

Preschool Attention-Deficit/Hyperactivity and Oppositional Defiant Problems as Antecedents of School Bullying

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Objective: To examine whether early manifestations of attention-deficit/hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD) increase children's later risk of bullying or victimization.

Method: Using a population-based, prospective cohort, our multi-informant approach comprised reports of parents, teachers, and peers. ADHD and ODD behavioral problems at ages 1.5, 3, and 5 years were determined from parental reports on the Child Behavior Checklist. Later bullying behavior at school was reported by teachers using a questionnaire ($n = 3,192$, mean age 6.6 years), and by peer/self-reports using peer nominations ($n = 1,098$, mean age 7.6 years). We examined the following: whether problem behavior scores at age 1.5, 3, or 5 years predicted a risk of bullying involvement; and whether high or increasing behavioral problems throughout ages 1.5 to 5 years were associated with bullying involvement at school. Analyses were adjusted for a range of child and maternal covariates.

Results: Behavioral problems at a young age each predicted later bullying involvement at school. For example, higher ADHD problem scores at age 3 years were associated with the risks of becoming a bully or a bully-victim ($OR_{BULLY} = 1.20$, 95% CI = 1.07–1.35 [teacher report], $OR_{BULLY-VICTIM} = 1.28$, 95% CI = 1.14–1.43 [teacher report], and $OR_{BULLY-VICTIM} = 1.35$, 95% CI = 1.03–1.78 [peer/self-report]). Children whose behavioral problem scores were high or increased over time consistently had elevated risks of becoming a bully or a bully-victim.

Conclusion: Behavioral problems at a young age may predispose children to bullying involvement in early elementary school.

Key Words: bullying, victimization, children, ADHD, ODD

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Bullying is defined as intentional and continuous peer aggression characterized by power imbalance between a bully and a victim.¹ Bullying involvement—that is, being a bully, victim of bullying, or a bully-victim (i.e., both bullying and being victimized)—is common in early elementary school.² Experiencing bullying has detrimental effects on the physical and mental health of children,³ leading to long-lasting health consequences.⁴ Well-conducted longitudinal studies show that childhood experiences of bullying and victimization are associated with psychopathology and other problem behaviors in adolescence and adulthood.^{5–8} In particular, bully-victims have been shown to develop high levels of psychiatric problems.⁵ Although it has been established that bullying involvement increases children's risk of psychopathology, less is known about the behavioral problems of children before school entry and before their possible involvement in bullying.

The direction of the association between psychopathology and bullying has been a topic of debate,⁹ suggesting that

this association may be bidirectional.¹⁰ Early-manifesting behavioral problems may predispose children to bullying. At the same time, experiencing bullying or victimization may exacerbate pre-existing problems or may trigger new behavioral problems. Hwang *et al.* suggested that children with disruptive behavior, such as attention-deficit/hyperactivity disorder (ADHD) or oppositional defiant disorder (ODD), are particularly inclined to demonstrate peer aggression.¹⁰ However, prospective studies of young children that examine such antecedent effects are largely lacking. Given that both ADHD and ODD are implicated in bullying¹¹ and that ADHD and ODD are among the most common childhood disorders,^{12,13} it is important to understand whether these behavioral problems predispose children to school bullying when already evident before school entry.

To better understand the role of preschool psychopathology as an antecedent of school bullying, we used large, population-based samples, assessed child problem behavior prospectively from an early age onward, used information obtained from different informants to avoid a problem of shared method variance, and adjusted for important confounders. We hypothesized that higher levels of ADHD or ODD problems at preschool age would be associated with an increased risk of school bullying.



Supplemental material cited in this article is available online.

