

September 2015

Bullying and Victimization among Children Raised by Grandparents

Oliver W. Edwards

University of Central Florida, owedwards@ucf.edu

Follow this and additional works at: <https://scholarworks.wmich.edu/grandfamilies>



Part of the Counselor Education Commons, Educational Psychology Commons, and the Psychology Commons

Recommended Citation

Edwards, O. W. (2015). Bullying and Victimization among Children Raised by Grandparents. *GrandFamilies: The Contemporary Journal of Research, Practice and Policy*, 2 (2). Available at: <https://scholarworks.wmich.edu/grandfamilies/vol2/iss2/4>

This Article is brought to you for free and open access by the National Research Center on Grandparents Raising Grandchildren at ScholarWorks at WMU. It has been accepted for inclusion in GrandFamilies: The Contemporary Journal of Research, Practice and Policy by an authorized editor of ScholarWorks at WMU. For more information, please contact wmu-scholarworks@wmich.edu.



Research Article

**Bullying and Victimization Among
Children Raised by Grandparents**

Oliver W. Edwards
University of Central Florida

Departmental Affiliation: Oliver W. Edwards, College of Education and Human Performance, University of Central Florida.

Correspondence concerning this article should be addressed to: Oliver Edwards, College of Education & Human Performance 12494 University Boulevard, University of Central Florida, Orlando, FL 32816
Contact: Oliver.Edwards@ucf.edu

Abstract

Increasing numbers of school-age children are being raised by their grandparents. Yet, a dearth of research investigates the children in these families. The few studies suggest the children experience higher levels of academic, behavioral, and emotional difficulties than their peers. These behaviors are often associated with involvement in bullying, but no empirical research investigates bullying among children raised by their grandparents. This current study helps to fill the noted lack of research in this area and the gap in the literature by investigating the intersection of these two important phenomena—bullying and children raised by their grandparents. This study uses a nationally representative U.S. sample of 3,347 fifth and sixth grade

participants from the large-scale 2009-2010 “Health Behavior in School-aged Children” survey. The results indicate children raised by their grandparents bully more frequently, but are not victims of bullying more frequently than children living in other head of household family care arrangements. The children and their grandparents, as well as their teachers, will likely benefit from specific prevention and intervention strategies to ameliorate risk of bullying behavior.

Keywords: bullying, bully victimization, children raised by grandparents, grandparents raising grandchildren

Over the past two decades the United States has experienced an increase in the number of children under the age of 18 who live with their grandparents (U.S. Census Bureau, 2010). Although studies are continuously accumulating regarding the grandparents in these alternate families, a paucity of empirical research exists regarding the children. The preponderance of publications indicates grandparents in these families experience heightened psychosocial strain and physiological distress (Edwards, 1998, 2003; Kelley, Whitley, & Campos, 2013; Strom & Strom, 2011). Additionally, emerging findings reveal children raised by their grandparents (CRBTG) experience higher levels of academic, behavioral, and emotional difficulties than children in general (Edwards, 2006, 2009; Smith & Palmieri, 2007). However, a thorough search of the literature using PsycInfo with the key words “children raised by grandparents” and “bullying” reveals no extant studies that investigate the involvement in bullying among CRBTG. Bullying is defined as a class of physical, verbal, cyber, and relational behaviors that are deliberate and recurring with the intent of harming or seriously disturbing the victim (Olweus, 1993). This study adds to the

knowledgebase regarding fifth and sixth grade CRBTG by examining their exposure to bullying, either as perpetrators or victims. The study is relevant and necessary because it investigates two important phenomena—bullying and CRBTG and their intersection.

Definition and Population Statistics

The phenomenon of CRBTG occurs because the children's parents are no longer able to care for them (Edwards & Taub, 2009). In some cases, one or both of the children's parents reside in the home, but the parent(s) either officially or unofficially renounce guardianship of the children to the grandparents (Kelley, Whitley, & Campos, 2010).

Population statistics indicate that in 2009 approximately 6 million children who were living with their grandparents were also living with a parent in the home (U.S. Census Bureau, 2010). Of the aforementioned households, 3.6 million of the children lived in a home in which the grandparent was the primary caregiver (U.S. Census Bureau). More than 1.8 million children live with their grandparent(s) and without either parent in the home. Children living with their grandparents comprise approximately 9% of children living in the United States. According to the U.S. Census Bureau, 31% of children living with their grandparents and without a parent in the home lived under conditions of poverty. Children and families who experience poverty are at risk for multiple adverse outcomes (Nikulina, Widom, & Czaja, 2011).

