



Bullying victimization and adolescent mental health: General and typological effects across sex

Michael G. Turner ^{a,*}, M. Lyn Exum ^b, Robert Brame ^c, Thomas J. Holt ^d

^a Department of Criminal Justice and Criminology, University of North Carolina - Charlotte, 5070 Colvard, 9201 University City Blvd., Charlotte, NC 28223-0001, United States

^b Department of Criminal Justice and Criminology, University of North Carolina - Charlotte, 5071 Colvard, 9201 University City Blvd., Charlotte, NC 28223-0001, United States

^c Department of Criminal Justice and Criminology, University of North Carolina - Charlotte, 5082 Colvard, 9201 University City Blvd., Charlotte, NC 28223-0001, United States

^d School of Criminal Justice, Michigan State University, 434 Baker Hall, East Lansing, MI 48824, United States

ARTICLE INFO

Available online 21 January 2013

ABSTRACT

Purpose: Victims of bullying are susceptible to a variety of detrimental consequences. It remains unclear, however, whether the type of bullying victimization and the gender of the victim matter as they relate to two mental health consequences: (1) depression, and (2) suicide ideation.

Methods: We examined the effects of the bullying victimization experiences of 1,874 adolescents. Controlling for known predictors of maladaptive mental health, we assessed whether any bullying victimization and any type of bullying victimizations were associated with depression and suicide ideation. Each of these relationships was also compared across gender.

Results: Reported victimization rates varied across three types of bullying. Experiencing any type of bullying victimization corresponded with higher levels of depression and suicide ideation for females and males. Females and males who were verbally bullied experienced higher rates of depression than those who were not bullied. Female cyber bully victims experienced higher levels of depression compared to male cyber bully victims. No significant gender differences in suicide ideation emerged across individuals who experienced any type of bullying.

Conclusions: Assistance to victims in terms of the development and/or maintenance of their mental health must be mindful of how individuals are being victimized and the gender of the victim.

© 2013 Elsevier Ltd. All rights reserved.

Introduction

Over the past few decades, bullying has been identified as one of the most significant problem behaviors confronting children and adolescents (Olweus, 1991; Surgeon General Report, 2001). In fact, the Committee on Injury, Violence, and Poison Prevention of the American Academy of Pediatrics has recently identified bullying as a key area in their revised policy statement on the role of pediatricians in the prevention of youth violence (Committee on Injury, Violence, and Poison Prevention, 2009). Generally identified as the persistent harassment (physical, verbal, emotional, or psychological) of one individual by another and accompanied by a power imbalance, bullying affects approximately thirty percent of sixth to tenth grade students (Nansel et al., 2001). Although many school-aged youths will experience episodic harassment from their peers, what concerns scholars and the public alike is the persistent victimization of individuals who are most vulnerable to the effects of bullying and the impact

these victimizations have on individuals' social, physical, and mental health (Arseneault et al., 2006; Sharp, Thompson, & Arora, 2000; Sourander, Helstela, Helenius, & Piha, 2000).

Bullying incidents can manifest in a variety of different forms (Olweus, 1993). Until recently, bullying was typically perceived as involving either physical aggression (i.e., pushing, shoving, or other forms of physical coercion), verbal abuse (i.e., name calling or teasing in a hurtful manner), or relational behaviors (i.e., spreading rumors or socially excluding individuals) (Wang, Iannotti, & Nansel, 2009). The advancement of technology, however, has ushered a new type of bullying—typically referred to as electronic or cyber bullying—that potentially has more far reaching effects (Hinduja & Patchin, 2008; Raskauskas & Stoltz, 2007). Individuals perpetrating this form of aggression generally rely on text messages, instant messages, emails, or social networking websites to harass or spread rumors about victims. Cyber bullying incidents may have an especially severe impact since the message or attacks can appear in multiple places on-line and endure over lengthy periods of time (Hinduja & Patchin, 2008; Patchin & Hinduja, 2006; Ybarra, 2004). An estimated 20 to 30 percent of youth have experienced some form of cyber bullying (Hinduja & Patchin, 2008; Patchin & Hinduja, 2006; Wolak, Mitchell,

* Corresponding author. Tel.: +1 704 687 0755; fax: +1 704 687 5285.
E-mail address: mgturner@uncc.edu (M.G. Turner).

& Finkelhor, 2006; Ybarra, 2004), and rates of victimization have increased over the last decade (Jones, Mitchell, & Finkelhor, 2012). Furthermore, there is growing evidence that a small proportion of youth experience bullying victimization on and off-line (Erdur-Baker, 2010; Hinduja & Patchin, 2008; Kowalski & Limber, 2007; Ybarra & Mitchell, 2004).

In light of the extent and nature of bullying, scholars have recently invested significant attention into understanding the effects of being bullied. Studies have shown being a victim of a bullying incident corresponds with deficiencies in academic success and school attendance (Glew, Fan, Katon, Rivara, & Kernic, 2005), emotional well-being (Nansel et al., 2001; van der Wal, de Wit, & Hirasing, 2003), attention-deficit disorder (Kumpulainen, Rasanen, & Puura, 2001), associations with deviant peers (Rodkin & Hodges, 2003), involvement in violence (Nansel, Overpeck, Haynie, Ruan, & Scheidt, 2003), psychiatric symptoms (Kumpulainen & Rasanen, 2000), levels of depression and suicide ideation (Hinduja & Patchin, 2008; Kaltiala-Heino, Rimpela, Marttunen, Rimpela, & Rantanen, 1999; Klomek et al., 2008), and attempted suicides (Klomek, Marrocco, Kleinman, Schonfeld, & Gould, 2007; Klomek et al., 2009). Fueled by highly publicized cases in which adolescents committed suicide after repeatedly being bullied, research documenting the effects of bullying has risen to the forefront of public health concerns (Hylton, 2008; Mayer & Furlong, 2010).

