Associations Between Traditional and Cyber-Bullying and Multiple Indicators of Mental Wellness in a Canadian Adolescent Sample

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Background

• Bullying in adolescence is a global public health problem.
• In Canada, approximately 10% of males and 15% of females aged 11-15 report being bullied at school at least twice in the past few months.
• Cyber-based bullying (i.e., bullying behaviors that use electronic or online modalities) is also common in Canada.
• Approximately 14% of Canadian adolescents aged 10-17 report cyberbullied at least once in the past month.

• Adolescents may experience bullying victimization only, or may be both victims and bullies (i.e., bully-victims).

• Both traditional (i.e., face-to-face) and cyber-bullying are associated with adverse mental health outcomes for victims and bully-victims.

• Research in this area has focused primarily on internalizing and externalizing symptoms, but the concept of mental health is much broader than these distress states.

• Given the relationship-based nature of bullying, it is likely that victimization is related to multiple aspects of mental health.

Objective

• Examine the associations between traditional and cyber-bullying and multiple indicators of mental wellness (coping; and emotional, social and psychological wellbeing) for victims and bully-victims in a sample of Canadian adolescents.

Method

Participants: Adolescents in Grades 9 and 10 (n=212) from Southwestern Ontario (57.9% female; 73.9% White; mean age=15.5 ± 5.0 years).

Procedure: Participants were drawn from a pre-test of a randomized controlled trial of an out-of-class time healthy relationships program. Data were collected in July 2014.

Primary Measures:

• Bullying: Any experience of physical, verbal, social and/or electronic bullying in the past month (PRESNet Bullying Evaluation & Strategies Tool).

• Participants were classified as either a victim (victime only) or a victim and a perpetrator (bully-victims).

• Mental wellness:

• Hope – The Children’s Hope Scale (Snyder et al., 1997)

• Purpose – Revised Youth Purpose Inventory (Kovacs et al., 2002)

• Psychological distress – MS (Resiker et al., 2002)

• Coping – Brief Coping Orientation for Problem Experiences (COPE; Carver, 1991)

• Emotional, social and psychological well-being – Mental Health Continuum-Short Form (MHCSF; Keyes, 2005, 2006)

Analysis: Data were analyzed using linear regression models for each mental wellness dependent variable. Regression models controlled for race, socioeconomic status, family structure, potential developmental and sex.

Results

Figure 1. Prevalence of bullying victimization, by type of victimization only (no victimization, victimization only, or both victimization and perpetration) and participant sex. Differences in victimization type by sex were not significant.

Bullying Victimization & Mental Wellness

<table>
<thead>
<tr>
<th>Victims only vs.</th>
<th>No victimization (n=131)</th>
<th>No Bully-victims vs.</th>
<th>Bully-victims (n=141)</th>
</tr>
</thead>
<tbody>
<tr>
<td>b (95% CI)</td>
<td>B</td>
<td>B (95% CI)</td>
<td>B</td>
</tr>
<tr>
<td>Hope</td>
<td>-2.32 (-4.42, -0.21)*</td>
<td>-0.19</td>
<td>-1.97 (-4.03, 0.043)*</td>
</tr>
<tr>
<td>Youth purpose</td>
<td>-1.35 (-4.24, 1.53)</td>
<td>-0.083</td>
<td>-2.69 (-5.33, -0.038)</td>
</tr>
<tr>
<td>Psychological distress</td>
<td>-2.53 (-4.35, -0.72)**</td>
<td>-0.23</td>
<td>-3.80 (-5.54, -2.05)**</td>
</tr>
<tr>
<td>Coping strategies: active coping, planning &amp; positive re-framing</td>
<td>-0.066 (-1.57, 1.44)</td>
<td>-0.008</td>
<td>-0.40 (-1.77, 0.98)</td>
</tr>
<tr>
<td>Coping strategies: denial, venting, behavioral disengagement &amp; self-blame</td>
<td>1.46 (-0.52, 3.44)</td>
<td>0.13</td>
<td>1.86 (-0.16, 3.88)*</td>
</tr>
<tr>
<td>Coping strategies: emotional &amp; instrumental support</td>
<td>0.14 (-1.40, 1.69)</td>
<td>0.017</td>
<td>0.71 (-0.77, 2.19)</td>
</tr>
<tr>
<td>Coping strategies: acceptance, self-distraction &amp; mindfulness</td>
<td>0.30 (1.00, 1.60)</td>
<td>0.042</td>
<td>-0.67 (-1.88, 0.55)</td>
</tr>
<tr>
<td>Emotional well-being</td>
<td>-1.97 (-3.12, -0.82)**</td>
<td>-0.28</td>
<td>-1.97 (-3.03, -0.91)**</td>
</tr>
<tr>
<td>Social well-being</td>
<td>-2.60 (-5.01, -0.20)*</td>
<td>-0.18</td>
<td>-2.67 (-4.88, 0.47)</td>
</tr>
<tr>
<td>Psychological well-being</td>
<td>-2.80 (-5.38, -0.21)*</td>
<td>-0.19</td>
<td>-2.31 (-4.60, -0.024)*</td>
</tr>
</tbody>
</table>

Discussion

• Both victims only and bully-victims reported greater psychological distress and poorer emotional, social and psychological well-being than non-victims in this sample of 9th and 10th grade students.

• Victims only reported less hope than non-victims.

• Bully-victims reported less hope in life than both traditional and cyber-victims, as well as somewhat greater use of coping strategies involving denial, venting, behavioral disengagement and self-blame and somewhat less hope.

• Other preliminary analyses suggest some differences in outcomes by whether or not electronic victimization was experienced (i.e., physical victimization only), will explore these in subsequent work.

• When compared directly, there were no significant differences in outcomes between victims only vs. bully-victims.

• In combination with other results, this suggests that in this sample, victims and bully-victims experienced similar mental wellness deficits.

• Data are cross-sectional, and so do not support directness of association. Future study with prospective research is needed to understand the impact of bullying on adolescent mental wellness.

• Results continue to underscore the critical role bullying plays in adolescent well-being, and the need for ongoing efforts to determine effective ways to prevent these experiences.

References


3. Anderson L, Bowers L, Brakovic S. Bullying victimization in youths and mental health problems: Findings from a randomized controlled trial of a


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