METHOD

Design

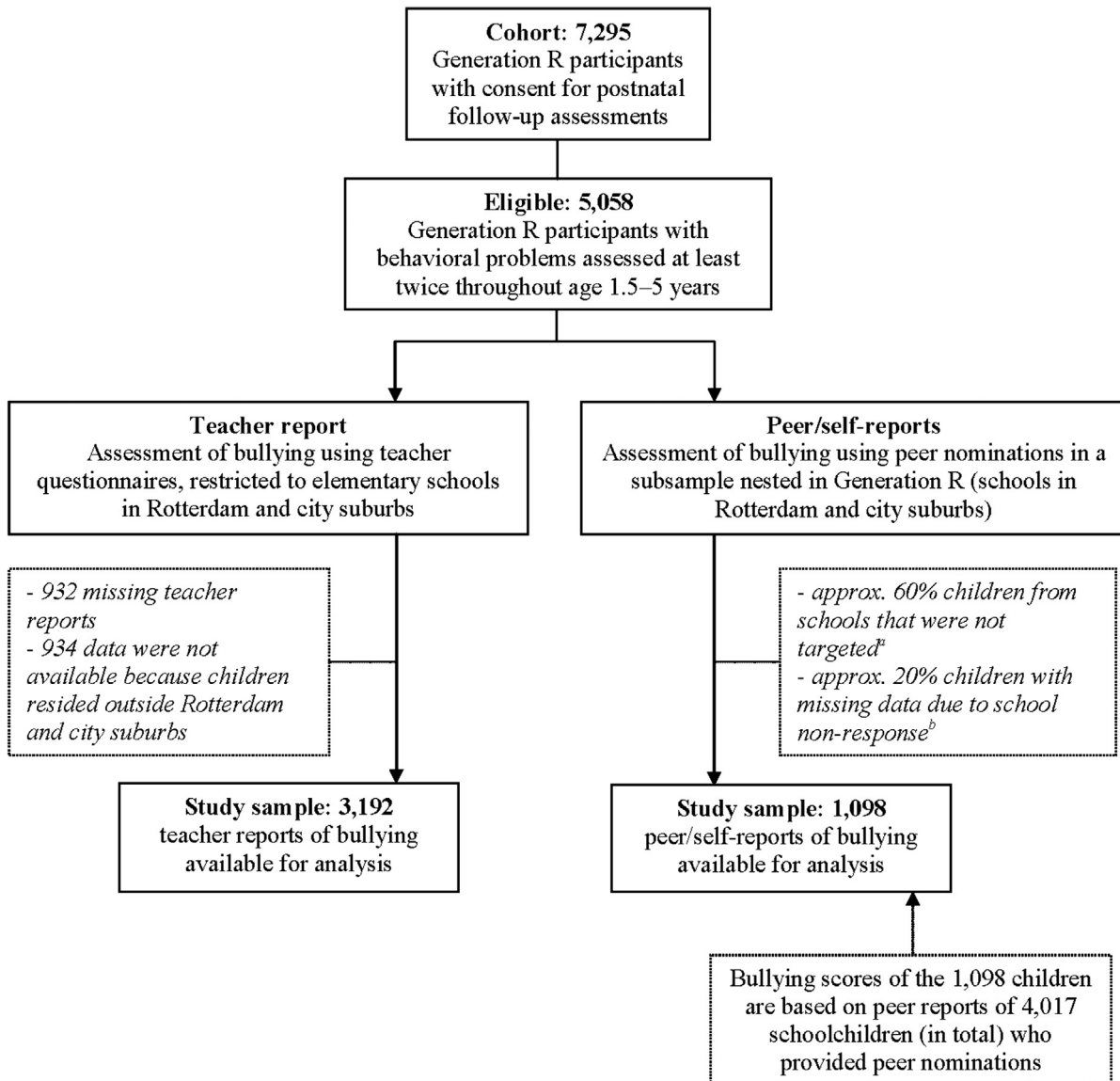
Our study was embedded in the Generation R Study, a large, population-based birth cohort in Rotterdam, the Netherlands. The cohort was set up to study children's health and development from fetal life onward. All pregnant women living in Rotterdam with an expected delivery date between April 2002 and January 2006 were invited to participate (baseline participation rate 61%).¹⁴ Regular assessments have been carried out in children and parents throughout the preschool period.^{14,15} Full consent for the postnatal phase of the Generation R Study was obtained for 7,295 children and their parents. From these, parents of 5,058 children reported about child behavioral problems at 2 time points (at least) at ages 1.5 to

5 years. Of these, 3,192 had teacher reports of bullying behaviors at school. In addition, 1,098 children participated in a nested study using peer and self-reports of school bullying (see flowchart in Figure 1 and baseline characteristics in Table S1, available online).

Measures

The Dutch version of the Child Behavior Checklist (CBCL1½-5)¹⁶ was used to obtain parent reports of child behavioral problems at the ages 1.5, 3, and 5 years (i.e., ratings of problems in the preceding 2 months on a 3-point scale ranging from "not true" to "very true or often true"). Two DSM-oriented scales were used in our analyses: Attention-Deficit/Hyperactivity Problems (6 items: "Can't concentrate," "Can't sit still," "Can't stand waiting," "Demands must be

FIGURE 1 Flow chart of the sampling procedure. Note: The overlap between the children with teacher reports and with peer/self-report of bullying involvement was $n = 907$. ^aMost of the 5,058 eligible children were never approached for the peer/self-report assessment because no school outside of Rotterdam was targeted, and only about half of all schools in Rotterdam were ever contacted for logistical reasons (i.e., limited budget). ^bExact numbers cannot be estimated because schools that did not participate in the peer assessment cannot provide school records.



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