ORIGINALES

Personal and social factors which protect against bullying victimization

Factores personales y sociales que protegen frente a la victimización por bullying

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ABSTRACT:
Objective: To determine the prevalence of bullying victims and analyze the influence of personal and social factors on this phenomenon in a population of adolescents.
Methods: A descriptive, cross-sectional, and multicenter study, was conducted in sudents aged 15–18 years old in five high schools in Cuenca (Spain) during the 2015–2016 academic year. The study variables were collected via a self-administered questionnaire and included: age, sex, and subscales of the KIDSCREEN-52 questionnaire and the CD-RISC 10 resilience scale.
Results: Data were collected from 844 students (54% girls); the average age of the sample was 16.36 years. The overall prevalence of bullying victims was 29.5%. Multivariate analysis for personal factors showed that being female, more resilient, having a better self-perception, and psychological well-being protected against being a bullying victim. The social-factors model indicated that availability of economic resources, good relationships with parents and friends, and the school environment also had a protective effect.
Conclusion: Bullying is a complex phenomenon which is highly prevalent and has a high social impact. Our work indicates that the characteristics of adolescents, including their capacity for resilience and emotional control, as well as those related to their social support network, are protective factors against bullying. Prevention policies must be multisectoral and multidisciplinary and involve families, school and care environments, and social networks. Primary care nurses, and especially school nurses, could facilitate greater coordination among these different sectors, helping them join forces to promote safe environments for our young people.

Key words: Bullying; Protective factors; KIDSCREEN-52; Resilience.

RESUMEN:

Objetivo: Determinar la prevalencia de ser víctima de bullying y analizar la influencia de factores personales y sociales sobre este fenómeno en una población de adolescentes.

Metodología: Estudio descriptivo, transversal y multicéntrico, realizado entre alumnos de 15–18 años en cinco institutos de educación secundaria de Cuenca durante el curso académico 2015-1016. Las variables de estudio se recogieron mediante un cuestionario autoadministrado que incluyó: edad, sexo, diferentes subescalas del cuestionario KIDSCREEN-52 y la escala de resiliencia CD-RISC 10.

Resultados: Se recogieron datos de 844 estudiantes (54% chicas), la edad media de la muestra fue de 16,36 años. La prevalencia de víctimas de bullying fue de 29,5%. El análisis multivariante para los factores personales, mostró que ser chica, ser más resiliente, tener mejor autopercepción y bienestar psicológico, protegen frente a ser víctimas. Mientras que el modelo de factores sociales indicó que tienen también un efecto protector los recursos económicos, las relaciones con los padres, amigos y entorno escolar.

Conclusión: El bullying es un fenómeno complejo de elevada prevalencia y gran repercusión social. En nuestro trabajo, las características propias de los adolescentes tales como la capacidad de resistencia y el control emocional, así como las relacionadas con su red social de apoyo, son factores protectores frente al bullying. Las políticas de prevención deben ser multisectoriales y multidisciplinares implicando a la familia, entorno escolar y asistencial y red social. Las enfermeras de atención primaria y especialmente la enfermera escolar, podrían facilitar una mayor coordinación entre los distintos sectores y aunar esfuerzos para promover entornos seguros para nuestros jóvenes.

Palabras clave: Acoso escolar; Bullying; Factores protectores; KIDSCREEN-52; Resiliencia.

INTRODUCTION

School bullying includes different violent behaviors that develop between peers as a result of their coexistence at school and can have important effects on both physical and mental health[1,2]. A person is normally considered a victim of bullying when he or she is exposed to an intentional and repeatedly aggressive behavior exercised by peers. It is characterised by an imbalance of power because it is clearly impossible for the victims of bullying to defend themselves[3–5].The aggressions can vary in nature, but the most common are: physical aggression, including blows, kicks, and pushes; verbal aggression through insults, threats, and manipulations; and relational aggression by manipulating relationships so that a person is ignored or excluded. In recent years cyberbullying has also emerged as another source of harassment linked to the use of new technologies, via mobile phones or the internet[4].

