



Concurrent and prospective associations between bullying victimization and substance use among Australian adolescents



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ABSTRACT

Background: Adolescence is a vulnerable time for both substance use and bullying involvement; however, there is limited research on substance use among adolescent victims of bullying. This study aimed to examine concurrent and prospective associations between bullying and substance use, differentiating between passive-victims, bully-victims and 'pure' bullies.

Method: Associations between bullying involvement and substance use at baseline and 24 months post-baseline were examined in a cohort of adolescents in Australia. Bullying victims were divided into passive-victims (those who get bullied and do not bully others) and bully-victims (those who both get bullied and bully others). Perpetrators of bullying were divided into 'pure' bullies (those who bully others but do not get bullied), and bully-victims (as above). Outcomes examined were past six month use of alcohol (any drinking; risky drinking), tobacco, and cannabis.

Results: While there was no evidence of an association between bullying victimization and/or perpetration and substance use at baseline, there was evidence of an association between bullying and substance use 24 months post-baseline. Specifically, there was evidence of increased odds of risky drinking and cannabis use for the bully-victim group.

Conclusions: Bully-victim status at age 13 was associated with substance use at age 15, controlling for concurrent bullying involvement at age 15. Bully-victims are a particularly high-risk group that could benefit from targeted substance use preventive interventions. Reducing bullying is of great importance in reducing substance use and other harms among adolescents.

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1. Introduction

Adolescence is a time of substantial structural and functional development; importantly, it is also a period of heightened vulnerability for risky behaviours (Stanis and Andersen, 2014; Steinberg, 2007). One such behaviour often initiated during adolescence is substance use (AIHW, 2014). Early initiation of substance use has been associated with an increased risk for substance use disorders in adolescence and adulthood (Hingson et al., 2006; Magid and Moreland, 2014; Ystrom et al., 2014). Substance use disorders can result in significant harm to both the individual and wider

society. Findings from the 2010 Global Burden of Disease study indicate that illicit drug use disorders combined with alcohol use disorders accounted for two percent of disability-adjusted life years worldwide (Whiteford et al., 2013).

Another problem behaviour often seen among adolescents is bullying. Bullying is a specific form of aggression that involves repeated negative actions with the intent of causing harm, and typically involves an imbalance of power (Olweus, 2000; Smith and Brain, 2000). Bullying during childhood and adolescence has been associated with negative impacts on social, psychological and physical wellbeing, even into adulthood (Arseneault et al., 2010; Copeland et al., 2013, 2014; Currie et al., 2012; Nansel et al., 2004; Sigurdson et al., 2014; Stapinski et al., 2014). Bullying during adolescence is of particular importance, due to the significant role of peer relationships during this stage of development (Perren et al., 2010; Steinberg and Morris, 2001). Clearly, bullying can be

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considered a significant stressful or negative life event, which is one of the key risk factors for substance use disorders (Stanis and Andersen, 2014).

A thorough understanding of the relationship between bullying and substance use has important implications for the reduction of harm among those involved, as well as the wider society. There is good evidence that bullying perpetration is associated with substance use (Berthold and Hoover, 2000; Carlyle and Steinman, 2007; Hemphill et al., 2011; Kim et al., 2011; Luukkonen et al., 2010; Moore et al., 2014; Nansel et al., 2001; Niemala et al., 2011; Sigurdson et al., 2014; Sourander et al., 2000; Vieno et al., 2011; Wang et al., 2012). However, the association between bullying victimization and substance use remains unclear. While there is evidence of general externalizing problems among victims of bullying, research specifically examining the association between bullying victimization and substance use is inconclusive, with limited and often conflicting research in this area (Cook et al., 2010; Espelage et al., 2013; Ivarsson et al., 2005; Kelly et al., 2015; Reijntjes et al., 2011). While some studies have found an increased risk of substance use among victims (Peleg-Oren et al., 2012; Sigurdson et al., 2014; Tharp-Taylor et al., 2009; Topper et al., 2011; Vieno et al., 2011), others have found a negative association or no association at all (Alikasifoglu et al., 2007; Archimi and Kuntsche, 2014; Copeland et al., 2013; Desousa et al., 2008; Forero et al., 1999; Hemphill et al., 2011; Kaltiala-Heino et al., 2000; Liang et al., 2007; Moore et al., 2014; Nansel et al., 2004, 2001).