Etiology of Children Raised by Grandparents

Pejorative life events frequently precede the circumstance in which children become dependents of their grandparents (Edwards & Benson, 2010). These negative life events include eight of the nine primary reasons that

result in the phenomenon of CRBTG (Edwards & Benson, 2010). These reasons have been termed the “*nine Ds*” (Edwards & Ray, 2010) and include the following: (1) divorce (consensual child placement with grandparents), (2) desertion (voluntary child removal from the home), (3) drug abuse (leading to involuntary child removal from the home), (4) death, (5) diseases (illness preventing parents from caring for the child), (6) delivery (adolescent childbirth, not commonly considered a negative life event), (7) detention (incarceration), (8) deployment (military placement in war zones), and (9) departure (immigration). Published articles have outlined and comprehensively explicated the “*nine Ds*” phenomenon as it relates to the formation of grandparent-headed households (see Edwards & Benson, 2010; Edwards & Ray, 2010)

Despite the negative life events associated with the formation of these alternate families, CRBTG are often raised in a more supportive environment than their original parental home environment (Dolbin-MacNab, 2006). Living with their grandparents likely improves the children’s opportunities to experience positive psychosocial and psychoeducational outcomes from a loving and nurturing caregiver as opposed to living with biological parents who engage in pathogenic parenting (Strom & Strom, 2011). The former homes often offer a stabilizing, secure, and positive alternative when families are faced with difficult circumstances (Edwards, & Ray, 2008). Grandparents can also provide a more loving and nurturing environment than foster care (Dolbin-MacNab, 2006). They may be grateful for the opportunity to transmit family values and traditions to their grandchildren and help them mature successfully into adulthood (Dolbin-MacNab, 2006).

Many CRBTG experience success as they traverse the developmental trajectory from childhood to adulthood.

These CRBTG who experience favorable developmental outcomes include two United States presidents (i.e., President Barack Obama and former President Bill Clinton). Positive developmental outcomes are likely related to ecological sources (Dolbin-MacNab, 2006) including family systems (e.g., nurturing and accepting grandparents with support from other relatives), opportunities to receive mentoring, and involvement with faith-based groups (Edwards, Mumford, & Serra-Roldan, 2007). Other ecological sources that increase the probability of successful outcomes include attending effective schools that offer proactive interventions such as well-trained teachers, smaller classroom sizes, social skills and parent effectiveness training, and opportunities to engage in multiple extracurricular activities (Edwards, 2003; Edwards & Taub, 2009). Despite the success experienced by many CRBTG, the negative life events and untoward factors that precede the emergence of these alternate families may adversely impact significant numbers of grandparents and grandchildren (Kelley, Whitley, & Campos, 2010).

Empirical Research Regarding Children Raised by Grandparents

The majority of studies examining the phenomenon of CRBTG investigate the grandparents' functioning. Few studies examine the functioning of the children in these families and even fewer empirical studies investigate the children in these families. Two of the most rigorous and representative empirical studies suggest the children experience heightened psychosocial distress.

The first study (Edwards, 2006) investigated a sample of 54 African American elementary school students being raised by one or both grandparents and a comparison group of 54 elementary school students living with one or

both biological parents. Teachers were asked to complete behavior rating scales that evaluated the behavioral functioning of the children in the school setting. The findings indicated teachers perceive children raised by grandparents as manifesting a greater amount of internalizing and externalizing problems than their peers. Further, analyses of the teachers' ratings revealed significantly more CRBTG than children raised in single or dual-parent household evidence overall psychopathology.

Researchers (Smith & Palmieri, 2007) used data from 733 grandmother-headed households and 9,878 caregivers participating in a study funded by the National Institute of Mental Health that used the 2001 National Health Interview Survey. Each family completed the Strengths and Difficulties Questionnaire with regard to children in the age range of 4 through 17 who fit the target family population. The results indicate CRBTG are at greater risk for psychological problems than children in general population. CRBTG manifest more behavioral problems (Cohen's d effect size of .78), hyperactivity (Cohen's $d = .63$), peer relationship conflicts (Cohen's $d = .65$), and indicators of emotional dysfunction (Cohen's $d = .54$).

Taken together, these studies suggest CRBTG appear more susceptible to social and behavior problems than children in the general population (Edwards, 2009). Their behaviors leave them at risk for involvement in bullying because research reveals significant associations between bullying and social and conduct problems (Vaughn et al., 2010).

