



Suicidal ideation and suicide attempts among youth who report bully victimization, bully perpetration and/or low social connectedness



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ARTICLE INFO

Article history:

Available online 2 June 2016

Keywords:

Suicide risk
Youth
Peer victimization
Bullying
Social connectedness

ABSTRACT

The current study examined characteristics of bullying involvement and social connectedness in relation to suicide ideation and attempts in a sample of youth who report bully victimization, bully perpetration, and/or low social connectedness. The sample was comprised of 321 youth (67% female), ages 12–15 years ($M = 13.6$), recruited from an emergency department in the Midwest region of the United States. Results indicated that lower levels of social connectedness and higher levels of bully victimization and perpetration were significantly associated with suicide ideation and attempts. Level of social connectedness did not moderate the relationship between bullying involvement and suicide risk. The associations between the severity of subtypes of bully victimization and perpetration (verbal, relational, physical), electronic bullying involvement, and suicide risk were examined. Results highlight a continuum in severity of bullying involvement and social connectedness associated with suicide risk. Implications of these results are discussed.

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As the second leading cause of death among youth between the ages of 12 and 15 ([Centers for Disease Control and Prevention \[CDC\], 2013](#)), suicide is a substantial public health concern. Lifetime prevalence rates for suicidal ideation and suicide attempts among adolescents are approximately 12% and 4%, respectively ([Nock et al., 2013](#)). In response to these high prevalence rates, researchers have identified risk factors for suicidal ideation and behavior, ranging from psychopathology to interpersonal challenges such as bullying involvement and low social connectedness ([Brunstein, Sourander, & Gould, 2010](#); [Fergusson, Woodward, & Horwood, 2000](#); [King, Foster, & Rogalski, 2013](#)).

Bullying victimization is defined as undesired, harmful, and repeated aggressive behaviors, which are perpetrated by a peer or a group of peers ([Gladden, Vivolo-Kantor, Hamburger, & Lumpkin, 2014](#)). Victimization may be verbal (e.g., teasing, name-calling), relational (e.g., excluding or ostracizing from social situations), or physical (e.g., hitting, kicking, chasing) and can occur in a range of contexts including schools, neighborhoods, and through electronic means. A recent meta-analysis reviewing bullying prevalence across 80 studies estimates the prevalence of victimization and perpetration that occurs in traditional contexts as 36% and 35%, respectively and the prevalence of electronic victimization and perpetration as 15% and

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16%, respectively (Modecki, Minchin, Harbaugh, Guerra, & Runions, 2014). Males have been found to engage in physical and verbal victimization more frequently, whereas females are more likely to engage in relational victimization (Owens, Shute, & Slee, 2000; Wang, Iannotti, Luk, & Nansel, 2010).

Research also indicates that youth rarely experience electronic victimization independent of traditional victimization. In a large study ($N = 17,000$) of elementary and middle school students less than one percent of the sample was victimized solely through electronic means (Salmivalli, Sainio, & Hodges, 2013). Additionally, a second study found that less than five percent of a sample of 28,104 high school students experienced electronic victimization in the absence of traditional victimization (Waasdorp & Bradshaw, 2015).

Bullying involvement and suicide risk

Research in adolescent populations suggests that bullying involvement as a victim and/or perpetrator in both traditional and electronic contexts is associated with increased suicide risk (Hinduja & Patchin, 2010; Kim & Leventhal, 2008). Moreover, the association between suicidal ideation and bully victimization is consistent with a dose-response-relationship, as the frequency of victimization increases, the risk for suicidal ideation increases (Klomek, Marrocco, Kleinman, Schonfeld, & Gould, 2007; Van der Wal, De Wit, & Hirasing, 2003). In addition, identifying as a bully victim or perpetrator in middle adolescence has been shown to increase risk of subsequent suicidal thoughts and behaviors in adulthood (Copeland, Wolke, Angold, & Costello, 2013; Klomek et al., 2009). Bully perpetration predicts subsequent suicidal thoughts and behaviors in adolescence above and beyond other risk factors such as substance use and functional impairment (Klomek et al., 2013).

