Violence and Victims

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The Differential Impacts of Episodic, Chronic, and Cumulative Physical Bullying and Cyberbullying: The Effects of Victimization on the School Experiences, Social Support, and Mental Health of Rural Adolescents

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Few studies have examined the impacts of past, current, and chronic physical bullying and cyberbullying on youth, especially in rural settings. This study augments this scant literature by exploring the school experiences, social support, and mental health outcomes for rural, middle school youth. The participants for this 2-year longitudinal study were 3,127 youth from 28 middle schools. Participants were classified as nonvictims, past victims (i.e., victimized during Year 1 but not Year 2), current victims (i.e., victimized during Year 2 but not Year 1), and chronic victims (i.e., victimized during both Year 1 and Year 2). Findings illustrated that chronic victimization resulted in the lowest levels of school satisfaction, social support, future optimism, and self-esteem. Chronic victims also reported the highest levels of school hassles, perceived discrimination, peer rejection, anxiety, depression, and externalizing behaviors. In terms of episodic victimization, current year victimization was associated with worse outcomes than past year victimization. Implications and limitations were discussed.

Keywords: bullying victimization; middle school; rural; adolescents

Bullying is a pervasive problem in the United States, typically categorized into five forms: physical (e.g., hitting, kicking), verbal (e.g., teasing, name-calling), social (e.g., excluding, rumor spreading), extortion (e.g., asking for money), and cyber (e.g., sending harmful electronic messages; Tsang, Hui, & Law, 2012). Olweus's (1993) seminal definition of bullying focused on power imbalance, intent, and repetition. Subsequent researchers added a fourth dimension in focusing on provocation (Frisen, Holmqvist, & Oscarsson, 2008).

A national survey of 6th through 10th graders indicated that about 30% of students reported involvement in bullying as a bully or victim in the current semester (Nansel et al., 2001). In the Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance System (Centers for Disease Control and Prevention [CDC], 2013), 20% of high school youth in 2009 and 2011 reported being bullied at school in the past year. This rate was higher for females than for males, decreased from 9th to 12th grade, and was highest for White and mixed-race adolescents. Another national survey found that 28% of adolescents reported bullying victimization with variation by subtype (National Center for Educational Statistics, 2011). Rates for involvement in physical and verbal bullying at least once in the past 2 months were 20.8% and 53.6%, respectively (Wang, Iannotti, & Nansel, 2009). Rates of cyberbullying vary from 5% to 40%, depending on the age group and definition of cyberbullying (Hinduja & Patchin, 2007). The prevalence of bullying in rural areas may be even higher. In a study of 192 rural 3rd through 8th grade students, 82% reported being bullied at least once over the past 3 months (Dulmus, Theriot, Sowers, & Blackburn, 2004).

The behavioral, emotional, and physical consequences of bullying are well documented (Nansel, Craig, Overpeck, Saluja, & Ruan, 2004; Nansel et al., 2001; Smokowski & Holland, 2005). In one study, victims and bully/victims had the highest number of adjustment problems, whereas bullies had the lowest (Gini, 2008). Victims reported feeling powerless, excluded, and unsafe (Smokowski & Holland, 2005). Bullying victimization has been associated with decreased self-esteem (Guerra, Williams, & Sadek, 2011), low social competence (Nation, Vieno, Perkins, & Santinello, 2008), poor social and emotional adjustment (Nansel et al., 2004; Nansel et al., 2001), and low school attendance (Gastic, 2008). Being victimized also increased internalizing problems (Sweeting, Young, West, & Der, 2006), nervousness, (Gini, 2008), peer relationship problems, loneliness (Nansel et al., 2004), and social withdrawal (Cho, Hendrickson, & Mock, 2009).

The effects of cyberbullying victimization are similar to traditional bullying and include feelings of anger, sadness, powerlessness, fear, and low self-esteem (Hoff & Mitchell, 2009). Victims of cyberbullying are at an increased risk of using alcohol and drugs, skipping school, receiving poor grades, experiencing in-person bullying, and suffering from health problems. Cyberbullying victims have reported more social difficulties and higher levels of depression and anxiety than victims of traditional bullying (Campbell, Spears, Slee, Butler, & Kift, 2012). Females are more likely than males to be cyber victims (CDC, 2013; Wang et al., 2009).

Although research on bullying has burgeoned in recent years, there is little longitudinal research, especially on cyberbullying. In addition, there is minimal research on bullying in rural areas. Given the increased stressors present in rural areas (U.S. Department of Justice, Office for Victims of Crime, 2001), it is vital that researchers gain a better understanding of rural bullying. Much of the existing longitudinal research was conducted outside of the United States and does not distinguish between past, current, and chronic victimization (Barker, Arseneault, Brendgen, Fontaine, & Maughan, 2008; Jose, Kljakovic, Scheib, & Notter, 2012; Lester, Cross, & Shaw, 2012).