We used reports by the local ombudsman and the Cisneros research team as the starting point for studies on school violence in elementary and high school students in our environment[6,7]. The prevalence figures for the phenomenon are quite variable, ranging from 3.8% estimated in 2010 by the observatory of school coexistence[8], to 23.3% published in 2007 in the Cisneros report [7]. The same occurs at the international level, with prevalence figures greatly differing from one country to another. In the study by Craig et al., values were compared in 40 countries, and data by sex ranged from 4.8% in girls in Sweden to 45% in boys in Lithuania; the figures for Spain are 10.2% in boys and 8% in girls[9]. In general, the prevalence of bullying victims is greater among boys than among girls[9,10] and decreases with increasing age[1,10].

Despite the wide variability in figures, bullying is a worrying problem. It has an international scope, and is being widely studied. Most research focuses on studying the factors that make children and adolescents more vulnerable to bullying[1] or what kind of environments or behaviours facilitate or aggravate this aggression[11]. The

short- and long-term consequences that intimidation has on physical and mental health has also been the subject of interest[1–3,10]. However, fewer studies have focused on protective factors as a strategy for promoting health and preventing bullying[5].

There is a tendency to think of bullying as a problem related to the process of social interaction which involves protective factors, conceptualized as variables that can prevent or mitigate its impact[5]. These factors can be both personal and social. Among the personal factors, several studies emphasize resilience, defined as the ability to adapt to adverse circumstances thus allowing the management of stress[3]. Resilience can be seen as an individual protective resource which adolescents use to effectively face their problems, including victimization[12]. Social factors can be studied by following the ecological model in which the different microenvironments of the individual, and their family, school, and friends interact with each other, forming a support network that can help avoid or mitigate bullying situations[5].

Given all the above, the objectives we set ourselves in this investigative study were:

- To determine the prevalence of bullying victims in a population of adolescents attending high-school in the city of Cuenca (Spain).

- Analyze the influence of personal and social factors on bullying victimization.

METHODOLOGY

Design

A descriptive, cross-sectional, multicenter, and multi-stage study was conducted in five high schools (HSs) in Cuenca (Spain) during the 2015–2016 academic year. The study target population was approximately 2,500 students. Data were finally collected from 844 adolescents; the sample selection process is detailed in figure 1. The HSs that agreed to participate were contacted and the class group was determined as a random unit in proportion to the number of students from the different grades at each HS. Parental authorizations were collected from underage students and informed consent was obtained from students aged 18 years old. The questionnaire was anonymous, and the confidentiality of the data was guaranteed. The study protocol was approved by the Ministry of Education and by the principals of the participating HSs.
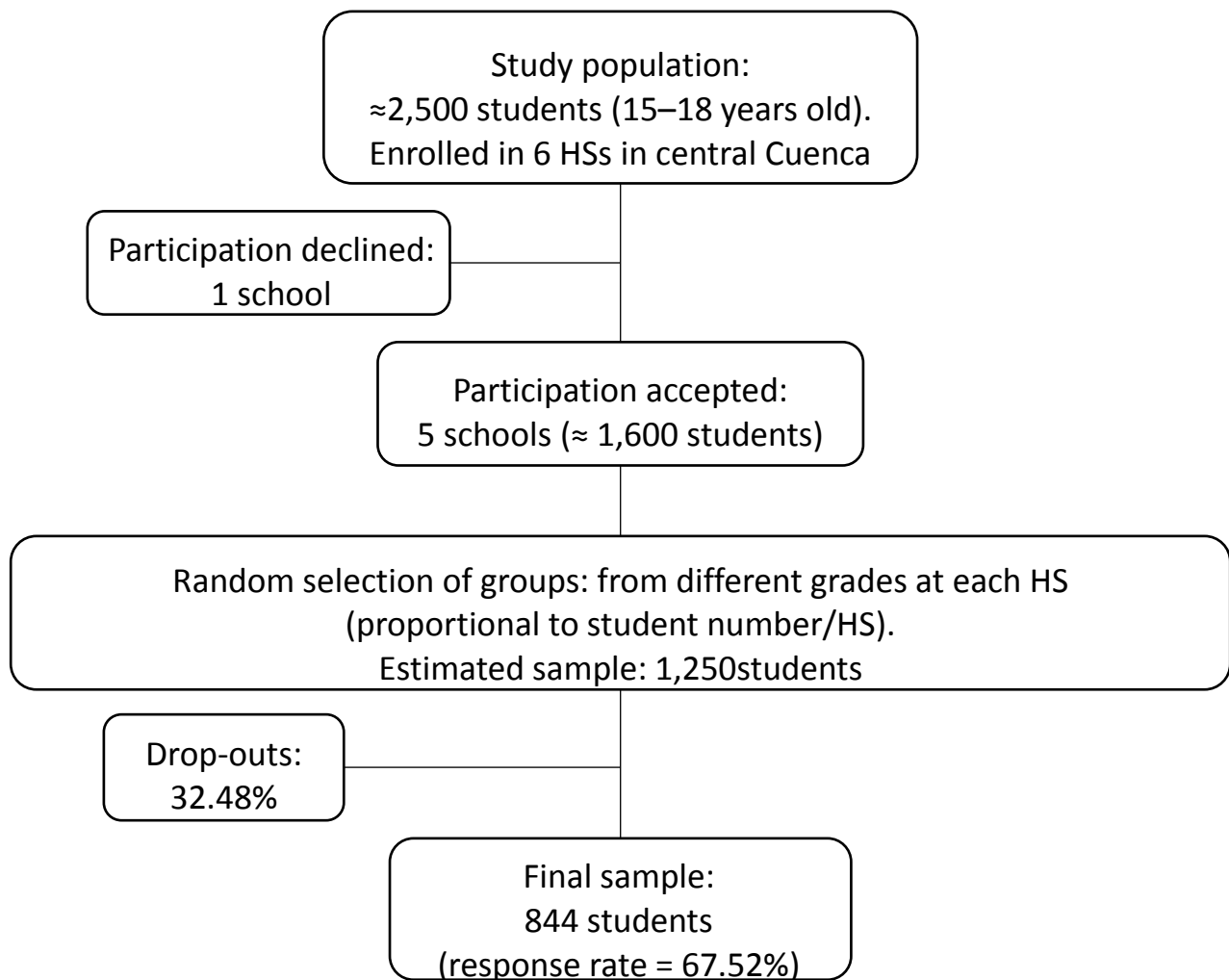
Figure 1. Sample-selection process