Research Examining Bullying Among School-Age Children

Bullying is considered a far-reaching concern that consistently impacts nearly 30% of school-age children

(Bradshaw, Sawyer, & O'Brennan, 2007; Nansel et al., 2001). Interest in bullying increased subsequent to several notorious school shootings, most prominently the shooting at Columbine High School in 1999. These school shootings were reportedly often associated with bullying victimization (Randazzo et al., 2006). At the time of the Columbine shooting, there were no state laws regarding school bullying, but a few years after Columbine there were at least 41 (Olweus & Limber, 2010). Bullying prevention remains an important activity for school staff today.

Methods of bullying entail intimidation via physical aggression including kicking, punching, or slapping as well as verbal threats, social exclusion, gossiping, and name-calling in order to exercise power over victims (Nansel et al., 2001; Vaughn et al., 2010). They generally transpire in circumstances in which there is a psychological or physical power imbalance between the perpetrator and the victim (O'Brennan, Bradshaw, & Sawyer, 2009). Victims of bullying experience numerous emotional consequences such as low self-esteem, anxiety, academic problems, and psychosocial problems (Nansel et al., 2004; Nansel et al., 2001). Perpetrators of bullying are said to demonstrate poor psychosocial and psychoeducational adjustment (Nansel et al., 2001; Vaughn et al., 2010). In light of this asymmetry of power that is part of bullying, victimization is often difficult to discontinue after beginning and may result in acute and adverse psychosocial and academic outcomes (Blake et al., 2012).

Multiple research studies have been published regarding bullying, and the majority of these studies suggest bullying has a pejorative, pervasive, and persistent impact on children's psychosocial functioning and emotional development (Gladstone, Parker, & Malhi, 2006; Pranjić, & Bajraktarević, 2010). Youth suicides are commonly associated with bullying (Olweus, 1993, 1999).

Summary findings regarding the relationship between bullying and child development indicate being bullied is associated with emotional problems such as depression, anxiety, poor self-concept, loneliness, and social withdrawal (Gladstone, Parker, & Malhi, 2006). In light of the associated psychopathology and adverse consequences of bullying, preventing bullying in schools is considered a public health priority (Spriggs et al., 2007).

Purpose of the Study

Although no data are available regarding bullying involvement among CRBTG, it seems highly likely they will experience more bullying victimization than their peers related to their alternate living arrangement. Qualitative research suggests CRBTG are teased frequently regarding the fact their parents do not live in the home (Edwards, 1998; 2001). Additionally, it is anticipated that CRBTG will bully more than their peers because research reveals they engage in significantly more oppositional, aggressive, and disruptive behaviors (Edwards, 2006; 2009).

Overall, the database of empirical research relative to CRBTG remains sparse. The knowledgebase is virtually nonexistent regarding these children's involvement in bullying. In light of research findings suggesting the negative impact of bullying relative to social-emotional functioning persists from childhood through adulthood (Gladstone, Parker, & Malhi, 2006), educators and caregivers need additional information regarding the potential for bullying among different student subgroups.

The study is designed to answer two research questions. (1) Do fifth and sixth grade CRBTG engage in significantly more bullying than children living in other head of households family care arrangements? (2) Do fifth and sixth grade CRBTG experience more bullying victimization than children living in other head of

household family care arrangements? This study was conducted using the primary hypothesis that fifth and sixth grade CRBTG bully more frequently and are bullied more frequently than children living in other head of household family care arrangements. The findings of this study may help to determine whether CRBTG require specific prevention and intervention services. The results may also help identify the need to intervene with these children to ameliorate the recurrence of serious school violence.

Method

Participants

Since 1998, the National Institute of Child Health and Human Development has participated in a nationally representative survey of youth attending schools in the United States (Nansel et al., 2001). The survey is entitled the “Health Behavior in School-aged Children” (HBSC). This international survey was initiated in 1982 in three countries and has since expanded to 42 participating countries in the 2009-2010 cycle (Iannotti, 2010).

This study has been ongoing for over three decades, and it is designed to examine children’s perceptions regarding an extensive array of health-related behaviors and lifestyle issues. Numerous scholarly research articles have been published utilizing data obtained from the surveys over past 20 years, but none has addressed the psychosocial behavior and functioning of CRBTG.

Nationally representative sampling was conducted in the United States over three phases for the 2009-2010 cycle: “districts, schools, and classes. In the first stage of sampling, Primary Sampling Units (PSUs) were stratified within each Census Division. These PSUs are comprised of one or more school districts of public schools” (Iannotti, 2010, pp. 2-3). To ensure sufficient statistical power due to an anticipated low school participation rate, 475 schools

were found eligible to participate in the study. However, 161 schools did not choose to participate, resulting in a final sample of 314 schools. Across the grade levels of 5 through 10, 14,627 students were eligible to participate. Approximately, 2% of these students did not give assent to participate. Further, 675 students were absent from school during the original administration day. Of the absent students, 301 completed the survey within a few days. The final sample size for the fifth through sixth grade sample resulted in 3,347 participants. The overall sample's response rate of greater than 90% is considered outstanding (Iannotti, 2010).

