



Voices of Child Health in Chicago **REPORT**

Volume 1 Number 5
April 2019

REPORT HIGHLIGHTS

Boys and girls were equally likely to have a parent who considered bullying a big problem, but mothers were more likely than fathers to express concerns about bullying.

Latinx parents were the most concerned about bullying, followed by non-Latinx Black parents, and non-Latinx White parents.

Parents who considered bullying a big problem were also likely to consider other mental health issues big problems, such as drug abuse, depression, stress, social media, suicide, and alcohol abuse.

 Ann & Robert H. Lurie
Children's Hospital of Chicago®

Stanley Manne
Children's Research Institute™

Smith Child Health Research,
Outreach and Advocacy Center

 **HEALTHY
CHICAGO**
CHICAGO DEPARTMENT OF PUBLIC HEALTH

Parent Concerns about Bullying and Cyberbullying

Background: What is bullying and cyberbullying?

Bullying is repeated, harmful behavior directed at an individual or group perceived to hold less power than the perpetrator.^{1,2} Bullying can be physical, verbal, or relational in nature.³ Cyberbullying, a relatively newer form of bullying, involves bullying through digital technology such as social media, text messaging, chat rooms, and gaming sites.⁴

Youth who are victims of bullying and cyberbullying are at increased risk for numerous negative consequences such as anxiety and depression,^{5,6} self-harm,^{7,8} misuse of alcohol and drugs,⁹ and carrying a weapon.¹⁰ Perpetrators of bullying are also more likely to have delinquent behavior and antisocial personality disorder in adulthood.^{5,11} For more information and resources related to bullying, please go to our informational resources: luriechildrens.org/AttitudesAboutBullying.

To learn more about parent attitudes toward bullying and cyberbullying (referred to here as bullying unless otherwise noted) in Chicago, Ann & Robert H. Lurie Children's Hospital of Chicago teamed up with the Chicago Department of Public Health (CDPH) on the 2017–18 Healthy Chicago Survey, Jr. We asked 1,002 Chicago parents and guardians (referred to here as parents) about whether they considered bullying and cyberbullying a “big problem” facing children and adolescents in the city, along with other questions about their children and families.

Bullying in Chicago

In Chicago, bullying (including cyberbullying) was a very common social concern parents had for youth in the city, with 76% of parents considering it a big problem.¹² This high level of concern about bullying among Chicago parents is similar to parent concern about bullying at a national level.¹³

In 2017, 15% of Chicago public high school students said they were bullied on school property and 12% said they were cyberbullied.¹⁴

Gender and bullying concerns

In our survey, boys and girls were about equally likely to have a parent who considered bullying a big problem facing Chicago youth (79% and 78%, respectively). Nationally, girls are slightly more likely to report being bullied than boys,¹⁵⁻¹⁷ and research also suggests that girls are more likely to be cyberbullied than boys.⁶

(continued)

We also examined whether *parent* gender was associated with bullying concerns and found that mothers were more likely to consider bullying a big problem for Chicago youth (79%) than fathers (69%) (Figure 1).

Figure 1. Proportion of mothers and fathers in Chicago who reported that bullying was a big problem.



