

Teenagers who are both bully and victim are more likely to have suicidal thoughts

Written by Anne Kavanagh, Professor and Head, Gender and Women's Health Unit, Centre for Health Equity, University of Melbourne



Teenagers who bully also have a high risk of mental health issues. from www.shutterstock.com

Most research into teen bullying tends to focus only on the victim. This means we know little about how the bully is affected. A [new Australian study](#) shows that teenagers who have been both a victim and a bully are at greatest risk of mental health problems, including self-harm and suicidal thoughts.

Bullies are victims too

When it comes to bullying, there is a common misconception that adolescents neatly fall into a category of bully, victim, or not involved. But this is not the case.

In fact, three-quarters of the adolescents who reported that they had bullied others were also victims of bullying.

The study asked 3,500 14-to-15-year-old Australian teenagers – who were participants in the [Longitudinal Study of Australian Children \(LSAC\)](#) – whether they had experienced any of 13 different types of bullying behaviour in the past month.

This included being hit or kicked on purpose, called names, or forced to do something they didn't want to do.

The participants were asked if they had bullied anyone in the last month using the same bullying behaviours.

LSAC also included questions about whether teenagers had self-harmed, had suicidal thoughts, and whether they had made a plan to attempt suicide.

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One-third of teenagers reported that they had either bullied, been a victim of bullying, or both (bully-victim).

On the whole, all three groups were more likely to report self-harm, suicidal thoughts and a plan for suicide than those who were not involved in bullying.

Among bullies only, one in ten had self-harmed and one in eight had thought about suicide in the past year.

Teenagers who were both the bully and the victim of bullying had the highest levels of self-harm (20%) and suicidal thoughts (20%).

Involvement in bullying was associated with two times the risk of self-harm and four times the risk of suicidal thoughts. This was the case even after taking into account other factors that might explain the findings, such as gender, single parent versus couple household, ethnicity and socio-economic status.

Girls more likely to be affected

Suicidal thoughts and self-harm were highest among girls involved in bullying.

More than one in three girls who were both the bully and the victim self-harmed (35%) and one in four had suicidal thoughts (26%).

The levels among boys who were bully-victims were 11% and 16% respectively.

However, even among teenagers not involved in bullying, self-harm or having suicidal thoughts were more common among girls than boys.

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There were also gender differences in roles in bullying. Of those who were only victims 58% were girls, while 69% of those who were only a bully were male.

However, this is not the complete story. Boys represented a higher proportion of those who had a dual role as both a victim and a bully (61%).

Who bullies?

While we don't know why teenagers bully, [other research](#) suggests that children who bully are more likely to exhibit "externalising behaviours". These are defined as:

defiant, aggressive, disruptive and non-compliant behaviour.

They were also more likely to have:

-

negative thoughts, beliefs and attitudes about themselves and others

-

been negatively influenced by peers

-

lived in families where there were problems such as parental conflict.

What can be done?

Our research highlights the fact that bullying interventions must recognise the often complex nature of bullying, and particularly the multiple roles that individuals may adopt.

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Targeting victims of bullying only may miss opportunities to have a broader impact on bullying.

Reducing bullying requires a multifaceted approach focusing on individuals involved, parents, teacher and school climate.

Based on the results of multiple studies, it is estimated that school-based interventions can [reduce bullying behaviour by around 20%](#).

Extrapolating from our findings, this would lead to an 11% reduction in the proportion of students who self-harm or have suicidal thoughts.

Some studies have shown that [whole-of-school interventions](#) that target school-wide rules and sanctions, teacher training, classroom curriculum, conflict-resolution training, and individual counselling yield better results than those that target only one component.

One of the other problems is that while school-based interventions may reduce bullying behaviour in the short term, the evidence for long-term behaviour change is limited.

• **This piece was co-authored by Dr Rebecca Ford, an intern at the Royal Melbourne Hospital.**

If you have been affected by any of the issues discussed, call Lifeline on 13 11 14.

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Read more <http://theconversation.com/teenagers-who-are-both-bully-and-victim-are-more-likely-to-have-suicidal-thoughts-76306>