LITERATURE REVIEW

Bullying in Rural Areas

Minimal research has been conducted on health-related risk and protective factors in rural communities (Robbins, Dollard, Armstrong, Kutash, & Vergon, 2008; Witherspoon

& Ennett, 2011). The impoverished rural area being studied has a constellation of risk factors that likely impact the youth in this sample. Infant mortality is often used as a measure of the health of an area, and the average infant mortality rate of the two counties in this study was 22 per 1,000, 3 times higher than the national average (Heisler, 2012). Further, the unemployment rate was 12%, 5% higher than the national average (Bureau of Labor Statistics, 2012). In addition, the closest large city is 100 miles from both counties, and limited public transportation options make accessing resources present in a city (e.g., a large hospital) problematic. Rural youth are more likely to engage in high-risk behaviors (e.g., substance use, bringing a weapon to school, sexual intercourse) and are at an increased risk for poor educational outcomes, compared to suburban and urban youth (Atav & Spencer, 2002; Witherspoon & Ennett, 2011).

Based on these high rates of risk-taking behaviors and unique stressors of rural living (e.g., geographic isolation, minimal community resources; Kusmin, 2008; U.S. Department of Justice, Office for Victims of Crime, 2001), bullying in rural schools might differ from bullying in urban schools. Studies of rural students report that 82% of students reported experiencing some form of victimization (Dulmus et al., 2004) and 33% reported traditional bullying victimization (Price, Chin, Higa-McMillan, Kim, & Frueh, 2013). These prevalence rates are higher than the 19.9% (CDC, 2013) and the 10.6% (Nansel et al., 2001) victimization rates obtained in national studies.

Longitudinal Studies of Victimization

Most of the longitudinal studies of bullying victimization have found that victimization is a moderately stable phenomenon (Barker et al., 2008; Jose et al., 2012). Physical/verbal bullying victimization appears to be more stable than cyberbullying victimization (Jose et al., 2012), and both forms of victimization result in enduring negative consequences. One meta-analysis found that childhood bullying victimization led to increased rates of depression that endured an average of 6 years after victimization (Ttofi, Farrington, Losel, & Loeber, 2011). A second meta-analysis found that violent behavior related to childhood victimization persisted an average of 6.9 years following victimization (Ttofi, Farrington, & Losel, 2012). However, these studies have failed to distinguish between past, current, and chronic victimization, making it impossible to determine if duration of victimization affected the severity or prevalence of negative consequences.

Longitudinal studies have found that increased victimization leads to low school satisfaction, low levels of perceived social support, and poor mental health outcomes. Haddow (2006) found that "repeated" victimization prior to age 12 years resulted in difficulty concentrating (male victims only) and sleeping (female victims only), low levels of perceived school safety, and increased levels of unhappiness and involvement in school violence. Researchers in England examined students at two time points 6 months apart. At Time 1, victimization had no impact on school satisfaction. However, 6 months later, increased levels of victimization were related to decreased levels of school satisfaction (Boulton, Chau, Whitehand, Amataya, & Murray, 2009). These researchers also showed that children with the highest rates of victimization at Time 1 had the greatest decreases in self-perception 5 months later at Time 2 (Boulton, Smith, & Cowie, 2010). These findings did not distinguish between children with different patterns of victimization (i.e., victimized at Time 1 only, Time 2 only, or at Time 1 and Time 2), making it problematic to draw conclusions about the impact of past, current, or chronic victimization.

Using a three-wave longitudinal design and a sample of more than 1,110 American students from 14 schools, Esbensen and Carson (2009) created three groups of children:

nonvictims, intermittent victims, and repeat victims. Repeat victims reported increased negative views of school and commitment to negative peers and lower levels of school safety and self-esteem compared to nonvictims and intermittent victims. Using a similar design, Scholte, Engles, Overbeek, de Kemp, and Haselager (2007) conducted a longitudinal study in the Netherlands that compared levels of peer-perceived social behavior in four categories of bullying victims: those who experienced bullying during childhood only, during adolescence only, during both childhood and adolescence, or were nonvictims. Compared with nonvictims, those victimized in both childhood and adolescence had the worst outcomes and were peer rated as being less liked, less cooperative, more shy, and having fewer friends in both childhood and adolescence. Both of these studies highlighted that although episodically and chronically victimized children had more negative perceptions of self and school, the chronically victimized children displayed the worst outcomes.

School Experiences, Social Relationships, and Mental Health of Victimized Adolescents

Victimized youth report higher levels of school dissatisfaction and lower rates of school connectedness and school bonding compared to nonvictimized youth (Dulmus, Sowers, & Theriot, 2006; Totura et al., 2008; You et al., 2008). Bullied youth view school as a dangerous place and report higher school disorder (i.e., presence of fighting, problem behavior, and gang involvement) compared to students not involved in bullying (Totura et al., 2008).