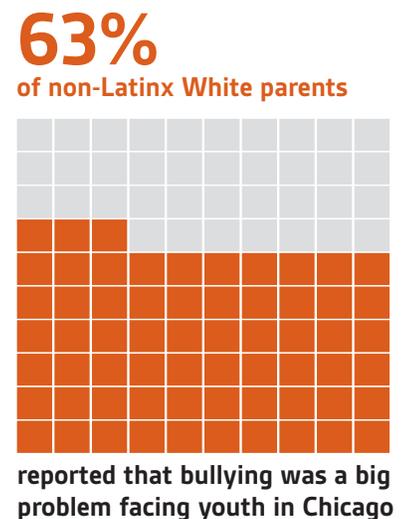
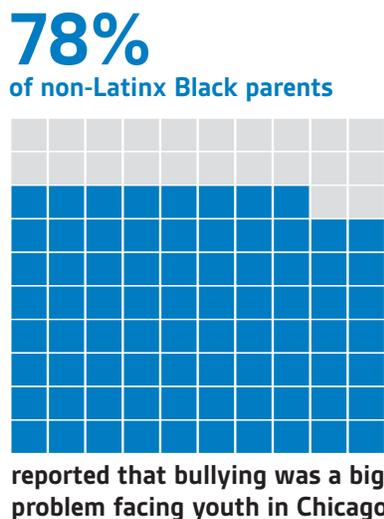
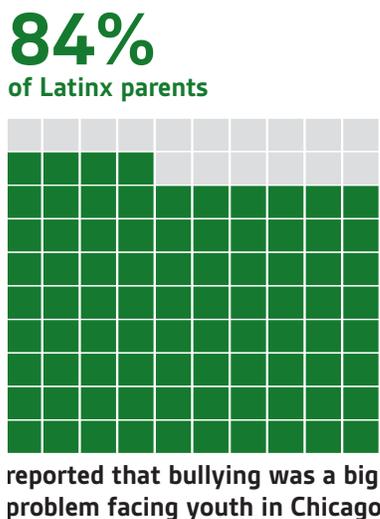
Bullying concerns and age and race

Younger parents and older parents were both nearly equally worried about bullying and cyberbullying for Chicago youth. However, people who became parents at a younger age (18–26 years old) were more concerned about bullying (82%) than people who became parents when they were 27–35 years old (71%) and 36 years or older (70%).

When we examined the data by child age, we found that parents of younger children (6–10 years old) and parents of older children (11+ years old) had similar levels of concern about bullying (78% and 79%, respectively).

We also examined concerns about bullying among different groups of parents in our diverse sample. Latinx parents were the most likely to report that bullying was a big problem (84%), followed by non-Latinx Black parents (78%) and non-Latinx White parents (63%) (Figure 2).

Figure 2. Proportions of Chicago parents who reported that bullying was a big problem, by parent race.

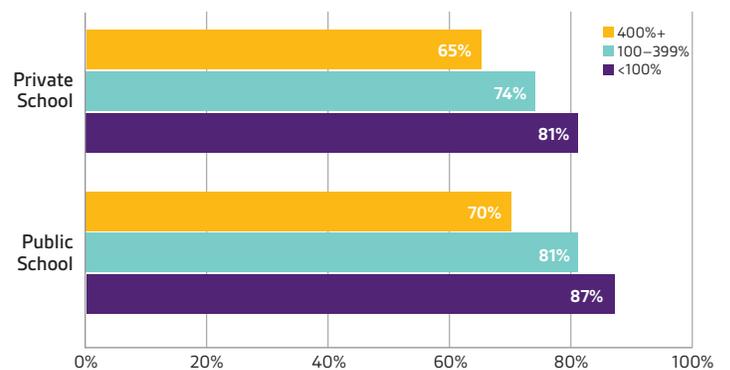


Bullying concerns and school type and household income

Children who attended public school were more likely to have parents who considered bullying a big problem (82%) than children who attended private school (71%).

Additionally, parents with lower household income were more concerned about bullying than parents with higher household income. For instance, 82% of parents with household income below 100% of the Federal Poverty Line (FPL) considered bullying to be a big problem, compared with 77% of parents between 100-399% of the FPL, and 65% of parents above 400% of the FPL. Greater concern about bullying among lower-income parents is consistent with data from several other studies.²

Figure 3. Proportion of Chicago parents who reported bullying was a big problem, by school type and income level (FPL).



When we examined the association between household income and parent bullying concerns separately for children in public and private school, we found that in both school types lower household income was associated with greater concern about bullying (Figure 3).

Parents' own bullying experiences

We also wanted to understand if parents who had themselves been bullied in their youth were more concerned about bullying as a social issue facing youth today. Instead, we found that parents who were bullied in their youth were just as likely (77%) to consider bullying a big problem as parents who were not bullied in their youth (75%).