Bullying victimization and perpetration have been conceptualized into subtypes (verbal, relational, and physical). Although these subtypes are highly associated with each other, they may be differently associated with adverse outcomes (Nylund, Bellmore, Nishina, & Graham, 2007; Wang et al., 2010). Wang et al. (2010) examined latent classes and found that youth who were in the all-types victimization class (verbal, relational, physical, and electronic) experienced higher levels of depression, sleeping problems, and nervousness than youth who were primarily victimized verbally or relationally. Espelage and Holt (2013) found that youth who engaged in physically aggressive bullying had higher rates of suicidal ideation and/or deliberately tried to hurt themselves/kill themselves (43% and 36%, respectively) in the previous 6 months. This was comparatively higher than that for youth who engaged in verbal bullying (32% and 23%, respectively). This suggests that the type of bullying youth engage in may relate to their risk for experiencing suicidal thoughts or behaviors. In contrast, a study examining how verbal and physical victimization increases the likelihood of suicide ideation did not find significant differences (Espelage & Holt, 2013; Turner, Exum, Brame, & Holt, 2013). However, research has not examined how the severity of different types of bullying involvement as victim and perpetrator are related to increased risk of experiencing suicide ideation and attempts.

Social connectedness and suicide risk

Results from a number of studies converge to indicate that school, family and peer connectedness are also important to the understanding of risk and protective factors for suicidal ideation and behaviors in adolescence (King & Merchant, 2008; Whitlock, Wyman, & Moore, 2014). Previous work supports that adolescents lack of perceived connectedness between parents and peers predicts suicidal ideation and behavior (Bearman & Moody, 2004; Connor & Rueter, 2006). However, less is known about how social connectedness may buffer the effects of bullying involvement. A recent study found connectedness to be a protective factor for suicide risk in the face of bullying involvement (Borowsky, Taliaferro, & McMorris, 2013). It should be noted that the measures of bullying involvement and suicide risk were limited in this study, which combined suicide ideation and attempts to define suicide risk. As such, more research is needed to better understand the potential protective role of social connectedness in the relationship between bullying involvement and suicide risk.

Durkheim linked connectedness to suicide in the late 1800s and suggested that a key component of suicide is a lack or deterioration of social ties to the collective social system (Durkheim, 1897). Without these ties, individuals have less resources and abilities to cope with life stressors. A recent theory, The Interpersonal Theory of Suicidal Behavior (Joiner, 2009), also includes connectedness as a key component. The theory posits that the link between low social connectedness (thwarted belongingness) and suicide risk is that a psychological need (social belongingness) is not fulfilled (Van Orden et al., 2010). Suicidal ideation occurs in the presence of thwarted belongingness and a feeling of burdensomeness, but an increased capability for injury is necessary for a suicide attempt. According to this theory, those with lower levels of connectedness, including those who are victims or perpetrators of bullying, would be more likely to experience suicidal ideation.

The current study expands on the existing literature by using a sample of youth who were seeking emergency medical services and screened positive for elevated risk for suicide via some degree of bully victimization, bully perpetration, and/or low levels of social connectedness. This is important because screening for elevated suicide risk is increasingly being studied (Horowitz et al., 2010) and recommended as a strategy for identifying youth who can then be referred for targeted prevention and intervention strategies, ensuring that resources are used as effectively as possible (Office of the Surgeon General, 2012). Moreover, given the range of suicide risk factors in adolescence, having access to a sample of youth at elevated risk for suicide due to interpersonal challenges allows us to identify a subgroup of youth at highest risk. Whereas previous studies have dichotomized bullying victimization and perpetration, the current study examines the full range of bullying experiences (verbal, relational, and physical) (Bauman, Toomey, & Walker, 2013; Klomek et al., 2007; Turner et al., 2013). Most studies

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