Perceptions of racial discrimination were positively associated with increased peer nominations for victimization in a sample of African American and Latino youth (Seaton, Neblett, Cole, & Prinstein, 2013), suggesting that racial minorities who are bullied are at an increased risk of perceiving racial discrimination. This assertion was supported in a study of 2,682 Dutch, Turkish, Moroccan, and Surinamese children ages 10–13 years that found that Dutch participants were more likely to report personal victimization, whereas ethnic minorities were more likely to report ethnic discrimination (Verkuyten & Thijs, 2006).

Victimized youth perceive lower levels of teacher support (Berkowitz & Benbenishty, 2012; Furlong, Chung, Bates, & Morrison, 1995) and peer support (Demaray & Malecki, 2003; Furlong et al., 1995; Holt & Espelage, 2007) compared to their nonvictimized classmates. Victims of bullying often perceive that teachers and peers are unable and unwilling to stop the bullying, which erodes victims' sense of support. A 2-year longitudinal study found that in sixth grade, only 17% of peer bystanders intervened in a bullying situation to defend the victim. The rate of supportive bystander behavior increased to only 20% in eighth grade (Salmivalli, Lappalainen, & Lagerspetz, 1998). Youth who are chronically victimized are repeatedly exposed to situations where their peers witness their harassment and fail to help, leaving the victims feeling unsupported and alone. Further, these bullied youth often do not receive support at home and report low levels of maternal support (Holt & Espelage, 2007). This lack of social support is likely to contribute to the poor mental health functioning of victimized adolescents.

Indeed, victims of bullying typically report higher rates of depression and anxiety compared to bullies, bully-victims, and noninvolved youth (Juvonen, Graham, & Schuster, 2003; Kaltiala-Heino, Rimpela, Marttunen, Rimpela, & Rantanen, 1999; Menesini, Modena, & Tani, 2009). Victims also suffer from low self-esteem (Olweus, 1994), which may cause them to have a negative view of the future. Finally, numerous researchers have found that victims display increased rates of reactive aggression compared to

nonvictimized youth (Camodeca & Goossens, 2005; Camodeca, Goossens, Terwogt, & Schuengel, 2002; Salmivalli & Nieminen, 2002).

Based on this past research, we formed the following hypotheses: (a) Physical/verbal bullying and cyberbullying victimization would be a risk factor related to negative developmental outcomes (i.e., negative school experiences, low social support, and poor mental health) in rural adolescents, and (b) chronic physical/verbal bullying and cyberbullying victimization would have more deleterious effects than current or past physical/verbal bullying and cyberbullying victimization.

METHOD

Participants

Participants were enrolled in 28 middle schools in two rural counties within the Southeastern United States. At Time 1 (spring of 2011), participants were in a middle school grade (Grades 6 through 8) and approximately one-third of the sample came from each grade. At Time 2 (Spring of 2012), participants had moved up one grade. Students who moved out of these two school districts were lost to attrition. In County 1, the sample included all middle school students (i.e., a complete census) in public schools. County 2 was much larger than County 1; therefore, a random sample of 40% of public middle school students in County 2 was included in the assessment. Parents from County 2 received a letter explaining the study. If they did not want their child or children to participate, they sent a letter requesting nonparticipation, and their child or children were removed from the study roster. Three parents sent letters of refusal. Students assented to participate by reading and electronically signing an assent screen prior to completing the online assessment. In both counties, students were given the opportunity to decline participation; 60 students declined to participate in the study over the 2 years.

This study included only those participants with complete data at both time points and who responded to questions about physical/verbal bullying and cyberbullying victimization ($N = 3,127$). The sample was 52.2% female and exceptionally racially diverse: 26.8% identified as American Indian/Native American, 27.3% as White, 24.3% as African American, 8.3% as Hispanic, and 12.1% as mixed race or other. Participants' mean age was 12.7 years. Two-thirds of participants received free or reduced-price lunch, and 73% lived in families with two adults.

Measures

The School Success Profile (SSP; Bowen & Richman, 2008) is a 220-item youth self-report survey that measures attitudes and perceptions about school, friends, family, neighborhood, self, and health and well-being. This study used the SSP+, which is a modified version of the SSP that includes all original SSP scales in addition to internalizing and externalizing subscales from the Youth Self-Report (i.e., the child form of the Child Behavior Checklist [CBCL]; Achenbach & Ruffle, 2000). A third added scale was a modified version of the Rosenberg (1965) Self-Esteem Scale.

Independent Measures. *Gender* was coded 1 for *female* and 0 for *male*. The *free or reduced-price school lunch program* variable was used as a proxy for socioeconomic status and was coded 1 if the child participated in the program and 0 if he or she did not.

