

Abstract

Risk and Protective Factors for Bullying Victimization and Perpetration among System-Involved Youth

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Background: Bullying has adverse health impacts. Foster-care (FC) or juvenile justice (JJ) youth are likely more vulnerable, but few data exist on rates or risk and protective factors for bullying among system-involved youth.

Objectives: To examine modifiable risk and protective factors of bullying victimization and perpetration among system-involved youth.

Methods: Youth (ages 12-21, N=1123) involved in FC or JJ facility completed baseline surveys prior to an evidence-based sex education program. Outcomes were past 3-months bullying victimization (6 items, $\alpha=.774$) and perpetration (6 items, $\alpha=.680$). Predictors included: gender, age, sexual/gender minority status, any FC and JJ involvement, Family Affluence Scale (FAS), Adverse Childhood Experiences (ACEs), ever had sex, traditional gender role attitudes, parent communication and positive youth development (PYD) indicators. Significant bivariate predictors were retained for final models. Two linear regression models estimated impact of predictors on bullying outcomes (SPSS, 25.0).

Results: Participants were 51% female, 27% sexual/gender minority, and ethnically/racially diverse (39% White, 28% Black, 20% other race or multiracial, 11% Latinx). Mean ACEs was 3.7 ± 2.3 , and 28% FC only, 33% JJ only, and 39% dual system-involved. 86% reported bullying victimization (any type) and 77% reported perpetration (any type). Among system-involved youth, victimization was higher with females ($\beta = 1.592$, $p=.002$), younger age ($\beta = -0.314$, $p=.033$), sexual/gender minority status ($\beta = 2.433$, $p < .001$), higher FAS ($\beta = 0.184$, $p = .002$), more ACEs ($\beta = 0.531$, $p < .001$), and higher parent communication ($\beta = 0.652$, $p = 0.017$). Perpetration was higher with younger age ($\beta = -0.331$, $p = .014$), sexual/gender minority status ($\beta = 1.43$, $p = .002$), JJ involvement (rather than FC) ($\beta = 1.686$, $p = .001$), higher ACEs ($\beta = 0.214$, $p = .011$), more traditional gender role attitudes ($\beta = -0.171$, $p = .022$), and lower PYD indicators ($\beta = -0.085$, $p = .027$).

Conclusion(s): Bullying was common among system-involved youth, with similar risk and protective factors for victimization and perpetration. History of trauma (system involvement, ACEs) was important. Modifiable risk factors (PYD, gender role attitudes, parent communication) were identified.

Public health implications: Bullying is an area of marked health inequities for system-involved youth, particularly sexual/gender minorities. Interventions should be trauma-informed and incorporate PYD.

Assessment of individual and community needs for health education
Implementation of health education strategies, interventions and programs
Planning of health education strategies, interventions, and programs
Program planning
Public health or related public policy
Social and behavioral sciences