Typical of many problem behaviors, males and females often significantly differ in the extent to which they bully others, the extent to which they are victims of bullies, and how they respond or react to bullying victimizations (Espelage, Mebane, & Swearer, 2004; Li, 2006; Scheithauer, Hayer, Pertermann, & Jugert, 2006; Smith et al., 2008; Whitney & Smith, 1993). In fact, research supports that gender affects the forms of bullying reported such that males were more likely to be involved in physical and direct bullying (e.g., hitting and punching) compared to girls, who were more likely to be involved in psychological bullying (e.g., spreading rumors) (Hinduja & Patchin, 2008; Nabuzoka, 2003; van der Wal et al., 2003).

Although scientific evidence has provided a foundation on which to understand gender differences related to individual responses to bullying victimizations, scholars have yet to definitively identify the gendered pathways through which different types of bullying victimizations lead to specific mental health concerns like depression and suicide ideation. Some evidence has emerged suggesting that females experience negative outcomes even from very limited bullying victimization. For example, Klomek et al. (2007) found female bully victims were more susceptible to depression, suicide ideation, and suicide attempts from any level of bullying while male victims were only affected by frequent bullying. In addition, subsequent research revealed that bully victimizations at age 8 were associated with subsequent completed and attempted suicides for females but not for males (Klomek et al., 2009). To date, however, there is no empirical evidence on whether males' and females' mental health status is differentially affected by the manner or way in which they were bullied. That is, is the mental health of females and males not only affected differently by the general act of being bullied, but also by the specific types of bullying—be it physical, verbal, relational, or cyber?

In this article we present research documenting the prevalence of various forms of bullying victimizations and their negative mental health outcomes. Data from more than 1,800 middle and high school youths in North Carolina are used to investigate how depression and suicide ideation are related to the frequency of being bullied—both generally and across specific types of bullying (i.e., physical, verbal, and cyber). Furthermore, we address whether the effects of being bullied (both generally and typologically) on depression and suicidal ideation are similar or different across males and females. To our knowledge, this is the first examination of the typological effects of bullying victimization on mental health outcomes across categories of gender.

Methods

Subjects

In October of 2008, administrators in the Iredell-Statesville School System (ISS) in central North Carolina conducted a Needs Assessment to evaluate the physical, social and mental well-being of its student body. Students in 6th through 12th grade across ISS's 14 middle and high schools were targeted for this assessment. Homeroom/first-period classes were randomly selected within each school. The demographic characteristics of the full sample were consistent with school population parameters reported at the secondary level. The Institutional Review Board at the University of North Carolina – Charlotte approved our analysis of the ISS Needs Assessment data for the purposes of publication.

Data collection

All data were collected via an anonymous, self-administered Needs Assessment questionnaire developed in consultation with members of the research team. Prior to data collection, parents or guardians of the youths selected into the sample received a consent form informing them of the purpose of the assessment and that their child had been selected for inclusion in the study. An electronic internet link was provided to parents who wanted to review the survey instrument. Each of the youths selected into the sample completed the survey during one of two days in early October within their respective school environments. Of the 2,523 students selected for the study, 1,874 (74.3%) completed the questionnaire in its entirety. Comparisons of demographic characteristics between the sample and the population of students within the selected schools revealed no significant differences.

Dependent variables: depression and suicide ideation

Two dependent variables were examined in the subsequent analyses: (1) depression and (2) suicide ideation. The measure of depression was drawn from a shortened version of the Center for Epidemiologic Studies Depression Scale (CES-D), and consisted of 5 items asking students to report the frequency with which they experienced the following conditions during the past week: (1) I did not feel like eating, my appetite was poor, (2) I felt depressed, (3) I felt lonely; (4) I felt sad; and (5) I could not get going. Response options for each of these items were 'less than 1 day,' '1–2 days,' '3–4 days,' and '5–7 days'. These responses were assigned a value of 0 through 4 (respectively), and a total depression score was created by summing these scores ($\alpha = .853$). The suicide ideation measure was a 2-item scale comprised of questions about the number of times students experienced the following conditions during the past 12 months: (1) seriously consider killing yourself and, (2) make a plan about how you would kill yourself. Response options for each item (coded 0–3) were 'never,' 'once,' 'twice,' and 'three or more'. Due to limited variation in responses from participants, this measure was collapsed so that 0 corresponded with individuals responding 'never' and 1 corresponded with individuals who acknowledged anything above the 'never' category in each of the two suicide ideation items. The two scores were summed to produce a total suicide ideation scale ($\alpha = .864$).

Bully victimization classifications

Three types of bully victimizations were assessed in the present study: physical, verbal, and cyber. Two items were used to measure each of the three types of victimization. For the physical bully victimization measure, youths were asked if they had experienced (1) physical violence in school and, (2) bullying in school. For the verbal bully victimization measure, youths were asked if they had experienced

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات