidance in rational and objective ways.

___16. As I was growing up my parents would get very upset if I tried to disagree with them.

___17. My parents feel that most problems in society would be solved if parents would not restrict their children's activities, decisions, and desires as they are growing up.

___18. As I was growing up my parents let me know what behavior they expected of me, and if I didn't meet those expectations, they punished me.

___19. As I was growing up my parents allowed me to decide most things for myself without a lot of direction from them.

___20. As I was growing up my parents took the children's opinions into consideration when making family decisions but they would not decide something simply because the children wanted it.

___21. My parents did not view themselves as responsible for directing and guiding my behavior as I was growing up.

___22. My parents had clear standards of behavior for the children in our home as I was growing up, but they were willing to adjust those standards to the needs of each of the individual children in the family.

___23. My parents gave me direction for my behavior and activities as I was growing up and she expected me to follow their direction, but they were always willing to listen to my concerns and to discuss that direction with me.

___24. As I was growing up my parents allowed me to form my own point of view on family matters and they generally allowed me to decide for myself what I was going to do.

___25. My parents have always felt that most problems in society would be solved if we could get parents to strictly and forcibly deal with their children when they don't do what they are supposed to as they are growing up.

___26. As I was growing up my parents often told me exactly what they wanted me to do and how they expected me to do it.

___27. As I was growing up my parents gave me clear direction for my behaviors and activities, but they were also understanding when I disagreed with them.

___28. As I was growing up my parents did not direct the behaviors, activities, and desires of the children in the family.

___29. As I was growing up I knew what my parents expected of me in the family and they insisted that I conform to those expectations simply out of respect for their authority.

___30. As I was growing up, if my parents made a decision in the family that hurt me, they were willing to discuss that decision with me and to admit it if they had made a mistake.

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Appendix III: GHQ-12

Please answer the following questions by marking YES or NO.

1. Have you been able to concentrate on whatever you are doing?
2. Have you lost much sleep over worry?
3. Have you felt that you are playing a useful part in things?
4. Have you felt capable of making decisions about things?
5. Have you felt constantly under strain?
6. Have you felt you couldn't overcome your difficulties?
7. Have you been able to enjoy your normal day to day activities?
8. Have you been able to face up to your problems?
9. Have you been feeling unhappy and depressed?
10. Have you been losing confidence in yourself?
11. Have you been thinking of yourself as a worthless person?
12. Have you been feeling reasonably happy, all things considered?

[illegible]

Appendix IV: Rosenberg self-esteem scale

Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle **SA** (. If you agree with the statement, circle **A**. If you disagree, circle **D**. If you strongly disagree, circle **SD**.

1.	On the whole, I am satisfied with myself.	SA	A	D	SD
2.	At times, I think I am no good at all.	SA	A	D	SD
3.	I feel that I have a number of good qualities.	SA	A	D	SD
4.	I am able to do things as well as most other people.	SA	A	D	SD
5.	I feel I do not have much to be proud of.	SA	A	D	SD
6.	I certainly feel useless at times.	SA	A	D	SD
7.	I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
8.	I wish I could have more respect for myself.	SA	A	D	SD
9.	All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
10.	I take a positive attitude toward myself.	SA	A	D	SD