Measuring Bullying Victimization, Perpetration, and Bystander Experiences: A Compendium of Assessment Tools

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Division of Violence Prevention
Bullying, particularly among school-age children, is a major public health problem both domestically and internationally (Nansel, Craig, Overpeck, Saluja, & Ruan, 2004). Current estimates suggest that nearly 30% of American adolescents reported at least moderate bullying experiences as the bully, the victim, or both. Specifically, of a nationally representative sample of adolescents, 13% reported being a bully, 11% reported being a victim of bullying, and 6% reported being both a bully and a victim (Nansel et al., 2001).

How bullying experiences are defined and measured, however, varies greatly. Much of the work on bullying has adopted the definition of Daniel Olweus, whose work in the 1990s increased attention on bullying as a research topic. According to Olweus, a person is bullied when he or she is exposed repeatedly over time to negative actions by one or more others, excluding cases where two children of similar physical and psychological strength are fighting (Olweus, 1994). Olweus added that bullying can be direct (open attacks that are physical or verbal in nature) and indirect (exclusion). Since the 1990s, researchers have modified Olweus’ definition of bullying, for example, to assess the difference in power between bullies and victims (e.g., Vaillancourt, Hymel, & McDougall, 2003). Regarding measurement, some scholars provide respondents with a definition of bullying similar to Olweus’ definition (e.g., Nansel, Overpeck, Haynie, Ruan, & Schiedt, 2003) before inquiring about their experiences with bullying, while others measure bullying by providing behaviorally specific questions, such as the frequency of name-calling or hitting (e.g., Bosworth, Espelage, & Simon, 1999).

Despite the variability in the literature, scholars agree that bullying experiences include not only physical aggression, but also verbal aggression, including verbal harassment, spreading rumors, or social rejection and isolation. Moreover, research suggests that boys are more likely to engage in physical aggression, while verbal aggression, often called relational aggression, is more common among girls (e.g., Baldry & Farrington, 2000; Nansel et al., 2001; Rivers & Smith, 1994).

Studies indicate that bullying experiences are associated with a number of behavioral, emotional, and physical adjustment problems. Adolescents who bully others tend to exhibit other defiant and delinquent behaviors, have poor school performance, be more likely to drop-out of school, and be more likely to bring weapons to school (e.g., Berthold & Hoover, 2000; Nansel et al., 2003; Nansel et al., 2004; Sourander, Helstela, Helenius, & Piha, 2000). Victims of bullying tend to report feelings of depression, anxiety, low self-esteem, and isolation; poor school performance; suicidal ideation; and suicide attempts (e.g., Bond, Carlin, Thomas, Ruin, & Patton, 2001; Eisenberg, Neumark-Sztainer, & Perry, 2003; Gladstone, Parker, & Malhi, 2006; Hawker & Boulton, 2000; Klomeck, Marrocco, Kleinman, Schonfeld, & Gould, 2007; Nansel et al., 2004; Sourander et al., 2000). Evidence further suggests that people who are the victims of bullying and who also perpetrate bullying (i.e., bully-victims) may exhibit the poorest functioning, in comparison with either victims or bullies (e.g., Nansel et al., 2004). Emotional and behavioral problems experienced by victims, bullies, and bully-victims may continue into adulthood and produce long-term negative outcomes, including low self-esteem and self-worth, depression, antisocial behavior, vandalism, drug use and abuse, criminal behavior, gang membership, and suicidal ideation (e.g., Nansel et al., 2001; Gladstone et al., 2006; Hugh-Jones & Smith, 1999; Olweus, 1994).

In the bullying literature, the experiences of bystanders—that is, individuals who watch bullying happen or hear about it—have largely been overlooked (Twemlow, Fonagy, & Sacco, 2004). What is known is that youth who witness bullying often report increased feelings of guilt or helplessness for not confronting the bully and/or supporting the victim (Hoover, Oliver, & Hazler, 1992; O’Connell, Pepler, & Craig, 1999). Additionally, adolescent bystanders may separate themselves from a bullied peer to avoid being bullied (Salmivalli, 2001).
Purpose of the Compendium

This compendium provides researchers, prevention specialists, and health educators with tools to measure a range of bullying experiences: bully perpetration, bully victimization, bully-victim experiences, and bystander experiences. Some researchers continue to examine the risk and protective factors associated with bullying experiences. Others are working to design, implement, and evaluate bully prevention interventions aimed at reducing bully victimization and perpetration, as well as increasing prosocial bystander involvement in bullying situations. The ability to measure bullying experiences broadly and completely is crucial to the success of these activities.

Given that numerous measures of bullying experiences exist, researchers and practitioners—particularly those new to the field—may find it challenging to identify which of the available measures is appropriate for assessing a particular bullying experience. This compendium represents a starting point from which researchers can consider a set of psychometrically sound measures for assessing self-reported incidence and prevalence of a variety of bullying experiences.

