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Cyberbullying and Suicide Ideation

Increased Risk for Youth who Experience Peer Harassment that Includes *Both* In-Person and Technology Components

There has been a particularly high amount of public anxiety around the use of technology in peer harassment and bullying incidents (i.e. cyber-bullying). Although rates vary somewhat by measurement strategy, online harassment rates for youth typically range from about 10% to 35% (Jones et al., 2013; Kowalski & Limber, 2013). Media attention generally focuses on online harassment, yet in-person harassment occurs more often than technology-based harassment (Wang et al., 2010).

To help inform prevention efforts for school and mental health providers, we examine whether the following different forms of harassment and cyberbullying increase the risk for later suicidal ideation and depression.

- technology only,
- in-person only, or
- mixed, those including both in-person and technology components

We conducted two telephone interviews, about 2 years apart, with a national sample of 791 youth and young adults, ages 10 to 20 at follow-up.

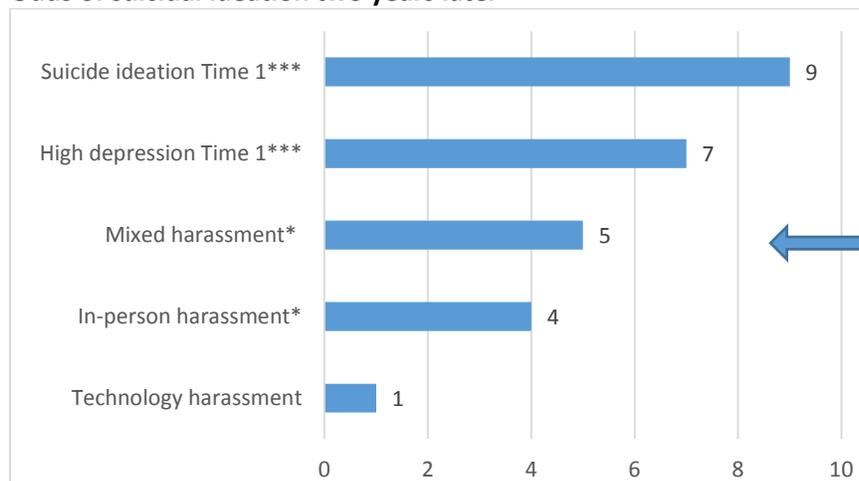


Is peer harassment related to suicidal ideation over time?

We conducted an analysis that included multiple factors that could account for later suicidal ideation. We found:

- The strongest predictor of suicidal ideation two years later (Time 2) was having such thoughts at Time 1. Youth with suicidal ideation at Time 1 were 9 times more likely than those with no suicidal ideation to have such thoughts at Time 2.
- Youth with high depressive symptoms at Time 1 were 7 times more likely to report suicidal ideation at Time 2.
- Youth who experienced both in-person and technology-based peer harassment within the past year were 5 times more likely than those without this type of victimization to report suicidal ideation.
- Youth who experienced in-person only peer harassment were 4 times more likely than those without this type of victimization to report suicidal ideation.
- Experiencing only technology involved harassment did not significantly predict suicidal ideation.

Odds of suicidal ideation two years later



Youth who experienced **mixed** harassment (in-person and technology based) were more than 5 times more likely than those without this type of victimization to report suicidal ideation.

Logistic regression controlling for age, gender, race, socio-economic status and living with both biological parents, past year adversity, time 1 peer victimization, time 1 internet harassment. Mixed harassment is both in-person and technology harassment. Harassment occurred within the past year. *** $p < .001$. * $p < .05$.

Examples of a mixed harassment peer victimization:

Male, 18: “A previous ex-girlfriend’s ex-boyfriend who she had a kid with was threatening me over Facebook and then came over to my apartment and started a physical altercation and he left with numerous injuries”

Female, 15: “I got in a fight last year and people keep posting it on facebook. The comments made on there are ridiculously rude. I get cut down and called fat, told fat people should not fight a skinny person, that I should be ashamed of myself”

Male, 18: “I got into a disagreement with one of my friend’s girlfriends and she continued to tell me off with text messaging afterwards”

Female, 19: “I had two girls who were at one point friends. They started talking about my boyfriend with things that weren’t true. They were prank calling me and my boyfriend for a few years, were saying I was pregnant. Made an Instagram page calling me names. Said I made the page, was kind of fake and making it look like I made the fake page”

Female, 16: “I have a stalker ex-boyfriend and he likes to bother my whole family. he is a hacker so he can hack into all my friends accounts and pretends to be my friend and I can tell”

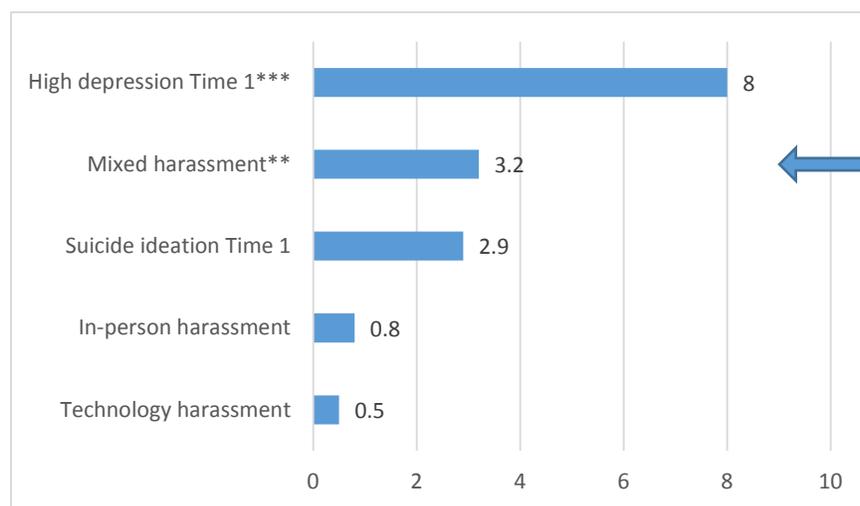
Female, 12: “My best friend called me fake and then posted statuses about it.”

Is peer harassment related to high depressive symptoms over time?

We conducted an analysis that included multiple factors that could account for later depressive symptoms. We found:

- The strongest predictor of high depressive symptoms two years later (Time 2) was having depressive symptoms at Time 1. Youth with high depressive symptoms at Time 1 were 8 times more likely than those with no/low depressive symptoms to continue to have high depressive symptoms at Time 2.
- Youth who experienced mixed harassment, i.e. both in-person and technology, were 3 times more likely than those with no such victimization to report high depressive symptoms.
- Youth who experienced suicidal ideation at Time 1 were somewhat more likely to have high depressive symptoms, but this was not a statistically significant relationship.
- Experiencing in-person harassment or technology harassment separately did not significantly predict high depressive symptoms.

Odds of high depressive symptoms two years later



Youth who experienced **mixed** harassment (both in-person and technology based) were 3 times more likely than those without this type of victimization to report high depressive symptoms.

Logistic regression controlling for age, gender, race, socio-economic status and living with both biological parents, past year adversity, time 1 peer victimization, time 1 internet harassment. Mixed harassment is both in-person and technology harassment. Harassment occurred within the past year. *** $p < .001$. ** $p < .01$.

Implications

The link between bullying and suicidal ideation and depressive symptoms is complex. The findings indicate that the mixed peer harassment incidents, those that involve harassing communications in-person and through technology are the most likely to predict suicidal ideation and depressive symptoms.

This study was somewhat unique compared to previous studies in that we used a longitudinal analysis. We were able to ask the same youth about experiences they had at two time points, about two years apart. This type of analysis is one of the most robust analyses to explore connections over time.

Given the multi-layered relationships among these variables, schools, medical and mental health professionals might screen youth who are involved in higher-risk peer victimization situations, (i.e. those that involve both in-person and technology elements), for depressive symptoms and suicidal ideation to improve their access to appropriate mental health services and to decrease future episodes of suicidal ideation and depressive symptoms.

References

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ACKNOWLEDGEMENTS

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How the study was conducted

Time 1 data were collected as part of the Second National Survey of Children's Exposure to Violence in 2011-2012; follow-up data were collected in 2013-2014. A total of 791 interviews were completed with youth and young adults (ages 10-20 at follow-up) across the U.S. at both time points.

Suicidal ideation and depressive symptoms were measured by the Trauma Symptom Checklist. Youth were asked how often they experienced each symptom within the last month. Peer victimization included physical, verbal, exclusion, and rumor spreading in the past year.

Sample characteristics at Time 2

Age

10-12 years	30%
13-15 years	25%
16-17 years	24%
18-20 years	22%

Gender

Boy	49%
Girl	51%

Race/ethnicity

White, non-Hispanic	59%
Black, non-Hispanic	13%
Other race, non-Hispanic	8%
Hispanic, any race	21%