

BULLYING AND NEED FOR PROFESSIONAL HELP IN HIGH SCHOOL TEENS

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BACKGROUND

Bullying affects health in the short and medium term. The World Health Organization's Healthy Schools Global Initiative underscores the importance of our role as health care providers in this social phenomenon. It is important to increase our knowledge of the population involved in bullying and whether they seek help.

OBJECTIVE

Determine the frequency of family violence (FV), bullying, perceived health problems and express need for help in junior high school students in the Northeast of Mexico.

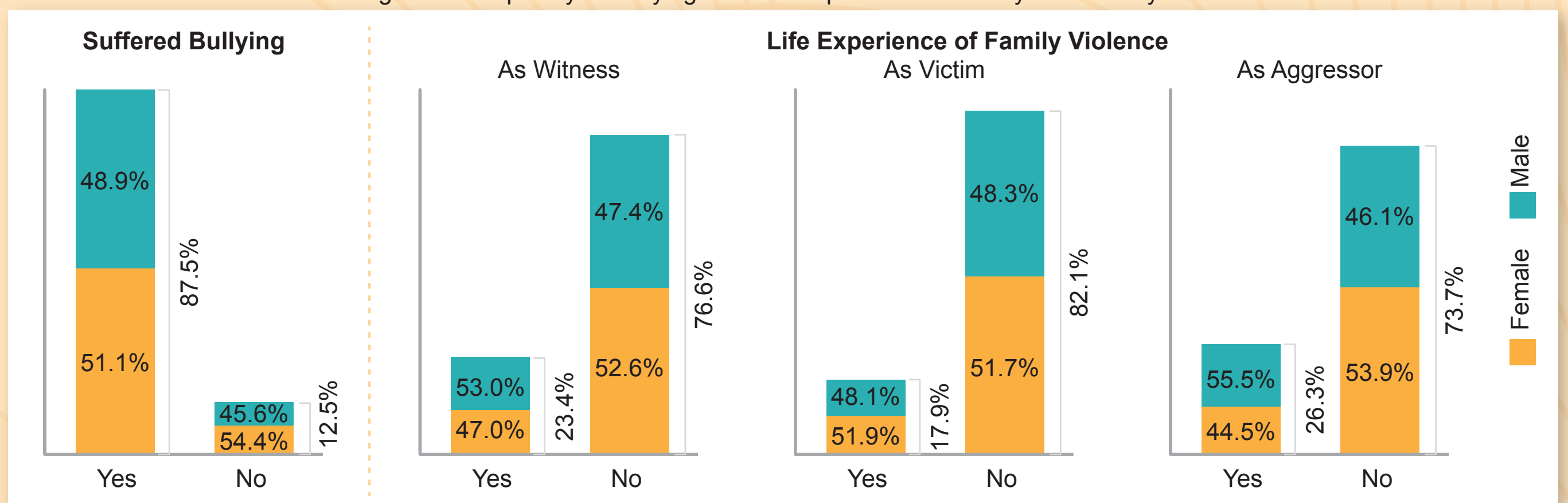
MATERIALS AND METHODS

Ethical approval was obtained before the application of prospective designed surveys among junior high students at a public school in the city of Monterrey, Mexico, between May and July, 2017, in order to know whether they had suffered bullying (20 items), and their self-reported life experience of family violence (10 items). The instruments included categorical yes or no answers, considering whether the subjects were witnesses, aggressors or victims at some point. The Professional Help Needs Questionnaire (NAP, 12 items) was also applied. All instruments had acceptable reliability alphas above .80.

RESULTS AND CONCLUSIONS

Of the 1172 subjects who answered the NAP, 59 were removed (5%) for not completing the survey properly, so for the analysis, an n of 1113 subjects (95%) was considered. The students were 11 to 16 years old, with a mean age of 13.46 (SD ±1.05). The frequency of Bullying and Family Violence Experience by sex is shown in Figure 1.

Figure 1. Frequency of Bullying and Life Experience of Family Violence by Sex



The presence of bullying and familiar violence is significantly associated with low functional capacity and highest self-report of seeking help (mean 22.57, SD 2.5, $p = 0.0001$). It was also associated with comorbidities.

A highly significant correlation was found between experience of family violence and the number of family members, the intensity and type of violence experienced in bullying subjects, self-reported health problems, and needing and accepting psychological help (Table 1). The subject's academic performance and quality of life were inversely proportional to all these variables, which has implications in support of the theory about the impact of bullying and family violence in the development of teenagers.

Further longitudinal studies are needed. Care and prevention means that involve family members must be taken into consideration.

Table 1. Variables correlated to Bullying, Bullying Intensity and Need and Seek for Professional Help

	Bullying		Bullying Intensity		Need and Seek for Professional Help	
	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>
Age	.140(**)	0.0001	.174(**)	0.0001	.075(*)	0.024
Sex					-.116(**)	0.0001
Academic Performance			-.075(*)	0.024	-.139(**)	0.0001
Witness of FV	.136(**)	0.0001	.271(**)	0.0001	.348(**)	0.0001
Witness' relatives with FV	.124(**)	0.0001	.309(**)	0.0001	.320(**)	0.0001
Witness' types of FV	.137(**)	0.0001	.305(**)	0.0001	.333(**)	0.0001
Victim of FV	.135(**)	0.0001	.324(**)	0.0001	.351(**)	0.0001
Victim's types of FV	.125(**)	0.0001	.317(**)	0.0001	.346(**)	0.0001
Victim's relatives with FV	.111(**)	0.001	.290(**)	0.0001	.298(**)	0.0001
Aggressor in Family Violence	.199(**)	0.0001	.390(**)	0.0001	.318(**)	0.0001
Aggressor's types of suffered FV	.181(**)	0.0001	.395(**)	0.0001	.315(**)	0.0001
Aggressor's relatives with FV	.158(**)	0.0001	.344(**)	0.0001	.274(**)	0.0001
Need and Seek for Pro. Help	.227(**)	0.0001	.422(**)	0.0001	.154(**)	0.0001
Self-reported Health Problems	.091(**)	0.006	.111(**)	0.001	.227(**)	0.0001
Bullying Intensity	.469(**)	0.0001	.469(**)	0.0001	.422(**)	0.0001
Acceptance of Pro. Help	.115(**)	0.0001	.127(**)	0.0001	.090(**)	0.007
Quality of Life	-.279(**)	0.0001	-.483(**)	0.0001	-.666(**)	0.0001

r: Pearson Correlation | *p*: Significance | ** Correlation is significant at the 0.01 level (bilateral) | * Correlation is significant at the 0.05 level (bilateral)