Western
Centre for School Mental Health

Adolescent Bullying: The Impact of Self-Efficacy, Social Support and Moral Disengagement on Prosocial Intervening

Tessa Alexander MA Candidate, Dr. Natalia Lapshina PhD, Dr. Claire Crooks PhD C. Psyc.

LITERATURE REVIEW

Adolescent youth exposed to bullying remain at a heightened risk of developing mental health related issues, have a lower quality of life and in extreme cases, engage in suicidal behaviour (Mishna, Pepler, Cook, Craig & Wiener, 2010; Stuart & Jose; Kim & Leventhal, 2008). Educators, practitioners and researchers have all diligently attempted to reduce the prevalence of bullying in the adolescent population by developing intervention strategies (Vreeman & Aaron, 2007). Successful anti-bullying strategies typically encourage youth to intervene upon witnessing bullying (Vreeman & Aaron, 2007). This has been labelled in the research as prosocial intervening (PI) Several factors have been associated with PI, including perceived social support, moral engagement, life satisfaction and gender (Hymel, Rocke-Henderson & Bonanno, 2005; Hertz, Donato & Wright, 2013).

Bullying is the act of degrading someone

Bullying can be stopped via prosocial intervening (PI)

PI occurs when youth undertake actions that benefit others

What predicts PI?

Moral engagement, social support, life satisfaction & self efficacy

Let's test this theory out!

METHOD

School districts were invited to participate in a bullying victimization, perpetration and bystander survey as part of a larger study exploring healthy teen behaviours (see; Crooks, Scott, Broll, Zwarych, Hughes, & Wolfe, 2015). Students from fifty-seven schools across rural and urban Saskatchewan participated in this study.

PARTICIPANTS

One thousand and fifty seven Canadian students, averaging the age of 13, participated in a self-report survey measuring a range of attitudes and characteristics that might be predictive of PI behaviour. Approximately 80% of the participants were grade 8 students. The remainder of the data was collected from Grade 6, Grade 7 and Grade 9 students. The majority of participants were Caucasian (67.6%), followed by First Nations, Inuit, Metis (15.9%) and Asian (7.7%). The remainder of participants self-identified as Arab, African and Hispanic. 618 students resided in urban neighbourhoods while 439 resided in rural neighbourhoods. 51.7% of students identified as Male, 47.4% identified as Female, while the remainder of the sample chose not to disclose their gender.

MEASURES

Variable	Measure	Item Example	Reliability	Mean	SD	Score Range
Moral Disengagement	Moral Engagement and Moral Disengagement Scale (Vallincourt, Personal Communication)	"It is okay to call some students nasty names"	∝ .79	10.01	2.94	6 - 22
Self Efficacy	Adolescent Health Survey IV Scale (McCreary Centre Society, 2008)	"There is usually a way I can solve the problems I have"	∝ .78	27.43	3.46	14 - 36
Social Support	Healthy Youth Survey (Centre for Youth and Society, 2003)	"My friends/peers give me the moral support I need"	∝ .75	22.49	3.31	10 - 27
Life Satisfaction	Life Satisfaction Inventory (Gaderman, Schonert-Reichl & Zumbo, 2010)	"If I could live my life over, I would have it the same way"	∝ .87	15.32	2.86	5 - 20
Prosocial Intervening	Bullying Scenario's (project specific development)	"Stand up to my friends and tell them to stop"	/	8.75	2.13	4 - 12

HYPOTHESIS

It was predicted that youth low in moral disengagement and high in social support, self-efficacy and life satisfaction will be more likely to intervene when witnessing a peer being victimized by bullies.

RESULTS

A generalized linear model was produced to examine if moral disengagement, life satisfaction, self-efficacy and social support were associated with PI. Results indicated that social support, moral disengagement and gender predicted PI behaviour. Life satisfaction was removed from the model due to multicollinearity. Self-efficacy did not uniquely predict PI in participants. Females were more likely than their male counterparts to participate in PI behaviour.

Variable	Wald Chi-Square	df	Significance
Moral Disengagement	107.714	1	$p < .000^*$
Self Efficacy	.037	1	$p > .05$
Social Support	16.58	1	$p < .000^*$
Gender	4.609	1	$p < .05^*$

DISCUSSION

Consistent with these results, it is recommended that educators explore social emotional programming that targets moral disengagement in youth as a way to increase PI behaviour. There are several limitations restricting the usability of this research due to the quasi-experimental structure of the study design. To address this limitation, future research should utilize longitudinal methodologies.

REFERENCES

Centre for Youth and Society, University of Victoria. (2003). "Healthy Youth Survey". Retrieved from: http://youth.society.uvic.ca/

Crooks, C. V., Scott, K. L., Broll, R., Zwarych, S., Hughes, R., & Wolfe, D. A. (2015). Does an evidence-based healthy relationships program for 9th graders show similar effects for 7th and 8th graders? Results from 57 schools randomized to intervention. Health Education Research, 30, (3), 513-519.

Hertz, M. F., Donato, I. & Wright, J. (2013). Bullying and Suicide: A Public Health Approach. Journal of Adolescent Health, 53, 51-53.

Hymel, S., Rocke-Henderson, N. & Bonanno, R. A. (2005). Moral Disengagement: A Framework for Understanding Bullying Among Adolescents. Journal of Social Sciences, 8, 1-11.

Gaderman, A.M., Schonert-Reichl, K.A. & Zumbo, B.D. (2010). Investigating validity evidence with the satisfaction with life scale adapted for children. Social Indicators Research 96, 229-247.

Kim, Y. S. & Leventhal, B. (2008). Suicide and bullying. A review. International Journal of Adolescent Medical Health, 20, 133 – 154.

McCreary Centre Society. (2008) "Adolescent Health Survey IV". Retrieved from: http://www.mcs.bc.ca/

Mishna, F., Pepler, D., Cook, C., Craig, W., & Wiener, J. (2010). The ongoing problem of bullying in canada: A ten-year perspective. Canadian Social Work, 12(2), 43-59.

Vreeman, R. C. & Carroll, A. E. (2007). A Systematic Review of School-Based Interventions to Prevent Bullying. Archives of Pediatrics & Adolescent Medicine, 161(1), 78-88.