

What's New in Research

Psychosocial risk factors associated with cyberbullying

A study in seventh and ninth graders attending school in Finland is the first population-based investigation to probe psychosocial and psychiatric risk factors associated with "cyberbullying" among adolescents.

Studies in U.S. teens have found that rates of cyberbullying range from 5% to 20%. Multiple studies have found significant associations between traditional bullying and psychiatric, psychosomatic, and physical health problems.

The current study found similar associations with cyberbullying, particularly among adolescents who were both victims and perpetrators.

Study details

In March and April 2008, an anonymous questionnaire was administered by teachers to seventh and ninth graders in Finnish schools in the cities of Salo and Rovaniemi. A total of 2,215 questionnaires were used in these analyses, from respondents ranging in age from 13 to 16 (mean 14.4 years), 50% boys.

The questionnaire defined cyberbullying as follows: "when someone repeatedly makes fun of another person online, or repeatedly picks on another person through e-mail or text messages, or when someone posts something online about another person that they don't like." Based on their responses to two general questions regarding the frequency of cyberbullying, the students were grouped as follows: 1) never a cyberbully or cybervictim; 2) cybervictim-only (at least sometimes a cybervictim, never a cyberbully); 3) cyberbully only (at least sometimes a cyberbully, never a cybervictim); and 4) cyberbully-victim (at least sometimes both a cybervictim and a cyberbully).

Results

In the total sample, 4.8% of adolescents were cybervictims only, 7.4% were cyberbullies only, and 5.4% were cyberbully-victims. Girls were more likely to be cybervictims only (6% vs. 3.5% for boys) and boys were more likely to be cyberbullies only (9.3%, vs. 5.6% for girls). Rates of cyberbully-victims were similar among girls and boys (4.6% and 5.8%, respectively). Compared with rates of cyberbullying, the 6-month prevalence

of traditional bullying behavior in this sample was much higher among both girls and boys (31.5% and 33.8%, respectively). Likewise, traditional victimization was more prevalent among both girls and boys (26.1% and 40.1%, respectively). Not surprisingly, there was a significant correlation between traditional bullying and victimization and cyberbullying and cybervictimization.

Among adolescents who were frequent victims of traditional bullying, this correlation was even stronger. Of note, girls but not boys who were only *victims* of traditional bullying at school or outside of school were more likely to be both cybervictims and cyberbully-victims.

Methods of cyberbullying: The most common means of cyberbullying were computer instant messages (18%) and online discussion groups (13.8%). Name-calling and being the target of rumors were the most commonly endorsed methods of cyberbullying reported by victims. Both girls and boys reported being most often bullied by peers of the same age. While 5% of boys reported being bullied by opposite-sex peers, 16% of girls reported being bullied by opposite-sex peers. In the total sample, between 2% and 3% had been cyberbullied by an adult, 10% by an unknown person, and 5.1% by a group of people. Of note, among teens who had been cyberbullied by an adult, an unknown person, or a group, between 30% and 45% reported being scared for their safety (compared with 22.8% of those who had ever been cybervictims).

Risk factors associated with cyberbullying status: Sex, school grade, and belonging to an ethnic minority were not linked with cyberbullying or victim status. In general, a higher level of psychosocial or psychiatric problems and substance use were correlated with a stronger association with cyberbully status. Controlling for sex and grade, cyberbully-only and cyberbully-victim statuses were independently associated with conduct ($p < 0.001$) and hyperactivity ($p < 0.001$) problems. Cyberbully-only status was associated with lower scores on prosocial behavior ($p < 0.001$). Cybervictim-only and cyberbully-victim statuses were associated with emotional problems ($p = 0.02$) and peer problems ($p < 0.001$). Cybervictim-only status was correlated with psychosomatic problems (headaches, abdominal pain, sleep problems) and a feeling of being unsafe at school.

Discussion

In discussing their findings, the authors give particular attention to the fact that a quarter of victims of cyberbullying reported "fearing for their safety." The authors posit that such fear is likely more pronounced in victims of cyber versus traditional bullying, as cybervictims are accessible at all times, without the safety of "home" to return to.

Regarding clinical implications, the authors believe that clinicians working in child and adolescent health services "should be aware that cyberbullying is potentially traumatizing." Thus, they believe that questions about cyberbullying should be included in adolescent mental health assessments.



Sourander A, Klomek AB, Ikonen M, et al.: Psychosocial risk factors associated with cyberbullying among adolescents: A population-based study. *Arch Gen Psychiatry* 2010; 67(7):720-728. E-mail: andre.sourander@utu.fi.

Survey looks at who treats child insomnia with medication

Judith A. Owens and colleagues report the results of the first national survey of child and adolescent psychiatrists in regard to the use of medication for the treatment of insomnia in their pediatric patients. Their study found that insomnia is a "major problem" in almost a third of pediatric patients, and that child psychiatrists commonly use a wide variety of pharmacologic interventions, both prescription and over-the-counter (OTC) drugs, to treat insomnia.

While behavioral approaches were endorsed by 82% of those surveyed, this study did not examine nondrug treatments for insomnia.

Study details

Anonymous surveys were sent via mail to 6,091 listed members of the American Academy of Child and Adolescent Psychiatry over a 6-month period beginning in the fall of 2003. The survey was a modified version of an instrument developed by these researchers (Pediatric Drug Survey) and used in a past study to collect data from community-based pediatricians (Owens et

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