Language spoken at home was coded 1 for participants who spoke a language other than English at home and 0 for *those who spoke English at home. Age* was a continuous variable indicating the participant's age at study enrollment. Finally, *family structure* was measured with a dichotomous variable coded 1 for *single-parent household* and 0 for *all other family configurations*.

Two SSP+ items assessed the respondent's experience with physical/verbal bullying and cyberbullying victimization: "During the past 12 months, have you ever been bullied on school property?" and "During the past 12 months, have you ever been electronically bullied (including being bullied through e-mail, chat rooms, instant messaging, websites, or texting)?" Both questions used a *yes/no* response option. These items were identical at Time 1 and Time 2.

Following data collection, students were categorized into four groups based on their Time 1 and Time 2 responses to the two victimization questions earlier. Students who reported being a victim of physical/verbal bullying or cyberbullying at both time points were labeled chronic victims, students who reported being victimized at Time 1 but not Time 2 were labeled past victims, students who reported victimization at Time 2 but not Time 1 were labeled current victims, and nonvictims reported no history of being bullied at either time point.

Baseline measures of school experiences, mental health, and social support were used in each model to control for Year 1 functioning in predicting Year 2 outcomes. The baseline measures were identical to the Year 2 dependent variables, as described in the following text.

Dependent Measures. The dependent measures were indicators of school experiences, social support, and mental health. Three scales measured school experiences: school satisfaction, perceived discrimination, and school hassles. The 7-item school satisfaction scale measured the respondent's overall satisfaction with school. Example items included, "I enjoy going to this school" and "I get along well with teachers at this school." Each item was rated on a 3-point Likert scale ranging from *not like me* to a *little like me* to *a lot like me*. Cronbach's alpha reliability was .85 for this sample.

The 3-item perceived discrimination scale assessed how often participants experienced racial discrimination. Example items included, "How often do people dislike you because of your race or ethnicity?" and "How often have you seen friends treated unfairly because of their race or ethnicity?" Each item was rated on a 4-point Likert scale (*never*, *sometimes*, *frequently*, or *always*); Cronbach's alpha reliability was .76 in this sample.

The 13-item school hassles scale was a measure of unpleasant interactions at school during the past 30 days. Example items included, "Someone treated you in a disrespectful way" and "Someone at school pushed, shoved, or hit you." The frequency of these events was measured on a 3-point Likert scale (*never*, *once or twice*, or *more than twice*). Cronbach's alpha reliability for this measure was .92 in this sample.

Social support was measured with four subscales that assessed perceived parent, friend, and teacher support and peer rejection. Parent support was assessed using a 5-item scale that measured the frequency of emotional support offered to the respondent during the past 30 days from an adult in the child's home. Example items included, "How often did the adults in your home let you know that you were loved?" and "How often did the adults in your home tell you that you did a good job?" The frequency of these events was measured on a 3-point Likert scale (*never*, *once or twice*, or *more than twice*); Cronbach's alpha reliability was .92 in this sample. The 5-item friend support subscale measured the

student's perceptions of the extent of support provided by his or her friends. Example items included, "I can count on my friends for support" and "I can trust my friends." Each item was rated on a 3-point Likert scale (*not like me*, *a little like me*, or *a lot like me*). The Cronbach's alpha reliability was .91 in this sample. Teacher support was measured using an 8-item subscale that assessed the student's perception of his or her teachers' supportive behavior. Example items included, "My teachers care about me" and "My teachers give me a lot of encouragement." Each item was rated on a 4-point Likert scale (*strongly disagree*, *disagree*, *agree*, or *strongly agree*); Cronbach's alpha reliability was .90 in this sample. Peer rejection was measured using a 3-item subscale that assessed student's perception of peer acceptance. Example items included, "I am made fun of by friends" and "I am picked on by friends." Each item was rated on a 3-point Likert scale (*not like me*, *a little like me*, or *a lot like me*); Cronbach's alpha reliability was .72 in this sample.

Mental health was assessed using five scales that measured depression, anxiety, externalizing behaviors (i.e., aggression), future optimism, and self-esteem. Achenbach and Ruffle's (2000) 7-item internalizing subscale from the Youth Self-Report (i.e., child-form CBCL) was divided into a 4-item depression subscale and a 3-item anxiety subscale. Example items from the depression subscale included, "I often feel sad" and "I often feel alone." Cronbach's alpha reliability for this scale was .84 in this sample. Example items from the anxiety subscale included, "I often feel nervous or tense" and "I often feel fearful or anxious." Cronbach's alpha reliability for this scale was .79 in this sample. Both the depression and anxiety subscales were rated on a 3-point Likert scale (*not like me*, *a little like me*, or *a lot like me*). The 12-item externalizing behaviors scale measured various aggressive and noncompliant behaviors. Example items included, "I get in many fights" and "I break rules at home, school, or elsewhere." Each item was rated on a 3-point Likert scale (*not like me*, *a little like me*, or *a lot like me*), and Cronbach's alpha reliability was .87 in this sample.