For the purposes of this study, fifth and sixth grade participants were identified based on their family composition and who in the home had responsibility for the child's care. That is, participants were grouped with regard to the following head of household criteria: (1) Both father and mother; (2) mother only; (3) father only; (4) father and stepmother; (5) mother and stepfather; (6) grandparent(s); and (7) other arrangement (e.g., foster care or other child care). Demographic characteristics of the participants of this study are described extensively in Table 1.

Procedure

The 2009-2010 HBSC survey was administered to fifth and sixth grade students in a general education classroom by a school staff member such as a teacher, nurse, or guidance counselor. The staff member was provided an explicit script that described in detail the survey procedures. Each staff member then administered the survey to the students using the script. The children actually completed each survey themselves. The children took on average 45 minutes to complete the survey.

Table 1

Participant characteristics based on responses available in each category

Adult Responsible for Participants' Care	Grade 5 & 6 Totals	Gender	Mean Age By Gender	Ethnicity by Caregiver Arrangement	Family SES = Average and Above OR Below Average	Mean # Brothers Sisters
Both Mother and Father	5 = 942 6 = 1120 Total = 2062	M = 1061 F = 998	M = 10.93 F = 10.83	AA = 226 AI = 93 Asian = 156 Caucasian = 1247 Hispanic = 471 PI = 42	≥ Average = 1660 < Average = 160	B = 1.04 S = 1.01
Mother	5 = 286 6 = 379 Total = 665	M = 322 F = 342	M = 11.05 F = 11.03	AA = 230 AI = 28 Asian = 28 Caucasian = 249 Hispanic = 193 PI = 11	≥ Average = 525 < Average = 88	B = 1.23 S = 1.24
Father	5 = 41 6 = 60 Total = 101	M = 56 F = 45	M = 11.23 F = 10.93	AA = 17 AI = 5 Asian = 6 Caucasian = 50	≥ Average = 86 < Average = 9	B = 1.60 S = 1.45

GrandFamilies

Vol. 2(2), 2015

				Hispanic = 30 PI = 1		
Mother and Stepfather	5 = 115 6 = 174 Total = 289	M = 113 F = 176	M = 11.20 F = 10.89	AA = 70 AI = 21 Asian = 9 Caucasian = 174 Hispanic = 58 PI = 2	≥ Average = 240 < Average = 29	B = 1.24 S = 1.28
Father and Stepmother	5 = 25 6 = 33 Total = 58	M = 30 F = 28	M = 11.00 F = 11.00	AA = 11 AI = 8 Asian = 3 Caucasian = 44 Hispanic = 7 PI = 2	≥ Average = 50 < Average = 3	B = 1.45 S = 1.39
Grandparents(s)	5 = 19 6 = 39 Total = 58	M = 33 F = 25	M = 11.36 F = 11.08	AA = 21 AI = 2 Asian = 3 Caucasian = 22 Hispanic = 12 PI = 1	≥ Average = 47 < Average = 8	B = 1.77 S = 1.46

GrandFamilies

Vol. 2(2), 2015

Other	5 = 47	M = 61	M = 11.30	AA = 32	≥ Average = 83	B = 1.59
Arrangement	6 = 67	F = 51	F = 10.94	AI = 3	< Average = 21	S = 1.70
(e.g., foster care)	Total = 114			Asian = 5		
				Caucasian = 53		
				Hispanic = 28		
				PI = 3		

* AI = American Indian; Asian; B/AA = Black/African American; C = Caucasian; PI = Pacific Islander; Multiethnic; Hispanic

A standardized research protocol was developed in order to offer a conceptual framework for research topic, data collection, and statistical analyses (Roberts et al., 2009).

“The Research Protocol includes detailed information and instructions covering the following: conceptual framework for the study; scientific rationales for each of the survey topic areas; international standard version of questionnaires and instructions for use (e.g., recommended layout, question ordering, and translation guidelines); comprehensive guidance on survey methodology, including sampling, data collection procedures, and instructions for preparing national datasets for export to the International Data Bank; and rules related to use of HBSC data and international publishing” (Roberts et al., p. 142; see Roberts et al., 2009, for a comprehensive description of the procedures).