Variables

As in similar studies[1], victimization was measured using the bullying subscale of the KIDSCREEN-52 questionnaire[13–14]. This scale consists of three items: (1) Have you been afraid of other girls and boys? (2) Have other girls and boys made fun of you? (3) Have other girls and boys bullied you? The answers are evaluated with a Likert scale that evaluates the frequency (never, seldom, sometimes, often, always), and the answers considered the student's experiences from the previous week. A student was considered to have been bullied when other student(s) had said or done unpleasant things to him/her or had repeatedly made fun of them over time. Low scores indicated a higher perception of being bullied. The scale showed good reliability (Cronbach's alpha = 0.769).

Other variables: Based on the literature[5], various factors were established, including personal and social factors.

In addition to age and sex, the personal factors encompassed the following variables:
- Capacity for resilience was determined using the CD-RISC10 resilience scale[15,16], which includes 10 items evaluated on a Likert scale that measures

frequency from 0 (absolute) to 4 (almost always). The higher the score, the greater the resilience (for example: "I think of myself as a strong person when dealing with life's challenges and difficulties." The Cronbach's alpha value for this scale was 0.845.

- Physical health was assessed using the KIDSCREEN-52 physical well-being subscale which examines the physical activity and fitness and energy of students. (for example: "In general, how would you say your health is?"). The Cronbach's alpha value for this scale was 0.857.

- Mental health was evaluated using the psychological well-being subscale of KIDSCREEN-52 which explores positive emotions and life satisfaction (for example: "Have you felt sad?"). The Cronbach's alpha value for this scale was 0.888.

- Self-perception was determined using the homonymous KIDSCREEN-52 subscale which measures how students perceive their physical appearance and body image and their satisfaction related to this perception (for example: "Have you been worried about the way you look?" or "Would you like to change something about your body?"). The Cronbach's alpha value for this scale was 0.733.

The social factors included were:

- Financial resources, measured using the economic resources KIDSCREEN-52 subscale that reflects the student's perception of financial capacity (for example: "Have you had enough money to do the same things as your friends?"). The Cronbach's alpha value for this scale was 0.864.

