Bully victimization among adolescents in the Western Cape: Does frequency make a difference?

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Introduction

• Many SA children and adolescents are exposed to neighbourhood, domestic and school violence ("baseline violence")

• Does bullying become an acceptable way of social interaction between peers?

• Infrequent, occasional bullying considered harmless, "normal" peer interaction – and ignored

• Accepted definition focuses on frequent, repeated bullying over time only

• Masks whether infrequent, occasional bullying is harmful
Introduction

• Prevalence of bully victimization varies worldwide.
• Higher in LMIC compared to HIC.
• Very few published SA studies.
• Only 2 studies examined infrequent, occasional bullying (Netherlands & USA).
• Documented associations:
  • Depression
  • Unhappiness / sadness
  • Suicide ideation
  • Anxiety / PTSD
  • Violent behaviour & weapon carrying
Aims

• To report the prevalence of
  • Infrequent direct & indirect bully victimization
  • Frequent direct & indirect bully victimization

• To examine the relationship between
  • Infrequent & frequent bully victimization and mental health difficulties, suicidal acts & anti-social behaviours
PREPARE:
A school-based HIV & IPV prevention programme for young adolescents in the Western Cape

- Educational programme
- School safety programme
- School health programme

- Data from the PREPARE longitudinal, cohort
  - 21 control schools
  - 1715 Grade 8 students
Full colour “teen magazine” questionnaires

- Self-completed survey at baseline, 6 & 12 months
- We used 1\textsuperscript{st} and 2\textsuperscript{nd} follow-up survey data

Classroom-based questionnaire completion
Measures

• Eight items – frequency (not at all, once, 2-3 times, 4 or more times) of direct and indirect bully victimization:
  • Multidimensional Peer Victimization Scale

• One item – suicidal acts
  • Tried to harm self that could have resulted in death

• Three items – anti-social behaviours
  • Involved in physical fighting, theft, vandalism

• Mental health difficulties
  • Strengths and Difficulties Questionnaires (SDQ) for 11-17 year olds
Measures

• Direct bullying
  • Punching, kicking

• Verbal
  • Calling names / swearing at

• Indirect bullying
  • Made others not talk to me

• Recoded bullying:
  • Not victimized (none or 1 behaviour);
  • Victimized (any 1 behaviour ≥ 2 times);
  • Occasional (any 1 behaviour, 2-3 times)
  • Frequent (any 1 behaviour, ≥ 4 times) in past 6 months
Analysis

• Two-tailed Pearson Chi-square tests
  • Differences between boys & girls on bully victimization and SDQ

• Separate logistic regression models were run for each type of bullying

• All regression models were adjusted for differences in age, gender and SES
Results

• Mean age: 13.7 years. 38% = boys

• 23.4% reported bully victimization
  • Any 1 behaviour, ≥ 2 times in past 6 months

• 17% reported occasional, infrequent bullying
  • Any 1 behaviour, 2 or 3 times in past 6 months
  • Few gender differences

• 15.5% reported frequent bullying
  • Any 1 behaviour, ≥ 4 times in past 6 months
  • No gender differences
Results

MH Difficulties  Suicidal attempts  Anti-social behaviour

Boys  Girls
Logistic regression models adjusting for age, gender and SES

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<th>MH DIFFICULTIES</th>
<th>SUICIDAL ATTEMPTS</th>
<th>ANTI-SOCIAL BEHAVIOUR</th>
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<td>Occasional</td>
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CONCLUSIONS

• Does bullying have a unique ‘stress signal’ that is distinct from other forms of violence?

• Does baseline violence have a priming effect that might explain why even occasional bullying leads to mental health adversity?

• Does bullying contribute to an ‘additive model’, where even occasional bullying might be the ‘last straw’ that leads to mental health adversity?

• Revisit the impact of low frequency bullying.

• The accepted definition of bully victimization may need to include infrequent bullying.
Acknowledgements

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  • Leif Aarø

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  • Karen Jennings, health promoters and school nurses

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  • Linda-Gail Bekker, Dante Robbertze and nurses

• W Cape Education Department including
  • Thereza Bothma
Logistic regression models (OR & 95%CI), adjusting for age, gender and SES

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<td>2.34** (1.26-4.33)</td>
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<td>2.03*** (1.41-2.93)</td>
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<tr>
<td>Frequent</td>
<td>2.91*** (1.65-5.12)</td>
<td>2.70*** (1.81-4.01)</td>
<td>1.99*** (1.38-2.87)</td>
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<tr>
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<td>2.75** (1.34-5.66)</td>
<td>2.05* (1.18-3.58)</td>
<td>4.05** (2.19-7.46)</td>
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<td>3.44*** (1.75-6.78)</td>
<td>3.13*** (1.80-5.45)</td>
<td>3.02*** (1.70-5.35)</td>
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* p<0.05; ** p<0.01; *** p<0.001