Further research is needed to clarify the relationship between bullying victimization and substance use. It is possible that the inconsistency in the literature is partly due to the lack of differentiation between 'passive-victims' (those who get bullied and do not bully others) and 'bully-victims' (those who both get bullied and bully others). Bully-victims have been found to be a particularly disordered group, frequently shown to have more externalizing problems than passive-victims and 'pure' bullies (Burk et al., 2011; Cook et al., 2010; Copeland et al., 2013; Forero et al., 1999; Haynie et al., 2001; Ivarsson et al., 2005; Kelly et al., 2015; Klomek et al., 2011; Kumpulainen and Räsänen, 2000; Nansel et al., 2001; Schwartz, 2000; Sourander et al., 2007). It may be the case that passive-victims are not at increased risk of substance use, but bully-victims are. Therefore, these groups need to be examined separately. Another limitation in research on substance use and bullying is the lack of longitudinal research, precluding the examination of temporal relationships between bullying and substance use. This study aims to extend previous research in the area by examining longitudinal associations between bullying victimization and substance use among adolescents, differentiating between passive-victims, bully-victims and 'pure' bullies.

2. Methods

2.1. Participants

The current study examined concurrent and prospective associations between bullying involvement and substance use among the control group of the *Climate and Preventure* (CAP) study, a trial of a comprehensive substance use prevention intervention for adolescents (Newton et al., 2012). Of the 2608 eligible students invited into the CAP study, 2268 provided consent and completed the baseline survey between February and May 2012. Participation in the study was voluntary and the students were made aware that the surveys were anonymous and confidential. Further information on the CAP study can be found in Newton and colleagues (2012). The control group included 527 secondary school students from two independent, three catholic and two state schools in New South

Wales and Victoria, Australia, at baseline. There was an 85% follow-up rate at 24 months.

2.2. Measures

2.2.1. Bullying. Bullying prevalence was measured using an amended version of the Revised Olweus Bully/Victim Scale (Olweus, 1996). This scale has good psychometric properties and demonstrated internal consistency in the current sample that was similar to previous studies ($\alpha = 0.82$) (Kyriakides et al., 2006). The bullying questionnaire provided the respondents with a definition of bullying, and asked them to indicate how often they had been involved in bullying in the past six months (encompassing general bullying victimization and perpetration, as well as verbal, relational and physical victimization and perpetration). Participants were classified as uninvolved if they reported no or infrequent (less than fortnightly) involvement in bullying victimization and perpetration; as recommended by Solberg and Olweus (2003). Participants were classified as victims if they reported fortnightly or more frequent involvement in any of the types of victimization measured. Victims were then further divided into two groups:

- 'Passive-victim': frequent (fortnightly or more) bullying victimization but no/infrequent bullying perpetration;
- 'Bully-victim': frequent (fortnightly or more) involvement in both bullying perpetration and bullying victimization.

Participants were classified as bullies if they reported fortnightly or more frequent involvement in any of the types of bullying perpetration measured. Bullies were then further divided into two groups:

- 'Pure bully': frequent (fortnightly or more) bullying perpetration but no/infrequent bullying victimization;
- 'Bully-victim': as above.

2.2.2. Substance use. Past six month substance use was measured, including any drinking (at least a standard drink), risky drinking (5 or more standard drinks in one episode as defined by the National Health and Medical Research Council (2009); this is a subset of 'any drinking'), any use of tobacco, and any use of cannabis. The substance use outcomes were examined at baseline to examine concurrent relationships, and at 24 months post-baseline to examine longer term outcomes. The 24 month follow-up survey encompasses a time period in which adolescents have greater exposure to alcohol and other drugs, but is prior to the average age of initiation for tobacco, alcohol and cannabis in Australia (AIHW, 2014).

2.3. Statistical analysis

SPSS 22 was used for statistical analyses. The CAP study utilized a cluster randomized design (clustered by school). Accounting for clustering is not deemed necessary if less than 10% of systematic variance exists at the between school level (Lee, 2000). Analyses showed that intra-class correlations for the outcome variables were trivial (accounting for 0–3% of the variance); therefore analyses used more parsimonious single-level models. Chi-square analyses were conducted to identify gender differences between the bullying groups. Logistic regression analyses were used to examine associations between baseline bullying involvement and substance use at baseline and 24 months post-baseline (controlling for concurrent bullying involvement), compared to uninvolved students. The analyses were first conducted for the total victim group (including both passive-victims and bully-victims), and then were conducted separately for the two bullying victim subtypes,

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