- The family atmosphere was assessed using the KIDSCREEN-52 parent-family life subscale which analyses the student's family atmosphere (for example: "Have you been able talk to your parent(s) when you wanted to?"). The Cronbach's alpha value for this scale was 0.885.

- Relationships with peers were evaluated with the social support and relationships with friends KIDSCREEN-52 dimension which reflects the type of relationship students have with their peers (for example: "Have you and your friends helped each other?"). The Cronbach's alpha value for this scale was 0.828.

- The school environment was measured using the KIDSCREEN-52 dimension which explores student's perceptions about their cognitive capacity and concentration, as well as their feelings about school (for example: "Have you got on well at school?"). The Cronbach's alpha value for this scale was 0.797.

In all the dimensions of the KIDSCREEN-52 used, the mean scores were standardised to an average of 50 and a standard deviation of 10, as indicated in the handbook for this questionnaire[13].

Statistical analysis

The data were entered and analyzed with the SPSS statistical package (version 22). To analyze the prevalence of victimization by bullying, the social acceptance variable (*Bullying*) was dichotomized according to previous studies, using one standard

deviation as the cut-off point. Students who obtained a score lower than 40 were defined as victims of bullying, and students with values of 40 or more were identified as non-victims[1,2].

The analysis was structured into several parts. First, according on the nature of the variables, the most relevant descriptive statistics (percentages, means, and standard deviations) were calculated. Next, Chi-square and Student t tests were used to determine which variables were associated with being victims of bullying. The items which were identified as significant were then introduced into multivariate models. Two logistic regression models were implemented, the first included the personal factors in the equation and the second included the social factors. Not all the factors were considered in a single model because potential interactions between these factors would have skewed the results.

RESULTS

The participants in this study were 844 students aged 15–18 years; their mean age was 16.36 years. Regarding the sociodemographic characteristics of the sample, 55.7% were girls and the most numerous group was adolescents aged between 15 and 16 years (56.2%). The overall prevalence of adolescents who were victims of bullying was 29.5%, and our bivariate analysis showed no differences by sex. The highest prevalence in boys was in the group aged 15–16 years (31.9%) while the opposite occurred in girls: the oldest age group (aged 17–18 years) had the highest prevalence (32.5%). All these data are shown in table 1.

Student t-tests were used to test the relationship between being a victim of bullying and the main protective factors indicated in the literature differentiating between personal and social factors. With respect to personal factors, adolescent victims of bullying had significantly worse values for resilience capacity (26.37 ± 7.00 vs. 28.95 ± 6.44 in non-victims), self-perception (43.65 ± 7.98 vs. 46.99 ± 7.62 in non-victims), physical well-being (45.23 ± 10.74 vs. 47.77 ± 10.21 in non-victims), and psychological well-being (45.82 ± 9.67 vs. 49.65 ± 9.18 in non-victims). Regarding social factors, adolescent victims of bullying had a lower perception of economic resources (50.08 ± 8.83 vs. 53.41 ± 7.72 in non- victims), worse relationships with their parents (46.54 ± 9.60 vs. 50.84 ± 9.32 in non-victims), less perception of social and peer support (50.87 ± 9.33 vs. 54.62 ± 9.29 in non-victims), and worse relationships in the school setting (45.33 ± 6.31 vs. 48.00 ± 7.69 in non-victims). These results are shown in table 2.

Finally, we conducted a multivariate analysis to determine the impact of personal and social factors on being a victim of bullying. In our two logistic regression models, we controlled for sex and age. In the first model, we tested the influence of personal factors on being a victim of bullying. The equation indicated that the following factors had a protective effect: being female ($\beta = 0.646$, $p = 0.013$), higher capacity for resilience ($\beta = 0.971$; $p = 0.024$), higher self-perception ($\beta = 0.953$, $p = 0.000$), and greater psychological well-being ($\beta = 0.979$, $p = 0.039$); physical wellbeing was not a significant protective factor (see table 3). In the second model we tested the influence of social factors on being a victim of bullying. The following factors were highlighted by the equation as having a protective effect: better economic situation ($\beta = 0.975$, $p = 0.017$), a good relationship with parents ($\beta = 0.975$, $p = 0.010$) and with peers ($\beta = 0.976$, $p = 0.009$), and an adequate adaptation to the school environment

($\beta = 0.975$, *p* = 0.043). These results are shown in table 4. The adjusted R squared values were 10% in both models.

