



Associations among bullying, cyberbullying, and suicide in high school students



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A B S T R A C T

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This study examined associations among depression, suicidal behaviors, and bullying and victimization experiences in 1491 high school students using data from the 2009 Youth Risk Behavior Survey. Results demonstrated that depression mediated the association between bullying/victimization and suicide attempts, but differently for males and females. Specifically, depression mediated the link between traditional victimization and suicide attempts similarly across gender, whereas depression mediated the link between cyber victimization and suicide attempts only for females. Similarly, depression mediated the link between traditional bullying and suicide attempts for females only. Depression did not mediate the link between cyberbullying and suicide attempts for either gender. Implications of the findings are discussed, including the importance of greater detection of depression among students involved in bullying, and the need for a suicide prevention and intervention component in anti-bullying programs. Findings suggest that bullying prevention efforts be extended from middle school students to include high school students. © 2012 The Foundation for Professionals in Services for Adolescents. Published by Elsevier Ltd. All rights reserved.

Youth suicide is a significant public health concern. It is the third leading cause of death among young people in the U.S. (Cash & Bridge, 2009; Steele & Doey, 2007): 13.8% of high school students reported seriously considering suicide and 6.3% reported attempting suicide at least once during the 12 months before the survey (Centers for Disease Control and Prevention (CDC), 2009). Involvement in bullying is associated with increased risk for suicide among young people (Kim, Leventhal, Koh, & Boyce, 2009). Bullying is intentionally harmful aggressive behavior that is repetitive and involves an imbalance of power between perpetrator and target (Nansel et al., 2001). Kim and Leventhal (2008) reviewed 37 studies and found a consistent association between being bullied and suicidal thoughts among youth. Furthermore, both perpetrators and targets of bullying are at higher risk of depression, suicide ideation, and suicide attempts than adolescents not involved in bullying (Klomek et al., 2007; Mills, Guerin, Lynch, Daly, & Fitzpatrick, 2004; Van der Wal, de Wit, & Hirasings, 2003).

Findings on associations among bullying, suicidal behaviors, and gender are mixed. Some studies showed that females involved in bullying as bullies, victims, or bullies/victims have significantly higher risks for suicidal behavior than students not involved in bullying (Kim, Koh, & Leventhal, 2005; Klomek et al., 2009). On the other hand, Klomek and colleagues found that males who were both bullies and victims had a higher likelihood of suicidal behavior than those who were not bullies or

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who were only victims of bullying. Others determined that suicidal ideation was most common among bullies–victims regardless of gender (Kaltiala-Heino, Rimpela, Marttunen, Rimpela, & Rantanen, 1999; Klomek et al., 2007).

Rapid advances in information and communication technology (ICT) have provided bullies with new tools. Aggression perpetrated using technology is usually called cyberbullying. While there is a growing body of research on cyberbullying (e.g., Bauman, 2009; Bauman & Pero, 2011; Burgess-Proctor, Hinduja, & Patchin, 2009; Smith et al., 2008), to date relatively little research has examined the association between cyberbullying and suicide. However, victims of cyberbullying may be at increased risk of suicide, even more so than victims of traditional bullying (Hinduja & Patchin, 2010).

Hinduja and Patchin (2010) explored the relationship between experiences with traditional and cyberbullying and suicidal behavior among middle school students. Their composite dependent variable (suicide ideation) included the item assessing depressive symptoms, along with suicidal thoughts, plans, and attempts. This seems to conflate depression and suicide. Although about 25% of persons with a major depressive disorder make a non-fatal suicide attempt at some point in their lifetimes, the vast majority of depressed individuals do not (Van Orden, Witte, Cukrowicz, Selby, & Joiner, 2010). That is, while depression is a risk factor for suicidal behaviors, it is not a feature of suicidal behavior, and including it in this variable confounds the issue.

Because depression is a known risk factor for suicidal behavior (Cash & Bridge, 2009), it is important to consider how it might be involved in the associations between bullying experiences and suicidal behaviors. Previous research has found associations between involvement in bullying and suicidal behavior, but the role of depression has been largely absent from the discussion. Understanding the process by which these variables are related would inform prevention and intervention efforts; suicidal behaviors might be prevented by targeting the intermediate psychological construct that accounts for the association (e.g., depression).

The current study is guided by the interpersonal theory of suicide (Van Orden et al., 2010) which posits that the desire for suicide is caused by the presence of both “thwarted belongingness” and “perceived burdensomeness” (p. 575). We consider bullying behaviors to be manifestations of thwarted belongingness in both the perpetrator and target of bullying. The perpetrator, whose behavior is motivated by the attempt to gain or maintain social status (Sijtsema, Veenstra, Lindenberg, & Salmivalli, 2009), seeks belonging in the peer group. The target is the recipient of repeated actions that convey the message that he/she does not belong or is unwelcome in the peer group. Thus, involvement in bullying is a marker of the presence of some degree of thwarted belongingness, thus increasing the risk for suicidal behavior.

The current study also utilizes Beck’s (1967) cognitive theory of depression. From this perspective, the thinking of the depressed person is characterized by a “cognitive triad” (e.g., Kaslow, Stark, Printa, Livingston, & Tsai, 1992; Moss, 1992), which consists of negative views of self, the world, and the future. Being victimized may contribute to or magnify a negative view of self, as self-blame is often present in victimized youth (Graham & Juvonen, 1998). In addition, victimization may be interpreted as evidence of a cruel world in which persons intentionally harm others. Particularly if one has been victimized over a period of time and has been unable to stop the mistreatment, a grim view of the future (“this will never stop”) may develop. Thus, we hypothesize that victimization leads to or exacerbates depression by contributing to the cognitive triad.

The current study extends the literature on associations between traditional bullying/cyberbullying and suicide in several ways. First, we examined these phenomena in a representative sample of high school students in one southwestern U.S. state. High school students are less often studied because bullying behaviors peak in middle school (e.g., Wang, Iannotti, & Nansel, 2009). Specifically, we examined whether bullying roles differed by gender, grade level, or race and ethnicity. Second, we explored the role of depression as a potential mediator of the association between bullying involvement and suicidal behavior to better understand the process by which involvement in bullying contributes to suicidal behavior. Using structural equation modeling, we examined the associations among depression, suicide attempts, and involvement in bullying, either as the cyber and/or traditional recipient or aggressor or both simultaneously, given that these behaviors do not occur in isolation. Further, given that others have found differences by gender in the associations among bullying involvement and suicidal behaviors, we examined whether the process was moderated by gender.

Methods

Participants

The sample comes from the 2009 Arizona Youth Risk Behavior Survey (YRBS) and included 1491 high school students (49% female) whose demographic characteristics are shown in Table 1. For analyses by race and ethnicity, small groups (Asian, Native Hawaiian, and Multiple – Non-Hispanic) were excluded and Hispanic/Latino and Multiple/Hispanic were combined into one category.

Measures

Items were selected from the 2009 YRBS, a component of the CDC’s program to monitor health risk behaviors among youth. The surveys are administered biennially at national, state, and local schools to representative samples of students in grades 9–12 (CDC, 2004). The survey assesses the prevalence of health-risk behaviors and associated educational outcomes. The initial version of the questionnaire was developed in 1989, and after review and field-testing, was first administered in 1991. To determine reliability and validity of the survey, the 1999 version of the questionnaire was administered on two

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