

Commentary – Yvonne Wilkinson

Healthcare professionals should be mindful that victims and victim-bullies may have additional health needs associated with risk-taking behaviour

Implications for practice and research

- The effects of bullying and cyberbullying can be linked to a number of health risk behaviours, education and healthcare professionals need to include prevention and intervention strategies within educational curricula, building on replacing maladaptive coping strategies with adaptive responses.
- Future research should explore the adaptive and maladaptive coping mechanisms employed by victims and victim-bullies during the transition to adulthood and how this impacts on their relationships.

Context

The effects of traditional bullying on children and adolescent health and well-being is widely recognized; these include low self-esteem, anxiety, depression, social isolation, self-harm and suicidal thoughts.¹ More recently research has explored cyberbullying and there is now a growing body of evidence that suggests traditional bullying and cyberbullying are predictive of similar outcomes in terms of health and well-being in adolescents.² This study by Kritsotakis and colleagues focusses on an alternative phenomena, that of the association of risk taking health behaviours with engagement in bullying and cyberbullying.

Methods

The purpose of the study was to identify gender specific associations of bullying and cyberbullying with substance use and sexual risk taking in undergraduate students. The study used a cross-sectional analysis drawing on the data of the second wave of a longitudinal study on Lifestyles and Attitudes in a Student Population. Data was provided by 812 second year undergraduate students on substance use and sexual risk taking by completing the Cyberbullying and its Effects and the Retrospective bullying Questionnaire. Multiple statistical tests were applied to this data and this generated results for each of the health risk behaviours.

Findings

Victims of bullying during middle and high school were less likely to use condoms during college years compared to students who had no experience of bullying, either as a victim or perpetrator, with no difference across the genders. Greater odds of engaging in health risks behaviours were noted in the victim and bully-victim groups. This was mainly in the traditional bullying categories and less in the cyberbullying categories. Some gender differences were identified, victimised and bully-victim males tripled the odds of paying for sex. Male cyberbully –victims were more likely to smoke. Alcohol association for female bullying victims was conflicting and showed an increase likelihood for drunkenness in the past month but with decreased lifetime association.

Commentary

This study found that traditional bullying, and to a lesser extent cyberbullying victims and bully-victim groups had the greater association with health related risk behaviours, similar to other research in this area.² Whilst the study has highlighted some gender differences in some of the behaviours ie paying for sex and smoking, this would also mirror the gender differences in these practices without being subjected to or partaking in bullying, therefore should be viewed with caution.³ Similarly it should be acknowledged that adolescence is a time when risk taking behaviour and experimentation can increase and is seen as part of the transition to adulthood⁴. However with both genders highlighted as being less likely to use condoms during college years within the victim group, this does suggest an association of increased sexual risk taking behaviour. The study suggests that this may be due to the victim's reluctance to engage in potential conflict by demanding partners adopt healthy practice. This raises the question of the appropriateness of the relationships being developed, in that the relationships participants are forming may be inappropriate with some element of power imbalance rather than an intimate loving relationship, this is worthy of further research.

There was a clear gender difference identified in paying for sex, with male victims and bully-victims at increased odds of paying for sex. Kritsotakis and colleagues suggest that paying for sex by males assists males with proving their masculinity and identifying with their peers, it also suggests difficulty in forming appropriate relationships. This sense of identifying with peers and the increased odds in engaging in health risk behaviours such as smoking and increased substance use, for the victim and bully-victim group is perhaps indicative that young people are adopting maladaptive coping mechanisms to the bullying.

Nurses and healthcare professionals should be mindful that victims and victim-bullies may have additional health needs associated with risk taking behaviour that may have been adopted by the individual in response to bullying and interventions should be tailored to the individual.

References

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