This current study includes one independent variable comprised of seven levels. Adult head of household responsible for the fifth and sixth grade students’ care is the independent variable. The seven levels are as follows: (1) Both father and mother; (2) mother only; (3) father only; (4) father and stepmother; (5) mother and stepfather; (6) grandparent(s); and (7) other arrangement (e.g., foster care or other childcare).

For the purposes of this study, each respondent answered two sets of survey items. These questions are the dependent variables. They are as follows: (1) How often have you been bullied at school in the past couple of months? (2) How often have you taken part in bullying another student(s) at school in the past couple of months? The survey authors define bullying as follows: “We say a student is BEING BULLIED when another student, or a

group of students, say or do nasty and unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she does not like or when he or she is deliberately left out of things. But it is NOT BULLYING when two students of about the same strength or power argue or fight. It is also not bullying when a student is teased in a friendly and playful way” (Iannotti, 2010, p. 9). Each question is answered using a Likert scale: 1 = never, 2 = once or twice, 3 = two or three times a month, and 4 = about once a week, or 5 = several times a week.

Results

The non-parametric Kruskal-Wallis ordinal statistical test is applied to determine the involvement in bullying for CRBTG compared to children raised in the other head of household caregiving arrangements. Assumptions of random sampling and independent observations are met based on the procedures used to acquire this nationally representative HBSC sample.

Separate Kruskal-Wallis tests are used for each dependent variable. The results reveal a significant difference in bullying involvement as perpetrators among children raised by grandparents ($\chi^2 = 42.169$, $df = 6$, $p < .000$). Kruskal-Wallis post hoc analysis reveal CRBTG have the highest rank among the groups: (1) grandparents ($\bar{x} = 1954.35$); (2) father only ($\bar{x} = 1861.33$); (3) other arrangement ($\bar{x} = 1830.91$); (4) mother only ($\bar{x} = 1786.10$); (5) father and stepmother ($\bar{x} = 1783.32$); (6) mother and stepfather ($\bar{x} = 1685.82$); and (7) both father and mother ($\bar{x} = 1640.75$).

The results do not indicate a significant difference in bullying victimization among children raised by grandparents ($\chi^2 = 13.317$, $df = 6$, $p < .038$). Despite a significant Kruskal-Wallis test, the post hoc analysis reveal CRBTG evidence a lower rank than several of the other

caregiver groups: (1) Other arrangement ($\bar{x} = 1891.40$); (2) father and stepmother ($\bar{x} = 1884.76$); (3) father only ($\bar{x} = 1800.57$); (4) grandparents ($\bar{x} = 1791.17$); and (5) mother and stepfather ($\bar{x} = 1769.85$); (6) mother only ($\bar{x} = 1754.55$); and (7) both father and mother ($\bar{x} = 1692.96$).

Discussion

In this nationally representative sample of fifth and sixth grade children raised by different types of caregivers, CRBTG evidence significantly greater levels of bullying as perpetrators than children living in other caregiving arrangements. However, CRBTG do not evidence significantly greater levels of bullying victimization than children living in other caregiving arrangements.

Previous research findings regarding bullying and parental characteristics suggest that children bully more frequently when the parent-child dyad consists of elevated levels of reciprocal anger, when the parents believe their child is more difficult to care for than other children, when parents care for a child who manifests emotional and behavior concerns, and in cases of suboptimal maternal mental health (Shetgiri, Lin, Avila, & Flores, 2012). Previous research also suggests poor parent-child communication is correlated with increased levels of bullying behavior (Spriggs et al., 2007).

Due to parent-child disruptions that pejoratively impact continuity of care as well as the factors that predate the children entering their grandparents' care (i.e., the nine Ds), CRBTG are much more difficult to raise than their peers (Edwards, 2006, 2009; Kelley, Whitley, & Campos, 2013; Smith & Palmieri, 2007). Consequently, children living in these alternate families may be predisposed to experience risk factors associated with bullying perpetration.

Research suggests bullies are aggressive, domineering, and uncooperative toward peers (O'Brennan, Bradshaw, & Sawyer, 2009). They demonstrate difficult school adjustment with respect to academic achievement and social-emotional well-being (Nansel et al., 2004). Further, they believe they receive less social support from teachers than their peers (Demaray & Malecki, 2003). It frequently presents a challenge for teachers to manage their behaviors in the classroom. Thus, bullies may perceive they receive less help from their teacher, and this creates difficulty forming a connection or bond with their teachers (Demaray & Malecki). The children also perceive themselves as receiving less social support from their parents (Demaray & Malecki), and this perception exacerbates the challenges and risk of bullying behavior in CRBTG given the parent-child discontinuity.