Table 1: Description of the sample and prevalence of bullying victimization

	Total		Boys		Girls		p
	n	%	n	%	n	%	
Sex	844	100	374	44,3	470	55,7	
Age							
15-16	474	56.2	210	44.3	264	55.7	0.995
17-18	370	43.8	206	55.7	164	44.3	
Victims of bullying	249	29.5	112	29.9	137	29.1	0.801
15-16	137	28.9	67	31.9	70	26.5	0.199
17-18	112	30.3	45	27.4	67	32.5	0.290

Table 2: Relationship between being a victim of bullying and personal and social factors

	Victim (<40)	Non victim (>40)	p
Personal factors			
- Age	16.43±1.07	16.33±1.05	0.252
- Resilience	26.37±7.00	28.95±6.44	0.000
- Self-perception	43.65±7.98	46.99±7.62	0.000
- Physical wellbeing	45.23±10.74	47.77±10.21	0.001
- Psychological wellbeing	45.82±9.67	49.65±9.18	0.000
Social factors			
- Financial resources	50.08±8.83	53.41±7.72	0.000
- Parent relations and home life	46.54±9.60	50.84±9.32	0.000
- Social support and peers	50.87±9.33	54.62±9.29	0.000
- School environment	45.33±6.31	48.00±7.69	0.000

Table 3: Logistic regression model. Bullying victimization and personal factors, controlling for sex and age

		B	Standard error	Exp(B)	p
Step 1	Gender (female)	-0.034	0.152	0.966	0.822
	Age	0.082	0.072	1.085	0.254
(R^2Nagelkerke=0.002)					
Step 2	Gender (female)	-0.437	0.176	0.646	0.013
	Age	0.033	0.075	1.034	0.658
	Resilience	-0.030	0.013	0.971	0.024
	Self-perception	-0.049	0.013	0.953	0.000
	Physical wellbeing	-0.005	0.009	0.995	0.596
	Psychological wellbeing	-0.022	0.010	0.979	0.039
(R^2Nagelkerke=0.093)					

Table 4: Logistic regression model. Bullying victimization and social factors, controlling for sex and age

		B	Standard error	Exp(B)	p
Step 1	Gender (female)	-0.034	0.152	0.966	0.822
	Age	0.082	0.072	1.085	0.254
(R^{2}Nagelkerke=0.002)					
Step 2	Gender (female)	-0.131	0.159	0.878	0.411
	Age	0.032	0.075	1.033	0.666
	Financial resources	-0.025	0.011	0.975	0.017
	Parent relations and home life	-0.025	0.010	0.975	0.010
	Social support and peers	-0.025	0.009	0.976	0.009
	School environment	-0.025	0.013	0.975	0.043
(R^{2}Nagelkerke=0.098)					

DISCUSSION

In our society there is concern about the coexistence problems which occur in educational centers. Our study shows that the prevalence of adolescents who suffer bullying is high, and that there are personal and social factors that can be considered as protective against bullying victimisation. These include greater capacity for resilience, higher levels of satisfaction with their image and life, availability of more economic resources, and better social relationships.

We found that the prevalence of bullying was 29.5%. These values are higher than those reported by Sánchez-Queija et al. who detected a 21.5% prevalence of bullying victimization in 2014, representing an increase with respect to 2006[17]. Using the same methodology we employed in the research reported here, Analitis et al. found slightly higher figures in Spain: 26.1% for boys and 22.1% among girls[1]. The values obtained at the international level vary widely from 49% in Lithuania to 4% in Sweden[9]. The variability in prevalence can probably be attributed to cultural, social, and study-design differences, as well as to the prevention policies developed in each country in question[1,9]. In our study, we found no differences in prevalence by sex or age in our bivariate analyses, although the multivariate analyses indicated that female sex behaved as a protective factor. This is in line with most published research which describes boys as being more susceptible to becoming victims of bullying than girls[1,9]. Some studies have noted that levels of bullying decrease as age increases[1,9]. However, we did not find this difference, which may be because of the lower age range of the sample we studied.