When we explored this issue further, we found that among only parents who were bullied as youth, younger parents were more likely to consider bullying a big problem (88%) than older parents (74–77%). However, among parents who were not bullied as youth, there was no association between parent age and bullying concern.

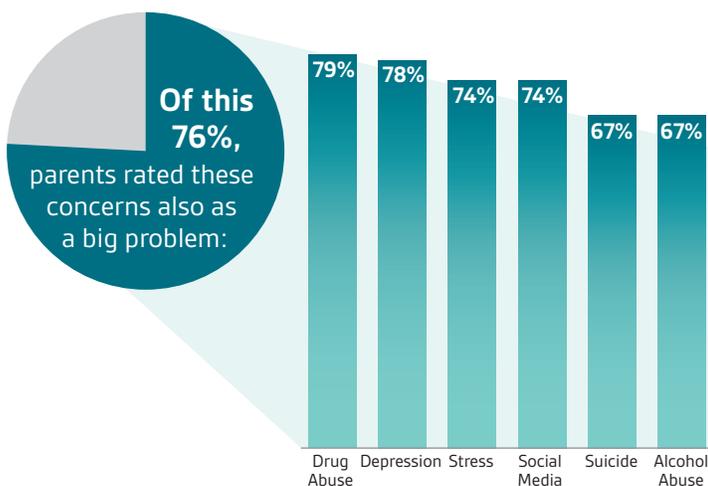
Parents who were concerned about bullying were also concerned about other mental health issues

Parents who were very concerned about bullying for Chicago youth were also likely to consider drug abuse (79%), depression (78%), stress (74%), social media (74%), suicide (67%), and alcohol abuse (67%) to be big problems facing Chicago youth, underscoring the interconnectedness of these issues (Figure 4). For instance, social media is a mechanism through which cyberbullying can occur, and some of the negative outcomes of bullying include depression and suicide.^{6,8} This suggests that some parents may have greater general concern about the socio-emotional health issues that impact children and adolescents.

Our findings also highlight the fact that the public understands that bullying is a critical mental health issue.¹⁸ In the past bullying was sometimes tolerated as a rite of passage, but today bullying is recognized as a public health issue that healthcare professionals, educators, families, and communities can address together.¹⁹

Figure 4. Proportions of Chicago parents who reported both bullying and other concerns were big problems.

76% of Chicago parents agree that bullying/cyberbullying is a big problem



Risk factors and protective factors associated with bullying

Researchers have examined risk factors and protective factors for bullying in contexts such as families, peer groups, and schools.

In the family context, both victims and perpetrators of bullying tended to experience lower levels of family functioning.²⁰ Specifically, victims tended to have families that were characterized by higher levels of criticism, child maltreatment, and fewer rules, whereas perpetrators tended to have homes that were characterized by lack of supervision, child maltreatment, and exposure to domestic violence.

On the other hand, family dinners have been shown to have positive effects on adolescent mental health and help buffer the negative effects of cyberbullying victimization.²¹ Peer friendships also serve as a protective factor for youth who are at risk of being bullied.¹⁹ Having high quality friendships may protect against both being a victim and being a perpetrator of bullying.^{22,23}

Family dinners have been shown to have positive effects on adolescent mental health and help buffer the negative effects of cyberbullying victimization.

In school contexts, factors associated with more prevalent bullying behavior include poor student-teacher relationships²⁴ and lack of engagement in school activities.²⁵ One way to combat the negative effects of bullying is to foster resilience among children and adolescents. Resilience is the ability to bounce back after a setback, and can be nurtured and supported in children and adolescents.²⁶ A recent national study from Lurie Children's and UCLA found that mentoring by adults outside the family, neighborhood safety, and neighborhood assets such as libraries and parks can foster resilience in youth.²⁷

HOW THE SURVEY WAS CONDUCTED

This report presents findings from the 2017-18 Healthy Chicago Survey, Jr., administered by the Chicago Department of Public Health in collaboration with Lurie Children's. The survey was administered via phone interviews from December 2017 through June 2018. The sample consisted of 3,310 adults in Chicago, 1,002 of whom were the parent, step-parent or guardian (referred to as "parents" in this report) of at least one child under 18 years old living in the household. The survey cooperation rate was 18%. All analyses were conducted with statistical weighting so that they are representative of the adult population of the City of Chicago during the time period of data collection.