What the Compendium Includes

This compendium contains 33 measures, which were selected using specific procedures. Bullying search terms were drawn from a review of the most salient literature on bullying victimization and perpetration as well as bystander experiences among adolescents and young adults. These terms were used to conduct searches of multiple electronic databases, which yielded a variety of different measures and scales.

We used the following inclusion criteria:
- To maximize inclusiveness of our review of measures, we included a measure if the article in which it was published referred to the construct “bullying,” even if the authors did not assess the power differential and chronicity of the target behavior or did not label the behavior as bullying for the research participants.
- The measure had to assess constructs related to bullying, such as physical aggression, relational aggression, sexualized and homophobic bullying, and bystander experiences.
- The measure had to have been administered to respondents between 12 and 20 years of age.
- Since the bulk of work on bullying began in the 1990s, the measures had to be developed or revised between 1990 and 2007 (when the review of literature was concluded).
- Measures had to be self-administered in English.
- The measure had to be published in a peer-reviewed journal or book, including psychometric information about the measure, when available.

If the authors modified a measure, and the psychometric properties of the modified version had been published, we included only the modified version of the measure in the compendium. The current compendium contains more bullying and
victimization measures than it does bully-victim or bystander measures. This likely reflects the historical focus of the field on either bully perpetration or victimization. As more research identifies the importance of having experiences as both a bully and a victim of bullying, as well as the experiences of bystanders, it is likely more scales will be developed to assess these constructs.

The measures in the compendium are presented to help researchers and practitioners make informed decisions when choosing measures to use in their work. CDC does not endorse any particular scale presented in this compendium. Additionally, it is not an exhaustive listing of available measures. Other measures were identified but could not be included because we were unable to obtain copyright permission. The appendix provides the scale name and the citation of measures for which we did not receive copyright permission to publish.

It should be noted that some of the behaviors assessed by scales included in this compendium are considered crimes (e.g., sexual harassment and physical assault). The inclusion of these scales in this compendium does not diminish the seriousness of such illegal behaviors.

How the Compendium Is Organized

This compendium includes measures of bully perpetration only (Section A: Bully Only); bully victimization only (Section B: Victim Only); being both a bully and a victim (Section C: Bully and Victim); and being a bully, a bystander (observer), and/or a victim of bullying situations (Section D: Bystander, Bully, and/or Victim). Each section begins with a table summarizing important information about each of the measures in the section: the name of the measure, developer(s), year of publication, characteristics of the measure, target groups with whom the measure has been tested, and reliability and validity information when known.

For each measure, the compendium provides measure items, response categories, scoring instructions, and the information provided to respondents at the beginning of the measure, when available. Because the majority of the measures in this compendium have been published previously, CDC obtained permission to reprint the measure, either in full or in part, from the author of the measure and the journal in which it was published as necessary. In some cases, the author or publishing company required CDC to include a statement about a scale’s copyright status. In those cases, a scale’s copyright status is referenced in the summary table at the beginning of each section, and specific copyright information is provided at the end of the scale.

How to Use the Compendium

When selecting bullying measures for use, researchers, prevention specialists, and health scientists should consider measurement issues such as: what specific bullying experiences he or she is interested in measuring, how bullying is defined by the specific measure, and what reporting time frame is used. Moreover, developing measures that are psychometrically sound and free of bias may not be possible. Thus, the following criteria may be helpful when choosing among measures in this compendium.

<table>
<thead>
<tr>
<th>General Rating Criteria for Evaluating Measures</th>
<th>Exemplary</th>
<th>Extensive</th>
<th>Moderate</th>
<th>Minimal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inter-Item Correlation</strong></td>
<td>Average of 0.30 or better</td>
<td>Average of 0.20 to 0.29</td>
<td>Average of 0.10 to 0.19</td>
<td>Average below 0.10</td>
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<tr>
<td><strong>Alpha-Coefficient</strong></td>
<td>0.80 or better</td>
<td>0.70 to 0.79</td>
<td>0.60 to 0.69</td>
<td>Less than 0.60</td>
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<tr>
<td><strong>Test-Retest Reliability</strong></td>
<td>Scores correlate more than 0.50 across a period of at least 1 year.</td>
<td>Scores correlate more than 0.40 across a period of 3–12 months.</td>
<td>Scores correlated more than 0.30 across a period of 1–3 months.</td>
<td>Scores correlated more than 0.20 across less than a 1 month period.</td>
</tr>
<tr>
<td><strong>Convergent Validity</strong></td>
<td>Highly significant correlations with more than two related measures.</td>
<td>Significant correlations with more than two related measures.</td>
<td>Significant correlations with two related measures.</td>
<td>Significant correlations with one related measure.</td>
</tr>
<tr>
<td><strong>Discriminant Validity</strong></td>
<td>Significantly different from four or more unrelated measures.</td>
<td>Significantly different from two or three unrelated measures.</td>
<td>Significantly different from one unrelated measure.</td>
<td>Different from one correlated measure.</td>
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