Five items from the Rosenberg Self-Esteem Scale (1965) measured student's self-esteem. Example items included, "I am able to do things as well as most other people" and "I have confidence in myself." Each item was assessed on a 3-point Likert scale (*not like me*, *a little like me*, or *a lot like me*). Cronbach's alpha reliability was .91 in this sample.

Future optimism was assessed with 12 items measured on a 4-point Likert scale (*strongly disagree*, *disagree*, *agree*, and *strongly agree*). Example items included, "I feel positive about the future" and "I make good choices." Cronbach's alpha reliability was .94 in this sample.

Each of these measures of school experiences, mental health, and social support were assessed during Time 1 and Time 2. Year 1 measures were included in analytic models to control for baseline functioning. For each scale, adding the items and dividing by the number of items answered derived the mean item rating. This strategy reduced missing data.

DATA ANALYSES

As described earlier, we cross-classified the two dichotomous questions about physical/verbal bullying or cyberbullying victimization at Time 1 and 2. This step yielded a *physical/verbal victimization* variable with four categorical groups: never a victim ($n = 2,157$, 69%), past victims ($n = 376$, 12%), current victims ($n = 250$, 8%), and chronic victims ($n = 344$, 11%). Using the same process, the *cyberbullying victimization* variable

had the following groups: never a victim ($n = 2,658$, 85%), past victim ($n = 219$, 7%), current victim ($n = 156$, 5%), and chronic victim ($n = 94$, 3%).

Considering the 28 schools in our study design, students coming from the same school might share common characteristics on an outcome variable in comparison with students from other schools. Using the intraclass correlation coefficient (ICC) developed by Raudenbush and Bryk (2002), we tested the clustering effects of the outcomes. The results suggested that for most of the scales, less than 2.3% of the variation lies between schools. Teacher support and school satisfaction had ICCs of 4.4% and 5.5%, respectively, which is still low enough to indicate that clustering effects were not present, and a multilevel analysis with an ordinary regression model could safely assume independent observations of the sample data.

We proceeded with hierarchical regression with independent variables entered in blocks, yielding five models that predicted each outcome for school experiences, social support, and mental health. The first block included demographic control variables. The second block for past year victimization included two indicators for physical/verbal bullying victimization and cyberbullying victimization during Year 1. The third block added the Year 1 assessment of the dependent variable under consideration, providing a control for baseline functioning and enabling us to evaluate if Year 1 measures of school experiences, mental health, or social support nullified the impact of demographic characteristics or victimization during that baseline year. The fourth block included current physical/verbal bullying and cyberbullying victimization variables. Finally, the fifth block contained one variable indicating chronic physical/verbal victimization and a second variable measuring chronic cyberbullying victimization. Listwise deletion (Allison, 2002) was used to handle missing data. All assumptions for hierarchical multiple regression were met.

RESULTS

All three victim groups (i.e., past victims, current victims, and chronic victims) had worse developmental outcomes than nonvictims. Chronic victims had the worst outcomes, and current victims had the next most problematic outcomes. Past victims had poor outcomes on some indicators, but for many outcomes, these direct effects were not statistically significant once the Year 1 dependent variable was entered into the model in the third block.

School Experiences

Chronic victimization had pervasive negative effects in predicting lower school satisfaction and higher levels of school hassles and perceived discrimination (see Table 1). Current victimization had effects that were equally widespread and nearly as strong. Physical/verbal bullying victimization effects were stronger than effects for cyberbullying victimization. The direct effects for past victimization, both physical bullying and cyberbullying, were no longer statistically significant after the baseline dependent variable, current victimization, or chronic victimization were entered into the model. This pattern suggests that Year 1 victimization may be associated with negative Year 1 school experiences (lower school satisfaction, stronger perceptions of hassles, higher perceived discrimination), which in turn lead to negative Year 2 school experiences. Past victimization may also influence current or chronic victimization, leading to indirect relationships

with Year 2 school experiences. These indirect effects are exploratory and should be confirmed in future research.

Social Support

Perceptions of parent support in Year 2 were inversely related to past physical/verbal bullying victimization, current cyberbullying victimization, and chronic victimization for both physical/verbal bullying and cyberbullying (see Table 2). Reports of teacher support in Year 2 were inversely related to current physical/verbal bullying and cyberbullying victimization and chronic physical/verbal victimization. Current victims of physical/verbal bullying and cyberbullying and chronic cyberbullying victims reported lower levels of friend support. Past physical/verbal victimization, current physical/verbal bullying and cyberbullying victimization, and chronic physical/verbal and cyber victimization were positively associated with Year 2 peer rejection.

