



The impact of childhood bullying among HIV-positive men: Psychosocial correlates and risk factors[☆]

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ABSTRACT

Objectives: While some studies have examined the deleterious effects of childhood bullying on adults, no studies to date have focused on the effects of bullying on Persons Living with HIV (PLH), a particularly at-risk population. PLH experience higher rates of childhood and adulthood physical and sexual abuse than the population at large, and experience of childhood abuse appears to be predictive of sexual and other risk behaviors in this population. Thus it remains critical to examine rates of childhood bullying and correlates of bullying in adult PLH.

Methods: A sample of 171 HIV-positive men over 18 years of age were recruited from the San Francisco Bay Area. All participants reported experiencing symptoms of traumatic stress. The participants were recruited as part of a larger study assessing a group intervention for individuals with HIV and symptoms of trauma. Self-report questionnaires were administered to assess participants' exposure to bullying in childhood and trauma symptoms in adulthood.

Results: Bullying was commonly reported by men in the current sample, with 91% of the sample endorsing having experienced some level of bullying before age 18. Having been bullied in childhood was significantly ($p < .05$) associated with methamphetamine use in adulthood, difficulties with mood, and with symptoms of trauma. Results of a hierarchical regression equation found that report of bullying in childhood predicted additional, unique variance in trauma symptoms in adulthood above and beyond the effect of exposure to other forms of trauma, resulting in a better-fitting model.

Conclusions: The current study highlights the association between rate of childhood bullying and symptoms of trauma in adulthood, accounting for the effect of exposure to other forms of trauma. Given the impact of trauma symptoms on disease progression in PLH, exposure to bullying must be considered in any intervention aiming to reduce trauma symptoms or improve mental or physical health among HIV-positive populations.

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Introduction

Bullying is a common and pernicious experience for American youth, with 24–29% of individuals reporting having experienced some bullying before age 18 (Seals & Young, 2003). Research into the psychological impact of childhood bullying has

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shown that exposure to bullying can lead to mood disorders such as depression and anxiety (e.g., McCabe, Miller, Laugesen, Antony, & Young, 2010), higher rates of suicidality (Klomek et al., 2009), and symptoms of posttraumatic stress disorder (PTSD; e.g., Capaccioli, 2010; Crosby, Oehler, & Capaccioli, 2010), both in childhood and in adulthood. Despite decades of research attention, recent media coverage of the tragic effects of bullying in high school and college-aged men make clear the need for further studies examining correlates of bullying in at-risk populations.

While some studies of bullying have focused specifically on at-risk populations, including lesbian, gay, and bisexual (LGB) or sexual minority individuals (e.g., Birkett, Espelage, & Koenig, 2009), very few studies have examined the relationship between people living with HIV (PLH) and the long-term mental health effects of childhood bullying. Given the link between mental health and disease progression in PLH (Leserman, 2008), this topic is of relevance both from a psychological and from a public health standpoint. Thus, the current study examines the impact of exposure to bullying in childhood on trauma symptoms in a sample of HIV-positive adult men.

Bullying and mental health

Previous research has shown that childhood bullying has lasting effects on mental health. Self-report of having been bullied in childhood was shown as a risk factor for later depression (Klomek et al., 2008), as well as a decrease in levels of life satisfaction (Chen & Wei, 2011.). Similarly, adults who report being victims of childhood bullying are twice as likely to attempt suicide (Meltzer, Vostanis, Ford, Bebbington, & Dennis, 2011). Research has also looked at differences in the long term effects of bullying on LGB or sexual minority youth versus heterosexual youth, finding that sexual minority youth are at greater risk of being bullied (Berlan, Corliss, Field, Goodman, & Austin, 2010) and that these sexual minority youth are more likely to develop symptoms of PTSD (Roberts, Austin, Corliss, Vander Morris, & Koenen, 2010).

PLH report high levels of exposure to traumatic stress (Gore-Felton & Koopman, 2002; Kimerling et al., 1999), including childhood traumas such as sexual and physical abuse (Kalichman, Sikkema, DiFonzo, Luke, & Austin, 2002; Martinez, Israelski, Walker, & Koopman, 2002; Martinez, Hosek, & Carleton, 2009; Welles et al., 2009). Exposure to traumatic stress, particularly childhood traumatic stress, is related to sexual and other risk behavior that may facilitate transmission of HIV (Briere & Runtz, 1987; Cavanaugh & Classen, 2009; Gore-Felton et al., 2006; Gore-Felton & Koopman, 2002; Holmes, 1997; Kalichman et al., 2002; Sachs-Ericsson, Cromer, Hernandez, & Kendall-Tackett, 2009; Welles et al., 2009) and as such is important to assess when developing interventions to reduce HIV transmission rates. It is unknown, to date, how experience of childhood bullying may contribute to rates of trauma among PLH; similarly, no studies to date have specifically examined the relationship between bullying and risk and health outcomes among PLH, a population where both mental and physical health outcomes are of paramount concern.

Bullying and physical health

Only over the past decade has research begun to examine the effects of childhood bullying on physical health outcomes. In one recent study, Rigby (2001) showed a significant association between childhood victimization and high levels of enduring physical distress, including somatic and physical complaints. It is important to note that these complaints had a delayed onset, beginning on average 3 years after the start of victimization. Similarly, Haavet, Straand, Saugstad, and Grunfeld (2004) found that common illnesses in adolescence such as hay fever, eczema, asthma, headache, neck or shoulder pain, sore throat, and lower respiratory tract infection were significantly associated with negative life experiences including being bullied at school. In a meta-analysis of recent studies, risk for psychosomatic problems was found to be significantly higher among those victimized by bullying (Gini & Pozzoli, 2009).

Among studies examining adult health consequences of being bullied as children, adults who reported childhood bully victimization have been found to experience significantly poorer physical health, including lower health-related quality of life in their adulthood when compared to those who had not been bullied (Allison, Roeger, & Reinfeld-Kirkman, 2009). In examining workplace bullying, Hansen, Høgh, and Persson (2011) found that adults who reported frequent bully victimization also reported poorer mental health and had a 24.8% lower salivary cortisol concentration (one of the primary stress hormones linked to health problems and disease progression) compared with those not bullied, indicating physiological consequences as a result of bullying. Similarly, in a study of health predictors and sickness absence among hospital staff, victims of bullying were shown to have higher body mass and prevalence of chronic disease, and their rates of medically- and self-certified periods of sickness absence were higher than those of non-bullied staff members (Kivimäki, Elovainio, & Vahtera, 2000). Tuckey, Dollard, Saebel, and Berry Narelle (2010) also looked at health problems in the workplace and found significant effects associated with exposure to workplace bullying and poor cardiovascular health. However, no literature to date has studied the enduring physical health consequences of childhood bullying in the specific context of HIV.

Bullying and risk behavior

A primary concern in HIV-positive populations is prediction of risk behavior, including substance use and sexual risk behavior. Accurately modeling predictors of these risk behaviors can inform efforts to reduce the spread of HIV infection and to improve the quality of life and health outcomes of PLH. Existing literature suggests that bullying during childhood is predictive of subsequent risk behavior as an adult. These risk behaviors can take the form of increased daily heavy smoking

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