

Association between school bullying levels/types and mental health problems among Taiwanese adolescents

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Abstract

Background: Few studies have compared the risks of mental health problems among the adolescents with different levels and different types of bullying involvement experiences.

Method: Bullying involvement in 6,406 adolescents was determined through use of the Chinese version of the School Bullying Experience Questionnaire. Data were collected regarding the mental health problems, including depression, suicidality, insomnia, general anxiety, social phobia, alcohol abuse, inattention, and hyperactivity/impulsivity. The association between experiences of bullying involvement and mental health problems was examined. The risk of mental health problems was compared among those with different levels/types of bullying involvement.

Results: The results found that being a victim of any type of bullying and being a perpetrator of passive bullying were significantly associated with all kinds of mental health problems, and being a perpetrator of active bullying was significantly associated with all kinds of mental health problems except for general anxiety. Victims or perpetrators of both passive and active bullying had a greater risk of some dimensions of mental health problems than those involved in only passive or active bullying. Differences in the risk of mental health problems were also found among adolescents involved in different types of bullying.

Conclusions: This difference in comorbid mental health problems should be taken into consideration when assessing adolescents involved in different levels/types of bullying.

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1. Introduction

One important reason to evaluate young people's experiences of bullying and being victimized by perpetrators is their significant association with a range of mental health problems [1]. Youths who are bullied have been found to have significant risk of depression [2–4], anxiety [2,5], suicidal ideation and attempts [6], and attention-deficit/

hyperactivity disorder (ADHD) [7]. Bullying has also been found to be associated with ADHD [7], alcohol use disorder [8], depression [4] and suicidal ideation and attempts [6]. It is important for mental health professionals, educators, and parents to increase their awareness of mental health problems in adolescents involved in school bullying.

Bullying behaviors can involve physical acts, verbal utterances, social exclusion, property theft, or other behaviors [9]. The nature of bullying and victimization in adolescents is heterogeneous. Research has identified various classes of victim [10]. Meanwhile, bullying behavior may serve different social functions and, depending on these functions, perpetrators differ in their skills, status, and social behavior [11]. Age [12], sex [12], and residential

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background variations [13] have been identified among those suffering from different types of bullying. These results of previous studies raise important issues that need further examination: Does increased co-occurrence of bullying-involvement experiences cause greater risk for mental health problems? Also, do different types of bullying-involvement experiences have different associations with mental health problems? A previous study found that increased co-occurrence of victimization types put adolescents at greater risk for poorer physical and psychological outcomes, including more severe depression and more frequent medically-attended injuries and medicine use [10]. In addition, different types of bullying victimization could result in independent and cumulative effects on psychological trauma symptoms [12]. However, it is not known whether there are differences in the risk of mental health problems among adolescents who perpetrated different levels and types of bullying on peers.

Another issue needing further examination is whether perpetrator-victims, who are individuals who are involved in bullying others and who also are victims of bullying, have a higher risk of comorbid mental health problems than pure victims and pure perpetrators. Some research considered perpetrator-victims, defined as individuals who bully others but also are bullied themselves, as a distinct group and the most troubled among all individuals involved with bullying [14]. Compared with pure perpetrators and victims, the perpetrator-victims were found to have the greatest risk of externalizing behavioral problems [15], psychological and psychosomatic symptoms [16], referrals to psychiatric services [17], suicidal ideation [3], school and interpersonal dysfunction [4,5], and alcohol use [4]. Thus, it has been proposed that perpetrator-victims could particularly benefit from early identification and intervention [18]. However, some researchers have found no differences between perpetrator-victims and pure perpetrators/pure victims. For example, a previous study showed that the perpetrator-victims' level of risk-taking behaviors do not significantly exceed those of the bullying group, and that their increased suicidal ideation is similar to that in the victim group [19]. Further study is needed to compare the risks of mental health problems among perpetrator-victims, pure perpetrators and pure victims.

This study had three major aims. First, we examined the association of various school bullying involvement experiences with a range of mental health problems. Second, we compared the risk of mental health problems among adolescents with different levels of bullying or victimization (victim of both passive and active bullying vs. victim of only passive or active bullying, and perpetrator of both passive and active bullying vs. perpetrator of only passive or active bullying). Third, we compared the risk of mental health problems among adolescents with different types of bullying or victimization (victim of only passive bullying vs. victim of only active bullying, perpetrator of only passive bullying vs. perpetrator of only active bullying, perpetrator-victims

vs. pure victims, perpetrator-victims vs. pure perpetrators, and pure victims vs. pure perpetrators). We hypothesized that any type of bullying involvement experiences would be significantly associated with mental health problems. We also hypothesized that adolescents with increased co-occurrence of bullying or victimization would have increased risk of mental health problems, as well as that the risk of mental health problems among the adolescents with different types of bullying or victimization would vary.

2. Method

2.1. Participants

The present study is based on data from the 2009 Project for the Health of Adolescents in Southern Taiwan, a mental health research program of adolescents in grades 7 through 12 recruited from three metropolitan areas and four counties in southern Taiwan [20]. In 2009, there were 202,883 students in 143 senior high/vocational schools and 254,130 students in 205 junior high schools in this area. On the basis of the definitions of rural and urban districts in the *Taiwan-Fukien Demographic Fact Book* [21] and on school and grade characteristics, a stratified random sampling strategy was used to ensure that there was proportional representation of districts, schools, and grades. Five junior high schools and four senior high/vocational schools were randomly selected from rural districts; similarly, five senior high/vocational schools and five junior high schools were randomly selected from urban districts. The classes in these schools were further stratified into three levels based on grade in primary, junior high, and senior high/vocational schools. Then, a total of 6,703 high school students were randomly selected based on the ratio of students in each grade.

The Institutional Review Board of Kaohsiung Medical University agreed to the use of passive consent from parents and students for several reasons. First, the Project for the Health of Adolescents in Southern Taiwan is a routine survey of adolescent health conducted every two to three years, and the adolescents could themselves make the decision whether to complete the anonymous questionnaire. Second, the IRB agreed that the results of this study would be beneficial to adolescents. Before conducting the study, we prepared a leaflet explaining the purpose and procedures of the study. Students took the leaflets home to their parents or main caretakers, who could telephone the researchers, write in a communication book, or ask their children directly to refuse to join the study. The students also had the right to refuse to participate in this study by returning blank questionnaires along with those from other students.

2.2. Instruments

2.2.1. Chinese version of the School Bullying Experience Questionnaire (C-SBEQ)

The self-reported C-SBEQ was used to evaluate participants' involvement in school bullying in the previous one

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