Practical Implications and Recommendations

The findings of this present study suggest both CRBTG and their grandparents, as well as their teachers, may benefit from specific prevention and intervention strategies to ameliorate risk of bullying and bullying behavior. First, it is certainly important and substantiated by research that school-wide bullying prevention programs (e.g., Olweus Bullying Prevention Program; Olweus, 1993) reduce incidence of bullying and advance collaboration among school staff and students to foster a positive school climate and ameliorate social norms associated with bullying (Bradshaw, Sawyer, & O'Brennan, 2007). The aforementioned notwithstanding, it is likely CRBTG need highly targeted interventions because of their alternate caregiver arrangement.

In light of the pejorative life events that predate the formation of these alternate families, prevention and intervention are needed that take into consideration the

typical concerns associated with working with dysfunctional families (Edwards & Benson, 2010). Moreover, research demonstrates social support is related to numerous favorable outcomes among children and adolescents (Demaray & Malecki, 2003) and bullies often perceive they receive minimal support from adults in their lives (Demaray & Malecki). Thus, issues of inadequate attachment and social support are inherent and inimical in these alternative families and merit addressing (Edwards & Ray, 2008).

The Grandfamily School Support Network (GSSN; Edwards, 1998) was developed as a practical response to attenuate the school-related problems experienced by CRBTG. It is a structured social and academic support system that provides services by mental health professionals to both children and grandparents in these families. Originally, the GSSN was intended to operate as a service model that works to attenuate stress and stress symptomatology, as well as improve the students' school performance (Edwards). It needs minor modification to address issues of bullying prevention.

The children will likely benefit from a greater emphasis on social skills training that teaches them how to establish, maintain, and engage in appropriate, prosocial behaviors with their peers (Bradshaw, Sawyer, & O'Brennan, 2007). Additionally, given their often advanced age, physical challenges, off-time parenting role, and lack of experience parenting modern-day children, grandparents may benefit from psychoeducation courses and/or therapy to help address these distinct issues associated with parenting one's grandchildren (Edwards & Ray, 2010). Despite the GSSN design as a school-based intervention, it emphasizes an ecological approach that involves the grandparents and other community members extensively. Bullying prevention programs often target children and

school personnel without requiring extensive involvement from caregivers and the community. Research suggests that although parental engagement is difficult to include as part of school-based bullying prevention models, it is a critical component to advance positive outcomes (Shetgiri et al, 2012).

Teachers are also important variables in the equation regarding bullying prevention among CRBTG. Empirical studies indicate school success is related to contextual variables associated with the students themselves, their home environment, and their school connections (Edwards & Taub, 2009; Baker, Dilly, Aupperlee, & Patil, 2003). Thus, it is critical that teachers use evidence-based strategies to connect with students who are at risk for bullying by providing them substantial and substantive social support (Demaray & Malecki, 2003). Teachers can engage the students in productive activities, instruct these children regarding prosocial behaviors, ensure high standards, but reasonable expectations, and connect them with other adults in the school (Edwards & Taub, 2009). These efforts are documented to be effective prevention and intervention strategies that advance positive outcomes for children (Damon, 2004).

Limitations and Future Research

This study is limited by the cross-sectional nature of the research. It is indeterminable from the findings of this study whether parenting arrangement or factors that predate the parenting change cause increased bullying among fifth and sixth grade CRBTG when compared to their peers. The aforementioned notwithstanding, this study fills a substantive gap in the knowledgebase by revealing to educators and caregivers that young children raised by grandparents are at substantial risk to engage in bullying, but are less frequently victims of bullying when compared

to peers. Educators can use these findings to design proactive prevention programs.

An additional limitation is that these findings are based on respondents' self-reports, and their perceptions may not be fully aligned with reality. In light of the sensitive nature of bullying, respondents may actually underreport their bullying behaviors due to the social desirability effect. Nonetheless, the HBSC is a rigorous, multinational, large-scale study that has been continually conducted for more than three decades. The limitations noted herein are unlikely to significantly impact the results of this study.

In the future, longitudinal research designs should be implemented to help ascertain causal inferences regarding variables in the alternate child caregiving arrangement that result in increased bullying among CRBTG. It would be helpful to know whether factors that predate the formation of the alternate families, the grandparents' characteristics (e.g., advanced age or health problems), or the grandparents' parenting styles (more stringent parenting) are associated with increased bullying. Finally, future research studies should investigate whether the GSSN model does indeed ameliorate bullying.

References

- Achenbach, T. M. (1991). *Manual for the child behavior checklist: 4-12 and 1991 profile*. Burlington, VT: University of Vermont Department of Psychiatry.
- Anderson, M., Kaufman, J., Simon, T. R., Barrios, L., Paulozzi, L., Ryan, G., et al. (2001). School-associated violent deaths in the United States, 1994–1999. *Journal of the American Medical Association*, *286*, 2695–2702.
- Baker, J. A., Dilly, L. J., Aupperlee, J. L., & Patil, S. A. (2003). The developmental context of school

- satisfaction: Schools as psychologically healthy environments. *School Psychology Quarterly*, 18(2), 206-221. doi:10.1521/scpq.18.2.206.21861
- Blake, J. J., Lund, E. M., Zhou, Q., Kwok, O., & Benz, M. R. (2012). National prevalence rates of bully victimization among students with disabilities in the United States. *School Psychology Quarterly*, 27(4), 210-222. doi:10.1037/spq0000008
- Bradshaw, C. P., Sawyer, A. L., & O'Brennan, L. M. (2007). Bullying and peer victimization at school: Perceptual differences between students and school staff. *School Psychology Review*, 36, 361 – 382.
- Damon, W. (2004). What Is Positive Youth Development? *Annals of the American Academy of Political and Social Science*, 591, 13-24. doi:10.1177/0002716203260092
- Demaray, M., & Malecki, C. (2003). Perceptions of the Frequency and Importance of Social Support by Students Classified as Victims, Bullies, and Bully/Victims in an Urban Middle School. *School Psychology Review*, 32(3), 471-489.
- Dolbin-MacNab, M. L. (2006). Just like raising your own? Grandmothers' perceptions of parenting a second time around. *Family Relations*, 55(5), 564-575. doi:10.1111/j.1741-3729.2006.00426.x
- Edwards, O. W. (1998). Helping grandkin—Granchildren raised by grandparents: Expanding psychology in the schools. *Psychology in the Schools*, 35(2), 173-181. doi:10.1002/(SICI)1520-6807(199804)35:2<173::AID-PITS9>3.0.CO;2-Q
- Edwards, O. W. (2003). Living with grandma: A grandfamily study. *School Psychology International*, 24, 204-217. doi:10.1177/0143034303024002005

- Edwards, O. W. (2006). Teachers' perceptions of the emotional and behavioral functioning of children raised by grandparents. *Psychology in the Schools, 43*, 565-572.
doi:10.1002/pits.20170
- Edwards, O. W. (2009). Empirical investigation of the psychosocial functioning of children raised by grandparents. *Journal of Applied School Psychology, 28*, 128-145.
doi:10.1080/15377900802484653
- Edwards, O. W., & Benson, N. F. (2010). A four-factor social support model to mediate stressors experienced by children raised by grandparents. *Journal of Applied School Psychology, 26*, 54-69.
doi:10.1080/15377900903368862
- Edwards, O.W., Mumford, V.E., & Serra-Roldan, R. (2007). A positive youth development model for students considered at-risk. *School Psychology International, 28*, 29-45.
doi:10.1177/0143034307075673
- Edwards, O. W., & Ray, S. (2008). An attachment and school satisfaction framework for helping children raised by grandparents. *School Psychology Quarterly, 23*, 125-138.
doi:10.1037/1045-3830.23.1.125
- Edwards, O. W., & Ray, S. L. (2010). Value of family and group counseling models where grandparents function as parents to their grandchildren. *International Journal for the Advancement of Counselling, 32*(3), 178-190. doi:10.1007/s10447-010-9098-9
- Edwards, O. W. & Taub, G. E. (2009). A conceptual pathways model to promote positive youth development in children raised by their

- grandparents. *School Psychology Quarterly*, 24, 160-172. doi:10.1037/a0016226
- Gladstone, G. L., Parker, G. B., & Malhi, G. S. (2006). Do bullied children become anxious and depressed adults?: A cross-sectional investigation of the correlates of bullying and anxious depression. *Journal of Nervous and Mental Disease*, 194(3), 201-208. doi:10.1097/01.nmd.0000202491.99719.c3
- Iannotti, R. J. (2010). *Health behavior in school-aged children (HBSC), 2009-2010 – codebook: student survey*. United States Department of Health and Human Services, National Institutes of Health, Eunice Kennedy Shriver National Institute of Child Health and Human Development.
- Kelley, S. J., Whitley, D. M., & Campos, P. E. (2013). African American caregiving grandmothers: Results of an intervention to improve health indicators and health promotion behaviors. *Journal of Family Nursing*, 19(1), 53-73. doi:10.1177/1074840712462135
- Kelley, S. J., Whitley, D. M., & Campos, P. E. (2010). Grandmothers raising grandchildren: Results of an intervention to improve health outcomes. *Journal of Nursing Scholarship*, 42(4), 379-386. doi:10.1111/j.1547-5069.2010.01371.x
- Nansel, T. R., Craig, W., Overpeck, M. D., Saluja, G., Ruan, W. J., & the Health Behaviour in School-aged Children Bullying Analyses Working Group. (2004). Cross-national consistency in the relationship between bullying behaviors and psychosocial adjustment. *Journal of the American Medical Association*, 291, 730-736.
- Nansel, T. R., Overpeck, M., Pilla, R. S., Ruan, W. J., Simmons-Morton, B., & Scheidt, P. (2001).

- Bullying behaviors among US youth Prevalence and association with psychosocial adjustment. *Journal of the American Medical Association*, 285, 2094-2100.
- Nikulina, V., Widom, C., & Czaja, S. (2011). The role of childhood neglect and childhood poverty in predicting mental health, academic achievement and crime in adulthood. *American Journal of Community Psychology*, 48(3-4), 309-321. doi:10.1007/s10464-010-9385-y
- O'Brennan, L. M., Bradshaw, C. P., & Sawyer, A. L. (2009). Examining development differences in the social-emotional problems among frequent bullies, victims, and bully/victims. *Psychology in the Schools*, 46(2), 100-115. doi:10.1002/pits.20357
- Olweus, D. 1993. *Bullying at school: what we know and what we can do*. Oxford: Blackwell Publishers.
- Olweus, D. (1999). *Blueprints for violence prevention: Bullying Prevention Program*. Boulder: Institute of Behavioral Science, University of Colorado.
- Olweus, D., & Limber, S. P. (2010). The Olweus Bullying Prevention Program: Implementation and evaluation over two decades. In S. R. Jimerson, S. M. Swearer, D. L. Espelage (Eds.), *Handbook of bullying in schools: An international perspective* (pp. 377-401). New York, NY US: Routledge/Taylor & Francis Group.
- Pranjić, N., & Bajraktarević, A. (2010). Depression and suicide ideation among secondary school adolescents involved in school bullying. *Primary Health Care Research and Development*, 11, 349-362. doi:10.1017/S1463423610000307
- Randazzo, M., Borum, R., Vossekuil, B., Fein, R., Modzeleski, W., & Pollack, W. (2006). Threat assessment in schools: Empirical support and

- comparison with other approaches. In S. R. Jimerson, M. Furlong (Eds.), *Handbook of school violence and school safety: From research to practice* (pp. 147-156). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Roberts, C., Freeman, J., Samdal, O., Schnohr, C.W., de Looze, M. E., Gabhainn, N. S., Iannotti, R., Rasmussen, M. and International HBSC Study Group. (2009). The Health Behaviour in School-aged Children (HBSC) study: methodological developments and current tensions. *International Journal of Public Health*, 54, 2, 140–50.
- Shetgiri, R., Lin, H., Avila, R. M., & Flores, G. (2012). Parental characteristics associated with bullying perpetration in us children aged 10 to 17 years. *American Journal of Public Health*, 102(12), 2280-2286. doi:10.2105/AJPH.2012.300725
- Smith, G. C., & Palmieri, P. A. (2007). Risk of psychological difficulties among children raised by custodial grandparents. *Psychiatric Services*, 58(10), 1303-1310. doi:10.1176/appi.ps.58.10.1303
- Spriggs, A. L., Iannotti, R. J., Nansel, T. R., & Haynie, D. L. (2007). Adolescent bullying involvement and perceived family, peer and school relations: Commonalities and differences across race/ethnicity. *Journal of Adolescent Health*, 41(3), 283-293. doi:10.1016/j.jadohealth.2007.04.009
- Strom, P. S., & Strom, R. D. (2011). Grandparent education: Raising grandchildren. *Educational Gerontology*, 37(10), 910-923. doi:10.1080/03601277.2011.595345
- U.S. Census Bureau. (2010). *Table C4: Children with grandparents by presence of parents, sex, race, and Hispanic origins for selected characteristics. 2010 Current Population Survey, 2010 Annual Social and*

Economic Supplement. Retrieved from
<http://www.census.gov/population/www/socdemo/hh-fam/cps2010.html>

Vaughn, M. G., Fu, Q., Bender, K., DeLisi, M., Beaver, K. M., Perron, B. E., & Howard, M. O. (2010). Psychiatric correlates of bullying in the United States: Findings from a national sample. *Psychiatric Quarterly*, *81*(3), 183-195. doi:10.1007/s11126-010-9128-0