In relation to personal factors, adolescents who were not victims of bullying had better levels of perceived psychological well-being, which leads us to suspect that students who experience more positive emotions and whose levels of life satisfaction are higher, are more protected against bullying. The causal relationship has not yet been clearly established in the literature, some studies even indicate that this process could be bidirectional. Other studies have shown that suffering bullying interferes with emotional well-being, and there is a strong association between being a victim of bullying and mental health problems such as depression and anxiety[10,18]. One article even states that low levels of well-being can be considered a precursor to becoming a

victim of bullying[18]. Our results show that lower levels of resilience are also associated with being a victim of bullying, and so we concluded that resilience is a predictor that protects against bullying. Indeed, our findings are consistent with previous research which points to this same association[19]. Resilience, or resistance to adversity, in adolescents acts as a buffer against the harmful effects of bullying[19]. Resilient individuals use stress-coping strategies that prioritize the resolution of everyday problems rather than emotional strategies (e.g., becoming angry, crying, etc.) and this protects against bullying and the presence of depressive symptoms[3,5]. Another aspect of interest is related to self-perception: as found in previous research[20], levels of self-perception were lower among victims of bullying, which implies that these individuals have a worse perception of their body image and are less satisfied with their bodies.

Regarding social factors, we found that non-victims of bullying had a better perception of socioeconomic status with respect to their peers, which also concurs with the findings of another previous study[21]. The published literature suggests that adolescents with a lower socioeconomic level are more at risk of being involved in bullying behavior both as victims and as bullies[2].

Family remains an essential protective element for psychological and social development in adolescence, although interaction with peers also occupies a prominent place in this development. A positive relationship between parents and children provides more opportunities for bullying to be prevented or for experiences of bullying to be overcome[3,22,23]. Similarly, the evidence we report in this work also detected that the family environment plays a protective role against bullying victimization. Students who experience abuse and humiliation at home more easily become involved in other violent incidents, also in the school environment (both as bullied and/or being bullies) [11,21].

The levels of social support and quality of relationships with friends were higher among adolescents who were not victims of bullying, which suggests that they have a greater sense of belonging, are more accepted, and have more skills to form or maintain friendly relationships[24]. It is known that victims are generally unpopular in groups[25] and often present difficulties in social relationships[11], which leads us to believe that being part of a group protects against bullying and that classmates can have an essential mediating role in these processes.

Adolescents who did not suffer from bullying had a better perception of the school environment. These findings coincide with previous publications that found that schools with high levels of discipline, with the implementation of strict but fair rules, and with engaged and passionate teachers, experienced lower levels of bullying[26]. Although the data we present here provides no information about the roles of teachers in the prevalence of bullying, some studies indicate that teachers can play a protective role against bullying[24] and even that teacher interventions to stop bullying are the most effective factor in reducing its prevalence[26]. A positive school environment promotes respect and allows interactions among all of its members, while environments which lack a pro-social attitude and respect for others encourage bullying situations, and moreover, tend to consider bullying behavior normal and may even reinforce it[27].

Study limitations

The main limitation of our research is that it cannot establish cause-effect relationships because it was a cross-sectional study. However, our descriptive analysis has provided us with information on the factors that may be involved in bullying. Thus, follow-up research, especially longitudinal studies, will be necessary to confirm the possible causal effects we identified here.

CONCLUSIONS

In short, bullying has a high prevalence, and so it is considered an important social problem that generates concern among parents, teachers, and health professionals because of the serious consequences seen in its victims. From the perspective of health promotion, it is important to study the factors that protect against victimization, as these should form the basis of intervention strategies.

Our work highlights how resilience and feeling good about themselves make adolescents less susceptible to bullying. Activities aimed at promoting emotional control and respect for others allow adolescents to improve these strengths. Another essential factor is the degree of family integration and peer support (friends and colleagues) who form a network around adolescents which helps to protect them against bullies.

Current interventions against bullying are usually conducted in the school environment. However, in our opinion, the phenomenon of bullying victimization is very complex and emerges in other areas, affecting the physical and mental health of those who are bullied, and their relationships with family and friends and their school environment. Therefore, anti-bullying interventions should be multisectoral, and in this sense, primary-care nurses could play an important role in the early detection and prevention of bullying[28]. Thus, school nurses are starting to become key agents that could facilitate coordination between the family, school, and health settings, helping to promote safer and violence-free environments for our young people[29,30].

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