TABLE 1. Episodic and Chronic Victimization and Year 2 School Experiences

	School Satisfaction	School Hassles	Perceived Discrimination
Demographics			
Gender (female)	−.021	.024[b]	.037*
Free/reduced lunch (yes)	.004	−.009	.022
Language at home (not English)	.003	.007	.075***
Age	−.052**	−.008	.032[a]
Single parent family (yes)	−.058***	−.001	−.001
Past year victimization			
Physical/verbal victim Year 1	−.018[a]	.000[b]	.001
Cyberbully victim Year 1	−.020[a]	−.025[b]	.018[a]
Past year dependent variable			
Dependent variable Year 1	.458***	.374***	.349***
Current year victimization			
Physical/Verbal victim Year 2	−.082***	.232***	.100***
Cyberbully victim Year 2	−.020	.094***	.060***
Chronic victimization Years 1 and 2			
Physical/Verbal victim Years 1–2	−.088***	.248***	.126***
Cyberbully victim Years 1–2	−.023	.115***	.100***
Adjusted R^2	.250	.400	.220
F (7; > 2,700)	85***	163***	69***

[a]Statistically significant until Year 1 dependent variable was added to the model.
[b]Statistically significant until chronic victimization was added to the model.
*$p < .05$. **$p < .01$. ***$p < .001$.

TABLE 2.   Episodic and Chronic Victimization and Year 2 Social Support

	Parent Support	Teacher Support	Friend Support	Peer Rejection
Demographics				
Gender (female)	.010	.001	.051**	−.016
Free/reduced lunch (yes)	−.032[a]	.013	−.020[a]	−.039*
Language at home (not English)	−.023[a]	.016	−.013	.007
Age	−.067***	−.079***	−.049**	.015
Single parent family (yes)	−.016	−.007	−.025[a]	−.022
Past year victimization				
Physical/verbal victim Year 1	−.053**	−.002	−.014[a]	.036*
Cyberbully victim Year 1	−.015	−.023 [a]	−.005	.015 [a]
Past year dependent variable				
Dependent variable Year 1	.415***	.330***	.406***	.226***
Current year victimization				
Physical/verbal victim Year 2	−.016	−.055**	−.054**	.152**
Cyberbully victim Year 2	−.063***	−.037*	−.034*	.096***
Chronic victimization Years 1 and 2				
Physical/verbal victim Years 1–2	−.047**	−.081***	−.014	.164***
Cyberbully Victim Years 1–2	−.034*	−.001	−.036*	.055**
Adjusted R^2	.20	.13	.19	.14
F (7; > 2,700)	62***	38***	98***	40***

[a]Statistically significant until Year 1 dependent variable was added to the model.
*$p < .05$.**$p < .01$.***$p < .001$.

Mental Health

Past physical/verbal bullying victimization, current physical/verbal bullying and cyberbullying victimization, and chronic physical/verbal victimization were all associated with lower levels of future optimism in Year 2, controlling for all other factors in the model (see Table 3). Self-esteem in Year 2 was inversely related to current physical/verbal bullying and cyberbullying victimization and chronic physical/verbal bullying and cyberbullying victimization. The same pattern was evident for anxiety and aggression in Year 2, except chronic physical/verbal victimization was not significantly related to Year 2 aggressive behavior.

DISCUSSION

There is no doubt that physical/verbal bullying and cyberbullying are a serious concern for a significant number of youth in the United States. In this large, ethnically diverse

TABLE 3. Episodic and Chronic Victimization and Year 2 Mental Health

	Future Optimism	Self-Esteem	Depression	Anxiety	Aggression
Demographics					
Gender (female)	0.066***	−0.034*	0.109***	0.116***	0.050**
Free/reduced lunch (yes)	−0.031	0.029	0.017[a]	0.020[a]	0.015[a]
Language at home (not English)	−0.031[a]	−0.007	0.030[a]	0.017	0.009
Age	−0.091***	−0.067***	0.032**	0.072***	0.026[a]
Single parent family (yes)	−0.011	0.006	0.030	0.036*	0.028[a]
Past year victimization					
Physical/verbal victim Year 1	−0.018**	−0.027	0.024[a]	0.031[a]	0.016
Cyberbully victim Year 1	0.007	0.010	−0.017	−0.008	−0.028
Past year dependent variable					
Dependent variable Year 1	0.317***	0.368***	0.433***	0.351***	0.482***
Current year victimization					
Physical/verbal victim Year 2	−0.037*	−0.082**	0.048**	0.042*	0.056**
Cyberbully victim year 2	−0.047**	−0.105***	0.100***	0.089***	0.073***
Chronic victimization Years 1 and 2					
Physical/verbal victim Years 1–2	−0.039*	−0.088***	0.078***	0.052**	0.025
Cyberbully victim Years 1–2	−0.011	−0.060***	0.089***	0.086***	0.055**
Adjusted R^2	0.13	0.19	0.28	0.20	0.28
F (7; > 2,700)	36***	56***	91***	57***	89***