REFERENCES:

1. Moreno MA, Vaillancourt T. The National Academies of Sciences, Engineering, and Medicine Report on Bullying: Overview and Recommendations. *JAMA Pediatr.* 2016;170(8):727–728. doi:10.1001/jamapediatrics.2016.1474
2. Tippett N, Wolke D. Socioeconomic status and bullying: a meta-analysis. *Am J Public Health.* 2014;104(6):e48–e59. doi:10.2105/AJPH.2014.301960
3. Wang JW, Lanotti RJ, Nansel TR. School bullying among adolescents in the United States: Physical, verbal, relational, and cyber. *J Adol Health.* 2009(45):368–375. <https://doi.org/10.1016/j.jadohealth.2009.03.021>
4. <https://www.stopbullying.gov/cyberbullying/what-is-it/index.html>
5. Copeland WE, Wolke D, Angold A, Costello EJ. Adult Psychiatric Outcomes of Bullying and Being Bullied by Peers in Childhood and Adolescence. *JAMA Psychiatry.* 2013;70(4):419–426. doi:10.1001/jamapsychiatry.2013.504
6. Hamm MP, Newton AS, Chisholm A, et al. Prevalence and Effect of Cyberbullying on Children and Young People: A Scoping Review of Social Media Studies. *JAMA Pediatr.* 2015;169(8):770–777. doi:10.1001/jamapediatrics.2015.0944
7. Fisher HL, Moffitt TE, Houts RM, Belsky DW, Arseneault L, Caspi A. Bullying victimisation and risk of self harm in early adolescence: longitudinal cohort study. *BMJ.* 2012;344:e2683. Published 2012 Apr 26. doi:10.1136/bmj.e2683
8. Gini G, Espelage DL. Peer Victimization, Cyberbullying, and Suicide Risk in Children and Adolescents. *JAMA.* 2014;312(5):545–546. doi:10.1001/jama.2014.3212
9. Radliff KM, Wheaton JE, Robinson K, Morris J. Illuminating the relationship between bullying and substance use among middle and high school youth. *Addict Behav.* 2012;37(4):569–572. doi:10.1016/j.addbeh.2012.01.001
10. van Geel M, Vedder P, Tanilon J. Bullying and Weapon Carrying: A Meta-analysis. *JAMA Pediatr.* 2014;168(8):714–720. doi:10.1001/jamapediatrics.2014.213
11. Tfofi MM, Farrington DP, Losel F, Loeber R. The predictive efficiency of school bullying versus later offending: A systematic/meta-analytic review of longitudinal studies. *Crim Behav Ment Health.* 2011;21(2):80–89. doi:10.1002/cbm.808
12. Chicago parents identify the top 10 social issues affecting children and adolescents in the city. *Voices of Child Health in Chicago Report.* 2019. www.luriechildrens.org/Top10SocialIssues
13. Bullying and internet safety are top health concerns for parents. *Mott Poll Report.* 2017. <https://mottpoll.org/reports-surveys/bullying-and-internet-safety-are-top-health-concerns-parents>
14. Youth Risk Behavior Survey, 2017. <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>
15. Finkelhor D, Turner HA, Shattuck A, Hamby SL. Violence, Crime, and Abuse Exposure in a National Sample of Children and Youth: An Update. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. 2015. Available: <http://www.ojjdp.gov/pubs/248547.pdf>
16. U.S. Department of Education. Student Reports of Bullying and Cyber-Bullying: Results from the 2013 School Crime Supplement to the National Crime Victimization Survey. 2015. Washington DC: Available: <http://nces.ed.gov/pubs2015/2015056.pdf>
