

Being Bullied During Childhood and the Prospective Pathways to Self-Harm in Late Adolescence

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Objective: To assess whether being bullied between 7 and 10 years of age is directly associated with self-harm in late adolescence when controlling for previous exposure to an adverse family environment (domestic violence, maladaptive parenting); concurrent internalizing and externalizing behavior; and subsequent psychopathology (borderline personality disorder and depression symptoms). **Method:** A total of 4,810 children and adolescents in the Avon Longitudinal Study of Parents and Children (ALSPAC) cohort were assessed to ascertain bullying exposure (between 7 and 10 years of age) and self-harm at 16 to 17 years. **Results:** A total of 16.5% of 16- to 17-year-olds reported self-harm in the previous year. Being bullied was associated with an increased risk of self-harm directly, and indirectly via depression symptoms in early adolescence. The association between an adverse family environment (exposure to maladaptive parenting and domestic violence) and self-harm was partially mediated by being bullied. **Conclusions:** Being bullied during childhood increases the risk of self-harm in late adolescence via several distinct pathways, for example, by increasing the risk of depression and by exacerbating the effects of exposure to an adverse family environment; as well as in the absence of these risk exposures. Health practitioners evaluating self-harm should be aware that being bullied is an important potential risk factor. *J. Am. Acad. Child Adolesc. Psychiatry*, 2013;52(6):608–618. **Key Words:** Avon Longitudinal Study of Parents and Children (ALSPAC), bullying, depression, self-harm, victimization

Self-harm is a widespread problem, with a self-reported prevalence of 14% to 17% among adolescents and young adults in the United States.^{1,2} It results in a large number of presentations to hospitals, leading to high economic cost.³ Typical self-harm behaviors include cutting, burning, or swallowing pills.^{4,5} Self-harm may be used to relieve tension or to communicate stress, and, in the most extreme cases, may represent acts with suicidal intent.⁶ Delineating the developmental antecedents of self-harm and highlighting at-risk groups is important, as single episodes often lead to a repetition of such behavior,⁷

and self-harm is a key predictor of completed suicide.⁸

Definitions of self-harm within the extant literature sometimes incorporate suicidal intent^{9,10} and sometimes exclude this factor.^{11,12} The extent to which these 2 constructs represent separate behaviors, with different risk and protective factors, rather than extreme variations of the same behavior, remains unclear.¹³ Recent studies suggest that being bullied from early to mid-childhood is predictive of self-harm (both with and without inclusion of suicidal intent) at 11 to 12 years of age.^{10,11,14–16} Other factors associated with a risk of self-harm include exposure to domestic violence,¹⁷ conflict in parent–adolescent relationships,¹² and female sex.¹⁸ Furthermore, high rates of psychiatric disorders, including depression⁹ and borderline personality disorder (BPD),¹⁹ have been associated with self-harm. Being bullied has been identified as a consequence, and precursor, of psychopathologies^{20,21}



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that are also associated with self-harm, suggesting that being bullied in childhood may represent a marker of present and later psychopathology, rather than a direct cause of self-harm.²² Therefore, further research is required to delineate the etiological pathways involving being bullied in childhood to self-harm during late adolescence, while controlling for pre-existing and concurrent risk factors and psychopathology.²³

In a previous study,¹⁰ we found that being a victim of bullying between 4 and 10 years was associated with self-harm at 11 to 12 years, after controlling for potential confounders. We aim to expand on these findings by investigating the longer-term consequences of being bullied during childhood (between 7 and 10 years), and by delineating multiple pathways to self-harm during late adolescence (16–17 years). Using path analysis, confounding factors occurring before, during, and after being bullied can be controlled for, and the mediating relationships between early risk exposures, being bullied, psychopathology and later self-harm quantified. The specific research questions investigated are as follows:

- Is being bullied (child, mother, and teacher report) from 7 to 10 years associated with self-harm during late adolescence?
- Is the effect of being bullied on self-harm direct, or are the pathways mediated by depression or BPD symptoms in early adolescence?
- Does this association vary according to risk exposures occurring before (sex of child, exposure to maladaptive parenting, and domestic violence) and during (internalizing and externalizing behavior) exposure to bullying?

METHOD

Data Source

The Avon Longitudinal Study of Parents and Children (ALSPAC) is a birth cohort study based in the United Kingdom. The cohort comprises children born to residents of the former Avon Health Authority area in South West England who had an expected delivery between April 1, 1991, and December 31, 1992. A total of 13,971 children were alive at 12 months, forming the original cohort. Ethical approval was obtained from the ALSPAC Law and Ethics committee and the local research committees. From the first trimester of pregnancy, parents completed postal questionnaires about themselves and the study child's health and development. Children were invited to attend annual assessment clinics, including face-to-face interviews and psychological and physical tests from age 7 years. Our

study is based on 4,810 children who answered the self-harm questionnaire at age 16 to 17 years.

Outcome Variable

Self-harm, in this study, is defined as an act with nonfatal outcome in which an individual deliberately hurts him- or herself with or without the intention to die.²⁴ The data were collected from participants 16 to 17 years of age (mean = 16.7 years; SD = 0.2 year), using a self-completion postal questionnaire. Participants were asked: "Have you ever hurt yourself on purpose in any way (e.g., by taking an overdose of pills or by cutting yourself)?" Those adolescents who responded positively were asked further questions regarding frequency and how they had hurt themselves.⁴ This study focuses on adolescents who harmed themselves in the previous year only (yes = 792 [16.5%]; no = 4,018 [83.5%]) to preserve the time ordering of the analyses, that is, to verify that the risk exposures occurred before self-harming behavior.

Predictor Variables

Being bullied was assessed using child, mother, and teacher reports. Child reports were collected at 8 and 10 years, using a modified version of the Bullying and Friendship Interview Schedule (detailed in Wolke *et al.*²⁰). There were 5 questions pertaining to experience of overt bullying: personal belongings taken; threatened or blackmailed; hit or beaten up; tricked in a nasty way; called bad/nasty names. There were also 4 questions pertaining to relational bullying: exclusion to upset the child; pressure to do things s/he didn't want to do; lies or nasty things said about others; and games spoiled. Because of the skewed distribution of responses, overt bullying was coded categorically as present if the participant confirmed that at least 1 of the 5 behaviors occurred repeatedly (4 or more times in the past 6 months) or very frequently (at least once per week in the past 6 months). Similarly, relational bullying was coded as present if the child confirmed that at least 1 of the 4 behaviors occurred repeatedly or very frequently.²⁵ The following victimization variables were derived: whether the children experienced any bullying (overt and/or relational versus neither); chronicity of being bullied, defined as unstable (reported only at age 8 years or age 10 years), stable (reported at both age 8 years and age 10 years), or never been bullied (none).²⁵ Mother and teacher reports were derived from a single item of the Strengths and Difficulties Questionnaire²⁶: "child is picked on or bullied by other children." If the response was "somewhat applies" or "certainly applies" at any time point (mother: 7, 8, and 9 years; teacher: 7 and 10 years), the child was considered a mother or teacher reported victim.¹⁰ In addition, mother (not bullied; unstable = 1 time point; stable = 2 or 3 time points) and teacher (not bullied; unstable = 1 time point; stable = 2 time points) chronicity variables

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