[a]Statistically significant until Year 1 dependent variable was added to the model.
*$p < .05.$**$p < .01.$***$p < .001.$

sample of 3,127 rural youth, 35% of middle school students reported being victimized in some way over the course of 2 years. For physical/verbal bullying, 12% had been victimized in Year 1, 8% in Year 2, and another 11% in both Years 1 and 2. Despite being in an impoverished, rural context where cell phone coverage is sporadic and computers are not commonly available in homes, cyberbullying was less prevalent but still widespread. For cyberbullying, 7% of students had been victimized in Year 1, 5% in Year 2, and another 3% in both Years 1 and 2.

Our victimization prevalence rates are reasonable estimates, particularly considering the dearth of research on rural youth. Rates from this study fall between the high of 82.3% of rural students who reported experiencing some form of victimization by Dulmus and colleagues (2004) and the nationally representative sample prevalence rates of 19.9% victimization found in the CDC (2013) data or the 10.6% victimization rate reported by Nansel and colleagues (2001). Because this study used the same victimization items as the CDC, there is clear evidence that victimization rates are elevated in the rural areas we studied. While being cautious in generalizing this information to other rural areas, concern about bullying victimization in rural areas is warranted, as is the necessity of conducting more research with rural youth.

The results from this study underscore the importance of conducting longitudinal studies on victimization. Timing and chronicity of victimization experiences were critical factors to study in relating bullying to developmental outcomes. Current, past, and chronic physical/verbal bullying and cyberbullying victimization were related to lower levels of school satisfaction, perceived social support, and mental health. This evidence suggests that any amount of bullying victimization, even discrete instances that do not endure into the following school year, have serious, deleterious effects for children. Both types of bullying victimization had widespread impacts across developmental domains, hampering academic experiences, social interactions, and mental health processes. This evidence strengthens the case for both types of bullying victimization to be considered interpersonal traumas that precipitate feelings of shame and humiliation, leading to profound damage to self-identity and interpersonal functioning. Feelings of shame and humiliation that can derive from bullying victimization are likely to result in an impaired ability to process emotions, an eroded experience of the self and later psychopathology (Lee, Scragg, & Turner, 2001).

Our hypotheses were supported. Past, current, and chronic physical/verbal bullying and cyberbullying victimization were risk factors related to pervasive negative developmental outcomes in children. Chronic victimization displayed the worst effects across all developmental outcomes, which is in line with the notion that cumulative risk factors create a "pileup" that is more detrimental than individual risk factors (Davies, 1999). Chronic victimization was associated with increased perceptions of school hassles, racial discrimination, peer rejection, depression, anxiety, and aggression with concomitant decreases in school satisfaction, future optimism, self-esteem, and support from parents, teachers, and friends. These findings confirm past research (Esbensen & Carson, 2009) and extend the discussion to impoverished rural settings. Bullying victims should be encouraged to seek help so that victimization does not become chronic.

Current victimization was nearly as deleterious as chronic victimization and was more closely tied to Year 2 developmental outcomes than past year victimization. Consequently, it is paramount for school personnel to intervene in current bullying dynamics whether or not the situation has been going on long term. Current bullying, either physical/verbal or cyber, should not be tolerated. Adults should not underestimate the significance of the

isolated, current event, while waiting to see whether the victimization becomes chronic. Current bullying victimization has a pervasive, negative effect on child functioning that needs to be addressed when it happens.

It was an encouraging sign that victimization in the past year did not have statistically significant lingering effects on developmental outcomes in the current year. Perhaps some of the trauma resulting from past bullying victimization heals with time. The diminishing effect of past victimization appeared to be the case with cyberbullying victimization in particular. At the same time, past physical/verbal bullying victimization had such a traumatic effect that it displayed a continuing relationship with perceptions of low parent support, low future optimism, and high peer rejection 1 year after the victimization. Past cyberbullying victimization also continued to impact students' perceptions of school danger in the current year. The persistence of these effects underscores the importance of having more longitudinal research on bullying.

Most of the direct effects of past episodes of victimization lost their statistical significance when Year 1 measures of school satisfaction, social support, and mental health or Year 2 victimization variables were added to the models. This pattern suggests that Year 1 victimization may be associated with negative Year 1 school experiences, lack of Year 1 social support, or Year 1 mental health problems, which in turn lead to negative Year 2 outcomes. Consequently, the direct impact of past victimization might fade, but the damage to well-being may continue indirectly by shifting victims onto a problematic trajectory that persists over time. These indirect effects are exploratory and should be confirmed in future research that uses sophisticated analytic techniques to examine influential pathways.