17. Kann L, McManus T, Harris WA, et al. Youth Risk Behavior Surveillance — United States, 2015. *MMWR Surveill Summ* 2016;65(No. SS-6):1–174. DOI: <http://dx.doi.org/10.15585/mmwr.ss6506a1>
18. Bradshaw CP. The Role of Families in Preventing and Buffering the Effects of Bullying. *JAMA Pediatr.* 2014;168(11):991–993. doi:10.1001/jamapediatrics.2014.1627
19. National Academies of Sciences, Engineering, and Medicine. Preventing Bullying Through Science, Policy, and Practice. 2016. Washington, DC: The National Academies Press. doi: 10.17226/23482
20. Holt MK, Kantor GK, Finkelhor D. Parent/Child Concordance about Bullying Involvement and Family Characteristics Related to Bullying and Peer Victimization. *Journal of School Violence.* 2008;8(1):42–63. DOI: 10.1080/15388220802067813
21. Elgar FJ, Napoletano A, Saul G, et al. Cyberbullying Victimization and Mental Health in Adolescents and the Moderating Role of Family Dinners. *JAMA Pediatr.* 2014;168(11):1015–1022. doi:10.1001/jamapediatrics.2014.1223
22. Bollmer JM, Milich R, Harris MJ, Maras MA. A friend in need: The role of friendship quality as a protective factor in peer victimization and bullying. *J Interpersonal Violence.* 2002;20(6):701–712.
23. Hodges EV, Boivin M, Vitaro F, Bukowski WM. The power of friendship: Protection against and escalating cycle of peer victimization. *Dev Psychology.* 1999;35(1):94–101.
24. Richard JF, Schneider BH, Mallet P. Revisiting the whole-school approach to bullying: Really looking at the whole school. *School Psychology International.* 2012;33(3):263–284. <https://doi.org/10.1177/0143034311415906>
25. Barboza GE, Schiamburg LB, Oehmke J, Korzeniewski SJ, Post LA, Heraux CG. Individual characteristics and the multiple contexts of adolescent bullying: an ecological perspective. *J Youth Adolesc.* 2009;38(1):101–21. doi: 10.1007/s10964-008-9271-1
26. <https://cyberbullying.org/cultivating-resilience-prevent-bullying-cyberbullying>
27. Heard-Garris N, Davis MM, Szilagyi M, Kan K. Childhood adversity and parent perceptions of child resilience. *BMC Pediatrics.* 2018;18(204). <https://doi.org/10.1186/s12887-018-1170-3>

***This report was developed and published
as a partnership:***



Nikhil G. Prachand, MPH, Director of Epidemiology
Kingsley N. Weaver, MPH, Senior Epidemiologist
Emily M. Laflamme, MPH, Senior Epidemiologist

Stanley Manne
Children's Research Institute™

Smith Child Health Research,
Outreach and Advocacy Center

Matthew M. Davis, MD, MAPP, Director
Marie E. Heffernan, PhD, Associate Director
Tracie Smith, MPH, Senior Epidemiologist
Anne Bendelow, MPH, Data Analyst
Punreet Bhatti, MD, Research Associate

CONTACT INFORMATION

For more information on
Voices of Child Health in Chicago, contact:

Mary Ann & J. Milburn Smith
Child Health Research, Outreach and Advocacy Center
Stanley Manne Children's Research Institute
Ann & Robert H. Lurie Children's Hospital of Chicago
225 East Chicago Avenue, Box 157
Chicago, IL 60611-2991
voicesofchildhealth@luriechildrens.org

luriechildrens.org/voices

*This project is supported in part by
an anonymous foundation,
the Founders' Board of Ann & Robert H. Lurie
Children's Hospital of Chicago,
and the Chicago Department of Public Health.*