The effects for physical/verbal bullying victimization were usually slightly stronger than those for cyberbullying victimization. It was intuitive that physical/verbal bullying would erode feelings of school safety and satisfaction because the bullying occurs in the school environment. However, it was surprising that cyberbullying also had significant negative impacts on school experiences. Although cyberbullying often occurs outside of school, the detrimental effects clearly impacted children's ability to enjoy school and feel safe during the school day. Given that cyberbullies often conceal their identities, victims may feel constantly unsettled (Hoff & Mitchell, 2009), which might explain why cyber victimization resulted in an increased perception of danger and lower levels of school satisfaction. The anonymity of cyberbullying might prime victims to see danger everywhere, especially at school, and may result in a state of hypervigilance or heightened sensitivity to threats. Hypervigilance might cause victims to perceive discrimination, school hassles, and school danger more frequently.

Levels of perceived social support varied by type of victimization (i.e., physical/verbal bullying or cyberbullying) and by source of support. Because physical/verbal bullying occurred at school, it is likely that victims' friends witnessed the bullying and might not have assisted the victim, which could account for the low levels of friend support reported by current victims of physical/verbal bullying. It is well documented that victims of physical/verbal bullying have poor peer relationships (Nansel et al., 2004; Nansel et al., 2001). Unlike physical victimization in which the bully might be stronger than the victim and friends, in situations of cyberbullying, friends can intervene by posting supportive messages on social networks. A lack of cyber support from friends might deeply wound the victim because this is about courage not strength.

It is noteworthy that all three victim groups of both physical/verbal bullying and cyberbullying reported lower levels of parent and teacher support than nonvictims. Either parents and teachers are not intervening to help stop bullying or victims are not telling their

parents and teachers about the bullying leaves these adults with a lack of knowledge. Both scenarios would result in the victims' decreased perceptions of adult support. Future interventions should focus on empowering victims to report the bullying to a parent, teacher, or trusted adult. The simple act of reporting victimization is the first step to helping victims create support networks.

For mental health outcomes, all current and chronic victims of both physical/verbal bullying and cyberbullying reported higher levels of anxiety, depression, and aggressive behaviors as well as lower levels of self-esteem and future optimism than nonvictims. Perhaps the shame and humiliation caused by victimization is a partial explanation for the poor mental health outcomes of victims. Shame causes self-blame and a negative view of self (Lee et al., 2001), which might translate into internalizing disorders such as depression and anxiety. The experience of humiliation, which fosters a negative view of and anger toward the perpetrator (Lee et al., 2001), might explain the higher levels of aggressive behaviors among victims. Future research should consider the role of shame and humiliation in the relationship between bullying victimization and negative mental health outcomes. The widespread effects of chronic victimization on many developmental outcomes should alarm school staff, especially guidance counselors and social workers. We extended past research by showing that repeated victimization dramatically erodes mental health over time.

Special consideration should be given to the needs of adolescent females. Relative to males, females reported more depression, anxiety, aggression, perceived discrimination, and lower self-esteem. These results for females are in line with previous studies and national data showing females to be at high risk for certain forms of bullying victimization (e.g., cyber, relational/social, verbal) and mental health difficulties (CDC, 2013; Hankin, 2006; Negriff & Susman, 2011; Wang et al., 2009). Cyberbullying, in particular, is nearly twice as common among females as it is among males (22% vs. 11% respectively; CDC, 2013). Given this high level of risk for females, school counselors and social workers should invest in gender-specific interventions that foster social support and address mental health issues.

Limitations

First, using a dichotomous variable to measure bullying victimization resulted in a loss of variability as a child who had been victimized once was treated synonymously with a child who was victimized multiple times in each year. Second, it is possible that using a single item to assess the prevalence rates of physical/verbal bullying and cyberbullying victimization in this sample resulted in an underestimation of true victims. Researchers have found that using multiple items to assess bullying victimization yielded a higher count of victims than using only one item (Esbensen & Carson, 2009). However, because of limited student time and space on the assessment instrument, adding additional items was not feasible in this study. Third, a definition of bullying was not provided to students when completing the assessment, which might have made it difficult for students to identify situations in their own lives that constituted bullying.

CONCLUSION

Any amount of bullying victimization can result in negative outcomes. However, chronic victimization is clearly more detrimental than past or current victimization. Ongoing victimization may serve as a form of interpersonal trauma that influences school experiences,

personal relationships, and mental health functioning. Victims of chronic bullying are clearly in need of additional supports. Ideally, school personnel should intervene in bullying dynamics before a child becomes a chronic victim. However, if this intervention does not occur, chronic victims should be provided with ample supports and appropriate mental health treatment.

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